Impact of the Coronavirus Lockdown on Older Adolescents Engaged in a School-Based Stress Management Program: Changes in Mental Health, Sleep, Social Support, and Routines

Sara Schjølberg Marques and Ruth Braidwood

The mental health effects of the coronavirus pandemic are likely to be significant and sustained, especially for those who experience adversity or preexisting mental health difficulties. This article examines the experiences of older adolescents during the United Kingdom government’s “lockdown” period (April 2020 to June 2020) on mental health, social support, sleep, and routines using both quantitative and qualitative methods. Participants were enrolled in DISCOVER, a school-based stress management program, in London (N = 107; 72 percent Black, Asian, or minority ethnicity). The Coping with COVID-19 questionnaire was developed and administered online. Changes in mental health, sleep, and routines were reported during the lockdown period as well as increased worry about family members’ physical and mental health. Positive experiences of the lockdown period included improvements in quality of relationships and increased time to spend on hobbies. Participants reported the use of cognitive–behavioral therapy techniques for coping. Results have implications for supporting older adolescents during the pandemic, including on their return to school.

KEY WORDS: adolescence; coronavirus; mental health; racial–ethnic groups; school support

The novel coronavirus (COVID-19) pandemic is the greatest health crisis of our time. Aside from the direct impact of the virus and the thousands of lives that have been lost, the daily lives of populations across the world have been disrupted. Several countries have had periods of lockdown enforced by governments, whereby individuals have been told to stay at home, schools and businesses have closed, and a prolonged period of social distancing has been put in place to reduce virus transmission. By April 4, 2020, school closures were reported in 186 countries worldwide (United Nations Educational, Scientific and Cultural Organization, 2020), including the United Kingdom.

MENTAL HEALTH

The psychological impacts of the COVID-19 pandemic are likely to be significant and sustained. Worldwide, families are being directly affected by the virus through personal experience of illness or grief and indirectly affected through disrupted social relations and education, economic impacts, and wider societal effects (United Nations, 2020). The priorities for researching the impact of COVID-19 on mental health have been set out and include assessing the impact of the lockdown and social isolation on the mental health of vulnerable people and how these impacts can be reduced (Holmes et al., 2020; Lee, 2020).

Given that mental health difficulties are most likely to develop during adolescence (Kessler et al., 2007), it is critically important to explore the impact of the pandemic and lockdown period on the mental health of young people. Although the potential stress, anxiety, and isolation of a lockdown might be short-lived for some, for other young people, the effect on well-being will be severe and longer lasting, especially for those who experience adversity or already exhibit difficulties with managing their mental health. The negative effects of social deprivation as a result of social distancing measures may be particularly profound for adolescents (Orben, Tomova, & Blakemore, 2020), although such effects may be mitigated by increased use of digital connections with others. There may
also be disruptions to sleep (Altena et al., 2020), routines (Lee, 2020), and traumatic stress responses (Sprang & Silman, 2013) that can negatively affect well-being. Data from a large study in the United Kingdom showed that 50 percent to 60 percent of young people exhibited trauma-like symptoms related to COVID-19 in April 2020, which were higher in female and older adolescents ages 19 to 24 (Levita et al., 2020).

Additional recent surveys in the United Kingdom have assessed the impact of school closures and the lockdown on children and young people (Emerging Minds, 2020; Girlguiding, 2020; Prince’s Trust, 2020; YouCope, 2020), including those with known mental health difficulties (YoungMinds, 2020). Some young people are experiencing a worsening of their mental health generally, including increased worries about their family’s health. Worries also extend to concern about the longer-term impact of the crisis on the economy, jobs, social life, and educational opportunities (Girlguiding, 2020; Prince’s Trust, 2020). In addition, young people are experiencing negative effects of school closures, which include lack of education, lack of pastoral support, and social isolation (YoungMinds, 2020).

