



CASE REPORT

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Mental Health and Psychosocial Support. Considerations Among Frontline Healthcare Workers in Cameroon

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ABSTRACT

Mental health as a valued source of wellbeing can be maintained and fostered by efficient psychosocial support, especially during a crisis. It consists of core values like realizing one's abilities, overcoming daily life challenges, living a productive life and contributing to one's community. It is one of the most neglected domain of public health in Cameroon; hence, the mental health of Frontline healthcare workers as emergency responders during the COVID-19 outbreak was a major concern to us. Beside the neglect, there is little or no understanding of mental health issues, coupled with ills like stigmatization and discrimination. The advent and the precarious spread of the novel COVID-19 generated a sense of vulnerability and triggered the exacerbation of underlying psychological disturbances especially among this population. These disturbances are characterized by troubled thoughts, emotions, behaviors and relationships with others. They can manifest in diverse forms, typically in accordance with the WHO's ICD or APA's DSM. Thus, some forms include: anxiety, acute stress, depression... These entities could originate from individual attributes as well as the social circumstances (and environment) in which people find themselves. Since these determinants interact dynamically and could threaten or protect mental health, it was necessary to pinpoint certain psychosocial support considerations for this group. This involved non-specialized interventions that would encourage self-care as well as promote team care.

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Introduction

Prior to the COVID-19 pandemic and as of now, the Cameroon healthcare system has not set up any concrete measure to respond to mental health and psychosocial wellbeing, despite the growing needs and concerns of its population. With the advent as well as the precarious spread of the novel COVID-19, some prominent factors are likely to generate a sense of vulnerability, on the one hand and a plethora of psychological responses, on the other hand; especially among frontline healthcare workers. These factors could be linked to: the nature of the virus, person- and job-related issues and the healthcare system etc. As such, it is highly unlikely for any individual to remain immune after being exposed to such "triggers". Individuals would manifest a variety of distress reactions. While some individuals will show a variety of immediate distress responses, others would respond much later, in the form of complex psychological entities. Actually, people will respond differently to a crisis event. Consequently, if the mental health and psychosocial wellbeing of the frontline healthcare workers are not addressed early, they will have far-reaching and long-term impact on the individuals, the patients, the healthcare system and even the socio-economic and political set up of the nation. Nevertheless, with the right support and care, most frontline response workers will be able to recover emotionally, resume functioning and cope effectively. As such,

we assert that the promotion of mental health and psychosocial wellbeing should not be an afterthought in the COVID-19 response; the government and other stakeholders ought to incorporate it into all phases of intervention. Therefore, this essay is aimed at defining the mental health and psychosocial support considerations among frontline healthcare workers in Cameroon during the COVID-19 pandemic. Consequently, it will answer the following questions: *first, how does the COVID-19 affect the mental health of frontline healthcare workers? Second, what are some distress reactions to this crisis? Third, what are some psychopathologies that could be provoked by this crisis? Fourth, why do people react differently to the crisis? Fifth, will there be consequences for not addressing the mental health needs and psychosocial wellbeing of the frontline healthcare workers? Sixth, what intervention protocol could we propose to enable proper emotional stabilization and coping? Finally, when should one consult a specialist?*

How does the COVID-19 pandemic affect the mental health of frontline healthcare workers in Cameroon?

According to Ingrid Daniels, President of World Federation for Mental Health: "the impact of the COVID-19 pandemic on mental health is complex, diverse and wide-ranging, affecting all parts of societies and populations. The extraordinary

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increase in mental health needs is taking its toll on already burdened mental health services, which are under-funded and under-resourced in many countries on every continent affected by the COVID-19 pandemic. COVID-19 has exposed the serious gaps in mental health care, and now more than ever world leaders need to prioritize and ensure that quality mental health support is accessible to everyone, everywhere". This is quite true for Cameroon, as a country that has not officially incorporated mental health and care practice into its healthcare system, despite the growing needs of its population.

