

COVID-19疫情和逆境： 一場沒有硝煙的戰役

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COVID-19的影響

- 自2020年12月以來，COVID-19嚴重影響了世界
- 約翰霍普金斯大學：2022年6月的感染病例數超過 540, 336, 065
- 突然發作和高度傳染性 - 世界危機

Shek DTL. COVID-19 and Quality of Life: Twelve Reflections. Appl Res Qual Life. 2021;16(1):1-11.

反思1: 數字鴻溝 (Digital Divide)

- 隨著城市封鎖，人們越來越依賴在線交流 – 通過互聯網購買日用品和在家工作
- 對於學生來說，由於學校封鎖，在線教學已成為主要的教育形式
- 在線教學有優點；在線教學也給學生帶來了一些問題 (WIFI 連接的可用性)
- 諮詢有什麼影響？

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反思2: 健康不平等 (Health Inequality)

- 大流行給公眾帶來了兩個問題
- 預防: 通過戴口罩和使用消毒劑來保持個人衛生 – 額外的經濟負擔
- 接受治療: 如果被感染，接受的醫療存在差異，例如留在私人病房
- 有研究表明，不同社會群體和地理區域的感染者和死亡人數並不相等
- 諮詢有什麼影響？

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反思3：性別不平等 (Gender Inequality)

- 傳統上，**婦女**被視為家庭中病人的**照顧者**
- COVID-19**增加了負擔**
- 在家學習：更多的**父母監督**，這也是女性通常承擔
- 必須考慮如：何讓**父親更多地參與家庭任務**
- 我們必須反思**賦予婦女權力**，使家庭責任不僅僅落在她們身上
- 應該發展**適當的服務**，以支援大流行下的婦女
- **諮詢有什麼影響？**

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反思4：貧困加劇 (Economic Disadvantage)

- COVID-19為一些行業創造了**越來越多的機會**
- COVID-19對全球經濟產生了**不利影響**，特別是交通、旅遊、餐飲業
- 失業給失業者帶來了更大的**壓力和心理健康問題**
- 蔓延到**婚姻品質**，這將進一步對家庭過程產生不利影響，例如**養育子女和家庭運作過程**
- 對於擁有大量**低收入家庭的社區**來說，社區凝聚力通常不高，並且存在許多社會問題
- **諮詢有什麼影響？**

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反思5：家庭幸福感 (Family Well-Being)

- COVID-19對家庭幸福感產生巨大影響
- 城市封鎖：家庭成員將有更多的時間呆在家裡，這可能至少會帶來兩個挑戰
- 如果家庭成員有不同的看法，長期留在家庭中會產生更多的衝突
- 第二個挑戰與養育子女有關，例如監督孩子使用電腦，並要求他們遵循健康的日常生活
- 諮詢有什麼影響？

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反思6：整體生活品質 (Holistic QOL)

- 除了身體後果外，需要瞭解大流行的心理後果，例如抑鬱症和創傷后應激障礙 (PTSD)
- 關注精神健康至關重要
- 社會健康：隨著城市封鎖，社交互動下降。互聯網技術，與他人保持社交聯繫。然而，互聯網技術對老年人來說可能是一個挑戰
- 在COVID-19下的痛苦中找到意義
- 積極的信念（例如對逆境有積極的文化信仰）對於積極應對非常重要。
- 諮詢有什麼影響？

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反思7 - 反思9

- 反思7：經濟增長與拯救生命：尋求經濟增長還是通過減少經濟活動來拯救生命？
- 反思8：消費與環境保護：COVID-19提供了一個重新思考消費與環境保護問題的黃金機會。城市封鎖和航空旅行的大幅減少 ...> 環境保護
- 反思9：個人權利與集體權利 有趣但突出的問題，涉及個人權利與集體權利（如戴口罩和城市封鎖）的重要性
- 諮詢有什麼影響？

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反思10：國際合作與國際競爭

- 面對全球大流行，鼓勵國際合作是合理的
- 在國際合作中存在政治因素，例如指責受害者
- 雖然武漢的人們遭受了大流行，但他們被指責傳播了病毒
- 一些國家的政治人物聲稱COVID-19是一種“中國病毒”，他們甚至要求賠償
- 合作開發疫苗？
- 諮詢有什麼影響？