INEQUALITIES AND ETHNICITY
The coronavirus pandemic is disproportionately affecting lower income and disadvantaged populations (Imperial College London, 2020). In the United Kingdom, one-third of lower paid employees have lost jobs or been furloughed as a result of the crisis, and death rates from COVID-19 in deprived areas are more than double the rates in the most affluent areas of the United Kingdom (Resolution Foundation, 2020). Government measures to control the virus are demanding a heavier social and economic price on those already experiencing inequality. It is expected that youth unemployment will rise, and more family debt, breakdown, and stress will likely occur (StreetGames, 2020). More young people from deprived communities will know people who have died as a result of the virus.

The COVID-19 pandemic has had a disproportionate impact on Black, Asian, and minority ethnicities (Public Health England, 2020) with a higher likelihood of members of these communities testing positive for the virus and having higher death rates. One research study (Levita et al., 2020) indicated that, during the UK lockdown, Black and mixed ethnic background respondents had higher levels of anxiety and depression compared with White and Asian respondents.

IMPACT ON EDUCATION AND SCHOOLS
Young peoples’ education has faced unprecedented disruption worldwide. In the United Kingdom, schools have closed, national exams have been canceled, and students have had to adapt to working from home. Home schooling is particularly challenging for families who do not have the financial or electronic means to support remote learning, such as laptops or adequate Internet bandwidth. Lack of such resources further exacerbates the impact of COVID-19 on disadvantaged communities, isolating children and families from accessing educational materials required for home schooling; it also furthers disparities in educational progress.

Aside from the educational impact of the pandemic, teachers are increasingly concerned with how to best support the well-being of students in returning to school following the period of school closures (Lundie & Law, 2020). This transition comes in the UK context of a recent increase in school-based mental health initiatives following a 2017 government green paper on transforming children and young people’s mental health (Department of Health & Department for Education, 2017).

STUDY AIDS
To assess the impact of the pandemic on a group of older adolescents, the Coping with COVID-19 (CwC-19) questionnaire (Marques & Braidwood, 2020) was developed. The questionnaire aimed to explore the experiences of the lockdown period on mental health, social support, sleep, and routines at home as well as the usefulness of various coping techniques. The positive and negative impacts of the lockdown period were also qualitatively explored.

The existing survey findings from the United Kingdom on the impact of the lockdown on young people’s mental health (Emerging Minds, 2020; Girlguiding, 2020; Levita et al., 2020; Prince’s Trust, 2020; YouCope, 2020; YoungMinds, 2020) have all assessed predominantly White British samples over a wide age range. We aimed to assess the impact of the lockdown period on an ethnically diverse group of adolescents from inner-city London, which has seen the largest number of COVID-19 deaths of any region in the United Kingdom (Office for National Statistics, 2020).
METHOD
Recruitment and Participants
DISCOVER is an innovative school-based workshop program for 16- to 18-year-olds experiencing stress, anxiety, or low mood difficulties, or a combination of the three. The workshop program was developed in 2013 and piloted in various community venues with demand highest at the school site (Sclare, Michelson, Malpass, Coster, & Brown, 2015). It now runs in several schools across London and the Southeast of England. Participants attend a one-day group workshop for managing stress, whereby they learn and practice various cognitive–behavioral therapy techniques to help tackle school-related stress, reduce worry, and improve mood. Techniques include thought switching, thought challenging, time management, and mindfulness. To build an awareness of participating students’ well-being and mental health needs, students each receive an individual psychology assessment session before the workshop and a follow-up three months after the workshop. A feasibility randomized controlled trial has indicated that DISCOVER program attendance leads to reduced symptoms of anxiety and depression (Brown et al., 2019). The Camberwell St. Giles National Research Ethics Service approved this research study.

Participants in this study were students enrolled in the DISCOVER workshop program in 12 schools across South London. All participants had attended a DISCOVER workshop on managing stress and worry in their schools in the three months before the study. As part of the program, participants were due to have an individual follow-up meeting; however, given the UK school closures from March 2020, the meetings were instead conducted by telephone, and outcome measures were completed online. Between April 2020 and June 2020, a total of 107 students who were contacted for their follow-up took part in the study.

