

COVID-19 AND DEPRESSION MANIFESTATIONS OF ADULTS IN NIGERIA

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Abstract

This paper looked into covid-19 and depression manifestations of adults and how it can be ameliorated. The paper reviewed the advent of covid-19 in the world and most especially Nigeria while it was substantiated that the pandemic emanated from China in the year 2019 and brought to Nigeria by an Italian in the year 2020, concept of depression was also reviewed in line with the impacts of Covid -19 pandemic as well as signs and symptoms of depression. It was substantiated from the study that Covid-19 has great impact on the depression manifestations of adults such as it makes them to be isolated because it affects them more than the young ones and adolescents, it also affects their income because of their inability to go about their normal businesses. Based on the above premise, suggestions are made; the older adults should be given more adequate health attention, the government should provide special funds for the older adults so as to be able to cater for their daily needs.

Keywords: Pandemic, COVID-19, Depression, Isolation, Health

Introduction

Many adults and older adults are experiencing depression in the society at large due to the emergence of covid-19 pandemic that has ravaged the whole world because of the enormous fear that it has created on the minds of people. The pandemic has sent many people to early grave because of its attack on the masses and also makes the parents and their children not to be able to trust themselves let alone to come in contact with each other and also avoid eating with themselves. The COVID-19 pandemic in Nigeria is part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus (SARS-CoV-2). The first confirmed case in Nigeria was announced on 27 February 2020, when an Italian citizen in Lagos tested positive for the virus, caused by SARS-CoV-2. On 9th March 2020, a second case of the virus was reported in Ewekoro, Ogun State, a Nigerian citizen who had contact with the Italia (Nigeria Centre for Disease Control, 2020).

On 28 January, the Federal government of Nigeria assured citizens of the country of its readiness to strengthen surveillance at five international airports in the country to prevent the spread of coronavirus. The government announced the airports as Enugu Lagos, Rivers, Kano and the FCT. The Nigeria Centre for Disease Control also announced same day that they had already set up coronavirus group and was ready to activate its incident system if any case emerged in Nigeria. On 31 January, following the developments of COVID-19 pandemic in mainland China and other countries worldwide, the federal government of Nigeria set up a Coronavirus Preparedness Group to mitigate the impact of the virus if it eventually spreads to the country. On the same day, the World Health Organization listed

Nigeria among other 13 African countries identified as high-risk for the spread of the virus. On 26 February, a Chinese citizen presented himself to the Lagos State government on suspicion of being infected with coronavirus. He was admitted at Reddington Hospital and was released the following day after testing negative. Although the COVID-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis as well, if action is not taken. Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country's response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently (Nigeria Centre for Disease Control, 2020).

Schumaker (2020) opined that some population groups are showing high degrees of COVID-19-related psychological distress. Frontline healthcare workers and first responders have been exposed to numerous stressors and ensuring the mental health of healthcare workers is a critical factor in sustaining COVID-19 preparedness, response and recovery. In every community, there are numerous older adults and people with pre-existing health conditions who are terrified and lonely. Emotional difficulties among children and adolescents are exacerbated by family stress, social isolation, with some facing increased abuse, disrupted education and uncertainty about their futures, occurring at critical points in their emotional development. Women are bearing a large brunt of the stress in the home as well as disproportionate impacts more generally. And people caught in fragile humanitarian and conflict settings risk having their mental health needs overlooked entirely. The vast majority of mental health needs remain unaddressed. The response is hampered by the lack of investment in mental health promotion, prevention and care before the pandemic. This historic underinvestment in mental health needs to be redressed without delay to reduce immense suffering among hundreds of millions of people and mitigate long-term social and economic costs to society (Graham, 2020).

Goldbaum (2020) expressed that adolescents and young people are also an at-risk group in the present crisis, as most mental health conditions develop during this period of life. Many young people have seen their futures impacted. For example, schools have been closed, examinations have not been held, and economic prospects have diminished. A study carried out with young people with a history of mental health needs living in the UK reports that 32% of them agreed that the pandemic had made their mental health much worse.⁴⁵ The main sources of distress included concerns about their family's health, school and university closures, loss of routine and loss of social connection. Provision of mental health services must include specific actions tailored for this population. ⁴⁶ Women are another population with specific concerns. A survey on stress levels in the Indian population during the COVID-19 pandemic indicated that 66% of women reported being stressed as compared to 34% of men. During the current situation of COVID-19, pregnant and new mothers are especially likely to be anxious due to difficulties accessing services and social support and fear about infection. In some family arrangements there is an increased burden due to additional duties of caregiving such as homeschooling and taking care of older relatives. As with childhood abuse, the situation of stress and restrictions on movement increases violence towards women. It has been estimated that globally 31 million additional cases of gender-based violence can be expected to occur if the restrictions continue for at least 6 months. A UN Policy Brief has been published looking specifically at the impact of COVID-19 on women and the measures that need to be taken now to address this impact. ⁴⁸ People in

humanitarian and conflict settings whose mental health needs are often overlooked require more attention (Goger, 2020).

