

Mental health and resilience during the COVID-19 pandemic among Spanish residents: Do age and gender matter? An exploratory study

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INTRODUCTION

- Since the WHO designated the COVID-19 outbreak as a global pandemic in March 2020, Spain is one of the top ten countries around the world with the highest number of infected people.
- The COVID-19 pandemic not only damages individuals' physical but also psychological health, increasing the probability of developing mental health problems.
- The exposure of population to the substantial psychosocial stress that the COVID-19 represents seems to lead them to experience **especially among women**, younger people and with lower resilience capacity [1-7]:
 - Lower feelings of life satisfaction and
 - Higher levels of state anxiety and death anxiety.

Despite their usefulness in intervention terms, data at this level on Spanish residents are still scarce.



OBJECTIVE

To explore the relations among age, gender, levels of resilience and mental health in Spanish adults



MATERIALS AND METHODS Participants and procedure

195 Spanish residents Mean age 27.97 years (SD = 12.56, range = 18-60)



Cross-sectional study Conducted within three months from the state of alarm declared in Spain on March 14, 2020 Self report questionnaire

MATERIALS AND METHODS Measures

Dependent variables, Spanish versions of [8-11]:

- 1. Satisfaction with Life Scale (SWLS). 5 items, 7-point scale (1 = Completely disagree to 7 = Completely agree). $\alpha = 0.86$.
- 2. State-Trait Anxiety Inventory (STAI). 8 items, 5-point scale (0 = Not at all to 4 = Almost always) to measure trait anxiety as well state anxiety. α = 0.71 (for both measures).
- 3. The Death Obsession Scale (DOS), 4 items, 5-point Likert response format (1 = Not at all to 5 = Very much) to answer about death anxiety. α = 0.87.
- 4. The Connor-Davidson Resilience Scale (CD-RSIC), 10 items scored on a 5-point scale (0 = Not at all to 4 = Almost always). α = 0.91.

Independent variables

AGE three categories: Emerging adults (from 18 to 27 years old inclusive) Early adults (from 28 to 44 years old inclusive) y Middle adults (from 45 to 60 years old inclusive, group 3) GENDER: Men/Women

RESULTS

Descriptive: Socio-demographic characteristics by gender and age

		Ν	%
Gender	Women	147	75.4
	Men	48	24.6
Age Group	Emerging adults	142	72.8
	Early adults	15	7.7
	Middle adults	38	18.5

RESULTS

Kruskal-Wallis H test (Dunn-Bonferroni post hoc test)



 χ 2 = 9.29; p \leq 0.01; Post-hoc 1<3

State anxiety



Trait anxiety



 χ 2 = 10.45; p \leq 0.01; Post-hoc 1>3



Death anxiety



 χ 2 = 6.96; p ≤ 0.05; Post-hoc 1>3

 χ 2 = 12.14; p \leq 0.01; Post-hoc 1>3

RESULTS Mann-Whitney U test



U= 4469.50; p ≤ 0.01

U= 2926.0; p ≤ 0.01

Comparing within each age group between men and women the Mann-Whitney U test showed:

- Death anxiety were greater for the youngest women (M = 2.26; $p \le 0.05$).

- Emerging (M = 2.75; p < 0.01) and early adult women (M = $p \leq$ 0.05) were less resilient.

DISCUSSION AND CONCLUSIONS

- Younger adults (emerging) experienced higher levels of anxiety (both trait and state) and death anxiety, as well as lower life satisfaction.
- **Death anxiety was greater for women** than for men, as well as females, especially the **youngest ones**, were **low resilient** than men.
- In line with previous evidence [2-7], the findings obtained offer support for the consideration that the mental health of women and **young people** has been **more affected** during COVID-19 pandemic.
- In this sense, that **truly relevant personal resource that constitutes resilience** becomes even **more key** if possible. **Strengthening** this important protective factor of mental health **seems crucial** in the case of **younger women**.
- Despite this **study is not without limitations** (e. g. its cross-sectional nature, non-proportional representation of participants in each gender and age group), the **results obtained are of value** for the design and development of **interventions** at this level.