With the evolution of the COVID-19 crisis, some prominent factors are likely to generate a sense of vulnerability and a plethora of psychological responses, especially among frontline healthcare workers. These factors could be linked to: the nature of the virus and associated uncertainties with respect to the progress of the pandemic, person- and job - related issues and the healthcare system... Firstly, elements concerning the nature of the virus can provoke a sense of vulnerability and may trigger some psychopathologies in these individuals due to: its poorly known and complex nature, its possible asymptomatic mode of transmission, its high infectivity and fatality rates, uncertain incubation period, infodemic-related issues and the lack of a preventive or definitive therapy.

Secondly, person- and job-related issues can also trigger or exacerbate underlying psychopathologies. This is primarily because the frontline healthcare workers are at higher risks of possible contamination with respect to the nature of their job and their situation in the society. That is, they are directly exposed. They may face increasing work stress due to growing number of patients, probable issues of improper self-care, possible negligence, inadequate protection from contamination, possible targets of stigmatization by their loved ones (family and friends)

Thirdly, the frontline healthcare personnel is susceptible and exposed to adverse psychological outcomes that could arise from the structure and function of the healthcare system. For instance, inadequate preparedness by the healthcare system; evident in inadequate intervention tool kits, significant shortage of protective equipment, inadequate preparations to promote self-care and to offer optimal care, lack of funds and appropriate resources etc.

What are some possible distress reactions that individuals manifest during the COVID – 19 crisis?

When exposed to a crisis like the COVID - 19 pandemic, people can manifest a complex whole of physical, cognitive, emotional and behavioral distress reactions. On the one hand, these reactions could have develop in the course of the crisis and on the other hand, they could have been pre-existing conditions that have become exacerbated. These distress reactions are analyzed below:

Physical reactions:

These reactions arise from a hyper-aroused Central Nervous System due to exposure to the crisis. Although their origin is psychological, these reactions usually manifest as some somatic or body dysfunction. For instance: headaches (migraine), stomachaches, sleep difficulties, lack of appetite, fatigue/exhaustion, shaking, back pains, other aches or pains ...In fact,

because their origin is psychogenic, prominently psychological intervention will be appropriate.

Cognitive reactions:

These responses reflect the fact that, the general mental functioning has been affected. For example: confusion, difficulties in remembering, difficulties in concentrating, difficulties in making decisions, distressing dreams/nightmares, intrusive thoughts/ images, preoccupations with death/destruction, inability to accept/cope with the death of a loved one, thoughts of harming oneself, disorientation (not remembering some details like one's name, where one is from or what happened) etc. In fact, an individual could face difficulties in appraising or evaluating his thoughts properly by himself during this period; which might result in dysfunctional thought patterns.

Emotional reactions:

Emotional responses are often inevitable; since our emotions are so closely intertwined with our thoughts. Such emotional manifestations include: sadness/tearfulness, irritability/anger, feelings of guilt/shame (for having survived or for not saving others), grief, feeling emotionally numb or disconnected, feeling hopeless/despair, feeling very stressed up, elation for having survived etc. Actually, an individual could face difficulties in regulating his emotions properly by himself during this period.

Behavioral reactions:

Most behavioral responses are primarily overt. Examples include: isolating oneself/withdrawal (not responding to others or not speaking at all), high-risk behaviors (like taking lots of alcohol, drugs or having many sexual partner), excessive use of prescription drug like tramadol, not being able to care for one's self or one's children etc.

What are some psychopathological entities that could be triggered during the COVID - 19 crisis?

Common psychopathologies like anxiety, stress, depression, burnout, trauma and psychosocial issues like stigmatization. Some individuals can show immediate manifestations while others could develop complex issues in the long run. These reactions will be different in terms of their onset, mode of manifesting, severity, duration, frequency...Prominent symptoms of most of these psychopathologies could be observed within weeks of caring for people infected with the COVID-19. The DSM-IV multiaxial classification, which promotes the Biopsychosocial mode of intervention, classifies disorderslike anxiety, stress, depression... among "*clinical disorders and other conditions that may be a focus of clinical attention*".

