

**PROFESSORS  
WITHOUT  
BORDERS**



Conference Report

The Mental Health Implications of COVID19

Selina Schneider

March 2021

**CONTENTS**

PARTICIPANTS.....2

1.0 INTRODUCTION.....3

2.0 OPENING REMARKS.....3

3.0 NATASHA EDWARDS, ‘COLLECTIVE HEALING.’.....3

4.0 EDWIN FISHER & SAMANTHA LUU, ‘PEER SUPPORT.’.....4

5.0 JAWO BAH, ‘MENTAL HEALTH IMPLICATIONS ON HEALTHCARE WORKERS IN SIERRA LEONE.’.....4

6.0 Q&A.....5

7.0 CONCLUSION.....6

## **PARTICIPANTS**

### **Moderator**

Yanoh Jalloh

### **Panelists**

Natasha Edwards, LMHC

Assistant Dean & Director of Student Health Services, St. Francis College

Edwin Fisher, PHD

Professor of Health Behaviour & Global Director of Peers for Progress, UNC

Samantha Luu, M.P.H.

Associate Director of the UNC-CH Peer Support Core

Abdulai Jawo Bah, MSC

Global Mental Health PH.D. Candidate, Queen Margaret University

## **1.0 INTRODUCTION**

On the 25th of February 2021, Professors Without Borders hosted a webinar on ‘The Mental Health Implications of COVID19.’ The speakers explored the different impacts that COVID19 could have on one’s mental health, and how this can affect life on a larger scale. There were three presentations and a Q&A section which answered the queries proposed by the audience. The panelists discussed their research and observations and were able to address the statistics surrounding mental health, solutions in the form of peer support, and the impact on healthcare workers in Sierra Leone. The session took place in one and a half hours, each speaker receiving 15 minutes of time.

This webinar was created by Yanoh Jalloh and inspired by the lack of discussion surrounding mental health during the pandemic. The webinar aimed to draw focus on mental health, which is an ever-present concern during COVID19.

## **2.0 OPENING REMARKS.**

Yanoh Jalloh acknowledged that this past year has been traumatic and painful for many people, whether it be the loss of loved ones, jobs, businesses, homes, and livelihoods, she recognised that it has been an enormous weight for all. Many people also suffered from years of disinvestment, biased treatment, and lack of access, so with that said, it is her hope that this event brought solace in knowing that no person is alone and that there are ways to feel better.

Jalloh noted her gratitude to have such well-rounded and inspiring panelists, and thanked the PROWIBO team for making this happen.

## **3.0 NATASHA EDWARDS, ‘COLLECTIVE HEALING.’**

Natasha Edwards highlighted her first-hand knowledge of how the pandemic is affecting students, which she acquired from her position as the Assistant Dean & Director of Student Health Services at St. Francis College. Edwards believed that we were all learning and practicing the new skills simultaneously, since this pandemic is such foreign territory. She stated that we are living in a rapidly changing world full of trauma, and that hearts are heavy everywhere. People felt helpless and overwhelmed, consistently wondering “what’s next?” Further proving her point, studies show that individuals are dying in high numbers around the globe, with a large proportion of them dying alone. Edwards further discussed how many people are experiencing a crisis, whether it be due to job loss, the economic slump, social injustices, or seeing conflicts and riots related to race, which has accumulated to create even more fear.

Edwards answered yes to the question, “Is the COVID19 pandemic affecting our mental health?” As of February 2021, there were 2.48 million deaths from COVID19, and over 111 million confirmed cases of COVID19. Due to the pandemic, people had an increased need for mental health support and a decreased access to resources. The pandemic caused an increased fear of getting sick amongst the population, which led to a rise of anxiety (in the U.S. anxiety rates rose from 11% to 41% during the pandemic). Together with the effects of isolation and quarantine, there was a rise of depression. The effects of COVID19 created a multitude of emotions for people to deal with. Besides anxiety and depression, one could also experience grief, loss, bereavement, vicarious grief, anticipatory grief, or mass trauma. Edwards believed that the pandemic has created a collective trauma throughout the world, and that the pandemic has

threatened basic survival and basic needs. She noted at that point in the pandemic, many are trying to survive, whilst mental illness is on the rise.

Due to concern over mental illness, the Netherlands, the UK, Germany, and Denmark, have added mental illness to the at risk population category for vaccination. Edwards emphasised how the pandemic is affecting everyone, whether it be therapists burning out, suicide rates rising (for people under the age of 30), or people with existing serious mental health issues experiencing exasperated effects. She concluded by recounting that globally, everyone is in this together and will help each-other find a solution.

#### **4.0 EDWIN FISHER & SAMANTHA LUU, 'PEER SUPPORT.'**

Edwin Fisher and Samantha Luu are both employed at University of North Carolina and also work with students. They have found that during the pandemic 56% of students reported having anxiety or depression. Both Fisher and Luu emphasised that the pandemic is affecting everyone in a different way. Fisher and Luu proposed their own solution to this problem, which is called 'Peer to Peer.' They noted their programme focused on peer support for everyone, regardless of race, age, social-standing, or any other factor. 'Peer to Peer' includes groups for everyone, to foster healing. The groups provide a social support base that allows students, staff, and faculty, to help cope with challenges they are facing. They stated their programme's motto is "nobody is without someone to turn to," and they noted that their programme may be applicable as a model for other institutions. Fisher and Luu promoted connection, because they believe nobody should feel like they're alone. They also recognised that this form of healing is a longer process, and want to continue finding creative ways to build community and reduce isolation amongst each other.

To access this resource, please follow the link below.

