

Debate: Mental health, social crisis and the COVID-19 pandemic in Chile

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Chile faced the beginnings of the coronavirus pandemic in the midst of a profound social and political crisis. In October 2019, a social movement emerged to demand social justice and equality in numerous areas, including health. This ‘social outburst’, a complex admixture of a long-held perception of social injustice and underlying political motivations, was triggered by students in the face of a 30 Chilean pesos (3 cents) rise in the price of the subway ticket. It paralyzed the country, as the anti-government demonstrations in the streets turned extremely violent, targeting private property and anybody who opposed it, generating a severe crisis of legitimacy of all institutions, especially the political system. This crisis gave rise to a referendum for a new constitution, which was postponed until October 2020 because of the pandemic.

Demands for greater equality in access to the health system, in particular for mental health, allow us to foresee that the impact of the pandemic on mental health will deepen social unrest and demands on the health system. For the first time, traditional political opinion polls incorporated questions about mental health and almost 50% of the respondents said that their mood worsened during the pandemic (rage, sadness, fear), although 15% perceived that it improved. A commission called ‘The Social Committee’ made up by government representatives and specialists in health, municipalities and academics was convened. With the purpose of ‘strengthening the country strategy and having a single voice in the fight against the coronavirus’, this panel incorporated mental health into the national plan to confront the pandemic.

Given the current circumstances in Chile, these new policies in response to the pandemic may play a relevant role in mitigating the deleterious effects on the mental health of the population, but these would require some coherence with international recommendations and with the policy path previously defined by the country, while also considering the ongoing scenario of mobilizations and the broad social demands by the population.

From an educational perspective, all schools and universities across the country were closed by mid-March, the week after the beginning of the school year. Studies recently published by the Ministry of Education in conjunction with the World Bank show that, given the lack of technical and personnel resources, only 6% of public schools and 35% of private schools could mitigate this severe academic failure by online education (Ministry of Education of Chile & World Bank, 2020). If schools continue to remain closed until December, most students at

social risk could fail to achieve up to 95% of learning objectives of this school year (Ministry of Education of Chile & World Bank, 2020). It seems as if the current planning considers school year 2021 as providing ‘remedial interventions’ both through novel pedagogic strategies as well as social and emotional support for students.

Following more than 7 years of pioneering National Telepsychiatry programs with significant academic and governmental public health resistance in the process of acculturating mental health professionals to a tele-mental health, within a couple of months most psychiatrists and psychologists adopted this mode of mental health service delivery.

Finally, ‘Saludablemente’ (‘Healthily’ and ‘Healthy-mind’ in Spanish) a recently launched presidential initiative, is powerfully supporting the integration of mental health to the forefront of governmental (health, education, labor, housing, etc.) policy making across the board. The academic world along with social organizations have pledged their support.

In sum, this pandemic on top of the previous social crisis has had significant effects in mental health:

Negative:

- It has deepened the gap between demand and availability of services.
- Initially, health authorities focused on ICU beds and ventilators, not taking into account the crucial need to provide mental health assistance to both patients and medical teams. So mental health teams and interventions have arrived late and have had difficulty participating as part of an integrated model of health service delivery.
- Government failed to consult with mental health specialists in considering the need for a social communication strategy that would address anxiety and uncertainty, which would have promoted a more adaptive emotional and behavioral response from the population.

Positive:

- As opposed to the mental health services provided at major medical centers, both public and private, whose facilities and personnel have been converted into COVID-19 medical services, the Community Mental Health System, part of the National Family Health Centers (CESFAM), has remained the cornerstone upon which our mental health services have been provided.

- Following more than a decade of significant obstacles to developing Tele Mental Health Services, in just 4 months a majority of mental health providers are using them and regulations are being studied and implemented.
- A presidential initiative, commission, and national mental health plan has been delineated. It attempts to integrate the health system along with the academic, educational, and social policy systems in providing not only outreach and coverage, but also a mental health general and intersectoral approach in all aspects of government and public policy.
- This, if successful, would be akin to switching from a medical model of occasional psychiatric or mental health consultation, to one of mental health liaison, in which all parts of government (health, education, labor, social policy, housing and urbanism, etc.) would be imbued by a culture of caring for the mental health needs of the population served.

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