

Lock Down, Social Distancing and Mental Health during the COVID19 Pandemic in African Settings: The People's Perspectives, Challenges, and Opportunities in the Democratic Republic of Congo

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ABSTRACT

The COVID-19 pandemic has led to the resolution of a total lockdown both in developed and developing countries. The lock-down has worsened the prevailing economic crisis; affected the health and political system; and exacerbated unemployment levels in African settings, especially in the Democratic Republic of Congo. All these factors have had detrimental effects on the mental health of the affected population. We sought to provide insight into policy-relevant approaches including the integrative community-based organization, digital health; systematic screening of mental health problems in primary and clinical health care, given that failure to treat those who are emotionally affected will result in long-term social and economic outcomes. The primary health workforce should be trained and empowered to become incrementally efficient and to provide sustained mental health care services through digital health systems. Helping communities affected by COVID-19 to feel better mentally will require the integration of new technologies within primary health care to enable access to mental health screening and psychotherapy centered on a supportive therapy strategy, anger, and stress management. Furthermore, the establishment of personalized and integrative community-based mental health care will go a long way to assist mental health in developing countries characterized by a paucity of workers in order to achieve the coverage of mental health services during health emergencies. Any partnerships between the ministry of health and international organizations during the COVID-19 pandemic should plan for global commitment to increase the provision of needed mental health care services in the concerned communities.

Keywords: Mental health; Lock-down; Digital health; Social distancing; COVID-19; Democratic republic of Congo

INTRODUCTION

The coronavirus disease has spread worldwide since it was first discovered in December 2019 in Wuhan, China. Furthermore, it was declared as a pandemic (COVID-19) in the month of March 2020 and it has affected the health, social and political systems. Moreover, the coronavirus mutates rapidly, which makes the vaccine difficult to develop. The World Health Organization (WHO) in the meantime has introduced public health measures to curb the ongoing COVID-19 and to reduce the number of people infected by the disease including limited social contact, mass quarantine, hand-washing, and lock-down. Many countries in Sub-Saharan Africa such as Tanzania, Kenya, Uganda, and the Democratic Republic of

Congo (DRC) have tried to abide by the WHO's guidelines. These measures have worsened the prevailing economic crisis in both the rich and poor economies of the world with a greater impact on low-income settings that have experienced temporary high costs of managing health conditions. People have resorted to working from home and having home-schooling of children using the internet interventions yet this has not been easy especially in low-income countries where access to the internet is limited and some of the people are not well versed with the technology required to execute these responsibilities. An understanding of the perspectives, challenges, and opportunities available in DRC during the COVID-19 pandemic and its related lock-down consequences will

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ameliorate the prevailing adverse circumstances faced and pave ways to manage future mental health issues that may be associated with outbreaks and pandemics. The information presented in this paper is from the author's observations and the wide search of literature across low-income countries bearing in mind the issues of confidentiality and appropriate citations [1-3].

MENTAL HEALTH CHALLENGES AND PERSPECTIVES ASSOCIATED WITH THE COVID-19 AND RELATED LOCK-DOWN

Globally, COVID-19 has been associated with new realities surrounded by fear of contagion, loss of relatives or loss of a job, and financial liability, coupled with negative coping mechanisms which are likely to have devastating mental health consequences. These factors of mental disorders require to be handled for effective emergency response and long-term recovery of the affected communities to avoid poor health outcomes including psychological distress, anxiety, and depression [4,5].

The outcome of the pandemic is likely to be worsened by lack of companionship as a result of lock-down and social distancing, which has led to high levels of perceived social isolation and limited support especially among those with pre-existing physical and mental health problems. Furthermore, the COVID-19 has caused further strain on the limited available mental health services, that have been present but albeit hidden [5]. Previously, an estimation of 3,313 confirmed cases of Ebola Disease Outbreak (EDO) in East DRC, with 2,277 deaths has been recorded but the number of the survivors and victims who presented with mental disorders remains unknown, because of lack of adequate data management. But there is strong evidence of the high level of mental issues that resulted from the Ebola outbreak, based on victims' and family member's testimonies [6]. Additionally, the DRC health system based on the rural model is nearly fully dependent on support from developed countries for basic treatments and prevention of communicable and non-communicable diseases and emphasizes the importance of nurses and community health workers given the limited accessibility to doctors in rural areas. The available mental health care services are scarcely accessed by people with high education and socioeconomic levels; whereas the less privileged are left out, and tend to seek care and healing from traditional healers, witchdoctors, and pastors or imams [7-9].

The ongoing socio-economic and health crises related to the COVID-19 are expected to impede quality of life of most people, although those in rural communities may be most affected, due to higher levels of poverty and lack of well-equipped health facilities to handle the health emergencies especially those related COVID-19 or EDO outbreaks. These challenges are likely to be worsened by the inherent inadequacies of the health systems to deal with the arising contextual needs amidst high levels of corruption in the local, provincial and national administrations and poor implementation of preventive measures against these health crises in low-income countries [10-13].

