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Mental Health Problems Related to COVID-19: A Call for Psychosocial Interventions in Uganda

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As different countries grapple with COVID-19, stringent measures aimed at controlling its spread have been put in place. However, these preventive measures coupled with the fear of contracting the disease are likely to have negative effects on the mental health of the general population. We describe the containment measures taken by the government of Uganda and highlight how these measures are likely to impact the mental health of different groups of people. We also propose future directions and interventions on mental health problems resulting from COVID-19 pandemic.

Keywords: COVID-19, mental health, psychosocial intervention, Uganda-Africa


Coronavirus disease (COVID-19), which first appeared in Wuhan, China, in December 2019, is currently a pandemic with destructive human, economic, and social effects (Menickella, 2020; World Health Organization, 2020). The number of confirmed cases, recoveries, and deaths continually vary per region and individual countries. Africa has now moved from COVID-19 readiness to COVID-19 response, with fears of being the next epicenter of the infection (BBC, 2020; World Health Organization, Regional Office for Africa, 2020). As of the 24th of May 2020, Uganda reported 198 confirmed cases, 65 recovered, and no deaths (Ministry of Health-Uganda, 2020). The government put stringent measures and standard operating procedures to mitigate the spread of COVID-19. These included the closure of territorial borders; compulsory institutional quarantine for all returnees from international travels; closure of public and private transportation; halting of all nonessential services and businesses like religious gatherings, retail shops, restaurants, bars, and entertainment centers; closure of all educational institutions; introduction of a night curfew; campaigns for handwashing; and use of facial masks (The Observer-Uganda, 2020b). The entire country has been on partial lockdown since the 1st of April 2020 with no definitive date of when this will end. Security forces that include the army, police,

and local defense units were mandated to enforce these presidential directives (The East African, 2020; The Observer-Uganda, 2020b). These measures came into immediate effect, giving no opportunity for people to prepare financially or travel back to their rural homes (The Observer-Uganda, 2020b).

These measures have had immediate adverse socioeconomic effects on the population which may negatively impact on their mental health. Many rural Ugandans are poor subsistence farmers, while the urban and periurban dwellers mostly “live from one paycheck to another” with barely any savings made (Index Mundi, 2017). There was an instant increase in unemployment among the majority youth populace and other vulnerable groups like women (PricewaterhouseCoopers, 2020). In response to travel restrictions, keeping at home or at the workplace for some of the people providing essential services, desperate food vendors abandoned their families and endured sleeping in the mosquito-infested open markets in order to be allowed to sell and earn a living (Ssejjoba, 2020). Although the government pledged to provide food to the vulnerable groups, the process has largely been slow with reports of substandard food (Nile Post, 2020). Consequently, hunger forced many urban poor to trek back to their rural ancestral homes where food is farmed. With both public and private transport shut down, some individuals had to walk for over 300 km to their villages (Daily Monitor, 2020a).

The enforcing army and police forces have occasionally used excessive force on the civilians. Many people, especially the urban youth and women traders, have been injured, humiliated, and arrested by these security forces (Esagala, Mabala, Lubowa, & Buule, 2020). This has resulted in revenge and retaliatory violence of some citizens toward the security personnel. For example in Bibia District, an army officer lost his eye during such attacks with stones (Daily Monitor, 2020b; Tugume, 2020). Relatedly, persons believed to have been exposed to COVID-19 were being hunted down and shamed by the communities in which they live (Aine, 2020). Moreover, once reported, the suspected persons would be picked up by health workers accompanied by armed security personnel. Interestingly, some persons declared as recovered from COVID-19 have reported experiencing stigmatization on returning to their communities (The Indepen-

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dent Uganda, 2020). Social bonding events like weddings, religious ceremonies, initiation ceremonies, visiting of relatives and friends, and big funerals have either been banned or greatly limited in terms of numbers. Additionally, people have been discouraged from handshakes, hugging, or other forms of physical affection (The Observer-Uganda, 2020b). The movement restrictions have also limited polygamous men from moving between their different homes. All these are big disruptions of the African social norms, culture, and lifestyles. Ugandans have strong family cohesion that provides social support in times of calamities and loss of loved ones. In the current circumstances, they have to observe self-isolation and social distancing (Ssejjoba, 2020). Thus depriving individuals of social support which is crucial in the prevention of mental illness and its management.

Mental Health Implications of COVID-19 in Uganda

The unpleasant experiences of COVID-19 and the measures to contain it are projected to negatively affect the mental health of people globally. Below, we discuss the most likely mental disorders that vulnerable Ugandans are more likely to experience as a result of COVID-19.

