

The Impact of Youth: Young People's Experiences Of Depression Symptoms

Evidence from the *Growing Up in New Zealand* study

Dr Ben Fletcher

Young People's Voices

“I'm worried that my friend with depression will get worse and it will make our friendship hard and make me stressed.”

Overview



1. What is the Growing Up in New Zealand Study?
2. Study objectives
3. Our approach
4. Most recent findings for young people's depression outcomes
5. Relevance for policy and practice



Auckland and
Counties-Manukau

Waikato

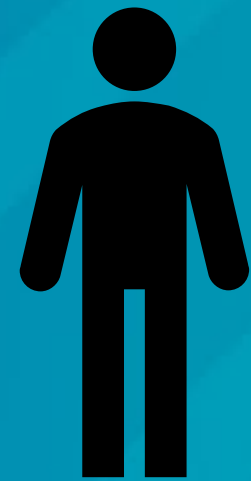
Growing Up in New Zealand cohort



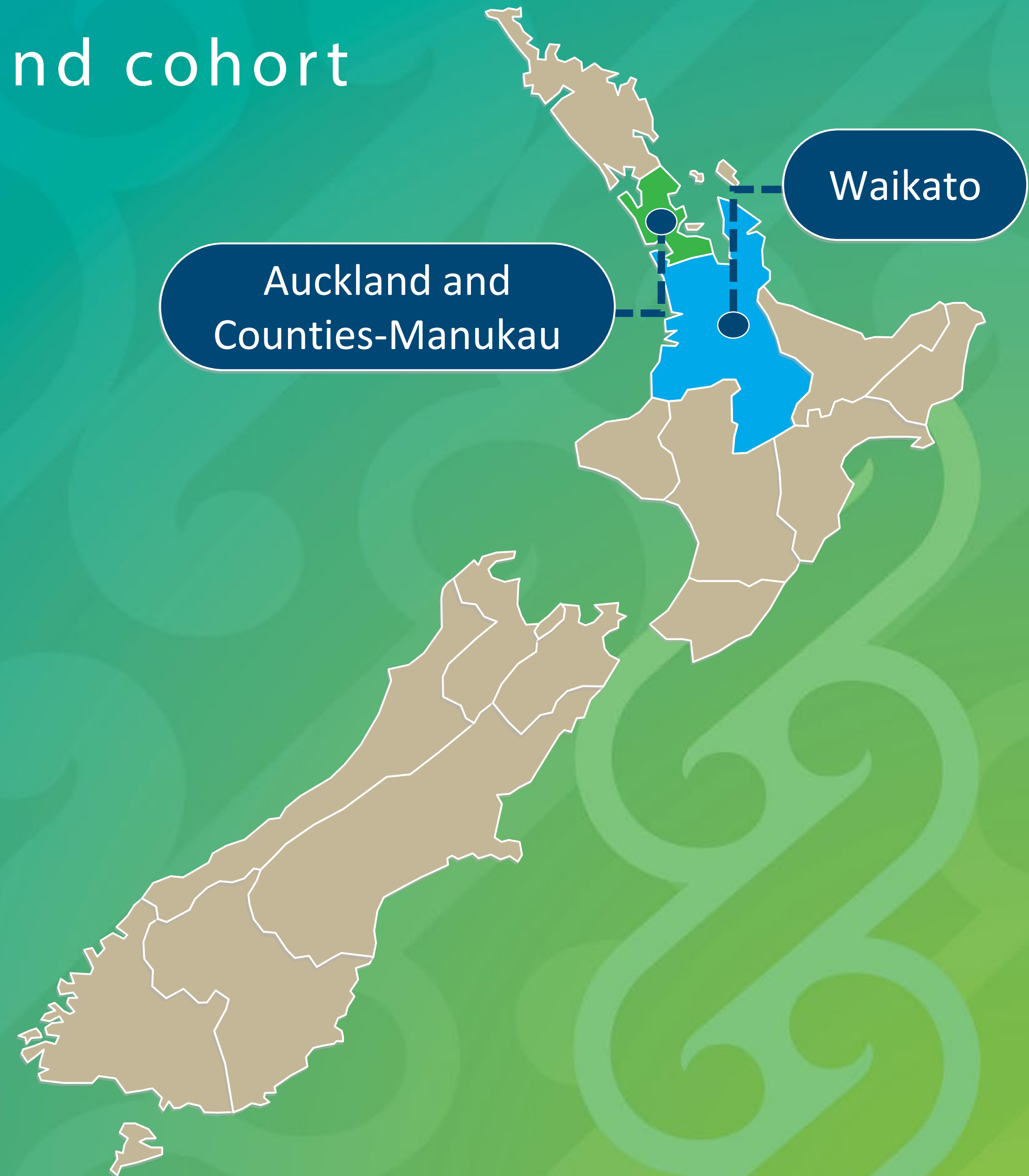
Recruited 6823 pregnant mothers



Recruited 6853 children before their birth



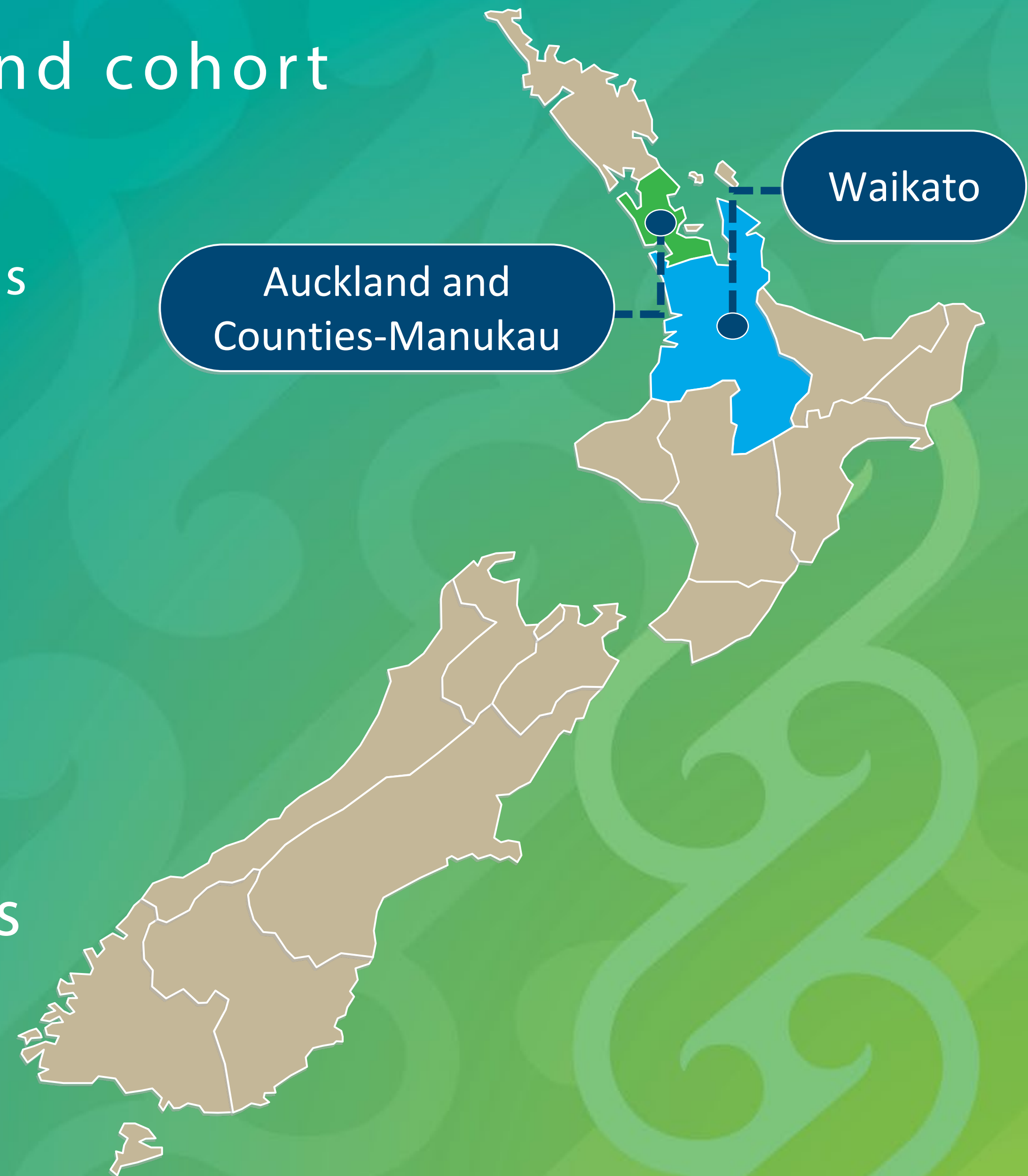
Recruited 4401 partners



Growing Up in New Zealand cohort

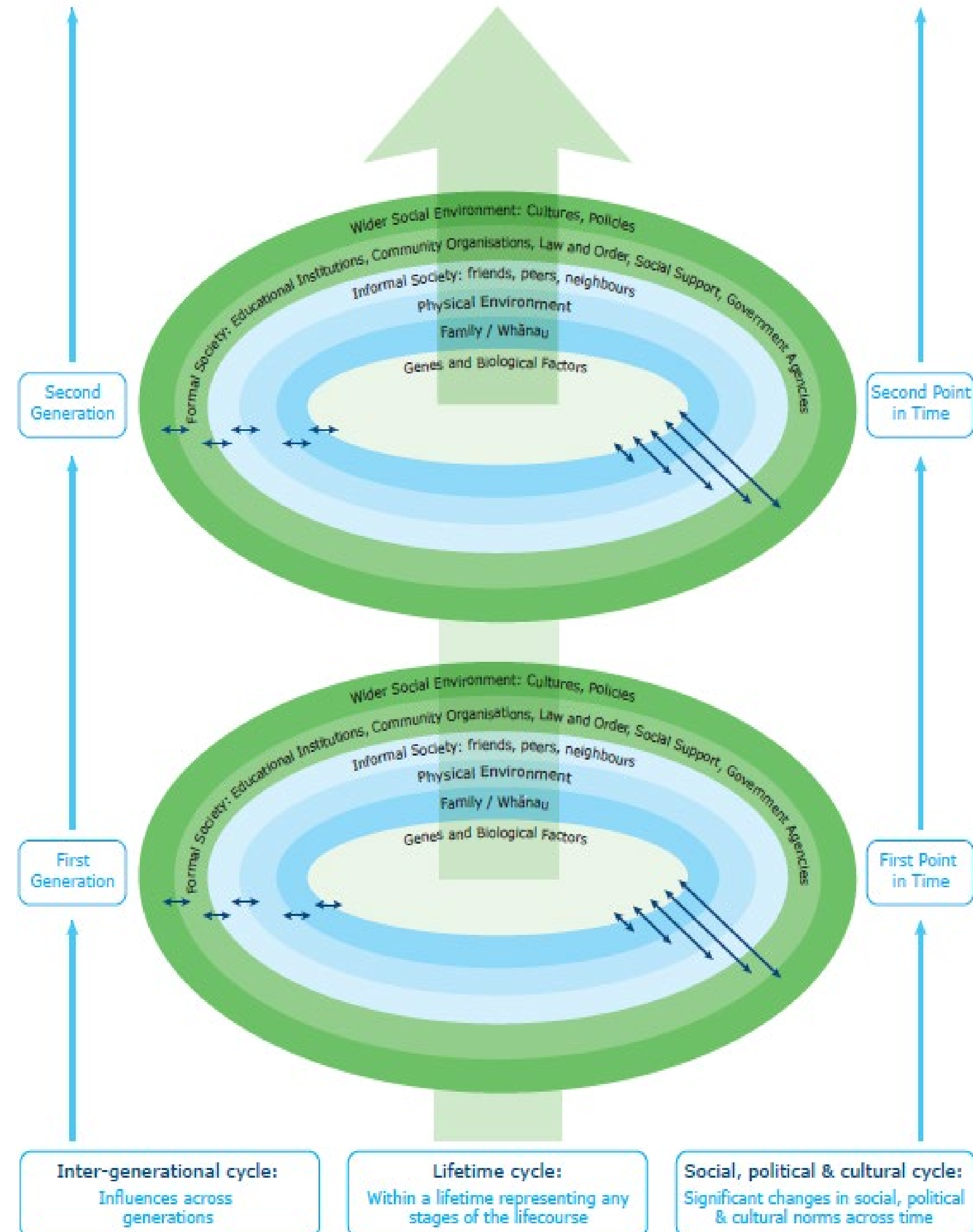
Cohort broadly generalisable to NZ births
(diversity of ethnicity and family SES)

- $\frac{1}{4}$ Māori
- $\frac{1}{5}$ Pacific
- $\frac{1}{6}$ Asian
- ~40% multiple ethnic identities

