Mental Health Consequences of COVID-19: Implication for Counseling

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Abstract:- **This paper examines the rise in mental illness caused by the Coronavirus disease, and discusses measures, in terms of counseling necessary to mitigate the psychological trauma in its aftermath. The emergence of the novel Coronavirus Disease 19 (COVID-19)and the measures such as lockdown, isolation, hand-washing, mask wearing, social/physical distancing, aim to curb its continuous spread and infection, has led to rise in mental illnesses among the populace. Reports show that most countries, including those having advanced health care facilities or structures, continue to grapple with the increasing challenge posed by the Coronavirus pandemic, especially its mental health complications. The paper uses secondary and documentary data, including, journal articles, agency reports and working papers and social media posts, to understand the rise in mental health illness during the COVID-19 pandemic and its implication for counselling. Findings reveal that COVID-19 has exacerbated old mental health challenges and thrown up new ones across different age groups and socio-economic classes, and left many in need of psychological support in terms of counseling interventions to help them cope with or regain their physical and mental wellbeing. It concludes that people with Post-Traumatic Stress Disorder (PTSD) caused by COVID-19 need counseling which should be provided by trained and certified counseling psychologists or therapists.**

Keywords: **Covid-19, counselling, mental health, pandemic, PTSD**

I. INTRODUCTION

Since the dawn of modern civilisation, the human race has yet to face any threat comparable to the current natural (or is it man-made) disaster of enormous proportion like the novel coronavirus disease, that has near-rubbished the most compact and sophisticated health systems and structures around the world. Thus, all countries including developed and developing, continue to grapple with this new disease pandemic that does not appear to be leaving the human circle any time soon. Coronavirus disease emerged from a large family of viruses which may cause illness in animals or humans. Several strands of coronavirus are known to cause respiratory infections in humans, including Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The novel coronavirus disease (COVID-19) is said to be the latest of these virus diseases. It is a new virus and disease recently discovered in Wuhan, Province of Hubei in China, in December 2019, thus, the name COVID-19 (WHO, 2020, Ebonyi & Abok, 2020). The disease has caused and continues to cause monumental physical and mental damage to world populations.

The general impact of COVID-19 globally is no longer in doubt, but the health and mental health consequences have yet to receive the needed attention. As a result, all health personnel in the frontline and others, are at great risk due to the dearth of information regarding the psychological impact and underlying mental health consequences on the populace (Kazmi, Hassan, Talib & Saxena, 2020). The situation is not different in Nigeria, sub-Saharan Africa, where most of the frontline health workers and many other health care providers are being neglected even as they continue to cry out for attention and for the provision of necessary protective kits, better welfare packages, and the stress they face due to insufficient sleep and rest. The Ninth Secretary-General of United Nations, Antonio Guterres, in a speech delivered in May, 2020 on the novel coronavirus pandemic, noted that the COVID-19 virus in addition to attacking our physical health, is also exacerbating psychological suffering; stressing that mental health lies at the core of our humanity as it facilitates a rich and fulfilling life, enabling us to participate fully in our communities. According to Guterres, some of the fall outs of the COVID-19 for many people are grief at the loss of loved ones; anxiety at the loss of jobs; isolation and restrictions on movement; difficulty family dynamics; uncertainty and fear for the future, which in combination or separately could trigger or heighten depression in the general population (Guterres, 2020).

However, while much of the attention has been concentrated on the control of the pandemic by government officials and health care practitioners across the world, little really, is given to the mental health condition of the isolated and fear-gripped stay-at-home members of the public. A situation that, as research shows, impacts the emotional wellbeing of people particularly those with prior mental health illness (Kar, Arafat, Kabir, Sharma & Saxena, 2020).

In light of the above, this study examines the mental health consequences, such as depression, anxiety, emotional and substance abuse, stress across gender, age and socio-economic status during lockdown amid COVID-19 globally and in Nigeria. It also identifies counseling actions or coping mechanisms provided to mitigate the negative impact of the pandemic for all persons regardless of age or gender. It hopes that healthcare professionals and concerned agencies and individuals would find the information provided here useful for safeguarding and improving the mental wellbeing of the

Nigerian population and elsewhere, because psychological or mental health is as important as physical health.

II. METHOD

This study through desk review, utilises secondary and documentary data, including journal articles, agency reports, online articles, and working papers, to understand the rise in mental illness during the COVID-19 pandemic, the psychological trauma that the vulnerable members of the society face, and its implication for counselling.