The current paucity of literature on mental health perspectives, in developing countries including the DRC, during the ongoing pandemic is very significant. There is an urgent need to invest in mental health-related services and research to avoid the negative consequences of the likely massive increase in mental health problems in the coming months related to the challenges of the COVID-19 pandemic. It is also important to highlight the risk

factors of social isolation, the societal barriers, limited access to health care, and the prevailing inequalities in the health care systems. Therefore, promoting the available opportunities could improve the mental health of Congolese people during the COVID-19 pandemic and its related lock-down challenges.

OPPORTUNITIES TO IMPROVE THE MENTAL HEALTH DURING THE COVID-19 PANDEMIC AND THE RELATED LOCK-DOWN MEASURES IN THE DRC

The uncertainty of whether the lock-down and social distancing will be enough to prevent the pandemic's spread or how much longer it will last shows that developing countries such as the DRC have an impending mental health epidemic on their hands. Therefore, the awareness and the promotion of mental health well-being and guidelines on how to handle mental health challenges related to the COVID-19 are required; which includes the provision of constant help services to communities to stay safe mentally. In addition, there is a need to provide a social support system and a shelter to vulnerable communities and to create funding programs to provide financial assistance to people with low socioeconomic status whose plight has been worsened by the COVID-19 pandemic. Community and faith-based organization initiatives should be encouraged to create an interactive group community space that may facilitate continuous discussions among people to ensure that members have a safe and helpful environment where they can share their concerns [14].

Given that, the tenth EDO outbreak in the East DRC brought about the use of telementoring to build the capacity of emergency response in a wide geographic area marred with armed conflict which made monitoring of population easier especially when the Ebola vaccine was being tested, this telehealth may be extended to the mental health care system in DRC given the paucity of mental health practitioners in the area especially when a surge of mental health problems is expected due to psychosocial challenges related to COVID-19 pandemic. Moreover, the effects of lock-down and social distancing on mental health can be eased by lowering the prices and provision of essential goods, improving access to food and other essential items for use in homes, implementing wellness checks, and providing assistance to people with underlying physical or mental health conditions as well as the integration of systematic screening for psychological distress in primary health care settings. Working towards setting up a relief fund for addressing COVID-19 at primary care hospitals may go a long way in protecting the mental health of vulnerable populations that are geographically isolated and economically unsupported with limited access to health services [15,16].

In addition, the funding sources should work with the local community leaders and health practitioners to enact and promote volunteerism for the advocacy and implementation of community-friendly initiatives; free from physical, mental, and social barriers. These initiatives should be supported through the promotion of mental health and the maintenance of adequate mental capacity across individuals' life course and promotion of people's autonomy in assessing risk reduction of stressors and access to relevant information. Furthermore, communities should be enabled to continue performing basic healthy activities that they value and constant communication with frontline health workers should be enabled [17-19].

INTEGRATING THE ONLINE MENTAL SERVICES IN HEALTH SERVICES IN THE DRC: DEVELOPING A NEW MODEL

As a result of the past experiences in relation to the tenth EDO outbreak in DRC and the ongoing COVID-19 pandemic in China, digital mental health is proposed by this review to be implemented in primary and clinical health care settings; based on preventing and treating mental disorders during the lockdown and could be extended after the lockdown to regions which lack mental health practitioners to promote universal mental health coverage. Community health and social could stand a bridge between primary health facilities and patients in communities. A monitoring and evaluation team from the health facility level to the intermediary level of the ministry of health can be promoted to ensure the effectiveness of the system. Communities will be encouraged and mobilized to be involved in decision-making towards their wellbeing and help-seeking behavior through the utilization of online mental health services. However, the implementation of this model may be threatened by the fact that less than 31% of communities in DRC own a telephone and the model may be seen as a threat to those who are benefiting from the existing health care system [20,21].

To ensure that this model succeeds, social workers and community health workers should be skilled and supported to reach all households at least weekly to ensure that the mental health problems of the community are addressed. The health zone monitors and workers should be trained to monitor the online mental health services to ensure that the services reach those who need them. A special department to monitor and ensure the success of the proposed model should be established at the central level to oversee all the operational levels of the ministry of health in the DRC to the lowest health service level in the community.

CONCLUSION AND RECOMMENDATIONS

We ought to provide insight into a safe space where victims or survivors of COVID-19 lock-down related mental health concerns can access interpersonal emotional support, guidance and get the help needed to be given that failure to treat those who are psychologically affected will result in long-term mental, social and economic outcomes that impact negatively on society. The primary health workers should be trained on mental health care provision techniques delivered through online and digital platforms. Helping the communities affected by COVID-19 to feel better mentally will require the integration of online telehealth among primary health care workers so that they can offer online mental health screening and psychotherapy centered on a supportive therapy strategy, anger/stress management, and the establishment of an integrative community-based approach. A specific service should be integrated into the community to allow the provision of online mental health services by the social workers and community health workers. Any partners involved in the fight of COVID-19 in low-income countries should plan training workshops to enable health care providers to gain skills needed for online mental health services to allow for an integrated health care system where people can access services online within the comfort of their homes.

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