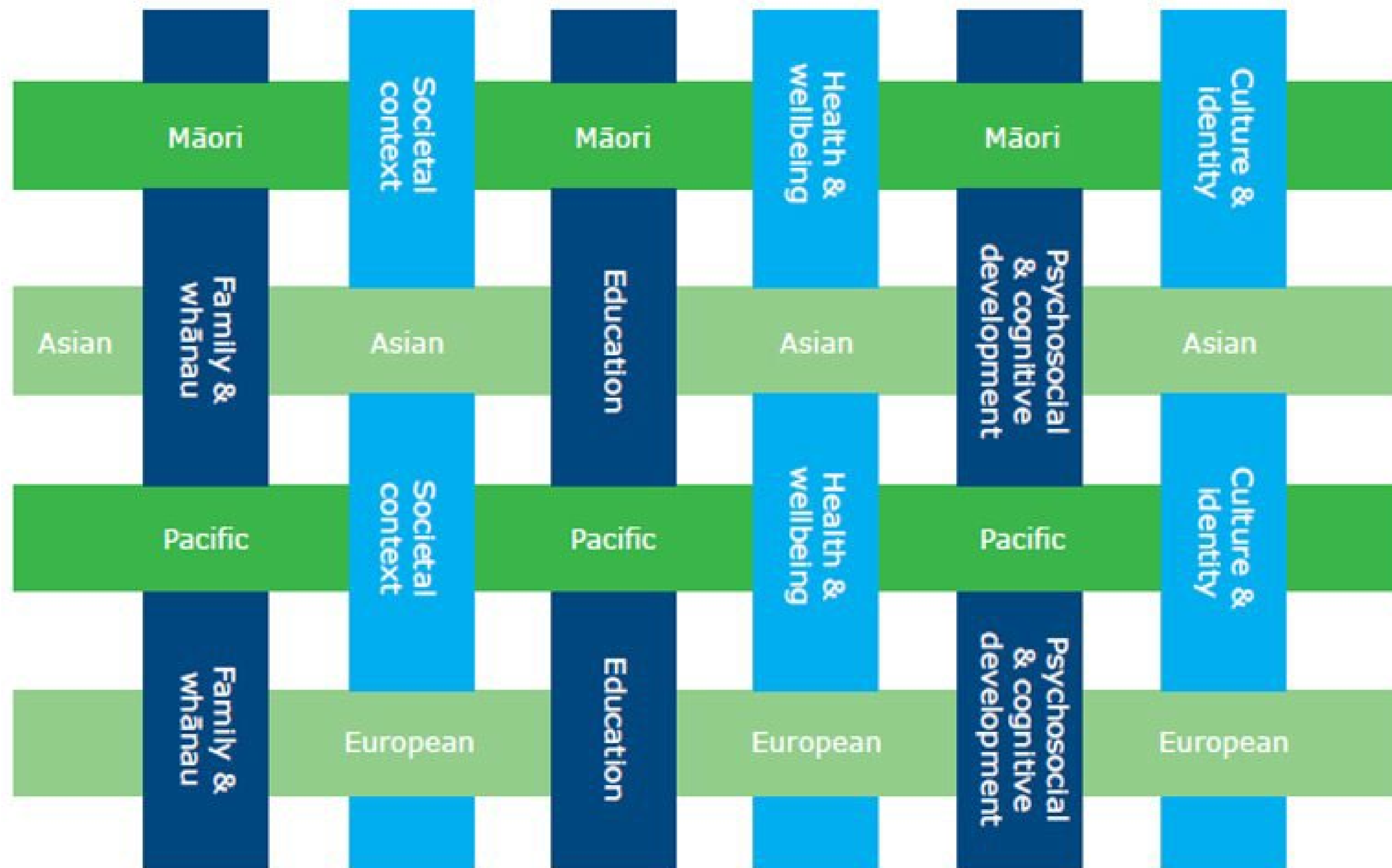


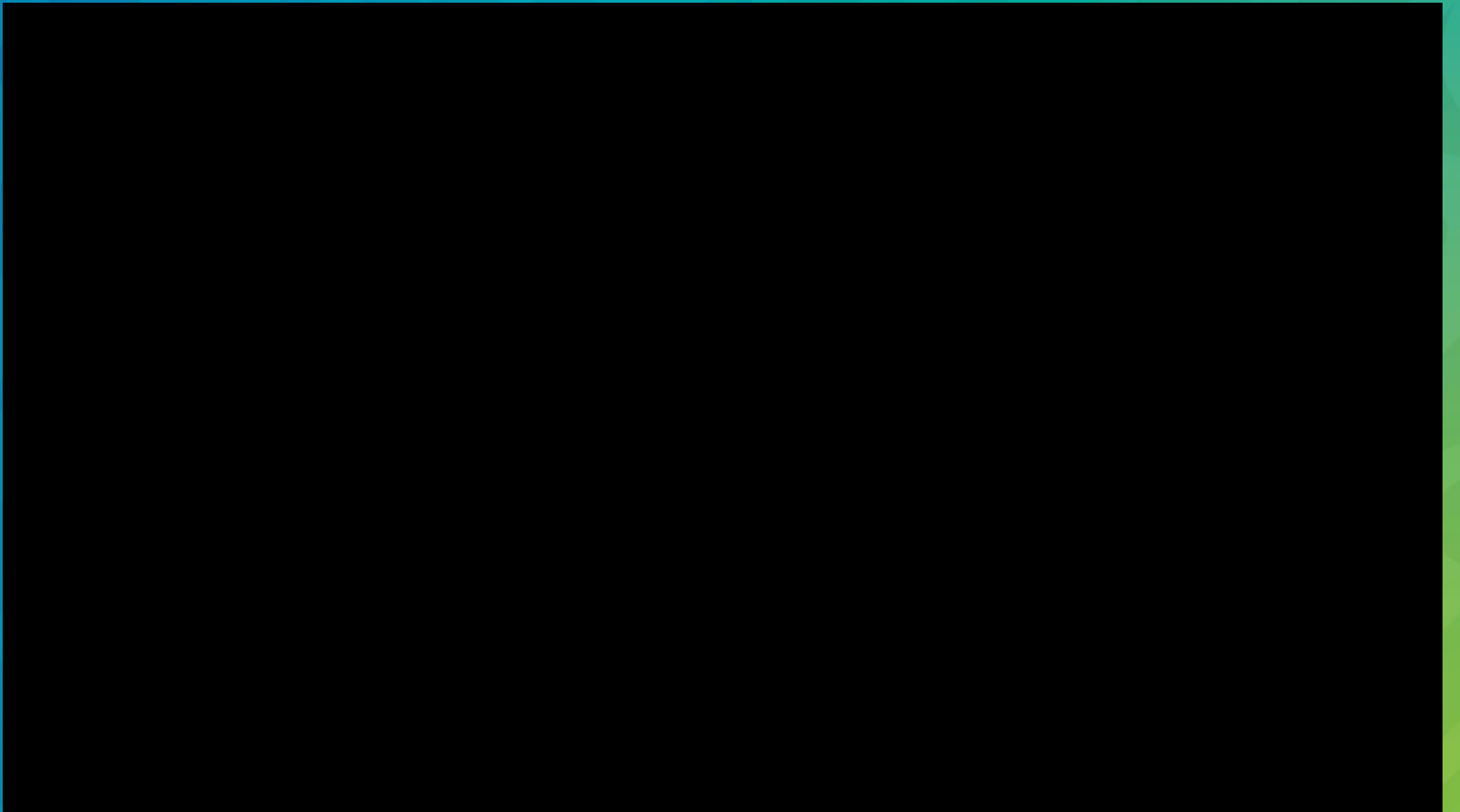
Objectives

1. What determines developmental trajectories across multiple levels of influence (political, social, cultural, intergenerational, familial and individual) throughout the lifecourse across domains of interest?
2. How are New Zealand children faring developmentally across multiple domains at discrete points in the lifecourse?
3. How are these developmental trajectories and outcomes associated with ethnicity across the lifecourse?
4. What factors and trajectories in particular, across multiple levels of influence, confer resilience and optimise development for New Zealand children?
5. What role does policy have in optimising development across the lifecourse?



Framework





Longitudinal data

Child age	Ante-natal	Peri-natal	6w	35w	9m	12m	16m	23m	2y	31m	45m	54m	72m	8y	10y	12y
Mother CAPI*																
Father CAPI*																
Child CAPI*																
Mother CATI†																
Child e-support‡																
Mother electronic																
Father electronic																
Partner electronic**																
Child electronic																
Teacher electronic																
Child measurements∞																
Child samples§																
Data linkage#																
Data linkage△																
Data linkage◇																

*CAPI computer assisted personal interview

†CATI computer assisted telephone interview

‡E-support via Zoom

**Mother's partner – not necessarily the child's father

∞Child's height, weight and waist circumference










§Child biological samples - throat, nose and elbow swab and/or saliva

#Child's routine health records

△Child's education records

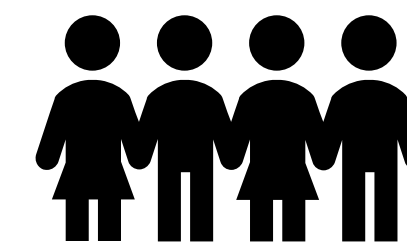
◇Linkage of child's home address to environmental records

12 year data collection

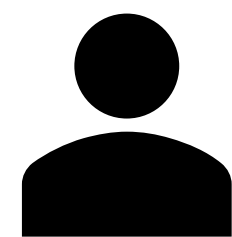
Child age	12y
Mother CAPI*	
Father CAPI*	
Child CAPI*	
Mother CATI [†]	
Child e-support [‡]	
Mother electronic	
Father electronic	
Partner electronic**	
Child electronic	
Teacher electronic	
Child measurements [∞]	
Child samples [§]	
Data linkage [#]	
Data linkage ^Δ	
Data linkage [◊]	



Household grid questionnaire



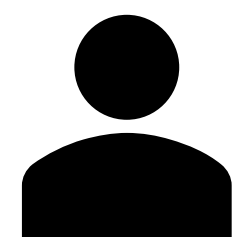
Child questionnaire



Mother questionnaire



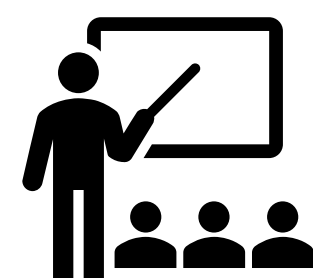
Child activities questionnaire



Mothers partner questionnaire



Child swab samples



Teacher questionnaire



Consent to linkage

*CAPI computer assisted p
[†]CATI computer assisted te
[‡]E-support via Zoom
^{**}Mother's partner – not r
[∞]Child's height, weight an

12 year data collection



Mother
questionnaire

Ethnic identity
Discrimination

General health
Disability
Alcohol use
Drug use
Vaping
Smoking

Household structure
Parenting
Home environment
Family cohesion
Work life balance
Sources of support
Inter-parental
relationship



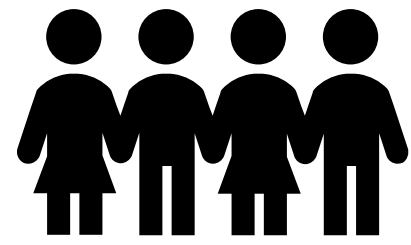
Mothers partner
questionnaire

Socioeconomic
status
Employment
Household income
Material wellbeing
Food security
Convictions

Mental health
Perceived stress
Resilience
Life satisfaction
COVID-19 worries
and fears

Education

12 year data collection



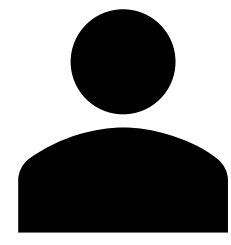
Child questionnaire

Special adults
Relationships
Parenting
Time use

Biological samples

Care arrangements
School attendance
School selection
School mobility
Transport
School involvement
School engagement
School satisfaction
Academic efficacy
Academic buoyancy
Parental expectations
Student-teacher relationship
Learning and disability support

Mental health
Resilience
COVID-19 worries and fears
Bullying
Behaviour
Impulsivity
Inhibitory control
Risk taking



Child proxy questionnaire

health & wellbeing
Immunisations
Injury
Disability
Puberty
Body image
Risky behaviours
Food & eating
Physical activity
sleep
Access to services
ACE

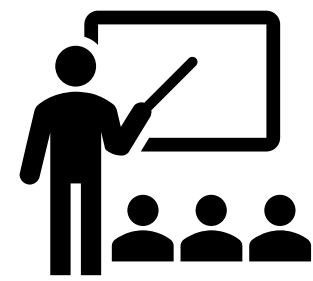
Ethnic identity
Te reo vocabulary
Gender identity
Discrimination
Acceptance

Money
Neighborhood
Safety
Autonomy
Media use



Child activities questionnaire

12 year data collection



Teacher
questionnaire

Academic
performance
School engagement
Teacher expectations
School relationships
Learning needs
School environment
Learning support

School decile
2021*

Gender identity
Ethnic identity

Bullying

12-year data collection wave overview: September 2021 to July 2022

Participants — young person, mother, mother's partner and teacher.

Due to the Covid-19 pandemic, there were three modes of data collection:

- remote electronic surveys with concurrent video conferencing (Zoom) and/or phone assistance.
- remote electronic surveys with text, email, and LiveChat assistance.
- home visits when Covid-19 public health advice allowed.

