

Mental Morbidity Arising From Social Isolation During Covid-19 Outbreak

Abayomi Oyeyemi Ajagbe¹   - Oluwanisola Akanji Onigbinde¹  
Oluwatosin Imoleayo Oyeniran²   - Terkuma Chia²  

¹ Department of Anatomy, Faculty of Basic Medical Sciences, College of Health Sciences, Nile University of Nigeria, Abuja, Nigeria

² Department of Physiology, Faculty of Basic Medical Sciences, College of Health Sciences, Nile University of Nigeria, Abuja, Nigeria

Introduction

Health, as stated by the World Health Organization (WHO), "is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (1). The global outbreak of infectious diseases such as Coronavirus disease 2019 (COVID-19) are usually accompanied with symptoms of mental illness and psychological trauma (2). The circumstance of COVID-19 has presented a series of mental health issues to different groups of individuals, patients, and their families, health workers, students, and indeed almost all sectors of human endeavors (2). Mental health can be summarized as a condition of well-being in which an individual realizes their abilities and can cope with stress as well as being productive (3). Poor mental health can be due to worry, stressful work conditions, social exclusion or isolation, and

unhealthy lifestyle (3). This is more than a mere absence of mental disorders but an integral part of health that can be influenced by multiple social, psychological, and biological factors (3). Since the emergence of COVID-19 isolation and quarantine have been greatly employed as a means of curbing its spread (4). The severity of isolation and quarantine varies from climate to climate. However, in the medical context, Isolation is the practice of isolating an individual known to be contagious from non-infected individuals, usually within a health facility, for the duration of the illness while quarantine confines people who have been exposed to a contagious disease for the disease's presumed incubation period (4). These have the potential for instigating mental health challenges like depression, insomnia, fear of the unknown stress, and worry (5).

Corresponding Author: Abayomi Oyeyemi Ajagbe; Dept. of Anatomy, Faculty of Basic Medical Sciences, College of Health Sciences, Nile University of Nigeria, Abuja, Nigeria
ORCID ID: 0000-0002-2110-2626

E-mail: abayomiajagbe4@gmail.com

Received: Apr 2, 2020 **Accepted:** May 24, 2020

Published: June 19, 2020

This is an Open Access article distributed under the terms of Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, or reproduction in any area, original work is properly cited.

The Ulutas Medical Journal © 2020



Coronavirus disease 2019 was first reported to have been transmitted from animal to human in Wuhan city of China, which was the first world epicenter of this disease in December 2019 (6). Subsequent mode of transmission between human-to-human occurred through inhalation or contact with droplets from infected persons or contacts with infected surfaces. This virus has an incubation period of 2-14 days and its symptoms are usually fever, cough, sore throat, short breath, fatigue, among others (6). The rate of transmission and infection of COVID-19 is alarming across the world, and as of 2 June 2020, there are 6,325,303 cases of infected people including medical workers, 2,727,679 recoveries, and 377,460 deaths globally (7). Early detection, diagnosis, treatment, and isolation are efficient prevention and control guidelines to mitigate the spread of COVID-19 among humans (4). Diagnosed coronavirus is usually isolated to curb transmission. This, however, can make them be subjected to a form of social and or emotional isolation.

Social isolation refers to the lack of contact and interaction or insufficient quality and quantity of social relationships (8). This often leads to loneliness, an unpleasant state of mind where there is a deviation from the desired and achieved manners of social relation (8, 9). Healthcare workers just like isolated patients are operating under the same environment during this pandemic and are therefore vulnerable to mental health-related issues. Social isolation has been recognized with cognitive decline and Alzheimer's disease (10). Loneliness in the COVID-19 context may mean feeling lonely rather than being alone due to separation from normal social networks during isolation and may become a prodrome of dementia which is a deviation from mental health (10).

In retrospect, outbreaks have a great negative psychological impact on people at different levels with the muddling of new psychiatric symptoms in individuals without mental illness (2). Also, the proliferation of the state of those with mental illness and notable psychiatric morbidities ranging from dementia, depression, panic attacks, worry, somatic symptoms, and posttraumatic stress disorder symptoms like psychosis have been discovered (9). Findings have revealed that long periods of isolation can lead to increases in psychological disturbances (9). During the Severe Acute Respiratory Syndrome (SARS-CoV) outbreak in Singapore 2003, it was revealed that some health care workers exhibited symptoms of psychiatric disorder as a result of stress experienced during service delivery. In the same year, a higher number of healthcare workers in the emergency department and the psychiatric ward also manifested post-traumatic stress disorder in Taiwan (5).

Furthermore, part of the aftermath of the 2015 Middle East Respiratory Syndrome outbreak in Korea revealed post-traumatic stress disorder (PTSD) showed by medical staff as a result of work-related stress. Some infected patients with kidney diseases also revealed a reduction in the values of their hematocrit which may result in anemia. The drop seen in the volume of some ions like calcium and phosphorus may lead to osteoporosis. All these are indicators of psychophysical stress and mental distress (5).

