

**EFFECTS OF QUARANTINE DUE TO COVID-19 PANDEMIC
ON RELAPSE AMONG ADULTS PREVIOUSLY DIAGNOSED
WITH MENTAL ILLNESS STRESS: CASE OF MATHARI
MENTAL HOSPITAL**

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ABSTRACT

Purpose of the Study: To examine the effects of quarantine due to Covid-19 pandemic on relapse among adults previously diagnosed with mental illness stress in Mathari Mental Hospital. Specifically the study sought to; determine the mental illness stress relapse rate among adults during Covid-19 pandemic period, establish the psychosocial effects of quarantine due to Covid-19 pandemic on mental illness stress relapse among adults, determine the level of access to treatment services among adults previously diagnosed with mental illness stress in Mathari Mental Hospital and recommend measures to be taken to protect adults previously diagnosed with mental illness stress against relapse in future pandemics.

Statement of the Problem: Studies have shown that due to lack of routine social tasks and also remaining at home for a longer time due to quarantine has impact the psychological well-being of adults previously diagnosed with mental illness stress.

Methodology: The study targeted all adults admitted at Mathari mental hospital with mental conditions and the units of analysis was made up of the healthcare providers at Mathari hospital and caregivers (family members) of the patients. Purposive sampling technique was used to obtain a sample of 10 healthcare providers and 40 caregivers. The collected data was analyzed with the

aid of SPSS version 26.0 using descriptive statistics such as frequency and percentage, while qualitative data was analyzed thematically using content analysis.

Result: There was an increase in relapse rate among adult patients previously diagnosed with mental illness stress in Mathari hospital since the onset of Covid-19 pandemic. The study also found that most of the patients admitted with mental illness relapse had developed suicidal thoughts and others exhibited extreme irritability.

Conclusion: The largest public mental health impact has been in the form of stress and anxiety, and predicts a rise in depression, suicide and substance use among adults previously diagnosed with mental illness stress.

Recommendation: There is need for the government to develop a formal mental health response plan specific to the COVID-19 pandemic with allocation of funding for the response and training of community health workers and community health volunteers on psychological first aid to enable access to support for those in need during the pandemic.

Keywords: *Quarantine, Mental illness stress, psychosocial effects, Level of access to treatment services, Relapse rate*

BACKGROUND TO THE STUDY

On 13 March, 2020 the first case of Covid-19 in Kenya a 27-year-old Kenyan lady that had traveled from the United States through London, was confirmed. The Kenyan government identified and also isolated a number of individuals that had actually been in contact with the first case (Brand et al, 2020). On 15 March 2020, the government directed that a number of measures be taken to curb COVID-19, some of those measures included; dust to down curfew beginning from 7 pm to 5 am, secession of movement in and out of the Counties of Nairobi, Mombasa, Kilifi and Kwale and mandatory quarantine of suspected cases. The emergence of Covid-19 has completely transformed the landscape dramatically over the last three months in Kenya with the most prolonged lockdown that the present generation can remember.

The COVID-19 pandemic can be a catalyst for the new onset of psychosis or exacerbation of symptoms in individuals with serious mental illness (Shinn & Viron, 2020). The current strategy of social distancing brought about by emergence of Covid-19 pandemic may bring about poor

psychological results such as social seclusion and solitude, which prevail experiences in people with serious mental disorder (Linz & Sturm, 2013). Isolation has long been related to reduced lifestyle, anxiety, paranoid thinking, and self-destruction ideation (Casagrande, Favieri, Tambelli & Forte, 2020). Social distancing can make individuals with SMI experience substantial psychological distress and also regression of psychotic signs, resulting in enhanced threat of re-hospitalization in this population. While lockdown and quarantines may have been effective in helping to curb the spread of the severe acute respiratory syndrome coronavirus in these major cities, it has not perhaps been conducive to the emotional and mental health of some groups.

