



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

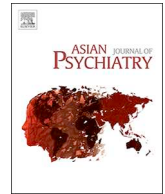
Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



ELSEVIER

Contents lists available at ScienceDirect

## Asian Journal of Psychiatry

journal homepage: [www.elsevier.com/locate/ajp](http://www.elsevier.com/locate/ajp)

## Letter to the Editor

## Stigma, exclusion, and mental health during COVID19: 2 cases from the Philippines



## 1. Introduction

Amid the Coronavirus Disease 2019 (COVID-19) pandemic, the World Health Organization (WHO) called for considerations that might include stigma and social exclusion as mental health and psychological concerns. The editor of the journal has thus justly linked the relevance of the crisis to psychiatry as it has effects on mental health (Tandon, 2020). Psychiatry is vital in the crisis since it exposes psychosocial problems that, in the case of mental health, feed on the response of the people and society at large (Tandon, 2020). Mackolil and Mackolil (2020) then lists anxiety and stigma and their proliferation as contextual effects of misinformation, uncertainty, hesitation to 'disclose or seek help,' fear, and 'unawareness about [sic] health promoting strategies.'

In the Philippines, some provinces have a lesser number of COVID cases due to quarantine measures and distance from the metropolises with a densely larger population. For the first five months (January to May), the province of Southern Leyte – part of the Eastern Visayas region of Central Philippines – enjoyed zero positive cases. As of the 18th of June, however, there are already 33 with 342 total cases in the region (Department of Health and Eastern Visayas, 2020). But the following cases were before the announcement of those who got positive results. One of the crucial aspects that may stem from this is the fact that stigmatization and exclusion may not necessarily be tied to empirical evidence but only in the criterion of whether or not the cases fit the contextual 'shared belief.'

## 2. Consent statement

There is informed consent from the case persons for the publication of the study.

## 3. Case description: 1

This is a young priest of the *Iglesia Filipina Independiente* (Philippine Independent Church) in Padre Burgos, Southern Leyte. He was objectively well and healthy and actively serving his church. But he was allegedly discriminated by his parishioners due to misconceptions. Exploration of the history revealed that while driving home, he mentioned that he passed by a man he recognized and let him in the car since they were heading to the same destination. The man was said to be in contact with a suspected COVID case and was therefore thought to be exposed. The news spread around their church that immediately caused ruckus and fear to their community. The people in their church discriminated him including his altar boys to the point that harsh words were hurled at them. Almost everyone deliberately avoided them. The priest was very upset and hurt after learning this. This resulted in

anxiety around his parishioners. He felt specially excluded and shied away because these people were no strangers to him. The manner of exclusion derails some of his relationships, even to his close friends. He was very worried that his case was not an ordinary incident of prejudice leading to stigma because he represents the church as its pastor and he provides service to those who need spiritual support. "How can I work efficiently if the people are getting rid of me?" he said. A conference held with his fellow clergy and their bishop days after the incident showed the pandemic's effect on him and their churches. His instance of discrimination became a tool for social exclusion and this sadly includes his fellow churchmen.

## 4. Case description: 2

This is a 25-year-old institutional worker of a privately owned hospital in Sogod, Southern Leyte. He was discriminated by his workmates after learning that he suffered from flu-like symptoms. He was advised by the attending physician to self-isolate for 14 days at home as per the COVID prevention protocol. Luckily, it was just ordinary flu and he came back at work after the advised length of time. However, upon returning, his colleagues regarded him indifferently. Some of his close friends at the hospital, for instance, advised him to just go home and leave. Though in a form of jest, some said they would sign a petition to let him be suspended for several days. These kinds of remarks created psychological inputs for him since the jokes resemble a certain degree of seriousness and truth in them. Additionally, the bantering that borders on bullying becomes physical when he was intentionally avoided by some. Openness seemed to be blocked especially when he tries to start a conversation with them. Due to the degrees of 'hostility' that he claims to have experienced when he got back to work, he developed resentment against his colleagues due to the incident. He was unable to work properly and was therefore unable to finish his job efficiently. This has caused many absences. With the drive to work and social interaction impeded, self-doubt, lowered self-esteem, and feelings of vulnerability from being excluded prevailed in his disposition. The impact of this situation has a certain traumatic element as this was for him the first time that he experienced such treatment.

