

Systematic Review of the Psychosocial Impacts of the COVID-19 Pandemic on West African Migrants in Victoria, Australia.

ABSTRACT

Background: The COVID-19 pandemic impacted among others on physical and mental health, and this is profound and, projected to persist for a long period. The impact was compounded by measures such as social distancing and community lockdowns especially in Victoria, Australia to control the spread.

Aim: To review published studies that focus on the psychosocial impact of COVID-19 pandemic on Victorians in Australia.

Method: This study followed the PRISMA-ScR process. The Mc Masters critical appraisal tool was utilised to appraise the identified studies of which 76% were quantitative, the SPICE framework was used to identify the studies.

Results: Data search yielded 232,159 articles, out of which only 33 were included for critical appraisal. Most (87%) of the articles reported on psychosocial distress relative to 33% on social support, and 24% on coping strategies. Considerably less of the studies focused on other phenomena of interests including 15% on life satisfaction, 9% on past trauma histories, and minimal 1% on memory of the previous traumatic events.

Conclusion: This review highlights the extent that past studies have focused on phenomena around psychosocially distress from COVID-19, and the subsequent coping strategies, which are imperative for patient care. Therefore, this report highlights a void in literature, especially regarding strongest memory of events and previous trauma history. **The implication** of this report is on how findings can guide mental health policy and trauma-informed care for migrant communities affected by multiple traumas.

1.Introduction

1.1. Background

Those impacted by past traumatic events such as the 2019 bush fires, flooding and other largescale infectious disease outbreaks like the 2014-16 Ebola epidemic could be susceptible to psychosocial impacts of future traumatic disease outbreaks such as the COVID-19 pandemic. The reason being that survivors of such events are often reminded of what they endured at that time and an occurrence that causes stress could trigger feelings that could be associated with psychosocial trauma. Therefore, it is significant to understand such psychosocial impacts on survivors so that such cohorts are considered for service provision in the future. Late January 2020, increasing numbers of cases of COVID-19 worldwide, led to the formal declaration of a Public Health Emergency of International Concern by the World Health Organization (WHO), which in effect was a declaration of a pandemic. At the same time, the first COVID-19 case was reported in Australia [1]. Though this pandemic is officially over, the world still feels reverberations of its psychosocial impacts. The scale of infection and virulence of the disease necessitated the introduction of infection prevention and control measures that included vaccinations, mandatory wearing of masks, hand sanitation, social distancing, and lockdowns [2, 3]. Consequently, strict implementation of these IPC measures negatively impacted psychosocial health of Australians [4].

1.2. Factors which impacted responses to the COVID-19 pandemic

The World Health Organization points out that the COVID-19 pandemic resulted in mental ill health, fear, and panic, globally. Studies show the impacts of infectious disease outbreaks such as COVID-19 pandemic to be distressing, hence the anxiety, depression, panic and Morens et al. [5] and Omosigho et al.[6] reported that such outbreaks increase the risk of disability, which include chronic fatigue, brain complications, and difficulty in performing daily activities[7]. The factors which impacted the COVID-19 response are highlighted below.

First, Australia is a high-income country and healthcare resources are available as compared to developing nations in West Africa, that met the Ebola virus outbreak in 2014-2016 with shortages of protective gears such as face masks[8]. Second, when personal protective

equipment was available, healthcare workers and the public were not certain about the specifications to use[9]. This uncertainty was a risk factor since the use of wrong masks could increase the risk of COVID-19 outbreaks in hospitals[9]. Third, though there was positive behaviour among Australians[10], mixed messaging and alterations to the COVID-19 guidelines could have caused confusion at the initial stages of the pandemic[11]. These conditions may have negatively impacted the initial response to the COVID-19 pandemic in Australia.

1.2.1. Experiences of trauma

Trauma is described as any event or situation such as violent attacks, disease outbreaks like COVID-19 and debilitating illnesses, financial difficulties, and intimate partner violence and other challenges that causes either physical or emotional pain [12]. Some West African migrants in the Australian state of Victoria have experienced pain arising from past traumatic events such as the decade old Liberian and Sierra Leonean wars and in the recent past the 2014-16 Ebola virus disease epidemic. Others have experienced comparative incidents of fire and flood disasters within Australia. All of these painful past events constitute post-traumatic stress disorder, which could be exacerbated by new life challenging events such as the psychosocial impacts of the COVID-19 pandemic [13, 14].

The COVID-19 pandemic resulted to a wide range of infection prevention and control measures Australia wide. Though these measures were necessary, they resulted in socioeconomic problems and mental illnesses especially for vulnerable people [15]. Examples of such people include those in low paying jobs, those whose health did not permit them to work long hours and those who were on visa limitations and could not work. Sources of trauma include physical abuse, natural incidents like fire accidents, floods, earthquakes; man-made disasters such as community violence and wars and intimate partner violence, witnessing violence, psychological abuse and being in abusive refugee situations [16-18]. Prior to the COVID-19 pandemic, Victoria had experienced trauma from domestic violence, natural disasters and wars leading to displacements as reported by Liddell et al.[19]; Smallwood et al.[20]; Shaban et al.[21].

Biddle et al.[22] observed that mental health complications are common among people during traumatic events, especially large-scale events like the COVID-19 pandemic. Many researchers have associated the COVID-19 pandemic with heightened risk of mental ill health among healthy Australians and other vulnerable groups such as refugees [19, 23], the aged [24] and

those who are living with disabilities [25]. In line with this point, Cenat et al. [26] and Kaubisch et al.[27] suggested that, about one fifth of COVID-19 survivors are at risk of developing symptoms of psychological distress. This prediction is so because of the socioeconomic hardship, ill health and fear that followed the COVID-19 infection which caused individuals to manifest symptoms such as stress, distress, and feelings of being isolated and trapped [19].