Anxiety:

Unlike fear, which is a response to a real and defined threat, anxiety is a response to a vague or unknown threat. It is different from normative fear (transient) by being excessive and typically lasting for 6 months or more. Anxiety manifests itself when one believes that a dangerous or unfortunate event can occur and he anticipates it. Hence, it is a feeling of dread indicating a hyperactive Autonomic Nervous System. As such,

its predominant symptoms are exhibited in two main registers: *the psychological* and *the somatic registers*.

Psychological symptoms include constant fear relating to oneself or relations, incessant imagination of catastrophic events, reduced performances, reduced reasoning, aggressiveness and fluctuating sadness. Conversely, somatic symptoms are observed at the *cardiovascular level* (chest pain, modifications of the BP, dysfunctional cardiac rhythms); at the *respiratory level* (shortness of breath, feelings of choking or suffocation - asphyxiation); at the *digestive level* (sensation of a lump in the throat, nausea, abdominal distress: diarrhea, bloated abdomen); at the *reproductive level* (sexual weakness, premature ejaculation in men and frigidity in women) and at the *neuromuscular level* (muscular tension, visceral trembling, jerky, buzzing ear sensations). These manifestations are termed "functional disorders". The most common forms of anxiety during this period will include generalized anxiety, panic attacks and health anxiety. Increased anxiety is common as we navigate the COVID-19 and its broad consequences.

Stress:

Stress is a physiological or psychological response to an internal or external threat. It is a normal physiological response to any abnormal situation. Relating to the COVID-19 pandemic, it will be linked to every stressor or threat, associated with the disease (from frustrations linked to non-access to quality information, to a probable partial or total confinement, to non-access to care, to the risk of contaminating oneself and loved ones). Stress can trigger so many changes that would predominantly affect all the body's systems, thereby influencing how people feel and behave. It could be manifested via palpitations, sweating, shortness of breath, accelerated speech, elevated negative emotions (pre-existing), fatigue etc. By causing these mind-body changes, stress directly contributes to psychological and physiological disorders and diseases. Stress can be manifested in several forms: *acute stress*, *chronic stress* etc. In fact, most reactions to stress are only self-limiting and do not become a mental disorder.

Depression:

It is a transient state of weariness, discouragement and sadness. A Major Depressive Episode is marked by either a depressed mood or the loss of interest or pleasure in nearly all activities within a period of at least 2 weeks. The individual must also experience at least four additional symptoms among others like changes in appetite or weight, sleep and psychomotor activity, decreased energy, feelings of worthlessness, difficulties in thinking, concentrating or making decisions, suicidal thoughts, plans or attempts and recurrent thoughts of death. To diagnose depression, symptoms must either be newly present or must have clearly worsened compared with the period before the crisis. Besides, it must persist for most of the day, nearly every day, for at least two consecutive weeks. Actually, individuals will experience obvious clinical distress and impairment in their principal activities; such as in performing routine occupational tasks, personal hygiene etc.

Trauma:

It refers to a single event, multiple events or a set of circumstances that is experienced by an individual as physically

and emotionally harmful or life-threatening; that is, one that has lasting adverse effects on the individual's physical, cognitive, emotional, social or spiritual wellbeing. It is a normal reaction when faced with an abnormal situation. It can provoke an intense fear, feelings of horror, feelings of helplessness, hopelessness etc. As such, trauma can unfold in several forms: Post Traumatic Stress Depression, secondary trauma, vicarious trauma etc. A Post-Traumatic Stress Depression has specific clinical manifestations, such as: involuntary re-experiencing (intrusions, flash backs), hyper-arousal responses (anger and irritability, heightened startle response, difficulties in concentrating and hypervigilance), avoidance; that can last for at least 4 weeks after the trauma. A Secondary trauma refers to trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. A Vicarious trauma usually refers more explicitly to specific cognitive changes, such as how one sees one's self and one's world.