REFERENCES

[1].Fiorillo, A.; Gorwood, P. The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *Eur. Psychiatry*, **2000**, *63*, 1–2. <u>https://doi.org/10.1192/j.eurpsy.2020.35</u>.

[2]. Xiong, J.; Lipsitz, O.; Nasri, F.; Lui, L. M.; Gill, H.; Phan, L., ...; McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. J. Affect. Disord., 2020, 277, 55-64. <u>https://doi.org/10.1016/j.jad.2020.08.001</u>.

[3]. Pierce, M.; Hope, H.; Ford, T.; Hatch, S.; Hotopf, M.; John, A., ...; Abel, K. M. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *Lancet*, **2020**, *7*, 883-892. <u>https://doi.org/10.1016/S2215-0366(20)30308-4</u>.

[4]. Bidzan-Bluma, I.; Bidzan, M.; Jurek, P.; Bidzan, L.; Knietzsch, J.; Stueck, M.; Bidzan, M. A Polish and German Population Study of Quality of Life, Well-Being, and Life Satisfaction in Older Adults During the COVID-19 Pandemic. *Front. Psychiatry* **2020**, 11:585813. https://doi.org/10.3389/fpsyt.2020.585813.

[5]. Kavčič, T.; Avsec, A.; Zager Kocjan, G. Psychological Functioning of Slovene Adults during the COVID-19 Pandemic: Does Resilience Matter? *Psychiatr Q* 2020, online ahead of print. <u>https://doi.org/10.1007/s11126-020-09789-4</u>.

[6]. Luceño-Moreno, L.; Talavera-Velasco, B.; García-Albuerne, Y.; Martín-García, J. Symptoms of Posttraumatic Stress, Anxiety, Depression, Levels of Resilience and Burnout in Spanish Health Personnel during the COVID-19 Pandemic. *Int. J. Environ. Res. Public Health* **2020**, *17*, 5514. <u>https://doi.org/10.3390/ijerph17155514</u>.

[7]. Alcover, C.M.; Rodríguez, F.; Pastor, Y.; Thomas, H.; Rey, M.; Del Barrio, J.L. Group Membership and Social and Personal Identities as Psychosocial Coping Resources to Psychological Consequences of the COVID-19 Confinement. *Int. J. Environ. Res. Public Health* **2020**, *17*, 7413 https://doi.org/10.3390/ijerph17207413.

[8]. Atienza, F.L.; Pons, D.; Balaguer, I.; Merita, M.G. Propiedades psicométricas de la Escala de Satisfacción con la Vida en adolescentes. *Psicothema* 2000, *12*, 314-319.

[9]. Buela-Casal, G.; Guillén-Riquelme, A. Short form of the Spanish adaptation of the State-Trait Anxiety Inventory. *Int J Clin Health Psychol* **2017**, *17*, 261-268. <u>http://dx.doi.org/10.1016/j.ijchp.2017.07.003</u>.

[10]. Tomás-Sábado, J.; Gómez-Benito, J. Psychometric properties of the Spanish adaptation of the Death Obsession Scale (DOS). *OMEGA (Westport)* **2003**, *46*, 263-272. <u>https://doi.org/10.2190/4B2C-MK8J-X8YJ-9X4M</u>.

[11]. Notario-Pacheco, B.; Solera-Martínez, M.; Serrano-Parra, M.D.; Bartolomé-Gutiérrez, R.; García-Campayo, J.; Martínez-Vizcaíno, V. Reliability and validity of the Spanish version of the 10-item Connor-Davidson Resilience Scale (10-item CD-RISC) in young adults. *Health Qual. Life Outcomes* **2011**, *9*, 63-68. <u>https://doi.org/10.1186/1477-7525-9-63</u>.