

Assessment of Despair among the General Population Following the Extension of the Confinement in Morocco

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Abstract

Original Research Article

Objectives: To describe the degree of despair among the general population after the prolongation of the lockdown following the state of health emergency, caused by the spread of COVID-19 in Morocco and to analyze the different parameters that can explain the occurrence of despair among the general population. **Materials and Methods:** Study conducted among the general population between May 18 and June 10, 2020, using a questionnaire distributed on different social networks. The degree of hopelessness was quantified using the Beck hopelessness scale. **Results:** 304 individuals participated in this study. 45.7% of the participants were between 21 and 30 years old, 57.2% were women and 95.7% of the participants lived in urban areas. Regarding the level of education, 92.1% of our sample had a higher education. After the confinement, 14.3% of the participants lost their jobs and 53.7% didn't receive any remuneration. The majority of participants (90.8%) agreed with the containment measures. Only 9.2% of the participants had a psychiatric history, of which 64.3% were being followed for depressive disorder. Regarding the Beck Hopelessness Scale, the score ranged from 0 to 18 with a median score of 3 and 4.9% of participants had a score ≥ 13 . Primary education level, presence of psychiatric history, and those who disagreed with the confinement decision were at higher risk of acting out. **Conclusion:** The present study confirmed the involvement of participants' educational level, the existence of a psychiatric history, and participants' agreement with the containment measures in increasing hopelessness and consequently increasing the risk of suicidal acting out.

Keywords: health emergency, COVID-19, psychiatric history, depressive disorder.

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INTRODUCTION

The COVID-19 pandemic, was first announced to the world on December 31, 2019 by the World Health Organization as a new viral pneumonia, and then was considered one of the most serious pandemics in history.

This pandemic has affected both the physical and mental health of individuals. Several studies have stated that the fear of getting sick, social and economic problems, and quarantine can cause more anxiety and depressive symptoms in individuals during the pandemic.

Hopelessness, defined as the feeling that any effort to ameliorate a patient's suffering is doomed to fail before it is even attempted, was the subject of several studies published during this pandemic period because of the significant psychological impact that COVID-19 caused in people around the world.

OBJECTIVES

- Describe the degree of desperation among the general Moroccan population after the decision to extend the state of health emergency containment caused by the spread of COVID-19 in Morocco.
- Analyze the different parameters that may influence the occurrence and degree of despair in the general population.

MATERIALS AND METHOD

Descriptive and analytical cross-sectional study conducted among the general population, carried out between May 18 and June 10, 2020.

The information was collected using a questionnaire distributed on the various social networks. This is a randomized study with univariate descriptive and analytical analysis using SPSS 15 software.

The questionnaire explored: socio-demographic characteristics (age, sex, marital status, region, living environment, educational level, occupation before confinement, salary or grant), psychiatric history, agreement with confinement measures and finally the degree of hopelessness was quantified using the Beck Hopelessness Scale which measures negative attitudes towards the future. It adheres to cognitive schemas in which the common denominator is negative expectation of the future, both in the short and long term [3].

This scale consists of 20 items, nine of which reflect pessimism if they are rated "false" and 11 of which reflect pessimism if they are rated "true" [10]. The total score on the scale ranges from 0 to 20. The higher the score, the greater the pessimism and the higher the suicide risk. A score of 13 is a predictive value of the scale associated to suicidal risk [11].

304 people responded to the proposed questionnaire. 45.7% of the participants were between 21 and 30 years old, 57.2% were women. Most of the participants (95.7%) lived in urban areas. Only 0.3% of the participants had completed primary school and 92.1% had higher education. After the containment measures, 14.3% of the participants lost their jobs and 53.7% would not have received any remuneration. The majority of participants (90.8%) agreed with the containment measures.

Only 9.2% of the participants had a psychiatric history, of which 64.3% were being followed for depressive disorder.

Regarding the results of the Beck Hopelessness Scale, the score ranged from 0 to 18 with a median score of 3 and 4.9% of participants had a score \geq 13.