Anxiety Disorders

COVID-19 is still an enigma to many Ugandans in terms of symptomatology, course, prognosis, complications, and management. The disease has been seen to disrupt nations with far superior economies and health systems. This has increased anxiety of contracting the disease among vulnerable populations like the ill-equipped front-line health workers, elderly persons, people with underlying chronic illnesses (HIV, tuberculosis), and society's most susceptible (orphan headed homes, the poor, women, and children). Uganda has approximately 1.4 million people living with HIV/AIDS, a high prevalence of tuberculosis (201/10,000 people), high levels of malnutrition among children, and an abundance of infections like malaria (Bwambale, 2017; Centers for Disease Control and Prevention, 2019; UNICEF, 2015). The second source of anxiety stems from the uncertainties caused by the lockdown. People are not sure when the government will reopen the country, if they will still have a job, what their families will eat, the survival of their businesses, and whether children will go back to school or not. The types of anxieties expected to rise are specific phobias (germophobia, xenophobia, and claustrophobia), generalized anxiety, separation anxiety, and obsessive-compulsive disorder.

Trauma and Stress-Related Disorders

Previous studies have indicated that exposure to potentially traumatic events leads to the formation of a fear network structure which contains emotional, behavioral, and physiological reactions (Elbert & Schauer, 2002). In a bid to enforce the government measures against COVID-19, security enforcers would sometimes act high-handedly toward the citizenry (Esagala et al., 2020). As a result, many Ugandans have experienced, witnessed, or have been exposed to violent events on social and traditional media. The police and military have also experienced violence while performing their duties (Daily Monitor, 2020b). Concordantly, cases of gender-based violence, child abuse, and neglect have been reported to increase during this period of the lockdown (Avaaz, 2020; Matovu, 2020).

Other individuals facing stigmatization are the international travelers (approximately 20,000) who came into the country from or via countries heavily affected by COVID-19 prior to the lockdown. On arrival, they were placed in mandatory 2-week quarantines in government gazetted hotels and hostels. Worse still, the initially quarantined travelers were required to pay their bills of accommodation and feeding (The Observer-Uganda, 2020a). The period of the quarantine would be extended whenever one of them tested positive for COVID-19. During the community tracing exercises of these persons, campaigns on mainstream and social media played messages that bordered on threats (Maractho, 2020). Moreover, there has also been community stigma toward suspected COVID-19 cases and recovered persons. (Aine, 2020; The Independent Uganda, 2020).

Another stigmatized group is that of the trans-border truck drivers who have been labeled as conduits of COVID-19 from more affected neighboring countries. They have been put under strong restrictions such as having to travel alone, not being allowed services like accommodation and restaurants, and not permitted to interact with other people (Ahabwe, 2020). Individuals who interact with them are identified by the community members, quarantined and subjected to the COVID-19 testing.

We predict an increase in trauma and stressor-related disorders like posttraumatic stress disorder and other mental health disorders such as depression, anxiety disorders, psychosocial dysfunction, dissociation disorders, substance abuse, and deficits in the quality of life. We recommend basic psychosocial skills training for the communities, local leaders, and enforcers on how to better handle persons suspected of or affected by COVID-19.

Exacerbation of Other Mental Illnesses

Persons already in care for mental illness are affected directly and indirectly by the COVID-19 pandemic. Patients whose symptoms include anxiety, somatization, paranoia, and agoraphobia will more likely have an exacerbation of their mental illness during this period of COVID-19. Secondly, due to the prioritization of COVID-19, the management of other medical conditions has been interrupted (Bibyabarema, 2020). This is more for mental health services as some mental health facilities in regional hospitals have been converted to COVID-19 isolation centers. It must be stated that this is not an official policy but rather an emergency arrangement by individual hospitals as a measure of managing the crisis. This arrangement has severely interrupted the inpatient services for patients with severe psychopathology. Other in-house services like group psychotherapies (such as Alcoholics Anonymous), occupational therapy, and drug refills for outpatients have been interrupted. Additionally, due to the lockdown, there are limited means of transport to hospitals for patients with extreme psychopathologies like psychosis, violence, suicidality, delirium, and organic psychosis. We predict that in the post COVID-19 period, there will be an exponential increment in the mobility and motility of community psychiatric disorders.

Child and Adolescent Mental Health Disorders

Homeless children, locally known as "street children," are already suffering from severe hunger and neglect as a result of the lockdown. These children had been surviving on food leftovers from hotels and restaurants which are currently closed. The other

sources of survival were nongovernment organizations, good Samaritans, and religious groups which have been halted by the lockdown. Due to the social distancing measures, the police and army have been actively dispersing these children off the streets, especially during the night. One can only imagine where they find refuge at night (The Independent Uganda, 2020). The short-term effects of these incidents could be an increase in crime among these children as they struggle to feed themselves. There are also serious long-term mental health concerns about these developing children and adolescents. We are most likely incubating psychosocial disorders like conduct disorders, oppositional defiant disorder, personality disorders, substance abuse disorders, prostitution, anxiety and mood disorders among these children.

Conclusion

Besides the much-publicized physical effects of COVID-19, the mental health effects of COVID-19 pandemic should be highlighted including the long-term effects. It is very critical for mental health clinicians and researchers to understand the subjective experiences underlying the mental health effects of COVID-19. There should be short- and long-term mental health management packages for coronavirus victims and the entire society. This should be emphasized among the vulnerable groups of people like health workers, persons exposed and infected with COVID-19, the very poor, women, children, the elderly, and persons with mental illness.

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