NAME OF DISSERTATION [All capitals, single-spaced, if necessary]

MILESTONE #4

YVETTE SEALES

Chair, Dissertation Committee

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Member, Dissertation Committee

A Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of Doctor

of Philosophy

Omega Graduate School

Graduation Date

NAME OF DISSERTATION [All capitals, single-spaced, if necessary]

THE INFLUENCE OF DEPRESSION, ANXIETY, AND STRESS RELATED TO THE COVD-19 PANDEMIC LOCKDOWN ON THE MENTAL HEALTH OF 18 TO 24-YEAR-OLD YOUNG PERSONS IN TRINIDAD AND TOBAGO.

YVETTE SEALES

A Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Omega Graduate School

March 2023

Dissertation Committee:

John O. Doe, Chair

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ABSTRACT

The abstract appears at the front of the report, but it is written after all else has been completed. An abstract is a short unbiased summary (no more than 350 words) of the main elements of the completed research, so it is never part of a proposal. An abstract includes: introduction to the subject, description of what was done, results, and the meaning of it all. It captures the content of Chapters 3, 4, and 5 in extremely condensed form. This may be the most difficult part of the dissertation to write because it must clearly describe the whole in a few words.

Decide what will be of most value to your reader. If it were a sports story, you’d tell who won (the result), what sport it was (procedure), who played (context), and why it was important (significance). Same thing here. Make sure that it is clear to someone who knows nothing about the topic of your research. It is brief—just an overview to show that it was a carefully executed study. (A report of an NFL game doesn’t recite the rule book.) State each hypothesis and whether it was supported or not supported. Brag objectively about the significance if you wish. You may use energetic language even though it is written in formal style (APA 6th, 2.04, p. 25). The page is counted, but no page number is shown.

DEDICATION [Optional]

Dedications should be brief. Do not include the word dedicated. To and a name are enough. Place on its own page, centered three inches from the top of the page with no punctuation.

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ACKNOWLEDGEMENTS [Optional]

Acknowledgments are short and vivid like thank yous at the Academy Awards but more sincere. Mention only the most meaningful helpers. Place on its own page, centered three inches from the top of the page.

EPIGRAPH [Optional]

 An epigraph is a short quotation that captures the theme of the entire work. It may be drawn from the work. It is in the same font without italics, underline, or quotation marks. If a quote, the name of the author is given below the quotation. It is on its own page, centered three inches from the top of the page.

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The table of contents will be generated using the style tags from the template; you will also be able to automatically update the TOC, both added headings and page numbers.

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Background of the Problem

Setting of this Study

Thesis Statement

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Scope of the Study

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Significance of the Research

CHAPTER 2: REVIEW OF LITERATURE

[Introductory Paragraph]

Other Level Two Headings

Level Three Headings as Needed

These headings are created as appropriate to the material in the chapter.

CHAPTER 2

**LITERATURE REVIEW**

 Preservation of Youths' Mental Health should be the concern of every society. A young, healthy population is an asset to national development since sound mental health positively affects one's thinking, behavior, emotions, and ability to cope with the typical demands of life. Youths' mental and emotional needs are as critical as their education.

**What The Research Says**

 Researchers Mc Gorry et al. 2022 commented om youth mental health by referring to the mental health of young people 10 to 24 years as “the number one threat to the health, wellbeing, and productivity of these people…(p.61, para. 1)”. Researchers Zuzuma et al. 2020, posited, that the stage from childhood to adulthood is very critical since it is during this period mental health issues arise for the first time ( para. 1). Researchers Mc Gorry et al. 2022 also stated that their data showed that 50% of mental disorders occur before age 15 and 75% by age 25. They also posited that 50% of this age group is affected by age 25. This revelation is worrying.

