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Assessment of Mental Health, Post-COVID 19 Period, in the 15-24 Age Group

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ABSTRACT

Childhood is a vulnerable stage of life which emphasizes the importance of psychological interventions for children in crisis situations to prevent the development of mental health problems. The mental health problems that some authors have warned about may not be immediately apparent but may take time to unfold.

This Study Aimed: to assess of mental health in the post-Covid 19 period in the 15-24 age group.

Methods: This descriptive cohort study which identified mental health problems in the 15-24 age group. The study period was 1 year divided into quarters. Data were collected using a specific survey by specialists surveying 1084 students. Data analysis was done using descriptive statistics.

The Results Showed: a low level of parents (primary school); High level of parental unemployment (low economic level); 49% of individuals presented that they were almost never worried by the pandemic situation; in 39.1% of them they were very worried because they could not protect their relatives from infection; 34.1% of the interviewees were very concerned about the fact that our health system could not offer them a good service.

Results: are reported using descriptive statistics with absolute counts and percentages. A chi-square test was used to establish associations between age- group with the fact that they could not protect their relatives from the virus, the good feeling when the vaccine against COVID-19 was discovered and approved, and the readiness to be vaccinated. A p-value < 0.05 was considered significant. Statistical analysis was performed using the SPSS 20.0 statistical package.

Conclusion: This study provides an overview of the impact mechanisms during the period of the COVID-19 pandemic on child and adolescent mental health along with a comprehensive overview of screening and prevention tools and interventions. We emphasize the necessary attention to children and adolescents and proactive action to develop comprehensive and credible program plans so that the mental health risks of COVID-19 to children and adolescents can be mitigated in a timely manner.

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Introduction

The mental health problems that some authors have warned about may not be immediately apparent but may take time to unfold. Therefore, much research is needed across disciplines and global boundaries to uncover the mental health impact this complex and challenging period has placed on youth life-span development [1].

Pedagogical staff, psychological staff and also medical staff must fully accept the problems that have arisen among young people as a result of the pandemic. This comprehensive model aims to provide a deeper understanding of the impact of the Covid-19 situation on young people and offers some recommendations for

intervention strategies including the importance of the child's socio-economic environment and various key factors of the virus and the pandemic. As in many countries, the closure of our country as a protective measure for COVID-19 was also accompanied by the closure of the educational level for several months. It is thought that closing schools specifically for the 15-24 age group has had significant implications for mental health as schools are not only places where they develop and advance their academic skills but are also fun places for them [2]. First the lockdown of the educational system and then the transition to online or distance learning has resulted in a degradation of many protective factors offered by attending the educational system. Some of the protective factors of school attendance are the daily routine they performed, the loss or adaptation to new rules and the loss of

social contacts, the social and emotional support that is served to this age group by teachers and school staff. The closure or online learning caused a problem in thinking or in the sense of belonging that these young people have in a community [3]. This closure limited them in movement or in their sports activity, focusing only in front of the television or social networks. Although many young people have managed to maintain connections with their peers through social means, the loss of personal interaction resulting from school closures can have long-term negative consequences for mental health. Psychosocial and health assessment models are among the most widely used methods in the world. They have found wide application in the study, evaluation and management of many mental health disorders contributing to the making and adaptation of many case control and management policies for decades. By providing a clear overview of the situation these models enable the right ways in solving the problems created by the pandemic in mental health and beyond. In order to build a strategy for the assessment and management of mental health problems caused by this pandemic, it is necessary and necessary to design a questionnaire to assess the current situation and then design a real-time protocol and guide to address promotional and preventive health policies and maintaining the mental health of the population based on the most at-risk age group [4].

Materials and Methods

This is a descriptive cohort study that identified mental health problems in the 15-24-year age group. The study period was 1 year divided into quarters. The number of individuals included in the study was 1084 who were randomly selected in 23 cities of the country. For each of the phases, the activities that are reflected in this study were developed.