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反思11：預防負面福祉 (Prevention of Negative Mental Health)

- 從公共衛生角度：第一項戰略是盡量減少風險因素
- 第二項戰略：加強保護因素
- 發展資產：促進年輕人福祉方面的重要性，如韌性、情感能力、靈性和自我效能感。
- 經過驗證的積極的青年發展(PYD)計劃，特別是那些培養年輕人生活技能的計劃，將幫助年輕人應對逆境
- 在大流行之前採取預防舉措，將使人們更好地為與大流行相關的創傷做好準備，而這些舉措可以挽救生命
- 諮詢有什麼影響？

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反思12：在COVID-19下保持積極的生活品質

- 準確理解及如何預防（如保持個人衛生）
- 保持希望
- 保持社會聯繫，特別是家庭資本（family capital）
- 找到痛苦的意義
- 少批評多欣賞，學習如何感恩
- 擁有堅韌的心態，將大流行視為成長和發展的機會
- 接受挑戰並將其視為成長的機會
- 諮詢有什麼影響？

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Editorial 1: Shek (2020)

Journal of Adolescent Health 67 (2020) 733–734



我們需要系統研究 —— 縱向研究、大樣本、理論機制，如積極的青年發展視角 (PYD)

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Editorial

Chinese Adolescent Research Under COVID-19



COVID-19 has created unprecedented consequences for adolescents and young adults in the contemporary world. Schools are suspended, cities are locked down, loved ones (such as grandpa and grandma) pass away, and there is not much certainty surrounding the pandemic, particularly regarding when it will be over. Obviously, there is a need to understand the health of adolescents and young adults under the shadow of COVID-19 as well as the factors affecting their well-being. Definitely, the articles based on Chinese adolescents enrich our understanding of the impact of COVID-19 on the health of

(i.e., confounding effects) in the analyses. Hence, it would be helpful if researchers could examine these possibilities in a study. Fourth, similar to these three studies, most studies on the well-being of Chinese young people are cross-sectional studies. Although cross-sectional studies have the advantages of ease of data collection and low cost, they cannot look at the temporal relationships between the predictors and criterion variables. Finally, given a significant relationship between a predictor and an outcome in a cross-sectional study, there are alternative explanations [5]. For example, there are causal interpretations of

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Editorial 2: Shek (2021)

Journal of Adolescent Health 69 (2021) 683–684



我們需要系統研究 —— 縱向研究、大樣本、理論機制，如積極的青年發展視角 (PYD)

JOURNAL OF
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Editorial

COVID-19 Pandemic and Developmental Outcomes in Adolescents and Young Adults: In Search of the Missing Links



In the literature on trauma and adversity, many theorists propose that trauma (such as COVID-19 stress) would lead to impairment of well-being. However, although studies generally show that trauma stress and well-being are negatively related, the magnitude of the relationship is low to moderate only [1–4].

The second missing link is on the possible factors “moderating” the strength of relationship between COVID-19 stress and well-being. For example, the negative impact of trauma on well-being would be greater under unhealthy coping (e.g., alcohol consumption) relative to healthy coping (e.g., maintaining

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Editorial 3: Shek (2022)

Journal of Adolescent Health 70 (2022) 697–698



我們需要系統研究 —— 縱向研究、大樣本、理論機制，如積極的青年發展視角 (PYD)

JOURNAL OF
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Editorial

Engagement in Behavior to Prevent COVID-19 Infection for the Sake of Oneself or Others?



Empathy is commonly conceived as the ability to comprehend, share, and show concerns about the emotions of others through “wearing their shoes.” Empathy is a precursor of prosocial behavior, such as following rules and doing good things that benefit others. Based on a short-term longitudinal study, Qu et al. [1] showed that empathy positively predicted preventive health behavior under COVID-19, such as maintaining social distancing and wearing a mask when going out, which

as an integral element) was identified as a PYD attribute that promotes adolescent holistic development. Empirically, there are studies showing the importance of PYD attributes on adolescent health outcomes [7], although studies on the influence of PYD attributes (including empathy) on preventive health behavior, particularly behavior to prevent COVID infection, are not systematically conducted.