Mc Gorry et al. expressed concern for the many young persons who develop mental illness and the lack of support from the Health systems. They posited that the Health Systems appeared structured to assist persons with physical problems, not the mentally challenged. Mc Gorry et al. also identified gaps in young persons' diagnosis and treatment stages and recognized early intervention as critical. They recommended changes to the present system and the implementation of new structures to ensure consistent quality primary mental health care for the 12 to 25 age group. One of the recommendations for effective change was sensitizing the public through education about mental ill-health and how to prevent it (p. 64).

 Some emotional disorders prevalent among young persons are Anxiety and Depression. The most pervasive is Anxiety. The World Health Organization (WHO) posited that 3.6% of 10 to 14-year-olds and 4.6% of 15 to 19-year-olds experience an anxiety disorder (para. 7). These disorders can hinder a student's performance at school. Depression can even lead to suicide if not dealt with early.

 According to the World Health Organization (WHO), "Adversity is one of the most influential and detrimental risks to mental health (p. 22)." Adversity can come in different forms, such as poverty, sexual abuse, physical abuse, and even the Covid-19 Pandemic. McGorry et al. 2022, stated that young people have had worse mental health experiences since the Covid-19 Pandemic; 75% reported that their mental health was worse than before. This data has heightened my interest in examining the influence of the Covid-19 lockdown of the recent pandemic on the young persons of Trinidad and Tobago.

**The Onset of The Deadly Covid-19 Pandemic**

The onset of the deadly Covid-19 Pandemic affected the citizens of Trinidad and Tobago physically, emotionally, socially, financially, economically. As the crisis unfolded, it caused great despair to the citizenry, and the Government, as the number of infections and deaths increased gradually. The Government tried to curb this scourge by restricting interaction of citizens, through instituting a nation-wide lockdown.

These restrictions during the Pandemic included closing all educational institutions, such as schools and places of worship. Contact sports and water sports were prohibited ( Kissoon, 2020, para. 4). Businesses that provided essential services, such as supermarkets and pharmacies, were only allowed to remain open for a limited number of hours. Shopping malls, places of entertainment, and places of worship were closed for some time (Reuters, 2021, para. 2). The nation under lockdown forced families to live together in contained environments, with limited or no opportunities for physical socialization with friends and relatives.

This concept of locking down a population was of grave concern to this student, especially the effect that it can have on the young persons of the society. By instituting these restrictions, the Government expected the lockdown to solve the problem of close contact; most likely, it did, but it created a new challenge. This student soon discovered that the Research stated that lockdowns impact people negatively and that 15 to 24- year-olds are the most vulnerable (Piper et al., 2021, p. 2; Ulhass & Wood, 2020, p.2). This student also became aware of Bhattacharya, et al. 2020 and their document signed by hundreds of medical personnel who pleaded with the United States Administration to protect vulnerable groups from the negative impact of lockdowns. With this information, this student felt compelled to research the impact of lockdowns during the Covid-19 Pandemic on the mental health wellbeing of 18 to 24 year old young persons in Trinidad and Tobago.

In this study, I will interchange the following terms: young persons, youths, and young adults.

**Sources Consulted**

The Literature reviewed was obtained from books and peer-reviewed journals from databases and libraries, including ProQuest, Elsevier, Wiley Online Library, PsyPost, Newspapers, Science Direct, Google Books, Google Scholar, Journal of Medical Internet Research, Genetic Literacy Project, the U.S. Embassy News, the Library of Congress Reference Library, the World Health Organization (WHO) and the Website of the Government of Trinidad and Tobago.

In this Section, the student will give a brief history of the SARS-CoV-2 Virus, its origin, uniqueness, symptoms, treatment, and prevention of the disease.

**Origin of SARS-CoV-2**

 SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) is a virus that is responsible for the Covid-19 Virus (WHO, 2020, p. 1). SARS-CoV-2 is a member of the "Coronaviridae subfamily (CoV) of the Coronavirinae family of R.N.A. viruses" (Platto et al., 2020, p. 14). CoVs belong to a group of viruses, many of which may impair the normal functioning of the respiratory system. These ailments may range from influenza to serious complications like Severe Acute Respiratory Syndrome (SARS), detected in 2003, and the Middle East respiratory syndrome (MERS) in 2012. Both diseases have resulted in fatalities over time (WHO, 2020, p. 1).

