

Psychosocial Impacts of 2019 Coronavirus Disease (COVID-19) Pandemic

¹Issa Bamidele Lubuola , ²Faith Opeyemi Akinyemi

¹Emergency Psychiatric Unit, Federal Neuropsychiatric Hospital, Kaduna.

² Department of Psychiatry, Federal Medical Centre, Idi-Aba, Abeokuta.

P psychosocial aspects of infectious diseases have been well documented as a consequence of; direct invasion of the brain by the infectious agents, effect of the medications used in treatment and social adversities attributed to such infections^{1, 2}. The psychosocial impact of 2019 Coronavirus disease (COVID-19) is still evolving but it appears the impact might be greater than what was experienced in the previous pandemics³. It is on this premise that understanding the magnitude of the impact is more relevant to the global community given the reported increasing disability associated with mental illness especially in the low- and middle-income countries including Nigeria⁴.

The modern world is facing one of its arguably worst challenges following the emergence of a novel severe acute respiratory coronavirus (SARS-CoV-2) which outbreak has been declared an international public health emergency on January 30, 2020 by the World Health Organization (WHO)⁵.

The 2019 Coronavirus disease (COVID-19) has been observed to be greatly associated with wide spectrum psychosocial consequences considering its high infectivity and fatality rates, in addition to

the mass fear of the virus (Coronaphobia), socio-economic burden and financial losses⁶. The disease from its biopsychosocial perspective can lead to a plethora of psychiatric manifestations such as panic attacks, generalised anxiety disorders, obsessive behaviours, paranoia, and long-term impacts such as depression and post-traumatic stress disorder (PTSD)⁶.

The pandemic-related factors that has so far been identified to contribute to the psychosocial impact of COVID-19 at the community level include; imposed nationwide lockdown, stigma, the fear of exposure especially among the vulnerable groups such as children, older adults and those with underlining illnesses^{7,8}. The barrage of information spread from different platforms of conventional and social media have also further compounded the risks⁹.

The psychosocial impact of COVID-19 pandemic is currently being documented in different parts of the world.

Corresponding Author: Dr Issa Bamidele Lubuola
Emergency Psychiatric Unit,
Federal Neuropsychiatric Hospital, Kaduna.
E mail: olexbad2003ng1@gmail.com

For instance, a study conducted among 1,200 subjects from 200 cities in China between January and February, 2020 revealed that over half (54%) of participants rated the psychological impact of COVID-19 as moderate or severe; one-third (29%) reported moderate to severe anxiety symptoms; less than one-fifth (17%) reported moderate to severe depressive symptoms and more than 75% of responders experienced fears about their family members contracting COVID-19¹⁰.

Another study conducted in India observed that almost one-fourth of respondents experienced depressive symptoms and one-third developed adjustment reaction with difficulties to adjust with the pandemic¹¹. A significant proportion of the respondents were worried about the idea of getting infected with COVID-19 while a quarter of them reported that Coronavirus disease had threatened their existence¹¹. Another study also found distressing obsessive-compulsive symptoms such as repeated hand washing, unrelenting temperature checks and sterilization among respondents in the peak of the pandemic^{7, 12}.

The most widely studied aspect of the pandemic among individuals with direct exposure to the virus is the psychosocial effects of quarantine and isolation. The impacts can vary from immediate effects such as irritability, fear of contracting, spreading infection to family, anger, confusion, loneliness, denial, insomnia and to the extremes of self-destructive acts and suicidality^{7, 12}. Other

source of psychosocial burden among the exposed includes stigma. While the nature and psychosocial impact of the stigma of COVID-19 pandemic is yet to be well documented, it is expected that an infectious disease of this nature of COVID-19 will be prone to stigma. Reports from 2003 SARS outbreak typified the

discrimination experienced even after years of exposure which is more profound among the health care workers¹³. Influence of stigma may greatly impact on the victims' areas of functioning including personal, occupational, family and social, amongst others.

Among the exposed individuals, frontline health care workers are a special-risk group when it comes to psychosocial impact. The continual exposure in the hospital, periods of self-isolation, death or illness of relatives or colleagues and obvious self-perception of danger can complicate the already overburdened health care providers. This is further compounded by the inadequate supply of the required personal protective equipment coupled with no effective life insurance coverage put in place in case of infection or fatality¹⁴. In Nigeria, where the health care system is under-resourced and overstretched; surges of COVID-19 are likely to provoke acute anxiety, easy irritability and burn-out syndrome among the health care workers. Li et al¹⁴ in a nationwide survey among health care workers treating COVID-19 showed that over half of the respondents developed mild depression and up to

one-third reported insomnia while 14% of the physicians and nearly 16% of the nurses described moderate to severe depressive symptoms. Being male and working in the frontline was observed as direct and independent risk factors for developing abnormal stress¹⁵. Similarly, Maunder et al⁷ argued that caring for fellow ill colleagues during the pandemic may heighten the anxiety of hospital staff regarding their competence.

Other special-risk groups include children and one of their main sources of exposure to the psychosocial impact of COVID-19 is via exposure to risk information and other disturbing news through audio-visual media¹⁶. Furthermore, disruption of their daily routines, confinement and fear of infection may worsen the psychosocial impacts in them.

The geriatric age-group are also not spared from the COVID-19 related psychosocial complications. For instance, with the abundance of information that older adults and people with comorbidities are particularly vulnerable to worse outcomes from the infection can create fear with tendency to lead to irritability, anxiety, agitation, and social withdrawal especially in those with background cognitive impairment¹⁷. Patients with mental illnesses are also at risk of worsening of symptoms in the course of the pandemic. This special risk is related to the repercussions of the strict regulations regarding transport and lockdown which can abruptly impact therapeutic sessions and make access to prescribed

medications difficult¹⁸. They are also more likely to misinterpret harmless body symptoms as the symptoms of dangerous illnesses. This will worsen their mental state and further expose them to relapse.

In the light of the above, the authors of this commentary are of the considered opinion that concerned stakeholders in the health sector particularly those in mental health specialty would deliberately anticipate the expected surge in mental distress as a result of the COVID-19 pandemic. Similarly, policy makers should formulate proactive measures such as special social support services for the general populace to mitigate the socio-economic impact of COVID-19 and more importantly, there should be a holistic overhaul of the health care system in the areas of funding and infrastructure to effectively manage the health impacts of COVID-19 pandemic as well as to prepare for a possible pandemic in future.

In conclusion, COVID-19 pandemic has a uniquely significant psychosocial impact in every facet of human endeavour notwithstanding the minimal attention it has received from the stakeholders since focus is mainly on physical treatment. This consequently speaks to the essence of developing a multi-sectorial comprehensive prevention and treatment modules towards addressing the immediate, short and long-term psychosocial crises often associated with COVID-19 pandemic.

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