



Short Communication

JMR 2021; 7(1): 1-3
January- February
ISSN: 2395-7565
© 2021, All rights reserved
www.medicinarticle.com
Received: 24-12-2020
Accepted: 17-01-2021

Mental Health and Social Distancing During COVID-19 in African Settings

Bives Mutume-N.Vivalya^{1,2*}, Okesina Akeem Ayodeji³, Hilaire Muhindo Mutuka⁴, Louis Kasereka Muyisa⁵, Martial Mumbere Vagheni⁶, Jean Kakule Muhonhya⁷, Madrine Nakuwaki¹, Jean Bosco Kahindo Mbeva⁸

¹ Department of Psychiatry, Kampala International University Western Campus, Bushenyi, Uganda

² Masereka General Hospital, North-Kivu, Democratic Republic of the Congo (DRC)

³ Department of Human Anatomy, Kampala International University Western Campus, Bushenyi, Uganda

⁴ Department of Clinical Research, Internal Butembo Higher Institute of Medical Technology (ITSM) / Butembo, Democratic Republic of Congo (DRC)

⁵ Department of Pediatrics, Musienene Referral General Hospital, North-Kivu, Democratic Republic of Congo (DRC)

⁶ Department of Psychiatry, University of Kinshasa, Lemba, Kinshasa, Democratic Republic of Congo (DRC)

⁷ Allied Health Department, Kampala International University, Western Campus, Po Box 71 Bushenyi, Uganda

⁸ Department of Public Health, Official University of Rwenzori, North-Kivu, Democratic Republic of the Congo (DRC)

Abstract

Social distancing triggers mental health problems worldwide. Limited preparedness and response structures to public health emergencies are associated with an increased disruption of mental health care services either in health-facilities or in the community during COVID-19. The community-based approach should be combined with online psychological interventions, peer group therapy, and systematic medical screening of mental disorders in primary health care settings. The public health officers should promptly act to fit the gap of mental health burden care in Africa and to avoid the related health and socioeconomic problems.

Keywords: Mental health, COVID-19, Social distancing, Africa.

INTRODUCTION

Each day, nearly 4 thousand people have died from coronavirus worldwide since the World Health Organization (WHO) declared COVID-19 a pandemic [1]. Many countries have chosen to apply mass quarantine, lockdown, or social distancing to reduce the spread of COVID-19 without preventing related mental health problems. Although the COVID-19 and social distancing have induced fear; the WHO has established the mental health policies to handle anxiety, depression, and substance use behavior induced by COVID-19. These established measures not only protected the development of mental disorders but brought a new burden to developing countries in view of their unequipped facilities [1]. While these measures prevent COVID-19 widespread, social distancing increases the prevalence rate of mental disorders in the concerned community. Domestic violence has been reported to be increased during the social distancing has motivated the call of more than 75% of their telepath was centered on psychological complaints triggered by the psychological, physical, sexual, financial, and emotional abuses [2].

While the lockdown has acted as an opportunistic infection for family maltreatment, the holistic management of mental symptoms related to COVID-19 is lacked comparing to repeated patterns of controlling, coercive and threatening behavior from intimate patterns or family members regardless of gender or sexuality. Developed countries have installed a compensator mechanism for online mental health services [2, 3]. These countries have worked to prevent the mental health problems associated with social distancing. Although these problems have burdened the mental healthcare services, specific measures could be applied in low and middle-income countries that are exposed to COVID-19 [4].

Social Distancing and Mental Health in African Settings

COVID-19 has created psychological distress and generalized fear similar to 2003 outbreak of severe acute respiratory syndrome [3]. The public health policies highlight the restriction of social networks with brutal economic fallout worldwide [5]. The quick worsened impact of COVID-19 is influenced by the preexisting social system, health, and political systems. While these issues can be universal, they fall hardest on the vulnerable members of our population. There is a grim tradeoff between saving lives for vulnerable to COVID-19 than the lives of the vulnerable to poverty, domestic violence, substance abuse, and suicide [4]. In Africa, families with mental patients are commonly labeled as bewitched and to have committed

***Corresponding author:**
Dr. Bives Mutume-N.Vivalya
Department of Psychiatry,
Kampala International
University Western Campus,
Bushenyi, Uganda
Email:
nanzumutume@kiu.ac.ug

cultural sins. A closed relationship between poverty and mental disorders found cyclical in many countries. People living in poverty are exposed vulnerable to mental disorders, despite the fact that those with pre-existing mental illness are more likely to become trapped in poverty [6].

With the spread of COVID-19 in Africa, new challenges come up such as the socio-economic impact, the poor healthcare system, the lack of a job, and family maltreatment. In these countries, social distancing is mostly expected to impair the management of communicable and non-communicable diseases such as malaria, tuberculosis, HIV/SIDA. Although the financial resources are inadequate to address the burden of mental health problems, both the COVID-19 and the poverty epidemic in low and middle countries increased the incidence of psychotic disorder, trauma-related disorders, and substance use disorder. The pandemic health crisis highlights an impact on the management of physical and mental disorders [3, 7]. Furthermore, the uncomfortable households which have victims of domestic abuse had an increase in the prevalence rate of mental disorders.