Impact of COVID-19 on the Society

Data received by WHO from national authorities on Coronavirus disease (COVID-19) as at 30 May, 2020, indicate that there was 5,817,385 confirmed cases of COVID-19 infections and 362,705 deaths globally; while 96,902 confirmed cases and 2,482 deaths were reported in Africa. Nigeria, a country in sub-Saharan Africa, reported 9,689 confirmed cases and 263 deaths. The report shows that community transmission has become the common mode of transmission (WHO, 2020). Additionally, the World Health Organisation (WHO) reported that as of 1 June 2020, there have been 6,057,853 confirmed cases of COVID-19, including 371,166 deaths, globally.

Figure 1: Total Confirmed Cases (1 June, 2020), by WHO Region

Globally/Regionally	Confirmed Cases	Deaths
Globally	6 057 853	371 166
Africa	104 242	2 638
Americas	2 817 232	160 514
Eastern Mediterranean	520 137	12 627
Europe	2 159 791	180 594
South-East Asia	272 512	7 743
Western Pacific	183 198	7 037

Source: WHO, 2020

The emergence of the novel Coronavirus Disease 19 also known as COVID-19 and the measures to stop its continuous spread and infection, is causing different mental health conditions among the general population that have now become matter of urgent local, regional and global concern. Before now, various segments of the population across gender lines, age, socio-economic status, presented with various mental illnesses that threaten their psychological wellbeing, but have received little or no attention as measures to mitigate the broader impact of the pandemic on lives and livelihoods.

The World Heath Oganisation (WHO) reports that most countries, including those having advanced health care facilities or structures, continue to struggle to cope with the increasingly rapid pace of coronavirus spread across the world leading to the inability of the countries to meet with the demands of the Personal Protective Equipment (PPE) and infrastructure requirement (as cited in Kar, Arafat, et al., 2020). Nonetheless, the WHO has laid the guidelines that all countries are required to follow in the interim pending when a vaccine or cure is found: prevention of human-to-human transmission, limiting the spread of infection to close contacts and medical professionals, preventing the development of complications in infected persons, isolation and quarantine facility provision, availing diagnostic and laboratory facility, research to produce specific treatment and vaccine and minimising the socio-economic impact on the community (as cited in Kar, Arafat, et al., 2020). Regardless, current events point to the fact that the COVID-19 infection has increased mental health challenges among the general population, comprising the elderly, youths, children, and healthcare professionals who are not victims of COVID-19 infection (Kar, Arafat, et al., 2020). This situation is linked to the external factors that is, general lockdowns and isolations imposed on the population other than the COVID-19, stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19 even though it (COVID-19) necessitates or caused the external factors. The consequences of the new coronavirus and its likes in the past, have been found to include both physical and mental health, therefore, necessitating the identification of mental health abnormalities in the general population particularly vulnerable groups and adopt effective therapeutic measures through counselling (Khan and Rabeea, 2020). To date there are no specific steps from international bodies like the WHO, regarding addressing the mental health issues during this COVID-19 pandemic.

As global health experts (orthodox and traditional), move frantically to find solution to the COVID-19 debacle, in terms of a vaccine or outright cure, the time is ticking and people, the old and young, continue to die, with some experiencing various degrees of mental challenges due largely to the health protocols given to curtail and reduce the rate of infection and transmission of the disease. These health protocols, for example, self-isolation and physical/social distancing, face masking for majority of the population, are alien and they find it practically impossible to observe. For the purposes of emphasis, treatment and/or therapy, COVID-19 is associated with common symptoms including fever, dry cough, and tiredness, and other less common symptoms such as aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, loss of taste or smell or rash on skin or discoloration of fingers or toes, that may be mild and start slowly, but cogent (WHO, 2020). This necessitates the need for self-isolation as prescribed by World Health Organisation during the early stage of the pandemic. Self-isolation is an important measure taken by those diagnosed with COVID-19 or who themselves suspect they have COVID-19 symptoms to avoid infecting community people, including family members. An individual self-isolates voluntarily or on medical advisory when he or she is experiencing some of the symptoms mentioned above, such as fever, cough or other symptoms of the virus, by staying indoors and does not go to work, school or public places (WHO, 2020).