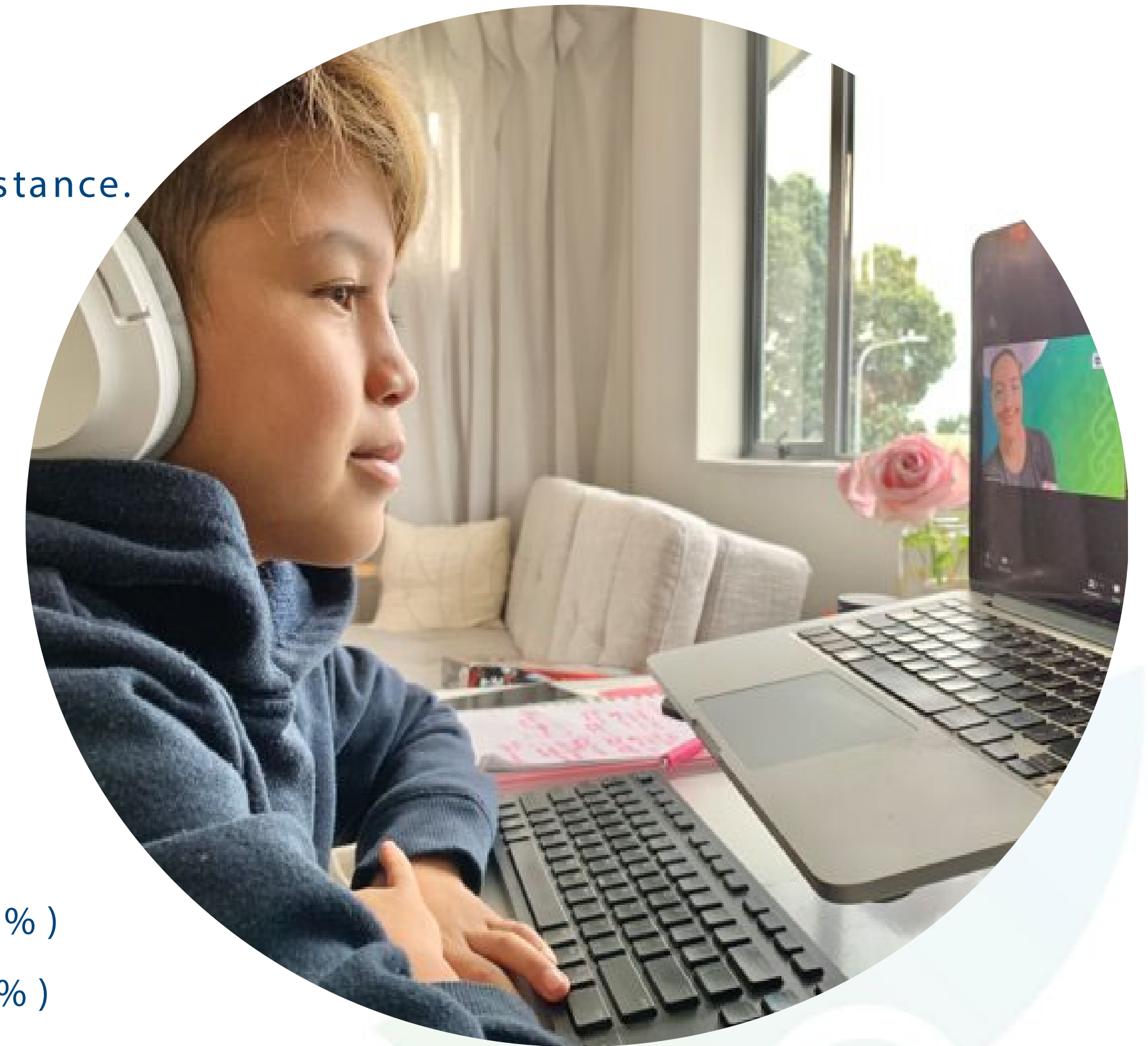
This resulted in 4,500 young people living within New Zealand in the 12-year dataset.

Ethnic identity:

- Māori (n = 979, 22.4%)
- Pacific (n = 728, 16.7%)
- Asian (n = 646, 14.8%)
- MELAA (n = 73, 1.7%)
- Other (n = 78, 1.8%)
- Sole European (n = 2,268, 51.9%)

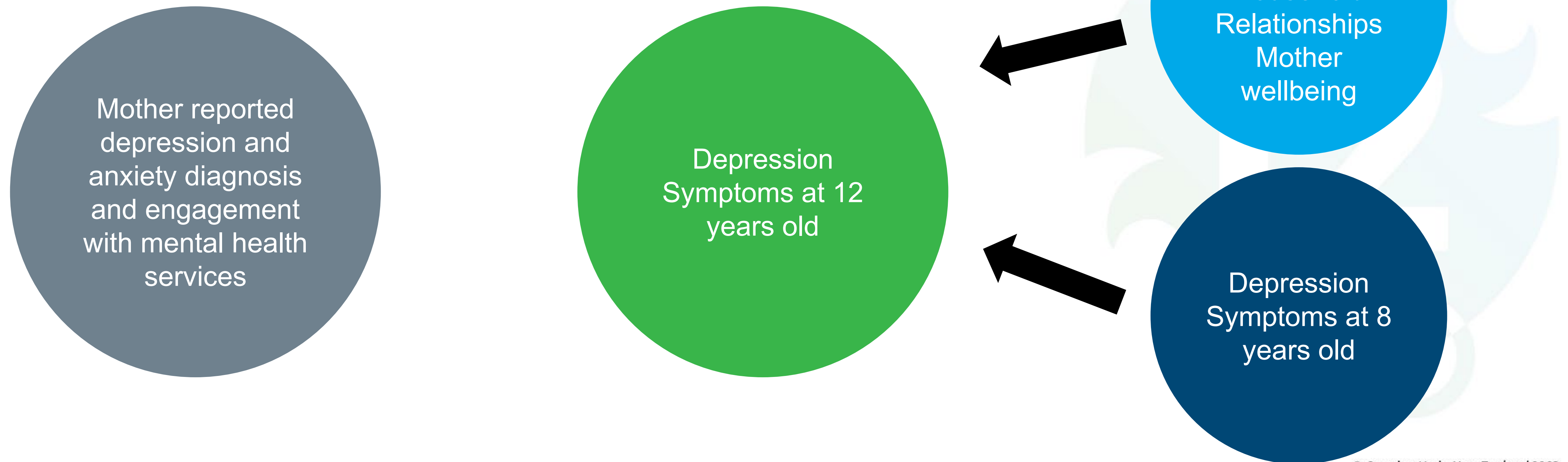
Gender identity:

- Cisgender boy (n = 2,055, 45.9%)
- Cisgender girl (n = 1,683, 37.6%)
- Transgender/Non-binary/unsure (n = 740, 16.5%)



Research Questions

1. What proportion of young people have a parent-reported diagnosis of depression or anxiety or have engaged with mental health services in the last 12 months?
2. What are young people's experiences of depression symptoms?
3. How have young people's experiences of depression symptoms changed from age 8 to 12?
4. What factors are associated with depression symptoms for young people at 12 years of age?

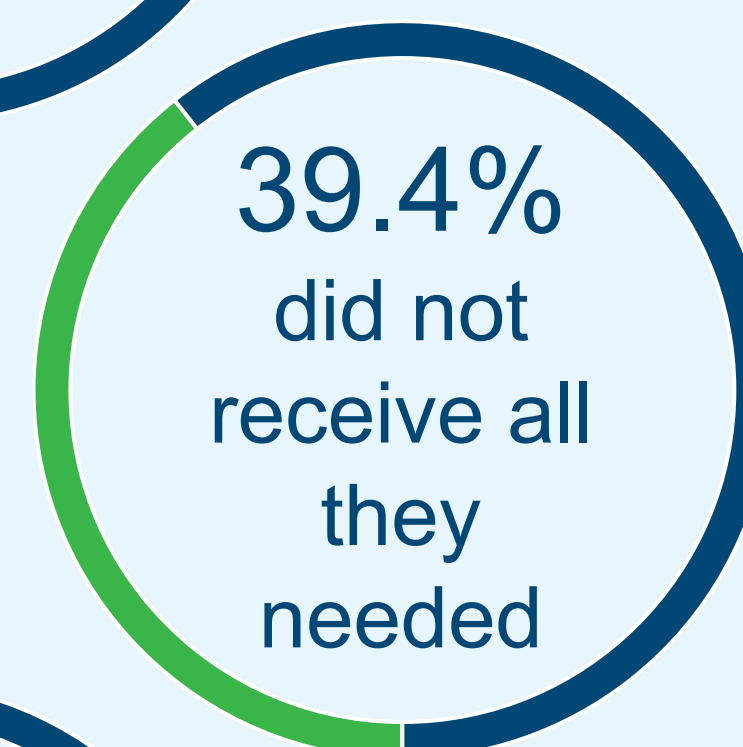


Engagement with mental health services

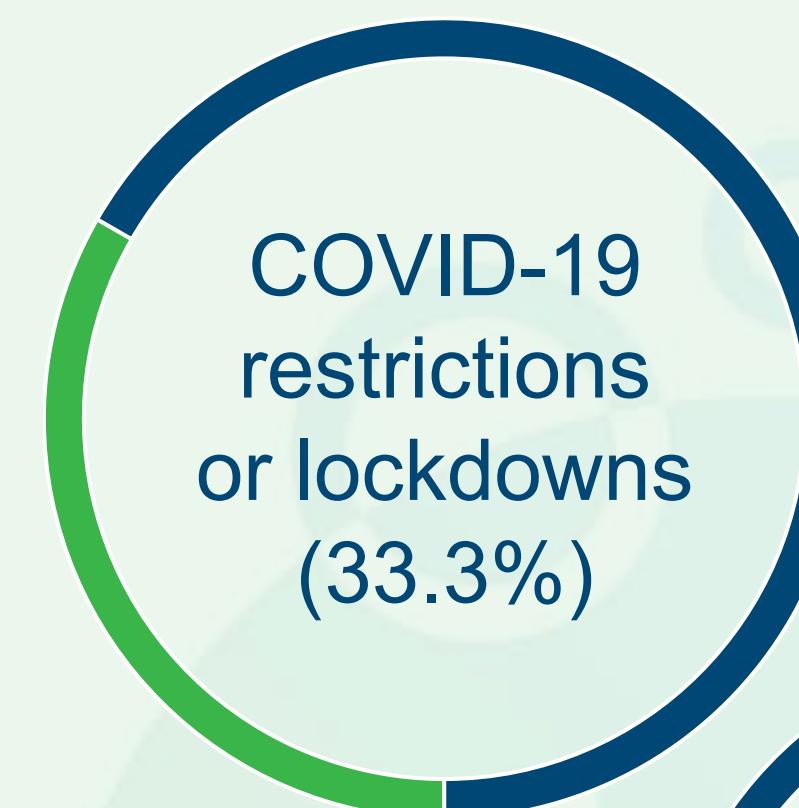
Engagement



Needs met

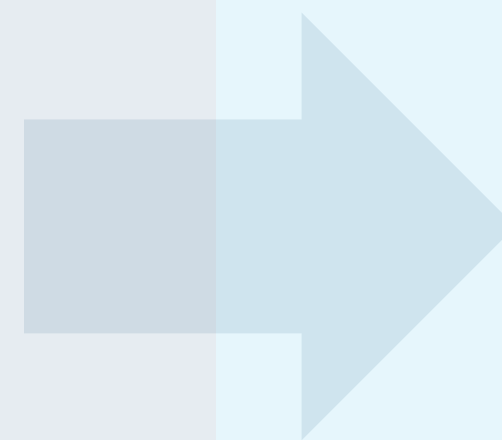
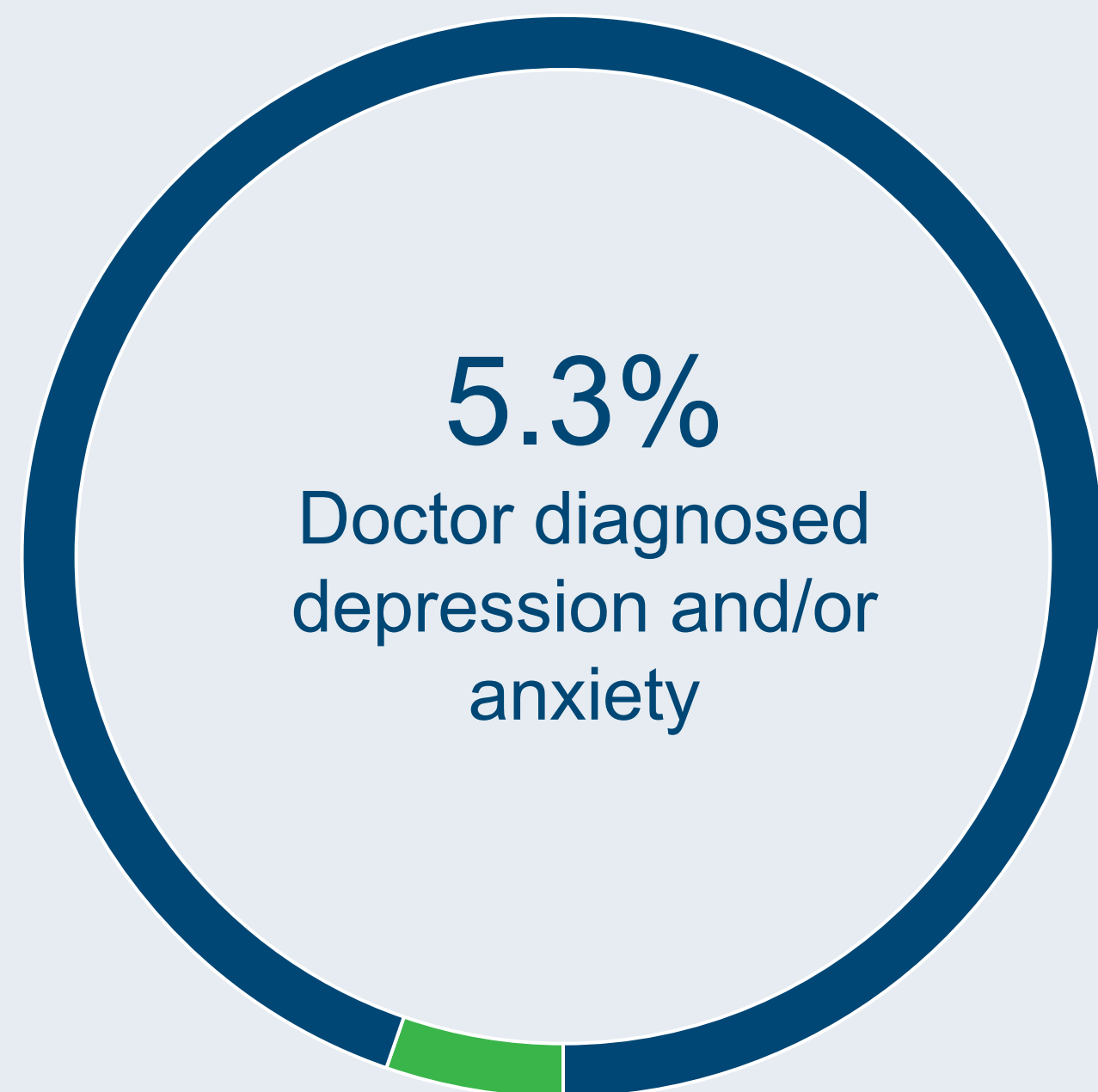


