Recovery alongside social isolation: Research into the mental health impacts of COVID-19 for young people

DisCOVery

Led by

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What is it?

Looking at the mental and social impacts of COVID-19 pandemic on vulnerable young people

Understanding how to support individual and community recovery from social and economic costs

- Data on young people's lived experiences of the pandemic
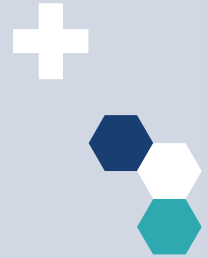- Vulnerable communities and vulnerable young people

Mental health impacts of pandemic likely to be greater for vulnerable young people

- Pre-existing mental health
- NEET
- Socially isolated
- Coastal communities and deprived areas

(Etheridge & Spantig, 2020; Kousoulis et al., 2020; Nobles et al., 2020)

Effect of enforced social restrictions

➢ Loss of social interaction during COVID-19 impacts mental health (Etheridge & Spantig, 2020)

➢ Enforced social distancing linked with long-term negative mental health in young people (Loades et al, 2020)

➢ Covid-19 pandemic significantly changed young people's social and economic activities
  ▪ Disruption in service support and availability
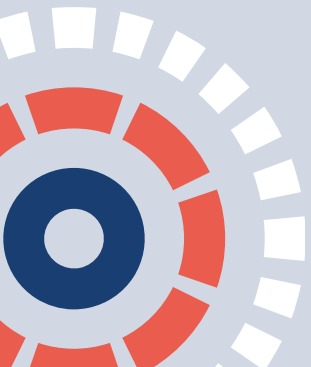
Need to understand the mental health and psychosocial impacts of the pandemic

- Particularly with vulnerable young people/adversely affected

- Recovery planning – individual and community
  - Identify and test risk and protective factors

- Work with young people in local communities
  - identify needs of vulnerable groups

Discovery – Study Design

Mixed methods longitudinal study

Online survey and semi-structured interviews
2 data collection points

Recruitment

Sussex, Kent, Surrey and Norfolk
Educational, community and social groups, mental health and well-being, social care, voluntary sector services
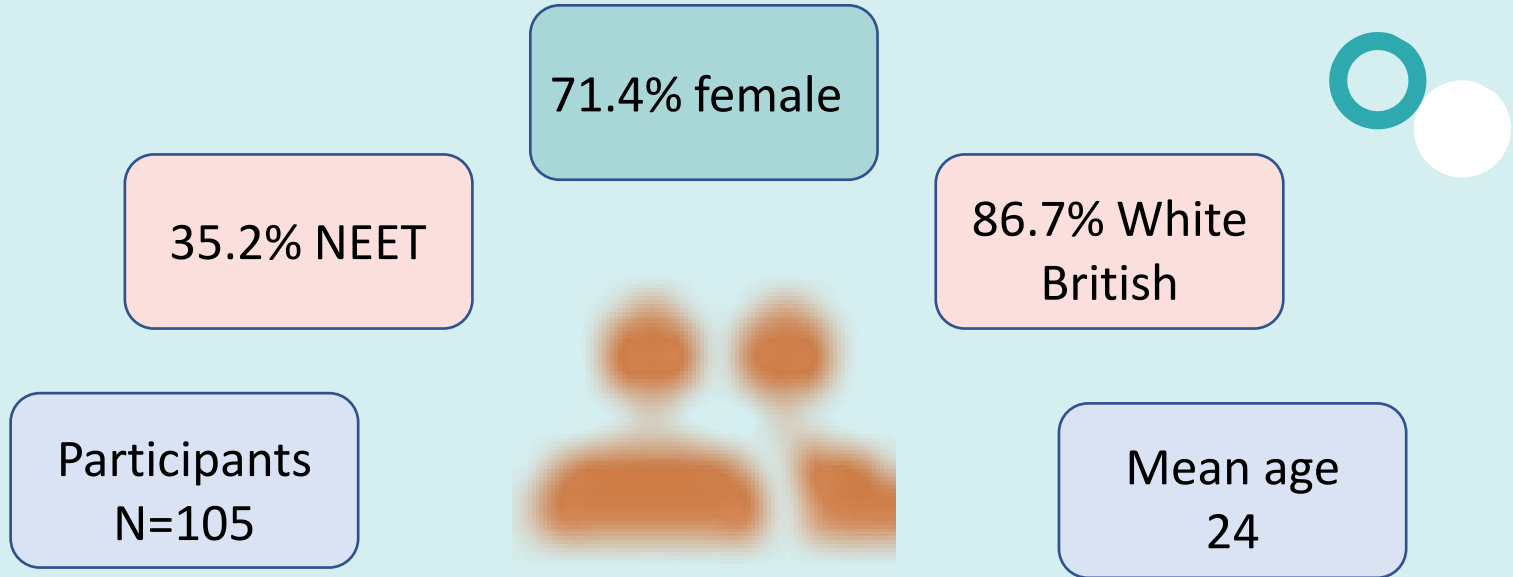
Aims

Relationship between social factors and young people's mental health during pandemic
Support for recovery for young people and communities

Time 1 Data: January – July 2021

71.4% female

35.2% NEET

86.7% White British

Participants N=105
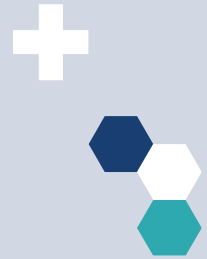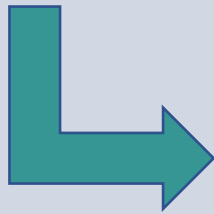
Mean age 24

➤ 93.3% had pre-existing mental health difficulties
➤ 40% of scores indicated severe anxiety during covid-19
➤ 38.4% of scores indicated severe depression during covid-19
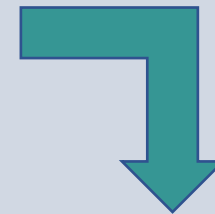
Considering a social cure approach to well-being during the COVID-19 pandemic:

