



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Date:	4 May 2022		
To:	Dr MJ Phaahla, MP Honourable Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

**THE MENTAL HEALTH IMPACT OF COVID-19 ON SOUTH AFRICAN SOCIETY:
HOW TO BUILD BACK BETTER**

Problem Statement

The COVID-19 pandemic has affected all who live in South Africa. Since March 2020, government response has focussed on infection prevention, patient care and mitigation of the pandemic. Mental health and wellbeing should also be a major focus. Data suggest that many people have experienced psychosocial distress of various types and severity, partly due to: infection and hospitalisation; illness and loss of loved ones; fear of infection; successive lockdowns; unemployment and economic insecurity; school closures; reduced access to health facilities for physical and mental health care and treatment. Vulnerable groups include those living in poverty, those with pre-existing physical or mental illness, children and adolescents, and health care workers (HCWs).

In South Africa, the pandemic occurred against a backdrop of serious unmet human rights needs among people with psychosocial disabilities (SAHRC, 2017; UNCRPD, 2018) and a suicide rate exceeding 2.5 times the global average (23.5 compared with 9 per 100 000 population) (WHO, 2019). Pre-pandemic mental health services were characterised by a treatment gap of 91%, high readmission rates, poorly resourced community-based and primary care, and neglect of children and adolescents (Docrat *et al.*, 2019; Nguse & Wassenaar, 2021). Furthermore, pre-service mental health care training of all primary health care staff cadres is inadequate for population mental health care needs (ASSAf, 2021).

This Ministerial Advisory Committee (MAC) on COVID-19 advisory provides evidence-informed recommendations to address the mental health impact of COVID-19 on all who live in South Africa, with a focus on building back better to prepare for future pandemics and other healthcare crises.

Evidence Review

This advisory draws on evidence from the most recent and relevant systematic reviews (SRs) on COVID-19 and mental health, including the COVID-END living synthesis (McMaster Forum, 2022) and the World Health Organisation (WHO) Brief (WHO, 2022). Due to limited data from low- and middle-income countries in these SRs, SRs were supplemented with findings from local surveys, qualitative studies, and expert accounts based on clinical experience. Findings from a rapid review of COVID-19 related mental health research evidence for the general public and special populations are summarised below.

See APPENDIX 1 for synopsis of rapid review of global and local evidence

Discussion

A rapid appraisal of the evidence indicated that the COVID-19 pandemic is associated with mental health symptoms and disorders in the general population and several key population groups. The cross-sectional nature of the data and possible selection bias in study samples means it is not known whether human resilience will lead to overall symptom reduction and psychosocial recovery over time, or whether symptoms will persist post-pandemic and for how long. From previous pandemics and epidemics, it is known that the mental health impacts can last for months and years (Chau *et al.*, 2021; Luo *et al.*, 2020; Rogers *et al.*, 2020).

There is a paucity of evidence regarding the mental health impact of COVID-19 on vulnerable population groups. While high levels of psychological distress were found among economically disadvantaged people, the extent to which COVID-19 exacerbated existing stress and future vulnerability is unknown. Regarding people with pre-existing mental illness, very little can be ascertained from available data. Importantly, this group experienced more severe COVID-19 disease and greater COVID-19 mortality than the general population globally (WHO, 2022). While greater COVID-19 mortality is consistent with overall increased premature mortality among people with mental disorders, this has not been explored in South African data (Robertson, 2021). The impact of COVID-19 impact on children, adolescents and youth is also poorly researched. However, the prospect of long-term adverse mental and physical health consequences of orphanhood is ominous. Notably, mental disorders often have their onset in this age group, frequently related to childhood adversity, and may incur lifelong psychosocial disability.

Cross-sectional studies found stress, psychological distress, and depression among HCWs during COVID-19. Although intervention research was lacking, Pollock *et al.* (2020) suggest that to support the mental health of HCWs, “organisational, social, personal, and psychological factors may all be important.”

In addition to psychological stress, COVID-19 may also increase the burden of mental illness through the “long-COVID” syndrome, which includes neurological and neuropsychiatric symptoms such as fatigue, insomnia, depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and impairment in cognitive function (Akbarialiabad *et al.*, 2021; Cebat *et al.*, 2022; Taquet *et al.*, 2021). While more research is needed, some studies show significant neurological and psychiatric morbidity 6-12 months after COVID-19 infection, including conditions such as

stroke and new onset of dementia, insomnia and mood, anxiety, and psychotic disorders (Taquet *et al.*, 2021; Xie *et al.*, 2022).

