

Impact of COVID-19 on Mental Health in Rwanda

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SUMMARY

Around the globe, the World Health Organization (WHO) has declared the outbreak of a novel coronavirus (COVID-19) as a Public Health Emergency of International Concern [1] in late 2019 and early 2020. Different health prevention measures were then put in place to contain the spread of the virus. In the absence of vaccines, some of these measures included social distancing, country-level lockdowns, and wearing masks among others [2].

Rwanda was the first country in the region to implement a total lockdown and other measures such as limiting social gatherings, closing universities and schools, and restricting mass gatherings in places like churches [3]. Even though these measures have helped to contain the spread and avoid the collapse of health systems [4], such measures also came with many drastic psychological changes in people's lives. The impacts of COVID-19 on mental health require intense interventions and measures to mitigate the consequences on individuals, families, and communities.

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INTRODUCTION

Confinements are likely to have affected both physical and mental health in a way that it might have caused stress, anxiety, depression, and possibly addictions [5]. These emotional and behavioral changes associated with a pandemic were seen and documented following the 2009–2010 H1N1 influenza in which scholars identified emotional and behavioral needs which in turn constituted risk factors for poor physical health improvement and recovery [6].

The current literature highlights several possible risk factors that affect the development and reactions to health crises such as COVID-19 with pre-existing physical and mental conditions often considered as predicting factors of poor mental health outcomes from direct and indirect exposure to a pandemic [7]. Therefore, with a shortage or

no primary data research carried out to investigate the impact of COVID-19 on mental health in Rwanda, this paper presents an opinion analysis on Rwanda's issue.

Mental health situation before COVID-19 pandemic

Rwanda has gone through intense socio-cultural changes and historical events that are inseparable to its current mental health situation [8]. The country experienced an atrocity that took over 1 million people's lives exterminated in just 100 days during the genocide against the Tutsi in 1994 [9]. It is obvious that the impact on Rwandans' mental health because of the magnitude of destruction and loss during the genocide was high. This led to the establishment of a mental health program in 1994 to deal with such resulting consequences [9,10,11].

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It should be noted, however, that despite different mental health programs, a recent mental health survey showed the highest prevalence rates of mental disorders of 20.5% (N=19,110) and 52.2% (N=1271) both in the general population and in the sub-sample of survivors of the 1994 genocide against the Tutsi respectively [12,13]. The most prevalent mental disorders were major depressive episodes (12.0%), panic disorder (8.1%), and posttraumatic stress disorder (PTSD) (3.6%) in the general population. In genocide survivors, the major depressive episode was (35.0%) PTSD, and panic disorders (27.9% and 26.8%, respectively). Alcohol use disorder was reported at 1.6% in the general population and 4% among genocide survivors [12].

Therefore, it is considered that the preexisting mental health disorders in Rwanda is likely to have been exacerbated by COVID-19 and lead to additional mental health difficulties.

Mental health support systems

Healthcare institutions worldwide have been struggling to cope with these unprecedented times of COVID-19 [14], and Rwanda makes no exception to this. Also, Rwanda already had existing difficulties in managing mental health cases before the current COVID-19 outbreak [9]. Moreover, psychiatric and psychological face-to-face consultation interviews with patients and groups' psychotherapies are currently reduced to prevent COVID-19. At the same time, there is a noticeable increase in people with underlying mental illnesses [9,12].

Moreover, the situation has reached a tipping point for mental health treatment centers with hospitalization services that have been struggling with limited bed capacity and large numbers of hospitalized patients, making it impossible to practice COVID-19 preventive measures such as physical distancing.

Furthermore, community-based mental health programs established by different non-government organizations [9] working in psychosocial support interventions and groups for people with trauma, grief, and others are at a standstill due to restrictions on travel and gatherings. Besides, homecare visits for people with mental health difficulties were reduced and/or canceled in some instances.

There are no or limited studies on healthcare

providers' mental health during COVID-19 in Rwanda. Previous studies suggest workers' burnouts, vicarious trauma, anxiety [15], among others on global scales. We would also suspect plausible increases in psychological stress and depression, considering the scarcity of healthcare providers against the high demand response to COVID-19.

HIGH-RISK POPULATIONS

People with underlying mental illness

Countries' health systems are currently focused on testing and preventing the progression of COVID-19; therefore it would be reasonable to believe that people's thoughts and behavior are affected by the pandemic [16]. However, psychological distress following the pandemic itself and established restriction measures may vary among individuals. In the face of the unprecedented health cataclysm, individuals display extensive worries about health and their future, persistent uncertainty; maladaptive behaviors, externalized and internalized anger, aggressiveness, negative emotions of fear, sadness, and irritability [17,18]. These manifestations are perceived to be worse on people with pre-existing mental difficulties.

