

The COVID-19 Crisis: Latin America and Mental Health Today and Afterwards

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Abstract

A recent statement of the Puebla Group highlighted the need for improving public health care and scientific research on health in Latin America due to COVID-19 pandemic. In this commentary, we will discuss the implications for mental health and addictions, and emphasize the need for a health system prepared for the care of mental health problems that may increase beyond COVID-19 pandemic.

Keywords: COVID-19, mental health, addiction, gender-based violence, Latin America.

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A few days ago, the Puebla Group held a virtual meeting concerning the COVID-19 crisis in Latin America. The Puebla Group is a political forum of world leaders (mainly Latin American), with a progressive view on the State's role and policies. Among others, the statement of the meeting highlights the need for improving public health care and scientific research on health, two largely forgotten aspects in the region (Grupo de Puebla, 2020). Yet when addressing health, the focus – perhaps due to the COVID-19 emergency – is on physical health and medicine, not on the population's mental health or their general well-being.

The released document also highlights the economic situation in the region. Deeply in debt, Latin American economies also carry an unemployment of more than 50% (Grupo de Puebla, 2020). This means that half of the population, with a lack of State support and economic activity, will fall even further into poverty. The recent crisis, which took place in 2008, also had an impact on job losses in the region, followed by a rise in mental health problems, particularly suicide (Chang et al., 2013). Economic crises have also been reported to impact the

consumption of alcohol and other psychoactive substances, particularly among males. Drinking patterns tend to shift towards higher consumption at home, the purchase of lower quality alcoholic beverages, and increase in morbidity and mortality (Munné, 2005; de Goeij et al., 2015; Pacula, 2011; Mateo-Urdiales et al., 2020). Therefore, following the storm caused by COVID-19, we may expect people to need a strong public health system to attend to their mental health needs.

Alcohol and other psychoactive substance-related problems not only impact the users' lives, but also adversely affect those who live with the users. Literature indicates that alcohol use is related to male-to-female intimate partner violence (Foran & O'Leary, 2008), and Latin America is known to be one of the regions with high level of violence against women. The rise of emergency calls due to violence against women was noted by the Puebla Group statement, urging government actions to protect females who are in lockdown with their aggressors (Grupo de Puebla, 2020). The scientific community is also raising its voice, as the quarantine is worsening gender-based violence (John et al., 2020). Some Latin American

governments (such as in Argentina) have taken action and launched campaigns to address this issue (Ministerio de las Mujeres, Género y Diversidad, 2020). Furthermore, in a society characterized by traditional gender roles (Hermans et al., 2017), the lockdown may exacerbate this problem. While children and youth stay at home, and older adults may need special care, women's social role obligations may drastically increase. This role overload has been strongly related to lowered mental health outcomes among female caregivers (Glynn et al., 2009)

If this wasn't enough, treatment rates for mental problems are usually minimal in low- and middle-income countries (Whiteford et al., 2015). In regards to the COVID-19 scenario, we face another burden to mental health treatment. Many healthcare providers offer online support sessions, but though they may be as effective as face-to-face interventions (Kiluk et al., 2019) they are not covered by current health or social service benefits/insurance coverage, and are therefore inaccessible not only to undocumented workers but also to those legal/documented employees who cannot afford them. While individual efforts are being made to assist those who are suffering, public policies must still address and reinforce preventive measures that are accessible to the entire population. However, in light of the unknown, some policies have been developed in the absence of evidence. A clear example relates to alcohol use. In Argentina, some cities have implemented a total ban on the sale of alcoholic beverages overnight, while others are allowing sales to continue without any restrictions (La Nación, 2020). On one hand, a total ban could put those with an alcohol use disorder at risk for withdrawal. On the other hand, unrestricted sales might put users at risk for acute alcohol intoxication. Both consequences could possibly lead to an overloaded health care system. An evidence-based option could be to implement online strategies to detect mental health problems, screen for alcohol and other substance use disorders, and develop brief interventions to reduce the intake of alcohol and other substances.

While the result of this crisis is yet to be known, in it lies a window of opportunity. A well-planned and integral health response for similar situations may be developed for the region. Latin America must stand

together not only to address this crisis, but to resolve the long overdue unmet needs of its inhabitants.

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