Perspectives of Mental Health during COVID-19

On the basis of the recent outbreak and pandemic experiences, the WHO provides the principles of emergency psychological interventions to reduce the psychological effects of the COVID-19 pandemic. In addition; community-based therapy ought to be combined with primary healthcare-based management for mental management after the social distancing. In actual day-to-day reported psychological abuse, early management is required to prevent family maltreatment health-related problems. Therefore, a quick psychological assessment should be needed for the new and preexisting mental disorders after the social distancing; the extending of online mental health care should be applied to internet services, radio, and newspapers [8]. These interventions are added to the holistic biological and psychosocial models used to treat mental disorders. The online health counseling services has shown a positive effect on China and a good investment in improving mental health is applied during the humanitarian response. These procedures were induced by careful online mental health care. Supportive family during mass quarantine and social distancing has been suggested to be a core of reduction of environmental factors of mental disorders [9]. As the African population is expected to double every three decades, access to safe mental healthcare services should be a core of response after the pandemic. Given that the lockdown posed to depression, the pandemic brings insight into preventive depression-related problems.

Well-oriented therapy should be the shortness of the social distancing period to avoid the related psychological effect. Any post-crisis program should be built to cover the economic and psychological impairments due to the emergence. The training and recruitment of peer educators, as applied among HIV patients, should be a priority for the family prevention of psychological distress [8]. Lastly, the social distancing should not be prolonged for poorer communities which may die more for poverty than the pandemic cause. Lockdown and social distancing are surrounding mental health problems in Africa. Protective factors required to avoid the prolonged exposure of families together to avoid domestic violence. Pre-pandemic mental health facilities are more important to manage the COVID-19 effect. Online mental health care should be combined with radio and newspaper means. Peer educator for mental patients is helpful for the family well being during the social distancing [10]. The public health officers must act to fit the gap of mental health care currently seen in Africa and to avoid the exposure of the population to the traumatic events [11], due to the pandemic and its correlates.

CONCLUSION

Social distancing brings new challenges in African conditions during the COVID-19. Limited preparedness associated with poor health facilities

has impaired mental health care services in Africa. Additionally, the social-economic impact may lead either to poor drug accessibility or to the occurrence of new health-related problems. Therefore, a community-based approach must be combined with online psychological interventions, peer group therapy, and systematic medical screening of mental disorders in primary health care settings.

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data and material

Not applicable.

Funding

This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Authors' contributions

BMV participated in the conception and design of the study, literature search, and drafted the manuscript. HMM, LKM and JKM participated in the literature search. MN, OAA and JBKM participated in the literature search, helped in drafting the manuscript, and critically reviewed it for its scientific contents. All authors read and approved the submitted manuscript.

Conflicts of interest

The authors declared no conflict of interest.

Abbreviations. COVID-19: Coronavirus disease. WHO: World Health Organization.

REFERENCES

1. WHO. (2020). Coronavirus disease (COVID-19) outbreak. *Outbreaks & Emergencies*. Accessed on 06 November 2020: <https://www.who.int/westernpacific/emergencies/covid-19>
2. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The lancet*. 2020;395(10227):912-20.
3. Rajkumar RP. COVID-19 and mental health: A review of the existing literature. *Asian journal of psychiatry*. 2020;52:102066.
4. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, Ho RC. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in china. *International Journal of Environmental Research and Public Health*. 2020;17 (5):1729.
5. Yip PS, Cheung YT, Chau PH, Law YW. The impact of epidemic outbreak: the case of severe acute respiratory syndrome (SARS) and suicide among older adults in Hong Kong. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. 2010;31(2):86
6. Amuyunzu-Nyamongo M. The social and cultural aspects of mental health in African societies. *Commonwealth health partnerships*. 2013;2013: 59-63.
7. Yao H, Chen JH, Xu YF. Patients with mental health disorders in the COVID-19 epidemic. *The Lancet Psychiatry*. 2020; 7(4):e21.
8. Qiu Y, Chen X, Shi W. Impacts of Social and Economic Factors on the Transmission of Coronavirus Disease 2019 (COVID-19) in China. *GLO Discussion Paper*; 2020.
9. Yao H, Chen JH, Xu YF. Patients with mental health disorders in the COVID-19 epidemic. *The Lancet Psychiatry*. 2020;7(4):e21.
10. Vivalya BM, Vagheni MM, Gumisiriza N, Kitoko GM, Piripiri AL, Kaputu-Kalala-Malu C. Implementing of mental health services in

an area affected by prolonged war and Ebola disease outbreak:
case of North-Kivu province, Democratic Republic of Congo. PAMJ-
One Health. 2020 Apr 30;1(8).