Evidence indicates that in conflict settings 1 in 5 people have a mental health condition. The situation of the pandemic may exacerbate existing mental health conditions, induce new conditions and limit access to the already scarce mental health services available. Moreover, it is often difficult to adhere to measures for infection prevention (such as physical distancing) for people in humanitarian settings, such as refugees or internally displaced people living in crowded camps or settlements. This increases risks for COVID-19 infection and generates high levels of stress (Aleccia, 2020). No COVID-19-related mental health data are available yet for people in humanitarian and conflict settings, but data on migrants are worrisome. The Inter-Agency Standing Committee (IASC) has recommended a range of key actions to minimize and address the impact of COVID-19 on mental health and psychosocial well-being. The IASC Reference Group on Mental Health and Psychosocial Support is supporting mental health and psychosocial support coordination groups in more than 20 humanitarian emergencies to strengthen the local humanitarian response in the face of COVID-19.

People of all ages are currently affected by the record-breaking unemployment rates brought on by COVID-19-related business closures. Unemployment rates are projected to reach a high of 32.1% by the end of the second quarter, according to the St. Louis Federal Reserve Bank, with about 50 million Americans being unemployed. This is higher than the unemployment rate during the Great Depression (Faria-e-Castro, 2020). When the unemployment situation stabilizes, we expect to see what we have seen in the past: that although younger workers might fare worse with initial job loss, older workers will fare worse in reentering the workforce. In fact, after the recession in 2008, adults age 62 years and older were the least likely age group to become reemployed once they lost their jobs. They were also more likely to retire earlier than planned and quit their job search within 9 months of becoming unemployed (Johnson & Butrica, 2012). Age discrimination plays a role here because in the face of large numbers of job applicants, employers can apply more arbitrary selection criteria when making hiring decisions and may be more influenced by negative age stereotypes (Neumark & Button, 2014).

Concept of Depression

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (WHO, 2008). Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012).

There are multiple variations of depression that a person can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes. Depressive episode involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function

completely. During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent. Bipolar affective disorder typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated mood and increased energy, resulting in over-activity, pressure of speech and decreased need for sleep (Aronzon, 2020).

While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO, 2008). In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income countries (WHO, 2008). Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Rahman, Patel, Maselko, & Kirkwood, 2008). This risk factor could mean that maternal mental health in low-income countries may have a substantial influence on growth during childhood, with the effects of depression affecting not only this generation but also the next. Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life. Depression can strike at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime. Some forms of depression are slightly different, or they may develop under unique circumstances, such as:

Persistent depressive disorder (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.

Postpartum depression is much more serious than the “baby blues” (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with postpartum depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany postpartum depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.

Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive “theme,” such as delusions of guilt, poverty, or illness.

Seasonal affective disorder is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.

Bipolar disorder is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major

depression (called “bipolar depression”). But a person with bipolar disorder also experiences extreme high – euphoric or irritable – moods called “mania” or a less severe form called “hypomania.”

Signs and Symptoms of Depression according to National Institute of Mental Health, (2013) include:

- i. Persistent sad, anxious, or “empty” mood
- ii. Feelings of hopelessness, or pessimism
- iii. Irritability
- iv. Feelings of guilt, worthlessness, or helplessness
- v. Loss of interest or pleasure in hobbies and activities
- vi. Decreased energy or fatigue
- vii. Moving or talking more slowly
- viii. Feeling restless or having trouble sitting still
- ix. Difficulty concentrating, remembering, or making decisions
- x. Difficulty sleeping, early-morning awakening, or oversleeping
- xi. Appetite and/or weight changes
- xii. Thoughts of death or suicide, or suicide attempts
- xiii. Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Risk Factors for Depression

The following factors can play roles in depression (American Psychiatric Association, 2013):

1. **Biochemistry:** Differences in certain chemicals in the brain may contribute to symptoms of depression.
2. **Genetics:** Depression can run in families. For example, if one identical twin has depression, the other has a 70 percent chance of having the illness sometime in life.
3. **Personality:** People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more likely to experience depression.
4. **Environmental factors:** Continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression.