Measures and Procedure
The CwC-19 Questionnaire (Marques & Braidwood, 2020) was added to the battery of online mental health questionnaires sent to DISCOVER participants to complete at home, via a website link, using any device. The questions were developed from common themes identified during phone calls with young people engaged in the program, along with findings from surveys conducted with children and adolescents during the pandemic (Emerging Minds, 2020; Girlguiding, 2020; Prince’s Trust, 2020; YouCope, 2020). This research indicated that several aspects of young people’s well-being and everyday life may be affected. The questionnaire consisted of 23 questions, including multiple choice questions, Likert scales, and open-ended questions. The questionnaire explored routines at home, social relations and support, and the impact of the lockdown period on general well-being and mental health. Demographic data were collected, including gender, age, ethnicity, religion, school, and any known exposure to COVID-19 at the time.

Data Analysis
Quantitative data were analyzed using Microsoft Excel. Responses to open-ended questions were entered into a Microsoft Word text file and imported into the software NVivo for the purpose of conducting a thematic analysis. Qualitative analysis included the generation of codes emerging in the data that were used to develop categories of themes. Two independent researchers read and coded the material and cross-checked to discuss any discrepancies and to maintain rigor in the process.

RESULTS
Participant Characteristics
The demographic information for the 107 participants is shown in Table 1. The majority of participants were female (74 percent) and in year 12 (76 percent) with an average age of 17.02 years. In line with the ethnically diverse representation in the schools involved, most participants (73 percent) were from Black, Asian, or minority ethnic (BAME) backgrounds. Twelve percent of students reported that either themselves or a family member had tested positive for COVID-19, and 19 percent suspected either themselves or a family member had contracted the coronavirus based on experiencing symptoms (see Table 1).

Changes in Mental Health and Sleep
Participants were asked whether the lockdown period had affected any difficulties they were experiencing in relation to anxiety or low mood, or both, and their quality of sleep. As presented in Figure 1, 32 percent reported noticing improvements in mental health, 39 percent reported no change, and 29 percent reported worsening levels of anxiety and low mood. Almost half of the participants (42 percent) reported worsened quality of sleep.
31 percent reported that their quality of sleep had improved, and 31 percent reported no change (see Figure 1).

Participants were asked about their level of worry in relation to their own and family members’ physical and mental health as well as worry about their financial situation. Figure 2 shows that a total of 83 percent of participants had worried to some extent (36 percent, a little; 47 percent, a lot or quite a lot) about their family members’ physical health, 27 percent had worried a lot or quite a lot about their own mental health, and more than half of the sample (56 percent) had worried about their financial situation during lockdown (29 percent, a little; 27 percent, a lot or quite a lot). As presented in Figure 3, participants from BAME backgrounds were more likely to worry to some extent about their financial situation (62 percent) compared with participants from White British or other White backgrounds (40 percent).

### Maintenance of Routines

Findings in relation to maintaining routines for schoolwork, physical activity, bedtime, and meal-times are shown in Figure 4. Thirty-four percent reported being able to follow a clear daily routine for schoolwork, 40 percent had a schoolwork routine but reported not sticking to it, and 26 percent had no schoolwork routine at all. Participants reported struggles to maintain routines for physical activity (27 percent had no routine at all). For bedtime, most participants (total 77 percent) reported

### Table 1: Demographic Characteristics of Participants (N = 107)

| Characteristic                        | n  | %  |
|--------------------------------------|----|----|
| Gender                               |    |    |
| Male                                 | 28 | 26 |
| Female                               | 79 | 74 |
| Age (M = 17.02)                      |    |    |
| Year 12                              | 81 | 76 |
| Year 13                              | 26 | 24 |
| Ethnicity                            |    |    |
| White British                        | 21 | 20 |
| White European/any other White       | 9  |  8 |
| Mixed background                     | 17 | 17 |
| Asian or Asian British               | 18 | 17 |
| Black or Black British               | 40 | 37 |
| Other ethnic group                   |  2 |  2 |
| Religion                             |    |    |
| Christian                            | 56 | 52 |
| Muslim                               | 15 | 14 |
| Hindu                                |  3 |  3 |
| Buddhist                             |  1 |  1 |
| Other                                |  2 |  2 |
| Nonreligious                         | 30 | 28 |
| Contraction of coronavirus in the family? |    |    |
| Yes, confirmed by test               | 13 | 12 |
| Suspected (symptoms but not confirmed)| 20| 19 |
| No                                   | 74 | 69 |
either not having a routine at all (38 percent) or having a routine but not being able to stick to it (39 percent). Fifty-four percent reported following a clear daily routine for mealtimes.

