



Finding the Strength to Be: Mental Well-being in the Time of COVID-19

1. Introduction

During the COVID-19 pandemic there has been more and more discussion regarding mental well-being and how this is being compromised both by the pandemic itself and by the restrictions imposed by the lockdown required to contain the infection. "Mental health experts are warning that as the world pandemic drags on, the mounting combination of death, joblessness, and uncertainty is also fuelling a mental health crisis."¹ It is difficult to find a working definition of mental well-being suitable for the particular circumstances created by COVID-19. We know that the pandemic has confronted us with a sense of our own mortality, as well as greatly aggravating the existing fault lines of inequality in our society. The theologian Dietrich Bonhoeffer defined health as *'the strength to be'*. Bonhoeffer was saying that health is the ability to pursue our life story without insurmountable obstruction from illness.² In a time of crisis we need such strength and resilience to deal with and overcome the many challenges which confront us. Many issues retard our sense of mental well-being, while other interventions can assist and encourage it. This paper explores these issues.

2. Psychological Impact of the Lockdown

A report by the World Health Organization's (WHO) mental health department to the United Nations warned of another looming crisis: "The isolation, the fear, the uncertainty, the economic

turmoil – they all cause or could cause psychological distress."³ The world could expect to see an upsurge in the severity of mental illness, including amongst children, young people and healthcare workers.

The enforced Level 5 lockdown was sudden, with little time to prepare for it. Mandatory confinement in a confined space was a shock and people were separated from their support systems, the routine of school/work, and places of worship. Adjusting to the new normal required some effort. In a country characterized by great inequality it is clear that the dwelling in which one is confined reflects that inequality. Staying at home in the suburbs is very different from staying at home in an informal settlement where overcrowding is common.

It is likely that those suffering from pre-existing mental health conditions, such as depression and anxiety, would find their condition deteriorating with the additional stress and worry in this time of uncertainty. Anticipatory anxiety about the future is common, especially concerns regarding health, job security and food security. Many of these concerns are realistic given that many variables are unpredictable. A recent report in the Lancet on the psychological impact of the quarantine stated that the negative effects might include symptoms of post-traumatic stress disorder (PTSD), confusion, anger and fatigue. The report continues that "most people with depression

will not commit suicide but major depression can lead to suicide attempts.”⁴

Cassey Chambers, Operations Director of the South African Depression and Anxiety Group (SADAG), reported that their helpline had experienced a huge increase in calls. “In fact, our calls have more than doubled since the beginning of the lockdown, and it's growing every single day.”⁵ It is important to note parents’ additional child-care responsibilities while schools are closed. Keeping children in a confined space for an extensive period of time and trying to facilitate lessons at home very stressful.

People also have very legitimate concerns about the economic consequences of the lockdown, which have been far worse than anticipated. “Prior to the lockdown, unemployment in South Africa stood at 29%. Many of those who did have informal and formal work within the country are now unable to earn an income. Despite the number of food parcels being delivered, the daily hunger people face goes far beyond the capacity of these organisations to feed them.”⁶ The increases in some grants are palliative and time limited, and once the grant is withdrawn destitution is a very real possibility. Moreover, job losses are set to rise and some businesses will not be able to reopen after the lockdown. “We know that worsening mental health will lead to higher healthcare costs, higher use of disability benefits and greater use of health services. Worsening mental health also leads to lower economic productivity and reduced ability to participate in life.”⁷

Psychologist Tony de Gouveia emphasises that “the bottom-line of collective psychology is that the state of the world affects our mental states/state of mind and our state of mind affects the world. We all have to confront this challenge.”⁸ At the beginning of the lockdown there was a sense of solidarity and common purpose – the President took the citizens of South Africa into his confidence and all were motivated to ‘flatten the curve’. Unfortunately, the unintended consequences of this approach were exceptionally onerous and there has been a groundswell of discontent. Reassurances and new updates from the President have been few. There is a general sense of lethargy and malaise. Things are going to get worse and feelings of anxiety and depression are legitimate. We are all going forward into the unknown.