The Coronavirus disease pandemic has social, economic and psychological consequences within the society regardless of gender, age and status, hence the need to examine these issues especially the public health threat. The public health consequences of COVID-19 globally is profound and such has not been seen since the 1918 H1N1 influenza pandemic (Kar, Arafat, et al., 2020). Studies on the severity of coronavirus disease pandemic in China reveals 2.3% fatality rate and could vary from country to country (Kar, Arafat et al., 2020). Evidence suggests that the impact of COVID-19 can be felt both in terms of death rate and physical incapacitation exemplified in psychological or mental deficiencies among significantly high demographics around the world. This can be seen in the report from China which indicates that more than half of 1210 respondents surveyed on the psychological impact of COVID-19, rated the psychological effect as moderate-to-severe and about one-third reported moderate-to-severe anxiety (Kar, Arafat et al., 2020). In retrospect, studies on previous virus disease pandemic such as SARS, found that post physical recovery from the disease does not prevent social and psychological problems suffered by people, a situation that could apply to the new coronavirus. As mentioned above, efforts are on-going to find a vaccine for the Coronavirus disease. WHO reported that there was continuous landscaping and mapping candidate vaccines and their progress across the world, and currently over 120 of such vaccines have been mapped. However, the challenge would be how to prioritise the ones that would go from early to later development, that is, from phase 1 to phase 2b/3 clinical trials (WHO, 2020).

Mental Health Consequences of COVID-19

According to the United Nations (UN), pre COVID-19 statistics on mental health conditions globally suggested that:

i. Around half of all mental health conditions start by age 14, and suicide is the second leading cause of death in young people aged 15-19.
ii. More than 1 in 5 people living in settings affected by conflict have a mental health condition.
iii. People with severe mental conditions die 10-20 years earlier than the general population.
iv. Fewer than half of countries report having their mental health policies aligned with human rights conventions.
v. In low- and middle- income countries between 76% and 85% of people with mental health conditions receive no treatment for their condition, despite the evidence that effective interventions can be delivered in any resource context.
vi. Globally there is less than 1 mental health professional for every 10,000 people.
vii. Human rights violations against people with severe mental health conditions are widespread in all countries of the world (UN, 2020).

There is no segment of the human population that is immune to the new coronavirus disease, but the demographics mostly impacted are the vulnerable groups which include the elderly, children, and people with underlining illnesses such as diabetes, cancer, tuberculosis, cardiovascular condition, and respiratory health conditions like asthma. COVID-19 is today a major public health concern and the cause of hospitalisation and death, affecting the aged in all affected countries (Chakraborty & Prasenjit, 2020; Torales, O'Higgins, Castaldelli-Maia & Ventrigilio, 2020). It is normal to feel stress and worry in the event of health emergencies that is affecting people's wellbeing, such as coronavirus disease, with more specific concerns arising for people under testing, quarantine, and those being diagnosed. Family, friends and significant others can also experience similar mental health impacts, particularly due to the forced isolation, physical/social distancing and face masking, a situation, as earlier mentioned, that is unusual for people (Fact Sheet, 2020).

Also, the World Health Organisation (WHO) warns that there will be a rise in the levels of loneliness, stress, anxiety, harmful abuse of drugs and alcohol, depression and even suicidal tendencies; noting that with coronavirus declared as a pandemic, social isolation and lock downs have been enforced globally, including Nigeria, leading to different mental reactions. Thus, there is every indication that the present struggle to live with such uncertainties will lead to post traumatic stress disorder, all of which are natural and normal reactions to the changing and uncertain situation that humanity confronts today (Ebonyi & Aboke, 2020). Such a scenario prompted Nigeria's Minister of Women Affairs, Pauline Tallen, to state "I know we have always had rape in this country, but with the lockdown of people in homes because of COVID-19, women and children are locked down with their abusers" (Onuah, 2020).

Specifically, the Coronavirus disease 19 has some potential health impacts that people are required to watch out for. They include:

i. Increased anxiety for self and others (this can be expressed as a fear for one's health, and a fear of infecting others).
ii. Psychological distress.
iii. Perceived stigmatisation and victimization.
iv. Social isolation.
v. Interruption of employment or study.
vi. Impact on normal daily routine and functioning Fear of the future.
vii. Fear of uncertain situation rising due to COVID-19 pandemic.
viii. The rise of Depression in children, younger and older adults and in the employed and the unemployed. It is equally on the rise with both blue-collar and white-collar workers, as well as low-income high-income earners and everyone in between (Fact Sheet, 2020).