Prevention measures such as restriction of movements and total lockdowns during the COVID-19 era might have negatively affected people with underlying mental illness, causing some of these patients to evade psychological support or use psychotropic drugs making their conditions more acute and dangerous. In some instances, being restricted to attending safe space group sessions where they used to share their experiences has also affected their treatment course.

Before the pandemic, some generous people and organizations offered support of different types to patients with mental difficulties, particularly patients discharged from psychiatric hospitals. Since almost everyone is coping with challenges imminent from the pandemic, there is a significant decrease in support or help mental health patients used to receive. This has, in return, exacerbated their conditions. Therefore, individuals with pre-existing psychological difficulties predict higher psychological impacts following the pandemic than the general public.

Grieving people

Dealing with a significant loss can be one of the most challenging times in a person's life [17]. When a death occurs under challenging moments like in the COVID-19 pandemic context, family and friends can feel additional distress as they are unfamiliar with new ways of participating in funerals. Rwanda's cultural norms before COVID-19 required all family members, friends, and the larger society to participate in funeral activities and support the deceased's family. It was the same culture for happy events, as well [19]. Therefore, it was expected to find many people at the home of the deceased who came to support and comfort the rest of the family members and probably stay overnight [20,21]. From a mental health perspective, such cultural practices offer the bereaved family emotional comfort, prevent social loneliness resulting from broken attachment, and prevent complications of grief [22].

With COVID-19, restriction measures were put to limit the number of people attending social events. In the instance of funerals, only 30 people are currently allowed to attend and for a limited period, cultural funeral rituals like "Gukaraba" and "Gukura ikiriyo" (loosely translated as washing hands and ending the mourning period) are not permitted and ultimately during quarantine; religious ceremonies for the deceased were not allowed [3]. For Gukaraba, the ritual signifies "washing off the death" as a symbolic way of separation from the dead so as death won't follow the living, and this is done using water to purify and wash off the dirt [20].

Consequently, grieving people's mental health is expected to be adversely affected due to the complication of grief among bereaved individuals during the COVID-19 crisis. The complication of grief may stem from conditional bereavement so that there are conditions and protocols to observe in funerals, no complete funerals, and the sense of guilt among relatives of the deceased and other significant ones that may originate from not attending the funeral ceremony.

Victims of violence

The impact of violence is not merely physical but can also be emotional and financial [23]. Whether it is domestic violence, intimate partner violence, or gender-based violence; all types of violence were found to cause immense consequences,

especially on victims' mental health [24]. Even if anyone can be a victim of abuse, neglect, or actual violence, the literature demonstrates that women and children are the most at risk. At the same time, elderly and disabled people suffer from neglect [5,17,25].

Today, some of the COVID-19 restriction measures are likely to have fuelled violence, especially domestic violence. Based on personal opinions, the increase in close contact between the victim and the abuser in terms of shared space and the increase in stress caused by social, economic, psychological factors associated with pandemic offers an opportunity to the abuser to commit more violence.

The lockdown might have hindered the victim from escaping abuse; and reduced the victim's contacts with outsiders [26]. Therefore, it is more likely for some of the COVID-19 measures to have precipitated or even rekindled pre-existing conflicting situations in some families. In some instances, it might have evoked open conflicts.

Children and elderly people

The magnitude of the impact of COVID-19, especially in children and adults, is still yet to be investigated in Rwanda. However, with the closure of schools and children having to spend time in quarantine within families that may be violent and abusive, one may predict possible psychological wounds and impairment in the brain and psyche development and a likelihood of substance abuse and suicidal thoughts at a later age [27].

Children with an intellectual disability such as those with Autism Spectrum Disorder may have had or continue to have limited support from specialized professionals and institutions, hence rendering them more vulnerable.

Nonetheless, children from wealthy families whose education was continued online might have had better coping mechanisms to the psychological distresses, some have resorted to finding alternative ways involving spending much time on social media and using different technologies. However, on the other side, this dependence may result in a technological addiction for these categories of children [28]. Children of frontline health workers are likely to have faced more mental impact as their parents' time has dramatically reduced. More to this, such parents are likely to have enforced

preventive measures at home to minimize contamination risks from their work. This might make children from these families develop a feeling of anger, aggression, and neglect.