The designed questionnaire is based on similar studies conducted in different countries regarding the assessment of the problems encountered during and after the COVID-19 pandemic.

The questionnaire is designed in two sections. The first section included sociodemographic data. The second section included indicators related to mental health problems such as anxiety, depression, fear, stress, panic, etc. For each variable of this section, the rating scale starts from I to V.

Statistics: Results are reported using descriptive statistics with counts and absolute percentages. A chi-square test was used to establish associations between different variables. A p value < 0.05 was considered significant. Statistical analysis was performed using the SPSS 20.0 statistical package.

Results

Table 1 shows that more than half of the participants 58.5% (634/1084) belong to the city of Elbasan, while the participants from other cities have a much smaller number ranging from 7.3% (78/1084) for the participants from Librazhdi to only 0.1 (1/1084) for participants from Mat. About 6.7% (73/1084) of participants refused to provide information about their place of residence.

Table 1: Distribution of Participants based on Residence

Qyteti/Rrethi	Frekuenca (N)	Përqindja (%)
Elbasan	634	58.5
Tiranë	59	5.5
Shkodër	3	0.3
Rrogozhinë	6	0.6
Librazhd	78	7.3
Përrenjas	20	2
Poliçan	2	0.2
Pogradec	25	2.3
Peqin	33	3
Lushnje	32	3
Mat	1	0.1
Kuçove	20	1.8
Gramsh	34	3.1
Kavajë	2	0.2
Durrës	3	0.3
Divjakë	4	0.4
Peshkopi	5	0.5
Bulqizë	4	0.4
Cerrik	24	2.2
Berat	19	1.8
Devoll	1	0.1
Çorovode	1	0.1
Kukës	1	0.1
Refuzojnë	73	6.7
Total	1084	100

The sample included 1084 student2. Table 1 shows the demographic characteristics of the sample.

The sample distributed by age group showed that in the study 56.46% were aged 19-20 years; 24.17% aged ≤ 18 years and 17.90% aged ≥ 21 years. The age value is missing in 1.50% of the interviewees. Their average age was 19.74 years (SD ± 2.898 Min 17 and Max 24)

The highest percentage of participants was male with 63.60%; 55% of the participants in the study live in rural areas; 96.7% completed their education in public schools; 94% bachelor education.

Regarding the parents' education, the results showed that only 5.5% of the students declared that the father had a university education; in 47.30% secondary/professional education; in 41.7% primary education; 1.40% without education and 4.10% did not answer.

The results on mother’s education showed that in 6.80% university education; in 46.30% primary education; in 38.40% secondary/professional education; 4.20% without education and 4.30% did not answer.

The employment of the parents showed that 47.9% of fathers were employed against 26.10% and employed 23.7% of unemployed fathers against 61.10% of unemployed mothers.

Also, 15.40% of fathers are immigrants compared to 1.60% of immigrant mothers. In 8% there is a lack of information on the employment of fathers against 8.20% of the lack of information on the employment of mothers.

Table 2: Demographic Characteristics

Questionnaire Items	Frequency (%) (Nr.)	Mean (SD)	Min	Max
Age		19.74 (± 2.898)	17	24
≤ 18	24.17 (262)			
19-20	56.46 (612)			
≥21	17.90 (194)			
no answer	1.50 (16)			
Gender				
Male	63.60 (689)			
Female	36.40 (395)			
Residence				
Urban	45.00 (488)			
Rural	55.00 (596)			
Education				
Public	96.70 (1048)			
Private	3.30 (36)			
Class				
11-12	2.40 (26)			
Student	97.60 (1058)			
University				
Bachelor	94.00 (994)			
Master	6.00 (64)			
Father’s education				
No education	1.40 (15)			
Primary	41.70 (452)			
Secondary/professional	47.30 (513)			
University	5.50 (60)			
no answer	4.10 (44)			
Mother’s education				
No education	4.20 (45)			
Primary	46.30 (502)			
Secondary/professional	38.40 (416)			
University	6.80 (74)			
no answer	4.30 (47)			
Father’s employment				
Employed	47.90 (515)			
Unemployed	23.70 (257)			
Emigrant	15.40 (167)			
Other (disabled, pensioner, economic assistance, loss of life)	5.00 (54)			
no answer	8.00 (87)			
Mother’s employment				