The MAC on COVID-19 recommendations require not only short-term mitigating actions, but also medium-term mental health system strengthening. There is an opportunity to build back a better mental health system and thus improve ongoing care for the general population, as well as to improve readiness to respond more effectively to future pandemics and other health system crises.

Recommendations

Build Back Better

The COVID-19 pandemic occurred against a well-documented backdrop of a pre-existing significant treatment gap in mental health care services in South Africa. The mental health system is insufficient to service or withstand the pressures of the pandemic. There is an urgent need for investment in system strengthening to provide the resilience needed, not only for post-pandemic recovery, but also to prevent and respond to future challenges. The MAC on COVID-19 recommends that:

1. The mental healthcare system is scaled up, according to the National Mental Health Policy Framework and Strategic Plan 2012 – 2020, the WHO Optimal Mix of Services (WHO, 2007), and the WHO Mental Health Action Plan 2013-2030.
2. The investment case for mental health commissioned by the National Department of Health and drafted by the Alan J Flisher Centre for Public Mental Health should be fast-tracked and adopted.
3. Mental health should be more expressly represented and actioned at the COVID-19 MAC in parallel with infection prevention and treatment strategies. In addition, the new MAC for Mental Health should be urgently appointed under Section 71 of the Mental Health Care Act No.17 of 2002.
4. Greater emphasis be given to community-oriented mental health services that strengthen resilience and self-care in addition to quality decentralised treatment and care in order to build back better to promote greater resilience in future pandemics and healthcare crises (Petersen *et al.*, 2016, 2019).
5. Mental health policies in acute and prolonged public health emergencies should be accompanied by detailed implementation guidance, especially regarding the integration of mental health into general health services.
6. Rigorous research be conducted that monitors the long-term mental health impacts of COVID-19, including “long COVID” in priority groups over the next 2-3 years, including HCWs, mental health patients, children and adolescents, and those living in poverty. Such research should also drive evidence-based prevention and care strategies for these and other priority groups¹.

¹ See e.g., current Botnar/Wellcome mental health systems research proposal call at: https://cms.wellcome.org/sites/default/files/2022-https://cms.wellcome.org/sites/default/files/2022-04/Request%20for%20Proposals_Landscape%20analysis%20on%20mental%20health%20science%2C%20policy%20and%20practice%20in%20twenty-two%20countries.pdf.

General Public

Regarding the general public, the MAC on COVID-19 recommends:

1. The implementation of non-professional interventions within a framework of psychological first aid. Such interventions involve training community members to identify mental health signs and symptoms, are cost-effective and lend themselves to task-shifting models (Petersen *et al.*, 2016).
2. The adoption, inclusion, and application of culturally sensitive, ethically sound, and quality-assured accessible telemental health care approaches. Steps must be taken to ensure that those with limited access to technology are not disadvantaged by such investment (Goldschmidt *et al.*, 2021).
3. A sustainable national toll-free mental health helpline and counselling service could be a feasible, acceptable, effective and cost-effective approach to offer mental help support in multiple local languages to all sectors of society. The utility of such an approach has been ably demonstrated by the South African Depression and Anxiety Group (SADAG).

Specific Populations

Economically disadvantaged persons

4. Those living in poverty have been disproportionately affected by multiple impacts of the pandemic and must be treated as a priority group for increased and improved quality mental health services.

Persons with pre-existing mental illness

5. Barriers to care need to be addressed for persons with pre-existing mental illness must be prioritised, including barriers that pre-date the pandemic and those due to lockdowns and other restrictions to movement introduced during COVID-19. This is an opportunity to address the significant mental health treatment gap in South Africa and to invest in sustainable mental health policy and infrastructure.

Children, adolescents and youth

6. Early childhood development centres and schools should consider psychoeducational interventions aimed at mental health well-being delivered universally to equip children with skills to manage emotions and behaviours in times of crisis (Coetzee *et al.*, 2020). Parents, carers and teachers need access to reliable and consistent technological and educational support in times of crisis to mitigate experiences of anxiety and their worries and concerns about their children's future.
7. Research is required on the potential life-long mental health impacts of the COVID-19 pandemic on young people, as well as risks to their education and employment, and of pandemic associated stress including suicide risk and of orphanhood.

Health Care Workers

8. Research should consider the long-term sustainability of interventions and psychosocial support for HCWs, long-term outcomes such as the resilience and mental health of individuals, the functioning of organisations, and impact on patient care (Pollock *et al.*, 2020).

