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Migrant workers, migrants, internally displaced persons, asylum seekers and refugees - The silent sufferers of the COVID-19 pandemic: A brief review of media reports

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Citation: Syed, N.K., Al-kasim, M.A., Alqahtani, S., Meraya, A.M., Syed, M.H., Elnaem, M.H., Griffiths, M.D. (2022). Migrant workers, migrants, internally displaced persons, asylum seekers and refugees - The silent sufferers of the COVID-19 pandemic: A brief review of media reports. *Journal of Concurrent Disorders*.

Editor-in-Chief: Mona Nouroozifar

Received: 12/07/2021
Accepted: 01/23/2022
Published: 02/8/2022



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Abstract: Like other vulnerable groups, the pandemic has severely and negatively impacted marginalized groups, including migrant laborers, documented and undocumented migrants, internally displaced persons (IDPs), refugees, and asylum seekers. The present study briefly reviewed cases of attempted and completed suicide while also examining their causality among national and international migrant workers, migrants, IDPs, refugees, and asylum seekers during the ongoing pandemic. This study utilized retrospective extraction of suicide-related information from earlier published press reports. With regards to COVID-19-related suicides, this method has had widespread acceptability and has previously been extensively used in countries of South-East Asia for reporting suicides in academic journals. The authors located 26 relatively complete details of migrant worker suicides and suicide attempts from India and Singapore and 46 cases of migrant suicides from Malaysia with partially complete details. Lockdown-related health, job, and financial uncertainties coupled with pandemic-related emotional as well as mental stressors were some of the reported reasons for the alleged

suicides and suicide attempts. Considering the psychological impact of the COVID-19 pandemic, the role of mental health services becomes increasingly important. Governments should take the lead in safeguarding the financial, physical, and mental well-being of all its citizens with special emphasis on the most vulnerable populations and high-risk groups for the entire period of the pandemic, to avert any unneeded loss of life related to suicides.

Keywords: COVID-19 Pandemic; Lockdown; Suicide; Migrant Workers; Migrants; Refugees; Asylum Seekers; Internally Displaced Persons; Financial Strife; Media Reports.

Introduction

At the time of writing (early February 2022), over 396 million confirmed cases and over 5.75 confirmed deaths had already been reported owing to the novel coronavirus disease-2019 (COVID-19) infections (Worldometer, 2022). The ongoing pandemic has affected individuals of all types and all ages (Ahsan et al., 2021; Alnohair et al., 2021; Syed and Griffiths, 2020). It has not only resulted in extensive morbidity and mortality but also had wide-spreading financial consequences. Financial difficulties arising from closure of businesses and loss of jobs, all commonly seen during prolonged lockdowns associated with infectious disease outbreaks similar to the ongoing pandemic, can potentially have an adverse effect on the psychological well-being of the sufferer, leading to emotional anguish, anxiety, and stress (Montemurro, 2020). Throughout the world, many countries during the initial stages of the pandemic implemented fundamental measures such as strict movement restrictions, stringent spatial distancing, and mandatory quarantining to control the disease from spreading (Rubin and Wessely, 2020). Protracted nationwide lockdowns can lead to physical, financial, and mental suffering. Because of this, they have the potential of leading to mass hysteria as well as elevating the levels of anxiety and emotional distress (Brooks et al., 2020; Hawryluck et al., 2004; Maunder et al., 2003).

Individuals' psychological as well as emotional well-being can be severely impacted as a consequence of restrained social interaction, social isolation, and quarantine (enforced or self), along with strict spatial distancing measures, all of which are commonly associated with extensive and lengthened nationwide lockdowns (Dsouza et al., 2020; Syed and Griffiths, 2020). Lockdown-related financial suffering has pushed many individuals to the brink of poverty and beyond, and can also consequently lead to psychosocial distress (Mamun et al., 2020; Thakur and Jain, 2020), which in some extreme cases has the potential to lead to thoughts related to suicide, suicide attempts, and actual suicide (Mamun and Griffiths, 2020). Completed suicides, as well as suicide attempts, are an extremely significant public health concern amidst the ongoing pandemic (Pathare et al., 2020). During the early phases of the COVID-19 pandemic, most countries worldwide went into lockdowns and implemented stringent spatial distancing measures. During such time, finding work became an almost

impossible task for some individuals. With widespread lockdown-related stressors such as joblessness and financial difficulties, the global migrant workforce, migrants, internally displaced persons (IDPs), refugees, and asylum seekers have not only suffered immensely (particularly in countries such as India), but there have also been many instances where the national and international media have reported their financial struggles resulting in suicidal thoughts, suicide attempts, and (in extreme cases) completed suicides (Channel News Asia, 2020; Reliefweb, 2020; The Economic Times, 2020; The Hindu, 2020; VOA News, 2020; and Yahoo News, 2020).