**Social Support**

Nearly all students (97 percent) reported having had daily to weekly contact with their school, whereas 45 percent of students had online classes (25 percent had these classes daily; 19 percent, every few days or weekly), as stated in Figure 5. The majority of participants (63 percent) rated the level of support from their school as being good or very good; 10 percent rated that support as poor or very poor (see Figure 6).

Participants were asked to rate whether they agreed or disagreed with various statements addressing social connectedness and changes in relationships with family and friends during lockdown. As seen in Figure 7, 71 percent reported feeling more sup-
Figure 4: Maintenance of Routines during School Closures for Schoolwork, Physical Activity, Bedtime and Mealtimes

- **I am following a clear daily routine**
  - Schoolwork: 34%
  - Physical activity: 54%
  - Bedtime: 40%
  - Mealtimes: 40%

- **I have a routine in mind, but I am not sticking to it**
  - Schoolwork: 33%
  - Physical activity: 39%
  - Bedtime: 21%
  - Mealtimes: 27%

- **I have no routine at all**
  - Schoolwork: 26%
  - Physical activity: 38%
  - Bedtime: 25%
  - Mealtimes: 25%

---

Figure 5: Frequency of Contact with School and Online Classes

- **Contact with school**
  - Daily: 17%
  - Every few days, or weekly: 25%
  - None, or not at all: 25%

- **Online classes**
  - Daily: 80%
  - Every few days, or weekly: 19%
  - None, or not at all: 3%

---

Figure 6: Experienced Level of Support from School

- **Good or very good**
  - 63%

- **Poor or very poor**
  - 10%

- **Not sure**
  - 27%
ported by friends or family, or both, and 64 percent agreed that they spoke to friends more often than before by phone or messaging. Half the participants (50 percent) reported feeling more connected to people and equally feeling less lonely than before.

Use of DISCOVER Workshop Techniques
The majority of participants (87 percent) reported having used a variety of the techniques learned at the DISCOVER workshop to cope with the lockdown period. As shown in Figure 8, the techniques most used were tips on how to stop procrastinating, that is, avoiding work that needs to be completed (37 percent), tips on how to improve time management (36 percent), and relaxation techniques (36 percent). Three other popular techniques used were mindfulness (35 percent), sleep tips (35 percent), and strategies to challenge thoughts (32 percent).

Experience of Positive and Negative Changes during the Lockdown
Various themes arose from the qualitative analysis of responses to perceived positive and negative changes experienced during the lockdown period. The most common reported positive impacts of the lockdown were improved relationships and more time for hobbies (see Table 2). Other themes identified included more time for exercising (n = 13); general improved well-being or reduced stress (n = 11); and improvements in self-care, that is, prioritizing more time to focus on one’s own well-being (n = 7).

The most commonly reported negative effects of lockdown were a worsening of mental health, poor sleep quality, and relationship difficulties (see Table 3). Other themes identified were lack of social contact (n = 12), difficulties with managing workload at home (n = 12), and the struggle to maintain routines (n = 4).

DISCUSSION
The coronavirus pandemic has led to significant disruptions to the daily lives of populations worldwide. With research rapidly developing to explore the psychological impact of the virus, this study aimed to assess the impact of the COVID-19 lockdown period on a group of ethnically diverse older adolescents engaged in a school-based, stress-management DISCOVER program in London.

