



**Mental Health and COVID-19 recovery in Africa:
policy options for Africa
Policy Brief**

Key messages

- The impacts of COVID-19 on mental health of populations occur disproportionately along gender and socioeconomic lines.
- Population characteristics determine the exposure, risk and prevalence of mental health cases.
- African countries must encourage alternative mental health interventions to address mental health cases in ways that are socially driven and embrace local ingenuity, and
- Initiatives to “build back better” in Africa must urgently prioritise mental health interventions that are gender-targeted and have the potential to deliver multiple benefits.

Background

The impacts of the COVID-19 pandemic on mental health in Africa have been far-reaching and disproportionate. For the recovery from COVID-19 to be sustainable, the high prevalence of mental health cases must be addressed urgently. Societies, especially those that are most marginalised, continue to suffer severe psychological distress, anxiety disorders, post-traumatic stress disorders and depression. These are compounded by deepened inequalities and socioeconomic and cultural conditions that existed pre-pandemic. Across populations, those most vulnerable to and hardest hit by mental illness include healthcare workers, women, those with low pay and who lack social protection schemes, school-going boys and girls and homeless expatriates and refugees. Among the reasons for the high prevalence and disproportionate incidence in these groups are the insufficient attention paid to mental health in the region generally. This lack of serious focus has precipitated the severity of mental health cases during this pandemic. Reversing this trend requires active citizen science engagement on mental health issues, increased holistic investment in creative mental health services, and coordination of efforts and actions to target those at high risk.

In the last year, there has been increased co-morbidity of mental distress and disorders and COVID-19 in Africa. Disease experience, physical distancing, stigma, discrimination and job loss are some of the ways that COVID-19 has stimulated the surge of mental disorders in Africa. Already weak health systems in Africa suggest that COVID-19 will further strain the impacts of mental disorders.

There are various typologies of mental cases, which are generally evolving and usually context specific. The characteristics of a given population determines the prevalence and severity of these cases. Digital technologies and online connectivity define how well a community can harness the re-emergence of mental health cases. Many parts of Africa unfortunately suffer from a low uptake of online mental health services partly due to low smartphone penetration, poor Internet connectivity and digital illiteracy. COVID-19 disproportionately affects the people of Africa in direct, indirect and/or prolonged ways. *Direct impacts* of the disease include death in the family or near-death experience. These have occurred as a result of hospitalisation and/or illness, self-isolation or quarantine, anxiety about reported deaths or about those at great risk such as healthcare workers. Stigmatisation and social discrimination of survivors in the family is also prevalent. *Indirect impacts* are a result of containment measures taken by African governments in response to the pandemic.

Review methodology

We applied the PICO framework and scoping review approaches as appropriate to each objective. The review considered all studies since the advent of the COVID-19 pandemic. Studies not related to Africa were excluded from the review. Selection of studies followed the PRISMA framework in which screening of abstracts and titles was applied systematically on Rayyan software (<https://www.rayyan.ai/>). We considered observational studies, reviews and cross-sectional studies reporting effects of COVID-19 on various populations and those reporting gender-segregated data. We also considered studies that focused on PICO inclusion criteria as well as those outlining various typologies and prevalence of mental health, mental illness and mental health services in Africa. Intervention studies were excluded while prevalence studies were included. Duplicates were resolved through partial or complete deletion. Included studies were exported to endnote software for full text screening and bibliography recording.

Policy relevant findings

Global literature/evidence

Across the globe, the interaction of COVID-19 and mental health has been explored increasingly. Cases of heightened anxiety and depression in various population groups were highlighted in the early days of the pandemic [1]. The glaring impacts of COVID-19 on highly susceptible groups, including the elderly, children and people in humanitarian settings, confer varying policy implications [2]. In India and China, the mental health impacts of COVID-19 on women that manifest as depression and anxiety have led to forward-looking policies that consider gender disparities complicated by COVID-19 [3].

Africa-based literature

There are few studies on ways in which COVID-19 has effected the mental health of different population groups in individual African countries or the continent as a whole [4], [5]. However, that COVID-19 has had a disproportionate impact on the mental health of the African population has been highlighted in some notable studies [6]. Mental health advocacy must account for the ingenuity of the African people in ways that are socially inclusive and gender responsive.