Like other vulnerable groups, the pandemic has severely and negatively impacted marginalized groups, including migrant laborers, documented and undocumented migrants, internally displaced persons (IDPs), refugees, along with asylum seekers (Hayward et al., 2020). Low-skilled immigrants and migrant laborers are among those vulnerable populations worst hit by the COVID-19 pandemic (Mia and Griffiths, 2020). The present study aimed to briefly review cases of attempted and completed suicide among national and international migrant workers, migrants, IDPs, refugees, and asylum seekers during the ongoing pandemic. The present study also aimed at examining the causality of alleged suicides among the same population. To the best of authors' knowledge, this is the first study to report attempted and completed suicides globally among migrant workers, migrants, as well as refugees during the COVID-19 pandemic.

Methods

The present study collected relevant information from press reports of media houses of national and international repute. Among the countries of South-East Asia, retrospective extraction of suicide-related information from earlier published press stories has been an extremely popular method for reporting suicides. With regards to suicides related to COVID-19, this method has had widespread acceptability and has previously been extensively used for publication in academic journals (e.g., Bhuiyan et al., 2020; Dsouza et al., 2020; Griffiths and Mamun, 2020; Mamun et al., 2020). The present study reports suicides and suicide attempts due to lockdown-related financial problems, confinement, and social isolation due to COVID-19-related restrictions among migrant workers, migrants, and refugees. These cases were extracted from previously published English online media stories. The search terms, 'COVID-19 pandemic', 'migrant worker suicides', 'migrant suicides', 'immigrant suicides', 'refugee suicides', 'asylum seeker suicides', 'internally displaced persons', 'IDPs', 'financial problems', 'lockdown' and 'media reports', were entered into the *Google News* search engine to retrieve relevant articles from online newspapers published in English language, between March 25 and August 25, 2020. Twenty-six cases of relatively complete details of alleged suicides and suicide attempts were retrieved. Suicide cases unrelated to migrant workers, migrants, refugees, asylum seekers, and IDPs, as well as those

unrelated to COVID-19 and duplicate media reports of the same cases were excluded.

Results

The Wire (2020), reported 58 lockdown-related deaths due to starvation as well as financial distress in India, but the exact number of suicides among them associated with financial crisis was not mentioned. Yahoo News (2020), reported 46 foreign migrant workers to have committed suicide after the implementation of the lockdown in Malaysia. Yahoo News (2020) and Channel News Asia (2020), also reported an increasing number of suicide attempts as well as completed suicides among the migrant workers in Singapore (Table 1). The Economic Times (2020), also reported suicide as a main cause of death among 300 lockdown-related deaths in India.

Table 1: Summary of COVID-19 Lockdown-Related Suicides and Attempted Suicides among Migrant Workers

Case	Status	Name and age of the victim	Location and date of suicide	Gender	Mode of alleged suicide or suicide attempt	Source
1	Migrant worker	Mr. R. L (Age - 45 years)	Jetpur, Gujarat, India (May 6, 2020)	Male	Hanging from a tree	(The Economic Times, 2020)
2	Migrant worker	Name - NS (Age - 25 years)	Umri Begumganj district, Uttar Pradesh, India (May 15, 2020)	Male	Hanging in his room	(ETV Bharat, 2020)
3	Migrant worker	Name and age - NS	Umri Begumganj district, Uttar Pradesh, India (May 15, 2020)	Female	Hanging in her room	(ETV Bharat, 2020)
4	Migrant worker	Mr. S (Age - 22 years)	Lohara, Punjab, India (May 20, 2020)	Male	Hanging from a tree	(Deccan Herald, 2020).
5	Migrant worker	Mr. M. A (Age - 50 years)	Warangal, Telangana, India (May 21, 2020)	Male	Drowning in a well	(The Hindu, 2020).
6	Migrant worker	Mrs. N (Age - 45 years)	Warangal, Telangana, India (May 21, 2020)	Female	Drowning in a well	(The Hindu, 2020).
7	Migrant worker	Mr. S (Age - 21 years)	Warangal, Telangana, India (May 21, 2020)	Male	Drowning in a well	(The Hindu, 2020).