Third, it is noteworthy that there is a decline in empathy in

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「青少年正面發展」 Positive Youth Development

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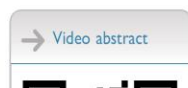
REVIEW

Positive youth development: current perspectives

This article was published in the following Dove Press journal:
Adolescent Health, Medicine and Therapeutics

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Abstract: This review outlines the current perspectives on positive youth development (PYD). Besides presenting the diverse theoretical roots contributing to PYD approaches, this review also introduces several PYD perspectives, including Benson's 40 developmental assets, Lerner's 5Cs and 6Cs conceptions, Catalano's 15 PYD constructs, social-emotional learning (SEL) and the “being” perspective (character and spirituality). A comparison of the different PYD models in terms of theoretical orientation, the role of community, spirituality, character/morality, thriving, “being” versus “doing” and origin is also presented. The review suggests three future research directions, including the development of spirituality and character approaches to PYD, differentiating the role of “being” versus “doing” in PYD and construction of PYD models as well as conducting related research in non-Western contexts.

Keywords: PYD, adolescents, strength-based perspective, review

Catalano et al. (2002): 北美25個成功推行的青少年培育計劃

1. 與健康成人和益友的聯繫 (Bonding)
2. 抗逆能力 (Resilience)
3. 社交能力 (Social Competence)
4. 情緒控制和表達能力 (Emotional Competence)
5. 認知能力 (Cognitive Competence)

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6. 採取行動能力 (Behavioral Competence)
7. 分辨是非能力 (Moral Competence)
8. 自決能力 (Self-Determination)
9. 心靈質素 (Spirituality)
10. 自我效能感 (Self-Efficacy)

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11. 明確及正面的身份 (Clear & Positive Identity)
12. 建立目標和抉擇能力 (Beliefs in the Future)
13. 認同參加者的正面行為 (Recognition for Positive Behavior)
14. 參與公益活動 (Pro-social Involvement)
15. 利他信念 (Pro-social Norms)

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研究1: 香港大學生心理健康

- 香港大學生在COVID-19發生一年後心理健康問題（抑鬱、焦慮和壓力）的患病率和相關性
- 心理健康問題與社會人口因素（包括年齡，性別，本地/國際學生，生活狀況和經濟壓力），需求滿意度和遇到的困難之間的關係

Daniel T.L. Shek, Diya Dou & Xiaoqin Zhu (2022). Prevalence and correlates of mental health of university students in Hong Kong: What happened one year after the occurrence of COVID-19? *Frontiers in Public Health*.

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研究1: 香港大學生心理健康

1,648名大學生調查

- 心理健康（包括抑鬱，焦慮和壓力量表-DASS）
- 社會心理資源
- 社會支援
- 需求滿意度
- 困難和挑戰
- 他們所接受服務的評估

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研究1: 香港大學生心理健康

- DASS指數的**中度及以上**抑鬱（40.0%），焦慮（50.7%）和壓力（22.2%）的學生比例值得關注
- **獨居和經歷的經濟劣勢**是負面情緒狀態的危險因素
- **需求滿足**(need satisfaction) 和**生活挑戰**(life challenges)與**消極的情緒狀態**有關
- 需求滿足和困難導致壓力，進一步影響了焦慮和抑鬱。

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Prevalence and Correlates of Mental Health of University Students in Hong Kong: What Happened One Year After the Occurrence of COVID-19?

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OPEN ACCESS

Edited by:
Winnie Cheng,

Purpose: In this study, we studied the prevalence and correlates of mental health problems (depression, anxiety, and stress) in Hong Kong university students after

	Negative response	
	N	%
Need satisfaction^a		
1. Prevent infection of COVID-19	344	20.87
2. Keep physical fitness	639	38.77
3. Keep good emotional health	525	31.86
4. Maintain a sound financial condition	543	32.95
5. Have a good learning environment	461	27.97
6. Have effective online learning strategy	555	33.68
7. Have self-discipline	640	38.83
8. Have technology literacy	408	24.76
9. Make new friends at the University	878	53.28
10. Go out with friends	668	40.53
11. Maintain close connection with friends	559	33.92
12. Maintain harmony in family	445	27.00
13. Feel safe and relax in community	616	37.38
14. Have a sense of connection or belonging to the University	882	53.52
15. Get comprehensive and consistent guideline from the University	839	50.91
16. Make new friends at the University	878	53.28
Difficulties^b		
1. Physical symptoms because of using computer for long hours	433	26.27