Groups we feel a psychological connection with can impact how we feel, behave and interact with others
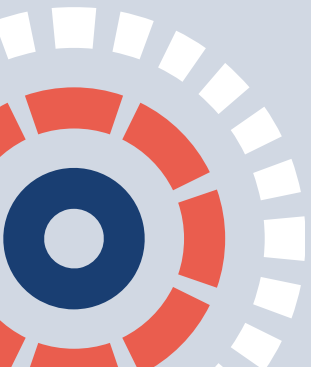
Psychological resources, such as a sense of connection, meaning, support or personal control

Mechanisms to support health and well-being (including during significant life events)

Haslam et al., 2018

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T1 survey data suggests:

**Claire Vella (PhD student) found that during COVID-19:**

➤ **Multiple group memberships** before the pandemic* were significantly associated with **maintaining group memberships** during the pandemic

➤ **Maintaining group memberships** during the pandemic was significantly associated with **lower symptoms of depression, anxiety** and **psychosis-like experiences**

* Measured retrospectively
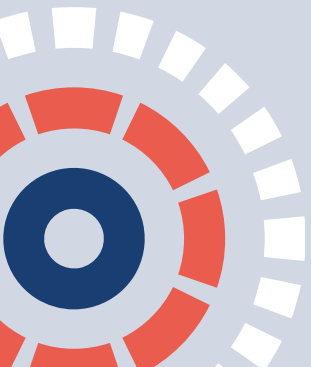
Based on social cure theory, will social connection (online and in-person) and hope mediate the relationship between social group continuity and mental health problems during the pandemic?

Social connection = subjective sense of belonging and relatedness to others
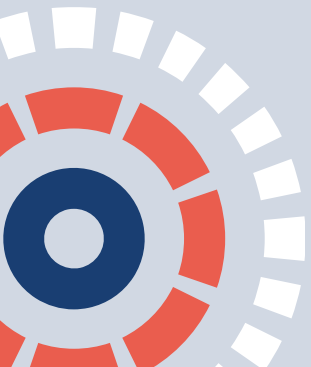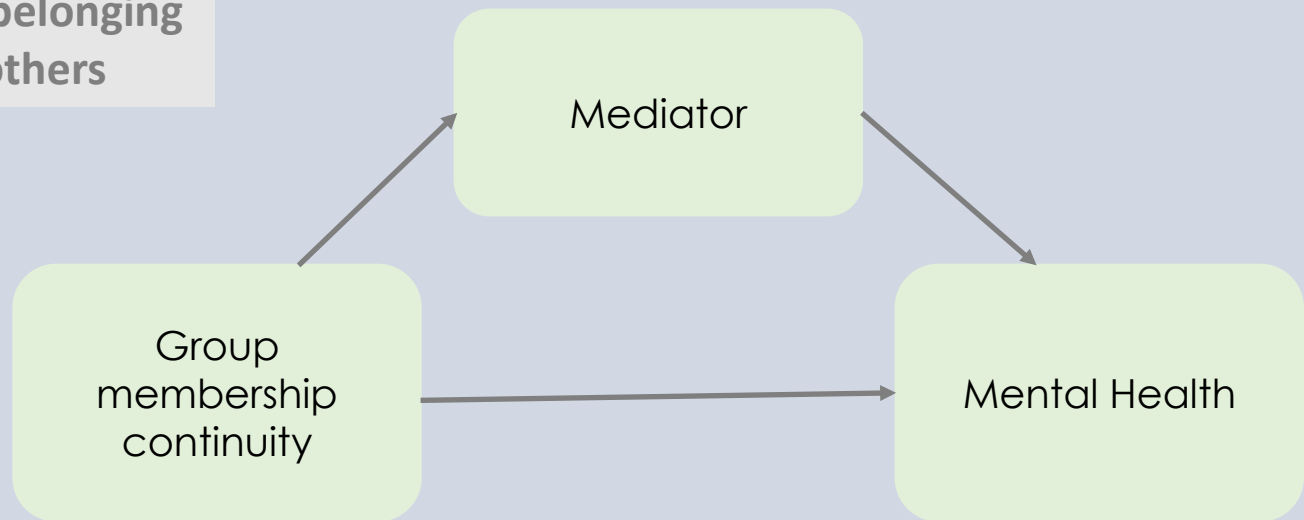
...T1 survey data suggests (continued):

Depression

- **In-person social connectedness*, online social connectedness** and **hope*** significantly mediated the relationship between membership continuity and lower symptoms of depression
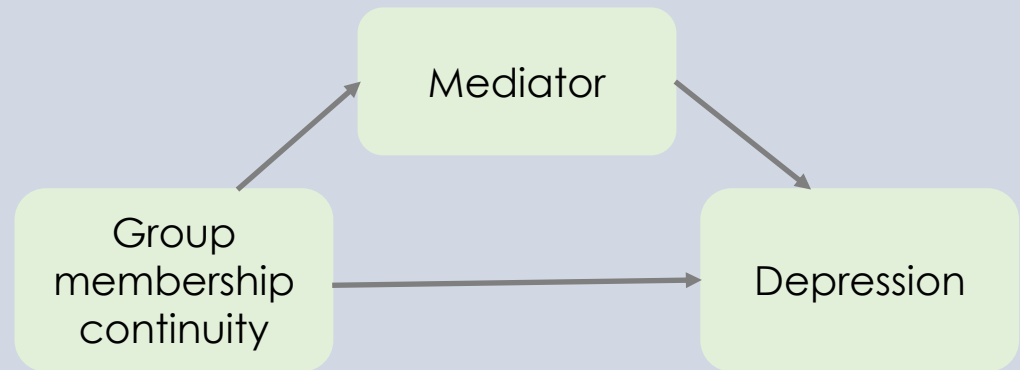
* Even after controlling for age, gender, ethnicity, years since mental health difficulties started and the number of in-person and online interactions with social groups