Case	Status	Name and age of the victim	Location and date of suicide	Gender	Mode of alleged suicide or suicide attempt	Source
8	Migrant worker	Mr. S (Age - 20 years)	Warangal, Telangana, India (May 21, 2020)	Male	Drowning in a well	(The Hindu, 2020)
9	Migrant worker	Mrs. B (Age - 22 years)	Warangal, Telangana, India (May 21, 2020)	Female	Drowning in a well	(The Hindu, 2020)
10	Migrant worker	Name - NS (Age - 3 years)	Warangal, Telangana, India (May 21, 2020)	Male	Drowning in a well	(The Hindu, 2020)
11	Migrant worker	Mr. S (Age - 40 years)	Warangal, Telangana, India (May 22, 2020)	Male	Drowning in a well	(The Indian Express, 2020)
12	Migrant worker	Mr. S (Age - 40 years)	Warangal, Telangana, India (May 22, 2020)	Male	Drowning in a well	(The Indian Express, 2020)
13	Migrant worker	Mr. S (Age - 35 years)	Warangal, Telangana, India (May 22, 2020)	Male	Drowning in a well	(The Indian Express, 2020)
14	Migrant worker	Mr. S (Age - 19 years)	Musivan village, Uttar Pradesh, India (May 22, 2020)	Male	Hanging in his room	(News18, 2020)
15	Migrant worker	Mr. M (Age - 20 years)	Banda district, Uttar Pradesh, India (May 27, 2020)	Male	Hanging in his room	Newsclick (2020)
16	Migrant worker	Mr. S (Age - 22 years)	Banda district, Uttar Pradesh, India (May 27, 2020)	Male	Hanging from a tree	Newsclick (2020)
17	Migrant worker	Mr. B. P. (Age - 50 years)	Lakshmipur Kheri, Uttar Pradesh, India (May 29, 2020)	Male	Jumping in front of a train	Newsclick (2020)
18	Migrant worker	Name and age - NS	Gurugram, Haryana, India (May 24, 2020)	Male	Consuming poison	Gulf News (2020)
19	Migrant worker	Mr. G.V (Age - 32 years) (Nationality-NS)	Sungei Tengah Lodge, Singapore (24 July, 2020)	Male	Hanging in his dorm	Yahoo News (2020)
20	Migrant worker	Name and nationality - NS (Age - 19 years)	Sungei Tengah Lodge, Singapore (24 July, 2020)	Male	Suicide attempt by trying to jump from the top of his dormitory	Yahoo News (2020)
21	Migrant worker	Name - NS (Age - 37 years) (Nationality- Indian)	512 Old Choa Chu Kang Road, Singapore (24 July, 2020)	Male	Police deemed it as a suspected suicide. Mode of suicide - NS	Channel News Asia (2020)

Case	Status	Name and age of the victim	Location and date of suicide	Gender	Mode of alleged suicide or suicide attempt	Source
22	Migrant worker	Name - NS (Age - 27 years) (Nationality- Bangladeshi)	Kranji, Singapore (Date - NS)	Male	Was found motionless at his dormitory. Mode of suicide - NS	Channel News Asia (2020)
23	Migrant worker	Name - NS (Age - 46 years) (Nationality- Indian)	Khoo Teck Puat Hospital, Singapore (Date - NS)	Male	Succumbed to his injuries after being found unresponsive at the stairs of Khoo Teck Puat Hospital, Mode of suicide - NS	Channel News Asia (2020)
24	Migrant worker	Name and nationality - NS (Age - 27 years)	PPT Lodge 1B, Seletar, Singapore (Date - NS)	Male	Suicide attempt by trying to jump from the ledge of his dormitory room	Channel News Asia (2020)
25	Migrant worker	Name - NS (Age - 36 years) (Nationality-NS)	Sungei Kadut, Singapore (2 August, 2020)	Male	Suicide attempt by slitting throat	Yahoo News (2020)
26	Migrant worker	Name, age and nationality - NS	Sunoko south road, Singapore (Date - NS)	Male	Suicide attempt by trying to jump from the railing of his dormitory room	Yahoo News (2020)

NS - Not specified

The aforementioned suicide cases from India included 17 adults and a three-year-old child, mostly males (n=15) and a few females (n=3), with ages ranging between 19 to 50 years among the adults. Drowning was the method of suicide among nine victims, followed by hanging among seven victims, while consumption of poison and jumping in front of a train were the reported modes of suicide in the remaining two victims. Lockdown-related financial problems were the suspected reason for the alleged suicides in all the cases. The victims hailed from the following Indian states: Uttar Pradesh (n=9), West Bengal (n=6), Bihar (n=2), and Tripura (n=1).