<http://peersforprogress.org/who-we-are/organization/peer-support-core/>

#### **5.0 JAWO BAH, 'MENTAL HEALTH IMPLICATIONS ON HEALTHCARE WORKERS IN SIERRA LEONE.'**

Jawo Bah, a Global Mental Health PH.D. Candidate at Queen Margaret University, is based in Sierra Leone. Bah started his talk by presenting statistics surrounding mental health issues in Sierra Leone regarding healthcare workers and previous ebola studies. He stated that healthcare workers are regularly exposed to traumatic events and other stressors due to the pandemic. This in turn affected their personal, family, and professional life. Bah noted that due to the lack of reliable data in Sierra Leone, there is a major barrier in effectively responding to the needs of healthcare workers by the government, locals, and international partners. He discussed an ebola study and the DSM (Diagnostic and Statistical Manual of Mental Disorders).

Bah highlighted an array of variables and statistics that allows him to be more informed on how to handle COVID19. In the psychological report, he displayed a chart with the various stressors for healthcare workers, along with their severity. At the top of the list of stressors was a lack of adequate resources, a lack of recognition by governments, and a lack of protective equipment. In conclusion, he believed the solution to improving mental wellbeing of health workers is to focus on stigma reduction, equipping healthcare workers with protective measures, and ensuring that psychosocial support is provided for them.

## 6.0. Q&A.

1. **‘How can newly incoming mental health professionals prepare and best support those who are struggling with their mental health during COVID19?’**
  - a. Edwin Fisher responded to the question by emphasising the need to recognise our role in helping people with various problems. Natasha Edwards added the statement, ‘Practice what you preach, and take care of yourself first.’ Jawo Bah noted that practitioners need to remain culturally sensitive.
2. **‘As a person of colour with no access to competent therapists, what are things we can do to get the care we need?’**
  - a. Samantha Luu responded to the question first by emphasizing self-care again. She then noted an option for care could be to utilise the local community. Natasha Edwards added that people could find support through apps, peer training, and tele-therapists.
3. **‘How do you combat cultural competency, especially in the notion of seeing mental health specialists that look like me when mental health is still so stigmatised in these communities?’**
  - a. Natasha Edwards started by emphasising the need for education about therapy. She noted the need to destigmatize therapy by remaining transparent when approaching conversations. Edwards finished by saying therapy should be marketed as ‘mental wellness.’ Edwin Fisher answered the question by stating there needs to be a move towards cultural pairing, allowing people to share their struggles with others who have similar issues.
4. **‘Have there been any mental health disparities that you’ve seen in the BIPOC community during the COVID19 pandemic?’**
  - a. Edwin Fisher answered by stating BIPOC and low-income groups are suffering more than white, middle-class, and highly educated people. Samantha Luu added that within the university setting, students and staff are more likely to be impacted by COVID19, and therefore, have a higher chance of experiencing mental health issues. Further, the institutionalised racism in academia compounds these issues to create more negative health effects.
5. **‘Could Jawo please elaborate on the research regarding depersonalisation?’**
  - a. Jawo Bah answered the question by explaining his research examined the level of detachment with healthcare professionals. His study showed healthcare workers are distancing themselves from the stress around them, and one way of coping with the pressure is to treat patients like objects. Bah noted the problem behind the increased stress is that the healthcare workers have the skills but lack the equipment and resources. He stated that healthcare workers are frustrated because there are many factors out of their control (such as labs having limited hours), so they are limited in helping their patients.
6. **‘What are the symptoms of burn out?’**
  - a. Jawo Bah answered some of the symptoms, including feeling helpless, exhausted, lethargic, not having the energy or motivation to go to work, or losing the passion for healthcare. He noted that many people do not seek mental health support from healthcare institutions because of the lack of trust in the institutions.
7. **‘What are tangible solutions that professors can use to support students during the COVID19 pandemic?’**

- a. Edward Fisher responded that the key is flexibility and generosity to help everyone get through a difficult time. Some solutions include reducing class time and giving the students a space to discuss the class. However, he noted students need to be equally flexible and generous with their professors during this challenging time.
- 8. ‘How are people coping post-recovery?’**
- a. Edwin Fisher began by noting that people who have not been infected with COVID19 can still experience negative mental health issues. Natasha Edwards added that she believes after the pandemic, new mental health diagnoses will appear. Edwards noted that COVID19 is a type of trauma. She believes people will experience this trauma long after COVID19 is over and will not operate at full capacity. Jawo Bah added that Ebola survivors still experience PTSD symptoms three years on.
- 9. ‘What assessment tools are used to assess for depression and mental illnesses?’**
- a. Jawo Bah suggested the Hopkins Checklist, Hospital Anxiety Depression Scale, or the Depression Scale.
- 10. Are there figures for the relevance of mental health illness for those 20-30 years old?**
- a. Natasha Edwards noted that this period of hardship has led to the highest recorded rates for people under 30. She notes that you people are vulnerable because they do not control what happens in their lives, especially at home.
- 11. ‘In a virtual world, what are some practical self-care activities that can be used during this pandemic?’**
- a. Natasha Edwards noted there should be boundaries between work and downtime. She added that meditation, eating well, and doing an enjoyable activity can be good tools. Jawo Bah noted the ‘infodemic’ and conspiracy theories could lessen mental health during this time. He stressed the importance of only reading from reliable sources for information, especially on COVID19. Yanoh Jalloh then discussed her personal experience during the pandemic and how she had to stop using social media for some time. She recognised it was affecting her mental health negatively. Edwin Fisher added that we should reach out to old friends, as everyone is struggling and would be happy to add another connection.

## **7.0 CONCLUSION.**

Yanoh Jalloh closed the event and thanked all panelists for sharing their time and experience with our audiences and helping improve the quality of higher education for everyone. Jalloh stated her hope that this webinar was as informative and worthwhile for all those who attended.