



Context

Poverty and vulnerability

Poverty was a significant indicator of vulnerability during the COVID-19 pandemic in Morocco. The loss of jobs, dwindling sources of income and the lack of a social security system exposed individuals and families to social and psychological issues. In April 2020, a survey conducted by the High Commission for Planning in both urban and rural areas revealed that 34% of households had no income due to the pandemic. Anxiety was identified as the main psychological impact of confinement, with 41% of Moroccan households experiencing fear. Other effects included feelings of claustrophobia experienced by 30% of households, sleep disorders affecting 24% of households and psychological disorders like hypersensitivity and nervousness or fatigue observed in 8% of households.

Based on the national survey conducted in June 2020, which examined the effects of COVID-19 on the socioeconomic and psychological conditions of refugees, it was found that anxiety,

depression and fear were the primary psychological consequences of confinement. The survey revealed that these impacts were experienced by 52.5% of refugees overall, with 55.1% among female-headed households and 52% among male-headed households.

Service users and their family members

Limited access to healthcare

The redirection of resources toward the COVID-19 health emergency resulted in limited access to routine and critical healthcare for both rural and urban populations. A survey conducted by the High Planning Commission in June 2020 showed that 34.5% of women and 38.2% of men reported a lack of access to healthcare due to the health crisis. In rural areas, this percentage was even higher at 41.2%. This lack of access to timely healthcare worsened chronic health conditions, including psychological issues, and created a sense of helplessness among individuals and their family members, leading to increased psychological distress.

Service providers in health and social care

Exhaustion among service providers

The global impact and prolonged duration of the COVID-19 pandemic resulted in exhaustion among service providers. A national study of 1267 public sector physicians from all regions of Morocco revealed that nearly a third of physicians suffered from depression (31.5%), anxiety (29.2%) and post-traumatic stress disorder (21.7%). Many healthcare workers experienced difficulty concentrating and asthenia as a result of the psychological impact.

Challenges

Morocco faced several challenges in addressing mental health issues during the pandemic.

Convincing policymakers about the importance of mental health support.

Mobilizing funds for the establishment of mental health and psychosocial support (MHPSS) services.

Strengthening human resources for MHPSS provision.

Absence of intermediate structures for mental health support.

No access to cultural centers for individuals with mental health disorders.

Shortage or lack of availability of medicines.

Increased relapses due to confinement and limited support.

Exclusion of mental health medications from social protection coverage.

Discontinuation of treatment by individuals with mental health disorders due to confinement.

Growing demand for mental health and psychosocial support.

Economic vulnerability hindering access to communication mediums.

Prevalent stigma attached to mental health in society.

Delivering mental health and psychosocial support services (MHPSS) and ensuring continuity Innovative solutions

To address the challenges and ensure the continuity of mental health services, the following innovative solutions were implemented.

Telephone helplines staffed by mental health professionals to provide psychological support for

distress and people with mental disorders.

Remote consultations through phone and WhatsApp, including emotional support via social networks, including Instagram, Facebook and the Befrienders worldwide network (by Association Sourire Reda).

Remote psychiatric prescription renewal through WhatsApp.

Provision of medicines for those in need, especially the poor and destitute.

Establishment of listening units by medical schools in collaboration with NGOs to provide psychological support and diagnosis through telephone or WhatsApp.

Helplines such as "Stop Silence" (by Association Sourire Reda) offering emotional support and assistance to young people with suicidal thoughts.

Distance psychoeducation for families of patients facilitated by patients' family associations, including Association Chams, Association Sila, Association des Usagers de la Psychiatrie and Chourouk Association.

Provision of teleconsultations, face-to-face consultations, support groups and peer support (by Chourouk Association, Remote Socio Medical Centre).

Mobile units for psychiatric visits (by Afak Association for Mental Health and the Peer Helpers Association for Psychosocial Rehabilitation) and liaison psychiatric activities in healthcare facilities.

Specialized psychiatric care for patients with both COVID-19 and mental health disorders.

Continuity and sustainability of care and harm reduction services for people with substance use disorders.

Capacity building through professional training, webinars and conferences organized by psychiatric professional associations.

Lessons learnt

Several lessons were learned from the experience of delivering MHPSS services during the pandemic.

The need to develop digital health and remote interventions.

MHPSS should be a subject of an independent action plan.

Allocation of funds must be ensured for MHPSS services.

Mobile health proved to be an efficient method for psychiatric consultation and support during confinement.

Helplines played a crucial role in providing psychological first aid.

Mobile health should be promoted and encouraged.

MHPSS needs to be integrated into the national emergency response plan.

Research studies on mental health will further strengthen understanding at the national level.

Availability of medicines must be ensured.

References

[Enquête sur l'impact de Covid-19 sur la situation socioéconomique et psychologique des réfugiés au Maroc](#)

[Impact psychologique de covid-19 : Enquête auprès de 1267 médecins marocains](#)

[La Stratégie du Maroc Face Au Covid-19](#)

[Téléchargez le e-book "My Care" de Sourire de Reda](#)

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