…T1 survey data suggests (continued):

Anxiety

- Only **in-person social connectedness** significantly mediated the relationship between membership continuity and lower symptoms of anxiety

Even after controlling for age, gender, ethnicity, years since mental health difficulties started and the number of in-person and online interactions with social groups

...T1 survey data suggests (continued):

Psychotic-Like Experiences

- Only **hope** significantly mediated the relationship between membership continuity and fewer psychosis-like experiences

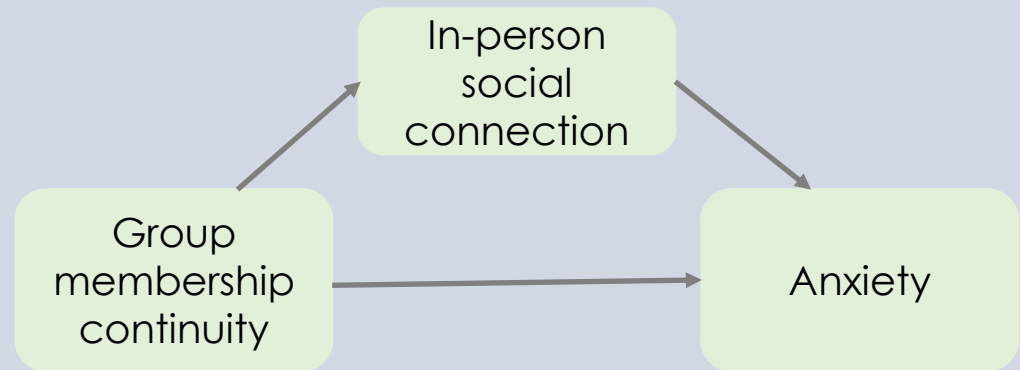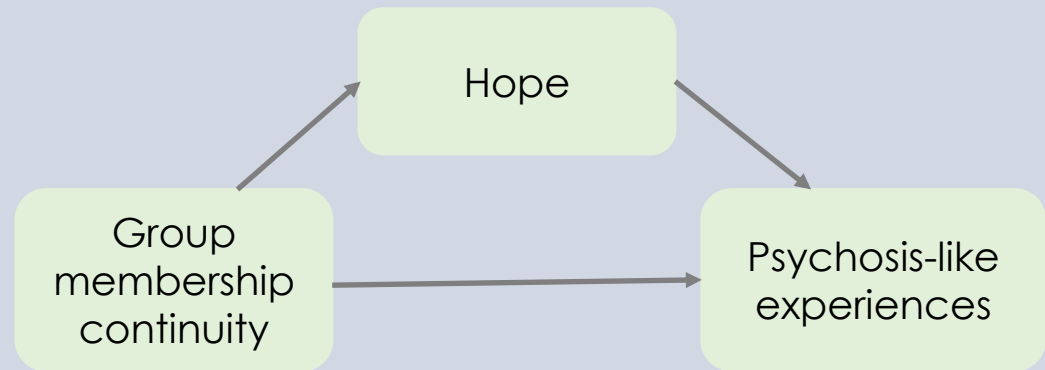Hope

Group membership continuity

Psychosis-like experiences

Even after controlling for age, gender, ethnicity, years since mental health difficulties started and the number of in-person and online interactions with social groups
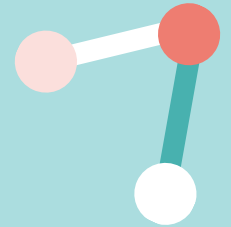
Young people who are Not in Education Employment or Training (NEET)
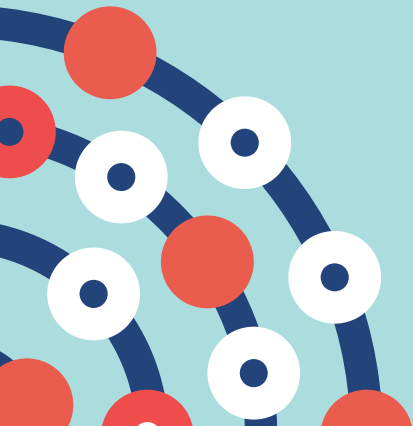
NEET Participants

NEET
NEET associated with increased risk of mental health issues and negative life outcomes (Palmer & Small, 2021)

Covid-19 – increased social exclusion and mental health problems (Kvieskiene et al., 2021)

Help-seeking intention
Help-seeking behaviour is protective factor for Young people
- Mental Health
- Well Being
- Development

In 2019, NEET rates among young people (16-24) in UK was 10.5%

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**T1 survey data
NEET and non-NEET (subgroups)**
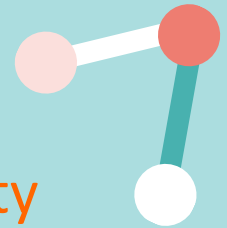
Comparison of NEET and non-NEET for depression, anxiety and psychotic-like symptoms during Covid-19

Findings suggest:
➢ **Depression** – significantly greater amongst NEET participants compared to non-NEET participants

➢ **Anxiety** – not significantly different amongst NEET participants and non-NEET participants

➢ **Psychotic-like symptoms** – not significantly different amongst NEET participants and non-NEET participants

Does self-rated social connection in-person or hope mediate NEET and help-seeking intention during Covid-19 pandemic?