Employed	26.10 (283)			
Unemployed	61.10 (663)			
Emigrant	1.60 (17)			
Other (disabled, pensioner, economic assistance, loss of life)	3.00 (32)			
no answer	8.20 (89)			

Table 3 presents the results related to concerns related to the pandemic situation (49.5% almost never, 18.5% more frequently, 11.7% sometimes and 11.0% frequently); the possibility to protect their relatives (39.1% more frequently, 28.6% almost never and 15.2% sometimes); concern about the health system to provide good service (34.0% more frequently, 30.4% almost never, 14.3 sometimes and 11.2% frequently); concern about basic hygiene (hand washing) to ensure reliable protection from the virus (30.6% almost never, 24.1 frequently, 15.7% more frequently, 14.4% sometimes and 11.7% never); the concern that social distancing was not enough to protect us from the virus (32.4% almost never, 21.3% frequently, 16.4% more frequently and 16.3% sometimes); concern regarding online learning and school closures (27.3% more frequently, 26.4% almost never, 20.5% frequently and 13.9% sometimes); the concern of not communicating normally with classmates (25.9% more frequently, 25.4% almost never, 22.0% frequently and 15.1% sometimes). In a small percentage, the information related to the questions presented in this table is missing.

Table 3: Frequency of Concerns Related to the Pandemic Situation

Questionnaire Items	Never	Almost never	Sometimes	Frequently	Most frequently	No answer
How worried have you been about the COVID-19 situation in the country?	72 (6.6%)	538 (49.5%)	127 (11.7%)	120 (11.0%)	201 (18.5%)	28 (2.6%)
How worried were you about not being able to protect your loved ones from the virus?	45 (4.1%)	311 (28.6%)	165 (15.2%)	105 (9.7%)	425 (39.1%)	35 (3.2%)
How worried were you that our health system could not provide a good service to you and your relatives?	68 (6.3%)	330 (30.4%)	155 (14.3 %)	122 (11.2%)	370 (34.1%)	41 (3.8%)
I was concerned that basic hygiene (hand washing) could not provide us with reliable protection from the virus.	127 (11.7%)	332 (30.6%)	156 (14.4%)	262 (24.1%)	170 (15.7%)	39 (3.6%)
I was worried that social distancing wasn't enough to protect us from the virus.	104 (9.6%)	352 (32.4%)	177 (16.3%)	231 (21.3%)	178 (16.4%)	44 (4.1%)
I was worried about online learning.	81 (7.5%)	287 (26.4 %)	151 (13.9%)	223 (20.5%)	296 (27.3%)	48 (4.4%)
I was worried about the closing of the schools.	71 (6.5%)	276 (25.4%)	164 (15.1%)	239 (22.0%)	281 (25.9%)	55 (5.1%)
I was upset that I didn't meet my classmates normally.	107 (9.9%)	316 (29.1 %)	184 (16.9%)	248 (22.8%)	185 (17.0%)	46 (4.2%)

Table 4 presents the results on the concern regarding the lack of life activities during the pandemic period and the fear of contacts and infection.

Referring to the questionnaire items, the results showed that the participants were concerned about the closure of sports and cultural activities (12.2% never, 29.0% almost never, 17.3% sometimes, 21.4% frequently and 15.4% most frequently); concerns about the lack of basic food supply (28.4% almost never, 16.9% sometimes, 23.1% frequently and 21.3% most frequently); worried about closing stores for a long time (28.0% almost never, 16.6% sometimes, 23.9% frequently and 19.7% most frequently); worried about the lack of medicines in the pharmacy (26.0% almost never, 16.7% sometimes, 21.7% frequently and 23.8% most frequently); worried about contact in a public space (e.g. railing, door handle) and infection (28.5% almost never, 17.3% sometimes, 21.4% frequently and 19.6% most frequently); disturbed by the coughing or sneezing of others near me and infection (29.6% almost never, 15.4% sometimes, 22.5% frequently, 21.2% most frequently); worried that the people around could be a source of infection (28.5% almost never, 16.4% sometimes, 20.8% frequently and 20.6% most frequently); worried that while handling money or using a debit machine I could get infected (28.4% almost never, 17.0% sometimes, 21.7% frequently and 15.2% most frequently).