Difficulties^b

1. Physical symptoms because of using computer for long hours	433	26.27
2. Difficult to exercise	337	20.45
3. Emotional symptoms	524	31.80
4. Tired of staying at home	461	27.97
5. Afraid of going out	647	39.26
6. COVID-19 fatigue	474	28.76
7. Hard to do or get a part-time work	479	29.07
8. Lack of technology literacy	799	48.48
9. The online learning platforms or systems do not work well on my devices	733	44.48
10. Encounter connection problems during online lecture or assessment	722	43.81
11. Easily distracted during online lectures	328	19.90
12. Low learning motivation	277	16.81
13. Lack of effective online learning strategy	355	21.54
14. Hard to find time and a place to meet groupmates when doing group project	479	29.07
15. Online communication issues with groupmates	436	26.46
16. Free-rider issue in group project	699	42.42
17. Worry about academic performance	275	16.69
18. Have conflicts with family members	773	46.91
19. Competition on learning resources and space in family	830	50.36
20. Hard to make new friends	316	19.17
21. Hard to meet friends face to face	247	14.99
22. Do not have a normal university life	201	12.20

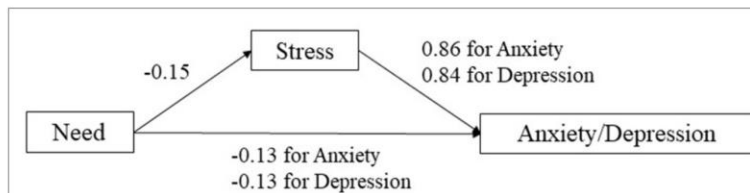


FIGURE 1 | Effects of need satisfaction on anxiety and depression with stress as the mediator.

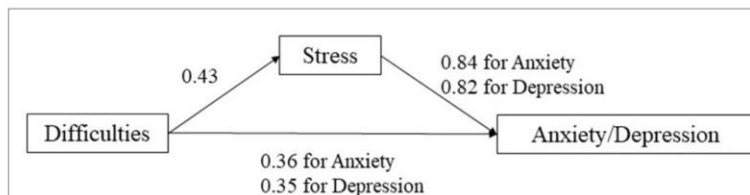


FIGURE 2 | Effects of difficulties on anxiety and depression with stress as the mediator.

研究2: COVID-19下中國青少年創傷后應激障礙癥狀 (Post-Traumatic Stress Disorder)

- 中國四川成都的五所學校參與了這項研究
- 在學校封鎖（第1波: 2019年12月至2020年1月之間）和放學后恢復（第2波: 2020年6月至2020年7月）之前收集了兩波數據
- 共有4, 981名11歲以上的青少年在兩波中完成了問卷調查
- 學生對兩波的PYD質量測量以及第2波的感知威脅和創傷后應激障礙癥狀的反應

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研究2: COVID-19下中國青少年創傷后應激障礙癥狀 (Post-Traumatic Stress Disorder)

Journal of Adolescent Health 68 (2021) 676–682



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Original article

The Impact of Positive Youth Development Attributes on Posttraumatic Stress Disorder Symptoms Among Chinese Adolescents Under COVID-19

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Keywords: PTSD; COVID-19; Perceived threat; Adolescents; China; Positive youth development



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COVID-19下中國青少年創傷后應激障礙癥狀

- 517名青少年（10.4%）可被視為患有PTSD
- 感知到的威脅和第一波PYD品質對創傷后應激障礙癥狀(PTSD)有顯著的獨特影響
- PYD質量在減輕感知威脅對創傷后應激障礙癥狀的負面影響方面具有顯著的調節作用（moderating effect）。
- 結果強調了通過有效的PYD計劃促進中國大陸青少年PYD品質的重要性

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研究2: COVID-19下中國青少年創傷后應激障礙癥狀 (Post-Traumatic Stress Disorder)

Table 4
Hierarchical regression analyses for the predictions of perceived threat and PYD on PTSD symptoms