## 5. Discussion

Health care workers in the Philippines often suffer from the abuse that comes from stigma (Reuters, 2020) and this was shown even among themselves in the second case. In the first case, there is the denial of access to the benefits of the group, as the priest can no longer enjoy the company of his parishioners. This denial forms part of the negative effect on the health of those socially excluded (Samers, 1998). Without comfort from contemporaries, the situation may not be

<https://doi.org/10.1016/j.ajp.2020.102292>

Received 19 June 2020; Received in revised form 3 July 2020; Accepted 4 July 2020

Available online 11 July 2020

1876-2018/ © 2020 Elsevier B.V. All rights reserved.

effectively handled. Having a good and empathetic support group and confidence in one's belief are potential factors for recovery. On the other hand, what the second case shows is a kind of disempowerment that is a negative result of stigma and exclusion (Kai and Crosland, 2001). The disempowered perform less in their functions and lose motivation in the workplace, which can jeopardize the outcome of the workforce. Emphatic interventions at home or providing safe places for openness with friends can help ease the effects of exclusion. Good management support from hospitals must also assure employees that evidence-based results must prevail over false beliefs. Moreover, both case persons were young. This has to be taken seriously since "mental health problems early in life can be associated with a trajectory of exclusion and disadvantage" for example through "reduced participation" or "exclusion from civil society" (Evans-Lacko et al., 2014). One critical problem in the Philippines is not xenophobic as in multiracial societies but the misinformation or the hesitance to confer with verified information that provokes discrimination.

#### Statement of disclosure

The authors certify that they have each made a substantial contribution so as to qualify for authorship.

#### Funding disclosure

None.

#### Ethical approval

Proper protocols for consent are followed

#### Declaration of Competing Interest

None.

#### Acknowledgments

The authors would like to thank the case persons for their openness. Jan Kahambing would like to thank April Cabezada and Leo Omamalin for their constant updates on the cases.

#### References

- Evans-Lacko, S., Courtin, E., Fiorillo, A., Knapp, M., Luciano, M., Park, A.-L., et al., 2014. The state of the art in European research on reducing social exclusion and stigma related to mental health: a systematic mapping of the literature. *Eur. Psychiatry* 29 (6), 381–389 2014.
- Kai, J., Crosland, A., 2001. Perspectives of people with enduring mental ill health from a community-based qualitative study. *Br. J. Gen. Pract.* 51 (470), 730–736 2001.
- Mackolil, J., Mackolil, J., 2020. Addressing psychosocial problems associated with the COVID-19 lockdown. *Asian J. Psychiatry* 51 (2020), 102156.
- Reuters, 2020. Covid-19: Philippines Health Care Workers Suffer Abuse, Stigma. Retrieved from. <https://www.nst.com.my/world/world/2020/03/579698/covid-19-philippines-health-care-workers-suffer-abuse-stigma>.
- Samers, M., 1998. Immigration, 'ethnic minorities', and 'social exclusion' in the European Union: a critical perspective. *Geoforum* 29 (2), 123–144 1998.
- Tandon, R., 2020. The COVID-19 pandemic, personal reflections on editorial responsibility. *Asian J. Psychiatry* 50, 102100 2020.
- Department of Health, Eastern Visayas, 2020. Retrieved from: <http://ro8.doh.gov.ph/>.

Jan Gresil S. Kahambing\*  
*Curator and Research Coordinator for the Social Sciences and Values  
 Education, Leyte Normal University, Paterno Street, Tacloban City, 6500,  
 Philippines*  
 E-mail address: [vince\\_jb7@hotmail.com](mailto:vince_jb7@hotmail.com).

Shienazile R. Edilo<sup>a,b</sup>  
<sup>a</sup> *Corrompido Specialty Hospital, Southern Leyte, Philippines*  
<sup>b</sup> *University of the Visayas, Cebu City, Philippines*  
 E-mail address: [eshienazile@gmail.com](mailto:eshienazile@gmail.com).

\* Corresponding author.