Barriers



Mother reported diagnosis

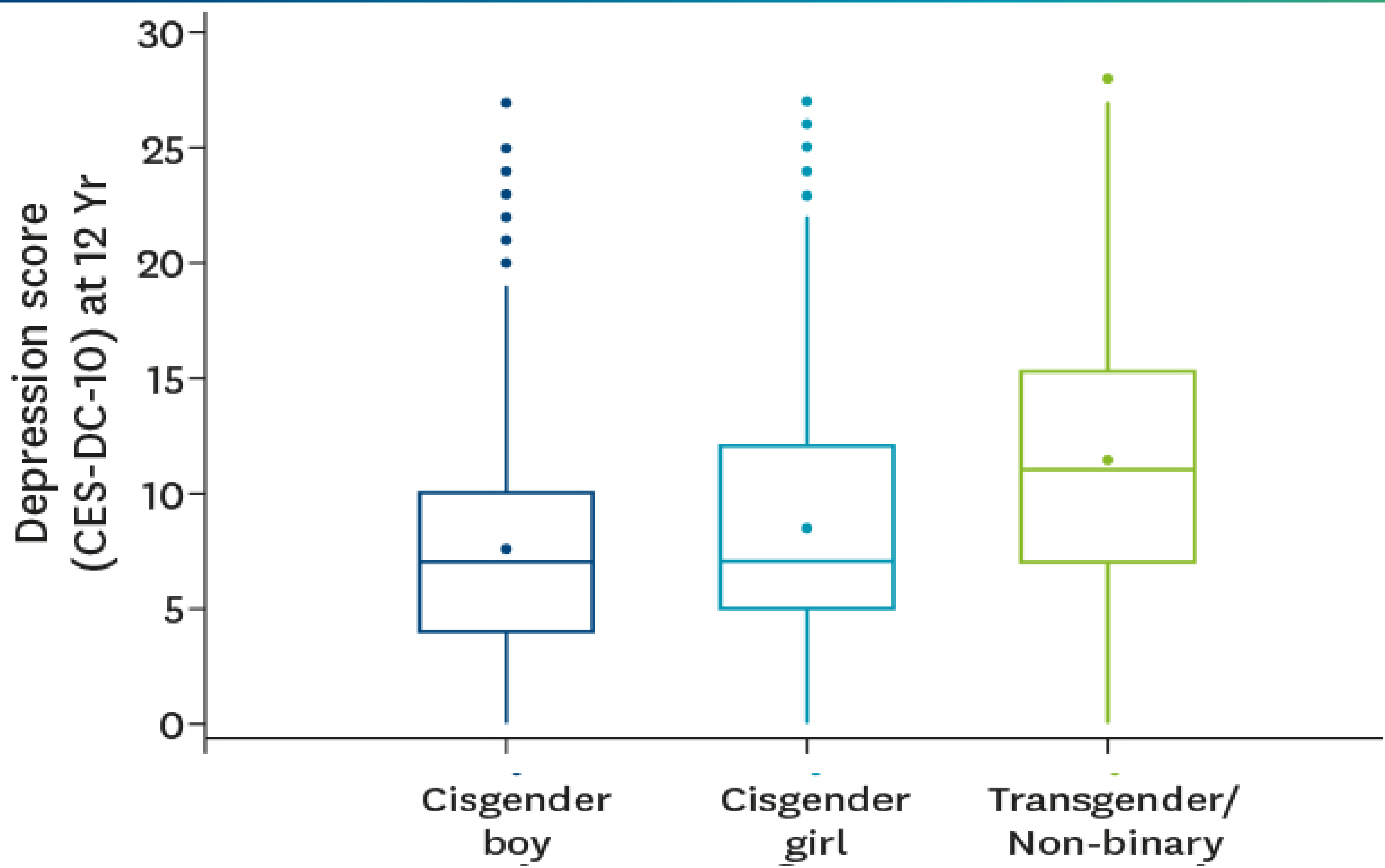
Depression and/ or anxiety



Engagement

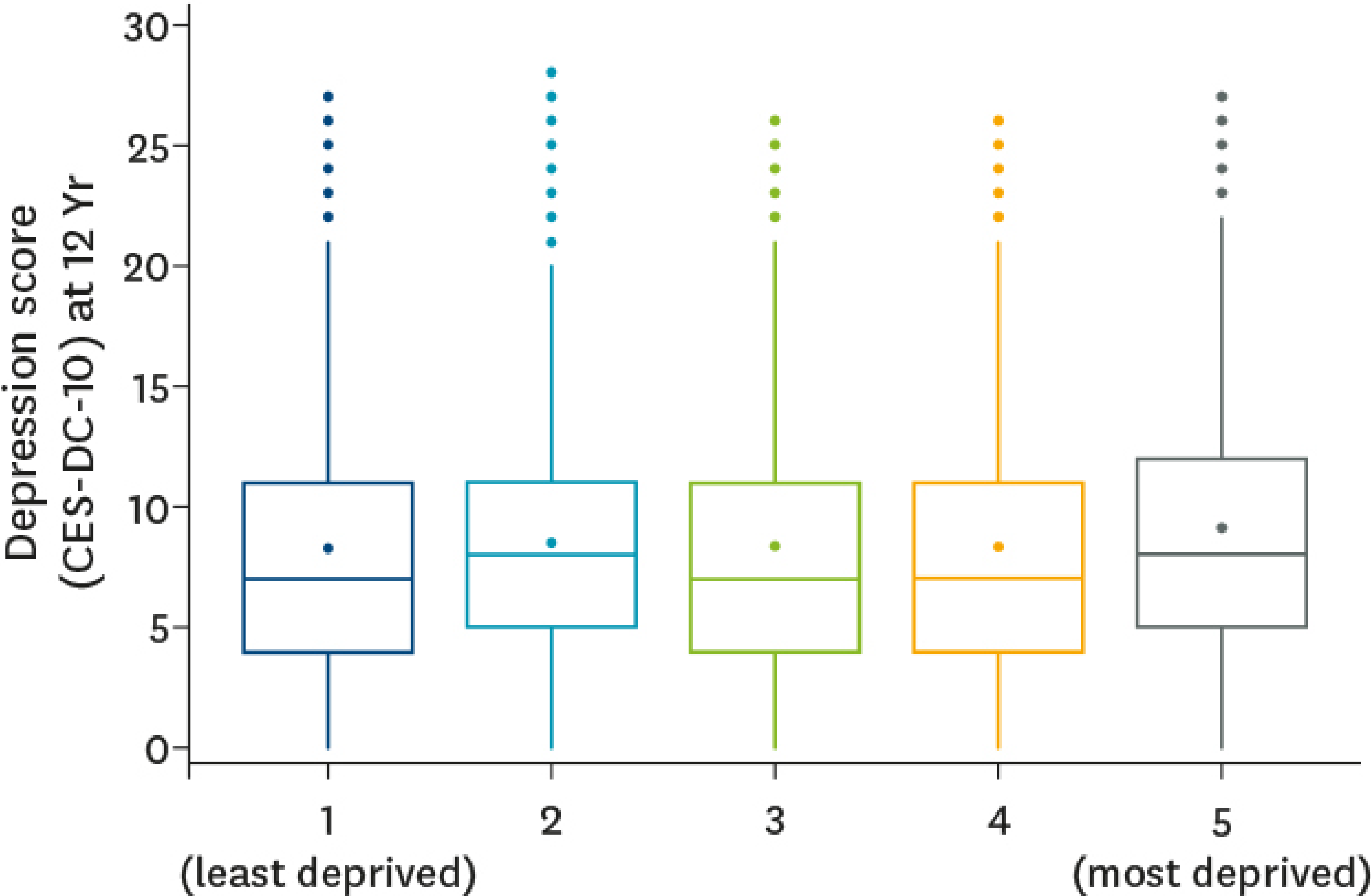


Depression symptoms at 12 years old by gender



CES-DC-10 = Centre for Epidemiologic Studies Depression Scale for children

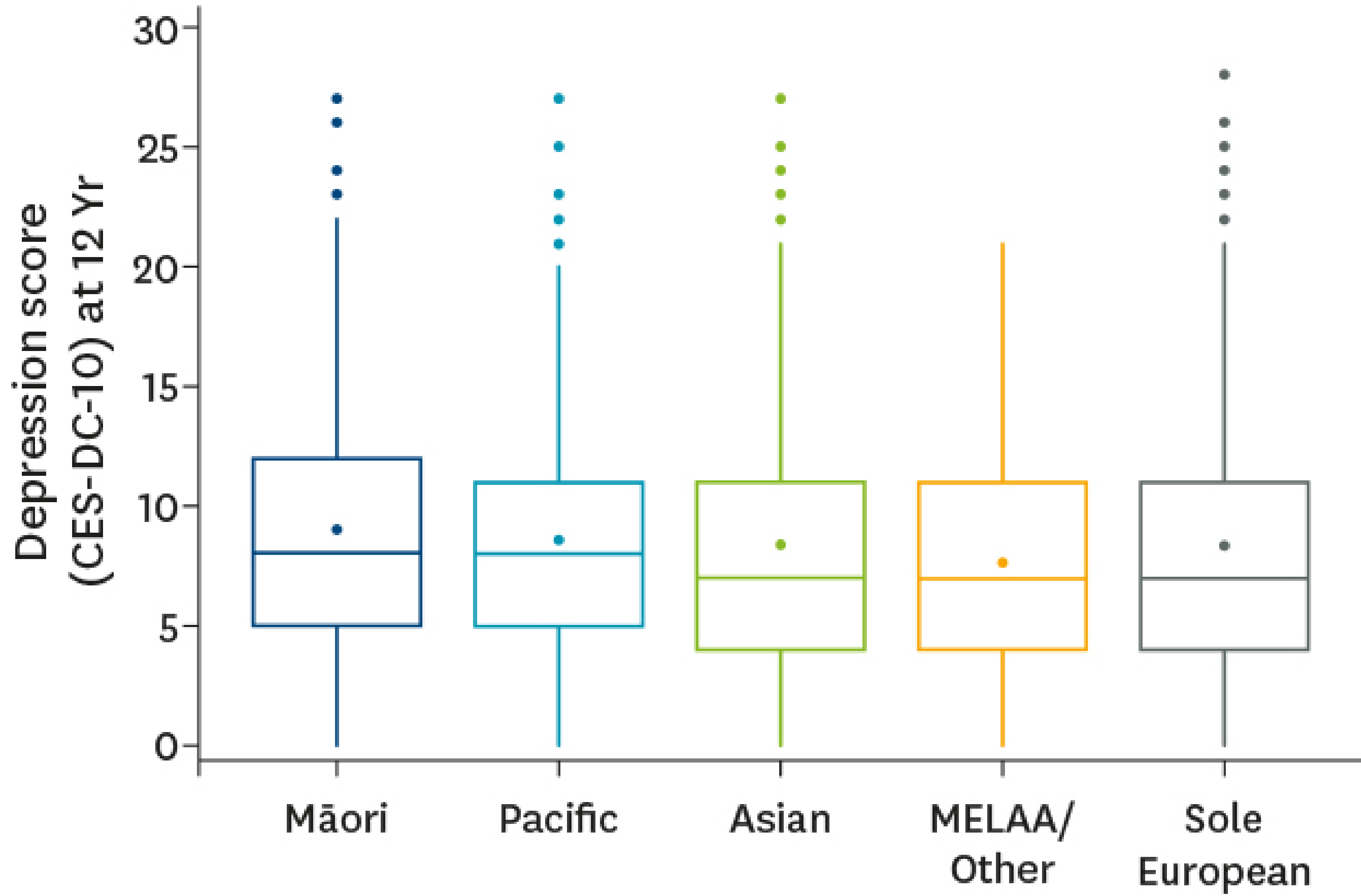
Depression symptoms at 12 years old by deprivation



CES-DC-10 = Centre for Epidemiologic Studies Depression Scale for children

Fletcher, B.D., Walker, C., Cha, J.E., Neumann, D., Paine S.J., Park A., Fenaughty, J., Bird, A.L., Waldie, K.E. 2023. Now We Are 12: Young people's experiences of depression and anxiety symptoms. Snapshot 7. Auckland: Growing Up in New Zealand. Available from: www.growingup.co.nz