 Four groups comprised the C.O.V.s. They are alpha-, beta-, gamma-, and delta-CoV. The first two, alpha- and beta-, are responsible for causing disease in human beings. Over the years, researchers have established that animals such as bats have been hosts for viruses and that transference occurs due to human interaction (Zagar, 2020, p.7). These CoVs are related to coronavirus genes from the bat population and, to be precise, from the genus Rhinolophus (WHO, 2020, p. 1). Another essential matter that one should note is that SARS-Cov-2 can bind itself to sensory receptors in the human body, which enables it to spread into the cells and, as a result, infect the human body. This fact is available by examining the sequence or order of bases or letters that make up a virus' genetic material (WHO), 2020, p. 1).

 The WHO published that the first cases of Covid-19, the coronavirus disease caused by SARS-Cov-2 in humans, were first announced in Wuhan, China, in December 2019. According to Hadi et al. 2020, at first, 2019-nCoV was the Virus's classification, then SARS-CoV-2 according to the International Classification of Viruses (cited I.C.V., 26-30); however, the WHO on February 11, 2019, named the Virus Covid.

Researchers document that the Covid-19 Pandemic originated in Wuhan, China (Clemente-Suarez et al., 2019). They considered the World Military Games in Wuhan, held from October 18 to 27th, 2019, as a contributor to the spread of the Virus. Over 10 000 athletes from 110 countries participated. Upon returning to their homes, many athletes from Italy, France, Sweden, the U.S.A., and China, developed symptoms of the Covid-19 Virus. "It was common knowledge that numerous spectators of the Games had been affected as well: in hindsight, the Games had acted as a super spreader of the infection" (Platto et al., 2021, p. 21).

**The Uniqueness of the Covid-19 Virus**

 The Covid-19 Virus has been considered the most infectious disease in the last century after the Spanish flu epidemic (Chowdhury et al. 2020, p. 163). This disease has been unique for various reasons: "for example, while Covid-19 primarily affects the respiratory system causing pneumonia, it has also been associated with gastrointestinal and neurological manifestations (Chowdhury in citing Christakis, 2020). Those infected may also mistakenly attribute their symptoms to influenza or other health conditions" (Chowdhury et al. 2020, p. 163).

***Symptoms***

 The infection impacts persons in different ways. Most persons experience flu-like symptoms, fever (>38 °C ), and dry cough. Others complain about body pains, soreness of the throat, blockages of the nasal passages, nausea, and even poor taste buds and smell. It takes approximately 5 to 6 days or even up to 14 days for a person to show symptoms (Hadi et al. 2020, p. 7235). Health officials note that polluted air, especially in confined areas, is the main reason for the spread of infections. The period when the conditions are most favorable is not when symptoms appear but in the early period (Di Perri, 2021, p. 5). Research also shows that adults and children, who suffer from co-morbidities such as diabetes, cardiovascular problems, hypertension, cancer, and respiratory diseases, are more susceptible to coronavirus infection (SanJuan-Reyes et al., 2021, p. 4

**Treatment and Prevention.** The first and critical step in treating an infected person is isolation. This action is necessary for preventing the disease from being transmitted to other persons in their environment. However, treating mild cases at home ensures the ill receive appropriate medical attention. The World Health Organization (WHO) has published a guide to assist the public with critical care and management of ill persons (Hadi et al. 2020, p.7236).

**Contributions from Influential World Organizations**

Several world organizations expressed their views regarding the Pandemic and, more specifically, the lockdown and other measures suggested to cope with the challenges. Some of institutions were the United Nations, the drafters of the Great Barrington Declaration, and the World Health Organization.