Burnout

Professional burnout is basically equated with *work-related exhaustion*. However, it is a *persistent, negative work-related state*, which is evident in several self-perpetuating physical, psychological & behavioral reactions. *Empathy burnout* is common when individuals spend so much of their emotional strength relating deeply to the problems and stress of others that they forget to care for themselves. An adequate level of empathy is good but once individuals start neglecting themselves, they might be bound to experience some emotional exhaustion. This is characterized by a withdrawal from caring or feeling empathy for others. A specialist consultation would be unavoidable if symptoms of burnout become unmanageable. That is, following actual changes in physiological body functions (*Physical symptoms*): fatigue, insomnia, headaches, gastrointestinal problems and hypertension. Actual changes in feelings & attitudes (*Psychological symptoms*): apathy, cynicism, low morale, feelings of anger, frustration, powerlessness, alienation and mood swings. *Behavioral symptoms*: low job satisfaction, decreased communication, loss of enthusiasm for job, increased substance use, increased marital and family conflict, increased absenteeism...

Stigmatization:

COVID-19 related stigma could occur when people associate a risk with a particular group of individuals and there is no evidence that the risk is greater in that group than in the general population. *Stigmatized groups often suffer irrational social avoidance or rejection* etc. Actually, frontline healthcare workers suffer a lot of stigma due to the nature of their job; the fact that, they are constantly exposed to contamination from individuals with the COVID-19, although there is no actual evidence of them being contaminated.

Besides, a stigma situation may arise because of the idea of consulting a clinician or psychotherapist. Seeing a clinician does not mean there is "something wrong with you". It means you may be: seeking clarity in some areas of your life, wanting to work through complex emotions, working through a traumatic experience, challenging negative thinking patterns, learning new techniques to cope with difficult situations and focused on personal growth etc.

Why do people react differently to a crisis event?

Different individuals would manifest particular psychological reactions to a given event. As such, some factors may influence how someone responds. These factors include:

- The nature and severity of the event(s) they experience
- Their experience with previous distressing events
- The support they have in their life from others
- Their physical health
- Their personal and family history of mental health problems
- Their cultural background (beliefs, traditions...)
- Their age (for example, children of different age groups react differently).
- Personalities and coping skills etc.

In fact, the *Lancet Commission on global mental health and sustainable development* (2018) asserted that mental health problems exist along a continuum from mild, time-limited distress to severe mental health conditions. The COVID-19 crisis could influence where people are situated on that continuum. First, many people, who previously coped well, are now less able to cope because of the multiple stressors generated by the pandemic. Second, those who previously had few experiences of distress may experience an increase in number and intensity of the distress; and some have developed a mental health condition. Third, those with pre-existing mental health condition have had their conditions getting worst. Therefore, support and management could range from non-specialist-to-specialist interventions. Self-care and social support could be appropriate initially (that is, in mild and sometimes moderate cases) but once it becomes severe (when the psychological distress and functional impairment becomes very significant); specialist intervention will be inevitable.

Will there be repercussions for not properly addressing the mental health needs and psychosocial wellbeing of the frontline healthcare workers?

Of course, yes. Frontline healthcare workers are at particularly high risks of developing complex problems, which have adverse outcomes not only for individual wellbeing but also for patient care and the healthcare system. Thus, lack of timely intervention might result in:

- More complex physical and socio-emotional problems. Due to the exposure to many triggers (**Confer I. above**), the frontline healthcare workers could develop medical or psychological issues. Besides, pre-existing ones could be exacerbated. Without appropriate support, they will be unable to fulfil their vital role in managing the outbreak.
- Reduced or inefficient workforce resulting from impaired manpower might affect the long-term capacity of the workforce. This would in turn affect the entire healthcare system, which require sufficient and well-trained staff to meet the growing needs and increasing number of the patients.
- They may face particular challenges of working in

unprecedented ways that might test their professional codes of conduct. This may occur because many are working outside their areas of expertise and training, the rapidly changing clinical guidelines, limited equipment and other structural resources, great numbers of significantly unwell patients (many of whom are likely to die), limited staff support, staff sickness and quarantining.