This study found that, for a proportion of young people, the lockdown led to perceived worsening of anxiety, low mood, or both; increased worry about self and family members; poor sleep quality and patterns; and difficulties maintaining everyday routines. These findings are echoed by existing research into the impact of the virus on young people (Emerging Minds, 2020; Girlguiding, 2020; Prince’s Trust, 2020; YouCope, 2020). It is interesting that not all adolescents in our sample were negatively affected: Almost one-third of the sample reported improvements in mental health and to
Table 2: Themes Relating to Positive Changes Experienced during Lockdown

| Themes: Positive Changes | Quotations |
|--------------------------|------------|
| Improved relationships ($n = 48$) | “Improved friendships and communication with family.” “I’m spending more time together at home.” “I’m feeling closer with my friends as we talk nearly every day by texting or calling.” |
| Increased time for and trying new hobbies ($n = 29$) | “I’m trying more new things and have more time for hobbies.” “I started writing again.” “I’ve been able to spend more time practicing my sketching and playing the guitar.” |
| Improved sleep ($n = 15$) | “I have experienced improved sleep.” “I’ve been able to fall asleep a lot easier and quicker.” “I have had more time for sleep.” |

Table 3: Themes Relating to Negative Changes Experienced during Lockdown

| Themes: Negative Changes | Quotations |
|--------------------------|------------|
| Worsening mental health ($n = 27$) | “I feel more anxious about the future and the duration of lockdown.” “It’s given me more time to overthink things and have negative thoughts.” “Lack of energy and motivation to do anything.” |
| Poor sleep ($n = 21$) | “Sleeping pattern got messed up, and my days are unproductive.” “I take naps during the day.” “I’m sleeping a lot more and have no routine.” |
| Difficulties with relationships ($n = 19$) | “It’s impacted my relationship with family members. I feel more uncomfortable at home.” “I’ve had more arguments with friends and feel more disconnected from people.” “Being cooped up in a house has been stressful for the family.” |
their quality of sleep. The study also found that students from all backgrounds were able to identify positive and formative experiences of the lockdown, including the development of new hobbies, spending more time with family, and feeling more supported by others.

Nevertheless, the difficulties experienced by some young people are likely to persist as uncertainty about the future in relation to the coronavirus continues. Readjusting to “normal” and returning to school may pose a significant and new challenge, especially for those with preexisting mental health difficulties (Lee, 2020). Because of the nature and expected duration of the pandemic, more individuals, families, and communities are likely to be affected as cases rise and worries about a “second wave” or mutation of the disease emerge. Services are likely to experience an increased level of need as a result of the psychological impacts of social isolation and other measures to control the virus with potential long-term effects.

Implications for Schools
School staff and teachers are concerned about the impact of the pandemic on the mental health and education of students (Lundie & Law, 2020). Teachers will play a critical role in supporting young people’s mental health on their return to school by using skills to provide both academic and emotional guidance. The return to a regular school schedule may provide helpful structure for young people who have struggled without their usual routines.

This study indicated that young people had varied experiences of the lockdown and may be using a diverse range of skills to cope. Students in this study found the use of active techniques to reduce procrastination and improve time management (including creating schedules, taking regular breaks) as well as relaxed breathing to be helpful. On return to school, it may be helpful for teachers to actively support the use of time management techniques to create daily routines, particularly those relating to sleep, schoolwork, and other activities. Furthermore, students may benefit from an increased focus on pastoral support in schools to assist the transition back to school and promote coping strategies, such as relaxation and mindfulness.

Findings from the questionnaire indicate that a high proportion of the young people are worrying about their family’s health in relation to COVID-19 and its wider impact. Levels of concern for family and community members may intensify as adolescents return to school and health risks remain high as well as uncertainty about how the pandemic will unfold. Consequently, young people might feel nervous or reluctant to return to education, and exacerbating levels of worry might lead to difficulties with lesson engagement and concentration, physical complaints, agitation, or behavioral changes. Those who have been directly affected by a family member contracting coronavirus may show heightened fear or complex grief reactions. Therefore, it is important that school staff and related professionals are supported to create a safe space for students to speak openly about these experiences so they can normalize such reactions while also prioritizing their own self-care and well-being to provide the best possible support in these exceptional circumstances. In this process, it is crucial that updated guidelines and advice along with information relevant to the support of young people are made accessible.