Though the COVID-19 pandemic resulted in large scale trauma, there have been other prior events such as the Black Summer (2019) bush fires and flooding in Victoria as well as refugee experience among the humanitarian migrants, all of which caused emotional and psychological pain for the survivors [16, 17]. These points resonate with the Black Dog Institute statement [17, 28, 29] that mental health status of Australians may have been worsened by recent events such as the 2019 bush fires and flooding. In the same way, Biddle et al [22] observed increased emotional and psychological challenges among Australians during the COVID-19 pandemic thus, leading to increased reports of suicidal ideations and increased partner violence. Further, Botha et al.[30] similarly affirmed that mental illnesses could be caused by continuous trauma, thus, lead to a wide range of psychosomatic complications ensue. Consequently, these traumatic events can negatively impact the already troubled mental health conditions of people [31].

On the other hand, prior experiences of disasters can result in positive outcomes, which include, strengthened kinship support, bonding as well as increased resilience in the face of adversity. To this end, Alonge et al.[32] and Richards et al.[33] demonstrated the how kinship worked in providing support to people during the 2014-16 Ebola epidemic in Liberia and Sierra Leone, respectively.

1.2.2. Social support

Social support is the emotional and material support that is provided to people facing a crisis or victims of an unfortunate event[34], and can be perceived or received support. Provision of social support is significant in mitigating the psychosocial impacts of disasters[35]. Perceived support is the subjective consideration that support will be provided and received support is the actual support rendered[34]. Provision of social support is associated with improvements in an individual's wellbeing during or after a disaster[34].

Biddle et al. [36] observed symptoms of psychosocial impacts among Australians during the pandemic, that necessitated social support. However, there was a multiplier effect, in which

those struggling with mental health, risked deteriorating due to social barriers introduced to limit the spread of the disease[37]. Contextually, as the COVID-19 pandemic and the resultant financial hardships necessitated the Australian government to provide financial support[38] as well as vaccines and professional mental health services[39].

1.2.3. Memory of events

To counter the COVID-19 pandemic, communities and governments took various actions but, some of these caused socioeconomic disruptions that led to negative psychosocial impacts[40]. Studies show that some measures, such as quarantine and lockdowns intended to restrict movement and curtail the rapid transmission of infection, had adverse impact on peoples' lives, social structures and business [40, 41]. This resulted in fear, stress, anxiety and depression and, in some cohorts, this triggered memories of past events[40]. It is reported that people can easily recall unpleasant or pleasant events than neutral events[40].

Therefore, taking cognisance of the period of the EVD epidemic in Guinea, Liberia and Sierra Leone, it is most likely that such traumatic experiences modulated the trauma from the COVID-19 pandemic in some West African cohorts[40]. The activated memory of EVD superimposed-on impact of COVID-19 pandemic may result in more psychosocial disorders[40]. To buttress this, Ling et al.[42] observed high level various neuropsychologic symptoms 24 months after COVID-19 infection among Melbournians. Hébert et al. [43] studied the impact of COVID-19 on young Canadians, proffered that people who experienced trauma before the COVID-19 pandemic were at risk of developing mental health symptoms, which include psychological distress, PTSD, anxiety and depression. Similarly, the Black Dog Institute [28] and Brown et al. [44] maintain that physical and mental health or psychosocial impacts can lead to anxiety, depression, sleep disruption, anorexia and PTSD, among others. Further, Huang et al. [45] showed high levels of psychosocial impacts of such outbreaks on people in China could have a negative influence on their health.

1.2.4. Influence of COVID-19 pandemic on survivors of past traumas

As mentioned above, mechanisms to curb the COVID-19 pandemic resulted in varying degrees of physical and psychosocial impacts and, the physical impacts which included residual somatic problems, which are referred to as long COVID[46]. Long COVID is characteristic of convalescing individuals from COVID-19 infection reported symptoms such as chest pains, muscle pain, altered smell and taste, difficulty in breathing and malaise[46, 47]. Those with ill health before the COVID-19, risked more serious outcomes after being infected. The fear of

infection and transmission, panic, anxiety, depression, and trauma were reported impacts of COVID-19. Apart from the health impacts, financial impacts, caused by e.g., job losses and under employment triggered financial inequalities and this led to government job seeker financial supports[48]. The COVID-19 also negatively impacted education at all levels, creating an additional layer of problem [49].

1.2.5. Coping strategies

Coping is described as those strategies which people adapt to ensure adjustments to environmental stressors and maintenance of good health [50]. Infection prevention and control measures, which included isolation, social distancing and lockdowns caused psychosocial health challenges that resulted in anxiety, stress, depression, and flashbacks. These challenges required positive coping strategies to avert negative psychosocial complications. According to Rahman et al. [51], those with weak coping abilities had elevated distress levels and chronic underlying mental health conditions. Further, underlying mental health conditions, which were associated with high consumption of alcohol and other drugs risked worsening their mental health [52, 53] Studies highlight that a major buffer in mediating the severity of stress from COVID-19 disease is the individual's resilience and copings strategy [54]. It is reported that people adopted mixed coping strategies to adjust to the pandemic and the strategy and extent to which an individual can cope with stressors determines the level of mental health outcome [52].

Positive coping strategies employed include self-motivated voluntary efforts to avert severe psychosocial health complications and mitigate deterioration of mental health. Further, positive mental health outcome has been associated with positive emotional coping, which includes positive thinking mind set, seeking nonprofessional or professional help to enhance coping and resilience [55]. The negative coping strategies include actions taken to evade or delay seeking solutions to the problem which might provide temporary relief but risk more severe mental impacts. Examples of negative coping methods include avoidance and self-blaming which could exacerbate the impact of surviving the pandemic on them.

1.2.6. Current levels of psychosocial distress

The COVID-19 pandemic was spontaneous, severe, and rapid and as it progressed, morbidity and mortality increased, especially in vulnerable groups such as elderly and those with chronic underlying diseases[56]..Studies also observed varying levels of psychosocial distress mainly among women who were most affected, followed by youths and those under lockdowns for

long periods [57, 58]. Similarly, Dharmayani et al.[59] reported high levels of psychological distress among Australian adults that was higher in young women due to low levels of income. In agreement, Biddle et al.[22] observed a hike in psychosocial distress in early 2020 and in 2021 especially among women, young adults, residents in Victoria, and those whose income levels were low. A viable way of mitigating the problem is identifying vulnerable groups at risk of distress and specifically focusing on assessing their wellbeing and satisfaction with life.