Help-seeking intention: self-rating on seeking help from a range of professional and non-professional people (or no one) for a personal or emotional problem

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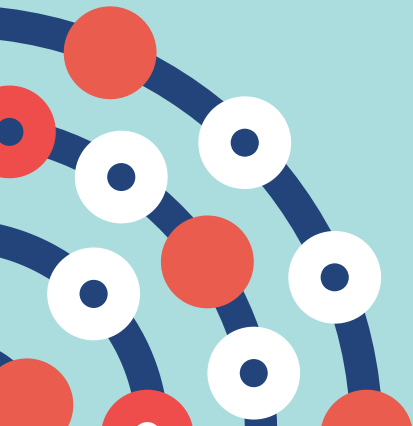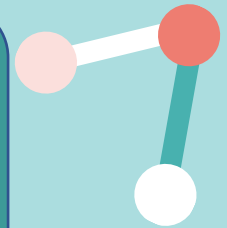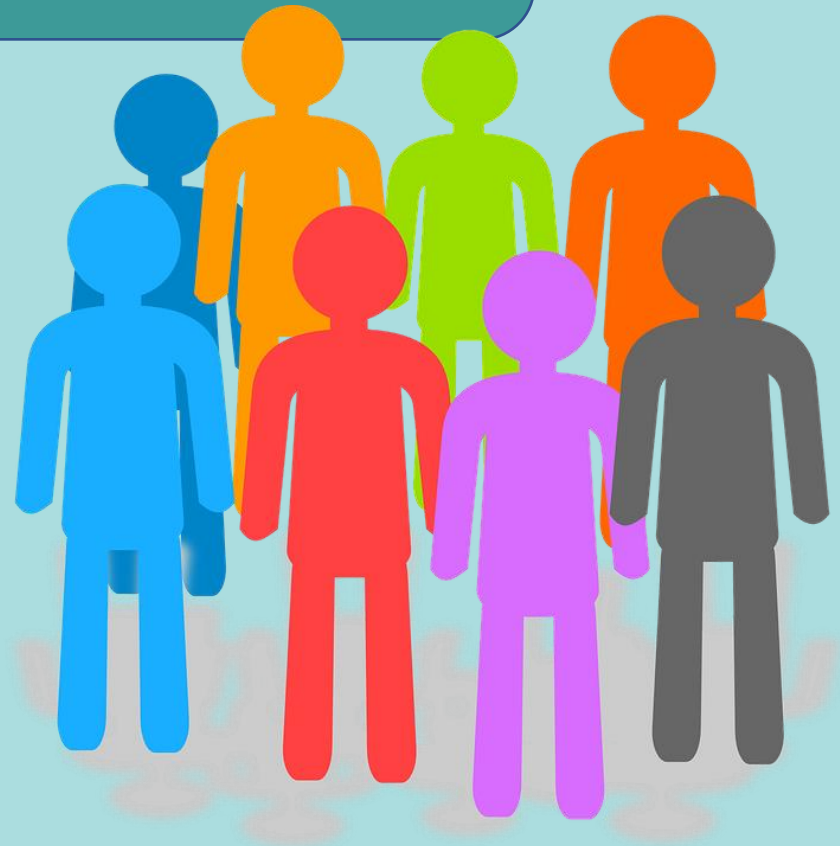
T1 survey data suggests:

Social connection in person significantly mediated the relationship between NEET and help-seeking intention