Trauma, Ethnicity, and Inequalities
Now well established, the pandemic is disproportionately affecting lower income and disadvantaged populations (Imperial College London, 2020) as well as individuals from BAME backgrounds in the United Kingdom. Given the unfolding economic recession as a result of the pandemic, these effects are likely to persist and plunge more families into poverty. The economic impact, combined with the traumatic impact of COVID-19 itself, will exacerbate the trauma experienced during this time. Posttraumatic stress disorders in young people can affect brain development—to alter frontolimbic circuits, which can lead to heightened threat responses and weaker emotion regulation (Herringa, 2017). It is therefore of paramount importance that young people, particularly from BAME or economically disadvantaged backgrounds, are offered support to manage their mental health to prevent longer-term harm and to assist coping.

This study found that those who identified as having a BAME background were more likely to worry about their family’s financial situation than those who identified as White. As families face significant uncertainty and stress, there may also be an increased need for support from schools in relation to supporting children and young people with food vouchers as well as supporting well-being and upholding the stability of the school structure.
Limitations and Future Research

The current study findings were collected at different timepoints over the UK lockdown period from April 2020 to June 2020. The findings therefore represent various snapshots of experience—across a changeable time period—for this particular population of 16–to-18-year-olds.

Future research should include longer term follow-ups to assess how experiences and level of needs change over time as the effects of the pandemic play out. It is also important that future studies assess the impact of the pandemic on ethnically representative samples that reflect the diversity in our communities to best inform interventions to help emerging difficulties as a result of the pandemic.

REFERENCES

Altene, E., Baglioni, C., Espie, C. A., Fennelly, L., Holzinger, B., et al. (2020). Dealing with sleep problems during home confinement due to the COVID-19 outbreak: Practical recommendations from a task force of the European CBT-I Academy. Journal of Sleep Research, 29(4), Article e13052. doi:10.1111/jsr.13052

Brown, J.S.L., Blackshaw, E., Stahl, D., Fennelly, L., Holzinger, B., et al. (2020). Dealing with sleep problems during home confinement due to the COVID-19 outbreak: Practical recommendations from a task force of the European CBT-I Academy. Journal of Sleep Research, 29(4), Article e13052. doi:10.1111/jsr.13052

REFERENCES

Brown, J.S.L., Blackshaw, E., Stahl, D., Fennelly, L., McKeague, L., Scare, I., et al. (2019). School-based early intervention for anxiety and depression in older adolescents: A feasibility randomised controlled trial of a self-referral stress management workshop programme ("DISCOVER"). Journal of Adolescence, 71, 150–161. doi:10.1016/j.jad.2018.11.009

Department of Health & Department for Education. (2017, December). Transforming children and young people’s mental health provision: A green paper. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Emerging Minds. (2020). Co-SPACE study COVID-19: Supporting parents, adolescents and children during epidemics [Data set]. Retrieved from https://oxfordpsych.az1.qualtics.com/jfe/form/SV_3VO130LTROcMoD

Girlguiding. (2020, May). Girlguiding research briefing: Early findings on the impact of COVID-19 on girls and young women [Data set]. Retrieved from https://www.girlguiding.org.uk/globalassets/docs-and-resources/research-and-campaigns/girlguiding-covid19-research-briefing.pdf

Herrings. J. R. (2017). Trauma, PTSD, and the developing brain. Current Psychiatry Reports, 19(10), 1–9.

Holmes, E. A., O’Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arsenault, L., et al. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. Lancet Psychiatry, 7, 547–560. doi:10.1016/S2215-0366(20)30168-1

Imperial College London. (2020). Report 17—Clinical characteristics and predictors of outcomes of hospitalised patients with COVID-19 in a London NHS Trust: A retrospective cohort study. Retrieved from https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-17-clinical/

Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R., Demyttenaere, K., Gasquet, I., & Kawakami, N. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization’s World Mental Health Survey Initiative. World Psychiatry, 6(3), 168–176.