Studies suggest that approximately 90% of patients with bipolar disorder have at the very least one relapse in their life time, with an average of 0.6 regressions each year. After healing from a mood episode, nearly 50% ultimately have a relapse within 2 years (Lam, Watkins, Hayward, Bright, Wright, Kerr & Sham, 2013). Relapse of mood episodes, delay remission and recurring signs normally cause hospitalization, enhanced self-destruction threat and/or delay in psychosocial recovery (Agenagnew, 2020).

Relapse in mental illness is deterioration or return in a patient's previous ailment problem after a partial healing and it prevails in all types of mental disorders with various rate of relapse 52-- 92% in schizophrenia, 50 to 90% in substance usage problems as well as 65% to 73% in bipolar illness (Agenagnew, 2020). In the majority of studies age, sex, education and learning level, current employment standing, engaging in religious tasks, kind of mental illness, early age beginning of ailment, period of disease, co-morbidity important usage, variety of episode of ailment, preconception, social assistance, poorer medicine adherence, sort of medication made use of, duration of stopping the medicine, the previous number of a hospital stay, the intensity of symptoms and also current practical status and stigma of people were elements related to regression amongst mentally ill clients (Biliaminu & Aina, 2020).

Relapses can have destructive consequences for people with mental diseases such as schizophrenia, bipolar affective disorder, anxiety, or an anxiousness disorder (Fanta et al, 2020). After every relapse, it may come to be progressively challenging to gain back control over the symptoms as well as consequently, it is specifically crucial for individuals with a mental illness to do all that is feasible to reduce the risk of a relapse. Prolonged periods of social seclusion may additionally intensify hallucinations experienced by individuals with mental disease (El Haj,

2016). Additionally, topsy-turvy thinking in people with SMI can put them at high danger of having or transmitting COVID-19 as these people may not be able to completely recognize the gravity of the pandemic circumstance, social distancing technique as well as other measures in position to lower the spread of COVID-19. Individuals with chaotic thinking are likewise at high danger of experiencing concerns of contamination or stress-induced anxiety, and also most likely misinterpret the physical action of stress and anxiety to respiratory system signs and symptoms that may be associated with COVID-19 (Miu et al, 2020).

The locked-down/quarantine state bounds citizens to become homebound which causes adverse mental health and wellness results like anxiousness states as well as instability concerning the future (Li et al. 2020). The citizens additionally feel dullness, dissatisfaction and irritability under the locked-down state (Tan et al. 2020). The occasion can speed up new mental illness as well as intensify the previously present problems (Dong & Bouey, 2020). The basic population can experience worry and also anxiety of being sick or passing away, helplessness, blame individuals that are already affected and precipitate the psychological malfunction (Montemurro, 2020). A wide range of psychiatric disorders can be found such as depressive disorders, anxiety disorders, panic disorder, somatic symptoms, self-blame, guilt, posttraumatic stress disorder (PTSD), delirium, psychosis and even suicide (Dong & Bouey, 2020).

In the US, the Kaiser Family Foundation discovered in late March, 2020 that 45% of adults believed the pandemic had actually affected their psychological wellness and 19% said it had actually had a major influence on their mental health; on the other hand the US Catastrophe Distress Helplines saw telephone calls from February to March increase by over 300% and all of them were telephone calls related to mental disorder (Czeisler et al, 2020). In Nigeria, the situation is particularly worst with less sophisticated rehabilitation modalities compared with the advance countries. Mental health services in Nigeria are administered through regional psychiatric hospitals and departments with little contribution from the private sector as many revert to spiritual and tradition help. The deficient health infrastructure coupled with poverty make it difficult for people with mental illness to receive adequate psychiatric care in Nigeria especially as a result of the restrictions brought about by Covid-19 pandemic and expose them to the risk of frequent relapse after recovery thereby contributing to increase burden for both patients and their families (Biliaminu & Aina, 2020).

After the first Covid-19 case was reported in Kenya, the immediate measure put in place by the government to stop the spread of the virus among the population was enforcing mandatory quarantine for those who had come in contact with the confirmed cases and those who were coming into the country from regions that had recorded Covid-19 cases (Ahmed et al, 2020). Much as quarantine was the most effective means of controlling the spread, studies have shown that quarantine is frequently an unpleasant experience for those that undertake it since it entails splitting up from liked ones, the loss of liberty, uncertainty over illness condition as well as dullness which can from time to time, create remarkable mental health and wellness results. Self-destruction has actually been reported, significant anger created, as well as legal actions brought complying with the imposition of quarantine in previous outbreaks.