Model	Predictor	B	BC 95% CI		SE	Beta	t	Cohen's f^2	F Change	R ² change
			Lower	Upper						
1	Age at Wave 1	-.68	-.96	-.39	.15	-.07	-4.64***	.004	18.39***	.022
	Gender ^a	.46	-.27	1.20	.38	.02	1.23	.000		
	Having siblings ^b	1.67	.86	2.48	.41	.06	4.06***	.003		
	Father education ^c	-.24	-.66	.18	.21	-.02	-1.14	.000		
	Mother education ^c	-.33	-.74	.09	.21	-.03	-1.54	.000		
	Parent-child relationship	-.76	-.96	-.56	.10	-.11	-7.55***	.012		
2	Age at Wave 1	-.65	-.94	-.37	.14	-.07	-4.53***	.004	81.82***	.016
	Gender ^a	.59	-.14	1.32	.37	.02	1.57	.001		
	Having siblings ^b	1.54	.74	2.35	.41	.05	3.77***	.003		
	Father education ^c	-.21	-.62	.21	.21	-.02	-.97	.000		
	Mother education ^c	-.30	-.72	.11	.21	-.03	-1.44	.000		
	Parent-child relationship	-.77	-.97	-.58	.10	-.11	-7.75***	.012		
3	Perceived threat	3.07	2.40	3.74	.34	.13	9.05***	.017	57.93***	.023
	Age at Wave 1	-.89	-1.17	-.60	.14	-.09	-6.14***	.008		
	Gender ^a	.67	-.05	1.39	.37	.03	1.82	.001		
	Having siblings ^b	1.43	.64	2.22	.40	.05	3.53***	.003		
	Father education ^c	-.08	-.49	.33	.21	-.01	-.39	.000		
	Mother education ^c	-.19	-.60	.22	.21	-.02	-.93	.000		
	Parent-child relationship	-.47	-.67	-.26	.10	-.07	-4.52***	.004		
	Perceived threat	3.12	2.46	3.78	.34	.13	9.27***	.018		
	PYD at Wave 1	-2.80	-3.31	-2.28	.26	-.16	-10.57***	.023		
	Perceived threat × PYD at Wave 1	-.47	-.79	-.14	.17	-.04	-2.78**	.002		

p < .05; *p < .001.

^a Male = 1, Female = 2.

^b No = 1, Yes = 2.

^c Primary school or lower = 1, Junior secondary school = 2, Senior Secondary school = 3, Diploma = 4, Undergraduate or higher = 5.

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研究2: COVID-19下中國青少年創傷后應激障礙癥狀 (Post-Traumatic Stress Disorder)

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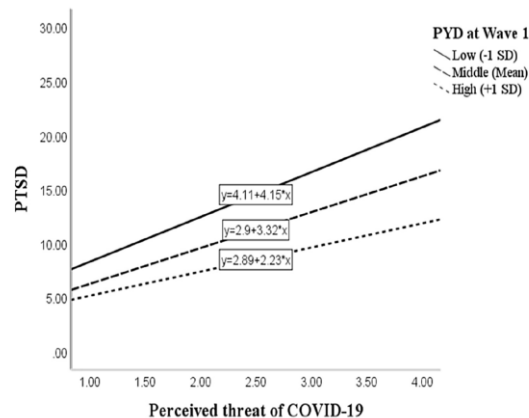


Figure 1. Moderating effect of PYD at Wave 1 on the relationship between perceived threat of COVID-19 and PTSD symptoms.

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研究3: 香港大學生的需要滿足感和抑鬱癥狀

四個研究問題

- 大學生抑鬱癥狀的患病率是多少？
- 香港大學生抑鬱癥狀的社會人口相關性是什麼？
- 需求滿足和積極的青年發展（PYD）屬性，包括對逆境，心理社會能力（彈性和情感能力）和家庭功能的信念是否預示著抑鬱症？
- PYD屬性會緩和需求和需求滿足對抑鬱症的預測作用？

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Need Satisfaction and Depressive Symptoms Among University Students in Hong Kong During the COVID-19 Pandemic: Moderating Effects of Positive Youth Development Attributes

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As studies on the mental health status of university students during the COVID-19 pandemic are almost non-existent in Hong Kong, we examined four research questions in this paper: What is the prevalence of depressive symptoms in university students in Hong Kong? What are the socio-demographic correlates of depressive symptoms?