Evidence/discussion from tele convening

Deliberations from a tele convening of experts and other stakeholders supported the need for a review of impacts of COVID-19 on the mental health of healthcare workers, adolescents, people in rural areas and people with chronic medical conditions. There was also emphasis on the differences in severity of mental disorders in men and women. Furthermore, discussions in subsequent phases focused on the various typologies of mental health cases to inform evidence-based interventions by African countries. The tele convening underscored the need to consider strategies in geographic and cultural context, particularly with novel ways/ideas of addressing mental health. This is particularly important because, in low- and middle-income countries (LMICs), the ratio of mental health workers to the population is very low.

Synthesis of key findings

COVID-19 has caused more mental health suffering among those regarded to be at specific high risk, including frontline healthcare workers, children, females [7], youth looking for jobs and the elderly [8]. For example, the high prevalence of depression in Sub-Saharan Africa [9] necessitates a rebalance of resources in favour of the less privileged. The mental health of patients awaiting elective surgery was also negatively impacted, with many suffering increased pain and decreased function as a result of deferral [10]. Social media can and should be leveraged to provide virtual mental health services, targeting especially those who are educated, but this option is limited by the lack of universal smartphone availability and Internet access.

Historically marginalised and vulnerable groups face increased mental distress as a result of the COVID-19 pandemic [11]. Vulnerable populations, including psychiatric patients, low-income individuals and minority groups have experienced greater risk of mental distress [11]. The pandemic, according to Yitayih et al., (2020), has inflicted more psychological distress among those with work experience of less than two years than in those with three or more years of employment.

Gender-differentiated COVID-19 impacts on mental health of African communities are pronounced. Fear of contracting COVID-19 and of its potential impacts was more prevalent among women [12], those who are less educated [5], [12], and high-risk groups. Because they bear almost exclusive responsibility for the household, women experience the brunt of COVID-19-related MH impacts. They recorded higher scores of IES-R than men, measuring greater psychological impact [12]. Women are more likely to be concerned about the threats of COVID-19 pandemic to household resilience [6]. COVID-19 containment measures have restricted the victims of SGBV from seeking social support, exacerbating the trauma to themselves and their family members.

Ongoing research

Researchers across the world are building understanding of the intersection of mental health and pandemics. Using existing knowledge on population- and gender-segregated impacts of global crises on mental health, active research is currently being conducted on cutting-edge tools for assessing risks and impacts [5], [6], mental health and social inequalities [13], and the intersection of mental health and humanitarian spaces.

Policy recommendations

- ✚ Encourage MH-citizen science and communication on the importance of mental health and psychosocial support (MHPSS) as core aspects of health and socio-ecological resilience in Africa.
- ✚ Seek, adapt and adopt alternative health services to help address mental health risks specific to population groups and clinical management of mental health.
- ✚ Stimulate national and regional efforts to incorporate mental health services (MH-S) as an integral element of health emergency preparedness, risk response and development.
- ✚ Increase funding for mental health services to enable delivery of reliable and convenient mental health services, and

- ✚ Exploit digital tools and platforms to accelerate active citizen science on mental health and associated services. This is related to the need to build the infrastructural capacity of health systems to promote delivery of and access to mental health services.

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Acknowledgements:

This policy brief was developed under the auspices of the Science Engagement to Support Evidence Informed Policy Responses to COVID-19 in Africa project supported of the UK Foreign Commonwealth Development Office (FCDO). The Africa Academy of Sciences through the Africa Excellence in Science Alliance for Accelerating Excellence in Science in Africa (AESA) led the project with the support from partners. The Africa Research and Impact Network coordinated the tele-convenings and rapid reviews with the support of the Africa Institute for Policy Research and Cochrane Network. The Developing Excellence in Leadership, Training and Science (DELTAS) Africa experts were central in providing expert guidance during the tele convenings and reviews. Over 500 policy and research experts drawn upon from Africa and beyond were instrumental in shaping the priority areas.