Depression symptoms at 12 years old by ethnicity

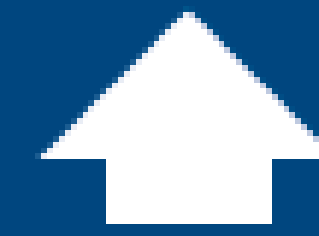


CES-DC-10 = Centre for Epidemiologic Studies Depression Scale for children

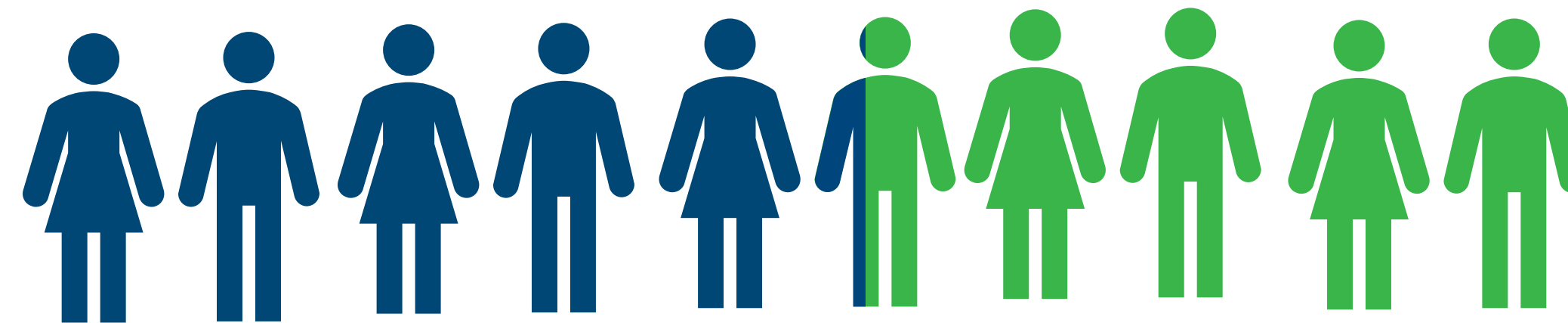
Change in depression symptoms

8 Year

Depressive symptoms
at 8 years

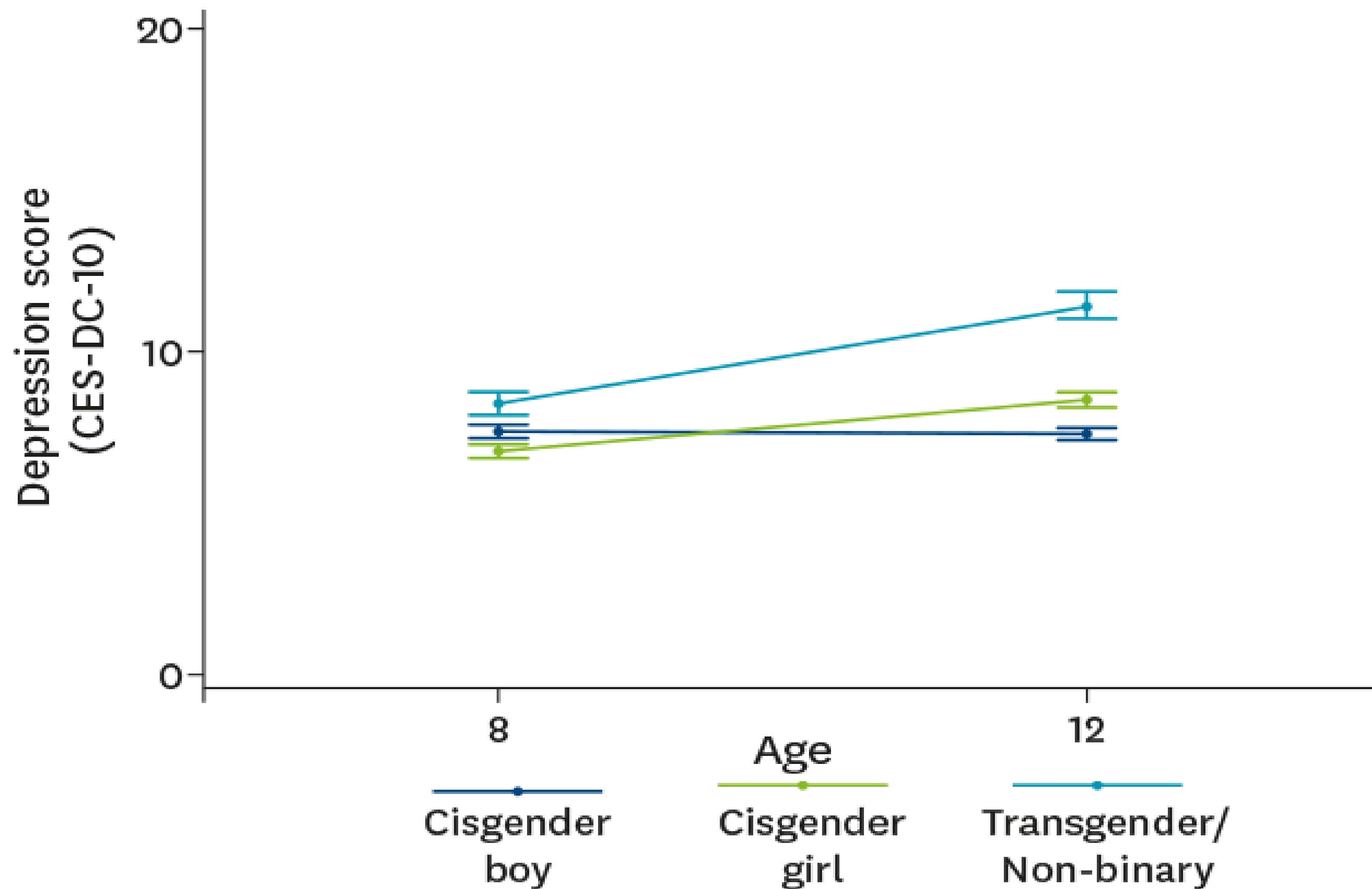


Higher depression symptoms at age 8 were associated with higher depression symptoms at age 12.

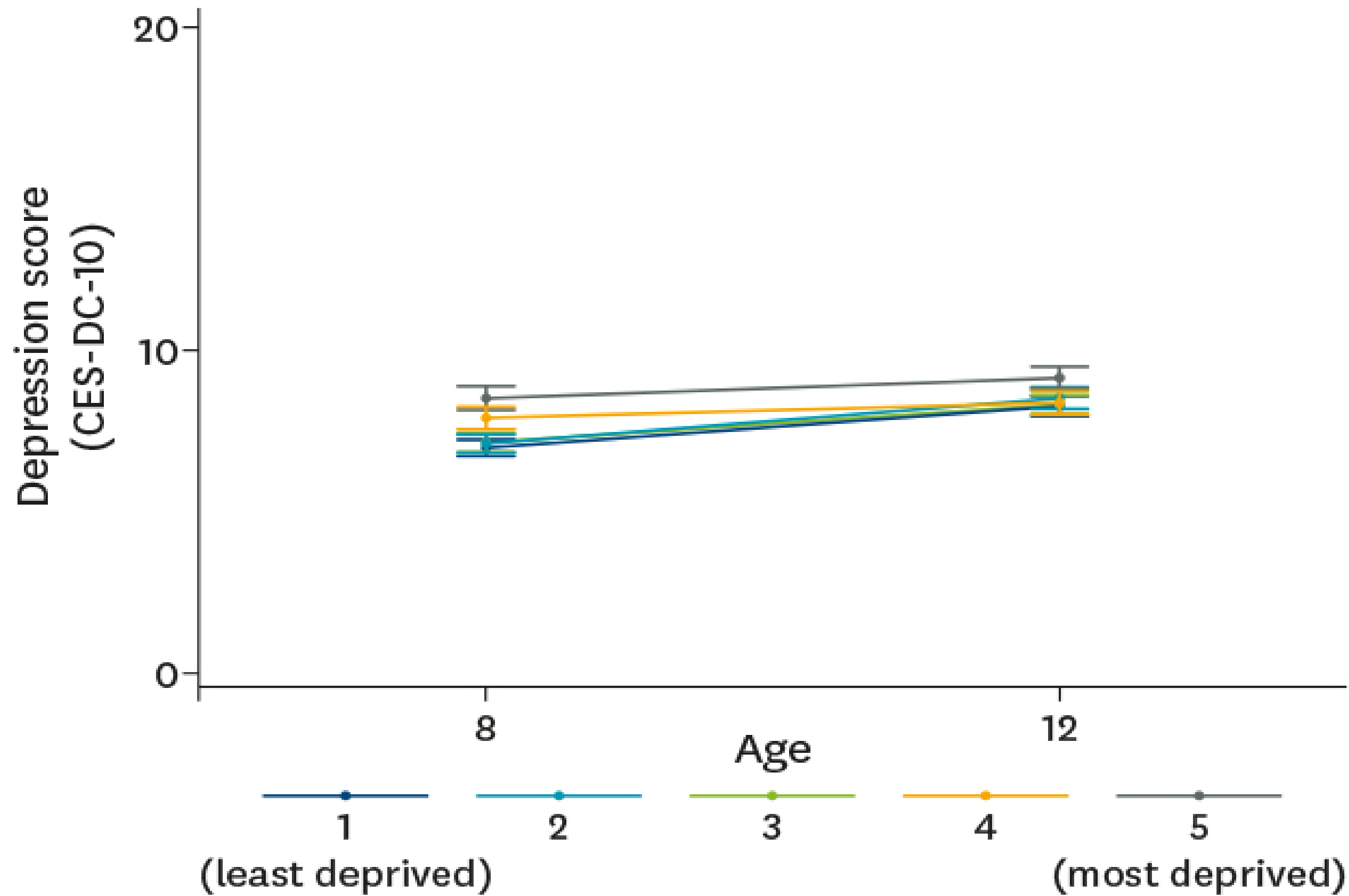


Over half of young people had an increase in depression symptoms from age 8 to age 12.