**The United Nations**

On March 31, the United Nations (U.N.) Secretary-General described the COVID-19 crisis as the most significant collective test for the 'international community' since the U.N. formation The Secretary-General of the United Nations, urged developed countries to help less developed countries immediately to bolster their health systems and capacity to treat disease, especially COVID-19 transmission (Chowdhury et al. 2020, pp. 162, 163). He stated that if they did not heed the call, the infection could spread drastically in the Global South, leaving many casualties and resurfacing in countries that had already experienced it (Chowdhury et al. 2020, p. 163). The Secretary-General was prophetic; the developed countries did not heed the call, and the consequences were drastic.

 Researchers noted that when the WHO announced the onset of the Pandemic, a few countries took early action to mitigate the spread of the disease and avoided their countries resorting to lockdowns. These countries were East and South-Eastern Asian economies and Kerala state in south-west India. Researchers also stated that many other countries could have contained the Virus had they taken early action and used health protocols such as wearing masks and social distancing (Chowdhury et al. 2020, p. 165).

***The Great Barrington Declaration***

 . Three public health specialists attached to Harvard, Stanford, and Oxford Universities drafted the Great Barrington Declaration (Kulldorff et al. 2020, para. 1). The Declaration, signed by 6300 medical doctors and other mental health professionals from the U.S., U.K., and other countries, presented an approach called Focus Protection. Focus Protection identified areas of protection for the vulnerable. The medical experts advised leaders to avoid implementing lockdowns and pointed out their adverse effects on the general population (Bhattacharya et al. 2020, para. 6). They argued that people at greater risk during the Covid-19 Pandemic should be protected. These included older persons,

They also advised that persons who were not at risk should be allowed to return to normalcy but observe health protocols as they do so. In this way they would gradually become immune to the disease and eventually develop protection, This also suggested that educational institutions, businesses, sports, and culture conduct activities typically (Kulldorff et al. 2020, para. 7).

Regarding young people, they noted that lockdowns could result in the loss of jobs, increased drug abuse, and suicidal ideation. They referred to the Center for Disease Control (C.D.C) reports, which indicated that one out of four young adults preferred suicide to solve their problems (Bhattacharya et al. 2020, para. 6) . They cautioned leaders but to no avail. The report said the lockdowns harmed people's health and economies worldwide (Das et al. 2021, p. 1).

**A World Health Organization Report.** The World Health Organization released a scientific report on the Covid-19 epidemic, which stated that within one (1) year, the world population's diagnosis of Anxiety and depressive disorders increased by 25 percent. (WHO, 2022, para. 1). After reviewing reports on the effect of Covid-19, this august body referred to the challenges caused by lockdown conditions which prevenred citizens from socializing and giving support to one another. The WHO also presented evidence that young people were severely affected and were at risk of developing suicidal behaviors.

**Lockdowns Effects**

The Covid-19 Pandemic Lockdown negatively affected young persons’ mental health and also similarly impacted economies, educational institutions, and even the brain.

**Impact on educational institutions**

 Lockdowns affected many educational institutions negatively worldwide. The United Nations Educational Scientific and Cultural Organization, UNESCO, estimated about 1.6 billion students from approximately 190 countries were affected by the shutdown of educational institutions, negatively affecting years of advancment in education (Simlandy, 2021. p. 2).

***Impact on World Economies***

 Das et al. 2022, posited, "Covid-19 has had an unprecedented impact on businesses and daily life. The virus forced the whole world into lockdown" ( p. 1).

Das et al. 2022, commented on the negative impact of the Pandemic on the business sector and the population worldwide. They noted the devastation economies suffered and identified the tourism and airline industries as greatly affected. In 2020, job loss amounted to approximately 255 million worldwide (p. 1).

 Robinson et al. 2021, wrote about the disease and lockdown policies implemented by countries to control its spread, which negatively affected economies. These strong policies significantly declined employment, especially in the service industries, which reduced Gross Domestic Product (GDP). However, economic recovery eventually became a reality as the effect of the Pandemic lessened, and lockdown restrictions were relaxed (p. 2).