III. EMPIRICAL REVIEW

Kazmi, Hassan, Talib & Saxena (2020) conducted a quantitative study on the mental health impact of COVID-19 and Lockdown in India, among 1000 participants aged between 15 – 50 years; and using the Depression Anxiety and Stress Scale (DASS- 21), found that there is increase in levels of anxiety, stress and depression especially among those aged 15 – 35, as well as among females. The study also showed that there is a significant difference in anxiety in relation to gender, but stressed that males are depressed and stressed compared to females.

Similarly, Mustafa & Othman (2020) through online survey and using DASS-21, conducted a study on Depression, Anxiety, and Stress in Time of COVID-19 Pandemic in Kurdistan Region Iraq, among 548 adult participants and found that female depression, anxiety and stress levels were significantly higher compared to male. The researchers observed that studies done in other countries such as Iran, revealed that anxiety was higher in males than females, while depression and stress were insignificantly different.

Al Bannaa, Sayeed, Kunduc, Christopherd, Hasane, Begumf et al. (2020) carried out a nationwide cross-sectional study on the impact of the COVID-19 pandemic on the mental health of the adult population in Bangladesh. Findings revealed higher stress, anxiety, and depression rates among female participants, with people 40 years and above reporting higher anxiety rate, and those aged 23 years and below reported higher prevalence of depression.

Zhang and Feei (2020) conducted a study to investigate the immediate impact of the COVID-19 pandemic on mental health and quality of life among local Chinese residents, involving 263 participants aged 18 years and above in Liaoning Province, mainland China, using online survey. Findings of the study revealed that 77.9% had a mild stress level; 53.3% reported not feeling helpless due to the pandemic; 52.1% indicated that they felt horrified and apprehensive because of the pandemic. Interestingly, majority of the participants reported that they received increased support from friends and family members, increased shared feeling and caring with family members and others. The study concluded that COVID-19 pandemic was associated with mild stressful impact among the sampled population.

While the empirical studies above have highlighted the psychological effects of the novel coronavirus pandemic and the lockdown restrictions on the people nationally and globally, they fell short of examining the role of psychologist/psychiatrists in providing counseling to the affected segment of the population who comprise both the young and the elderly. Thus, the current study aims to fill the gap by not only beaming the search light on the mental health impact of COVID-19, but also the implications for counselors who are expected to help those experiencing any form of mental health issues to cope with their challenges.

IV. COUNSELING TO MITIGATE THE MENTAL HEALTH CONSEQUENCES OF COVID-19

Dealing with the current COVID-19 pandemic has been of serious concern to the global community especially in regards to the mental health fall-out. In relation to life post-pandemic, several health experts express worries about the mental health impact on the populace. One of such experts, Dr. Konstantinos Pestsanis, reckons that a large chunk of the populace will face mental consequences such as stress behaviour arising from the current pandemic. Therefore, he cautions that handlers, counsellors should take care while handling those affected so they don't transfer their own unique stress to the counselee (as cited in WHO, May 29, 2020).

Torales, O'Higgins, Castaldelli-Maia and Ventrigilio (2020) note the inadequate attention that the global community has thus far paid to the virulent nature of the coronavirus disease. They observe that following the outbreak of the novel coronavirus infection (COVID-19) in late December 2019, in China, and the virus' contagious capacity, there has been a flowery of information and recommendations on a minute-by-minute basis that impact on global mental health, from a good number of bodies, including the global media, local and international health organisations, such as the World Health Organisation (WHO), epidemiologists, virologists and opinion-makers. However, at the same time, these concerns by the individual organisations are not backed by action that point to the severity of this pandemic on the global mental health of all segments of the population. As a result of this seeming negligence of the global mental health consequences of COVID-19 by concerned stakeholders, this paper deems it fit to examine the imperative for counselling particularly for those most affected by the disease itself, and by the somewhat stringent measures for containing the spread and transmission of coronavirus within the global community. Thus, some scholars have stressed the need for a concerted effort by counselling psychologists to address the mental issues of people during the COVID-19 pandemic

Counselling for people under stress or any form of traumatic and post-traumatic stress disorder, comes in varied ways. It could be through families, friends, group or community members, but most importantly, through mental health experts who are trained to handle mental health issues. Whatever the nature of the intervention, though, it all boils down to counseling which aims to ameliorate the negative impacts of the underlying cause of the problem. There is a general consensus among psychologists or counselors on the importance of counselling for coronavirus related depressed, stressed and anxious individuals. Studies indicate that community psychological interventions and support have the ability to reduce PTSD symptoms, depressive and anxiety symptoms associated with COVID-19 in adults (Torales, O'Higgins, Castaldelli-Maia and Ventrigilio, 2020).