One of the positive spin offs of the lockdown has been the adoption of pets from animal welfare centres. Sarah Ross, an expert on companion animals, says that “animals offer emotional support in times of crisis. Their presence reduces stress and has a positive impact on mental health. It would be great if lots of shelter animals found loving forever homes now. But it’s crucial for people to consider carefully if they can provide and care for a pet for the rest of its life, and not only for company during a tough time.”⁹

3. Access to Health Care

Some people will have difficulty accessing their chronic medication. Arrangements were to be made to get chronic medication dispensed in advance but there are anecdotal reports about patients struggling to find transport during the lockdown. Others are reluctant to attend hospitals and clinics for fear of contracting the virus. This is particularly concerning for those with psychiatric conditions, those with HIV/AIDS, and with TB. Failure to take the prescribed medication constitutes a significant threat to the health and mental well-being of these patients. Moreover, not many patients have the technology to have remote psycho-social consultations with a psychologist, general practitioner, social worker or psychiatrist.

Furthermore, there has been a decrease in the number of children attending clinics for routine vaccinations and of pregnant women going for both pre-and postnatal check-ups. “Thousands of South Africans are avoiding health facilities, shunning life-saving treatment out of fear of being infected by Covid-19, and of being harassed by police. Even mobile clinics that provide HIV, TB and contraceptive services have reported a huge drop in clients – possibly because all health services are being associated with COVID-19.”¹⁰

Patients with medical emergencies are avoiding emergency departments out of fear of contracting COVID-19, leading to increased morbidity and mortality. HIV, diabetes, hypertension and tuberculosis patients require regular visits to health care professionals. Underlying chronic conditions can be expected to deteriorate, and more patients will require hospital care. Services to oncology patients have also been affected, and a total of 1 413 non-

urgent operations have been cancelled or deferred at the Charlotte Maxeke Johannesburg Hospital since the lockdown restrictions were instituted on 27 March.¹¹ Operations have not taken place and ICUs have been filling up with COVID-19 cases.

4. Children and the Closure of Schools

“The United Nations Educational, Scientific and Cultural Organisation (UNESCO) reported that nine out of 10 of the world’s children were out of school at the start of April 2020. The challenge around the world was to ensure that the negative impact on children’s learning was minimised.”¹² The curriculum has to be adjusted in order to respond to the loss of teaching time. At this point, educators are in a quandary as to the best approach to make up for lost time and identify essential learning that would enable learners to pass the school year and advance to the next level.

Furthermore, nine million children receive a meal at school, and an unintended consequence of the closure of schools has been the spread of hunger. This will compound the incidence of childhood malnutrition.¹³ A shocking 27% of all children under five are stunted, which is defined as “a medical condition that arises from prolonged under-nutrition and which affects physical and brain development.”¹⁴ Early Childhood Development Centres will remain closed, while there will be a gradual opening of other schools under the Ministry of Basic Education. The decision to resume schooling is not without controversy. Parents have legitimate concerns about social distancing and basic hygiene facilities; many schools still have pit latrines and no running water. It is impossible to rectify years of systemic neglect in two months.

While there have not been many child fatalities from COVID-19, there remain concerns that children might be carriers of the virus and that teaching staff or other children with co-morbidities such as asthma could be affected by the virus. Many parents may not wish their children to return to school and may seek to home school, but this is not an option for many parents who do not have access to the resources or the skills to teach. Educationalist Nick Taylor comments that “the large majority of South African families do not have access to the

internet and those that do, unless they are in the most affluent 5-10% of the population, complain about the cost of data.”¹⁵ Many parents will be returning to work and the adequate supervision and health of their children is a cause of acute anxiety. According to the President, “no parent will be forced to send their child to school if they are worried about safety.”¹⁶

Children are vulnerable to exploitation during the lockdown. Disturbingly, the Internet Watch Foundation (IWF), which is a British charity that identifies ‘child sexual abuse material’ online, said it “had blocked and filtered at least 8.8m attempts by UK internet users to access videos and images of children suffering sexual abuse during April alone.”¹⁷ It is likely that this trend is happening in other countries, including our own.

