

DOI: <https://doi.org/10.17159/2310-3833/2020/vol50no2a1>
 South African Journal of Occupational Therapy. 2020; 50(2): 2-3



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While the COVID-19 pandemic is having a devastating impact on all members of society, it is also underscoring the worsening inequalities, discrimination and racial bias faced by marginalized groups such as persons with disabilities, persons with mental illness, women and children, older persons, refugees, persons of color, the poor and homeless. Importantly, the United Nations Human Rights Office of the High Commissioner contends that amongst these marginalized groups, persons with disability and older persons in residential facilities, as well as persons in psychiatric facilities, face disproportionate challenges associated with attitudinal, environmental and institutional barriers that are often reproduced in countries' COVID-19 responses¹.

While we commend our government's efforts in considering the impact of COVID-19 on persons with disabilities and to some extent, other marginalised groups, of great concern however, is the government's lack of an inclusive response in addressing the social determinants of health (e.g. poverty, gender-based violence (GBV), homelessness, drug and alcohol abuse, etc.) and the concomitant social inequalities, that will continue to have a significant impact on the long term outcomes post COVID-19². An additional concern held by The Occupational Therapy Association of South Africa (OTASA), is the lack of inclusion of occupational therapy and other rehabilitation interventions in the COVID-19 response, both in the acute and recovery phases of the pandemic.

As our country recovers from the deleterious impact of the COVID-19 pandemic, a coordinated, context-specific, inclusive and appropriately resourced approach to rehabilitation will be essential. This will be needed to mitigate both the longer-term consequences of COVID-19 and to address the varied participation restrictions experienced both by the infected and affected population groups³. However, rehabilitation, without addressing the social determinants of health and the concomitant social inequalities simply cannot and will not be enough. Thus, the inclusion of 'voices from the margins', must be a priority, for any inclusive, person-centred approach to this pandemic.

'VOICES FROM THE MARGINS': PERSONS WITH DISABILITY

In South Africa, persons with disability face varying degrees of discrimination including access to healthcare, education as well as access to decent employment. Many persons with disability face further discrimination based on their type of disability, race, gender and sexual orientation. In the context of COVID-19, issues around access to health care for persons with disability have been a major challenge. Many persons with disability may not be literate or able to follow verbal and written communication or understand the complex language used in the awareness campaigns. While some awareness information on COVID-19 is available in braille, this is not necessarily accessible to all persons with disability or available in every province. Whilst the COVID-19 messaging advocates for social distancing as a preventative strategy, for many persons with disability this is not possible, as they are dependent on care-providers or family members for physical assistance, which then poses an increased risk of infection. Of great concern, is also the

lack of clear and accessible information on methods to sanitize assistive devices such as wheelchairs, buggies, hearing aids and other assistive devices, placing persons with disability and those they are in contact with at increased risk of infection.

'VOICES FROM THE MARGINS': OLDER PERSONS

Like persons with disability, older persons are at a significantly higher risk of contracting COVID-19. Older persons who become infected also face dire functional outcomes and are at greater risk of dying⁴. In addition, restrictions to prevent the spread of COVID-19 in retirement homes is also having a devastating effect on the lives of older persons as they face isolation from loved ones and restrictions on their participation in meaningful daily occupations. For some older persons who are quarantined or 'locked down' in institutions of care, the risk of neglect, violence and abuse, is having a negative impact on their mental health and well-being. Urgent attention is therefore needed for the Occupational Therapy community to address the challenges faced by older persons during this pandemic.

'VOICES FROM THE MARGINS': WOMEN AND YOUNG GIRLS

Reports from around the world including South Africa show that there has been a sharp increase in Gender Based Violence (GBV) during the lockdown, with women and young girls unable to escape violence and abuse from perpetrators. During the past months, the police, justice and health systems have experienced unprecedented strain due to violence, road accidents and other trauma, especially when lockdown restrictions on alcohol sales were lifted. This has exacerbated the challenges already faced by victims of GBV in accessing health, social and justice services. Occupational therapists have yet to make their and unique role explicit in addressing this important social problem and we urge the occupational therapy community to combine their efforts in research, education, practice and advocacy to support, with intent, the fight against GBV.

'VOICES FROM THE MARGINS': PERSONS WITH MENTAL HEALTH CONCERNS

COVID-19 is having an adverse impact on persons with pre-existing mental health conditions who may be at increased risk of infection, due to poor insight or difficulties in understanding and adhering to frequent handwashing and physical distancing. Due to pressures in health facilities from the COVID-19, essential services and beds for acutely ill patients with mental disorders are extremely limited and thus essential care is not easily available. In addition, research also suggests that many patients with COVID-19 in the acute or ICU phase display various mental health challenges, such as insomnia, impaired attention or concentration, anxiety, impaired memory, confusion, and depression⁵.

We also know that many of our frontline workers are and will have significant difficulties in coping with issues around 'burn-out', feeling of helplessness, despair and bereavements, as they face the daily onslaught of this pandemic.

CONCLUSION

As occupational therapists, often working with and for various 'voices from the margins', we have an ethical responsibility to ensure that we are advocates for an inclusive COVID-19 response. During these trying times, our pre-occupation should not be with whether or not we are essential. Our focus, rather, should be on how we as a profession can advocate for an inclusive person-centered approach to this pandemic, that includes the most vulnerable and poor ('voices from the margins'). While doing so, we also need to re-examine our own traditional approaches to rehabilitation; to include addressing the social determinants of health and the concomitant social inequalities that our people face on a daily basis. The Life Esidemeni tragedy, not too long ago, reminds us of the impact on humanity, should the inattention to the health and social needs of the 'voices from the margins' be allowed to continue. Systems that continue to ignore unequal access to basic services and that perpetuate exclusion, must be challenged and resisted: the time to act, is now.

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