



## Reports monitoring covid-19 pandemic in countries and regions of the Global South Nº 23

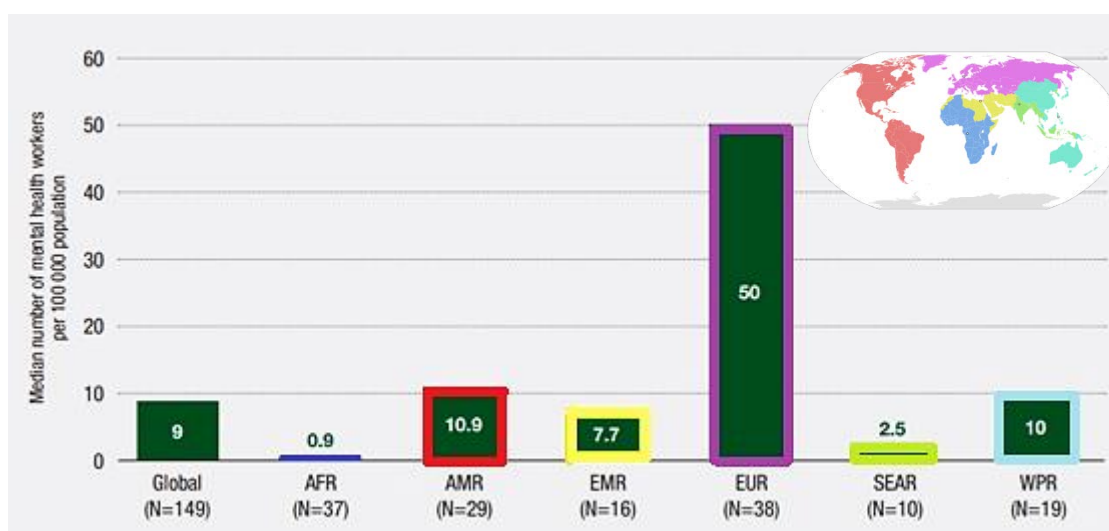
31<sup>st</sup> October 2020

### The silent pandemic: the rising incidence of mental health disorders

Last October 10th the World Mental Health Day was celebrated. Different local and national governments echoed the mental health state of their population. International institutions such as the *World Health Organization (WHO)* called on governments to invest more in mental health care services as they have been chronically underfunded for many years.

According to *Oxford University's Our World in Data* database, there were 792 million people in the world with mental health disorders in 2017. These disorders are mostly depression and anxiety, but also bipolarity, eating disorders, epilepsy, dementia, schizophrenia and suicides (OurWorldinData, 2018). Although more than 10% of the world's population suffers mental health disorders, national health budgets allocate on average only 2% of their gross on mental health services.

Moreover, the number of mental health workers is critically low in some regions. As showed in **Figure 1**, the African region has on average 0.9 workers per 100,000 inhabitants and the South-East Asian region 2.5, compared to 50 per 100,000 inhabitants in the European region (WHO, 2017).



**Figure 1.** Average number of mental health workers per 100,000 inhabitants by region as classified by the *WHO*. With self-made modifications with respect to the original. The columns' colours identify the regions on the map. Source: WHO, 2017.

For example, in South Sudan, the *WHO* estimates that 20% of the population has mental health disorders but there is only one professional available for every 4 million inhabitants. In

Uganda, according to the *Daily Monitor*, only 15% of people with mental health disorders receive the necessary medical care and most of these are in urban areas.

The arrival of covid-19 has had a great impact on the availability and accessibility of mental health services. A study conducted by the *WHO* in 130 countries assessing the above mentioned impact, concluded that 93% of the countries have seen their services paralyzed or disrupted (*WHO*, 2020). Also, stocks of medicines needed to treat these disorders have been reduced. For example, according to the South African newspaper *News24*, in August almost half of the medicines for mental health disorders were out of stock and many had been in short supply since March.

The pandemic has not only affected the availability and accessibility of mental health services, but also the mental health status of the population. Because of the different measures to contain and mitigate covid-19, many people have been left without work. This loss has not only economic consequences but also psychological consequences. The loss of work implies dissipation in the structure of time, in the experiences with people outside the family nucleus and in the individual's attachment to goals and purposes.

