COVID-19 AND MENTAL HEALTH: THE IMPACT OF LOCKDOWN ON MENTAL HEALTH

By El Mostafa Rezrazi

POLICY CENTER
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The global spread of COVID-19 has caused widespread fear and anxiety, first because of the fear of infection, the anguish of death, and then because of enduring uncertainties about the nature of the epidemic, its modes of transmission, its degree of severity, and the effectiveness of therapeutic intervention protocols to save those infected.

A distinction should be made between two situations that are often confused: on the one hand, the psychological effects caused by the fear of the spread of the pandemic and its severity – and thus revealing the threat they pose to the life instinct – and, on the other hand, those caused by measures taken to combat the pandemic, including the lockdown.

Beyond its economic consequences, the lockdown has had and will continue to have significant psychological impacts on the populations.

The compelling health constraints and the introduction of long-term lockdown measures did not measure the impacts on mental health. Indeed, the spread of the virus has created a widespread state of anxiety and plunged many people into existential states of distress, particularly because of the great number of uncertainties and also because of the media and audio-visual coverage by the public media. At the social and human level, confinement has generated several cognitive-behavioral difficulties, particularly due to changes in the social and economic position and/or role of individuals. Other problems have also emerged in relation to the management and sharing of space and promiscuity.

Confinement has caused disruptions in the daily management of three essential aspects of life: the self-management of biological time in relation to social time, and then in relation to the management of space. This situation has thus necessitated a readjustment between different calendars: the biological calendar of our bodies, that of our social interactions, and that of our professional obligations.

Indeed, the human body follows its own rhythm (sleep, need for physical activity), which has led many people to try to maintain part of this rhythm and to engage in other activities adapted to confinement measures so as to offset the failing parts of this rhythm.

Socially, it should be remembered that most people are not used to being locked up within the walls of their homes for such a long time, nor are they used to remaining helplessly close to their beloved ones without doing anything. The great challenge was therefore to find a way to " give a positive spin " to this proximity, but in a less artificial way. For example, many men locked up at home became extremely demanding, even aggressive, towards their partners without realizing that their prolonged presence at home was intrusive. They had to rediscover the rules of living together. The impact of the COVID-19 crisis in general, and the weight of confinement in particular, varied according to four social and professional categories:

- « Ordinary » people who had experienced anxiety, fear and hardships due to the abandonment of certain daily habits. This has led to a classical clinical picture related to separation, addiction and adaptation;
- People with a history of psychological or mental disorders;
- People with new behavioral, sensory or emotional disorders;

Professionals working in the field of health and security services who have experienced increased concerns and fears, particularly in relation to death, to their mental and physical capacities, to the risk of contagion incurred by them and their relatives, or the lack of protective equipment or the anxiety of not meeting professional expectations.

Cases which have been observed generally point to a variety of ailments. Typical symptoms include fatigue and stress, panic attacks, aggravation of pre-existing physical or mental problems health, increased use of psychotropic drugs, feelings of helplessness, mental anguish, anxiety and psychological distress, especially for those who have continued to work during the confinement period. In addition, there are also disturbances in the sleep cycle and troubles with concentration and appetite, as well as the appearance of new forms of secondary post-traumatic stress disorder. As for depression, I prefer to describe it as « the blue syndrome », a term used by mental health professionals in East Asia because of its wide manifestation in different social strata and categories.

However, the analysis of the psychological impact of the pandemic is carried out at the individual level. It is therefore necessary to consider the capacity of individuals to find appropriate responses and solutions to alleviate their discomfort and to create a lifestyle capable of adapting to this new situation. The idea also consists in activating positive energies and to redeploy them towards professional, sporting or artistic activities that generate peace and well-being in strict compliance with health confinement measures.

This unprecedented situation leads us to take up new challenges, including in the post-crisis period. These include the problem of managing the feeling of exhaustion and « burn out » cases, as well as managing social cohesion.

Post-confinement and the overall mental health of society

Several studies carried out over the last ten years, particularly in East Asia, show that the psychological state resulting from quarantine or confinement does not automatically disappear once health measures are lifted. On the contrary, the state of distress in individuals often persists, sometimes intensifying or even mutating into other pathologies.