9. Local interventions are needed to test and scale up include stress management and psychological first aid debriefing sessions through quality and accessible Employee Health and Wellness services; and low-cost, free on-line counselling and psychotherapy services offered by Healthcare Workers Care Network (HWCN).
10. Training curricula of all primary health care practitioners, including community health workers, professional nurses, and primary health care nurses must be revised to include mental health care.

Students

11. Pro-active health and wellbeing programmes including peer-to-peer interventions should be developed and implemented across all education institutions. Curricula should be adapted to include psychosocial components that would assist in adopting healthy lifestyles and building coping skills that promote mental health and well-being. Institutions that do not currently have multi-disciplinary support mechanisms for acute situational counselling, debriefing sessions and coping strategies included in their curricula must be identified and supported to establish such services.

Thank you for your consideration of this advisory.

Kind regards,



PROF KOLEKA MLISANA

PROF MARIAN JACOBS

CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE: 04 May 2022

CC:

- » **Dr SSS Buthelezi (Director-General: Health)**
- » **Dr N Crisp (Deputy Director-General: National Health Insurance)**

Disclaimer: As stipulated in its Terms of Reference, the MAC on COVID-19 is an advisory Committee to the Minister of Health and does not have any delegated powers to act on behalf of, or to commit, the Minister or Government to any actions. Recommendations offered by the MAC on COVID-19 constitute evidence-informed advice only and do not represent final decisions of the Minister of Health or government.

Appendix 1 – Synoptic Review of Mental Health Evidence by demographic group

Demographic group	Global literature	South African data
General public	<ul style="list-style-type: none"> The general population experienced a significant increase in depressive symptoms, insomnia, anxiety, fear, and thoughts of suicide during the first year of the pandemic. Younger age, female gender and pre-existing health conditions may be risk factors. Being diagnosed with COVID-19 was associated with an increase in suicidal thoughts or suicide attempts. Suicide rates did not increase, but the rates of post-traumatic stress disorder (PTSD) did. 	<ul style="list-style-type: none"> The SADAG reported an almost two-fold increase in calls to their mental health helplines in 2020 when compared with 2019. A SADAG survey during April 2020 ($N=1214$) found callers complained of anxiety and panic (55%), financial stress and pressure (46%), depression (40%), poor family relations (30%), suicidal thoughts (12%) and substance abuse (6%). A large University of Johannesburg (UJ)/Human Sciences Research Council (HSRC) online survey ($N=45\ 000$) conducted at five intervals between April 2020 and November 2021 found that in the early period of the pandemic 60% of South Africans were frequently stressed and a third were depressed (Orkin, 2020a, b; Roberts & Runciman, 2022). Indicators of psychological distress declined in round 3 of the survey (December 2020-January 2021), but increased again in mid to end 2021, although not to the same degree as earlier. The National Income Dynamic Study Coronavirus Rapid Mobile Survey (NIDS-CRAM) in three survey rounds from July 2020 to May 2021, found about a quarter of adults (24-29%) reported depressive mood, with 5% to 7% reporting severe depressive mood across survey waves (Hunt et al., 2021). This represents an increase relative to a 2017 NIDS survey using different measures. Among a sample of adult Soweto residents, Kim et al. (2020, 2021) found that 20% reported anxiety and stress-related symptoms and 14.5% had significant depressive symptoms during the lockdown March-April 2020. Localised, qualitative studies reported high levels of stress, depression, anxiety, and living in fear about COVID-19 (Adebiyi et al., 2022; October et al., 2021). Women appear to have borne the greater psychosocial burden of the pandemic (Dekel et al., 2021; DUBY et al; 2022; Mutambara et al., 2022). The UJ/HSRC survey found more women reported being stressed, depressed and fearful than men (Orkin, 2020a, b; Roberts & Runciman, 2022).
Economically disadvantaged	<ul style="list-style-type: none"> No international evidence was found from systematic reviews regarding the impact of COVID-19 on mental health symptoms among those who are most economically disadvantaged. 	<ul style="list-style-type: none"> The UJ/HSRC survey found poorer households expressed higher levels of psychological distress; the strongest associations were with hunger and poverty (Orkin, 2020a; Roberts & Runciman, 2022). NIDS-CRAM similarly found that adults living with children in food insecure households had a higher prevalence of signs of depressed mood (Hunt et al., 2021). Qualitative studies in three provinces documented high levels of psychological strain related to the unavailability of basic necessities, job losses, and deep fear and uncertainty about the future, particularly those with informal employment, food insecurity, and/or living in high density housing (Cloete et al., 2021; Gittings et al., 2021; Schmidt et al., 2020; Theron et al., 2021).

