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Letter to the editor

Impact on student mental health is not related to the intensity of lockdown measures but to their recurrence



In 2020 and 2021, governments used traditional measures such as social distancing, closure of public places, traffic restriction, curfew, and generalized lockdown to deal with the COVID-19 pandemic. The latter measure, which quickly proved to be the most effective, has been used repeatedly in many countries despite a major impact on both the economy and mental health.

In France, for example, a first mass home lockdown was imposed for 8 weeks in spring 2020. It involved a limitation of travel to the strictest necessary (food shopping, care and work when telecommuting was not possible) and outings of less than one hour within one kilometre of the home for strict reasons (including the practice of an individual sport activity).

A second mass lockdown came into effect in France on October 30, 2020 for a period of 6 weeks. The restrictions imposed on the population were less strict than in the spring. Bars, restaurants and non-essential businesses were closed. On the other hand, nurseries and schools remained open, but not universities, which had to provide distance learning. Many professional sectors were able to continue their activities. As with the first lockdown, a certificate of exemption or a certificate from the employer was required to justify any departure from home.

During both periods of lockdown, the fear of insufficient availability of certain health equipment, as well as the fear of dying of the disease and of keeping the after-effects of the viral infection in those who developed it, were added to the consequences of the restrictions. Among these, the loss of previous reference points, the confinement, the social isolation, the loss of access to culture and the idleness were at the origin of a stress that negatively influenced the mental health of the populations. Manifestations of depression and anxiety in the general population have then largely increased [1,2].

In 2020 the consequences on mental health may at first appear to be directly related to the intensity of the epidemic, as well as to the intensity of the restrictions taken to combat it. In France, the spring wave was more severe than the autumn one in terms of hospitalization in intensive care and number of deaths. The same was true for the restrictions. Therefore, a more severe deterioration of mental health markers was expected during the first lockdown than during the second.

However, the opposite was observed. If we consider the mental well-being score measured with the WEMWBS [3] as a measure of the quality of mental health, it was significantly lower during the second lockdown period than during the first. Students had a mean score of 46.16 in the first lockdown [4] and 42.39 in the second ($P < 0.05$; $W = 131,060$). Among employed participants the mean score was 49.69 in the first lockdown and 45.69 in the second ($P < 0.05$; $W = 4,890,000$).

While the risk of severe COVID 19 infection is low among students, the restrictions on liberty and the social and economic repercussions are significant, with prolonged confinement being a major stressor. Screening for those in need of mental health care and improving access to it must be developed and sustained after the end of the health crisis, as some of these young people will remain vulnerable.

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Disclosure of interest

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