Social Connection in person

NEET

Help-seeking intention
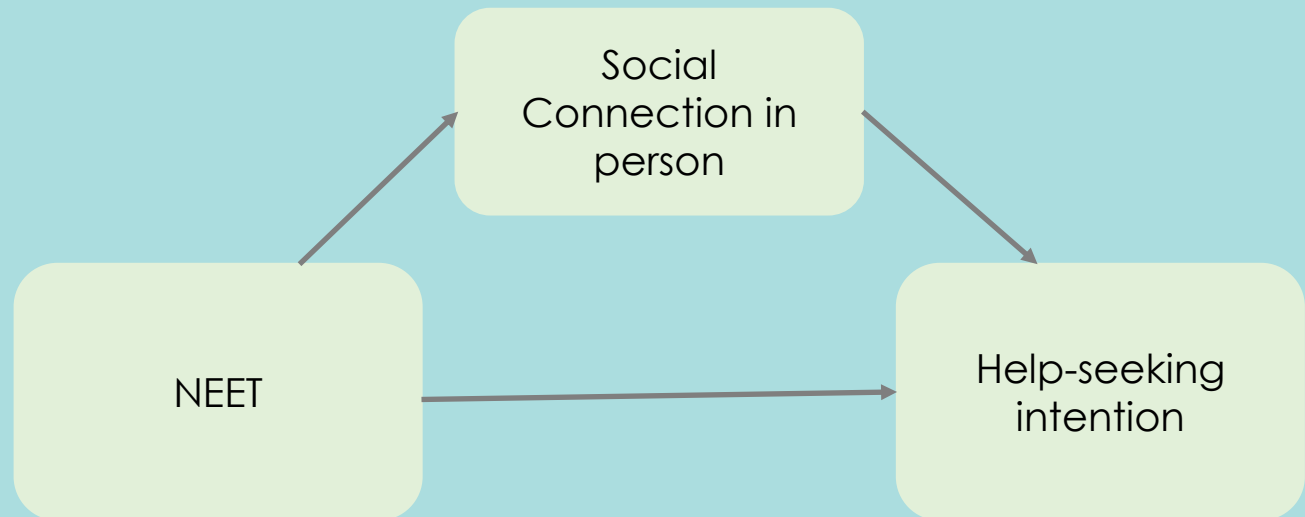
T1 survey data suggests:
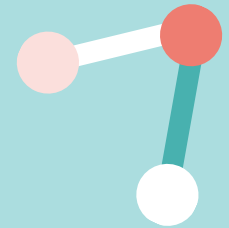
> Hope significantly mediated the relationship between NEET and help-seeking intention
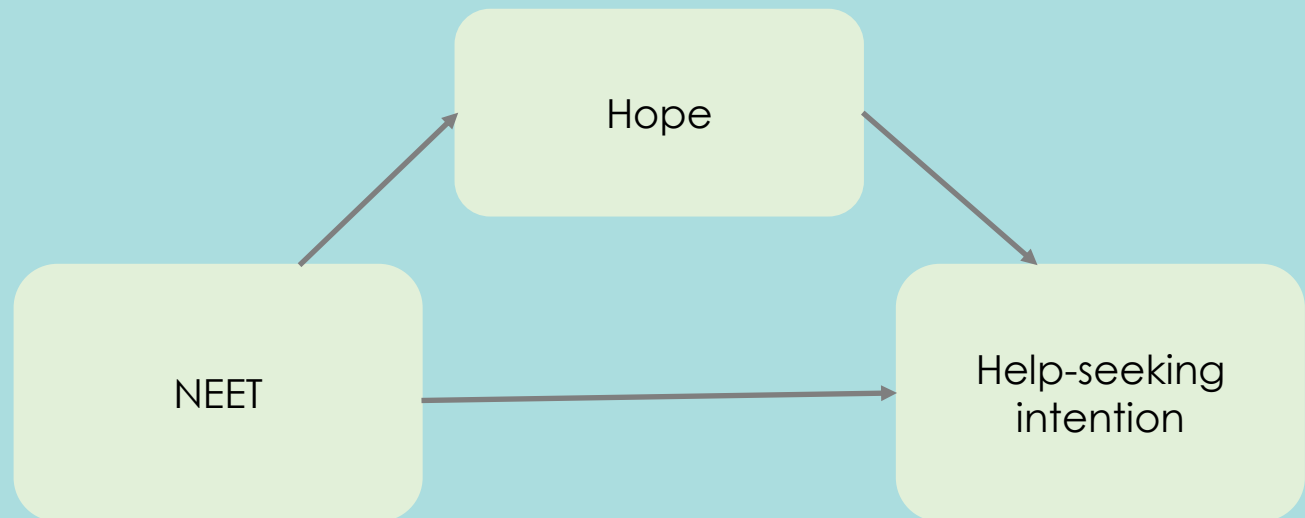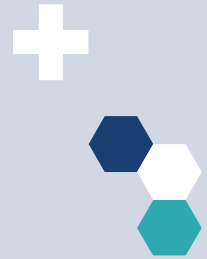
Qualitative Interviews
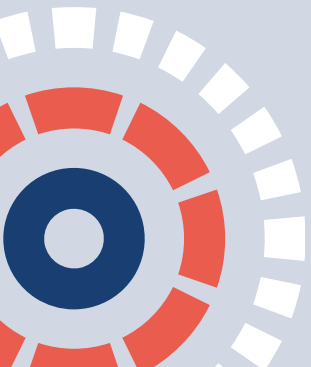
T1 interviews
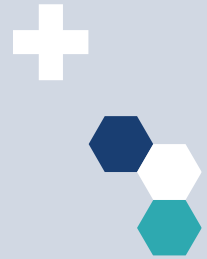
Interviews conducted with 25 young people

Focus of interviews:
- **Mental health, relationships, support from services, community knowledge and interaction**
- **Indirect and direct effect of pandemic on these areas**
- **Support wanted**
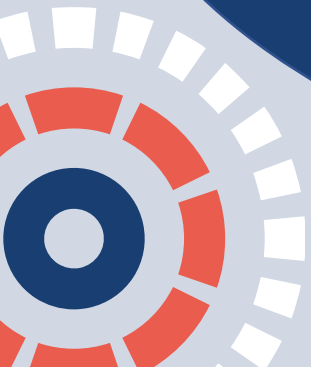
T1 interview data (NEET subgroup) suggests

Removal of the pressures of social convention
"...in the pandemic there isn't that constant pressure. Trying to find work and stuff like that, isn't it? Yeah, not being expected, that sort of mental pressure"

Someone regular to talk to
"I suppose just like someone to talk to on a regular basis would be nice"

Lockdown as a continuation of normal life
"the lockdowns felt fairly similar to the past ten years or so for me. That's how I've, that's how I've been living for a long time at this point"
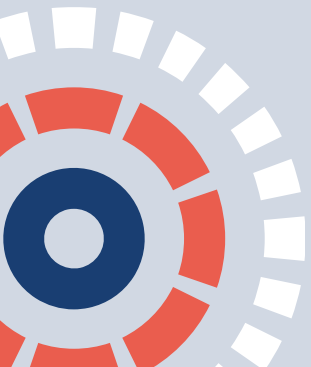
Jennifer Keane
Clinical Doctoral Student (Norfolk)

Young people with pre-existing mental health difficulties experiences of living through the COVID-19 pandemic

Figure 1:

Demonstrate established ways of coping

Feel less impacted than others

Activating stress response

Impact of mental health on experiences of pandemic

Avoiding vs Approaching

Impact of pandemic on mental health

Meaningful change

Impact recovery from mental health difficulties

Previous beliefs
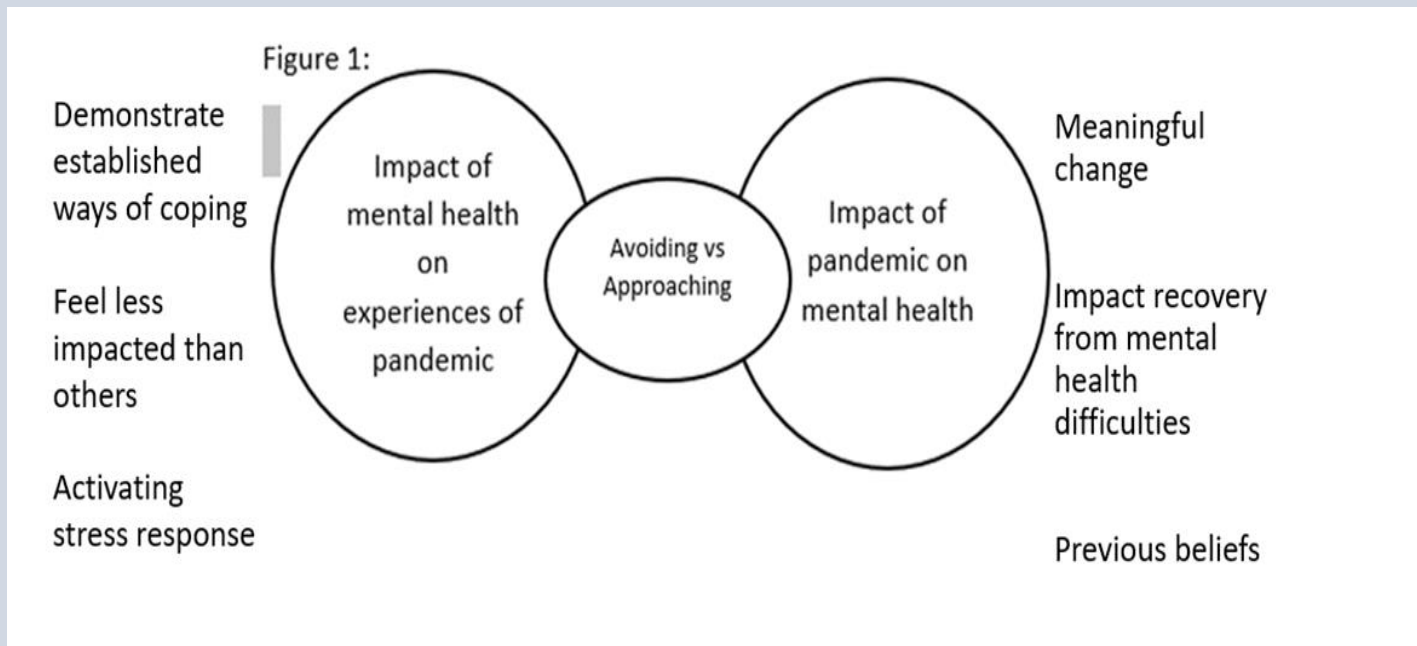
Subset of participants from previous study N = 13

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So what now?

TOGETHER

TOGETHER (Chief Investigator: Dr Clio Berry)

Focusing on young people struggling with Mental Health

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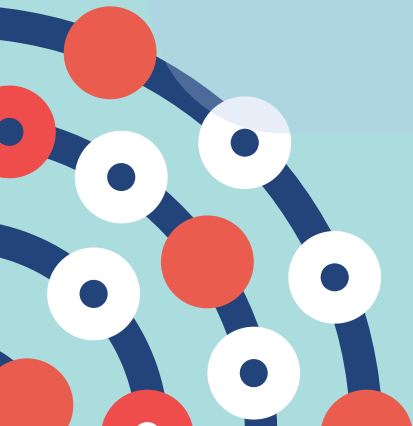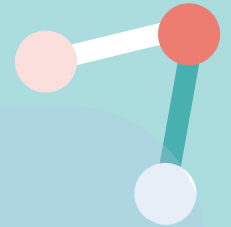
So what now?

CATALYST

Lead by Dr Daniel Michelson, Professor Harm van Marwijk and Professor David Fowler

Coproduction and testing asset-based task-sharing model for youth services

Lived experienced young people, families, local community and staff from services co-design with research team

Working across Kent, Surrey and Sussex – areas of high social and economic deprivation

Trialling an Optimised social Groups intervention in services to Enhance social connecTedness and mental Health in vulnERable young people:
A feasibility study

Claire Vella
ARC KSS PhD Student
University of Sussex

TOGETHER

Theoretical & empirical findings

'Dragon's Den' Event

DisCOVery findings

Groups 4 Health intervention

Intervention optimisation

Research team

NIHR | Applied Research Collaboration Kent, Surrey and Sussex

TOGETHER Research Team

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University of Sussex

Dr Matthew J Easterbrook
University of Sussex

Dr Anna-Marie Jones
Sussex Partnership NHS Foundation Trust

Dr Daniel Michelson
University of Sussex

Prof. David Fowler
University of Sussex & ARC KSS Starting Well Theme Lead

Background:
What do we know so far?

Theoretical & empirical findings

- **Social cure theory:** health and well-being benefits of feeling connected/identifying with multiple social groups (e.g. book club, partner/family, culture) (Haslam et al., 2009)

- **Recommendations** made to implement practice innovations that address social isolation (Department of Health, 2015; O'Sullivan et al., 2021).

- **Typical service focus** (e.g. diagnostic remission, promotion of paid employment) does not always match the heterogeneity of youth mental health presentations, or what is most meaningful to young people themselves (van Os et al., 2019)

What do young people think about an intervention that focuses on social connectedness?

3 young people aged 18-25 with lived experience were presented with the idea of an intervention that:

a) targets social connection for young people's mental health

b) may be delivered online or blended with online components

Feedback

- Most supported proposal (won the most 'money')

- Favoured face to face delivery (but saw value in online access)

- Access should be tailored to the individual

'Dragon's Den' Event

Young People's involvement in Digital Mental Health (YPii DMH) research group event, organised by the University of Nottingham & Emerging Minds research network

DisCOVery

- Investigating the social and mental health impacts of the COVID-19 pandemic for vulnerable young people (January 2021 – December 2021)

- Semi-structured interviews & survey data (baseline + 6 months later)

| Survey Participants N = 105 | 93.3% pre-existing mental health difficulties | 35.2% NEET | Mean age = 24 |

During the COVID-19 pandemic:

Maintaining multiple group memberships, **social connectedness** and **hope** were significantly associated with lower self-rated scores of **depression, anxiety** and **psychosis-like experiences**

Groups 4 Health (G4H): What is it? What evidence is there so far?

