

# **Youth Experiences During China's COVID-19 Lockdowns: Impacts and Potential Trauma-Related Outcomes**

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## **Background**

The COVID-19 pandemic, which began in Wuhan in late 2019, led to nationwide lockdowns across China in 2020 and again in select cities in 2022. While these lockdown measures helped control virus transmission, they significantly disrupted daily life and adolescent well-being. School closures affected about 80% of children worldwide (UNESCO, 2020), and more than 220 million adolescents in China experienced prolonged home confinement (Wu et al., 2021), contributing to psychological problems, such as anxiety, sleep disturbance, and non-suicidal self-injury (Zhi et al., 2022). Although adolescent mental health declines during the pandemic are well documented, fewer studies directly examined how specific lockdown policies shaped these outcomes. This article explores the psychological effects of regional lockdown policies in China on youth and their potential links to trauma-related symptoms.

## **Psychological Distress Among Adolescents in China During the COVID-19 Pandemic**

While the COVID-19 quarantine period in China does not meet the DSM-5 definition of a Criterion A traumatic event, the psychological impact on adolescents was substantial and far-reaching. Research across multiple regions in China has documented elevated levels of stress, anxiety, depressive symptoms, loneliness, and suicidal tendencies among youth during prolonged lockdowns and school closures (Sun et al., 2021).

For many adolescents, the pandemic introduced a combination of factors known to heighten vulnerability to distress: sudden loss of routine, academic pressure in remote learning environments, reduced access to peers and supportive adults, family conflict intensified by

confinement, and fears about illness or economic instability. These experiences may not constitute “trauma” in the narrow clinical sense, but they can still produce traumatic stress responses that interfere with functioning and well-being.

In Chinese clinical and research settings, diagnostic systems typically include a mix of DSM-5, the International Classification of Diseases (ICD) system, and the Chinese Classification of Mental Disorders (CCMD), which was developed specifically in China. While China is transitioning from ICD-10 to ICD-11, ICD-10 remains widely used. Because DSM-5 provides detailed, internationally comparable criteria, it remains a common reference point in China. In this study, DSM-5 terminology is used to ensure clarity and alignment with global literature. However, our focus extends beyond diagnostic boundaries to capture the real-world psychological impact of the pandemic on adolescents, recognizing that significant distress can occur even in the absence of a formally defined traumatic event.

## **Method**

Twenty high school students were recruited by the co-authors from local schools in Shanghai, Shenzhen, Beijing, and Nanjing in October 2025. A bilingual survey (Chinese and English) consisting of seven items was developed for this study (see Table 1). Participants were given the option to complete the survey online or participate in a 15–20 minute in-person interview. A total of 11 participants chose to complete the survey online, and 9 participated in the in-person interview.

Recruitment was conducted through flyers posted at local schools with the schools’ permission and via a group chat platform accessible to both schools and parents, who were aware of its use. Interested students received individual invitations. Local schools considered the nature

of this study as in line with routine school projects, posing minimal risk, and participants obtained verbal parental consent prior to participation.

### **Various Cities' Lockdown Measures**

We highlighted the lockdown measures in specific cities to reflect the locations of our participants.

#### ***Beijing***

Lockdown duration varied by district based on risk level, case distribution, and exposure in key locations (BMHC, 2022; PGBM, 2022a). Chaoyang District implemented 14 days of home lockdown plus 7 days of health monitoring, while Haidian District adjusted measures by outbreak scale, ranging from 14-day lockdowns for single cases to 21-day lockdowns for cluster outbreaks (Beijing Haidian, 2022; Beijing Haidian District People's Government, 2021; PGBM, 2022b).

#### ***Nanjing***

A Delta-variant outbreak beginning July 20, 2021, led to strict containment measures (NHC, 2021a, 2021b). The city carried out large-scale testing (1.9 million tests in one day), restricted travel, canceled flights, and suspended public transportation (Davidson, 2021; Reuters, 2021). Travelers were required to complete 14 days of hotel quarantine followed by 14 days at home (Cheng et al., 2021; Gao & Zhang, 2021).