Approximately 5.0% of all questions in this table provide no information

Table 4: Frequency of Worries about Daily Activities and Contacts

Questionnaire Items	Never	Almost never	Sometimes	Frequently	More frequently	No answer
I was concerned about the closure of sports and cultural activities	133 (12.2%)	315 (29.0%)	188 (17.3%)	232 (21.4%)	167 (15.4%)	51 (4.7%)
I was worried about the fact that the stores were not supplied with basic foods	68 (6.3%)	308 (28.4%)	183 (16.9%)	251 (23.1%)	231 (21.3%)	45 (4.1%)
I was worried about the stores closing for a long time	79 (7.3%)	304 (28.0%)	180 (16.6 %)	260 (23.9%)	214 (19.7%)	49 (4.5%)
I was worried about not finding medications at the pharmacy	77 (7.1%)	282 (26.0%)	181 (16.7%)	236 (21.7%)	258 (23.8%)	52 (4.8%)
I was worried that if I touched someone in a public space (e.g., handrail, doorknob) I would come into contact with the virus	95 (8.7%)	309 (28.5%)	188 (17.3%)	232 (21.4 %)	213 (19.6%)	49 (4.5%)
I was worried if someone coughed or sneezed near me, would I come in contact with the virus?	73 (6.7%)	321 (29.6%)	167 (15.4%)	244 (22.5%)	230 (21.2%)	51 (4.7%)
I was worried that people around me could infect me with the virus	89 (8.2%)	310 (28.5%)	178 (16.4%)	226 (20.8%)	224 (20.6%)	59 (5.4%)
I was worried that while handling money or using a debit machine I could get infected	139 (12.8%)	308 (28.4%)	185 (17.0%)	236 (21.7%)	165 (15.2%)	53 (4.9%)

Table 5 shows the results related to: difficulty concentrating because I thought about the virus (19.4% never, 29.7% almost never, 16.1% sometimes, 16.7% frequently and 12.8% most frequently); disturbing images about the virus appeared in my mind against my will (26.3% never, 27.8% almost never, 15.0% sometimes, 15.6% frequently and 9.8% most frequently); sleep problems because I was worried about the virus (35.0% never, 25.4% almost never, 14.1% sometimes, 10.9% frequently and 8.6% most frequently); past situations cause me to have physical reactions: sweating or heart rate changes (38.1% never, 23.5% almost never, 13.5% sometimes, 11.2% frequently and 7.9% most frequently); seeing bad dreams related to the virus (43.6% never, 20.5% almost never, 13.0% sometimes, 10.7% frequently and 6.3% most frequently); requests for a lot of information online about the COVID-19 virus and its treatments (18.2% never, 33.5% almost never, 14.1% sometimes, 19.2% frequently and 9.0% most frequently); requests for health professionals (e.g. doctors or pharmacists for advice about COVID-19) all the time (27.2% never, 28.1% almost never, 15.4% sometimes, 15.8% frequently and 8.4% most frequently); watching a lot of videos on YouTube about COVID-19 (32.9% never, 26.0% almost never, 12.9% sometimes, 15.2% frequently and 7.4% most frequently).

Regarding the lack of information, about 6.0% of individuals did not give an answer.