Out of the nine reported cases in Singapore, four were suicides, and five were suicide attempts. Most of the victims were in the 19-46 years age group. All nine cases were males (n=9) and all were living in migrant dormitories. Out of the nine victims the nationalities included: Indian (n=2), Bangladeshi (n=1) and not specified (n=7) (Table 1). Out of the four cases of completed suicide, the mode of suicide for three was not specified, and one was by hanging, while the mode of attempted suicide included four victims trying to jump from the top of their dormitory and one individual trying to slit his own throat. Lockdown-related health, job, and financial uncertainties coupled with extended confinement in their

dormitories were some of the reported reasons for the alleged suicides and suicide attempts.

Out of the 46 migrant deaths in Malaysia, the victims were of the following countries: Myanmar (n=14), Bangladesh (n=9), Nepal (n=9), Indonesia (n=6), India (n=5), Pakistan (n=2), and Vietnam (n=1). Most of the victims were in the 19-45 years age group and were residing in migrant dormitories. The gender, exact location and mode of suicide were not specified. Lockdown-related financial uncertainties along with emotional as well as mental pressures of the pandemic were some of the reported reasons for their alleged suicides.

Discussion

The findings of the present study highlight adverse lockdown-related stressors (health, job, and financial uncertainties, financial problems, emotional as well as mental pressures of extended confinement in their dormitories, rooms, and houses) to be some of the probable reasons for alleged suicides and suicide attempts among migrant workers residing in India, Malaysia, and Singapore. Terp et al. (2021) reported an increase in the death rates among migrants of U.S. Immigration and Customs Enforcement (ICE) centers during the ongoing pandemic. It was also reported that half of those deaths were suicides. Erfani et al. (2021) also reported the suicide rates among migrants detained at the ICE centers to have increased 5.3-fold to the 10-year average during the ongoing pandemic. In the previous decade, the mean suicide per 100,000 person-years was 3.3, and during the COVID-19 pandemic, it increased to 17.4 suicide per 100,000 person-years. Similar to the reasons of alleged suicide among the migrant workers of India, Malaysia, and Singapore, this sudden and disproportionate increase in migrant suicides could also be attributed to an extent to the increase in similar mental health-related stressors during the ongoing pandemic. Stringent movement restrictions, solitary confinement for medical reasons, restricted social interactions might potentially have exacerbated any pre-existing mental health conditions among these migrants and might have pushed them towards alleged suicides.

Other agencies have also reported an increase in suicides among refugees in Lebanon (in April, 2020) during the ongoing pandemic, the complete details of which are not reported (UNHCR 2020; Reliefweb 2020). Reliefweb (2020a), also reported a suicide by a refugee in Israel (in May, 2020). Reliefweb (2020b) and VOA News (2020), also reported COVID-19-related stressors like job loss, pay reduction, eviction fears, and hunger to be some of the possible reasons for suicidal ideation among Syrian and Congolese refugees. Leiler et al. (2019) also cited severe as well as moderate levels of distress to be one of the probable reasons for suicidal ideation amongst refugees. Refugees, as well as asylum seekers are at a heightened risk of COVID-19 infection because of their inability to comply with the spatial distancing measures and also owing to their inability to access proper sanitation and hygiene. This heightened risk of infection

might potentially lead to social isolation, societal exclusion, and stigmatization (Mittendorfer-Rutz et al., 2020) and as these stressors are commonly known to be associated with COVID-19-related suicidal behavior (Mamun and Griffiths, 2020; Mamun and Ullah, 2020), these COVID-19-related stressors puts refugees as well as asylum seekers at a much higher risk of suicide, suicide attempts, and suicidal ideation.

Numerous possible explanations have been posited in previous studies for suicides related to COVID-19, some of which include (i) fear of contracting the disease, (ii) fear of spreading the disease (i.e., to other family members, friends, to other hospital patients, etc.), (iii) psychosocial distress resulting from lockdown-related financial strife (e.g., joblessness, closure of business, etc.), (iv) depression as a consequence of quarantine, social isolation etc., (v) trouble buying food (vi) xenophobia, and (vii) inability to purchase alcohol (Dsouza et al., 2020; Goyal et al., 2020; Mamun and Griffiths, 2020a; Mamun and Ullah, 2020; Panigrahi et al., 2021; Thakur and Jain, 2020). The stress related to job loss, feelings of desolation, hopelessness, vulnerability, and inability to sufficiently provide family support, have previously been reported to potentially lead to suicidal ideas, suicide attempts, and completed suicides (Bhuiyan et al., 2020; Griffiths and Mamun, 2020; Mamun and Ullah, 2020).