#### ***Shanghai, Suzhou, and Wuxi***

Shanghai implemented one of the strictest lockdowns nationwide in 2022, beginning with a phased Pudong–Puxi lockdown and escalating to a full citywide shutdown lasting over two months (Ba et al., 2023; Global Times, 2022; Joint Prevention and Control Mechanism of the

State Council, 2022; People's Daily Online, 2022; Shanghai Municipal Government, 2022).

Measures included stay-at-home orders, business closures, and centralized quarantine.

Nearby Suzhou and Wuxi adopted less severe, targeted restrictions: residents were advised (not mandated) to work from home, select public venues were closed, and travel required recent negative tests (China Daily, 2022; Reuters, 2022). Both cities used localized controls instead of full lockdowns (Cang, 2022; Wuxi COVID-19 Headquarters, 2022).

### ***Chengdu***

In September 2022, Chengdu announced stay-at-home measures and conducted four days of mass testing. One household member was allowed out for essential supplies and travel out of the city was heavily restricted (Welle, 2022).

### ***Shenzhen***

Following its first confirmed case in early 2020, Shenzhen enforced isolation of suspected cases and close contacts for 14 days and implemented strong preventive measures such as masking, distancing, and limiting gatherings, which helped reduce transmission (Bi et al., 2020; Sun & Viboud, 2020; Zhang et al., 2020; Wang et al., 2022). Isolation was mandatory and included both stay-at-home quarantines and hotel quarantines, depending on the assessed severity of the situation.

### **Data Analysis**

We analyzed the interview data using the Rapid Group Analysis Process (Rap-GAP), a structured, collaborative method for efficient qualitative review (Hsu et al., 2024). This approach supported rapid identification of themes related to adolescents' experiences during COVID-19 lockdowns.

Following the five Rap-GAP steps, the team first developed survey questions and received training from the lead author. We then reviewed responses to identify high-level themes, transferred and refined these themes on a shared Miro digital whiteboard (AI Innovation Workspace | MIRO, n.d.) and organized the finalized categories into Excel worksheets. Finally, we integrated the themes into our qualitative analysis, using participant quotes to capture the complexity of their experiences.

## **Results**

We interviewed 20 participants about their lockdown experiences and any subsequent psychological or behavioral effects. One participant was excluded from analysis due to not having experienced a lockdown, resulting in 19 valid responses. Among the participants, 13 identified as female and 6 as male. Three participants experienced two separate lockdown periods, while the remainder experienced one. Participants' ages at the time of their lockdown experience ranged from 9 to 14 years old: 3 were age 9; 5 were ages 10; 5 were age 11; 7 were age 12; and 1 participant each reported being 13 or 14. Participants were located across several major cities during their lockdown experience, including 6 in Beijing, 2 in Chengdu, 2 in Shenzhen, 8 in the Shanghai–Suzhou–Wuxi region, and 4 in Nanjing.

Based on the survey responses, we identified several recurring themes across participants' experiences (see Table 2). Analysis of responses showed variation across cities with different lockdown policies. Participants in Shanghai—where strict, prolonged citywide restrictions were enforced—more often reported “challenges to physical well-being and mood,” including sleep disruption, reduced activity, and difficulties obtaining daily supplies. In Beijing, with district-level lockdowns, adolescents more frequently mentioned “inconvenience” tied to testing procedures, “food and mood” concerns, and “internet-related issues.” Students in Suzhou

and Wuxi, which had more targeted restrictions, emphasized “loneliness” and “family distress related to environmental factors,” while participants in Nanjing highlighted “academic issues” and family tensions consistent with “lockdown-enforced closeness.”

Despite regional differences, emotional distress and social isolation emerged consistently across locations, suggesting that lockdown measures themselves were a primary source of adolescent psychological strain. “Challenges to physical well-being” was one of the most common themes. A participant from Chengdu reported feeling “emotionally fragile, irritable, and unable to concentrate,” which hindered online learning, and many others noted that reduced physical activity lowered their overall well-being. Themes of “family distress” and conflict were also frequent, with students describing strained family dynamics due to enforced proximity. However, some noted that these tensions ultimately deepened understanding and strengthened family relationships.