Table 5: Frequency of Concentration and Insomnia

Questionnaire Items	Never	Almost never	Sometimes	Frequently	More frequently	No answer
I had trouble concentrating because I kept thinking about the virus	211 (19.4%)	322 (29.7%)	175 (16.1%)	181 (16.7%)	139 (12.8%)	58 (5.3%)
Disturbing images about the virus appeared in my mind against my will	286 (26.3%)	302 (27.8 %)	163 (15.0%)	169 (15.6%)	106 (9.8%)	60 (5.5 %)
I had trouble sleeping because I was worried about the virus	380 (35.0%)	276 (25.4%)	153 (14.1%)	118 (10.9%)	93 (8.6%)	66 (6.1%)
Past situations cause me to have physical reactions: sweating or heart rate changes.	414 (38.1%)	255 (23.5%)	147 (13.5%)	122 (11.2%)	86 (7.9%)	62 (5.7%)
I had bad dreams related to the virus	474 (43.6%)	223 (20.5%)	141 (13.0%)	116 (10.7%)	68 (6.3%)	64 (5.9%)
I searched a lot of information online about the COVID-19 virus and its treatments	198 (18.2%)	364 (33.5 %)	153 (14.1%)	208 (19.2%)	98 (9.0%)	65 (6.0%)
Seeking health professionals (e.g., doctors or pharmacists for advice about COVID-19) all the time	295 (27.2%)	305 (28.1%)	167 (15.4%)	172 (15.8%)	91 (8.4%)	56 (5.2%)
I watched a lot of YouTube videos about COVID-19	357 (32.9%)	282 (26.0%)	140 (12.9%)	165 (15.2%)	80 (7.4%)	62 (5.7%)

In continuation of the concerns, the results presented in table 6 showed that in relation to the continuous control of the body for symptoms caused by the virus, e.g. fever (23.3% never, 30.1% almost never, 13.5% sometimes, 18.1% frequently and 9.5% most frequently); those concerned that the country was left open to foreigners who are spreading the virus in the country (8.0% never, 2.1% almost never, 16.3% sometimes, 21.2% frequently and 21.7% most frequently); those worried about the duration of the pandemic (7.9% never, 28.6% almost never, 17.4% sometimes, 23.4% frequently and 17.1% most frequently); those worried about the loss of relatives (5.6% never, 23.3% almost never, 14.9% sometimes, 18.9% frequently and 30.8% most frequently); those who felt good when the vaccine against COVID-19 was discovered and approved (14.5% never, 29.7% almost never, 18.4% sometimes, 23.6% frequently and 7.8% most frequently); readiness to be vaccinated (27.0% never, 28.7% almost never, 14.6% sometimes, 17.0% frequently and 7.0% most frequently). Lack of information is approximately 6.0%.

Table 6: Frequency of Concerns (Continued)

Questionnaire Items	Never	Almost never	Sometimes	Frequently	More frequently	No answer
I constantly checked my body for symptoms caused by the virus (e.g. fever)	253 (23.3%)	327 (30.1%)	147 (13.5%)	197 (18.1%)	103 (9.5%)	59 (5.4%)
I was worried that the country was left open to foreigners who are spreading the virus in my country	87 (8.0%)	305 (2.1%)	177 (16.3%)	230 (21.2%)	236 (21.7%)	51 (4.7%)
I was worried about the duration of the pandemic	86 (7.9%)	311 (28.6%)	189 (17.4%)	254 (23.4%)	186 (17.1%)	60 (5.5%)
I was worried about losing my relatives	61 (5.6%)	253 (23.3%)	162 (14.9%)	205 (18.9%)	335 (30.8%)	70 (6.4%)
Did you feel good when the vaccine against COVID-19 was discovered and approved?	157 (14.5%)	323 (29.7%)	200 (18.4%)	256 (23.6%)	85 (7.8%)	65 (6.0%)
Were you ready to be vaccinated?	293 (27.0%)	312 (28.7%)	159 (14.6%)	185 (17.0%)	76 (7.0%)	61 (5.6%)