STATEMENT OF THE PROBLEM

A study by MoH in June, 2020 showed that virtually a quarter (25%) of adults in Kenya reported that their psychological health had actually been adversely influenced because of stress and anxiety over the virus infection. As the pandemic endures, it is likely the mental health concern will certainly boost as actions required to reduce the spread of the virus, such as social distancing, service, institution closures and shelter-in-place orders, bring about greater seclusion and also possible economic distress (Jaguga & Kwobah, 2020). Though required to stop death because of COVID-19, these public health procedures subject many individuals to experiencing scenarios that are connected to poor mental health and health outcomes, such as isolation as well as work loss.

Studies have shown that due to lack of routine social tasks and also remaining at home for a longer time due to quarantine has impact the psychological well-being of adults previously diagnosed with mental illness stress. Study has actually likewise revealed that abrupt break out can intensify the psychological health conditions of those with pre-existing psychological health and wellness ailment (WHO, 2020). Much as grownups that already deal with mental health problems might not have been seeking any more help than regular in Kenya, there appears to be little question that lockdown/quarantine because of appearance of Covide-19 pandemic has actually had a general impact on mental health and wellness.

Adults who have suffered serious mental health conditions like schizophrenia or schizoaffective disorder in the past and recovered may have good times when symptoms are managed and they are feeling strong (Gyasi, 2020). However, when they are subjected to challenging times such as

loneliness which comes with being isolated through quarantine, they suffer setbacks and the mental health symptoms worsen. These relapses can commonly result in hospitalization or other severe effects. Among the most usual reasons for relapse is stopping medication, yet regressions can take place even if an individual is taking his or her drug as recommended. Creating skills as well as dealing devices can aid you handle the everyday difficulties of living with a major psychological health and health condition in quarantine centres or locked down at home (Kim et al, 2020). This study therefore sought to assess the effects of quarantine due to Covid-19 pandemic on relapse among adults previously diagnosed with mental illness stress in Mathari Mental Hospital.

RESEARCH OBJECTIVES

- i. To determine the mental illness stress relapse rate among adults in Mathari Mental Hospital during Covid-19 pandemic period.
- ii. To establish the psychosocial effects of quarantine due to Covid-19 pandemic on mental illness stress relapse among adults in Mathari Mental Hospital.
- iii. To determine the level of access to treatment services among adults previously diagnosed with mental illness stress in Mathari Mental Hospital.
- iv. To recommend measures to be taken to protect adults previously diagnosed with mental illness stress against relapse in future pandemics.

LITERATURE REVIEW

Olivares *et al* (2013) examined the definitions and vehicle drivers of regression in clients with schizophrenia. The research study was a literature testimonial based which explored the coverage of relapses as well as the validity of a hospital stay as a proxy for relapse in clients with schizophrenia. A structured search of the PubMed database identified articles that reviewed regression, and a hospital stay as a proxy of regression, in clients with schizophrenia. The findings of the study revealed that non-pharmacological interventions, such as psycho-education and cognitive behavioral therapy, were frequently reported as aspects that might minimize regression. The review likewise determined numerous elements utilized to define regression. Hospitalization was the factor most regularly utilized and stands for a helpful proxy for relapse when reporting in a naturalistic setup.

Gathaiya *et al* (2018) carried out a cross-sectional study on factors associated with relapse among patients with schizophrenia at Mathari Hospital, Nairobi Kenya. A detailed measurable and also

qualitative, cross-sectional study was performed at Mathari mentor as well as referral Healthcare facility where information was accumulated for 2 months in June and July, 2011. Information were accumulated pertaining to participants' market characteristics, knowledge about schizophrenia as well as people' administration protocol making use of a semi-structured survey. The research established that some certain negative effects like completely dry mouth/muscle rigidity/cold extremities and failure to seat/stand still additionally revealed a significant relationship to regression. Some of the side effects' corrective procedures which were taken by the patients like the combination of taking a great deal of water and also cleaning the head and additionally quitting the drugs displayed a considerable relationship to re-admissions (relapse) (Gathaiya *et al*, 2018).

