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LETTER TO THE EDITOR

WILEY

Mental health impacts of Lebanon's economic crisis on healthcare workers amidst COVID-19

1 | INTRODUCTION

Lebanon, identified as a Fragility, Conflict and Violence (FCV) state by the World Bank, is enduring one of the world's worst economic crises since the mid-19th century.[1] Also known as the Lebanese Republic, it is one of the most densely populated countries in the Mediterranean area bound northeast by Syria, and south by Israel.[1,2] In 2020, GDP shrunk by 20.3% amounting to US$33 billion loss, whereas GDP per capita decreased by 40%.[1] Additionally, inflation has averaged to 84.3%.[1] This economic crisis is projected to be worse in 2021 with an expected 9.5% contraction in GDP.[1] Coupled with a 6.7% decrease in GDP in 2019 and a loss of US$55 billion in 2018, the economic impacts are catastrophic, especially for healthcare workers (HCW).[1] Besides this, the Lebanese pound has lost 81% value since 2019,[3] marking high inflation all whilst coping with a pandemic, recovering from the Beirut Port explosion, and experiencing social unrest.[4] The Beirut Port explosion, which rendered half of the capital's healthcare centres non-functional brought new challenges to health care.[4] Not only this, poverty has increased by 27% from 2019 to 2020.[3] Fiscal mismanagement, a weak healthcare system, inflation, higher rates of poverty, social unrest, scarcity of resources, increasing workload and previous traumas have challenged HCWs trying to battle a pandemic in Lebanon, severely affecting their mental health.[3] Since 2019, 1000 of 15,000 doctors have left Lebanon to neighbouring Iraq and other countries, and alone at American University Beirut Medical Centre in Beirut, 40% emergency staff and 50% nurses have left.[5] As a result of this crisis, HCWs are experiencing a deduction in their salary that amounts to a couple thousand dollars a year.[5] A country that primarily relies on import (80% of medications in Lebanon are imported), the crisis has impacted availability of essential healthcare equipment, and has exacerbated workload for HCWs grappling with financial stress, and insecurity further fuelling their anxieties and contributing to burnout.[4–6] In addition, there are only 40 HCWs per 10,000 people in Lebanon, reported in 2018 prior to the economic crisis, which contrasts with WHO's requirement of 4.45 HCWs per 1000 people.[3] Mental health needs are poorly addressed as there are only 60 psychiatrists and 100 psychologists per 4 million people, and the country has no national mental health policy.[6] This not only complicates availability of mental health services, it creates issues for a healthcare system that is rapidly losing all its frontline workers.[3] Thus, the aim of this paper is to address the mental health crisis faced by HCWs in Lebanon, the implications of it and provide some recommendations.

2 | DISCUSSION

Majority of the Lebanese people including frontline healthcare workers, elderly, juveniles and grownups suffer from alarming levels of anxiety and stress due to occasional periods of violence, specifically bombings in civilian areas, and political and economic instability.[7] Such pre-existing challenges have been exacerbated by the COVID-19 outbreak. Mental health of 90% of the Lebanese population remains unaddressed while a 17% of the population is affected by various psychiatric illnesses including anxiety, stress, depression and obsessive compulsive behaviours.[6,8,9] The pandemic and its implacable proliferation have taken a mental and emotional toll on several healthcare workers who

have become victims of depression and anxiety. Mental health services in Lebanon remain underfunded as only an average of 5% of the total governmental heath budget is allocated to the mental health services.[6]