## **Discussion**

Adolescents reported loneliness, mood changes, sleep disruption, and academic difficulties during China’s COVID-19 lockdowns. While the lockdowns did not meet DSM-5 PTSD Criterion A, many youth experienced stressor-related symptoms such as heightened anxiety, intrusive pandemic-related thoughts, and emotional regulation difficulties, likely linked to prolonged isolation and uncertainty. These stress responses, while not clinical PTSD, indicate significant psychological impact. Stricter lockdowns correlated with greater distress, underscoring the need for accessible mental health support.

This study’s small, urban sample and reliance on self-report data limited generalizability. Recruitment via school-approved flyers and group chats may have introduced selection bias. Future research should include larger, more diverse samples. Collaborations with schools and

mental health professionals in future work might improve recruitment and provide timely support.

Student participants highlighted the emotional toll of isolation and academic pressure but also shared coping strategies such as maintaining peer connections online and engaging in hobbies. These insights stress the importance of social support networks and accessible mental health resources during public health crises.

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**Table 1**

*Survey questions*

1. When and where did you experience the lockdown? 你是在何时、何地经历隔离的？
2. How long were you in the lockdown? 你经历的隔离持续了多久？
3. How old were you at the time? 经历封锁时你多大？
4. What was your experience during the lockdown? 说说你在隔离期间的经历。
5. Did you experience any negative impacts—such as missing school due to emotional challenges, or long-lasting symptoms that affected your health? If so, please describe. 你是否受到过负面影响？例如，因情绪因素导致的缺课，或是因长期持续的症状影响健康？如果有，请详细讲讲你的经历。
6. Did you or any of your family members experience emotional distress or conflict during or after the lockdown? If yes, could you share more about that? 在封锁期间或封锁结束后，你或你的家人是否曾经历情绪压力
7. If you're willing, please share any additional experiences related to the lockdown. 如果你想分享更多经历，请讲讲。

**Table 2***Common themes among participants' responses*

Questions	Common Themes	Number of Responses	Examples
#1 Did you experience any negative impacts—such as missing school due to emotional challenges, or long-lasting symptoms that affected your health? If so, please describe.	Loneliness	2	“I felt isolated with no friends to play with. I spent most of my time sleeping to escape boredom and felt trapped like a bird in a cage.” - <i>Participant in Shenzhen</i>
	Challenges to physical wellbeing & mood	6	“I felt emotionally fragile, irritable, and had difficulty concentrating, which reduced my online learning efficiency. Although I had no long-term symptoms, the lack of outdoor activities made me feel physically weak.” - <i>Participant in Chengdu</i>
	Food & mood	2	“Due to the lack variety of vegetables, after the epidemic, I always wanted to eat all kinds of food, which led to my weight rebound.” - <i>Participant in Beijing</i>
	Little to no impact	2	“I was not negatively impacted because I feel delighted not having to go to school.” - <i>Participant in Nanjing</i>

	Internet related issues	1	"I think there's nothing else to it except for a bit of internet addiction." - <i>Participant in Beijing</i>
	Academic issues	1	"I had no self-control, so I listened to none of my classes and did no homework, but it made me better at playing games." - <i>Participant in Nanjing</i>
#2 Did you or any of your family members experience emotional distress or conflict during or after the lockdown? If yes, could you share more about that?	Family distress related to environmental factors	4	"After the lockdown my dad was going off to work again, which he had lots of pressure to bring back the loss of the company during lockdown" - <i>Participant in Beijing</i>
	Basic needs	3	"I remember that my mother was under pressure of getting enough ingredients for daily usage (which was controlled by the community)" - <i>Participant in Shanghai</i>
	Lockdown-enforced closeness magnifying existing issues	4	"My family experienced emotional distress since we were together all the time. Minor conflicts, such as over chores and space use, were magnified, but through communication, we eventually understood each other better." - <i>Participant in Chengdu</i>