CONCEPTUAL FRAMEWORK

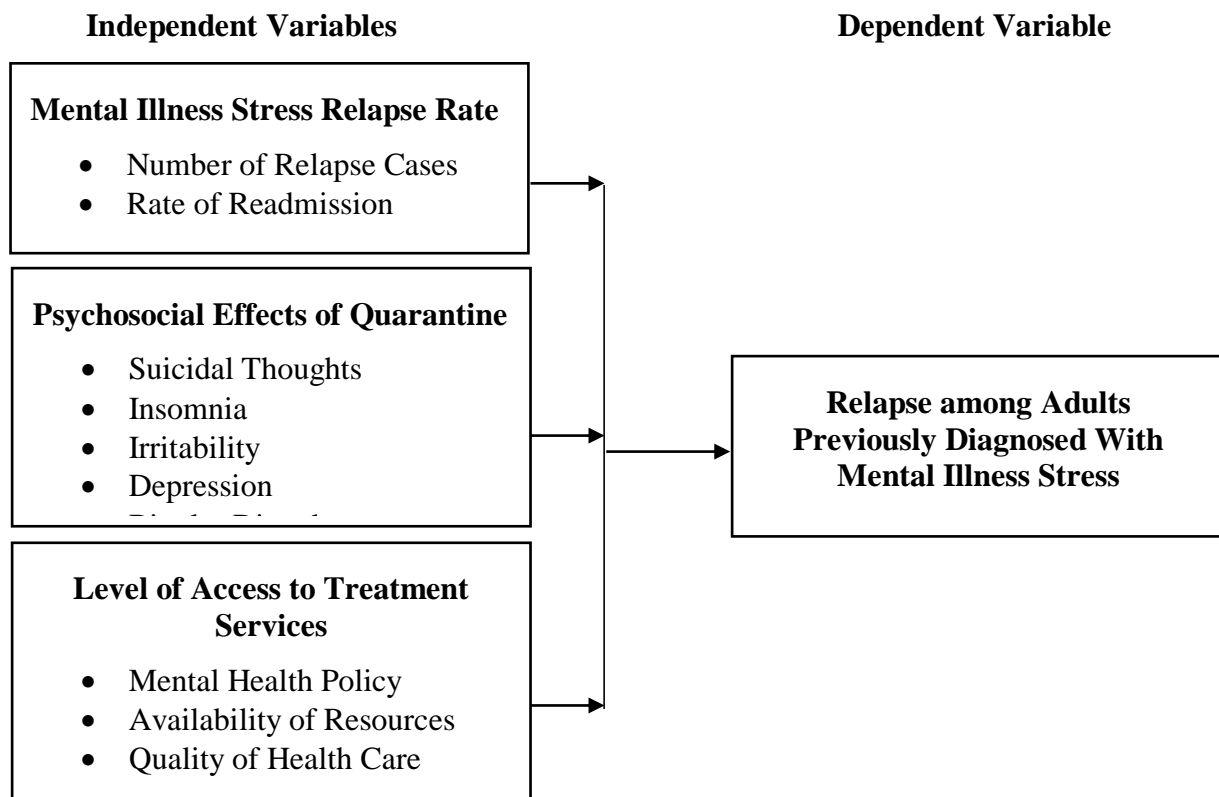


Figure 1: Conceptual Framework

METHODS

This study adopted a mixed method design in which both quantitative and qualitative data will be used; particularly, the study employed a descriptive research design. The approach of the study was based on social constructivism perspective. This perspective says that reality is relative (Daas,

Ossen, Vis-Visschers & ArendsTóth, 2009). The study was conducted at Mathari mental Hospital in Nairobi County and the target population of the study were healthcare providers at the facility and caregivers (family members) of adults patients admitted with mental illness stresses during the period of Covid-19 pandemic (between May and October 2020). The study was conducted between January-July, 2021. The study employed purposive sampling design to carry out the study. This is a nonprobability sampling design that is picked basing on characteristics of a given population as well as the objectives of the study.