1.2.7. Life satisfaction

Though there are reports of improvements in life satisfaction, the Australia's Welfare report for 2023 [22, 60] suggests that levels of life satisfaction were below the pre-COVID-19 pandemic. In an Australia wide survey, Biddle et al.[36] noted inconsistent levels of life satisfaction and related this pattern partly to the implementation and removal of COVID-19 lockdowns especially in Victoria. The implication according to Biddle et al.[61] is that it established a relationship between the IPC lockdowns, reduced income levels and housing statuses on the one hand, and the wellbeing of Australians in relation to the prevailing circumstances under the COVID-19 pandemic period. Consequently, having determined the questions that would guide the literature review, a search strategy was planned. After critically reviewing the literature that describes the phenomenon of interest, the researcher's systematic search strategy was developed and initiated with the aid of the SPICE framework.

1.3. Objective of the systematic review

The objective of this review is to synthesis, and critically review the extent the following seven research points are addressed in the literature. This is with a view to advance evidence-base knowledge that can be adopted in COVID-19 and other future infectious disease outbreaks. The seven research objectives which are outlined in the systematic review protocol [62], include:

1. Previous trauma experiences
2. Strongest memory of events during the COVID-19
3. Social support available during the COVID-19 pandemic
4. The influence of COVID-19 on survivors
5. Coping strategies were used during the COVID-19 pandemic
6. The current level of psychological distress
7. The current level of life satisfaction among COVID-19 survivors

2. Materials and Method

2.1. Study design

This review was conducted according to the PRISMA-ScR approach (Figure 1), as published in protocol[62]

2.2. Data collection

The literature review concentrates on identifying studies on the psychosocial impact of COVID-19 pandemic on Victorians. The SPICE framework (Table 1) was utilised in informing the search strategy for this review.

Table 1. SPICE framework: COVID-19 :[63].

S	Setting	Australia
P	Perspective	Victorians who experienced the COVID-19
I	Intervention	Psychosocial impact
C	Comparison	2014–16 EVD epidemic
E	Evaluation	Impact

Search strategy: The strategies, design and processes were as published in the protocol [62].

2.3. Data Analysis

The JBI critical appraisal method and the McMaster critical appraisal tool was used, as indicated in published protocol [62].

3.RESULTS

3.1. Summary Characteristics of the Literatures

Figure 1 shows the outcome of the literature search process. Out of the 33 articles that were reviewed, about 28/33 (85%) are quantitative studies and the remaining 15% constituted other categories of studies (Table 2.) The McMaster tool for critical appraisal was used to assess the studies in this review (Table 3). Though Table 3 shows that all the study objectives were covered, not all be found in one study. Table 3 shows the basis and results of the critical appraisal, the phenomenon of interest i.e., research design, as well as the research objectives are complete in all studies.

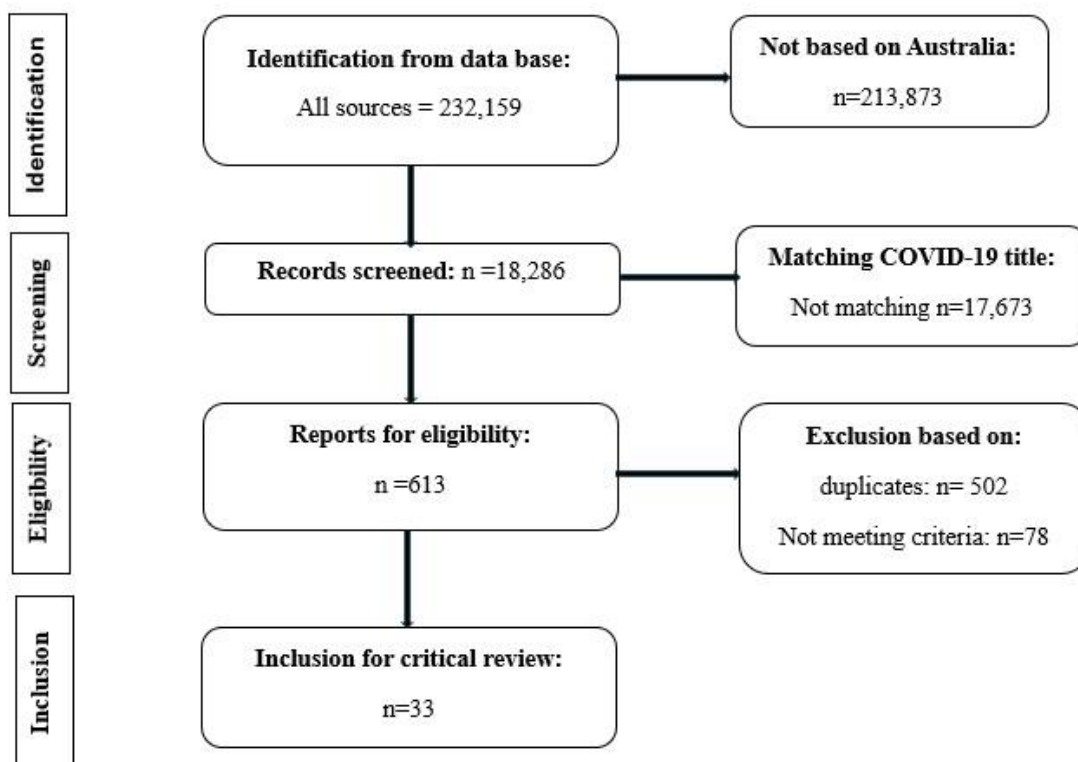


Fig 1: PRISMA flow chart results of search strategy for literature on COVID-19 pandemic