Impacts of COVID-19 on the Depression manifestation of an Adult

Covid-19 pandemic has made shelter-in-place orders and the closing of organisations have prevented many people from having their preexisting physical, emotional and social needs met through ageing network services and the health-care system. Many of the agencies that “serve vulnerable seniors are scrambling to adjust and minimize potential damage” (Graham, 2020). For example, Area Agencies on Ageing and home-delivered meals programmes are working to fill the gaps created when senior centers and congregate meal programs shuttered. At the same time, volunteer drivers, many of whom are older adults, cannot fulfill their assignments because they are self-isolating. These changes to nutrition programmes can cause older adults with a limited budget to rely on processed foods, making it difficult to achieve adequate nutrition. Alterations in diet can lead to complications with underlying health conditions (Goger, 2020). As another example, home care agencies are struggling to retain clients and workers because both groups are opting out of routine care arrangements in fear of contracting the virus. Kwiatkowski and Nadolny (2020) stated that this lack of attention to personal care, medication

management, and nutrition will lead to deterioration of health and the need for more supportive services in the long term.

Singletary (2020) opined that the effects of income loss and financial market declines on retirement savings are yet unknown, but it is clear at this moment that retirement savings accounts have taken a hit. Older workers may be reconsidering when they will retire, and some people in retirement may feel the need to reenter the workforce. Before the pandemic, the trends toward later retirement, transitional work, and encore careers were underway, and people were working longer – both because they wanted to and because they needed to. These workplace solutions must address the age discrimination that puts older workers at higher risk of depression, health declines, and job dissatisfaction (Marchiondo et al., 2019).

Sciences, Engineering and Medicine (2020) opined that during this pandemic, older adults have received stricter directives on social distancing, as they were one of the first groups encouraged to stay home. Older adults who have experienced a prolonged period of isolation may encounter health effects that long outlast their time in quarantine. The impact of this period of isolation on future physical and emotional well-being of older adults is yet to be determined. At the same time, support services are jeopardized, the health-care system has narrowed its focus to managing COVID-19 cases, meaning other health-care appointments and procedures are being delayed.

Social isolation and loneliness have been linked to negative physical and mental health outcomes, such as increased depression and anxiety symptoms (National Academies of Sciences, Engineering and Medicine, 2020) and increased risk of hypertension, cardiovascular disease, obesity, cognitive decline, and death (National Institute on Aging, 2019). Even before this period of sustained social distancing, social isolation was disproportionately affecting older adults because of diminished social networks, living arrangements, and transportation limitations (National Academies of Sciences, Engineering and Medicine, (2020). During this pandemic, older adults have received stricter directives on social distancing, as they were one of the first groups encouraged to stay home. Older adults who have experienced a prolonged period of isolation may encounter health effects that long outlast their time in quarantine. The impact of this period of isolation on future physical and emotional well-being of older adults is yet to be determined.

Fink (2020) revealed in his findings that crisis has engrained ageism and age-stereotyping in this society. Attitudes and actions in response to this pandemic have been attributed to reduced concern about and value attributed *to* older people: countries were slow to respond because only old people were at risk; treatment and mitigation protocols have been more adequately developed for children and youth in certain hospitals; and saving the economy may be more important than saving these older lives.

Goldbaum (2020) opined that older African-Americans, with higher rates of morbidity and less access to health care going into this crisis, are dying at higher rates when they contract the illness (Evelyn, 2020). Less well-educated older workers are less likely to be able to work from home and their paycheck may depend on them being in service jobs with increased exposure to the virus. Choi (2013) expressed that low-income older adults have less access to computers and online technologies that have eased the burden of isolation for so many people. Intergenerational living arrangements undertaken for economic survival might present solutions for childcare during this period of

homeschooling, yet grandparents do not have options to social distance and self-care in these circumstances.

Conclusion

It was concluded from the study that the Covid-19 pandemic is a serious health challenge that eliminates people's lives if not properly managed. The study also revealed that the older adults are at high risk of contracting Covid-19 pandemic which in turn makes some of these older adults to be self isolated without the instruction of the medical personnels and leads some of them to social disconnections from the younger one's , also makes them to be disconnected technological wise. Once they encountered these challenges , they become depressed and manifests the symptoms and signs of depression such as persistent sad, irritability , feeling of hopelessness amongst others.

Suggestions

The following suggestions are made so as to ameliorate the impacts of Covid-19 on the depression manifestations of adults:

- a. The government should give the health condition and treatment of adults an utmost priority
- b. The family members must be counseled to avoid disconnecting themselves from their older adults so as to make their environment friendly.
- c. The family and relatives of the adults must be counseled to train their adults on how to use technological devices to obtain information about mental health.
- d. The people around older adults must make sure that they provide hot food for them always.
- e. Social and physical distancing must be observed by every living beings.
- f. The wearing of face masks must be enforced on the citizens by the government agencies.
- g. The washing of hands with soap and water must be enforced by the government on the citizens
- i. Governments should make funds available for helpful community initiatives because it is important, now more than ever, to activate and strengthen local support, especially for marginalized people and encourage a spirit of community self-help to protect and promote mental well-being.

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