The researcher conducted a personal judgment on how well the target respondents are suitable to give information that is aimed at answering the research questions and reaching the objectives. The sampling frame in this study was made up of all adults patients admitted at Mathari Mental hospital with mental illness stress between May and October 2020. This study used non-probability sampling technique particularly purposive sampling technique. The study used purposive sampling to select 10 healthcare providers and 40 caregivers (Family members) to the targeted adult patients admitted with mental illness stress at Mathari Mental hospital. This study used primary data to be collected using both online Google form and interview guide. The study therefore collected both quantitative and qualitative data. The Google form was administered online to the healthcare providers while interview guide was administered to the caregivers (family members).

The study analysed data with the aid of SPSS version 26.0 using descriptive statistics which included the frequencies and percentages captured the characteristics of the variables under study, presents and analyses the data in non-numerical terms and provides insight to the characteristics of the sample on the variables. The study adhered to all the ethical considerations relevant to research. The areas of consideration will include; Submission to Institutional Review Board, confidentiality, data storage, respect for the dignity of the participants, informed consent and debriefing.

FINDINGS AND DISCUSSION

Table 1 shows demographic information about the respondents.

Table 1: Demographic Information

Demographic Information	Category	%
Gender	Male	60
	Female	40
Age	26-35 years	50
	36-55 years	40
	> 50 years	10
Academic Qualification	Secondary	20
	Diploma	50
	Bachelor's Degree	20
	Others	10
Length of Service in Facility	< 2 years	20
	2-5 years	20
	6-10 years	40
	>10 years	20
Duration of Handling Patients	< 6months	10
	1-3 years	20
	>3 years	70
Designation	Doctor	30
	Nurse	50
	Allied Health Professional	20

Results show that most (60%) of the respondents were found to be male, compared to 40% female. This shows that most of the healthcare workers at Mathari hospital attending to people with mental conditions are male. Regarding age distribution, the study found that half of the respondents were aged between 26-35 years, 40% of the respondents were aged between 36-55 years and 10% were aged more than 55 years. This implies that most of the healthcare workers at Mathari hospital handling matters of patients with mental issues are young people who are energetic to handle patients with relapse cases.

The study further found that most of the respondents were holder of diploma as the highest academic qualification (50%), the study found that 20% of the respondents were secondary school graduates, while another 20% were found to be bachelor's degree holders. The study found that only 10% of the respondents possessed other qualifications other than the listed above. The results

imply that most of the respondents included in this study had basic education and therefore were in a position to understand the problem sought by the current study.

Concerning the length of service in the facility, the study found that most (40%) of the respondents had worked in Mathari hospital for a period on between 6-10 years, 20% were found to have worked in the facility for a period of between 2-5 years, another 20% for a period of less than two years, while another 20% had worked in the facility for up to more than 10 years. This implies that most of the respondents had been in the facility long enough to understand how adults that suffer relapse are handle in the facility and therefore the right respondents to answer to the research questions.

The results show that most (70%) of the respondents had been handling patients with mental illness stress for a period of more than 3 years, 20% were found to have between 1-3 years' experience in handling patients with mental illness stress. The study however found that only 10% of the patients had handled patients with mental illness stress for less than 6 months. The results show that half of the respondents were nurses, 30% were found to be doctors while 20% were allied health professionals.

Mental Illness Stress Relapse Rate

The study found that majority (70%) of the respondents believed that relapse rate among adult patients previously diagnosed with mental illness stress in Mathari hospital had increased since the onset of Covid-19 pandemic, with 20% indicating that they were not sure, while 10% believed that the relapse rate had not increased. The results imply that the onset of Covid-19 pandemic precipitated relapse among many adults previously diagnosed with mental illness stress.