研究3: 香港大學生的需要滿足感和抑鬱癥狀

- **CESD-R-20**: 1,648名大學生
- **PYD屬性**: 逆境信念, 心理社會能力 (逆境和情感能力) 和家庭功能
- **需求滿意度**: 使用了一項來自兩次焦點小組訪談的衡量標準, 涉及22名大學生。
- **48.4%**的受訪者 (95%CI 45.9–51.1) 得分為16分或以上 (即臨床抑鬱症“風險”)。
- **人口相關性**: 年齡, 性別, 學生身份 (本地與國際) 和家庭經濟困難

findings suggest that depression is a common risk amongst university students in Hong Kong during the pandemic that calls for intervention.

For Research Question 2, there are several interesting observations. Consistent with previous findings (67), younger students showed a higher level of depression than old students. This observation can possibly be explained in terms of higher

TABLE 3 | Results of UNIANOVA.

	N	Mean	SD	F	Partial eta squared
Age group					
Below mean	1,074	19.82	15.36	13.30***	0.01
Above mean	573	16.96	14.75		
Gender					
Male	696	20.79	15.82	15.26***	0.01
Female	854	17.76	14.63		
Student status					
Local student	1,613	19.00	15.25	10.23**	0.01
International student	35	10.71	9.95		
Family economic difficulty					
Do not have difficulty	1,100	16.42	13.60	98.15***	0.06
Have difficulty	351	25.20	16.87		

** $p < 0.01$; *** $p < 0.001$.

TABLE 4 | The predictive effects of need satisfaction and PYD attributes on depression.

Model	Predictors	β	t	Cohen's f^2	R^2 change	F change
1	Age	-0.08	-3.07**	0.01	0.08	30.70***
	Gender ^a	-0.01	-3.77***	0.01		
	Student status ^b	-0.06	-2.24*	0.004		
	Family financial difficulty ^c	0.25	9.58***	0.07		
2	Need satisfaction	-0.23	-8.70***	0.06	0.05	75.68***
3	Beliefs about adversity	-0.32	-12.82***	0.12	0.10	164.26***
4	Psychosocial competence	-0.37	-14.90***	0.16	0.13	221.91***
5	Family functioning	-0.18	-6.99***	0.04	0.03	48.90***

In Models 2–5, control variables (age, gender, student status, and family financial difficulty) were statistically controlled.

^a 1 = male, 2 = female.

^b 1 = Local students, 2 = International students.

^c 0 = did not experience economic difficulties, 1 = experienced economic difficulties.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

研究3: 香港大學生的需要滿足感和抑鬱癥狀

- 需求滿意度和所有PYD屬性都負預測了CESD分數
- 基於5, 000個以性別，年齡和學生身份為協變數的自舉樣本的多元回歸和PROCESS分析: PYD屬性（對逆境，心理社會能力和家庭功能的信念）緩和了需求滿足對抑鬱症的影響
- 這些發現強化並拓寬了PYD屬性作為COVID-19下大學生心理健康的保護因素的理論命題

TABLE 5 | The predictive effects of need satisfaction on depression and the moderating effect of three PYD attributes.

Model	Predictors	Beliefs about adversity			Psychosocial competence			Family functioning		
		β	t	Cohen's f^2	β	t	Cohen's f^2	β	t	Cohen's f^2
Model 1	Age	-0.08	-3.07**	0.01	-0.08	-3.07**	0.01	-0.08	-3.07**	0.01
	Gender ^a	-0.10	-3.77***	0.01	-0.10	-3.77***	0.01	-0.10	-3.77***	0.01
	Student status ^b	-0.06	-2.24*	0.003	-0.06	-2.24*	0.003	-0.06	-2.24*	0.003
	Family financial difficulty ^c	0.25	9.58***	0.07	0.25	9.58***	0.07	0.25	9.58***	0.07
	R ² change	0.08			0.08			0.08		
	F change	30.70***			30.70***			30.70***		
Model 2	Need satisfaction	-0.23	-8.70***	0.06	-0.23	-8.70***	0.06	-0.23	-8.70***	0.06
	R ² change	0.05			0.05			0.05		
	F change	75.68***			75.68***			75.68***		
Model 3	PYD attributes	-0.28	-10.36***	0.08	-0.34	-11.96***	0.11	-0.12	-4.42***	0.01
	R ² change	0.06			0.08			0.01		
	F change	107.33***			142.93***			19.52***		
Model 4	Need satisfaction x PYD attributes	-0.89	-4.44***	0.01	-0.70	-4.21***	0.01	-0.91	-4.37***	0.01
	R ² change	0.01			0.01			0.01		
	F change	19.67***			17.73***			19.08***		