Lee, J. (2020). Mental health effects of school closures during COVID-19. Lancet Child & Adolescent Health, 4(6), 421. doi:10.1016/S2352-4642(20)30109-7

Levita, L., Miller, J. G., Hartman, T., Murphy, J., Shevlin, M., McBride, O., et al. (2020, January 20). Report 1: Impact of Covid-19 on young people aged 13–24 in the UK—Preliminary findings [Data set]. Retrieved from https://psyarxiv.com/uq4rn/

Lundie, D., & Law, J. (2020). Teachers’ responses and expectations in the COVID-19 school shutdown period in the UK [Report and data set]. Retrieved from http://eprints.gla.ac.uk/221329/1/221329.pdf

Marques, S. S., & Braidwood, R. (2020). Coping with COVID-19 (CwC-19) Questionnaire. Unpublished questionnaire.

Office for National Statistics. (2020). Deaths involving COVID-19 by local area and socioeconomic deprivation: Deaths occurring between 1 March and 17 April 2020 [Data set]. Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingsicov19bylocalareaanddeprivation/deathsoccurringbetween1marchand17april

Orben, A., Tomova, L., & Blakemore, S.-J. (2020). The effects of social deprivation on adolescent development and mental health. Lancet Child & Adolescent Health, 4(8), 634–640. doi:10.1016/S2352-4642(20)30186-3

Prince’s Trust. (2020). Young people in lockdown: A report by the Prince’s Trust and YouGov [Data set]. Retrieved from https://www.princes-trust.org.uk/about-the-trust/news-views/young-people-in-lockdown

Public Health England. (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Resolution Foundation. (2020). Coping with housing costs during the coronavirus crisis [Data set]. Retrieved from https://www.resolutionfoundation.org/app/uploads/2020/05/Coping-with-housing-costs-during-the-coronavirus-crisis.pdf

Scare, I., Michelon, D., Malpass, L., Coster, F., & Brown, J. (2015). Innovations in practice: DISCOVER CBT workshops for 16–18-year-olds: Development of an open-access intervention for anxiety and depression in inner-city youth. Child and Adolescent Mental Health, 20(2), 102–106.

Sprang, G., & Silman, M. (2013). Posttraumatic stress disorder in parents and youth after health-related disasters. Disaster Medicine and Public Health Preparedness, 7(1), 105–110. doi:10.1017/dmp.2013.22

StreetGames. (2020). The experience of the coronavirus lockdown in low-income areas of England and Wales [Data set]. Retrieved from https://www.streetgames.org/Handlers/Download.ashx?IDM=14c38379-43e2-40ca-856e-fc97e8c6f070

United Nations. (2020, March 27). Special issue on COVID-19 and youth. Retrieved from https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/04/YOUTH-FLASH-Special-issue-on-COVID-19-1.pdf

United Nations Educational, Scientific and Cultural Organization. (2020, April 14). 1.3 billion learners are still affected by university closures, as educational institutions start...
YouCope. (2020). Disruptions experienced by young people aged 16-24 during first months of the COVID-19 lockdown. Retrieved from https://www.ucl.ac.uk/child-health/sites/child-health/files/PPP-youcope-briefing-disruptions_2020-06-23.pdf

YoungMinds. (2020). Coronavirus: Impact on young people with mental health needs [Data set]. Retrieved from https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf

Sara Schjølberg Marques, MSc, is assistant clinical psychologist and Ruth Braidwood, DClinPsy, is clinical psychologist, DISCOVER Workshop Programmes, London. Address correspondence to Ruth Braidwood, DISCOVER Workshop Programmes, Michael Rutter Centre, De Crespigny Park, London, SE5 8AZ United Kingdom; e-mail: ruth.braidwood@slam.nhs.uk.

Original manuscript received August 28, 2020
Final revision received October 29, 2020
Editorial decision December 10, 2020
Accepted December 12, 2020