

OPINION PIECE

COVID-19 & mental illness: ‘We must be sensitive to the needs of those living with a dual burden’, says UP academic

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The South African government has put in place measures that are focused on containing the COVID-19 outbreak, including school closures, implementing remote working policies, and restricting domestic and international travel. While we recognise this as a progressive and responsive step, it is important to note that interventions should also focus on prevention and ensuring that the healthcare system is adequately equipped to respond to the growing demand to access mental healthcare services.

The COVID-19 pandemic poses an urgent threat to both the physical welfare of individuals and the collective economic health of our communities. But there is also a looming mental-health crisis just waiting to erupt. There are acute mental-health issues: people in addiction recovery without access to physical meetings, economic anxiety from job losses, financial instability and business closures, depression fuelled by physical seclusion, feelings of isolation, loneliness, panic and fear.

For those who suffer with anxiety disorders such as obsessive-compulsive disorder, agoraphobia and panic disorder, the virus has inadvertently validated many of the fears they have long worked to counter as irrational. Imagine years of therapy to train your brain out of the thought that something bad will happen if you do not wash your hands seven times, only to be suddenly bombarded with messages about the critical importance of washing your hands. Then add on the realisation that you cannot find hand sanitiser anywhere.

People who are in quarantine may experience boredom, anger, and loneliness. Symptoms of the viral infection such as cough and fever are also likely to cause worsening cognitive distress and anxiety in fear of contracting COVID-19. For an example, after testing positive for COVID-19, two doctors from Limpopo followed protocol and self-isolated. Nevertheless, on Thursday 2 April 2020, a contingent of men in masks, supported by police, arrived with a court order and dragged them off to a hospital isolation ward – on the orders of the Limpopo Health MEC. This may well be an infringement on the rights of these doctors. They were also blamed for introducing the virus into the province. This action is contrary to the World Health Organization statement that “people who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness”.

People in self-isolation or quarantine may feel stressed, anxious or depressed, and social distancing may leave many people feeling disconnected and lonely. Social distancing need not necessarily mean social isolation. Remaining in contact with loved ones via telephonic or digital means can limit feelings of disconnection. If a person has been tested because they’ve had contact with someone or because of their own symptoms, waiting for the results can certainly anxiety. They should focus on what they can do to monitor and manage symptoms, and stay informed by checking expert and reliable information.

Much has been said about the COVID-19 pandemic's effects on people living with underlying health conditions and immune suppression, but not so much about how it affects people living with mental illness. Yet those who live with mental illness are among the most vulnerable people in society and face widespread stigma. In our response to COVID-19 we must be sensitive to the needs of this group. We must ensure that testing and treatment processes are indeed sensitive to the needs of people living with the dual burden of mental illness and stigma.

As South Africa puts in place measures to curtail the spread of COVID-19, the direct relationship between a pandemic and rising levels of mental health problems cannot and must not be overlooked. Even for people without pre-existing mental health conditions, this is a particularly uncertain and distressing time. Therefore, there must be appropriate mental health and psychosocial support interventions to counter panic and anxiety. Ideally, a mental health support response to the pandemic should address the needs of those with existing mental illnesses as well as those affected by the new uncertainties of living through COVID-19. Particular focus should be paid to people affected with the virus itself, and health workers who are on the frontline of emergency medical responses. An integrated care approach, which pairs mental wellness with emergency medical responses, is necessary. In the meantime, there are resources that can help mental well-being.

Organisations like the South African Depression and Anxiety Group (SADAG) mental health helpline (0800 456 789), Lifeline (0800 150 150) and the SA Federation for Mental Health (0800 121 314) all have helplines to call for help. Stakeholders should work in partnerships in providing psychosocial services to those who are affected by this pandemic.

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ABOUT THE UNIVERSITY OF PRETORIA

The University of Pretoria (UP) is one of the largest contact and residential universities in South Africa, with its administration offices located on the Hatfield Campus, Pretoria. This 112-year-old institution is also the largest producer of research in South Africa.

Spread over seven campuses, it has nine faculties and a business school, the Gordon Institute of Business Science (GIBS). It is the only university in the country that has a Faculty of Veterinary Science which is ranked top in Africa, and overall has 120 academic departments, as well as 92 centres and institutes, accommodating more than 55 000 students and offering about 1 100 study programmes.

UP is one of the top five universities in South Africa, according to the 2019-2020 rankings by the Center for World University Rankings. It is also ranked among the top 100 universities worldwide in three fields of study (veterinary science, theology and law), and among the top 1% in eight fields of study (agricultural sciences, clinical medicine, engineering, environment/ecology, immunology, microbiology, plant and animal sciences and social sciences).

In June 2019, the annual UK Financial Times Executive Education Rankings once again ranked GIBS as the top South African and African business school. The University also has an extensive community engagement programme with approximately 33 000 students involved in community upliftment.

Furthermore, UP is building considerable capacities and strengths for the Fourth Industrial Revolution by preparing students for the world beyond university and offering work-readiness and entrepreneurship training to its students.

As one of South Africa's research-intensive universities, UP launched the *Future Africa Campus* in March 2019 as a hub for inter- and transdisciplinary research networks within UP and the global research community to maximise 4IR innovation and address the challenges and stresses our continent and world is facing. In addition, UP also launched the Javett Art Centre in September 2019 as a driver of transdisciplinary research development between the Humanities and other faculties. In 2020 UP will launch Engineering 4.0. as a hub not only for Smart Cities and Transport, but also to link the vast resources in technology and data sciences to other faculties via Future Africa. These initiatives are stimulating new thinking at the frontier of 'science for transformation'.

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