Table 2. Characteristic of studies in this review

Serial Number	Reference	Phenomenon of interest
Quantitative studies		
1	Biddle et al. (2020)	Hardship, distress, and resilience
2	Botha et al. (2023)	Trajectories of psychological distress over multiple COVID-19 lockdowns
3	Butterworth et al.(2020)	Effect of lockdown on mental health in Australia.
4	Cabarkapa et al.(2020)	The psychiatric impact of COVID-19 on healthcare workers
5	Fisher et al.(2020)	Mental health of people in Australia in the first month of COVID-19
6	Gallo et al. (2020)	The Impact of Isolation COVID-19 on Energy Intake
7	Griffiths et al. (2022)	The health impacts of community-wide COVID-19 lockdown.
8	Gurvich et al.(2020)	Coping styles and mental health during the COVID-19 pandemic.
9	Holmes et al.(2023)	The Psychological and Well-being of Quarantine on Frontline Workers
10	Holton et al.(2023)	Psychosocial impact of COVID-19 on Australian nurses and midwives.
11	Leach et al. (2023)	Mental health of working parents in Australia changed during COVID-19
12	Liddell et al. (2021)	The COVID-19 stressors and mental health in refugees in Australia
13	Lyons et al.(2020)	COVID-19 and the mental well-being of Australian medical students.
14	Muscat et al.(2022)	Psychosocial impacts of COVID-19 on CALD community in Sydney
15	Newby et al. (2020)	Mental health responses during the COVID-19 pandemic in Australia.
16	Price et al. (2022)	COVID-19 lockdown and experiences of Australian families
17	Rahman et al. (2020)	Psychological distress and coping strategies during the COVID-19
18	Rahman et al. (2022)	Mental health at the COVID-19 frontline
19	Rasmussen et al.(2022)	Impact of COVID-19 on psychosocial well-being and learning for Australian nursing and midwifery students

20	Raynor et al.(2022)	Impact of COVID-19 shocks on the mental health of resident in Victoria
21	Rogers & Cruickshank (2021).	Change in mental health, physical health, during the COVID-19
22	Rossell et al. (2021)	Mental health in the population of Australia during the COVID-19
23	Ryan et al. (2021)	The psychosocial impacts of COVID-19 on a Sample of Australian Adults.
24	Smallwood et al. (2021)	Psychosocial distress among Australian frontline healthcare workers
25	Stanton et al. (2020)	Depression, Anxiety and Stress during COVID-19
26	Staples et al. (2020)	Symptoms of anxiety and depression during the Coronavirus (COVID-19)
27	Tan et al. (2020)	The impact of the COVID-19 pandemic on mental health in Australia.
28	Wright et al. (2022)	A repeated cross-sectional and longitudinal study of mental health and well-being during COVID-19 lockdowns in Victoria, Australia.
Other studies		
29	Chivers et al. (2020)	Perinatal Distress During COVID-19.
30	James et al.(2023)	Impacts of COVID-19 on African Migrants
31	Shaban et al. (2020)	SARS-CoV-2 infection and COVID-19
32	Jiang et al. (2022)	Mental health consequences of COVID-19 suppression strategies in Victoria, Australia.
33	Zhao et al.(2022)	COVID-19 and mental health in Australia.

Table 3. Critical appraisal of the literature

NO	Study	RO	LR	RD	SS	OM	R/S	DE	CI	CO	LT	/10
1	Biddle et al. (2020).	x	x	x	x	x	x	x	x	x	x	10
2	Botha et al., (2023)	x	x	x	x	x	x	x	x	x	x	10
3	Butterworth et al. (2022)	x	x	x	x	x	x	x	x	x	x	10
4	Cabarkapa et al.(2020)	x	-	x	-	-	x	-	x	-	x	5
5	Fisher et al. (2020)	x	-	x	x	x	x	x	x	x	x	9
6	Gallo et al. (2020).	x	-	x	x	x	x	x	x	x	x	10
7	Griffiths et al. (2022)	x	x	x	x	x	x	x	x	x	x	10
8	Gurvich et al. (2020).	x	x	x	x	x	x	x	x	x	x	10
9	Holmes et al. (2023)	x	x	x	x	x	x	x	x	x	x	10
10	Holton et al. (2022)	x	x	x	x	x	x	x	x	x	x	10
11	Leach et al. (2023)	x	x	x	x	x	x	x	x	x	x	10
12	Liddell et al. (2021)	x	x	x	x	x	x	x	x	x	x	10
13	Lyons et al. (2020)	x	-	x	x	x	x	x	x	x	x	10
14	Muscat et al. (2022)	x	x	x	x	x	x	x	x	x	x	10
15	Newby et al. (2020)	x	x	x	x	x	x	x	x	-	x	10

NO	Study	RO	LR	RD	SS	OM	R/S	DE	CI	CO	LT	/10
16	Price et al. (2023)	x	x	x	x	x	x	x	x	x	x	10
17	Rahman et al. (2020).	x	x	x	x	x	x	x	x	x	x	10
18	Rahman et al. (2022).	x	x	x	x	x	x	x	x	x	x	10
19	Rasmussen et al. (2022)	x	x	x	x	x	x	x	x	x	x	10
20	Raynor et al. (2022)	x	x	x	x	x	x	x	x	x	x	10
21	Rogers & Cruickshank (2021)	x	x	x	x	x	x	x	x	x	x	10
22	Rossell et al. (2021)	x	x	x	x	x	x	x	x	x	x	10
23	Ryan et al. (2021)	x	x	x	x	x	x	x	x	x	x	10
24	Smallwood et al., (2021)	x	x	x	x	x	x	x	x	x	x	10
25	Stanton et al. (2020)	x	-	x	x	x	x	x	x	x	x	10
26	Staples et al. (2020).	x	x	x	x	x	x	x	x	x	x	10
27	Tan et al. (2020)	x	x	x	x	x	x	x	-	-	x	10
28	Wright et al., (2022)	x	x	x	x	x	x	x	x	x	x	10
29	Chivers et al. (2020)	x	x	x	x	x	x	x	x	x	x	10
30	James et al., (2023)	x	-	x	x	x	x	x	x	x	x	10
31	Shaban et al. (2020).	x	x	x	x	-	x	-	-	x	-	6
32	Jiang et al. (2022)	x	x	x	x	-	x	-	x	x	-	7
33	Zhao et al. (2022)	x	x	x	x	-	x	-	-	x	x	7

Keys: RO – research objective, LR – literature review, RD – research design, SS – sample size, OM – outcome measures and data analysis, R/S – results of statistics, DE – dropouts or exclusion, CI – clinical importance, CO – conclusion, Lt – limitations, /10 – score out of the ten appraisal criteria.

Table 4. presents an outline of research questions addressed the literature.

