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Special Issue Article

Can COVID-19 Move Myanmar in the Right Direction? Perspectives on Older People, Mental Health, and Local Organizations

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Since the first COVID-19 cases were reported in Myanmar, the government's policies of physical distancing have posed a threat not just to mental health but also to human survival. However, mental health issues in Myanmar have not been addressed by international actors or even by Myanmar's own government. Clearly, the global and local neglect of mental health in Myanmar is not due to a lack of mental health problems but rather to a lack of attention, data, and funding.^{1,2} The current disruption of social and economic life caused by COVID-19 will particularly impact the mental health of older people. This crisis will result in threats to the fulfillment of basic needs, which will likely make mental health less of a priority but even more of a problem for older people. Indeed, mental health problems in Myanmar are exacerbated by isolation, poverty, and political

conflict.^{3,4} In order to close this huge gap in care, we urgently need to make global mental health a priority, a human right.⁵ Could it be that the global COVID-19 crisis will be the impetus that finally raises awareness about the mental health of older people in Myanmar?

MENTAL HEALTH IN MYANMAR

Consider the example of an older woman—let us call her Daw Nway—who lives in a village just outside of the city Myeik in Southern Myanmar. Daw Nway lives alone, her husband passed away, her only son went to Thailand eight years ago to find work, and she has not heard from him since. Not surprisingly, Daw Nway feels lonely and suffers from symptoms of depression. She is by far not the only

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older person in Myanmar who is dealing with mental health problems. Sixteen percent to 56% of older adults in Myanmar have indications of depressive symptoms,⁶ and 32% report feelings of loneliness.⁷

Still, Daw Nway found strategies to cope with her current situation. Although she is living alone, she is lucky to have a supportive network of neighbors who ensure she is well and has enough to eat. Indeed, food security is one of the main challenges the 81-year-old faces, which is why she sells rice noodles at the local market to make enough money for her daily meals. When the money is not enough, she knows that she can rely on the owners of the corner shop down the street to invite her to a bowl of soup as well as her kind neighbors who offer her meals. Daw Nway belongs to the 1 in 4 people who live below the poverty line in Myanmar.⁸

Another important factor that helps Daw Nway cope with loneliness is her religious practice. Daw Nway is Buddhist and meditates every morning, which helps her relieve her feelings of depression and loneliness. Most important of all, however, is her weekly visit to the monastery, where she volunteers to cook for monks. This generative activity gives her a sense of being needed and at the same time distracts her from lonely feelings. To her, providing care is a form of self-care.

This example illustrates 1) how the economic status of older people in Myanmar is directly related to depressive symptoms⁶ and 2) how religion plays an important role for people in Myanmar who are coping with mental health problems.⁹ Now, with the new physical distancing policies in place that do not allow social and religious gatherings, Daw Nway is socially isolated and faces existential challenges. In the absence of governmental support structures, older people are heavily dependent on their social networks and communities to provide and receive support. Once social networks break down, as neighbors begin to worry about their own incomes and basic needs during the global coronavirus pandemic, who will be there to support older, isolated people like Daw Nway?

HELPERS IN A CRISIS

Solutions to these severe material and mental health problems have been provided mainly by local community organizations, such as religious organizations and local NGOs. These organizations are working at the

frontlines of preparing and responding to the tremendous economic and health effects of COVID-19 in their communities, beginning with the fulfillment of the most existential needs, such as food security. But how can community organizations provide care to older, isolated people if these organizations are struggling themselves?

Community organizations in Myanmar are primarily dependent on international donors. However, even though funding is needed now more than ever, current economic downturns in donors' countries are resulting in declining donations.¹⁰ To promote the mental health and well-being of older people, economists need to come up with new solutions to help local community organizations obtain short-term, liquid funds during crisis situations. Without this necessary funding, local organizations can neither prevent nor respond to the mental health challenges in their communities.

BEYOND COVID-19 AND BASIC NEEDS

The effects of COVID-19 go beyond basic needs, affecting not just food and shelter needs but also mental health needs. But how can mental health in Myanmar become a priority if basic needs are not even met? More attention, research, and funding for mental health initiatives are urgently needed to help older and vulnerable people access care, connect with others, contribute, and stay protected at the same time. Decision-making about care provision must integrate the input of older people, in turn giving them a voice and better meeting their needs. The first step towards achieving these goals is to raise awareness for those most vulnerable in countries like Myanmar—because every mind matters, locally and globally.

To date, mental health has been far from a priority for Myanmar's government and society. If we can raise awareness and funds to support local communities, we may be able to transform COVID-19 into a positive force that moves mental healthcare in Myanmar in the right direction. We need to act now before *now* becomes too late.

AUTHOR CONTRIBUTION

Samia C. Akhter-Khan was primarily responsible for the initial idea generation and writing of the manuscript. Khin M. Wai discussed the manuscript with

Samia C. Akhter-Khan throughout the process and provided critical feedback at multiple stages. Both authors approved the final version of the manuscript.

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