In Models 2–4, age, gender, student status, and family financial difficulty were statistically controlled. Based on Model 1, need satisfaction was added to Model 2. Based on Model 2, each PYD attribute was included separately in Model 3. Based on Model 3, the interaction of need satisfaction and the respective PYD attribute was further included in Models 4.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

研究3: 香港大學生的需要滿足感和抑鬱癥狀

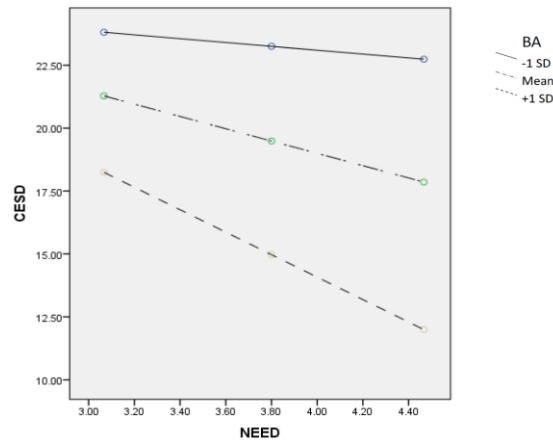


Figure 1. Moderating effect of BA (beliefs of adversity) on the relationship between needs satisfaction and depression

研究3: 香港大學生的需要滿足感和抑鬱癥狀

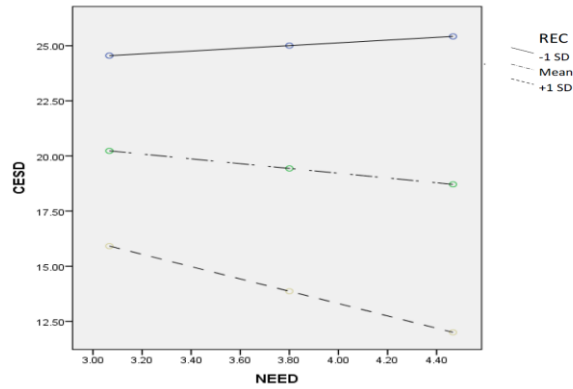


Figure 2. Moderating effect of REC (psychosocial competence) on the relationship between needs satisfaction and depression

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研究3: 香港大學生的需要滿足感和抑鬱癥狀

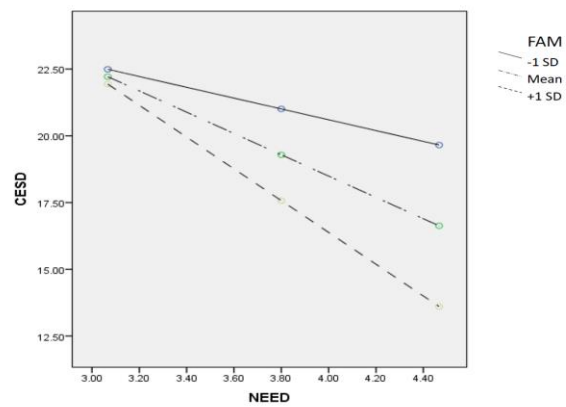


Figure 3. Moderating effect of FAM (family functioning) on the relationship between needs satisfaction and depression

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結論

- COVID-19對兒童和年輕人的心理健康產生**負面影響**
- 要瞭解COVID-19下學生的心理健康，早期治療很重要（**三級預防**）
- 學生心理的相關性：早期識別高危病例（**二級預防**）
- 滿足現實生活需求與心理健康問題呈負相關，**壓力是一個中介因素**
- 積極的青年發展屬性與學生心理健康問題**負相關**
- 積極青年發展屬性可以**減少**COVID-19相關壓力源對學生心理健康的**負面影響**：促進積極的青年發展屬性（如情緒管理）有助於減少學生心理健康問題（**初級預防**）

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謝謝！

Thank
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