In continuation of the mental problems, table 7 presents the results related to the concern about relationships and communications between people during the pandemic. The results showed about: concerns about a normal daily relationship with schoolmates (13.3% never, 32.3% almost never, 16.3% sometimes, 21.5% frequently and 11.1% most frequently); concerns regarding communication with your professors during the pandemic (13.5% never, 32.2% almost never, 15.9% sometimes, 22.8% frequently and 10.1% most frequently); concerns about the lack of contact of relatives during the pandemic (8.4% never, 29.5% almost never, 15.3% sometimes, 24.7% frequently and 17.0% most frequently); feeling moments of panic, anxiety, stress or agitation situations (29.1% never, 28.0% almost never, 13.2% sometimes, 15.0% frequently and 9.7% most frequently); those suffering from unpredictable and severe moments of anxiety and panic, physical symptoms, e.g., palpitations, chest pain, dizziness (41.8% never, 22.8% almost never, 12.5% sometimes, 11.0% frequently and 7.7% most frequently); fear of death, loss of control or something happening (23.7% never, 23.9% almost never, 23.3% sometimes, 5.0% frequently and 7.5% most frequently).

About 5.5% of all questions in this table lack information (individuals did not answer).

Table 7: Frequency of Concerns about Relationships and Communication Between People (Continued)

	Never	Almost never	Sometimes	Frequently	Most frequently	No answer
Worried about not having a normal daily relationship with your schoolmates?	144 (13.3%)	351 (32.3%)	177 (16.3%)	233 (21.5%)	121 (11.1%)	60 (5.5%)
Worried about how to communicate with your professors during the pandemic?	147 (13.5%)	350 (32.2%)	173 (15.9%)	248 (22.8%)	110 (10.1%)	58 (5.3%)
Worried about the lack of contact of your relatives during the pandemic?	91 (8.4%)	320 (29.5%)	166 (15.3%)	268 (24.7%)	185 (17.0%)	56 (5.2%)
I have had moments of panic, anxiety, stress or agitation situations	316 (29.1%)	304 (28.0%)	143 (13.2%)	163 (15.0%)	105 (9.7%)	55 (5.1%)
I suffered from unpredictable and severe moments of anxiety (panic) with physical symptoms (e.g., palpitations, chest pain, dizziness)	454 (41.8%)	248 (22.8%)	136 (12.5%)	119 (11.0%)	84 (7.7%)	45 (4.1%)
During such an anxiety attack I was afraid of dying, losing control, or something happening to me	257 (23.7%)	260 (23.9%)	253 (23.3%)	54 (5.0%)	81 (7.5%)	181 (16.7%)

Table 8 and figure 1 present the results of sleep disorders.

23.7% (257) showed difficulties to sleep (less than 30 minutes); 24% (260) individuals reported difficulty sleeping at night; 23.3% (253) of them woke up early in the morning;

5.0% (54) of the participants in the study saw scary dreams or nightmares that are not related to the COVID-19 pandemic; 7.5% (81) individuals had scary dreams or nightmares about the COVID-19 pandemic making them feel nervous, angry and withdrawn and 16.5% (179) of them did not answer.

Table 8: Sleep Disorders

I suffered from sleep problems such as	Frequency	Percentage (%)
a) Difficulty falling asleep (less than 30 minutes)	257	23.7
b) Difficulty sleeping at night	260	24
c) Waking up early in the morning	253	23.3
d) Scary dreams or nightmares not related to the COVID-19 pandemic	54	5
e) Scary dreams or nightmares about the COVID-19 pandemic that make me feel nervous, angry, and withdrawn	81	7.5
f) No answer	179	16.5

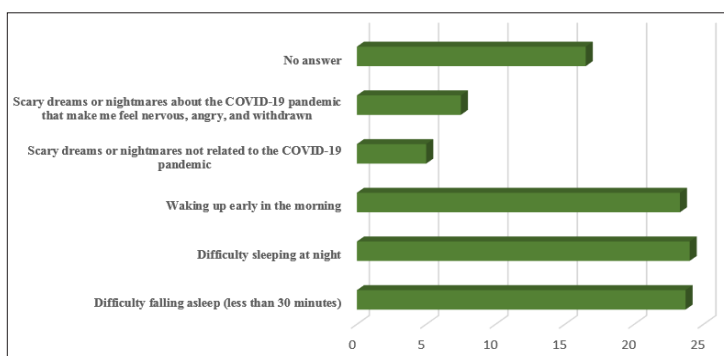


Figure 1: Sleep Disorders

Bivariate analysis was performed to establish associations between responses to questionnaire questions and age group. Only statistically significant associations (p -value < 0.05) are reported (see Table 9).