The study also found that there was rise in admissions of adult patients in Mathari hospital with relapse cases during the period of Covid-19 pandemic as indicated by most (80%) of the respondents, with only 20% indicating that the cases of admissions among adults with mental illness stress had remained unchanged even during Covid-19 pandemic. This implies that the emergence of Covid-19 pandemic aggravated the rise in adult patients with mental illness stress suffering relapse.

Most of the respondents (60%) indicated that the average number of relapse cases they recorded during Covid-19 pandemic were between 5-10 cases, 20% believed the facility recorded an

average of less than 5 patients with relapse cases, while another 20% believed that the average number recorded in the facility per day was between 11-15 cases.

The study found that averagely between 5-10 cases of relapse recorded in Mathari hospital during Covid-19 pandemic were precipitated by the pandemic as indicated by 50% of the respondents. 20% indicated that just less than 5 cases were precipitated by Covid-19, while another 20% believed between 11-15 relapse cases recorded at Mathari hospital were precipitated by Covid-19, while only 10% indicated that between 16-20 relapse cases among adults with mental illness admitted at the facility had their relapses aggravated by Covid-19 pandemic. In addition, most (40%) of the respondents indicated that they were giving the patients meditation therapy as one way of reducing the relapse rate among adults with mental illness stress, 30% indicated that they were being given family therapy, 20% indicated that they were being treated to reduce the relapse rate, while 10% of the respondents indicated that the patients were receiving art therapy to contain the relapse effect.

Majority (80%) of the respondents were anticipating an upsurge in relapse cases among adults with mental illness stress should Covid-19 pandemic continue to bite, with only 20% indicating that they were not foreseeing an upsurge in relapse cases among the group. This points to the fact that Covid-19 pandemic was actually affecting the relapse rate among adults with mental illness stress and should the same continue more cases can be reported.

Psychosocial Effects of Quarantine Due To Covid-19 Pandemic

It was established that most (60%) of the respondents indicated that they had encountered cases of patients with mental illness stress contemplating committing suicide, while the other 40% had not come across such patients. This implies that most of the adults with mental illness stress admitted at Mathari hospital at one point develop suicidal thoughts. This implies that quarantine due to Covid-19 pandemic makes such patients feel isolated to the point that they begin to develop suicidal thoughts. The respondents indicated that they had come across many such cases of adults with mental illness stress considering taking their own lives.

Regarding cases of insomnia, the study found that most of the respondents agreed that they come across cases of insomnia among patients admitted with relapse cases at Mathari hospital, with only 40% having not had an experience of dealing with patients that had insomnia. Most of the patients admitted at Mathari hospital with relapse exhibited extreme irritability as indicated by 70% of the

respondents. However, 30% of the respondents had not come across patients exhibiting extreme irritability. Since most of the respondents indicated that they had come across patients showing signs of extreme irritability, the study hence can make inference that most of the patients with mental illness stress exhibits extreme irritability. Additionally, the study found that most of the respondents (60%) believed bipolar was common among the patients they attended to with mental illness stress, while the other 40% believed bipolar was not common among the group of patients. This implies that patients that suffers from mental illness stress brought about by quarantine are likely to suffer from bipolar disorder.

Level of Access to Treatment Services

The study found that most (40%) of the respondents believed that the treatment for adults previously diagnosed with mental illness stress in Mathari Mental Hospital was somewhat accessible, 30% of the respondents indicated that treatment services for adults previously diagnosed with mental illness stress in Mathari Mental Hospital was very accessible, while 20% of the respondents felt the treatment services were accessible. The study further show that only 10% of the respondents held the opinion that treatment among adults previously diagnosed with mental illness stress in Mathari Mental Hospital was very inaccessible. The results imply that at least adults previously diagnosed with mental illness stress in Mathari Mental Hospital had some level of access to treatment.

Majority of the respondents (80%) were convinced that mental health policy in place make it possible for patients with relapse cases to access treatment services, with just 20% holding contrary opinion. The results imply that adults previously diagnosed with mental illness stress in Mathari Mental Hospital can access treatment services because the mental policies in place makes it possible for them to access the treatment. This is consistent with the report by MoH (2019) that The Kenya Mental Health Policy 2015-2030 provides for a framework on interventions for securing mental health systems reforms in Kenya. This is in line with the Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014- 2030) and the global commitments. The Constitution of Kenya 2010, in article 43. (1)(a) Provides that “every person has the right to the highest attainable standard of health, which includes the right to healthcare services.