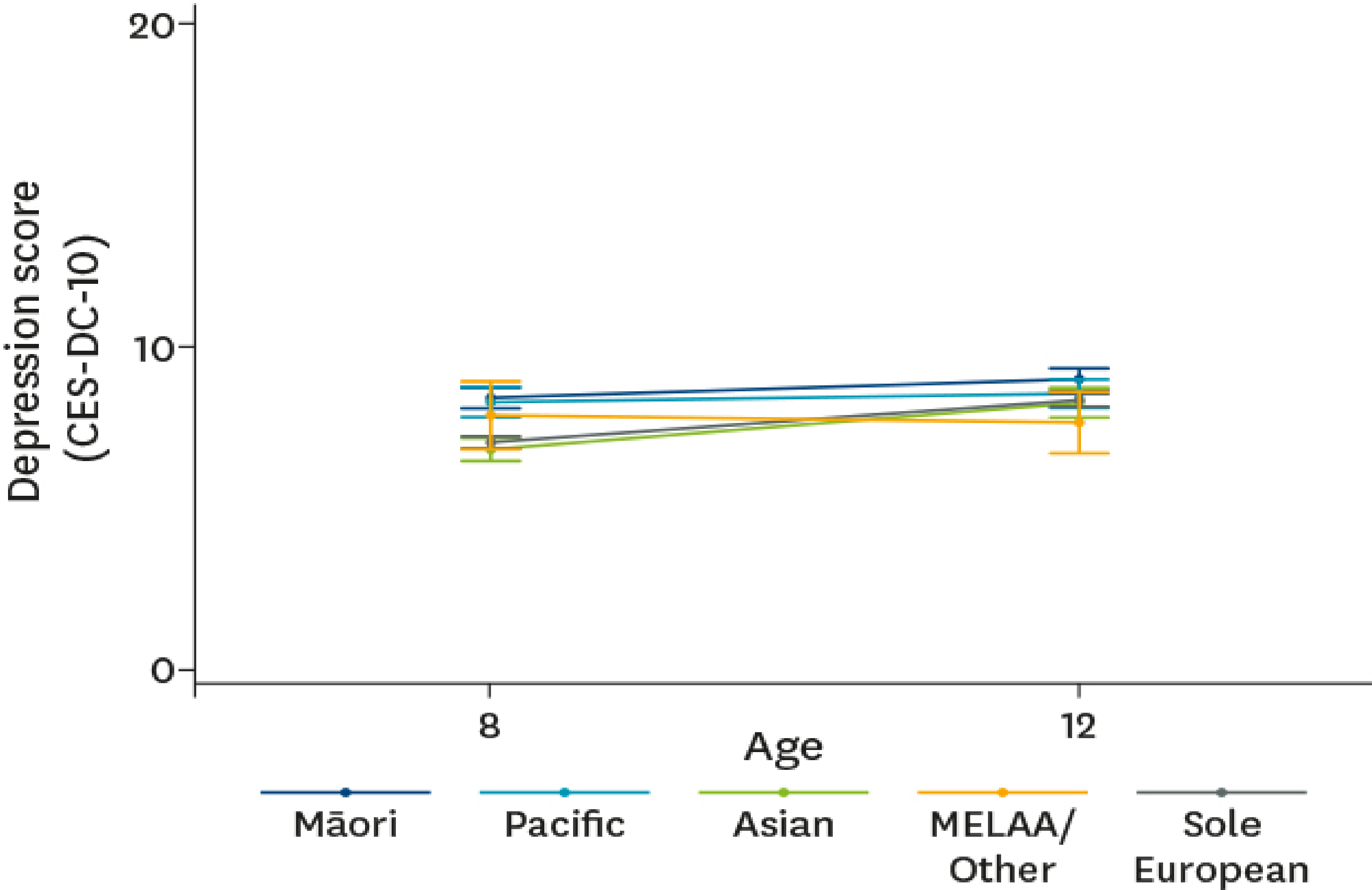
Change in depression symptoms by gender



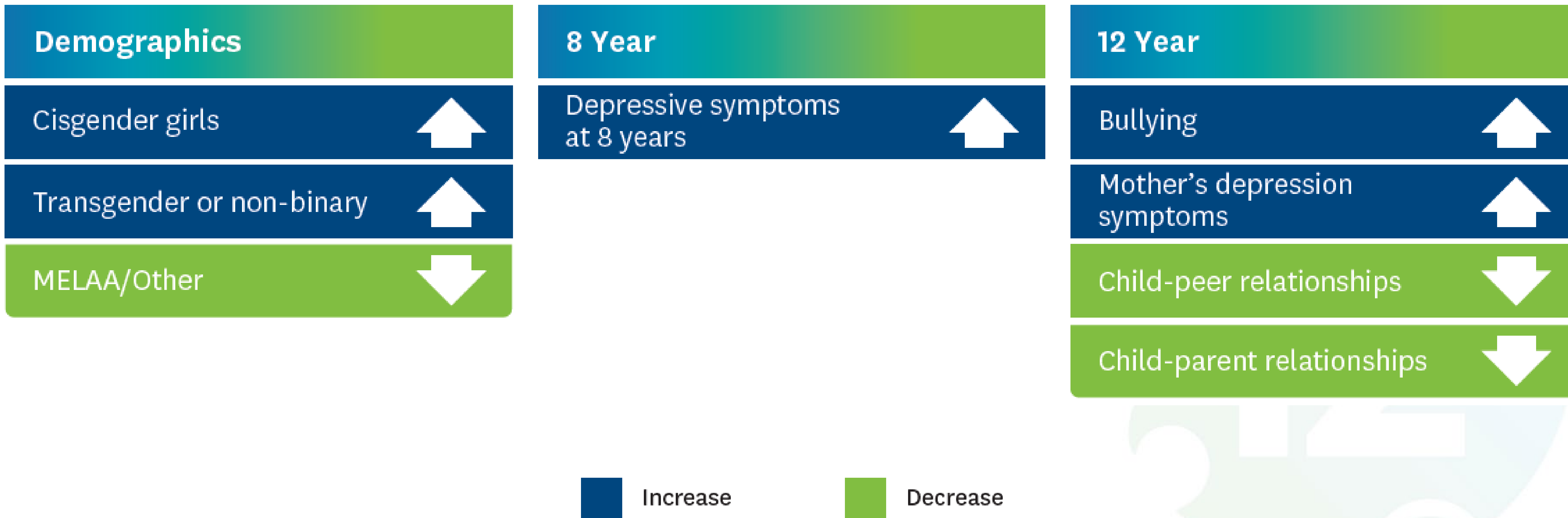
Change in depression symptoms by deprivation



Change in depression symptoms by ethnicity



Factors associated with depression symptoms



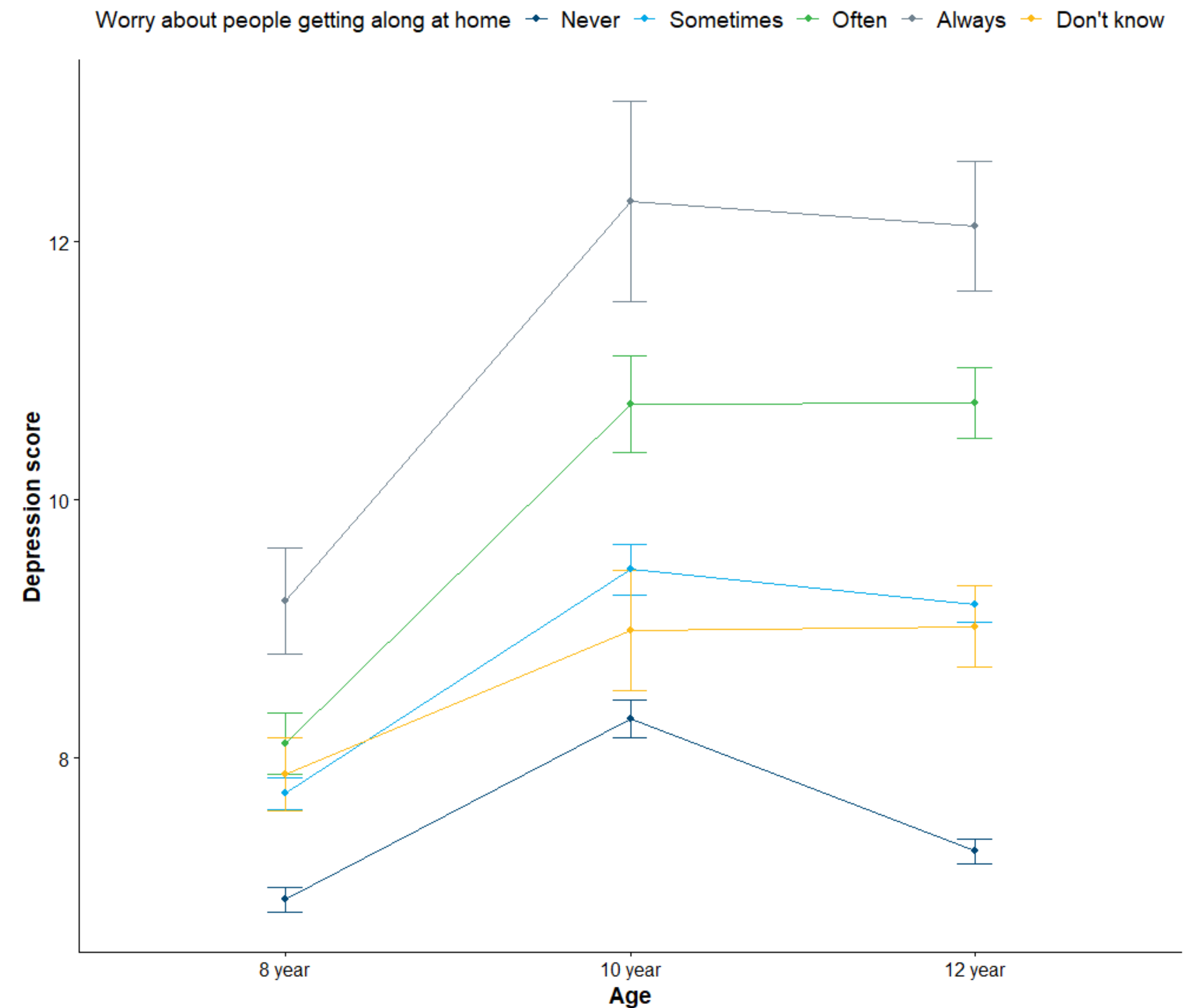
Child gender, ethnicity, age, 8year depression score, socioeconomic factors (DEP17 total score, area-level deprivation), household factors (household structure, residential mobility), relationship factors (child-peer relationship score, child-parent relationship score, bullying) and mother factors (maternal perceived stress, depression symptoms, age, education)

Young People's Voices

“That my family and friends are so funny, supportive and loving. Because it makes me happy, feel safe and that I am always loved.”