Table 9: Correlation between Age Group and Concerns Related to the Situation of the COVID-19 Pandemic

		Demographic characteristics			P-Value
		Age-group			
		≤ 18	19-20	≥ 21	
How worried were you about the fact that you could not protect your loved ones from the virus?	Never	8	32	5	0.046
	Almost never	70	178	61	
	Sometimes	52	88	24	
	Frequently	16	70	19	
	More frequently	110	231	80	
Did you feel good when the vaccine against COVID-19 was discovered and approved?	Never	35	78	43	0.030
	Almost never	85	177	61	
	Sometimes	48	119	31	
	Frequently	64	156	35	
	More frequently	15	54	14	
Were you ready to be vaccinated?	Never	88	139	64	0.000
	Almost never	75	171	65	
	Sometimes	37	103	17	
	Frequently	34	124	26	
	More frequently	12	48	15	

Discussions

This study explored the voice of Albanian youth regarding the impacts of COVID-19 on their generation, along with coping strategies and lessons for future pandemics. The impacts of COVID-19 were grouped into three categories: (i) impact on social life and friendships, (ii) impact on daily life and routines, and (iii) impact on health and well-being.

The demographic data showed the inclusion in the study of individuals who lived in rural areas in the largest percentage with 55.0%. A low education of parents (fathers with primary education in 41.70% (452) and in 47.30% (513) with secondary education; mothers in 46.30% (502) primary education and in 38.40% (416) secondary education).

Also, the results showed a high level of unemployment for both parents. The results related to the worries related to the pandemic situation showed that in the highest percentage 49.5% of them were almost never worried and 41.2% were more often, sometimes and very often worried. They express a range of symptoms such as anxiety, stress, agitation, insomnia, waking up early in the morning, fear of infection associated with a less active life, which is consistent with studies on the outbreak of COVID-19 in China. The report of more symptoms of depression, anxiety and loneliness seen in this study has also been found in other studies. Furthermore, the results from the regression analysis have Celals shown the negative impact that COVID-19 has had on the mental health of young people.

Our findings are also supported by previous research from studies conducted in other regions of the UK and internationally [5-8]. Research has shown that isolation during COVID-19 lockdowns led to increased anxiety and stress [9]. In addition, the forced move to online learning, cutting off contact with classmates, being shut down for long periods of time and being disconnected from routine life, cultural and sports activities has led to an increase in stress levels [10,11]. The findings from the statistical analysis were supported by the rich information provided by the young people in their open-ended responses. These young people identified several factors that they believed affected their mental health during COVID-19, such as the lack of pharmaceutical preparations and the non-functioning of health services and the availability of mental health services especially for adolescents, due to of long waiting times to access services, the limited number of practitioners providing direct services and the inability to obtain services at a convenient location due to congestion. These findings are well supported by empirical evidence, with the World Health Organisation (WHO) reporting that the pandemic has disrupted or stopped critical mental health services in 93% of countries worldwide [12]. A lack of social interactions with friends and those outside of one's household were noted by participants to be a major source of distress during the lockdowns. Young people reported at length that disruption of their normal social routines, caused by going in to and out of multiple rounds of lockdowns, resulted in significant upheaval in their social and emotional lives. Routines and frequent peer-to-peer social interactions have been shown to create networks of support that serve as protective mechanisms in the developing neural pathways of the prefrontal cortex, the portion of the brain responsible for coordinating executive functions such as complex social interactions, self-regulation, and emotional maturity [13]. In young people, school attendance and extracurricular activities provide the primary basis for such patterning and functioning. With the disruption of these routines caused by the series of lockdowns, the emotional distress

expressed by the participants is a logical sequela of these events [14]. Returning to routine social engagements and school activities can improve mental health in young people [15]. However, it is yet to be determined if the prolonged disruption of such routines, secondary to the COVID-19 lockdowns, will have long lasting impacts on the mental health of these young people as they mature.