NO	Study	RQ1	RQ2	RQ3	RQ4	RQ5	RQ6	RQ7	/7
1	Biddle et al. (2020).		x				x	x	3
2	Botha et al., (2023)		x				x		2
3	Butterworth et al. (2022)		x						1
4	Cabarkapa et al.(2020)				x	x	x		3
5	Fisher et al. (2020)					x	x		2
6	Gallo et al. (2020).		x						1
7	Griffiths et al. (2022)		x				x		2
8	Gurvich et al. (2020).		x			x	x		3
9	Holmes et al. (2023)				x		x	x	3
10	Holton et al. (2022)						x		1
11	Leach et al. (2023)						x		1
12	Liddell et al. (2021)	x					x		2
13	Lyons et al. (2020)						x		1

NO	Study	RQ1	RQ2	RQ3	RQ4	RQ5	RQ6	RQ7	/7
14	Muscat et al. (2022)						x		1
15	Newby et al. (2020)		x				x		2
16	Price et al. (2023)						x		1
17	Rahman et al. (2020).		x				x		2
18	Rahman et al. (2022).					x	x		2
19	Rasmussen et al. (2022)					x	x		2
20	Raynor et al. (2022)		x				x		2
21	Rogers & Cruickshank (2021)						x		1
22	Rossell et al. (2021)						x		1
23	Ryan et al. (2021)				x		x	x	3
24	Smallwood et al., (2021)	x					x	x	3
25	Stanton et al. (2020)						x		1
26	Staples et al. (2020).						x		1
27	Tan et al. (2020)						x		1
28	Wright et al., (2022)						x	x	2
29	Chivers et al. (2020)						x		1
30	James et al., (2023)		x	x		x			3
31	Shaban et al. (2020).	x	x				x		3
32	Jiang et al. (2022)				x	x			2
33	Zhao et al. (2022)					x	x		2

Keys: RQ – specific research question

Discussion

4.1. Characteristics and Quality of Literatures

4.1.1. The PRISMA

Findings as per Result Section: Initial search in data bases yielded 232,159 studies. Most of these studies were not related to Australia and the phenomenon of interest[64] (Figure1). Further screening and extraction of data recovered 33 studies, which were exported into endnote library for further analysis.

Inference of the Findings being Reported: Most of these studies (Table 2) were published at the outset of the pandemic when the COVID-19 phenomenon was still unfolding, and the reported psychosocial impact was evolving. So, the initial focus was on how these psychosocial impacts could be limited and how people could be protected from infection and death from COVID-19. Hence, the initiation of infection prevention and control measures and provision of limited social supports.

Supporting and/or Controversial Literature: James et al.[65] observed that as the pandemic continued to take hold in Australia, the focus shifted to curbing the spread and increasing access to treatment options, and no other subsets of the Australian population specifically.

Significance of Findings: Though this large number of literature was based not Australia, it served as eye opener to the global trend of the disease and how the pandemic was evolving and impacting every aspect of the lives of people and communities.

4.1.2. Summary of Characteristics

Findings as per Result Section: As a significant number (88%) of the studies focused on psychosocial distress followed by social supports, most of these studies are quantitative. Their total and average scores per phenomenon covered per study is 61/33(1.8).

Inference of the Findings being Reported: The findings depict a focus on the level of psychosocial distress, which people were enduring and the levels of supports they could receive to ameliorate the impacts of the COVID-19 pandemic. The paucity of information on the other component objectives of this review also needs filling, which findings from this study will do.

Supporting and/or Controversial Literature: In a nationwide survey, Biddle et al. [36] demonstrated that infection prevention and control measures in combination with increased financial stress increase the risk of elevated mental health problems that include psychological distress.

Significance of Findings: The focus on psychosocial distress and social supports dwarfed the prominence of other phenomena in this study that could translate into underreporting of these aspect of the impacts of the pandemic.

4.1.3. Quality of Literature

Findings as per Result Section: An adapted McMaster critical appraisal tool was utilised to critically evaluate the quality of the studies. Table 3 demonstrates that most (85%) of the reviewed studies scored 10/10 and one was 9/10 the remainder scored below 9.

Inference of the Findings being Reported: This means that more than four fifths of the studies are high scoring and this could have been attributed to the use of electronic and computer assisted data collection and analysis that tends to minimise the risk of human errors.

Supporting and/or Controversial Literature: Botha et al.[30] collected survey data online and were electronically analysed for speed and ease because of the COVID-19 restriction impacts.

Significance of Findings: Though high score studies have been used, the coverage of five out of seven phenomena covered in this review were covered by less than a quarter of the number of studies, thus highlighting a paucity of information on these areas which this review will provide.

4.2. Focus on Specific Objectives: The objective of this literature review is to explore, synthesise and critically review literature regarding the phenomenon of interest, which is the psychosocial impacts of COVID-19 pandemic on Victorian- Australia.

Though most of the evaluated articles in Table 4, RQ6 reported on psychological distress, one third of the articles covered social support (RQ2) that was received during the COVID-19 pandemic. Many of the articles also focused on coping strategies (RQ5), other objectives like life satisfaction (RQ7), influence of surviving COVID-19, trauma experiences, and the strongest memory of events were minimally covered in a descending order. Figure 2 is a diagrammatic presentation of the thematic review.

4.2.1. Experiences of trauma

Few studies in Table 4, RQ1 focused on trauma among Australians. The review findings include exhibition of symptoms such as anxiety, feeling of isolation and PTSD, which may have emanated from past experiences. According to the Diagnostic and Statistical Manual of Mental Disorders [DSM-5], a description of trauma is qualified by a prior exposure to a life-threatening event that could be related to the experienced trauma. Therefore, disasters on the scale of the COVID-19 pandemic and other previous life-threatening events can traumatise a large number of people.

The projected negative mental health outcomes could not be blamed entirely on the COVID-19 pandemic's impact, but also on exposure to other traumatic events such as the absence of a permanent residential visas, which could pose a significant socioeconomic problem for those affected. Though, lockdowns have been broadly associated with negative psychosocial outcomes, this would not have been the case for people with stable socioeconomic status. On the contrary, a few Australians may have been traumatised by the COVID-19 isolation and lockdown regulations because they considered this move as an infringement on their fundamental right to freedom of movement. This position agrees with Biddle et al. [36] who observed that despite the large scale observance of the COVID-19 lockdown and isolation regulations, a few Australians found it difficult to do so.

