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Student mental health during the first two years of the COVID-19 pandemic

E. Charbonnier, S. Le Vigouroux, C. Puechlong, L. Montalescot, & A. Goncalves. APSY Lab, University of Nîmes, Nîmes, France.

Contact: elodie.charbonnier@unimes.fr

Introduction

- The COVID-19 pandemic has had deleterious effects on the mental health of students (Charbonnier et al., 2021; Le Vigouroux et al., 2021).
- Long before the COVID-19, coping strategies (i.e., the cognitive and behavioral efforts undertaken by individuals to deal with stressful situations) were identified as playing an important role in poor mental health (Garnefski et al., 2002).
- Studies have highlighted the longterm deleterious mental health consequences of previous pandemics (Bonanno et al., 2008; Liu et al., 2012). However, to date, we mainly have data for the first year of the pandemic.

Objective

Compare the mental health (anxiety and depressive symptoms) and coping strategies of French university students during different phases (lockdowns and periods without lockdowns) of the COVID-19 pandemic in the first 2 years (in 2020 and 2021).

• Variables: Anxiety and depressive symptoms (with HADS: Lepine et al., 1985) and coping strategies (with Brief

Cope: Muller & Spitz, 2003) • Design and population: T2 (n = 309) T1' (n = 2569) T2' (n = 1136) T1 (n = 1357)First national lockdown First unlockdown 1 year after T1, 1 year after T2, (23 April-10 May 2020) lockdown period (9-26 June 2020) unlockdown period (23 April-10 May 2021) (23 April-10 May 2021)

Participants in T2 and T2' were participants from T1 and T1' who agreed to complete the questionnaire a second time. So, intra-year comparisons (T1-T2 and T1'-T2') were made using paired samples *t*-tests, and inter-year comparisons (T1 - T1' and T2 - T2') using independent samples *t*-tests.

Table 1. Means (Standard Deviations) at four time points and mean comparisons (intra year and inter year)

| | 2020 | | | 2021 | | | T1 - T1' | T2 - T2' |
|--|-------------------------|-------------|-----------|--------------|-------------|-----------|------------|-----------|
| | T1 | T2 | t-test | T1 ' | T2' | t-test | t-test | t-test |
| Anxiety symptoms | 8.61 (4.54) | 7.15 (4.13) | 6.47 *** | 10.05 (4.65) | 7.94 (4.38) | 17.86 *** | -9.31 *** | -2.86 ** |
| Depressive symptoms | 7.03 (4.08) | 4.49 (3.53) | 10.44 *** | 7.75 (4.30) | 5.40 (3.94) | 19.39 *** | -5.06 *** | -3.67 *** |
| Acceptance | 6.14 (1.65) | 6.27 (1.46) | 0.87 | 5.49 (1.66) | 5.89 (1.55) | -6.59 *** | 11.60 *** | 3.88 *** |
| Positive reframing | 5.24 (1.81) | 5.31 (1.69) | 0.96 | 4.76 (1.68) | 5.04 (1.63) | -5.33 | 8.19 *** | 2.62 * |
| Humor | 3.69 (1.72) | 3.94 (1.76) | -0.95 | 3.30 (1.51) | 3.51 (1.61) | -4.37 *** | 7.27 *** | 4.09 *** |
| Active coping | 3.75 (1.51) | 4.02 (1.51) | -2.38 * | 3.81 (1.46) | 4.06 (1.49) | -5.04 *** | -1.27 | -0.41 |
| Planning | 4.49 (1.78) | 4.49 (1.75) | 1.45 | 4.24 (1.63) | 4.32 (1.63) | -0.90 | 4.42 *** | 1.60 |
| Instrumental support | 3.77 (1.68) | 4.20 (1.74) | -3.26 ** | 4.03 (1.73) | 4.35 (1.76) | -6.16 *** | -4.63 *** | -1.33 |
| Emotional support | 4.03 (1.81) | 4.30 (1.72) | -1.46 | 4.54 (1.83) | 4.58 (1.79) | 0.50 | -8.30 *** | -2.45 * |
| Venting | 4.23 (1.75) | 4.72 (1.81) | -3.12 ** | 4.27 (1.66) | 4.53 (1.66) | -4.08 *** | -0.70 | 1.68 |
| Religion | 2.83 (1.53) | 2.74 (1.35) | 0.56 | 3.10 (1.75) | 2.91 (1.57) | 1.05 | -4.83 *** | -1.73 |
| Denial | 3.01 (1.36) | 2.81 (1.17) | 2.67 ** | 3.15 (1.47) | 2.92 (1.27) | 3.65 *** | -3.03 ** | -1.40 |
| Self-blame | 3.84 (1.70) | 3.91 (1.68) | -1.28 | 4.53 (1.86) | 4.43 (1.80) | 1.51 | -11.44 *** | -4.52 *** |
| Self-distraction | 4.82 (1.61) | 5.00 (1.48) | -2.38 * | 5.17 (1.53) | 5.16 (1.53) | 2.87 ** | -6.69 *** | -1.57 |
| Disengagement | 3.74 (1.58) | 3.70 (1.55) | 0.11 | 4.21 (1.70) | 3.83 (1.56) | 7.69 *** | -8.53 *** | -1.31 |
| Substance use | 2.61 (1.37) | 2.64 (1.30) | -1.86 | 2.81 (1.56) | 2.68 (1.39) | 1.00 | -3.88 *** | -0.49 |
| * <i>p</i> < 0.05. ** <i>p</i> < 0.01. *** | ^c p < 0.001. | | | | | | | |

Results

During the lockdown periods (T1&T1'), compared with the periods after lockdown (T2& T2'), students :

- had higher levels of symptoms
- lower use of adaptive coping (e.g., active coping, support)
- higher use of maladaptive coping (e.g., denial, disengagement)

During the the second year of the pandemic (T1'&T2'), compared to the first year (T1 &T2), students :

- had higher levels of symptoms
- lower use of coping, particularly adaptive strategies (e.g., acceptance)

Discussion

- Students' mental health and coping were more severely impaired during lockdown periods, this can be explained by isolation (Dawson & Golijani-Moghaddam, 2020).
- Students' mental health and coping was more severely impaired during the second year of the pandemic, this supports the hypothesis that the psychological effects of COVID-19 may be long lasting and highlights the need to continue to deploy interventions for students.

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Charbonnier, E., Goncalves, A., Puechlong, C., Montalescot, L., & Le Vigouroux, S. (2022). Two Years and Four Time Points: Description of Emotional State and Coping Strategies of French University Students during the COVID-19 Pandemic. *Viruses*, *14*(4), 782.