**The effect of Lockdowns on the Brain**

 There is evidence to prove that lockdowns affect the Brain. A study published by Dolan, 2021 stated, "social isolation and reduction in physical activity caused by COVID-19 lockdowns appeared to have negatively impacted brain metabolism" ( p. 1). Guedj et al. 2021 researched whether chemical changes occurred in persons with abnormal brain function due to the 55-day national lockdown in France. Dr. Guedj, a biophysicist and nuclear medicine professor at Timone hospital and Aix-Marseille University, agreed that the lockdown contributed to mental and emotional reactions. "Lockdown is associated with functional impairment of brain motor and emotion networks, with a major impact on younger adults (probably because it was a break from a previous model of functioning), and only partial reversibility during the deconfinement" (Dolan, 2021, para. 8)).

**Conceptual Framewor**k

The Research of interest in this project is the influence of Depression, Anxiety and Stress related to Covid-19 lockdowns on the mental health of youths, young adults, and young people in different parts of the world. This student will replicate the data from this Research to Research in the Caribbean, specifically in Trinidad and Tobago. Researchers have used various instruments to conduct Social Research on this crucial topic. This paper focuses on the DASS-21, a 21 item self-report questionnaire. This student will also present its history, reliability and validity.

**Current Literature**

This Paper Section will present Current Literature to support the constructs: Depression, Anxiety, and Stress. It will demonstrate how researchers used the DASS-21 to assess the severity of the symptoms of Depression, Anxiety, and Stress due to the Covid-19 Pandemic lockdown worldwide.

**Significance of the Research**

This study will determine if 18 to 24 –year-old young persons have been adversely influenced by depression, anxiety and stress during the Covid-19 Pandemic lockdown. This study will help government officials and healthcare providers make better decisions about future lockdowns and create awareness of the need for mental health care for young persons who may have been adversely affected by the lockdowns during the Covid-19 Pandemic

**Conclusion:**

This study is filling a need for research that others have done on other continents on young people. The data, as described in Chapter 3 Research Design, will be collected in the Caribbean.

**RESEARCH DESIGN AND METHODOLOGY**

The study focuses on how depression, anxiety, and stress adversely influenced the mental health of young persons 18 to 24-years -old in Trinidad and Tobago during the Covid-19 Pandemic lockdown.

This chapter centers on the research design used in this study. First, the problem statement explains the research, followed by a Thesis Statement. The study also identifies one instrument. This research aims to determine the influence of depression, anxiety and stress related to the Covid-19 pandemic lockdown on the mental health of 18 to 24 –year-old young persons in Trinidad and Tobago.

This study is intended to raise awareness of the need for mental health care for these young persons who have been adversely affected.It will also help governments and healthcare providers make better decisions about future lockdowns.

Background to the Problem

The Covid-19 Pandemic the World Health Organization (WHO) announced on March 11, 2020, negatively influenced nations worldwide. This dreaded disease was widespread and affected the health of citizens, and caused the death of approximately two (2) million persons. Various Governments put containment measures in place to solve the problems, as did the Government of Trinidad and Tobago. One of them was establishing lockdowns. These measures affected citizens negatively by forcing them to remain at home. Literature shows that lockdowns affect persons' mental health, and that the 15- to 24-year age group is very vulnerable (Mc Gorry et al., 2022, p. 61). This awareness led this student to study how depression, anxiety, and stress adversely influenced the mental health of young persons 18 to 24 years old in Trinidad and Tobago during the Covid-19 Pandemic.

The Extent of the Problem

 The impact of the Covid-19 lockdown on young persons' mental health across the world's continents has caught the attention of many, including researchers (Owens et al., 2022). This student's study will show evidence these investigators have produced to support their claims.