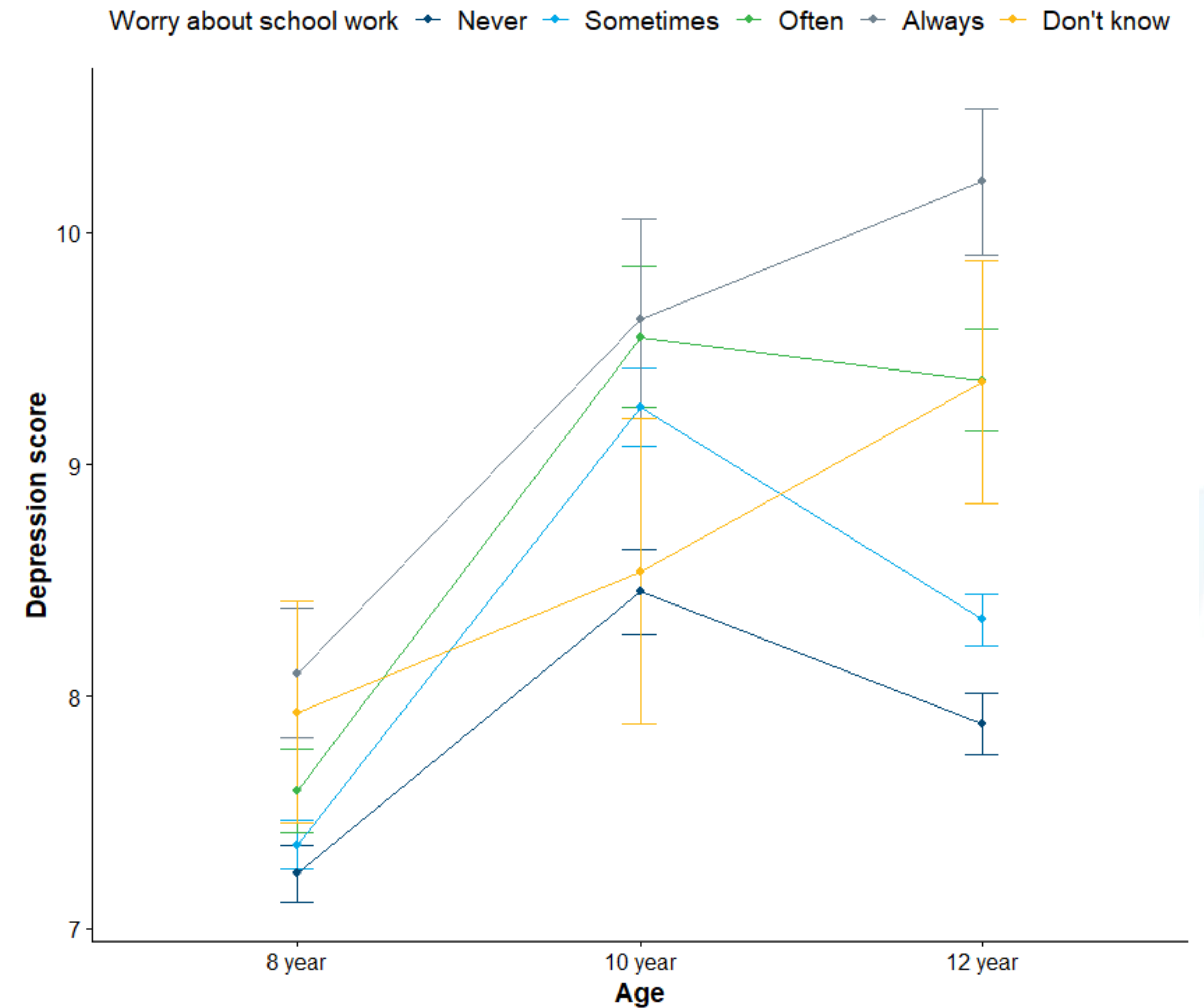
COVID-19 worry and depression symptoms

Greater worry about COVID-19 was associated with poorer mental wellbeing



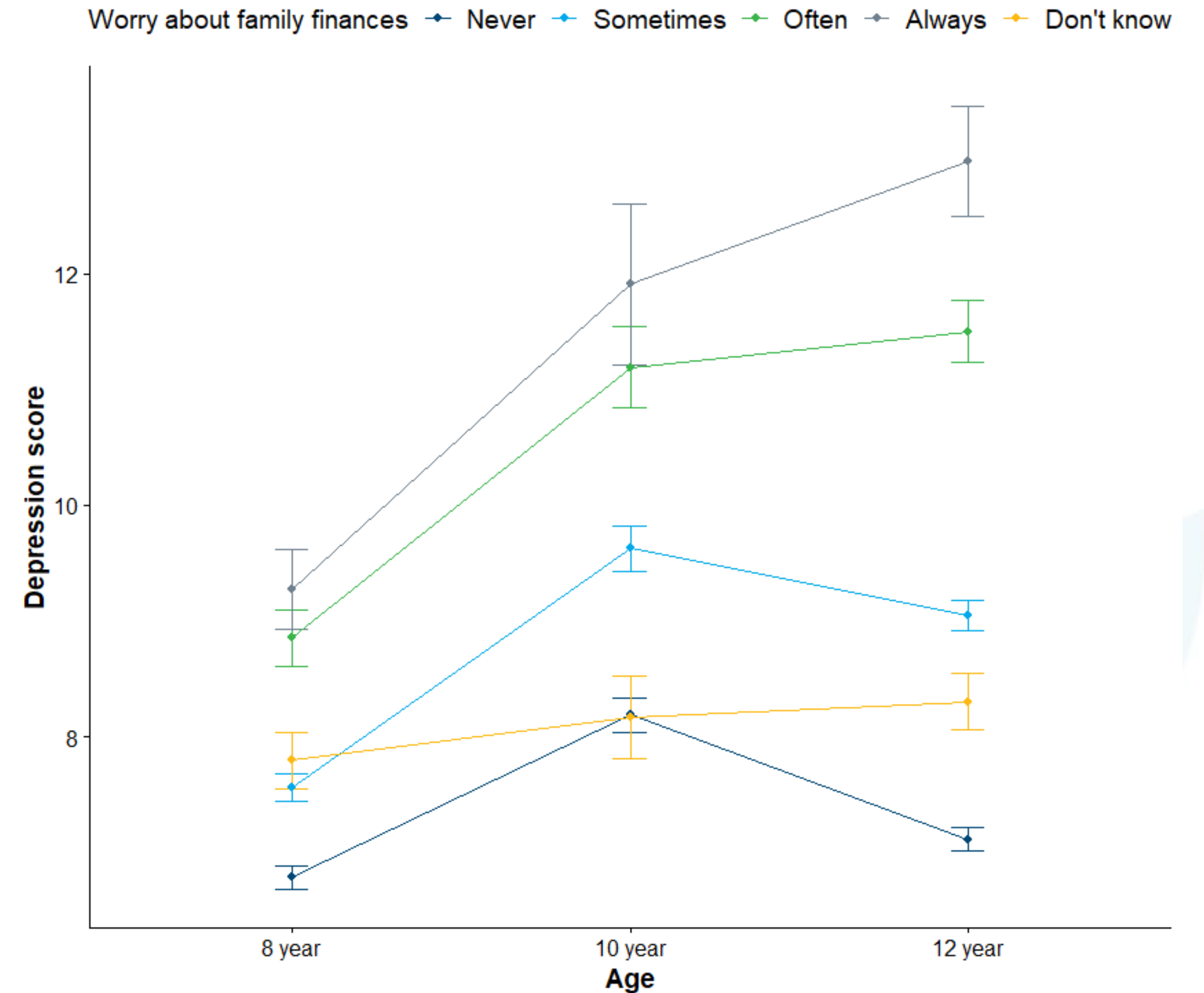
COVID-19 worry and depression symptoms

Greater worry about COVID-19 was associated with poorer mental wellbeing



COVID-19 worry and depression symptoms

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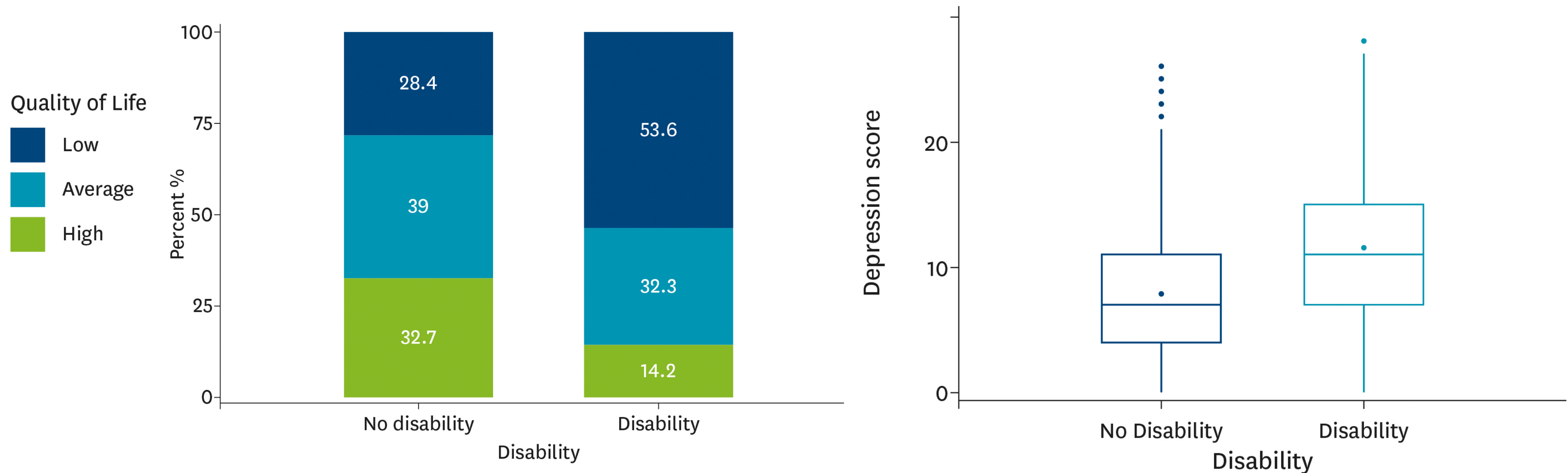


Young People's Voices

“The best thing about being me is that I am secure with a great family with stable money & jobs, and I am happy with who I am. It gives me a sense of safety.”

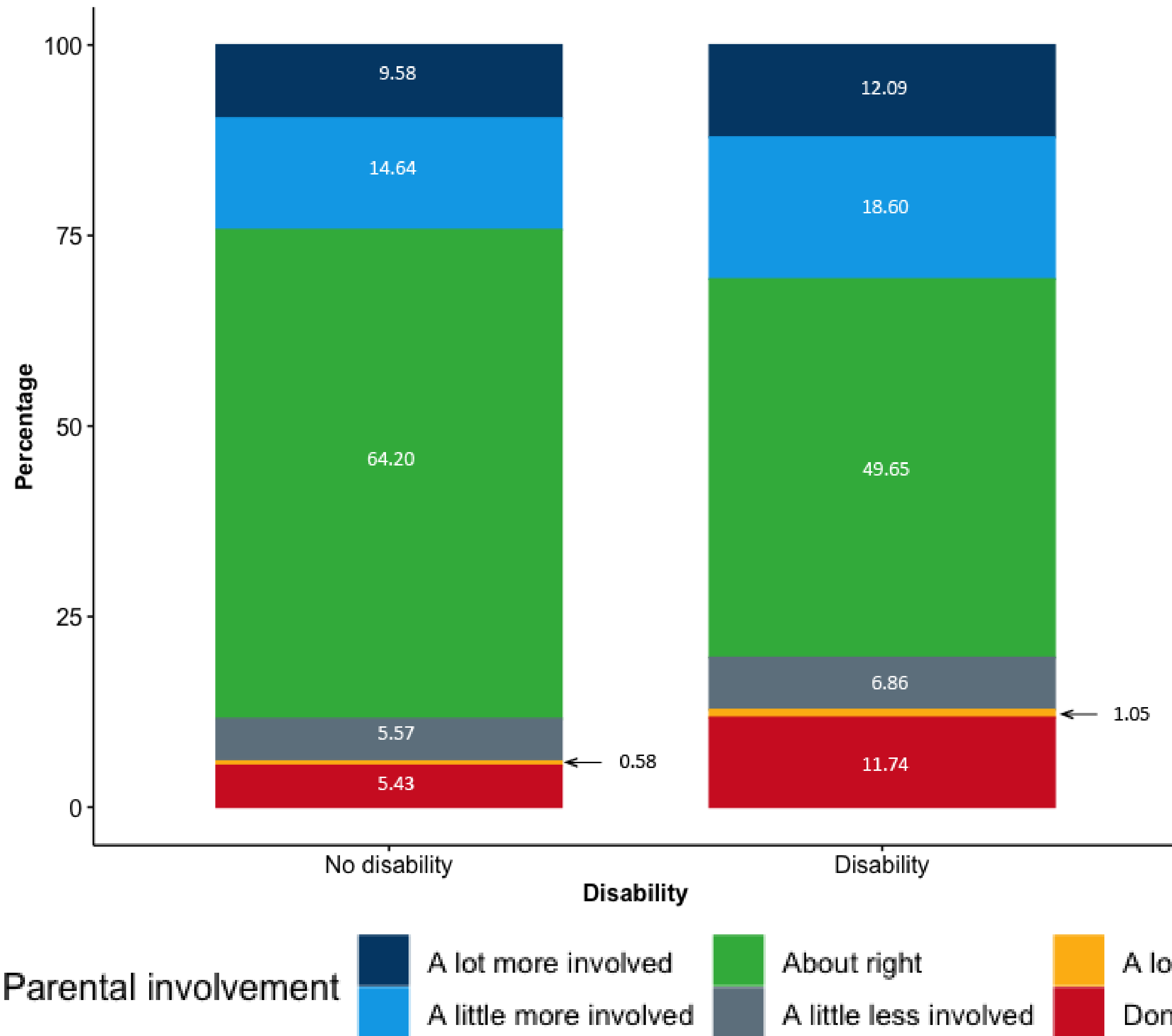
Disability

Disabled young people (19.4%) reported poorer health and wellbeing outcomes



9.3% of disabled young people did not see a GP when they needed to compared to 5.5% of young people with no disability.

Disability



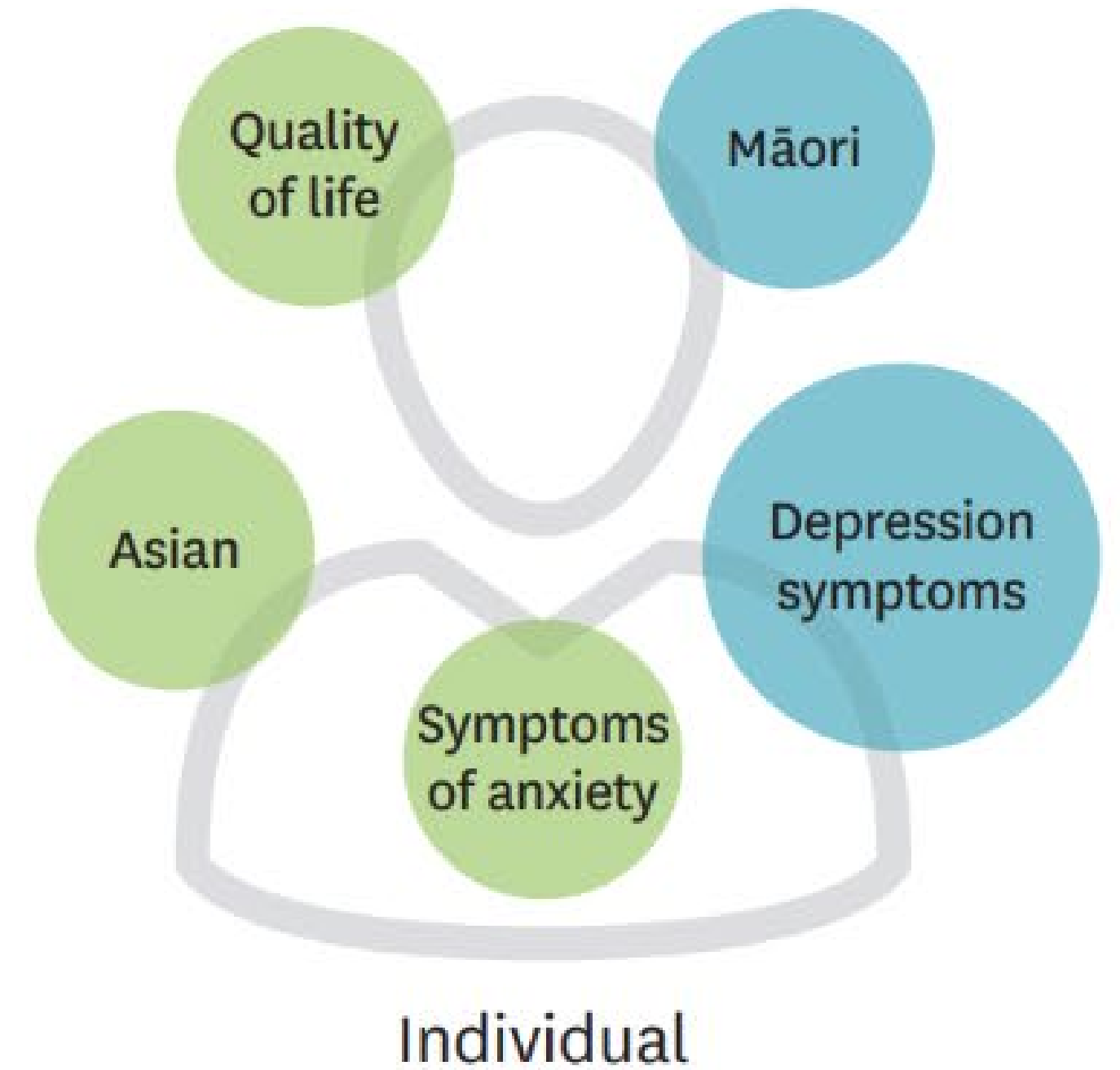
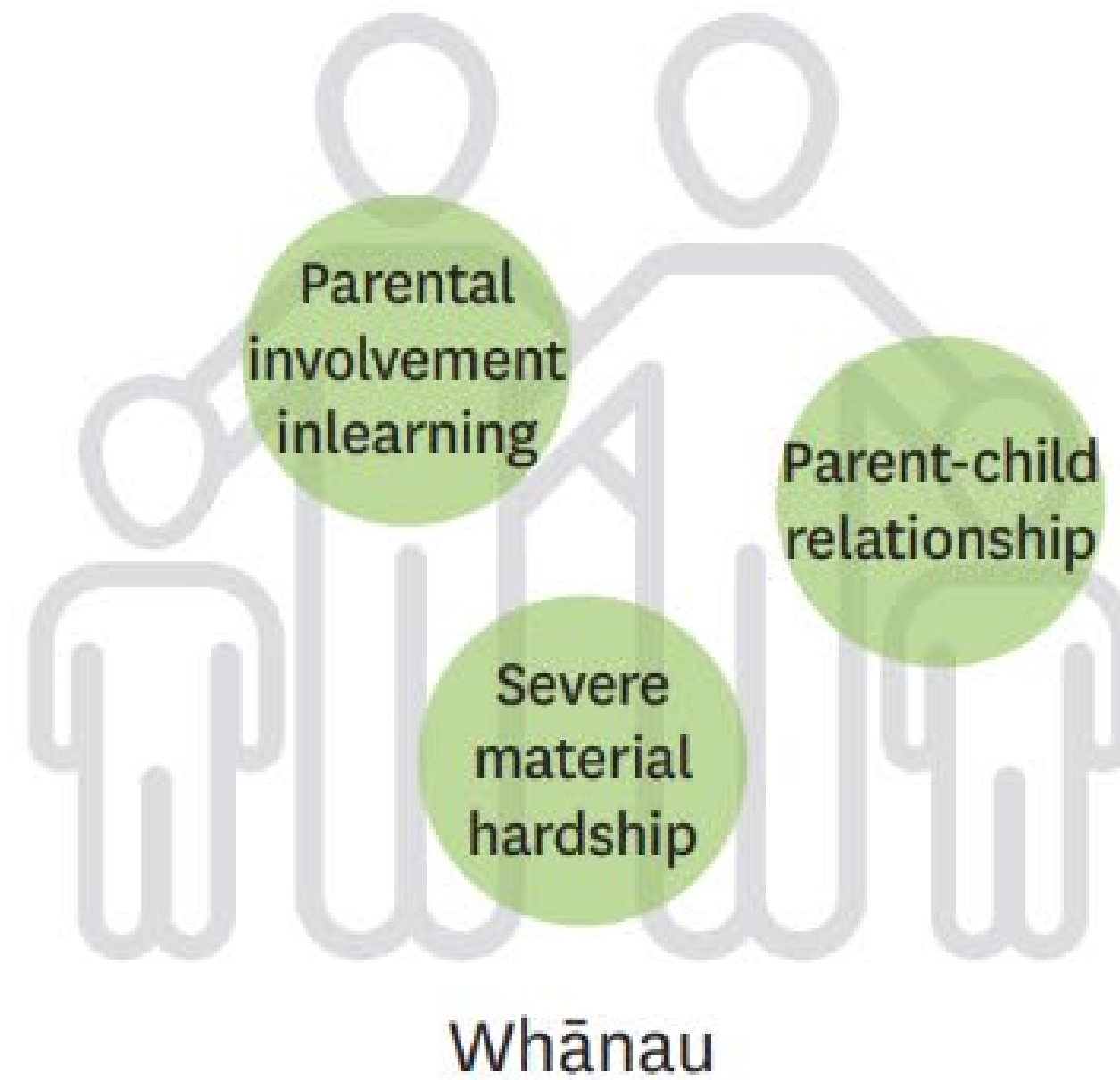
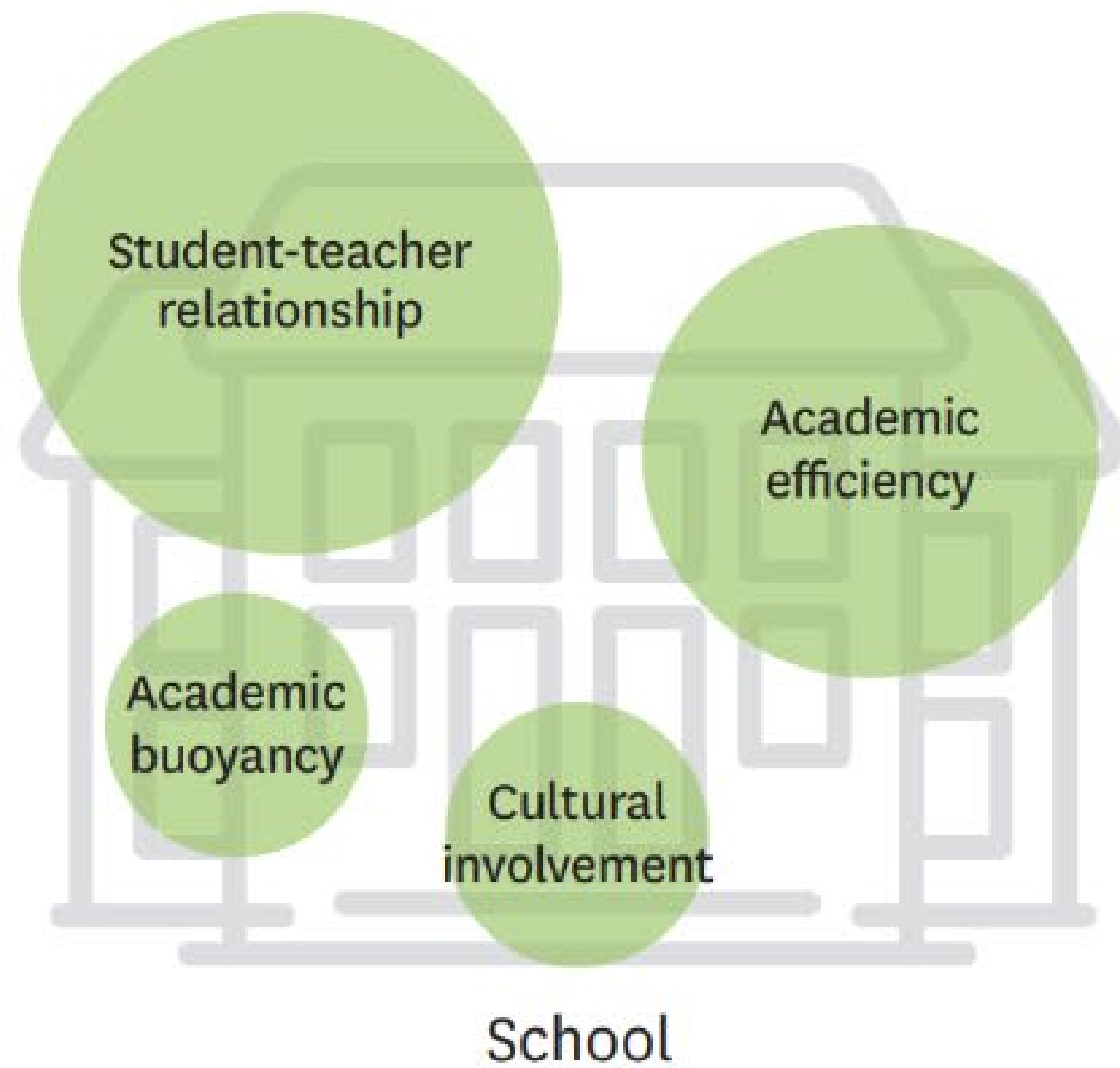
Disabled young people reported poorer relationships with their peers and parents.