Projections indicate that many people will continue to experience deep anxieties, fear of others, concerns about the future in the « post-confinement » phase. Others will show pessimistic reactions during this phase due to a situation of heightened uncertainty. However, fears such as those of contamination or promiscuity in public transport linked to difficulties in complying with social distancing procedures, in the workplace or elsewhere, often interfere with pathological anxieties generated by or resulting from a previous psychological disorder.

Crisis management experts insist on the importance of a rational vision that takes into account the mental health of citizens since almost all health procedures and measures concern human behavior.

No society can stay locked up waiting for the virus to disappear. Human history teaches us that man has developed extraordinary talents to adapt to nature.

The so-called « existential » awareness of a crisis should also be dissociated from its management guided by measures aimed at mitigating risk. The more we deplete our real economies and human energies, the more we lose our collective strength and intelligence in the fight against the epidemic.

Moreover, in terms of prevention, this crisis has highlighted the weakness of the mental health sector in the countries of the Middle East and North Africa (MENA) and the African continent. The number of psychiatrists and psychologists remains below the needs and the increasing demand for mental health services. In particular, securing the mental health of young people is a crucial issue for the take-off of the various development projects of societies, hence the importance of providing psychological counselling in schools and equally in the different urban and rural areas.

Mental health research and lessons learned

In terms of research, the pandemic has opened up a new avenue in the field of mental health sciences, whether in terms of the need for further research into the syndromes and pathological phenomena specific to the crisis and the nature of the measures required, or in terms of distance psychological support techniques and the challenges in respect of evaluation, effectiveness and operability.

The upcoming editions of the Diagnostic and Statistical manual of Mental Disorders (DSM-VI) and the Classification of Mental Disorders (ICD-12)[1] should probably devote specific chapters to the characteristics of mental health during crises, including the symptomatic manifestations of the pathologies, as well as the modalities of crisis management and intervention.

1. There are two predominant classification systems for mental disorders: The International Classification of Mental Disorders (ICMD-11) published by the World Health Organization (WHO) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) produced by the American Psychiatric Association (APA).

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El Mostafa Rezrazi is a Senior Fellow at the Policy Center for the New South. He has also been Professor of Crisis Management. He is currently a distinguished professor at the School of Law of Sapporo Gakuin University, and a visiting professor at Mohammed V University in Rabat. He received his Ph.D. in International Affairs from the University of Tokyo in 1998, and later a Doctorate from Mohammed V University on the Psychological Dynamics of Suicide Bombers (2014). Dr. Rezrazi has taught in several universities and research centers in Japan, the United States, the United Arab Emirates and Morocco. He has served as a visiting professor in Princeton University, and is a Policy Analyst at the Emirates Center for Strategic Research and Studies in Abu Dhabi, and a Deputy Director of Hagoromo University of International Relations in Osaka (Japan). In 2005, he was awarded the Order of Officer of Wissam Al Arch by His Majesty King Mohammed VI. He also received the North-South Cultural Dialogue Award in 1998, and the Peace Boat Merit of Peace Messenger in 2006. He is the President of the Moroccan Association for Asian Studies and the Vice-President of the International Research Group for Transregional & Emerging Area Studies.

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The Policy Center for the New South: A public good for strengthening public policy. The Policy Center for the New South (PCNS) is a Moroccan think tank tasked with the mission of contributing to the improvement of international, economic and social public policies that challenge Morocco and Africa as integral parts of the Global South.

The PCNS advocates the concept of an open, responsible and proactive « new South »; a South that defines its own narratives, as well as the mental maps around the Mediterranean and South Atlantic basins, within the framework of an open relationship with the rest of the world. Through its work, the think tank aims to support the development of public policies in Africa and to give experts from the South a voice in the geopolitical developments that concern them. This positioning, based on dialogue and partnerships, consists in cultivating African expertise and excellence, capable of contributing to the diagnosis and solutions to African challenges.

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