Another potential category of vulnerable communities to mental health difficulties because of COVID-19 has been identified as elderly people [29]. In Rwanda, the situation has been intensified with social isolation and reduced social interactions contributing to physical and mental health issues [29]. Heightened precautions and media pointing of elderly persons as having a high mortality rate due to COVID-19 may have contributed to elicit mental health distresses among elderly people coupled with other factors such as: not attending a social event like the burial of their loved one and marriages-events that would otherwise keep them busy and engaged. Depression cases may be high in this category of people. In addition to this, there are few residential homes for elderlies in Rwanda because society expects the direct family to take care of their elders. Lacking interactions with age-like people may have also resulted in other psychological distresses, including anxiety, panic, adjustment disorders, depression, chronic stress, insomnia, among others [30]. Although aging has been documented as a predisposing factor to physical and mental health disorders [30], there is still a need to further research to understand to what extent COVID-19 impacts the mental health of elderly people.

Incarcerated people

It is globally known that COVID-19 is rapidly spread when people are close to one another. Social distancing is among measures to contain the pandemic, whereby it is advised to put the interval of at least 1 meter between two people [31]. However, there is context like being incarcerated were applying such mechanisms of social distancing is almost impossible due to overcrowding; hence the higher risk of contamination with COVID-19. Today, incarcerated people do not only suffer from the guilt of their crimes or their daily living styles as inmates but also with consequences they face that originate from COVID-19. Among other consequences, prisoners are also being affected by procrastinations of their appeal dates at judicial courts- hence staying longer than expected in incarceration. Another factor could be the lack of family member visits. This might also be

aggravated by the fact that an incarcerated person is not allowed to communicate with family and the loved one which might create high anxiety levels.

With COVID-19, incarcerated people may experience extensive stress and worry; caused by the preoccupation about their health at risk once someone in the compound tests positive.

Furthermore, it stabilizes incarcerated people and restores mental calmness; when they are sure that their family is doing well [32].

All the above-stated factors negatively affect incarcerated people so that they can potentially trigger a feeling of loneliness and hopelessness. Thus, it is quite clear that the pandemic might leave behind a heavy psychological burden to endure.

A SILVER LINING DURING COVID-19

The phenomenon of psychological resilience, defined as the ability to support or retrieve psychological well-being during or after addressing stressful disabling conditions [33], has received a lot of attention in the scientific world. The tragedies of the 1994 genocide against the Tutsi [9] in addition to intergenerational difficulties experienced by Rwandans over the years, although no clear literature available, anecdotes data have been suggesting the presence of psychological resilience skills that have encouraged striving even during the most terrible circumstances.

These underlying coping strategies to difficulties for some of Rwandans could explain some of the positive perspectives observed during this pandemic.

Additionally, the time and space created by COVID-19 [34] gave rise to social support and constructive conversations within families, couples, children, and others as they spend more time together. Research has shown a higher association between social support and reduced likelihood to develop psychological distresses and psychiatric conditions [33].

A CALL FOR ACTION

The above-mentioned expected mental health impacts of COVID-19 will require intense interventions and measures to mitigate the consequences on individuals, families, and communities.

Carrying out public and community mental health

awareness, such as public discussions on the taking care of mental health during challenging times by professionals, should be paramount and channeled through all community existing platforms. Messages of hope are necessary and need to be broadcasted by media outlets and posted in all public spaces to reach grassroots levels.

Alternative mental healthcare programs such as the use of Telepsychiatry, e-mental health, and other technological services connecting mental health professionals to service-users at the community level should be leveraged in providing psychotherapy and psychiatric consultations.

Additionally, Rwanda, through its National Transformation Strategy, has boosted technological development such as the use of drones in delivering blood as well as medications to patients with chronic illnesses during COVID-19. This can be a great source to tap into in mental health medication delivery to individuals impacted by

COVID-19 preventive measures and who cannot afford transportation to referral hospitals.

Much attention should be put on monitoring high-risk populations who are susceptible to mental illness and healthcare providers should be trained on stress management skills as well as setting up clinical supervision sessions for those undergoing mental stress as a result of their work.

Besides, people with underlying mental illnesses such as anxiety, depression, panic, etc. should be provided with practical mental health support during quarantine to minimize the distresses that might come with being alone. Likewise, youth with addiction problems should be regularly supported by professionals to avoid relapses.

In conclusion, mental health support screenings should be provided to COVID-19 suspected as well as confirmed cases to understand better individual mental health needs.

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