Groups 4 Health intervention

Haslam, C., Jetten, J., Cruwys, T., Dingle, G. A., & Haslam, S. A. (2018). *The new psychology of health: Unlocking the social cure*. Routledge.

Details

- Developed by a team from the University of Queensland, Australia

- Theory-driven 5 session group based social intervention

- Fully manualised + workbook

- Focuses on the importance of social connection/identifying with groups for health and well-being

Evidence so far…

G4H reduces loneliness, stress & depression relative to:

- matched no-treatment control group of vulnerable adults *(Haslam et al., 2016)*

- randomized control group of adults seeking help for loneliness *(Haslam et al., 2019)*

- randomized control group of young people undergoing group-CBT for depression *(Cruwys et al., 2021)*

https://game-changers.habs.uq.edu.au/article/2018/12/groups-4-health-unlocking-social-cure

What is the **TOGETHER** study?

Feasibility Randomised Controlled Trial

Practitioner Survey

Key Research Questions

Is it feasible to conduct a randomised controlled trial when delivering an adapted version of the G4H intervention for young service-users with mental health difficulties aged 16-25 accessing youth mental health services in the UK?

Is the G4H intervention acceptable, accessible and safe? What changes are indicated to improve the intervention?

What are the attitudes, experiences and contextual factors relevant to implementing an intervention for social connectedness by practitioners' working with young people?

ISRCTN Registered Trial
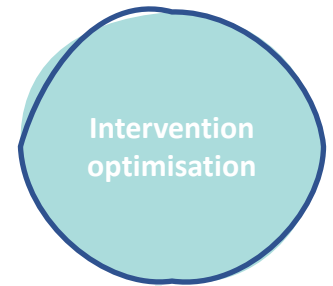ID: ISRCTN12505807

Study recruitment:
May 2022 to Jan 2023

Trial data collection
ends May 2023

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Optimising the Groups 4 Health intervention:

Focus group: 4 practitioners from an NHS Children's Assertive Outreach Team

Interview: 1:1 interview with 4 young people with lived experience of mental health difficulties and/or social isolation (paid £40 voucher)

- Sent information about the G4H intervention in advance

- Unstructured feedback sessions
  – but follow up interview questions evolved iteratively

Intervention optimisation

Are there any immediate changes that need to be made to the intervention to improve accessibility for vulnerable young people in the UK?

Groups 4 Health

Information Sheet

JANUARY 2022

Help us to make a new intervention better!

'Groups 4 Health' is an intervention that aims to support people with their social connections and mental health.

We want to hear YOUR thoughts about the intervention and how to improve it!

Who can take part?

Age: 16-25
Experiencing, or have experienced, any of the below:
• long lasting mental health difficulties
• feeling isolated or find it hard to connect with others
• negative experiences at school or home that have impacted your mental health

What will it involve?

• Read an information sheet about the 'Groups 4 Health' intervention
• Take part in an informal interview to answer questions and share your thoughts on how to improve the intervention
• Receive £40 in vouchers for your time

Interested? Have any questions? Need more information
Email: claire.vella@spft.nhs.uk Text or call: 0792008677

Optimising the Groups 4 Health intervention:

Intervention optimisation

Are there any immediate changes that need to be made to the intervention to improve accessibility for vulnerable young people in the UK?

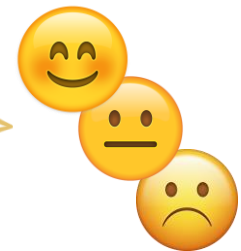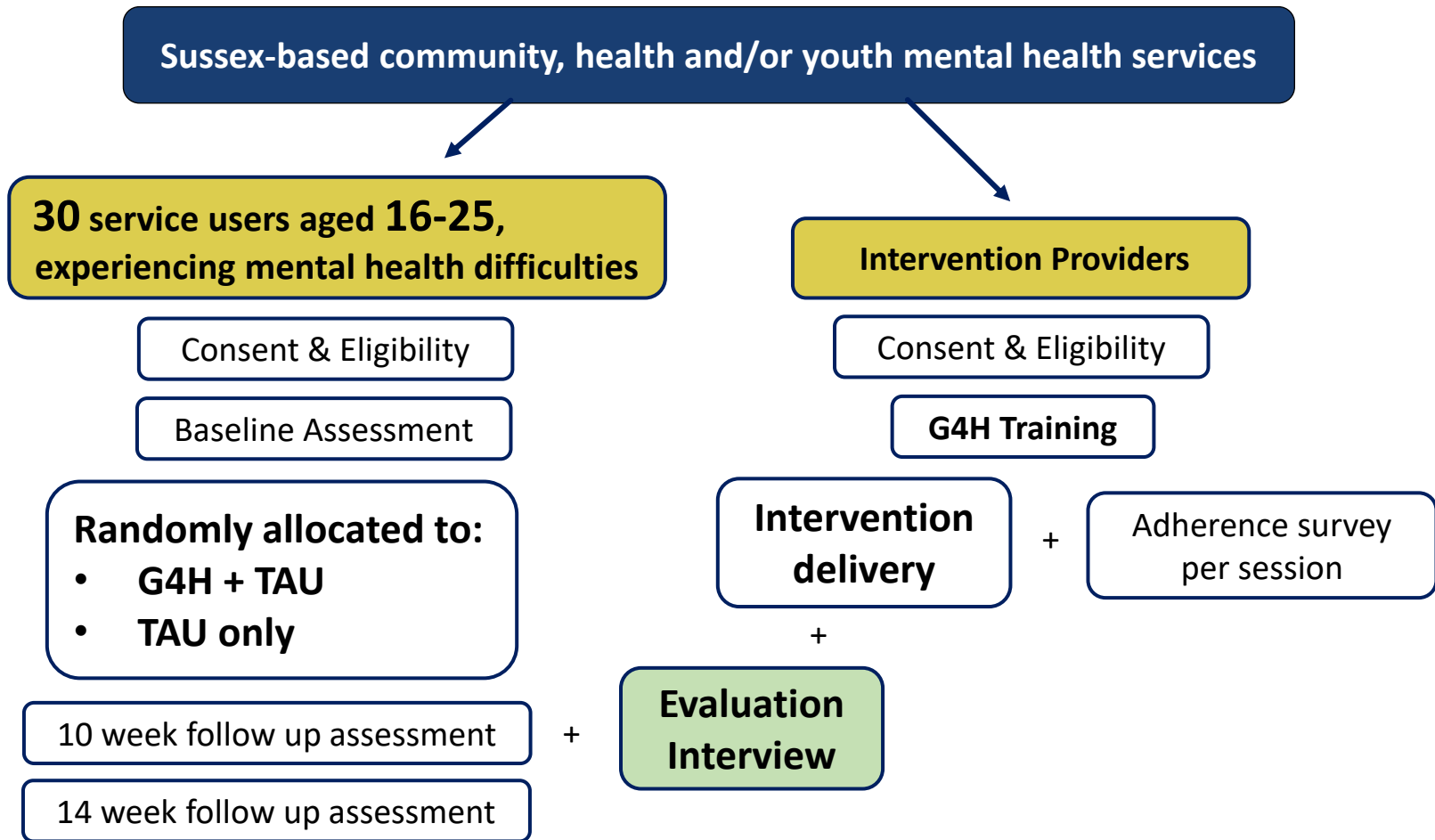**Feedback**