<p>Persons with pre-existing mental illness</p>	<ul style="list-style-type: none"> • Highly heterogenous, very weak evidence from systematic reviews did not find a worsening of symptoms among people with mental disorders early in the pandemic (WHO, 2022). • A non-systematic review of studies over several COVID-19 waves found those with pre-existing obsessive-compulsive disorders (OCD) and PTSD experienced detrimental impacts on their mental health (Manchia, 2022). 	<ul style="list-style-type: none"> • Among adult Soweto residents, Kim et al. (2020) reported that pre-pandemic psychiatric risk predicted greater severity of depressive symptoms and heightened COVID-19 related concern during lockdown. This is congruent with WHO findings that persons with mental disorders have an increased risk of severe illness and death from COVID-19 compared to those without (WHO, 2022).
<p>Children, adolescents and youth</p>	<p>Global evidence is limited and highly variable. However,</p> <ul style="list-style-type: none"> • compared to pre-pandemic levels, the SR informing the WHO report found no increase in mental health symptoms during the early stages of the pandemic (WHO, 2022). • Other SRs found high levels of depressive symptoms, as well as low life satisfaction and anxiety during the pandemic (McMaster Forum, 2022). • Children and adolescents with special needs and pre-existing mental disorders appear to be particularly vulnerable (Manchia et al., 2022; Singh et al., 2020). • At a minimum, 3 374 900 children and adolescents under 18 years lost at least one primary caregiver due to COVID-19 between March 2020 and October 2021 (Unwin et al., 2022) . • While longitudinal studies are lacking, long-term adverse effects of pandemic associated stress and of orphanhood are gravely concerning. 	<ul style="list-style-type: none"> • An increase in anxiety and depression during lockdown, with worries about infection, death, the future, and academic concerns were reported in qualitative studies (Coetzee et al., 2021; Haffeejee & Levine, 2020). • Young adults (18-24) reported feelings of increased anxiety, stress, depression, sadness and an inability to cope (Gittings et al. 2021; Theron et al., 2021). Drivers of distress include uncertainty about the future, financial insecurity and inability to earn a livelihood. • At least 134 500 children and adolescents in South Africa experienced COVID-19 related orphanhood, equating to one in 200 children in every age group (Unwin et al., 2022).
<p>Health care workers</p>	<ul style="list-style-type: none"> • No before/after studies evaluating the mental health impact of COVID-19 on health care workers (HCWs) were found in SRs (McMaster Forum, 2022; WHO, 2022). • Among Intensive Care Unit (ICU) professionals, cross-sectional studies found elevated psychological distress 	<ul style="list-style-type: none"> • Guilt, powerlessness, anger, grief, insomnia, tiredness, anxiety and fear emerge alongside stress and burnout from increased COVID-19 work demands and feelings of being physically and psychologically unsupported at work (Cook et al., 2021; Dawood et al., 2022; Emmamally & Chiyanga, 2020; Sodi et al., 2021).

	<p>during the pandemic (Ali et al, 2021; da Silva & Barbosa, 2021; Elkholy et al., 2021).</p> <ul style="list-style-type: none"> • HCWs with chronic disease may be at increased risk of developing stress and depression (Blake et al., 2020; da Silva & Barbosa, 2021). • High frequencies of physical and mental health concern, including depression and distress were found in cross-sectional studies during major viral outbreaks, including COVID-19 (Cabello et al, 2020; Salazar de Pablo et al., 2020). • The development of PTSD (Schuster & Dwyer, 2020; Carmassi et al., 2020; Crowe et al., 2021) as well as burnout and suicidal thoughts (Shah et al., 2020) are of particular concern. • A SR of intervention studies among HCWs during COVID-19 and other disease outbreaks found insufficient evidence to decide on how best to support HCWs (Pollock et al., 2020) 	
<p>Higher education students</p>	<ul style="list-style-type: none"> • SRs suggest that depressive symptoms observed during the pandemic were not an increase on levels in pre-COVID years (McMaster Forum, 2022). 	<ul style="list-style-type: none"> • An HSRC survey (<i>N</i>=13 119) found 65% experienced mild to severe psychological distress in 2020; this was higher among younger students and females (Reddy et al., 2021). • Qualitative studies link depression and anxiety symptoms to work demands, balancing home and university, feeling disconnected from peers and a lack of mental health support (Makgahlela et al., 2021; Moosa et al., 2022).

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