Stress and mental morbidity may be as a result of uncertainty, wrong information, and social isolation during this outbreak. The economic impact of COVID-19 such as job loss, low and no income has caused fear and anxiety which harms mental health. Furthermore, it has been discovered that health anxiety starts from the

wrong analysis of sensations and changes felt from the body which becomes a plethora during disease outbreak when there is misinformation is associated with the mental health problem (2). Psychosocial supports are very important during this COVID-19 outbreak to alleviate mental stress. People affected by the outbreak should be given emotional support, compassion, and a sense of belonging to reduce the disease stigma which has a positive impact on mental health and recovery.

Moreover, public sensitization with the right information about the disease should be disseminated to the public, most especially how it can be contracted. Preventive and safety guidelines should be properly communicated to help alleviate the fears of the unknown on the patient, health workers, families, and friends as well as the general public (1). Media channels should be guided to guide against misinformation and rumors, but to uphold messages of hope with emphasis on rates of recovery which will have a high impact on the recovery of other patients. Prompt medical attention should be given to older adults and those with cognitive decline because they are vulnerable to stress, anger, and worries during this outbreak. Patients with history of mental health challenges should also be given urgent attention as at when needed during this period (1).

Conclusively, these measures are expedient because stress associated with COVID-19 may have a long-term effect on the mental health of the patient, and the society at large. These effects may take months before it becomes fully evident; therefore, its management demand joint energy and synergy of the health care system, government, and other stakeholders. Also, unrestricted freedom to quality health and

psychosocial support services is highly encouraged and should be readily available to them.

Conflict of Interest

The authors declare no competing interests.

References

1. World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak. Accessed May 16, 2020, from: <https://apps.who.int/iris/bitstream/handle/10665/331490/WHO-2019-nCoV-MentalHealth-2020.1-eng.pdf>
2. Rajkumar PR. COVID-19 and mental health: A review of the existing literature. *Asian J Psychiatr.* 2020;10:2066
3. World Health Organization. Mental health: strengthening our response. Accessed May 30, 2020, from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
4. Wilder-Smith A, Freedman DO. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *Journal of travel medicine.* 2020;27(2):020
5. Torales J, O'Higgins M, Castaldelli-Maia JM, Ventriglio A. The outbreak of COVID-19 coronavirus and its impact on global mental health. *Int J Soc Psychiatr.* 2020;0:1-4
6. Singhal T. A review of coronavirus disease-2019 (COVID-19). *Indian J Pediatr.* 2020; 13:1-6
7. John Hopkins University and Medicine. Coronavirus Resource Center. Accessed June 2, 2020, from: <https://coronavirus.jhu.edu/map.html>
8. Wang J, Lloyd-Evans B, Giacco D, Forsyth R, Nebo C, Mann F, Johnson S. Social isolation in mental health: a conceptual and methodological review. *Soc Psychiatr Epidemiol.* 2017; 52:1451-1461. DOI: 10.1007/s00127-017-1446-1
9. Ho SC, Chee YC, Ho CR. Mental Health Strategies to Combat the Psychological Impact of Covid-19 Beyond Paranoia and Panic. *Ann Acad Med Singapore.* 2020;49(3):155-160
10. Holwerda JT, Deeg HD, Beekmaan TFA, Tilburg GT, Stek LM, Jonker C, Schoevers AR. Feeling of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL). *J Neurol Neurosurg Psychiatry.* 2012;0:1-8

Contact Details

Abayomi Oyeyemi Ajagbe

Department of Anatomy, Faculty of Basic Medical Sciences, College of Health Sciences, Nile University of Nigeria, 900001, Abuja, Nigeria
E-mail: abayomiajagbe4@gmail.com
ORCID: 0000-0002-2110-2626

Oluwanisola Akanji Onigbinde

Department of Anatomy, Faculty of Basic Medical Sciences, College of Health Sciences, Nile University of Nigeria, Abuja, Nigeria
E-mail: onigbindesola@gmail.com
ORCID: 0000-0001-5473-1034

Oluwatosin Imoleayo Oyeniran

Department of Physiology, Faculty of Basic Medical Sciences, College of Health Sciences, Nile University of Nigeria, Abuja, Nigeria
Email: tosinoyeniran1@gmail.com
ORCID: 0000-0001-6720-8453

Terkuma Chia

Department of Anatomy, Faculty of Basic Medical Sciences, College of Health Sciences, Nile University of Nigeria, Abuja, Nigeria
E-mail: terkumachia@hotmail.com
ORCID: 0000-0002-3257-459X

How to cite?

Ajagbe AO, Onigbinde OA, Oyeniran OI, Chia T. Mental Morbidity Arising From Social Isolation During Covid-19 Outbreak. *Ulutas Med J.* 2020;6(2):97-100

DOI: 10.5455/umj.20200607043118