- Start with 1:1 delivery & introduce group sessions

- Person centered approach [online/face-to-face/location]

- Adapt language e.g. use "connections" instead of "groups"

- Avoid 'school' connotations (language & room set up)

- Option to present rating scales as words or pictures

- Support/prompts to carry out action plan between sessions 4 & 5

Feasibility randomised controlled trial:

Sussex-based community, health and/or youth mental health services

30 service users aged **16-25**, experiencing mental health difficulties

Consent & Eligibility

Baseline Assessment

Randomly allocated to:
- **G4H + TAU**
- **TAU only**

10 week follow up assessment

14 week follow up assessment

+

Intervention Providers

Consent & Eligibility

G4H Training

Intervention delivery + Adherence survey per session

+

Evaluation Interview

Feasibility randomised controlled trial:

Feasibility parameters:

50% or more

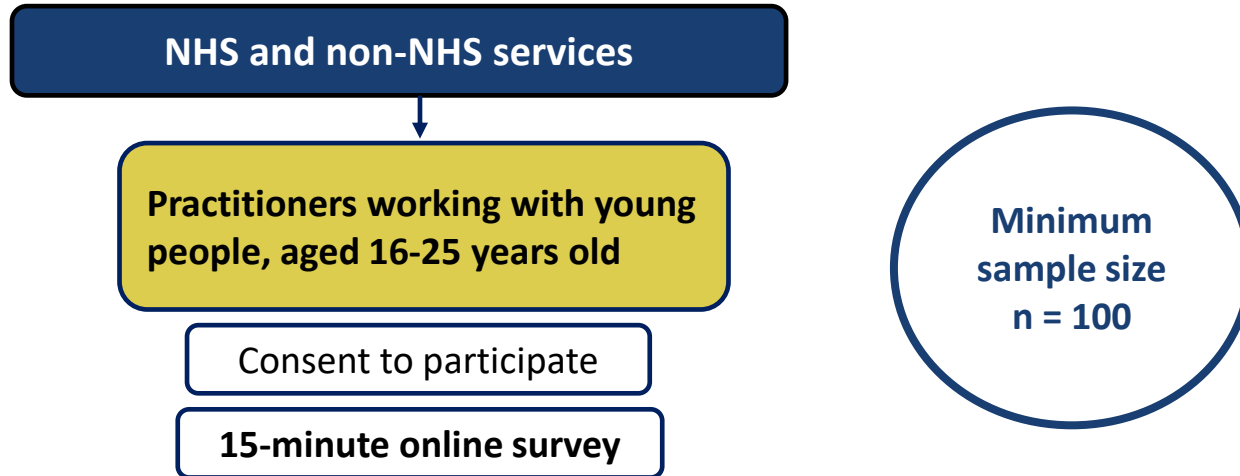... of referred young people will be **eligible**

80% or more

...of consenting eligible young people will be **retained** in the study **at each follow up time point**

...assessment data completeness

...of young people allocated to receive G4H will complete at least **four intervention sessions**

...of the core **G4H intervention items will be delivered**

Practitioner survey:

NHS and non-NHS services

Practitioners working with young people, aged 16-25 years old

Consent to participate

15-minute online survey

Minimum sample size n = 100

What does the survey cover?

Demographic Information

Employment & Experience

Attitudes toward:
- supporting social connectedness in routine practice
- a social-based intervention for young people with mental health difficulties
- testing a social-based intervention in a research trial

Practitioner survey:

Currently recruiting from NHS & non-NHS services in the geographical areas covered by:

- Sussex Partnership NHS Foundation Trust
- Norfolk & Suffolk NHS Foundation Trust

**Open to new sites & services across the UK
… if you're interested, get in touch!**

Email: c.vella@sussex.ac.uk

Would you like to participate?

https://universityofsussex.eu.qualtrics.com/jfe/form/SV_9GHknh8iv22oEiW

Conclusion:
What do we hope to learn from the **TOGETHER** study?

- Do our plans for this research study work?

- What is the Groups 4 Health intervention experience like for young people with mental health difficulties and intervention providers in the UK?

- What do practitioners think about a social-based intervention for young people experiencing mental health difficulties?

Thank you for listening!

If you'd like more information, get in touch:

Email: c.vella@sussex.ac.uk

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