There are several challenges HCWs face in Lebanon—financial troubles, lack of adequate PPEs, political turmoil, increased workload, and additional problems posed by the COVID-19 pandemic. Due to the ongoing economic crisis, importing medicines and medical equipment has become difficult, resulting in their shortage and unavailability.[10] Moreover, government institutions like the Health Ministry and Social Security Fund owe substantial monetary sums to public and private hospitals.[11] The lack of funds has resulted in hospitals being unable to provide adequate PPEs and other essential resources to HCWs, leading to increased spread of COVID-19 amongst HCWs. In some hospitals, HCWs have been provided with substandard medical equipment like defective gloves, and masks neither approved by the United States Food and Drug Administration nor designed for medical use.[11] This poses undue risk of COVID-19 exposure to HCWs and may hinder them from carrying out their duties effectively. In addition, the increased risk of exposure is likely to contribute to stress, burnout and mental health problems amongst HCWs, many of whom live with vulnerable and older adults.[12] Exacerbated by severe shortage of electricity of at least 20 h per day in hospitals, and a primary reliance on generators has rendered them nearly non-functional.[13] Concurrently, the income of physicians is estimated to have declined by more than 80%, and some medical staff have lost up to 90%, due to the COVID-19 pandemic and currency devaluation.[10,14] Banks began capping clients' withdrawals, essentially freezing their accounts.[10] Delay in salary payments and a widespread inability to withdraw money from banks have added to the plight of HCWs, many of whom are facing difficulties in affording basic needs like food and medication—prices of which have tremendously increased due to rapid inflation in the country. HCWs have also faced verbal abuse and violent attacks from patients and their families, typically when hospitals are unable to accommodate new patients.[11] Perpetrators are rarely held accountable due to government and judicial inaction. The health ministry was also in violation of the country's COVID-19 vaccine rollout policy as some MPs were vaccinated before all medical frontline workers were.[15] All these factors have led to an erosion of trust amongst HCWs, and the health ministry and government in general. This breakdown of trust, coupled with the Beirut port blast in August 2020, has led to a mass exodus of HCWs from the country.[10] Ultimately, shortage of medical staff at hospitals has placed an additional burden on the remaining medical staff who must work additional shifts and for longer durations. Considering these issues plaguing medical staff in hospitals, there is a growing concern about burnout and mental health problems amongst HCWs. In a recent cross-sectional study on pandemic-related psychological distress among HCWs in a Lebanese tertiary care medical center, about half of the participants showed a high risk of acute distress (58.7%) on the GHQ-28.[12] The nature of their work puts them at higher risk of developing psychological distress, especially during COVID-19.[16,17] A cross-sectional study was conducted among HCWs at a tertiary hospital in Lebanon between June and July 2020. Although the study showed a relatively high level of perceived hospital preparedness towards the COVID-19 pandemic, nearly two-thirds of the HCWs that were questioned believed that their job was putting them at risk and felt extra stress at work. In addition, 59% were afraid of falling ill with COVID-19. It is estimated that upwards of 400 physicians have alone left last year, many of them leaving well-established university hospitals where they both practised and taught future physicians.[3] This may exacerbate issues for the public such as inaccessibility of proper health care and an uncontrollable COVID-19 outbreak due to understaffed hospitals. The World Bank has stated that long-term implications including mass migration are inevitable for HCWs in Lebanon.[18] This, because of 'Permanent damage to human capital [which] would be very hard to recover'.[18] The article also highlights how 'brain drain' has becoming an 'increasingly desperate option' in Lebanon since the economic crisis renders it difficult to live a decent life.[18] Similar implications have been noted in Venezuela[19] and Yemen where increasing insecurity for HCWs has resulted in a health crisis.[20] Venezuela, which is engulfed in an ongoing socio-economic crisis since 2016, had nearly 2 million citizens leave since 1999 when a populist regime took over.[19] Venezuela may soon find itself without healthcare workers. This can be the anticipated result of the crisis in Lebanon.[19]

While an economic downturn is quantifiable, its impact on mental health is far more complex, especially with the overlapping successive crises in Lebanon. This in part due to chronic underfunding, stigma and lack of facilities including the absence of a mental health act, widespread stigma surrounding mental health, restricted government funding,

a low general health budget, elevated costs of mental health care with inadequate insurance coverage, few inpatient psychiatric units, and a shortage of mental health professionals including psychiatrists, psychiatry nurses and social care workers.[21] Political instability has contributed to maintaining a traditional model of private clinics affiliated with inpatient and long-stay psychiatric units. Similar to many countries in the Arab world, Lebanon does not have a national policy on mental health, and little to no long-term planning is addressed at the ministerial level.[6]