The Persons Impacted by the Problem

 Studies have shown that young adults have been the group mainly affected by the Covid-19 pandemic lockdown (Sampogna et al., 2021, p. 1). This student will focus on the 18 to 24 year olds of that age group.

The Gap in the Literature

 The Gap shows that this study has not been done as yet in the Caribbean where Trinidad and Tobago is located. This student will replicate the data collection to research in the Caribbean.

**Problem Statement**

It is unknown whether depression, anxiety and stress adversely influenced the mental health of 18 to 24 -year -old young persons in Trinidad and Tobago during the Covid-19 Pandemic lockdown.

**Thesis Statement**

This study will explore the adverse influence of depression, anxiety and stress during the Covid-19 pandemic lockdown on the mental health of 18 to 24-year-old young persons in Trinidad and Tobago.

**Research Hypothesis**

**Null Hypothesis**

**Hypothesis 1**

Ho2 There was no statistically significant difference in depression scores among young persons 18 to 24 years before and after the Covid-19 pandemic lockdown in Trinidad and Tobago.

**Hypothesis 2**

Ho3 There was no statistically significant difference in anxiety scores among young persons 18 to 24 years before and after the Covid-19 pandemic lockdown in Trinidad and Tobago..

**Hypothesis 3**

Ho4 There was no statistically significant difference in stress scores among young persons 18 to 24 years before and after the Covid-19 pandemic lockdown in Trinidad and Tobago..

**Scope of the Research**

This study researches whether depression, anxiety and stress adversely influenced the mental health of young people 18 to 24-years in Trinidad and Tobago during the Covid-19 Pandemic.

**Research Assumptions**

The main assumption is that participants in this study will answer survey questions honestly, and objectively.

**Significance of the Research**

This study will determine if 18 to 24 –year-old young persons have been adversely influenced by depression, anxiety and stress during the Covid-19 Pandemic lockdown. This research will help government officials and healthcare providers make better decisions about future lockdowns and create awareness of the need for mental health care for young persons who may have been adversely affected by the lockdowns during the Covid-19 Pandemic.

[Brief paragraph to describe the purpose and content of the chapter.]

Problem Statement

Thesis Statement

Null Hypotheses

Hypothesis 1

Hypothesis 2

Hypothesis 3

Operational Definitions

Assumptions About Methodology

Limitations of the Study

Ethical Compliance

Procedures for Gathering Data

Population

The Sample

Instrument(s)

Data Collection

Time Schedule

Procedures for Analyzing Data

Organization of the Data

Analysis of the Data

CHAPTER 4: SUMMARY OF RESULTS

[Brief introductory paragraph.]

Descriptions of the Sample

Response Level

Demographic Data

Tests of the Hypotheses

Tests and Results of Hypothesis 1

Tests and Results of Hypothesis 2

Tests and Results of Hypothesis 3

Other Observations

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

[Brief paragraph of introduction to the chapter without a heading.]

Conclusions

Interpretation

Recommendations

[Appropriate Level 2 Headings of Your Choice]

Suggestions for Further Research

[BACK MATTER]

 Many details are compiled in a section known as back matter. This information is more detailed than is needed for general comprehension of the purpose and outcomes of the research but is preserved in the report so that the entire process can be verified or repeated. Include all elements that were part of your research. These pages all carry page numbers.

 Works Cited. All materials referred to in the text.

 Related Works. (Rarely used). Materials used in the development of the project, but not cited in the text. These materials provide prerequisite or supplemental information not used in the research but that is closely related to the topic.

 Appendixes

 The author’s vita

 Index (Rarely used)

[OTHER BACK MATTER]

Anything else that is important to add follows the appendixes. Such items, which are optional and depend upon the nature of a particular project, could include:

Bibliography (materials consulted that contributed to your project but not cited)

Sources recommended for further information on the subject of the research

These are used uncommonly, but if you have materials that you believe must be included to enable optimal comprehension and use of the content, talk to your advisor about including them. Extraneous material diminishes the credibility of the study.

