

Fear of COVID-19 raises risk of depression among Soweto's deprived communities

October 19 2020



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A study into the impact of the COVID-19 lockdown on the mental health of people in Soweto has found a significant link between symptoms of depression and how likely people felt they were to be infected.

Researchers also found that both the perceived risk of infection and the

likelihood of [depression](#) and anxiety increased among people who had suffered childhood trauma and among those already suffering the effects of poverty and deprivation.

Associations between depression and issues such as hunger, violence, poor healthcare, and high rates of poverty have long been recognized, but this study is the first to look at the mental health effects of the pandemic and national lockdown in South Africa under those conditions.

Researchers spoke to more than 200 adults who were already part of a long-term health study in Soweto. This had surveyed 957 people in the months before the pandemic, measuring their risk of mental ill-health, including depression, by asking them to score their mood, feelings, and behavior. The participants were also asked about day-to-day adversity, such as family strife, poverty, deprivation, and violence; about their ways of coping, including support from friends, family, and church; and about adverse experiences in childhood like abuse, neglect, and household dysfunction.

The follow-up survey was carried out over the phone after the first six weeks of lockdown. It asked people to score themselves against major symptoms of depression during the previous month, assessed their knowledge of COVID-19 and how to protect against it, and asked whether they thought they were at less risk, the same risk or a greater risk than others.

The results, published in the Cambridge journal, *Psychological Medicine*, showed people were two times as likely to experience significant depressive symptoms for every step increase in their perceived risk from COVID-19. It was also found that those with a history of [childhood trauma](#) were more likely to have a higher perceived risk of contracting the virus.

In all, 14.5 per cent of those surveyed were found to be at risk of depression, with 20 per cent indicating that COVID-19 caused them deep worry, anxiety, or led to them 'thinking too much' about the virus and its impact.

While the majority did not think COVID-19 affected their mental health, both the data and what people said about its impact on their lives suggested otherwise.

Dr. Andrew Wooyoung Kim of Northwestern University, who co-directed the study for the Developmental Pathways for Health Research Unit at the University of the Witwatersrand, said: "This discrepancy may be due to different ideas of mental health, including mental health stigma.

"While participants believed that the pandemic did not affect their mental health or their 'mind', the strong relationship between perceived risk and [depressive symptoms](#) raises the concern that they may not be aware of the potential threats to their mental [health](#) during COVID-19."

These threats were amplified by other pre-existing adversities, said Dr. Kim and his colleagues, including hunger and violence, an overburdened healthcare system, a high prevalence of chronic and infectious disease, and alarming rates of poverty and unemployment.

They argue that the pressures of COVID-19 and lockdown risk adding to the already high levels of mental illness among people in South Africa, where one in three experience some kind of mental disorder in their lifetimes and where only 27 per cent of patients with a severe mental illness receive treatment.

Dr. Kim said, "Our study re-emphasizes the importance of prioritizing and provisioning accessible [mental health](#) resources for resource-limited

communities in Soweto and across South Africa."

More information: Andrew Wooyoung Kim et al, Evaluating the mental health impacts of the COVID-19 pandemic: perceived risk of COVID-19 infection and childhood trauma predict adult depressive symptoms in urban South Africa, *Psychological Medicine* (2020). [DOI: 10.1017/S0033291720003414](https://doi.org/10.1017/S0033291720003414)

Provided by Cambridge University Press

Citation: Fear of COVID-19 raises risk of depression among Soweto's deprived communities (2020, October 19) retrieved 12 May 2023 from <https://medicalxpress.com/news/2020-10-covid-depression-soweto-deprived.html>

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