	Little to no trouble	3	“Not necessarily. Adversity reveals true family bonds! The company and communication with my family made the time warm and full, and I did not feel significant loneliness or emptiness.” - <i>Participant in Nanjing</i>
#3 If you’re willing, please share any additional experiences related to the lockdown.	Positive experience related to volunteering	2	“During the epidemic, there were regular nucleic acid tests and personnel were needed to move supplies, etc. At that time, my father and I participated in volunteer activities, put on white and blue protective clothing, and went to help move and distribute supplies in the community.” - <i>Participant in Shanghai</i>
	Fear	1	“When I was in lockdown, I often secretly went to the small store downstairs to buy food. One day, I suddenly heard that a resident next to the store had tested positive for the virus, which made me extremely scared. But in the end, I didn't test positive" - <i>Participant in Beijing</i>
	Limited food options	1	“During the lock down, since we couldn't leave home, we all ordered vegetables through a mini-program. However, the categories were just the most basic ones, with meat and vegetables, but the diversity couldn't be guaranteed. We ate the same thing at the same time for two consecutive weeks, and there were no snacks and no drinks.” - <i>Participant in Beijing</i>
	Inconvenience	1	“During the epidemic, I had to go for nucleic acid testing

			every day. Each time I had to wait in line for two hours, which made me very unhappy" - <i>Participant in Beijing</i>
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## **Authors Bios**

**Richard Wang** is a Grade 10 student at Arnold O. Beckman High School, Irvine, California, USA. He is deeply interested in psychiatry, writing, and social work dedicated to improving the mental wellbeing of others. Through volunteering and writing, he hopes to further the above interests and channel them productively to assist those in need.

**Ziyao Ni** is a Grade 12 student at Nanjing Foreign Language School British Columbia Academy, Nanjing, Jiangsu, China. He is passionate about psychology, linguistics, music, and cultural studies. He will be majoring in psychology in college, and he plans to pursue further research in clinical psychology and psychological disorders through interdisciplinary practices. He dreams of becoming a clinical psychologist or a psychiatrist.

**Yujin Wu** is a Grade 10 student at the international department of Beijing 101 high school. Her broader academic interests lie in social psychology and philosophy of mind, while this research has sparked her curiosity about the links between clinical psychology and sociology. She hopes to get more opportunities to explore contemporary social phenomena and further explain them using social psychological and philosophical theories.

**Yimo Zhang** is a high school student in YKPao School in Shanghai. She is curious about psychology, and especially trauma-related study. Through writing and volunteering, she hopes to gain more insight into the field and build connections in her community.

**Sherry Yam, LCSW**, currently serves as a Clinical Consultant at World Relief, where she supports the development and implementation of a statewide CalAIM-aligned refugee resettlement program across California. In this role, she provides guidance to bicultural and multilingual staff on delivering trauma-informed care management services for refugee and immigrant communities. She also teaches as a seasonal Psychology Instructor for the International College Preparatory Program at UC Berkeley. Her work integrates clinical practice,

community-informed approaches, and policy innovation to build trauma-responsive systems grounded in cultural humility, ethical practice, and emotional sustainability for frontline providers. Sherry's research interests include PTSD development, trauma recovery, aging, and health disparities. She has contributed to the implementation of STAIR and webSTAIR interventions in both the Northern California VA Health Care System and higher education settings, and has previously worked with the SFVA Stress and Health Research Program and UCSF on the eRADAR early-detection study for Alzheimer's disease in non-English-speaking populations. The co-authors listed above are international high school students who participated in the article through a mentored academic collaboration. During Summer 2025, Sherry Yam served as a Psychology Instructor in a University of California, Berkeley-affiliated summer certificate program, where she designed and taught an introductory psychology course for international high school students. Their contributions were completed under Sherry's direct mentorship and were educational and scholarly in nature. This collaboration emerged from the instructional context of the course, which emphasizes foundational areas of psychology, academic writing, and the strengthening of English as a second language to support global scholarly participation, bridge linguistic and cultural gaps in academic discourse, and prepare students for competitive university pathways.