-Frontline healthcare workers may neglect or abandon their duties due to “*moral injury*” and dilemmas. The professional code teaches staff to provide care only when they feel adequately trained, experienced and equipped to do so; staff may perceive they are insufficiently prepared or equipped for working during this pandemic. This often results in dilemma on the part of the clinician and oftentimes, confrontations with the population at large.

In fact, these dire consequences are interrelated in such a way that, once the frontline healthcare workers are affected, they inadvertently induce concurrent changes as concern patient-care and the functioning of the healthcare system. Thus, ensuring proper mental care would be essential.

What intervention protocol could be proposed to enable proper emotional stabilization and coping?

The Psychological First Aid proposed by the Inter-Agency Standing Committee’s Mental Health and Psychosocial Support guidelines (2007), would be very appropriate for preliminary intervention in this context. This is because it presents an avenue to proffer basic emotional and practical support to selected individuals or families (that is, *focused psychosocial support* - the third level of the MHPSS pyramid). In fact, it is a very flexible kind of intervention; anyone who has been trained in it can administer it (that is, it is not a specialist intervention). It allows an opening for referrals in cases of severe psychological distress and functional impairments.

A Psychological First Aid (PFA) is a humane response to another human being who is suffering and in need of help. It focuses on practical forms of assistance through *needs assessment* on a personal level and beyond. Thus, PFA is an appropriate management approach to be offered to very distressed people (among frontline healthcare workers) who have been recently exposed to a stressful event like managing individuals with the COVI-19. Since not everybody who has experience the crisis will want or need it, it is very important for PFA providers to make themselves available and easily accessible to those who may want support. In fact, the *CENTREPSYS* made and is making several human and material resources available and accessible to probable beneficiaries (the healthcare staff, among others in the entire population).

PFA can be offered immediately after a crisis or even a few weeks after the event has occurred. If people are still in acute distress a few days or even a few weeks after an event, PFA can be helpful. Besides, PFA can be provided anywhere. However, certain preconditions are considered: the safety of the provider and people they are helping ought to be paramount. Moreover, privacy and confidentiality is a priority, as it can be important for the dignity of the person (to protect them from the public or the media). All these are well-grounded by the code of

ethics of the profession. Due to the nature of the crisis, the CENTREPSYS used long distance interventions (telepsychology/videoconference services via Zoom, WhatsApp) to reach out to people in distress.

In fact, the rationale for adopting the PFA intervention approach was because, it is aimed at enabling people to: first, feel safe, connected to others, calm and hopeful; second, have access to social, physical and emotional support; third, regain a sense of control by being able to help themselves. Thus, it aims at empowering individuals; thus, putting them at the center of management. In sum, the PFA is aimed at making the individual autonomous in his journey to recovery. Extrapolating from all these, the PFA can help prevent complex psychological distress. In fact, evidence shows that people generally do better over the long-term if they attain the aforementioned outcomes of the PFA. Hence, there is evidence key resilience (protective) factors for people who have experienced a crisis event (Hobfoll S, et al., 2007).

The CENTREPSYS incorporated some activities within its PFA protocol to promote mental health and psychosocial wellbeing. These activities included: 1. *Psychoeducation* 2. *Emotional stabilization exercises*, 3. *Self-care measures*, alongside empowering individuals to set up and maintain sustainability plans, 4. *Creating a buddy system*.