While it is expected that most people will cope with the support of family and friends during lockdown amid coronavirus, others may not and therefore need some extra help to stay focused and resilient. Non-professional help or intervention particularly for people who may find it difficult to cope include the following practices to maintain positive mental health and balance in the course of the pandemic (Fact Sheet, 2020):

i.   Maintain a daily routine, even if it is different to your normal daily routine.
ii. Connect with family and friends and other supports through the use of technology
iii. Look after yourself through regular exercise and healthy meals
iv. Don't over-indulge in alcohol or comfort foods
v.   Ensure you have some time out to relax and do enjoyable activities
vi. Try to minimise exposure to the extensive COVID-19 content on Social Media – ensure you have access to accurate and current information from reliable sources.
vii. Try to find something interesting to do to keep the mind busy.

For Banerjee (2020), there are some specific areas of interventions that psychiatrists can leverage on to bring mental relief or succour to the traumatised segment of the population during and post COVID-19. These interventions include.

i.   *Education about the Common adverse psychological consequences*, whereby patients get information on common stress responses like insomnia, panic attacks, health-anxiety, fear of illness or increase in substance use; as well as informing the public about measures to curb stress like sleep, hygiene, activity scheduling, exercising, social connections, etc.
ii. *Facilitation of problem-solving* to cope with uncertainties arising in the event of a new pandemic. For example people can be encouraged have a sense of self-worth despite the self-isolation and movement restrictions imposed on them by government because of the pandemic. They can be helped to engage in non-physical and non-contact activities via social media like Facebook, watts up, as alternative forms of social connection.
iii. *Empowerment of the patients, their families and health-care providers*. Viewing anxiety, frustration, fear of causing infection, insomnia and irritability as the short term effects of isolation and quarantine that are capable of causing adjustment disorders and chronic post-traumatic stress syndrome, Banerjee maintained that early supportive interventions and facilitation of social connections for those affected helps to reduce loneliness.

iv. *Advocate through platforms* in different strata's of society for the identification of people with mental health challenges.
v.   *Provide Critical Incidence Stress Management (CISM)* to frontline / first responders and mitigate stress/trauma impacts as well as equip them for future disasters and pandemics.

Additionally, Ball & Goldberg (2020), contributing to the counselling need of community people during COVID-19 lockdown and social distancing, give some tips on "what to do when social distancing meets social anxiety," stressing that "avoiding social interaction can cause isolation and loneliness, which increases the chance of developing depression". "What to do…" when experiencing any psychological or mental fatigue, include but not limited to:

i.   *Be kind to yourself* - Even if social anxiety is low, other types of anxiety may be high due to changing daily routines, financial stress, and uncertainty around health and safety. Recognize the sources of your anxiety and try to balance short-term soothing and self-care activities with occasional nudges outside your comfort zone that can help you make long-term progress towards overcoming social anxiety.
ii. *Remember your long-term goals* - When this crisis has passed and you resume your usual activities, what specifically would you like to be able to do that social anxiety typically gets in the way of? Initiate social plans? Speak up at work? Go on dates? It may help to focus on one or two long-term goals that are most important for you, even if it may take a while to get there.
iii. *Take small steps now* - Based on your long-term goals, what small steps could you take right now? For example, if initiating group social plans is important to you but you typically avoid it, start by reaching out to one friend or family member to schedule a video chat. After practicing that a few times, move on to initiating a virtual get-together for two or three people. The goal is to create a series of mini-challenges for yourself to do things that you know are safe, that will improve your quality of life, but that you typically feel some anxiety while doing and/or tend to avoid altogether. Before each mini-challenge, try to figure out what you're most worried will happen, and afterwards, reflect on what *actually* happened. Was the outcome you feared as likely or as catastrophic as you thought it would be?
iv. *Adapt for social distancing* - Take a moment to assess what aspects of your current life circumstances may be causing social anxiety as well as what activities you may be unnecessarily avoiding because of social fears. If use of technology (e.g., video conferencing, phone calls) increases anxiety, it

can help to practice using the technology without a social anxiety challenge first. Alternately, if use of technology makes social situations easier, use this as an opportunity to really challenge yourself, perhaps by making a small mistake on purpose to see if it's as bad as you thought it would be. And remember: when you hear social distancing, think distant socializing!