The respondents that believed that there were policies in place were in addition asked to indicate some of the policies put in place to ensure easy access to treatment services during the period of

Covid-19 pandemic. Most of them indicate that some of the policies put in place included; The Kenya Mental Health Policy 2015-2030 is a commitment pursuing policy measures and strategies for achieving optimal health status and capacity of each individual. The goal of this policy is the attainment of the highest standard of mental health. This policy recognizes that it is the responsibility of all stakeholders in the public and private sectors to ensure that this goal is attained. Mental health policy interventions are broad and cut across other sectors and therefore it is imperative that a multi-disciplinary and inter-sectoral approach is employed in the implementation of this policy. This policy has been developed through a consultative process involving public, private and non-state actors under the stewardship of the Ministry of Health.

Concerning availability of the necessary resources, the feeling was 50/50. Half of the respondents indicate that they had the necessary resources in the facility needed to attend to patients with relapse cases, while the other half had a different opinion. Finally, the study established that most (40%) of the respondents believed the healthcare services were responsive, another 40% believed the healthcare services were fairly responsive, 10% indicated that it was very responsive, while 10% indicated that the healthcare service was somewhat responsive. The researcher further conducted an interview with caregivers who were purely family members of adults previously diagnosed with mental stress. The respondents were asked to indicate if their patients had had any relapse since the emergence of Covid-19 pandemic. Most of them indicated that their patients had experienced relapse in the first four months since the emergence of Covid-19 pandemic. This confirm that the isolation brought about by the pandemic resulted in increase in relapse cases in Kenya.

CONCLUSION

The study concludes that the largest public mental health impact has been in the form of stress and anxiety, and predicts a rise in depression, suicide and substance use among adults previously diagnosed with mental illness stress. The study also concludes that Kenya has made attempts at instituting a mental health response to the COVID-19 pandemic despite underlying systemic challenges. However, major gaps remain. The country has no formal mental health response plan, there is an unmet need for psychological first aid, access to mental health care and psychosocial support during the pandemic remains a challenge and there is no systematic collection of data on the mental health impact of COVID-19.

The study further concluded that adults who were previously diagnosed with mental illness stress are at risk of exacerbation and developing mental health relapse problems due to COVID-19. The effects of social isolation on mental health are a challenge during the best of times, but social isolation has taken on a new meaning during the coronavirus pandemic. The study further concludes that it can be difficult to deal with stressful situations when life is functioning normally. And the stress of dealing with the COVID-19 pandemic is unlike anything most of us have seen in our lifetimes. Levels of stress are through the roof, especially since we have very little control over the situation. The pandemic can be especially trying for those who already struggle with how to deal with stress. It's important to find ways to deal with that stress, as its long-term effects can include mental health problems, cardiovascular issues, and gastrointestinal challenges.

RECOMMENDATION

The study recommends four key strategies for strengthening the mental health response in order to mitigate the harmful impact of COVID-19 on public mental health in Kenya. These strategies included; preparation of a formal mental health response plan specific to the COVID-19 pandemic with allocation of funding for the response, training of community health workers and community health volunteers on psychological first aid to enable access to support for those in need during the pandemic, scaling up of mobile health to increase access to care and conducting systematic and continuous text message surveys on the mental health impact of the COVID-19 pandemic in order to inform decision-making.

It's entirely normal to experience a flurry of emotions when a loved one is diagnosed with a serious mental illness, and even worse when a loved one who was just recovering from mental illness stress experiences relapse. Guilt, shame, disbelief, fear, anger, and grief are all common reactions. Acceptance can take time, both for the diagnosed individual, for you, and for other family members and friends. That acceptance happens at a different pace for everyone. This study therefore recommends that it is important for the family members to support their loved ones battling mental illness stresses by; being patient and supportive.

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