Furthermore, as newspapers from Namibia and Uganda report, many infected people have been stigmatised by their community, who in some cases have blamed them for carrying in the virus. This has caused them more stress and difficulties in overcoming the disease.

Indeed, according to a study with a North American population by the *Indiana University School of Medicine*, anxiety ranks eighth on the list of symptoms in patients with covid-19. Also according to the *University of Maryland School of Medicine*, between a third and a half of patients with covid-19 experience anxiety, depression, fatigue or abnormal sleep patterns throughout the illness.

After months of being confined, many people panic about going out because they are afraid of catching the disease. Newspapers in Mexico, Colombia and Panama have described cases of fellow citizens who have developed this phobia and needed psychological care to overcome it.

The effect of the pandemic on health professionals should also be highlighted. They have been burdened with the responsibility of working with infected patients and having to constantly adapt to changes in medical regulations. Moreover, they returned home at the end of their shift in fear of infecting their families. Consequently, cases of burnout and exhaustion as well as anxiety and depression have increased among health professionals. Several hospitals in Mexico, Panama, Colombia, the Dominican Republic and Morocco have made available a hotline of psychological and psychiatric care to health workers.

The pandemic has been the cause of the different situations above described. These have led to an increase in anxiety and depression as well as in cases or attempts of suicide.

In Mexico, according to the *Universidad Iberoamericana de México*, 32.4% of the population reported having suffered severe symptoms of anxiety during confinement compared to 14% before the pandemic. Also 27.6% reported suffering from depression compared to 7% before the pandemic. According to research by the *Universidad Autónoma Metropolitana* in Mexico,

due to the confinement, young people have significantly increased their consumption of marijuana and alcohol. This increase has led to higher rates of depression and anxiety in a niche population where 10% to 20% already suffered from some mental health disorder.

In Argentina, according to the country's *Institute of Cognitive Neurology*, during the quarantine the number of people presenting symptoms of depression has quadrupled, with young people being the most affected population group. In Colombia, in a survey of 1,178 young people between 18 and 24, more than half expressed small depressive episodes and anxiety during confinement.

Mental health experts from different countries have already warned that confinement, social distancing and changing routines and habits increase the risk of suffering anxiety and depression, but also and especially among people who already suffer from mental health disorders, the risk of committing suicide.

In 2016 (latest available data) 800,000 suicides took place worldwide. According to the *WHO*, 79% of them took place in countries with a low or medium Human Development Index (HDI). In addition, suicide was, that year, the second leading cause of death worldwide for people aged 15-29. It is worth mentioning that the most vulnerable population groups are those who experience discrimination, such as migrants, refugees, indigenous people, LGBTI people and prisoners. Globally, more men take their own lives than women (*WHO*, 2019). Official data available are scarce in many countries; in fact, only 80 countries have data that *WHO* considers being of good quality for estimating incidences of suicide or suicide attempts.

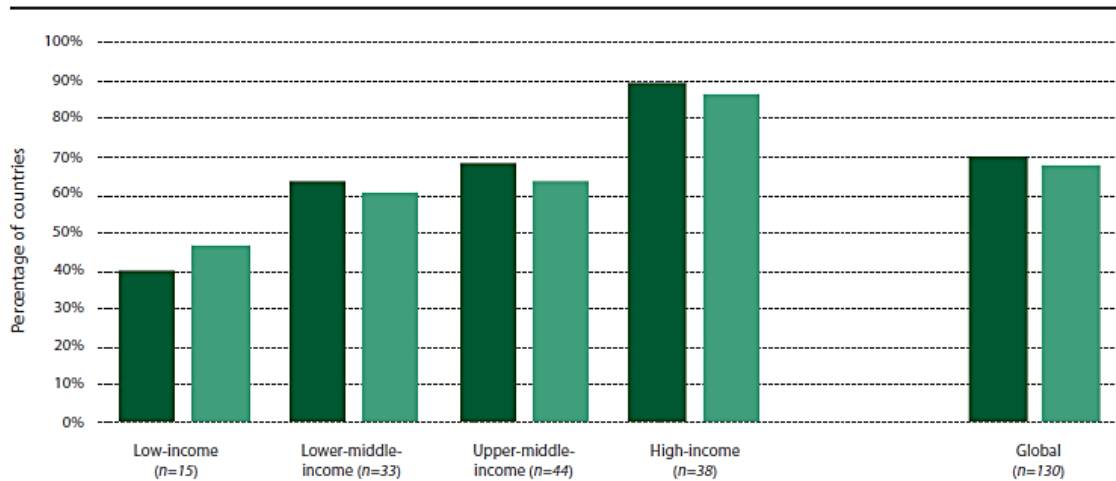
In Kenya, 6.5 per 100,000 people committed suicide on average annually. However, in recent months these numbers have increased. This can be seen in the suicide deaths recorded by the national police in 2019 (421) and those recorded between March and August 2020 (418). Both police and doctors link this increase to job losses and increased alcohol and drug use. Also in Nigeria, the *Suicide Prevention and Research Initiative* says that during the last years they have already seen an increase in the number of suicides from 6.5 to 9.5 per 100,000 people. They expect however that this trend will increase further due to the pandemic.