v. *Celebrate your accomplishments* - Stepping out of your comfort zone to challenge anxiety is hard. You should expect to feel anxious when doing these exercises, and that's okay! Make sure to notice what you learned (e.g., "it's not as bad as I thought") and celebrate your successes, no matter how small.

vi. *Practice Affirmations* by turning negative self-talk which leads to stress into positive affirming statements.

vii. *Practice mindfulness* by meditating and being aware of the present moment. Cultivate the capacity to see things just as they are from time to time or rather, become fully aware, in a non-judgmental way of our thoughts, body sensations and feelings as we experience them.

Similar psychological and science-based strategies to cope with coronavirus anxiety and associated mental health challenges have been suggested, and include, practice tolerating uncertainty; tackle the anxiety paradox; transcend existential anxiety; don't underestimate human resilience; don't get sucked into overestimating the threat; strengthen self-care, and seek professional help if you need it (Kecmanovic, 2020). Further, know you are not alone; manage your media diet; stick to a routine, look out for others; give mindfulness a try; and, find other things to talk about (Stieg, 2020). Also, according to Smith (2020), it is absolutely normal to feel heightened anxiety than usual amid COVID-19 outbreak, however, it is unlikely that this understanding would make coping any easier. Thus, he counsels: practice self-care; go for a walk; limit your screen time; plan don't panic; practice meditation; stay social, and focus on what you can control.

V. CONCLUSION

This paper reveals that indeed the coronavirus disease pandemic has thrown open the flood gate of pre-existing and current psychological and mental health issues among the population which is expected during a pandemic of COVID-19 magnitude. Nonetheless, not everyone has the ability to cope with its fall-outs evident in stress, anxiety, grief, depression, and other uncertainties. Thus, the need for counseling through various measures, to help people, especially the vulnerable groups, to navigate through the Post-Traumatic Stress Disorder (PTSD) that they may face.

Psychiatrists/counseling psychologist, in the context of Coronavirus pandemic should keep the mental balance of the community people, especially the vulnerable groups.

Continuous monitoring, offering counseling to the needy groups will help to keep them mentally healthy and do well in personal and professional life (Goothy, Goothy, Choudhary, et al. 2020). The UN Secretary-General Antonio Guterres, cautions on the cumulative impact of stress, grief, and anxiety, emphasising that "unless we act now to address the mental health needs associated with the pandemic, there will be enormous long-term consequences for families, communities and societies" (Guterres, 2020).

As highlighted in this paper, the COVID-19 outbreak is the key factor in the rise of mental health illness globally. Since its emergence, it has heightened the pre-existing and existing mental health conditions of a great number of people globally. Even health personnel particularly those in the frontline have been affected by the coronavirus pandemic. Although there are no available data currently, but media reports suggest that several frontline workers in the fight against COVID-19 have lost their lives to the coronavirus since it broke out in Wuhan, China, in December 2019.

For every member of the frontline workers and other caregivers who died in the line of duty, there may be family members who must cope with the psychological, physical and economic effects that linger in the aftermath of COVID-19. It is recalled that those exposed to virus pandemic almost always have high rates of traumatisation and usually display symptoms of post-traumatic stress disorder (PSTD). The hazards of work, such as mental illness, suffered by the health workers in this period call for counseling services and interventions that will help the survivors and the family members of the survivors or deceased cope with the PTSD that may result from the experience or loss.

The implications of the study of the mental health consequences of covid-19 to the counsellor suggests strategies that must be adopted by psychologists and counsellors to reduce the incidence of mental illness amid COVID-19 among all age groups in the community. The study suggests that counselors should be up and doing to utilise all the techniques at their disposal to prevent and control depression, stress, and anxiety or simply Post-traumatic Stress Disorder among the population especially the most vulnerable groups. Although there are still dearth of professional counseling psychologists in our hospitals to cater for victims' or patients' behavioural problems but it is hoped that the situation will change with the advent of the novel coronavirus disease and associated rising cases of mental health challenges that now pose international, national and regional health security threat.

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