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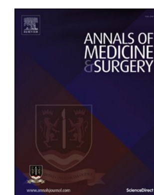

Correspondence

Mental health implications of monkeypox: An urgent need for action

Monkeypox is a resurgent global public health threat, and the fight against COVID-19 is far from over. After the smallpox virus was successfully eradicated in 1968, the human monkeypox was first identified in the Democratic Republic of the Congo in the 1970s [1]. It is a zoonotic infection, and human-to-human transmission is possible through close contact with an infected individual [2]. Myalgia, asthenia, lymphadenopathy, lesions, headache, fever, back pain, malaise, and a distinctive rash characterize the disease [2]. The re-emergence of the disease raises alarm and concern among countries. Between January 1, 2022, to August 31, 2022, a total of 51,257 confirmed cases were reported with 8 deaths; most of these cases were from countries that have not historically reported monkeypox [3]. The top three countries in terms of the number of confirmed cases were the United State, Spain and Brazil with 18,988, 6543 and 4693 cases respectively [3].

Previous outbreaks of emerging infectious disease (EID), such as Ebola and COVID-19, have been linked to a variety of mental health concerns [4,5]. The signs and symptoms of monkeypox, as well as the methods of controlling its spread, are linked to stressors such as fear, panic, anxiety, anger, boredom, exhaustion, social isolation, financial loss, and stigma. The uncertainty surrounding the disease can cause mental stress. Psychosocial tendencies in human monkeypox inpatients have previously been reported [6]. Patients and relatives expressed concern about stigmatization and discrimination by hospital staff, community members, and family members. Four patients with skin rashes were turned away by healthcare workers [6]. This is not unrelated to their fear of contracting the infection.

Financial losses, social isolation, and psychosocial concerns are common during viral outbreaks. All of these factors increase the likelihood of suicidal ideation and suicide [7]. Suicide and suicidal ideation can result from individuals with undiagnosed mental illness as well as other factors such as fear, loneliness, depression, and abandonment [8–10]. As a result, if such a person is isolated, he or she may require additional care. Evidence has shown that longer isolation is associated with worse psychological outcomes [10]. Scars from skin lesions and rashes can make a healed patient feel low in self-worth and esteem. Healthcare workers are not excluded from the need for care during an emerging public health crisis. They are overburdened and exhausted by their workload, which, based on the experiences of outbreaks of EID, has a direct impact on their mental health.

Misinformation and fiction characterize epidemics such as monkeypox. The society and social media contribute to the spread of false information, which heightens public fear and panic. As a result, the general public must be educated on the negative role that unconfirmed assertions play. Psychological assessments by mental health professionals - clinical psychologists, psychiatrists, and psychiatry nurses - should be implemented at the point of isolation and quarantine to detect early mental illness that may progress to suicide. Adequate psychosocial support should be provided to healthcare workers and caregivers. Given the known duration of incubation periods, the length of isolation should be limited to a scientifically reasonable one, and not taking an overly precautionary approach to this would reduce the effect on people [10]. As the World Health Organization outlined measures to reduce the spread of the re-emerging monkeypox infection, the mental health of the patient, caregiver, healthcare workers, and the general public must be prioritized.

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Not required.

Declaration of competing interest

None.

References

[1] World Health Organization. https://www.who.int/news-room/fact-sheets/detail/monkeypox accessed on 01-08-2022.

[2] Robert A. Weinstein, Aysegul Nalca, Anne W. Rimoin, Chris A. Whitehouse SinaBavari, Reemergence of monkeypox: prevalence, diagnostics, and

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countermeasures, Clin. Infect. Dis. 41 (Issue 12) (15 December 2005) 1765–1771, https://doi.org/10.1086/498155.

[3] Centers for Disease Control and Prevention, Global Map and Case Count, 2022. https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html. (Accessed 8 January 2022). Website.

[4] Anant Kumar, K. RajasekharanNayar, (2021) COVID 19 and its mental health consequences, J. Ment. Health 30 (1) (2021) 1–2, https://doi.org/10.1080/09638237.2020.1757052.

[5] B. Ganesan, A. Al-Jumaily, K.N.K. Fong, P. Prasad, S.K. Meena, R.K.Y. Tong, Impact of coronavirus disease 2019 (COVID-19) outbreak quarantine, isolation, and lockdown policies on mental health and suicide, Front. Psychiatr. (2021) 12, https://doi.org/10.3389/fpsyt.2021.565190.

[6] D. Ogoina, J.H. Izibewule, A. Ogunleye, E. Ederiane, U. Anebonam, A. Neni, et al., The 2017 human monkeypox outbreak in Nigeria —report of outbreak experience and response in the Niger delta university teaching hospital, bayelsa state, Nigeria, PLoS One 14 (2019), https://doi.org/10.1371/journal.pone.0214229.

[7] D. Ogoina, A. Mohammed, A. Yinka-Ogunleye, C. Ihekweazu, A case of suicide during the 2017 monkeypox outbreak in Nigeria, IJID Regions 3 (2022) 226–227, https://doi.org/10.1016/j.ijregi.2022.04.004.

[8] M.A. Reger, I.H. Stanley, T.E. Joiner, Suicide mortality and coronavirus disease 2019 —a perfect storm? JAMA Psychiatr. 77 (2020) 1093, https://doi.org/10.1001/jamapsychiatry.2020.1060.

[9] E. Leaune, M. Samuel, H. Oh, E. Poulet, J. Brunelin, Suicidal behaviors and ideation during emerging viral disease outbreaks before the COVID-19 pandemic: a systematic rapid review, Prev. Med. (2020) 141, https://doi.org/10.1016/j.ypmed.2020.106264.

[10] K.B. Samantha, K.W. Rebecca, E.S. Louise, W. Lisa, W. Simon, G. Neil, J.R. Gideon, The psychological impact of quarantine and how to reduce it: rapid review of the evidence, Lancet 395 (2020) 912–920, https://doi.org/10.1016/S0140-6736(20)30460-8.

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