WORKS CITED

This is a list of all the books, journal articles, and information from other sources that are quoted or paraphrased in the report. APA 6th calls this a Reference List, but we prefer Works Cited. Follow precisely the correct style shown in APA 6th (6.22-6.26, p. 180-183 and especially pp.193-215). Double space throughout with ½” hanging indent. Degrees and first names are not included in either references or in parenthetical citations (where initials are also omitted).

Everything in Works Cited must be used in the body of the report; every parenthetical citation in the report must be detailed in Works Cited. When you have finished all writing, print a copy of your Works Cited. Go through the text from start to finish to look at each parenthetical citation. If it is in Works Cited, put a check mark beside the listing. Then, see if you have any entries in the Works Cited that do not have a check mark. If you do, either delete it (it doesn’t belong because you didn’t use it) or see if you may have missed it when you went through the first time.

RELATED WORKS

Works read in preparation for a research study but not quoted, and thus omitted from the Works Cited section, may be listed alphabetically in an optional section entitled Related Works placed immediately after the Works Cited. The references follow the same APA 6th format. Use only if the information is useful to the reader lest you appear to be padding your report.

WORKS CITED

WHO. covid 19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide: https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.

APPENDIX A

TITLE OF APPENDIX

APPENDIX A: TITLE OF APPENDIX

The plural form of “appendix” may be either “appendixes” or “appendices.” The dictionary followed by APA 6th (Merriam-Webster’s Collegiate Dictionary, 2005) shows “appendixes” as the preferred form, as do most other current dictionaries. The appendixes follow immediately after the Works Cited and are placed in the sequence in which their material appears in the body of the dissertation. The appendixes that are included depend upon the nature of the research. Each has a title page identified by a letter—A, B, C and so on. (This book does not follow that practice.) Should you have more than 26 (!), continue from Z as AA, AB, AC.

An appendix may contain only one item although that item may be multiple pages. For example, a survey would be in one appendix, but a permission form for a minor child to fill out the survey would be in another. Include all material that would help a naïve reader to comprehend exactly what you did, but only if the material is relevant. Do not open yourself to criticism of padding out a weak report.

Side margins of an appendix may be narrowed to accommodate a data table, but reducing the size of the table is generally preferred. If the size of a figure or historical document is reduced, insert that information on the title page for that appendix (E.g., Map is 80% of actual size.)

 [Common Appendixes in Quantitative Dissertations]

Create a separate appendix for each significant element. Common components include:

All of the raw data collected for the project. This should be in an Excel spreadsheet or a similar recapitulation of the data. This is required.

Cover letter that accompanied a survey or other instrument.

A copy of every instrument unless it is a restricted instrument. If you created it and modified it after a pilot study, include the preliminary version. Include the scoring key for the instrument unless it is restricted.

Any instruction or other information given to participants. If given orally or by

 recording, include the script.

Letter requesting permission to do research at a location or to sample a group.

Authorization received in response to a request for permission.

A copy of a release form signed by parent/guardian/conservator.

Forms for permission, release of information, or waiver of liability

CURRICULUM VITAE

A one-page vita is placed immediately after the last appendix. The vita includes significant summary information, including: date of birth; granting institution for previous college degrees with dates, degree nomenclature, and field of study; a brief summary of employment; and any other facts (such as awards) that describe your qualifications as a researcher. The information is limited so that it fits on one page with adequate white space.

***Congratulations! This is the end of your dissertation! Be sure to delete this text!***

[Example Table]

Present your results here. Refer to the rubric for guidance on the content of sections in this chapter.

This is an example of a table in APA style (see Table 1).

Table 1
*A Sample Table Showing Correct Formatting*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Column A | Column B | Column C | Column D |
| Row 1 |  |  |  |  |
| Row 2 |  |  |  |  |
| Row 3 |  |  |  |  |
| Row 4 |  |  |  |  |

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