Several international newspapers such as *The Guardian*, *Africa.com* and *Voice of America* have echoed Malawi's increase in suicides as a result of the socio-economic crisis arising from the pandemic. The police service reported in mid-October that the incidence of suicide had increased by 57% compared to the previous year. The numbers rose from 116 to 182, with 92% of men and 8% of women committing suicide. Malawi has a very low number of mental health professionals as there is only one specialised hospital and few psychiatric nurses and clinical officers spread throughout the rest of the country's hospitals.

In order to cope with the increase in mental health disorders cases, governments have carried out different actions. These are awareness campaigns on the importance of care, follow-up of covid-19 patients and setting up of helplines for mental health support.

Although medical care through digital means is a great opportunity to reach more people in remote places, the lack of access to adequate resources presents limitations. The lack of space and privacy to call as well as access to the Internet, challenges this type of care. According to

the *World Bank*, only 35% of the population in low or medium-low HDI countries have access to the Internet (World Bank, 2020). Even, according to the *WHO*, since the beginning of the pandemic less than 50% of low HDI countries have been able to benefit from helplines for mental health support or telemedicine. **Figure 2** shows the global situation.



**Figure 2.** Worldwide use of telemedicine and tele therapy (dark green) and helplines for mental health and psychosocial support (light green) during confinement. Countries divided by their HDI. Source: WHO, 2020.

The *South African Depression and Anxiety Group* mentioned that since the start of the pandemic calls to their preventing suicide helpline have doubled from 700 to 1,400 per day. The *General Delegation of Prisons* of Morocco has made available to prisoners a helpline for psychological care. The *Algerian National Union of Psychologists* has set up a helpline for the general public and provides psychological follow-up for those who have been infected with covid-19.

According to the director of the *Pan American Health Organization*, the increase in the availability of psychological helpline services in Argentina, Colombia and Mexico is noteworthy. Also in the Dominican Republic they have put into operation a technological tool that through a brief specialized questionnaire identifies if the person needs psychological assistance.

The *Ministry of Health* of the Dominican Republic reported in mid-September that since the beginning of the pandemic they had received 9561 calls related to mental health disorders, 6765 from the general population and 2454 from medical personnel. Panama's *Ministry of Health* says that since beginning of April the mental health helpline has received an average of 120 calls per day. Also according to data from the Colombian *Ministry of Health*, young people between the ages of 20 and 39 make the most use of this service, with anxiety and stress being the main causes of the call.

The covid-19 pandemic has generated what many experts call a silent pandemic. Situations such as job loss, home confinement, being infected and the stigma attached to it, as well as the pressure that certain professional sectors have suffered, have led to a worrying increase in mental health disorders. Therefore, it is necessary to invest more effort and budgets in the quality, availability and accessibility of mental health services.

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*The research group BIOCOS-SC from the Polytechnic University of Catalonia is in contact with different research groups and governmental offices in order to jointly predict the evolution of the pandemic covid-19. Moreover, we follow up local media in 35 African countries and 9 Latino American countries and complemented it with interviews to field experts.*

<https://biocomsc.upc.edu/en/covid-19>