Dsouza et al. (2020) reported severe financial problems as the possible reason for suicides among 17 out of the 72 Indian COVID-19-related cases, and of the 17 suicide cases, two were reportedly migrants. Panigrahi et al. (2021) reported a total of 151 COVID-19-related-suicides in India, out of which 64 were migrant workers. Another study in Bangladesh reported eight cases of suicides due to COVID-19-related financial problems (Bhuiyan et al., 2020). Banerjee et al. (2021) explained the possible association between the pandemics and suicides through different models like Durkheim's theory (Taylor, 1982), Joiner's interpersonal theory (Joiner et al., 2009), social stress theory (Rubinstein, 1986), and biological theories, (DeCatanzaro, 1980). Spatial distancing, confinement, financial difficulties (Durkheim's theory), hopelessness and bleakness towards future (Joiner's interpersonal theory), loneliness, perceived struggle to survive (social stress theory), and social exclusion mediated inflammatory response (biological theories) are some of the probable reasons explaining the association between pandemics and suicides.

The findings of the present study concur with that of Banerjee et al. (2021) in that it also found lockdown-related financial troubles and prolonged confinement to be among the possible reasons for alleged suicide attempts and completed suicides among migrant workers, migrants, and refugees during the pandemic. Similar to the findings of the present study, Banerjee et al. (2021) also mentioned migrants and the dispossessed, along with the elderly, financially poor, and those with pre-existing mental health issues, histories of substance abuse, and family history of suicide to be at a heightened risk of suicide. Garcini et al. (2020) also highlighted the

COVID-19 pandemic as a significant source of health disparities among the most vulnerable people (i.e., asylum seekers and undocumented immigrants). Malnourishment, extremely harsh, sub-standard, and unlivable conditions, limited access to sanitation, hygiene, and health services may be some of the potential factors for compromising the immune system of these most vulnerable population (League of United Latin American Citizens, 2020) and consequently putting them at an exceedingly elevated risk of not only contracting COVID-19 infection but also developing severe complications associated with it (CDC, 2020).

During unprecedented times such as the ongoing COVID-19 pandemic, it is duty of the international community to come together and properly address the physical and mental health needs of the most vulnerable populations (migrant workers, migrants, refugees, asylum seekers, IDPs, etc.). Modifying the World Health Organization's (2016) 'Framework of priorities and guiding principles to promote the health of refugees and migrants', the following measures are recommended to help improve the conditions of the most vulnerable populations: (i) particular attention ought to be paid towards the physical and mental health of the most vulnerable populations (especially the elderly, children and women); (ii) providing free and complete access to healthcare services of the highest quality; (iii) removing any/all scopes of discrimination based on the most vulnerable populations' race, nationality, religion, age (or) gender; (iv) the most vulnerable population's health conditions should not be used against them as a justification for deportation, movement restriction, stigmatization or any other kind of discrimination; (v) privacy and dignity should be maintained by placing safeguards for health screening; (vi) representatives of the most vulnerable populations should be involved in some capacity in the processes of decision-making with regards to their healthcare policies, strategies, and interventions not only in the country of their origin but also in the countries of their transit and final destination so as to come up with sensitive health care policies for migrants, migrant workers, IDPs, refugees, and asylum seekers; (vii) social determinants of health should be appropriately addressed, and basic amenities like access to clean water, sanitation, appropriate housing and education should be improved; (viii) the physical and mental health of the most vulnerable population (especially the elderly, children, and women), should be regularly screened and frequently monitored, and relevant data should be shared across countries of origin, transit, and final destination; (ix) ensure the most vulnerable populations have proper access to vaccines (during times of infectious disease pandemics and otherwise) along with other essential medications of highest quality that are not only cheap but also effective as well as safe; (x) capacities, capabilities, and resilience of the healthcare systems not only in the country of their origin but also in the countries of their transit and final destination should be strengthened in such a way that it should be able to adjust and to manage an influx of most vulnerable populations; (xi) short-term and long-term public-health-interventions should be used effectively

and efficiently to reduce morbidity and mortality among the most vulnerable populations; and (xii) initiatives of disease prevention like the vaccinations should be provided in a continuous, sustained, fair, impartial, non-stigmatized, non-discriminant, and a systematic manner with complete cooperation between countries of origin, transit, and final destination for the most vulnerable populations. The United Nations Development Programme (2020), also proposes the following for the protection of vulnerable groups during the pandemic: (i) decrease risks of epidemiological diseases to prevent loss of life; and (ii) protecting the source of revenues and allocating sufficient resources for providing sustained income support.