As Liddell et al. [19] focused on the impact of the COVID-19 pandemic on the mental health of CALD community; Smallwood et al.[20] concentrated on the impacts of COVID-19 on the mental health of healthcare workers. Similarly, Shaban et al.[21]reported on the scale of

trauma that negatively impacted Victorian-Australians during the pandemic. They described the levels of trauma that various cohorts encountered and projected a potentially gloomy picture with the COVID-19 related impacts. Could this trauma be solely as a result of the COVID -19 pandemic, or this could have emanated from a cumulative impact of disasters that were experienced by Australians prior to the COVID-19 pandemic? These points resonates with the Black Dog institute[28, 29] who observed increased levels of trauma in survivors of bush fires and floodings that preceded the COVID-19 pandemic in Australia. The trauma could have been as a result of uncertainty about refugees and other Australians residential statuses. This finding is in line with James et al.[66] and Liddell et al. [19] findings who observed that refugees anxiety levels rose because of the anticipated impacts of the COVID-19 infection. Moreover, lockdowns may have negatively impacted the mental health of Australians, and the impacts of lockdowns and isolation of individuals were identified as risk factors for trauma.

The significance of this finding to the nursing profession is that as trauma levels have risen to higher levels, and it has created a dilemma for the healthcare professionals especially nurses who will be physically, emotionally and professionally challenged in their care. This is because, they will be charged with the responsibility of the management of acutely affected individuals especially in clinical settings. Therefore, nurses need to have precise and adapted trainings that aid early identification and provision of individualised care to patients. Nurses need training that help to understand quickly how trauma affects patients' behaviors especially when such behaviors are complicated by the presence of other underlying conditions. Moreover, nurses need to be equipped with latest research findings and techniques to promote better understanding of how trauma interact with other health challenges and the required services. Additionally, this situation requires an adaptation of research findings in to upgraded nurse training curriculum for a flexible, skilful, and effective identification of traumatised people early and provision of focused individualised interventions to ameliorate the problem.

Additionally, a large, traumatised case load increases demand for professional nursing services which includes flexible work hours that will allow nurses to undertake more training in understanding and handling such cases. It further encourages guided evidence-based interventions in the management of traumatised patients during their practice.

4.2.2. Social support during the COVID-19 pandemic in Australia

Nearly two thirds of the reviewed studies in Table 4, RQ2 reflected on the significance of social support after encountering a disaster such as the COVID-19 pandemic. These studies showed that Australians received social support from individuals, families, organisations, and the government. Although the COVID-19 pandemic has ended and the financial support from government may have ceased, other professional mental health services may have continued. These findings indicate that there are still many people whose socioeconomic situations are precarious and therefore require assistance to forestall further deterioration in mental health. Alternatively, did the provision of financial and professional mental health support by the Australian government help to alleviate the financial difficulties and the mental health issues that were anticipated and reported by vulnerable Australians? Indeed, provided social supports could be protective against further deterioration of mental health. These support networks could have helped to adapt and cope well with the stress they encountered during the COVID-19 pandemic.

The significance of social support was highlighted by Rahman et al. [53] who suggested that availing social support to Victorians especially those who drank alcohol more and those who had underlying mental health conditions could be protective against further mental health complications. Additionally James et al.[65]remarked that though the Australian government provided support there was difficulty in accessing it. Despite the fact that other nongovernment agencies could have helped, difficulty in accessing social supports could have further excluded more vulnerable people from receiving help, which would have made the situations of vulnerable people more precarious. They however, reported that other nongovernment entities provided support to Australians to ease some of the difficulties that arose during the pandemic. This position aligns with Biddle et al. [36] who proffered that social support protects individuals against the psychological impacts of a disaster and maintain that it enhances individuals' post-disaster recovery. It is asserted that social support is the bedrock of positive post-disaster recovery and resilience. Another school of thought is that though government support might be important, another significant aspect of support is family and community support. This resonates with Rahman et al. [51] who reported that social and families provided support for members of their family.

The findings give a clear indication that, despite the problems, there is need for enhanced provision and usage of government support packages, coupled with families rallying together to ease the emotional and mental health challenges Australians are facing. Social support

enhances nurses' pursuit of more knowledge in their profession, increases psychosocial wellbeing and it buffers the impact of work and emotional stressors.

Knowledge of the significance of social support is that it provides a vital resource that renders assurance and confidence to nurses as well as patients in their care[67]. Social support in summary ensures security and enhances social integration of individuals facing the effects of a disaster, which could be good for the enhancement of the individual's resilience and coping. The implications of these findings for nursing are that it helps in calming and anxious staff and reinforce resilience at work. Furthermore, the significance of social support to the nursing profession is that it serves as mediator in stress and anxiety reduction[68] in the course of study and duty.

4.2.3. Memory of events

The table 4, RQ3 shows the number of articles that reported on strongest memory of the COVID-19 pandemic, which in this case did not reflect well in the reviewed literature. Only one study touched on the memory of events during the COVID-19 pandemic. However, the impact of the hard lockdowns in Victoria is well reflected in literature. These lockdowns resulted to feelings of disrupted family situations, feeling trapped and isolated, feelings of hopelessness, financial difficulties awoke unpleasant experiences. The minimal representation of memory of events in literature portrays a picture of neglect of people's memory of the challenges that they faced during the pandemic. However, even though lockdowns meaningfully reduced the chain of COVID-19 spread in communities, it did not only disrupt socioeconomic activities but excluded individuals from integrating within their communities.