All these factors have exacerbated HCWs' vulnerability, increased needs for mental health services, and worsened access to proper care resulting in an elevated risk of stress, burnout, moral injury, depression, trauma and other mental health challenges.[17] Coping with crises remains mainly personnel and a community management issue for the Lebanese people who find unity in supporting each other. Additionally, the Lebanese are a resilient people who have weathered multiple challenges over time and continue to do so using the narrative of a phoenix rising.[22] A mid-40s Lebanese has lived through 15 years of war, several rounds of economic collapse and currency devaluation and since the end of 2019, another wave of protests demanding the departure of the corrupt political elite.[23] Perseverance and the ability to continue living 'normally' despite circumstances through coping mechanism inherited in traumatic experiences is inspiring.[22] However, because Lebanon has a predominantly private healthcare system, reliance is heavily on the private sector and NGOs to provide mental health services.[6] All these factors contributed to maintaining a traditional model of a predominantly private health care system heavily reliant on NGO promotion of mental health through awareness campaigns, and psychological first aid.

3 | EFFORTS AND RECOMMENDATIONS

In association with the MOPH-National Mental Health Program, the UN International Children's Emergency Fund managed to raise awareness on ways to manage stress and promote mental well-being by creating an action plan.[7] The plan has four primary goals: relieve COVID-induced impacts and stigma, provide mental support to individuals in isolation and their families, whether in clinics or at home, support the mental well-being of HCWs, ensure coherence of care for individuals with mental conditions.[24]

The National Emotional Support and Suicide Prevention Hotline have been working since 2018 and provides phone-based emotional support, including individuals encountering emotional trouble connected to COVID-19. Volunteers who are trained will give precise suicide hazard evaluation and psychological support. They also created a basic checklist as a guide for medical caretakers to use, while taking care of patients' mental well-being while in isolation. Medical attendants working in COVID-19 wards were prepared on this checklist. Burnout and the mental health toll were major concerns at both Ghanem and Abiad's hospitals, but both stated they were putting measures in place to help their employees.[11] In addition, Embrace is an NGO that ensures appropriate access to mental health through awareness, advocacy and mental health services such as the National Lifeline in Lebanon (1564) for emotional support and suicide prevention, and a mental health centre.[25] To flourish mental health care in an opportune way, the Lebanese government and international associations should centre on designating suitable financing for mental health administrations, treatment and training for frontline workers. Also, by increasing community administrations, advancing mental well-being through mindful campaigns, creating a national mental health policy and hotline, stress management workshops at the university level, and giving suitable psychological first aid.[8] Using media to share individual stories of heroism and perseverance displayed by HCWs, and policies to ensure strict punishment for violent attacks are among other suggestions. In this resilient time, it is important to understand the need for voicing perspectives of young health professionals who play a key role in promoting global health.[26] Hence, prudence is needed in health policy creation to ensure the safety of the Lebanese population and health force amidst a pandemic, especially in protesting measures, border management and vaccine distribution.[27] To conclude, immediate measures are needed to mitigate the stress and frustration of HCWs and contribute workplace efficacy.[9]

4 | CONCLUSION

In conclusion, Lebanon's economic crisis has placed HCWs in a challenging situation with minimal financial and psychological support. This has resulted in health concerns such as anxiety, depression and possibly post-traumatic stress disorder. The amalgamation of multiple converging systems predisposes HCWs to high levels of insecurity and can ultimately result in workplace detachment. This, coupled with the exodus of HCWs, places more strain on remaining workers, and a fragile healthcare system underfunded by the government. Mental health services are scarce, hence a need for a national policy on mental health, and subsequent appreciation of HCWs may help prevent outflow of HCWs from Lebanon. Immediate attention to the economic needs of Lebanon's HCWs is essential to rebuilding trust and strengthening the healthcare system.

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CONFLICT OF INTERESTS

The authors declare that they have no competing interests.

ETHICS STATEMENT

Not applicable.

CONSENT FOR PUBLICATION

All authors agreed to the publication of this manuscript.

AUTHOR CONTRIBUTIONS

Zarmina Islam conceived the idea and design, wrote the introduction, conclusion, edited the revised draft and organised references; Shazil Ahmed Gangat wrote the discussion; Parvathy Mohanan wrote the efforts and recommendations; Zainab Syyeda Rahmat wrote the discussion; Diala El Chbib wrote the discussion; Wajeeha Bilal Marfani wrote the discussion; and Mohammad Yasir Essar made the critical comments and revision. All authors revised and approved the final draft.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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