School Engagement



Depression symptoms had a strong negative association with school engagement.



■ Positive associations ■ Negative associations

Relevance for policy and practice

- Improving accessibility and availability of mental health services and expanding choice is critical to reduce the burden of mental health conditions.
- We need to ensure that teachers and caregivers are aware that mental health concerns can start early and are often undiagnosed or untreated in younger people. Providing mental health support from an early age reduces adverse outcomes and promotes mental wellness.
- A continued effort to prevent transphobic and homophobic bullying in schools and provide support to help families be a positive place for trans and non-binary young people, is critical to reduce these stressors and improve their mental well-being.

Relevance for policy and practice

- Relationships, bullying, and mother wellbeing are associated with depression symptoms. Nurturing positive conditions and acknowledging multiple sources of social support is critical to increase mental wellness.
- Disabled young people tended to have poorer outcomes in health, wellbeing, education, relationships, and sense of safety. More support is needed to ensure young people with disabilities feel safe in their communities and at school.
- There is a need to take a holistic view of these issues as improvements in relation to the health, economic and social wellbeing of whānau can have a positive impact on young people's outcomes across their life.

NWA12 Snapshots

12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 1 of 9
 April 2023

Ethnic and Gender Identity at



12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 2 of 9
 April 2023

Material Hardship



Molly Grant, Kate Prickett, Susan Morton, Sinead Miller, Avinash Pillai, Sarah-Jane Paine.

12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 5 of 9
 May 2023

School engagement



Josie Tait, Molly Grant, Kane Meissel, Pat Bullen, Elizabeth R. Peterson, John Fenaughty, Sarah-Jane Paine, Sara L.

12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 7 of 9
 June 2023

Mental health

Young people's experiences of depression and anxiety symptoms



Benja Denis John

12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 3 of 9
 April 2023

Food insecurity

Indicators of food insecurity and access to food assistance in the Growing Up in New Zealand cohort

Sarah Gerritsen, Annie Park, Clare Wall, Carin Napier, Dan Exeter, Sarah-Jane Paine

Key findings on food insecurity from the 12-year interviews

- Most 12-year-olds lived in food secure households (83%), but 15% lived in moderately food insecure households, and 2% experienced severe food insecurity.
- Food insecurity was strongly associated with ethnicity and socioeconomic position. Pacific young people, rangatahi Māori, and young people that lived in neighbourhoods with high deprivation were most likely to be food insecure at 12 years.
- All indicators of food insecurity had decreased over the past four years, from 9- to 12-years of age, except the use of special food grants and food banks, which increased. Some families moved from being food secure to insecure and vice versa.
- Children experiencing food insecurity at 8-years of age in households that received government financial assistance (main benefits of Working For Families tax credits) were twice as likely to be food secure at 12-years, compared to those that did not receive assistance.
- One in four 12-year-olds were receiving food from a school-based programme most or every school day, with 20% receiving Ka Ora, Ka Ako the Government's healthy school lunch programme.
- Some children who needed a free, healthy school lunch did not receive one. Half of the young people living in moderately food insecure households, and a third of those living in severely food insecure households, did not receive Ka Ora, Ka Ako in the past year.

Is there anything you are worried about in the next few years?

That I won't have enough money to live happily with the price of everything going up.

What's the best thing about being you?

I get to catch and eat my own food.



12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 4 of 9
 April 2023

Housing and homelessness

Hakkan Lai, Kate Prickett, Ana Renker-Darby, Sarah-Jane Paine, Polly Atatoa Carr

Introduction

What do we know about housing and homelessness?

Housing has a profound impact on the health, wellbeing, and development of young people (1). For instance, dampness and mould pose a significant risk for respiratory outcomes, such as asthma, allergies, cough, wheezing, and upper respiratory symptoms (2), with long-term implications that last into adulthood (1).

Housing is also an important source of stability and support for young people. While moving house can have positive impacts, there is increasing recognition of the negative effect of frequent moves on young people, particularly when it occurs out of necessity as opposed to choice (3,4,5). High residential mobility can disrupt young people's stability and familiarity with their home environment, school, neighbourhood and community connections (6).

The cost of housing also influences security and stability and, in turn, impacts wellbeing. Housing lacking at least two of three core dimensions – habitability, security of tenure, and privacy and control – is deemed severely inadequate. These families are described as living in 'severe housing deprivation' or 'homelessness'. In Aotearoa New Zealand, homelessness can be measured as living without shelter; in temporary accommodation; sharing accommodation; and in uninhabitable housing (7,8). In 2018, it was estimated that just over 100,000 people were living in severe housing deprivation, an increase from 2013 largely due to more people sharing accommodation in severely crowded houses (7).

Disparities in housing quality, safety and security are associated with the persistent inequities in child and youth wellbeing observed in Aotearoa New Zealand. Therefore, policies that address housing quality and instability provide opportunities to achieve health equity. This area is also a policy focus in the Child and Youth Wellbeing Strategy, which includes 'stable, affordable, warm and dry housing' as a key outcome (9).

This report from Growing Up in New Zealand provides insight into young people's housing quality, residential mobility, and those living in severe housing deprivation, using the 12-year data collection wave (DCW).




12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 6 of 9
 June 2023

COVID-19



Experiences of the pandemic and young people's wellbeing

Caroline Walker, Ben Fletcher, Jane Cha, Karen E. Waldie, Susan Morton, Elizabeth R. Peterson, Pat Bullen, Kate Prickett, Kane Meissel, John Fenaughty, Sarah-Jane Paine.

What do we know about the COVID-19 pandemic and how it impacts wellbeing?

The initial public health response to COVID-19 in New Zealand involved some of the most stringent restrictions on movement and access to non-essential services (1). The elimination strategy required people to stay within their household "bubble" and only travel within their local communities. This meant that children and young people were unable to interact with their peers or support systems outside of their households (2). These restrictions resulted in a low burden of disease relative to other countries (3). However, they placed additional stressors on families, including job and income loss, lack of access to services, the requirement to home school children, and in many cases, the need to undertake remote work (4). New Zealand's move away from the elimination strategy and the opening of schools and other non-essential services brought both positive and negative effects for young people and their families. For example, although the availability of vaccines and the requirement of face mask use and physical distancing provided some protection against infection, there was still anxiety associated with these changes, as well as uncertainty about future restrictions and/or outbreaks (5).

In Aotearoa, the pandemic has been associated with greater depression and anxiety compared to population norms (6) and worry about COVID-19 has been correlated with anxiety, depression, and stress (7). However, few studies have examined the wellbeing of young New Zealanders. Internationally, several studies have reported the negative effects of the pandemic on young people's wellbeing (8, 9). A recent systematic review reported that the pandemic has significantly contributed to paediatric anxiety, while other studies have reported worse quality of life compared to pre-pandemic levels (10).

12 Growing Up in New Zealand
Now We Are Twelve
 Life in early adolescence

Snapshot 8 of 9
 July 2023

Disability

The impact of disability on you

Emma J. Ma, Renee Liang, Cameron C.

What do we know about the impact of disability on you?

The New Zealand disability prevalence survey (NZDPS) is the first national survey of disability in New Zealand. It provides a comprehensive picture of the lives of people with disability in New Zealand, including their experiences, needs, and aspirations. The survey also provides information on the social and economic conditions that affect the lives of people with disability, and the support services they receive.

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What do we know about the impact of disability on you?

Young people's relationships with their parents and primary caregivers remain foundational through middle childhood. In addition, supportive and caring relationships with peers and a variety of non-parental adults become increasingly important as young people mature. For many people in New Zealand, including Māori, Pacific, and Asian families, the concept of family or whānau itself encompasses a wider familial and non-familial system of connectedness. Therefore, the distinction between parent or primary caregiver and other important adults does not predominantly feature, and instead, a collective responsibility for children exists (1,2). Shared rights and responsibilities for raising children and young people means that there are a range of skills and resources available to the child, that are not necessarily present in a nuclear family context (3). Accounting for an array of relationships is therefore culturally relevant, particularly for Māori.

In addition, we know that cognitive, physical, and social changes taking place during adolescence influence the depth and breadth of relationships (3). These changes create opportunities for young people to develop and form more complex relationships with others (depth) and increased independence and expanding social networks enable young people to form connections with others in the wider community (breadth). As a key component of positive youth development, positive social relationships during adolescence enhance wellbeing and provide a foundation for healthy transitions to adulthood (4). Furthermore, it is important to consider how diversity in social connections support child wellbeing, as higher levels of cultural connectedness, which are associated with diverse family forms, have been shown to promote socio-emotional development among tamariki Māori (5). Diverse family structures and childhood wellbeing have also been explored in other communities, including the many heterogeneous groups umbrellaed under the terms Asian, Pacific and MELAA (6,7,8,9).





Thank you

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