As James et al [65] observed that the imposition of lockdowns disrupted the cultural collectiveness of study participants, which in their opinion worsened social inequities. James et al.[65] further reported on how their participants recalled past experiences and a continuous recall of past events brought unpleasant feelings that could be indicative of unresolved problems. This is especially so when old feelings of fear of infection, anxiety and stress are reported. 'Fear of infection of COVID-19 was reflective of the general fear of the disease that was observed in most people in Australia. Strong feelings, which caused anxiety, stress, distress, and depression demonstrate the negative impact this pandemic has on the mental health of Australians. This assertion is supported by findings from a scoping review by Zhao

et al. [69] who reported that the COVID-19 pandemic caused disruptions, which resulted in poor mental health among Australians. Recalling financial hardship and the impact of lockdowns could not have only caused fear and apprehension for Australians, but also may have contributed to the family challenges that would have culminated to more psychosocial difficulties in families. This finding resonates with Newby et al.[70]; Rogers et al. [71]and Price et al.[72] who articulated that the financial difficulties and the effects of the lockdowns may not have only triggered family and work life disruptions but also created mental health and family challenges significantly.

The significance of memory of a traumatic event could be protective in the sense that individuals might be able to quickly identify a potential threat and make relevant adjustments, which will in turn minimise the impact of the impending problem. Loosing memory of such events may pose a risk of potentially making the same mistakes with more implications.

The implication for nursing care is that a highly stressed population is reflective of the point that such individuals could be emotionally imbalanced, which could precipitate other mental health complications. Easing of the impacts of the memory of unpleasant past events will take a long time and skill. However, identification of what predisposes individuals to recalling such memories and utilising the services of professional mental health care services including nurses can help resolve the problem. Knowledge gained during such periods can be utilised in mentoring other young team members who may not be experienced as those who might have been able to revisit their memory and identify ways it was solved. Although memory of events can serve as a guide to averting similar mistakes, it can precipitate more serious negative mental health impacts. As nurses are mostly around a client in clinical settings, they should be trained in providing support to affected clients to help ease the mental health burden. They should be able to utilise knowledge gained from such research in guiding interventions in mental health matters.

4.2.4. Impact of surviving the COVID-19 pandemic

The reviewed studies in Table 4, RQ4 indicated that less than a quarter of studies reported the influence of past events during the pandemic. These studies further identified symptoms which could be categorised as, physical, psychological, and socioeconomic. Whilst the physical health impacts include those described as the long COVID, another aspect of the physical health

challenge was the impact of COVID-19 on underlying chronic health conditions affecting Australians. The aspect focusing on the psychosocial health deals with mental health issues that were influenced by the COVID-19 pandemic. The socioeconomic aspect considered the lockdowns and their impacts on jobs, finance and housing and quality of life in general.

Though many health deficits such as anxiety, depression and PTSD, may have been associated with the COVID-19 infection, other chronic health conditions such as hypertension, diabetes and mental illnesses could have exacerbated the underlying symptoms that appear to be long COVID and might have obscured other symptoms. COVID-19 is a serious infection that impacted all aspects of peoples' lives. It is further associated with significant lingering physical health complications such as chest pains, muscle pains otherwise known as Long COVID. The psychosocial health challenges could have emanated from fear transmitting infection to the family, and this possibly gave rise to anxiety at work, flashbacks, PTSD and fear of further mental health deterioration in relation to the COVID-19 pandemic. Addressing the physical and psychosocial health problems includes increasing the utility of mental health and support services.

These findings are in line with Smallwood et al.[20]; Fisher et al.[73]; Newby et al.[70]; Rossell et al.[74] who illustrated how the COVID-19 pandemic had impacted the mental health of Australians in general, Rahman et al.[37] similarly affirm that the mental health of rural Victorians was affected by the COVID-19 pandemic. Additionally, Botha et al.[30] Butterworth et al.[75] and Muscat et al.[76] and Biddle et al. [36] identified the levels of distress, hardship that was precipitated by lockdowns and how the wellbeing of Australians was negatively impacted.

Surviving the COVID-19 pandemic would have been a traumatic experience for survivors. Hence the manifestation of the varying degrees of symptoms. Moreover, surviving COVID-19 is indicative of improved and collaborated healthcare. Observation that less than a quarter of articles reported on how the pandemic impacted them provides an avenue for further research and furtherance of knowledge. It indicates a paucity of data in this area and knowledge gained could be put into practice and by assessing and critiquing its effectivity in due course. Individuals should lay out plans for identification of the strengths and weaknesses of the new knowledge gathered. It could also be utilised in similar situations where prior experiences will contribute to effectively managing the problem. This, finding has identified that much attention has not been paid to the impact of surviving the COVID-19 pandemic. Another relevance of

this finding on nursing practice is that surviving the COVID-19 pandemic would have a positive psychological and physical impact on the health of nurses who form the largest share of healthcare workers. It helps in the development of confidence and adoption of a positive mind set in carrying out their duties.

4.2.5. Coping strategies during the COVID-19 pandemic

About one quarter of the reviewed articles reported in Table 4, RQ5 focused on how Australians coped with the COVID-19 pandemic. The findings were that coping strategies employed by individuals were mixed. Whilst some Australians responded positively to the stressors by utilising supports networks and services around them, others seemed to disregard their stressors, continued to blame themselves for what they encountered and either delayed or avoided addressing the problem. Seeking immediate treatment and resolution of the problem is deemed adaptive and enhances a positive outcome in the short and long terms.

Delaying or avoiding addressing the problem could be described as maladaptive because the problem will remain unsolved, and the outcome will not be good. The choice of adopting positive coping strategies is indicative of peoples increased motivation and trust in the Australian governments' ability to control the pandemic. Despite this displayed confidence in the Australian government, a minimal number of Australians may not have gotten this level of confidence and therefore being overwhelmed by the COVID-19 associated problems. Hence, the avoidance and delay in seeking care.

It is observed that despite the negative impacts of the COVID-19 pandemic [36], Australians still trusted their government and were therefore motivated to cope positively with the pandemic stressors. Furthermore, Fisher et al.[73] relates to these points that positive coping strategies, which included exercises and utilisation of support networks alleviated stress levels during this COVID-19 pandemic. Equally important, Gurvich et al.[77] reiterated that coping strategies promoted better health whilst 'behavioural disengagement and self-blame' undermine positive mental health. On the contrary, Rossell et al.[74] observed that 'high negative emotions derailed coping and resilience. Although intra and inter community movements were restricted, the utilisation of the limited community walks, exercise regimes and other support networks could have enhanced Australians positive coping with the COVID-19. This statement is in line finding by Rahman et al.[51]; Rahman et al.[53] who reported that Victorians adopted various coping strategies which enhanced coping to medium levels.

