

The Invisible strain: Impact of COVID-19 on mental health

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Whilst governments in the Southern African region have been strenuously struggling to contain the spread of the Coronavirus disease (COVID-19), not much attention has been paid to mental health. It is without doubt that the COVID-19 pandemic poses a great threat to the human population. The rise in infection rates and the death toll globally and in the region gives testimony to that. However, the pandemic itself and efforts to contain it through social distancing regulations and national lockdowns poses a huge psychological strain on the population.

The novelty of COVID-19 makes people susceptible to pathological anxiety. Anxiety in this case emanates from uncertainty about when the virus will subside as well as fear of the disease itself. This anxiety will in turn lead people to catastrophise any symptom that may seem related to COVID-19. The COVID-19 pandemic also makes people vulnerable to stress. In this case, the stress emanates from change of lifestyle posed by the COVID-19 disturbances, the economic implications of the national lockdowns, the restrictions and sometimes quarantines. All these have the net effect of stressing the individual and such stress may lead to psychosomatic symptoms such as headaches and chest pains which may wrongly be perceived as COVID-19 symptoms. This has the potential to lead to a rise in stress related ailments more than the dreaded COVID-19. Schools and Universities remain closed in most countries and there is uncertainty with regards to when and how they will be opened. Learners who are supposed to write final examinations are in limbo as they do not know what is going to happen with regards to their education. This has the potential of raising anxiety levels among learners and may even lead to an increase in already disturbing high levels of substance abuse among high school learners and college students. Gender Based Violence (GBV) cases have already been reported to be on the rise in South Africa and Zimbabwe. These are partly explained by the economic strain posed by COVID-19 disturbances. Such GBV cases exert an invisible strain on mainly women and children as they have to live with psychological trauma well beyond the COVID-19 disturbances. The economic strain of the lockdowns, job losses and job cuts, social isolation posed by the lockdowns have the net effect of making people susceptible to depression. Research in the field of psychology has consistently shown an association between mass layoffs, prolonged periods of unemployment and recession with an increased rate of depression and related behavioural problems such as suicide and drug abuse. The World Health Organisation revealed that depression and anxiety have an estimated cost to the global economy of USD\$1 trillion per year in lost productivity. The mental health strain may continue to deepen in the Southern African region largely because the traditional psycho-social support systems remain temporarily banned or restricted as long as the infection rates remain high or at least until the vaccine is found. Church gatherings and other social gatherings remain restricted and in some cases temporarily banned. Restrictions on movements also mean that support from relatives and friends is very limited. Friends, relatives and social gatherings are usually useful sources of psycho-social support for most people in this part of Africa. The absence of these support systems means that psychosocial strain will be deep unless intervention strategies are put in place to assist people who may be suffering from GBV, depression, anxiety or stress. In order to ameliorate the mental health repercussions of COVID-19, it

may be necessary for health authorities to: Raise awareness about the availability of mental health services. It is important for health care authorities to let people know where to seek help in times of emotional crises. Most people may not be aware that there are psychological support services available to them whenever they feel that their mental health is in need of support. Provide crisis counselling support to individuals and families directly affected by the COVID-19. This is a critical intervention for bereaved families, those who lost their jobs, essential services workers and health care workers who are at the frontline battling with COVID-19. These people usually silently suffer at the psychological level. Crisis counselling support can be provided at a community level, helping families and communities to support their members who may be suffering from distress. This is usually a very sustainable intervention in times of crisis. Provide online counselling platforms. These virtual counselling platforms will prove handy in these periods of restricted movement. It may be difficult for a victim of GBV or a depressed person to travel to a centre where they can receive support. However, psychosocial support can be effectively provided even through online means and significant section of the population has access to online means of communication. Integrate mental health with physical health. Mental health support systems should be integrated with physical health systems. People who go and seek for physical health support should find mental health support services available at the primary health care centre. It is also critical to implement universal screening and treatment for mental health problems in primary healthcare settings including for people who are at risk of COVID-19 infection. In that regard, it is important to enhance the mental health competency of primary care providers. It is also important for governments to engage more mental health specialists such as counselors, psychologists and psychiatrists. The current COVID-19 disturbances are posing an invisible strain, the strain on mental health which is and will manifest in heightened cases of depression, anxiety, stress and substance abuse. It is therefore important for governments in this region to put intervention strategies to support individuals and communities to be resilient amidst the turmoil.

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