RESULTS

- Descriptive study

- Analytical study

Table 1: Suicidal risk in different categories of participants

		Suicidal risk		P
		No risk	Risk present	
Age	18-20	30 (96,8%)	1 (3,2%)	0,548
	21-30	133 (96,4%)	5 (3,6%)	
	31-40	67 (93,1)	5 (6,9%)	
	41-50	22 (95,7%)	1 (4,3%)	
	51-60	25 (96,2%)	1 (3,8%)	
	>60	12 (85,7%)	2 (14,3%)	
Gender	Male	124 (95,4%)	6 (4,6%)	0,824
	Female	165 (94,8%)	9 (5,2%)	
Living environment	Urban	278 (95,5%)	13 (4,5%)	0,129
	Rural	11 (84,6%)	2 (15,4%)	
Level of education	Primary	0 (0%)	1 (100%)	0,017
	Secondary	21 (91,3%)	2 (8,7%)	
	higher	268 (95,7%)	12 (4,3%)	
Confinement work conditions	Telecommuting	60 (96,8%)	2 (3,2%)	0,648
	Movement	60 (93,8%)	4 (6,3%)	
	Licensed	21 (100%)	0 (0%)	
Compensation	Yes	49 (98%)	1 (2%)	0,622
	No	55 (94,8%)	3 (5,2%)	
Psychiatric history	Yes	24 (85,7%)	4 (14,3%)	0,039
	No	265(96%)	11 (4%)	
Agreement with confinement	Yes	266 (96,4%)	10 (3,6%)	0,007
	No	23 (82,1%)	5 (17,9%)	
Confined	Yes	256 (95,5%)	12 (4,5%)	0,4
	No	33 (91,7%)	3 (8,3%)	

People with a primary education, a psychiatric history and those who disagree with the confinement would be at greater risk of committing suicide.

On the other hand, there was no statically significant difference for suicidal risk according to the other parameters studied.

DISCUSSION

The mental health effects of the COVID-19 pandemic could be significant and there may be an increase in suicide rates. The latter is likely to become a more pressing concern as the pandemic spreads and has long-term effects on the general population, the economy and the health of vulnerable groups [5]. There

is evidence that suicide rates increased in the United States with the 1918-19 influenza pandemic and among the elderly in Hong Kong during the 2003 severe acute respiratory syndrome (SARS) epidemic [6].

Decreased integration, social interaction, and fears caused by epidemics are probably related to the increase in suicide [8]. Isolation and fears are the rule during the period of confinement.

Hopelessness is an important vulnerability factor for depressive symptoms and suicidal ideation. Several studies have shown that suicidal ideation, which is closely related to hopelessness, may increase during an epidemic [1]. In the present study, 4.9% of participants had a score ≥ 13 on the Beck Scale of Hopelessness.

Our study found a significant association between the existence of a psychiatric history and an increase in the degree of hopelessness and consequently an increase in the risk of suicide, but this increase was not significantly related to the type of history, contrary to the results of the study by Kocalevent *et al.*, [9] concerning the high correlation between hopelessness and anxiety in general. In addition, several studies related to hopelessness during the COVID-19 pandemic period objectified the relationship between COVID-19 anxiety and hopelessness [2]. Furthermore, fear, self-isolation and physical distancing may be the cause of the likely adverse effects of the pandemic on people with mental illness and on the mental health of the general population [7].

The economy is significantly affected by this pandemic situation and many citizens have lost their source of income. A study conducted in Turkey showed that loss of income seems to increase the degree of hopelessness of people (1), in contrast to our study which did not show a significant link between loss of work and increased hopelessness.

On the other hand, suicide risk was significantly correlated with our participants' level of education and their agreement with the containment measures decided by the authorities. This raises questions about the relationship between these two parameters and the coping strategies developed by these participants in the face of the various stresses caused by the pandemic.

CONCLUSION

The objective was to study the impact of the extended confinement on the general population in Morocco regarding the feeling of despair which was confirmed by the present study which determines the implication of the level of education of the participants,

the existence or not of psychiatric history and the agreement of the participants with the measures of confinement, factors which would increase the risk of suicidal act in the individual. Hence the need to help patients develop coping strategies and to consider preventive means in order to best preserve the mental health of the citizen.

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