

Adolescents and crises

EDITORIAL

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What have adolescents' experiences been during the COVID-19 epidemic?

It has become clear during the COVID-19 pandemic that infection control measures can have other consequences than solely controlling infection rates. The social and psychological effects on children and adolescents have been brought to the fore. We need knowledge about adolescents' lives and how they are affected during crises in order to be able to implement and evaluate local and national measures across sectors. Establishing an infrastructure for monitoring and evaluating such measures takes time, and must not be postponed until the next crisis strikes. Data for crisis management must be based on established systems for data collection, both from registers and population surveys.

This is illustrated in an article by Ulset et al., published in this edition of the Journal of the Norwegian Medical Association (1). The authors' analysis of data from the Ungdata survey collected from lower and upper secondary school pupils in the spring of 2021 provides an important insight into adolescents' own perceptions of how they have been impacted by the pandemic (2).

Half of the participants indicated that the pandemic had affected their lives in a partly or very negative direction. Girls, older adolescents, adolescents from families with a lower socioeconomic status and adolescents from municipalities with a high infection rate tended to report more negative experiences.

However, the picture is far from clear. One in five respondents stated that the pandemic had had a positive impact on their lives. For example, they had done more fun things as a family and were less stressed about daily life (1). The results support findings from other research, and the fact that it is the adolescents' own perceptions of the pandemic that were reported in the Ungdata survey reinforce this support (3).

The findings in the survey by Ulset et al. raise a number of new questions that need to be addressed in order to design the necessary measures. How do the perceived negative consequences impact on adolescents? Are the negative consequences related to the onset of other health problems? Do the problems persist over time? What characterises the adolescents who are most vulnerable or who experience positive changes?

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Ulset et al. point to the need for prospective studies to learn about the possible causal effects of the pandemic (1). As the Ungdata surveys are conducted anonymously, it is not possible to follow the participants over time or link to other data sources that can elucidate developments among individuals over time. This is one of the strengths of large, ongoing prospective cohort studies, such as the Norwegian Mother, Father and Child Cohort Survey (MoBa). In such studies, up-to-date information about infection symptoms, health behaviour and mental health can be linked to large volumes of data already collected, including health registers and biodata (4).

In partnership with the county authorities, the Norwegian Institute of Public Health conducts regular county health surveys in which large, representative samples of adults (18 years and older) are invited to participate (5). Here, the respondents consent to being contacted again in the future and to the answers being linked to data from various registers and health surveys. Several studies have been carried out on, for example, changes in quality of life during the pandemic, adherence to official infection control advice, and mental health problems (6). The large samples in these surveys make it possible to study the effect of specific infection prevention measures at municipal level, and this in turn enables comparisons before and after the measures were introduced and across municipalities with and without the relevant measures.

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In addition to greater utilisation of national data, increased use of international, comparative studies will help to strengthen the evidence base for measures aimed at adolescents. International studies, including under the auspices of the World Health Organization, are conducted regularly, and quality-assured questionnaires have been developed and translated into various

languages. These can be adapted and scaled to crisis situations. The main goal of the current EU project, CO-CREATE, is to help link the infrastructure represented by the large-scale ongoing European youth surveys to databases of measures implemented in different countries (7). The effect of local 'natural experiments' in Norwegian municipalities can and must be evaluated, and increased coordination and use of international, comparative studies will enable quicker and more robust evaluation of national measures.

The COVID-19 pandemic has highlighted the need for a knowledge system that can provide us with the necessary planning and management data in a crisis situation. The emergency preparedness register for COVID-19 has shown us how data from the health registers can be linked and used quickly and safely (8). There is also a need to review how health surveys are organised, financed and coordinated in order to be valuable in the event of a crisis. Surveys such as those conducted by Ungdata form a good starting point for obtaining up-to-date data, including on the effect of measures. Increased use of consent among older adolescents who are competent to give consent, rapid linking to other data sources, predictable financing, greater analysis capacity and clearer coordination are needed to succeed.

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