5. Older Persons

One of things that we do know about COVID-19 is that older persons are most likely to succumb to the illness. This is particularly the case with those with co-morbidities such as HIV, diabetes, hypertension, tuberculosis and obesity. The impact on the elderly is well illustrated by the report that at least 22,000 people who have died in care homes in England and Wales have died directly or indirectly from Covid-19.¹⁸ “Most care homes have stopped residents mixing with others and have halted or drastically reduced all activities, exercise and therapies. Homes try to keep residents in contact with their loved ones through the telephone or online. But 80% of care home residents have dementia, preventing many from using technology.”¹⁹

Dr Leon Geffen of Cape Town writes on the difficulties of preventing and containing outbreaks in such facilities: “Care facilities cannot be isolated from the outside world. Staff have to come in daily from their communities, where there may be many infections. We have restricted access to family members visiting their loved ones, but this is difficult psychologically both for residents and for their regular visitors. The life of residents in care facilities has been immeasurably changed by COVID-19, because they are now no longer able to socialise with friends as they used to.”²⁰ Homes for the aged have been in strict lockdown since late March. Family and friends

have not been able to visit, to the considerable distress of the residents and their families, and it has even denied them the corporal works of mercy of visiting the sick and comforting the dying.

6. Substance Abuse

The government's lockdown ban on the sale of cigarettes has spawned an illicit industry worth billions, and a huge loss of income for the Receiver of Revenue.²¹ UCT's Prof Corné van Walbeek said in an interview that, while 14% of SA's estimated 11m smokers have gone cold turkey and quit, 90% of the rest admit to buying illegal cigarettes.²² Many people who used to rely on cigarettes to cope with anxiety or stress were experiencing problems.²³ SADAG reports that one of the top five reasons for calls received related to substance abuse.²⁴ Sudden withdrawal from a substance causes stress and anxiety which is aggravated by close living conditions.

The ban on the purchase of cigarettes and alcohol has been the most controversial of all the lockdown regulations, and the continued ban of tobacco sales under Level 3 has been met with dismay. It has also cost the government a lot of goodwill, and has undermined support for the lockdown and resulted in usually law abiding citizens effectively breaking the law. It is argued that the lack of alcohol saw a corresponding decline in car accidents and gang-related violence, which in turn resulted in a decline in admissions to casualty wards. However, most people entered the Level 5 lockdown with some alcohol in stock. Moreover, there has not been a corresponding decline in domestic violence.

Since the beginning of the lockdown there have been severe limitations on gatherings and on freedom of movement. Support groups such as Alcoholics Anonymous have not been able to meet during the lockdown. However, SADAG, Lifeline and various domestic violence helplines have been able to operate, and by all accounts have been very busy.

7. Homelessness

At the beginning of the lockdown there were attempts to relocate the homeless in areas

where their health and well-being could be monitored and the spread of COVID-19 controlled in this vulnerable group. This has also been the case in other parts of the world. 5 400 homeless people in England and Wales are currently being housed in hotels at the government's expense. Some found the transition from sleeping in a doorway to a hotel disorienting, but after few weeks off the streets, their general health has begun to improve.²⁵ At the beginning of the lockdown arrangements were made to house the homeless in empty boarding houses in schools. However, the approach of the City of Cape Town – to relocate the homeless to a tented facility in distant Strandfontein – was widely criticized. Dr Gilles van Cutsem of *Médecins sans Frontières/Doctors without Borders*, who investigated health issues in the camp, said the grouping together of people, some with severe mental health disorders, some with disabilities, and others suffering from acute withdrawal symptoms from substance abuse, posed a risk to all those forced into the enclosure.²⁶ The facility was eventually closed on 20th May without a clear plan for the future care of the homeless.

8. Dying, Death and Grief

These are unprecedented circumstances. Inevitably, people will die from COVID-19 and all of us will be affected by it in some way. The infectious nature of the virus means that most will die without the consolation and comfort of family and friends. COVID-19 causes separation and many rituals which bring consolation are prohibited. The numbers of mourners attending funerals are limited, and vigils are not allowed. Perversely, funerals have also been a major site of infection. As the numbers of fatalities rise this might result in further restrictions and mass graves. We will have to develop other ways of grieving while we do all we can to protect the living.