Psychoeducation

It involves providing evidence-based information about a particular psychopathological entity; the prevalence of the disorder, common myths associated with it, possible symptoms and appropriate intervention techniques. It is an occasion to normalize the symptoms (to explain to individuals that their responses to the crisis were quite normal). More so, it is an occasion to explain that most people (even many of those who may look very distressed at the time of a crisis event) properly recover over time, *especially if their basic needs are met and they receive support*. In addition, they are also informed that, others with very severe or long-lasting distress may require more specialist support. The information may be an antidote to distorted beliefs and maladaptive responses. Specifically, it is essential to attend carefully to how individuals integrate new information into their worldviews and how they apply it in their daily lives.

Emotional stabilization exercises

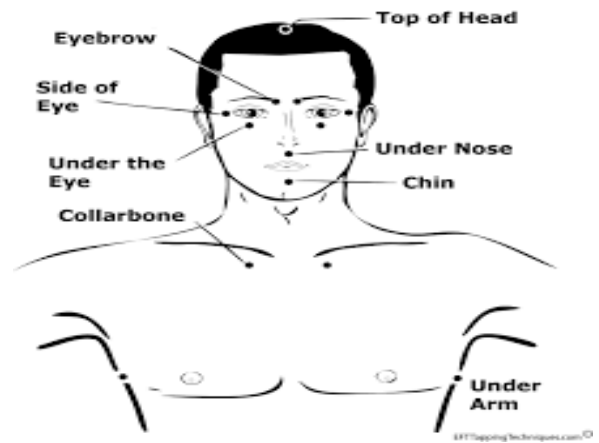
The objective here is to reduce the emotional charge associated with the crisis (potentially traumatic event). These psychological hygiene techniques are aimed at increasing the integral capacity of the individual in managing disturbing effects and to grant him access to more control and security. Some examples include: cardiac coherence, tapping exercises, creating a safe place, a butterfly hug, body-scanning exercises, the 5-4-3-2-1 grounding technique, the square breathing exercise, self-compassion breaks etc. Two examples are illustrated below:

Tapping exercises

The Emotional Freedom Therapy (EFT) combines the tapping acupressure points on the body with verbalizing positive affirmations. It rapidly soothes many physical, emotional and

behavioral problems. It facilitates the liberation of very intense fear, stress, anxiety, depression, phobias and even post-traumatic stress depression.

-Use your fingertips and gently tap the following acupuncture points as instructed: the top of your head, the eyebrows, under the eyes, under the nose, the chin, the collarbone and the under arm, while saying positive things about your situation.



-The idea is that the body's natural electromagnetic energy is activated, thereby reducing anxiety.

Butterfly hugs

-The butterfly hug can help bring you back to the present moment and calm your emotional state.

-Breathe slowly, deeply and relax in your sitting position.

-Cross your arms and hold your shoulders with both hands.

-Tap on your shoulders gently (as if a butterfly is flapping its wings)

-If you like, you can close your eyes and add a positive affirmation to the actions (I am in a secured and safe place, I can do it, I am a survivor ...)

-Breathe slowly, deeply and relax in your sitting position.

-Continue tapping until you feel comfortable

-Finally, take a deep breath and exhale.

Self-care measures

These involve ways in which psychologically distressed individuals could be placed at the center of their management. This is achieved by providing customized samples of *self-regulation & sustainability protocols*. Self-regulation is the ability

to manage extreme (positive & negative) thoughts, emotions and sensations. It is the core objective in trauma therapy. So, *how can we accompany healthcare workers to adopt, enhance and maintain self-regulation amidst consistent and persistent covid-19 related triggers?* This consists of health-promoting activities that will target all the aspects of wellbeing: the physical, cognitive, emotional, social and spiritual spheres.

First, *physical regulation* consists of adopting & maintaining healthy routine (diet, sleep, exercises). Second, *cognitive regulation* entails using elements of self-compassion. Third, *emotional regulation* comprise of connecting to resources that enhance the capacity to: endure pain and experience joy. Fourthly, *social regulation* refers to connecting with others (family, friends, and pets) for social support. Finally, *spiritual regulation* means reaching out to a preferential Supreme Being or performing traditional rituals to keep the *body-mind-soul liaison in sync*.