Limitations of the present study include (i) the inability to independently verify the case reports as they were taken from press reports, and (ii) potentially missing the cases of migrant suicide mentioned in media reports in languages other than English (of which there are likely to be many). All the aforementioned cases were taken from media reports, and therefore, the findings can only be based on the information contained within the reported stories. In addition, the present study was unable to retrieve suicide cases among IDPs and asylum seekers. Moreover, the reported cases do not constitute the incidence of all COVID-19-related suicides involving migrant workers, migrants, refugees, and asylum seekers with financial (or) other troubles (Syed and Griffiths, 2020). Furthermore, suicide-related stigma seen commonly in many south Asian countries may result in unreported cases (Griffiths and Mamun, 2020; Venkatesh et al., 2015).

Conclusions

Considering the psychological impact of the COVID-19 pandemic, the role of mental health services becomes increasingly important. Governments should take the lead in safeguarding the financial, physical, and mental well-being not only of their citizens but also of the most vulnerable populations (migrant workers, migrants [documented as well as undocumented] held at detention centers, asylum seekers, and IDPs) and other high-risk groups (poor, elderly, celebrities, individuals with addiction-related problems, history of mental illnesses, etc.) for the entire period of the pandemic, to avert any unneeded loss of life related to suicides. For those individuals fortunate enough to have internet access at home, promoting telemedicine with a special emphasis on mental well-being would also appear to be of benefit. Social and electronic media operators should also try to prevent the spread of misinformation, fake news, and rumors concerning COVID-19 which have the potential to cause widespread panic and fear, which in some extreme cases can lead to self-harm, especially in the most vulnerable populations and high-risk groups.

Funding

The authors declare no sources of funding.

Declaration of conflict of interest

With regards to the above article the authors declare no conflicts of interest.

Availability of data and material

No primary data collected. All data were collected from secondary sources (i.e., media reports).

Author's contributions

N.K.S., M.A.K., S.A.Q., A.K.M., M.H.S., M.H.E., M.D.G., conceptualization, methodology, investigation, formal analysis, writing-original draft preparation; N.K.S., M.A.K., S.A.Q., A.K.M., M.H.S., M.H.E., M.D.G., methodology, investigation, formal analysis, validation; N.K.S., M.A.K., S.A.Q., A.K.M., M.H.S., M.H.E., M.D.G., investigation, formal analysis, N.K.S., M.A.K., S.A.Q., A.K.M., M.H.S., M.H.E., M.D.G., formal analysis, data curation; N.K.S., M.A.K., S.A.Q., A.K.M., M.H.S., M.H.E., M.D.G., investigation, formal analysis; N.K.S., M.A.K., S.A.Q., A.K.M., M.H.S., M.H.E., M.D.G., supervision, project administration, writing-review and editing. All authors have reviewed and agreed to the published version of the manuscript.

Ethics and informed consent

Not applicable. Secondary data in the form of media reports used.

Ethics Approval

Not applicable.

Dedication and Acknowledgments

The first and corresponding author, N.K.S would like to dedicate this manuscript to his beloved and dearest father Mr. Alhaj Syed Maqbool who recently passed way. The author M.H.S would like to dedicate this manuscript to his beloved mother, Prof. Rafeeq Fatima who also recently passed away. The author M.H.E would like to dedicate this manuscript to his beloved father Mr. Hassan Abdelaziz Elnaem who passed away as well. All the authors would like to dedicate the manuscript to our respected colleagues Prof. Mamdouh who passed away on 5th December, 2021 and Mr. Mohammed Baity our who passed away on 20th September 2021. The author (NKS) would like to sincerely acknowledge the invaluable input of Dr. Zia Nadeem (Senior Consultant Psychiatrist – St John's Hospital, Livingston, Scotland) in the design and throughout the conduct of the study. The author also expresses his heartfelt gratitude to Dr. Pallela Ravi Shanker, Prof. David Banji, Prof. Otilia Banji and Dr. Zamri Chick for their continued guidance and mentoring during the conduct of this study.

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