“Over time, there will be information as to how best to manage this crisis. However, it is in everyone's interest to support the staff in facilities, who are trying their hardest and working under extreme stress, often putting their own health in jeopardy, to try and provide effective care.”²⁷

9. Conclusion

Since the imposition of the initial Level 5 lockdown, and especially since the easing of the levels, there has been a growing sense of dissatisfaction which “has become a pessimistic outlook on everything and occasionally leads to a loss of a sense of purpose and general all-round negativity. It also has a direct effect on our own sense of self. Self-confidence suffers, energy drops, and there is a bleak outlook on life.”²⁸ SADAG urges that “everyone who is affected by COVID-19 and the lockdown should ideally be doing something every day to help build and implement strategies to look after their mental health so that we can prevent any crises or escalation.”²⁹ A positive outlook boosts

the immune system, which in turn might lessen the impact of COVID-19, should one become infected. While staying informed, it is advisable to limit one’s consumption of news coverage of the virus, as this can become overwhelming. COVID-19 reminds us to make the most of the present and to live in a more conscious way: embrace solidarity of purpose, observe social distancing, wear a mask when out, sanitise repeatedly, be mindful of others, develop resilience and live in hope, and in so doing find *the strength to be* in the time of COVID-19; and believe that we shall overcome.

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¹ <https://www.news24.com/SouthAfrica/News/lockdown-calls-to-mental-health-and-suicide-helplines-have-more-than-doubled-20200516>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220217/n>

³ <https://www.theguardian.com/world/2020/may/14/global-report-who-says-covid-19-may-never-go>

⁴ https://www.politicsweb.co.za/opinion/covid19-be-careful-of-unintended-consequences?utm_so

⁵ <https://www.news24.com/SouthAfrica/News/lockdown-calls-to-mental-health-and-suicide-helplines-have-more-than-doubled-20200516>

⁶ <https://www.dailymaverick.co.za/article/2020-05-13-lockdown-diaries-the-politics-of-food-parcels-in-cape-town>

⁷ Guardian 13th May 2020 Report from Kings College London

⁸ ‘COVID-19: The ABC’s of Surviving Psychologically’, Tony de Gouveia, 2020

⁹ <https://www.four-paws.org.za/our-stories/press-releases/coronavirus-lockdown-the-perfect-time-to-get-a-pet>

¹⁰ <https://www.dailymaverick.co.za/article/2020-05-25-as-people-shun-clinics-doctors-fear-a>

¹¹ <https://www.politicsweb.co.za/politics/1413-ops-deferred-at-joburg-hospital--jack-bloom>

¹² <https://spotlight.africa/2020/05/18/how-do-we-save-our-catholic-schools-from-financ>

¹³ https://www.politicsweb.co.za/opinion/covid19-be-careful-of-unintended-consequences?utm_so

¹⁴ <https://www.dailymaverick.co.za/article/2020-05-26-malnutrition-health-services-and-dem>

¹⁵ <https://www.dailymaverick.co.za/opinionista/2020-05-22-getting-kids-back-into-school-is>

¹⁶ Address to the Nation by President Cyril Ramaphosa, 24th May, 2020

¹⁷ <https://www.theguardian.com/society/2020/may/20/watchdog-reveals-88m-atte>

¹⁸ <https://www.theguardian.com/world/2020/may/18/agency-staff-were-spreading>

¹⁹ Guardian 15th May 2020

²⁰ <https://www.politicsweb.co.za/opinion/how-we-are-dealing-with-covid19-in-care-homes>

²¹ Children have been found selling cigarettes to augment the family income.

[https://www.dailymaverick.co.za/article/2020-05-20-schoolchildren-sell-cigarettes-to-help-](https://www.dailymaverick.co.za/article/2020-05-20-schoolchildren-sell-cigarettes-to-help)

²² Daily Insider: ‘Naive or devious NDZ’s disastrous cig ban sure to cost more than money’, 19th May 2020

²³ <https://www.news24.com/SouthAfrica/News/lockdown-calls-to-mental-health-and-suicide-helplines-have-more-than-doubled-20200516>

²⁴ ‘Guardian’, 13th May 2020 ‘Report from Kings College London’

²⁵ <https://www.theguardian.com/news/audio/2020/may/19/how-coronavirus-led-to->

²⁶ <https://www.dailymaverick.co.za/article/2020-05-04-cape-towns-homeless-want-to-take-part-in-lockdown-plans>

²⁷ <https://www.politicsweb.co.za/opinion/how-we-are-dealing-with-covid19-in-care-homes>

²⁸ <https://www.news24.com/Columnists/GuestColumn/opinion-how-should-president-ramaph>

²⁹ <https://www.news24.com/SouthAfrica/News/lockdown-calls-to-mental-health-and-suicide-helplines-have-more-than-doubled-20200516>