Conversely behavioural disengagement and self-blaming, which were indicative of negative coping strategies, could have been because of the uncertainty and diminished motivation to resist the COVID related stress. This position resonates with Rasmussen et al.[78] who remarked that mental health of Australians was impacted by weak motivation and isolation pressures which deterred their ability to cope well.

The relevance of adopting positive coping strategies during the COVID-19 pandemic is that it increases the resilience of people including nurses and therefore minimises the risk of psychological distress and other mental health complications. Considering the impacts of COVID-19 on healthcare workers, they should be encouraged to seek Medicare and further assessment for any symptoms of mental health impacts.

Further evaluation of individualised coping strategies should be promoted in all nurse training institutions to adequately prepare for future adaptability to stressful situations and this includes critical evaluation of individual coping strategies and identifications of their strengths and weaknesses. Further, making changes to findings to adapt novel coping styles and share what was reported to others is vital. It is important to plan further evaluation of coping strategies and identify what is most suitable for recovery. This can cause positive behaviour to change during a natural disaster such as the COVID-19 pandemic. It can also influence positive behaviour communication, which is required in the management of large-scale disasters.

4.2.6. Levels of psychosocial distress

More than two thirds of reviewed articles (Table 4, RQ6) focused on the levels of psychological distress which people experienced. The review identified high levels of psychological distress among Australians in all the studies but one. Psychological distress was broadly associated with work pressure, traumatic experiences of witnessing many traumatic and distressing events in their daily functions.

Although high level of psychosocial distress was reported during the COVID-19 pandemic in all the studies, there could have been other factors that brought challenges. Such factors include being at home not working usual long hours to earn better wages, disrupted family/home dynamics, home schooling for children could unbalance the psyche of individuals. To remedy this situation, a more focused intervention and continuous support for Australians is required

to enhance good health outcomes. All researchers except one associated the COVID-19 pandemic to a plethora of psychological symptoms that were reported in their studies. For instance, Rahman et al.[51] and Rahman et al.[53]; Stanton et al.[79] noted and maintained that those who increasingly smoked and drank alcohol and those who had underlying mental health condition were more likely to be psychosocially distressed during the COVID-19 pandemic than others who did not.

Alternatively, Holton et al.[80] maintained that nurses and midwives who had not had long clinical work experiences were stressed because of the risk of passing the virus to their families. Moreover, they were not comfortable with some of the personal protective equipment they used at work. Chivers et al uniquely associated perinatal psychosocial distress affecting perinatal women to inconsistent flow of information during the pandemic.

The high (88%) number of articles who reported on psychosocial distress signifies that it prevalent in the Australian communities. The significance here is the necessity for deployment of more human, professional and financial resourced to manage the situation. This high prevalence of psychosocial distress provides an opportunity for increased emphasis in nurse training curricula to equip them with the right knowledge and attitude to face the task lying ahead.

Knowledge gained could be ploughed into learning materials to improve skills developments in handling the task of looking after this large population who are distressed. The implication for nursing is that high levels of psychosocial distress will increase the demand for mental health services hence an increase in demand for mental health service providers. This will require more resources in terms of revision and upgrading of nursing curricula and training to cope with the demand.

4.2.7. Life satisfaction

Less than a quarter of the reviewed studies in Table 4, RQ7 reported on how satisfied Australians were with life. Despite the levels of satisfaction, literature suggests that they are less satisfied with life during the pandemic than it was before the outbreak. Despite reports that life satisfaction during the COVID-19 pandemic continued to fluctuate between high and low, a lower life satisfaction implies that there could be underlying mental health complications. A high satisfaction with life gives hope of a healthier population and thus, reduction in healthcare

demands. The dissatisfaction with life overall translates to diminished wellbeing which portrays a bleak outlook for health overall.

Biddle et al.[22] associated the COVID-19 pandemic with increased stress levels among individuals, hence the increase in disputes, the strains in relationships and violence. Biddle et al. [36] also maintained that though life satisfaction was above average, Australians were less satisfied with life than they were before the COVID-19 pandemic. Besides, Wright et al. [81] emphasised that Australians were less satisfied with life. Despite social support that might have been provided by the government and families; the lack of social connectedness could have undermined people's mental wellbeing. It is acknowledged that lack of social connectedness would negatively impact psychological wellbeing of Australians [81].

As wellbeing has been identified as a protective factor against mental health challenges [36], an assessment of satisfaction with life gives an indication of the perceived wellbeing of Australians and it should be done regularly. Therefore, more effort should be put into ensuring social knowledge of the subjective or objective wellbeing can be utilised as a barometer to determine the overall mental health of people. This will further give an indication of people's levels of the subjective wellbeing of people. Knowledge gained can be transformed into documents to guide policies and interventions into the socioeconomic situations of people. It promotes actions that will increase inclusivity and participation into socioeconomic activities to increase life satisfaction.

5. Conclusion

This part of the literature review has identified and examined research on the psychosocial impact of the COVID-19 pandemic. The results highlights that all the existing literature articles addressed various aspects of the phenomena of interest, but none singularly addressed all of the variables that surround psychosocial impacts. For instance, while some addressed psychological distress, coping strategies and social support; attention is deficient on life satisfaction as well as topics such as strongest memory of events and previous trauma history. The implication of this finding is hinged on addressing how to guide mental health policy and trauma-informed care for migrant communities affected by previous traumas. Therefore, further research is still required with cognizance of health disparities among migrant populations during large scale disease outbreaks or similar disasters. That is, to potentially proffer solutions for small but unique populations.

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COMPETING INTERESTS

There are no competing interests.

AUTHORS' CONTRIBUTION

SLM did the main work including literature search and drafting of the manuscript. EUN guided the statistical analysis. PTB reviewed the results. EUN and PTB reviewed the manuscript drafts done by SLM for intellectual content, and all authors approved the final manuscript.

ETHICAL CONSIDERATION

Although ethics clearance is not applicable for this literature review, there is ethic committee approval for the main study.

CONSENT

Not applicable.

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