Limitations and Strengths

A limitation of this research is that it relied on cross-sectional data that cannot be used to provide causal evidence of the direct effect of COVID-19 lockdowns on mental health. There is an over-representation of males (63.60%) compared to female (36.40%), perhaps skewing the results somewhat. Thirdly, the study used the GHQ-12, a self-report measure which research has shown is more likely to lead to under- rather than over reporting of mental health issues due to the stigma associated with mental illness [16,17]. A more open debate of mental health in society may reduce this stigma and may, over time, lead to an increase in the proportion of young people recognising and reporting mental health issues. Finally, as with all research, there is a possible inherent response bias as those who feel strongly about the research topic may be more inclined to consent to take part, and indeed may be more willing to provide more detailed open responses.

Despite these limitations, the study has a number of strengths. Firstly, the quantitative analysis provided data on the predictors of mental health among a large sample of young people aged <18 years-an age at which the onset of all mental health disorders is at their peak [18]. Secondly, the survey included open-ended questions that provided rich data from the high percentage of young people who took the time to answer. The open responses align well with the quantitative data, and also with the results of other studies which have all shown a substantially negative impact of COVID-19 measures on young people. Thirdly, the study was timely with the fieldwork being conducted when the Shqipëria was experiencing a cycle of lockdowns and when young people were facing much uncertainty about their assessments and the implications this could have on their future prospects.

Conclusion

As demonstrated by this research, young people identified that the lack of control over their daily lives, the lack of consistent peer social interaction, and a feeling that they were excluded from decision-making processes greatly impacted their mental health. This will add to the pressures on the already stretched and under-sourced mental health services. It is clear that further investment in adolescent mental health services will be required to meet the needs of those presenting with mental health issues, but, going forward, the learning from the pandemic should also be that we need to improve our understanding of protective factors that foster positive mental health among young people. Some studies have shown that engaging young people in a decision-making capacity can help to improve their emotional response to traumatic and stressful situations [19]. Moving forward, as governments and institutions prepare for future pandemics, crises, and disruptions, efforts should be made to ensure that young people are included in the decision-making processes and that responses to their concerns are clearly communicated, as a way to help mitigate against negative mental health outcomes.

To conclude, COVID-19 has only just begun to recede and the impacts of it, and its associated lockdowns, have yet to be fully described and understood. As we continue to move forward, attention must be paid to not only the physical health, but equally

the mental health, of those young people who experienced the pandemic first-hand. Early studies such as this one demonstrates the negative consequences of COVID-19 and illuminate how governmental policies have affected the mental health of young people. With this level of disruption experienced in their formative years, the impact of these experiences may well continue for the remainder of their lives. As with any traumatic event, be it formal wars, civil unrest, disasters, or even health crises, attention and efforts must be put in place by governments, not-for-profit organizations, the medical profession, the mental health community, and academia to ensure young people can recover from their experiences and return to full function within society as they continue to mature into adulthood.

Also, the statistical interpretation of mental health data and the finding of the most predominant risk factors, mainly epidemiological ones, will be used to evaluate and investigate the impact of the pandemic on mental health among young people. This will enable us and provide useful data for improving the quality of health and psychological services offered in school environments. It will guide us in organizing and taking the measures that need to be taken in relation to the protection of young people. It is important to understand that mental disorders and mental health problems can affect anyone and occur in families of all social classes and all ethnicities. Therefore, promoting mental health is important for everyone. There is no health without mental health!

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