To ensure continuity and consistence, a *sustainability plan* is used to maintain the prior measures. It consists of *actions of immediate gratifications, actions of daily maintenances and actions to maintain the aforementioned two*. Actions of immediate gratifications refer to *enjoyment* activities like watching a movie, having a massage, listening to music... Actions of daily maintenances are comprised of *intentional self-care* in terms of diet, sleep & exercise. Actions to maintain or self-sustainability entail *consistent reflection* on how to maintain self-care and enjoyment; actions to monitor what is working/ not and why, taking actions to reinforce what is working and eliminating what is not working, screening and acting on internal & external triggers...

The buddy system

A buddy system is a means of active support via which people can share with their partners certain measures that are appropriate for each other's well-being. Online forums could be created to share evidence-based, up-to-date information from organizations like WHO, APA, MINSANTE etc. Besides, different forms of self-help techniques could also be made available and easily accessible while maintaining respect, privacy, confidentiality available. Social support within teams could be encouraged among shift-colleagues to monitor each other's well-being. Beginnings and ends of shifts ought to provide good opportunities for team discussions and reviews to enhance camaraderie and foster team spirit. The Buddy System can be made up of at least two partners. In sum, partners should:

- Share experiences regularly; after each working day, weekly...
- Communicate regularly to share individual coping strategies.
- Monitor each other's strengths and weaknesses.
- Encourage or reinforce each other's strengths.
- Mutually promote health-enhancing behaviors: routine sleep, exercises, dieting etc.
- Mutually acknowledge tough situations and recognize accomplishments.

Nevertheless, each buddy could have a «*to do*» list, which consist of elements like: being a good listener and try to

understand your buddy's perspective in each encounter. To offer help with practical needs and get additional help if you have a reason to believe your buddy may be a threat to themselves or to others. Conversely, the «*not to do*» list will include issues like: not to offer clinical diagnosis/treatment or take on the role of a therapist, not to pass judgment on the shared experiences and no to demand that a buddy discusses problems he/she does not want to explore.

When should one consult a specialist?

A specialist can be contacted when a situation becomes complex and unmanageable. That is when there is: a *significant psychological distress* and a *significant functional impairment*. This include: difficulties in concentrating, poor memory, decision-making problems, disturbing emotions or thoughts, difficulties in engaging in routine work and the development of *functional disorders*... Actually, these issues should be so significant that they interfere with an individual's daily functioning. His ability to do daily chores, ability to carry on his occupational tasks, ability to engage in basic hygiene (bathing, grooming...), ability to communicate and interact with others etc.

Conclusion

The overall challenges linked with the novel COVID-19 are quite substantial and the long-term psychological outcomes, especially among the healthcare staff are yet to be determine in Cameroon. The significant neglect of the mental health needs and psychosocial wellbeing of the healthcare staff puts them at high risks of developing emotional problems, which could have a negative impact on their patients, the healthcare system, loved ones and the community. Consequently, this essay provides concrete information and practical elements on: first, the impact of the COVID-19 on the mental health of frontline healthcare workers. Second, some distress reactions that are concurrent with this COVID-19 crisis. Third, some psychopathologies that could be provoked by this pandemic. Fourth, reasons why some people react differently to the crisis. Fifth, probable consequences that could emerge if the mental health needs and psychosocial wellbeing of the frontline healthcare workers are not properly addressed. Sixth, an appropriate intervention protocol that could ensure proper emotional stabilization and coping among frontline healthcare workers. Finally, when it is of absolute necessity to consult a mental health specialist. Nevertheless, this write-up presented a forum to question the mental health and psychosocial support considerations among frontline healthcare workers in Cameroon during the COVID-19 pandemic. With respect to the aforementioned elements, we assert that, unless the government and other stakeholders take a proactive stance and adopt active measures to support the healthcare frontline workers, the psychological consequences on this group could cause a dramatic "boomerang effect".

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