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Perspective

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A Longer Queue to Psychiatrists: A Perspective on the Impact of the Economic Crisis on Mental Health in Sri Lanka

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ABSTRACT

The mentally healthy contribute to the productivity and economic growth of a country. Mental health is an invisible capital: a mental capital which is vital for resilience in the face of adversity. Sri Lanka's economic crisis has been precipitating both de novo mental health disorders and relapses of established mental health disorders. It also affected mental health wellbeing. The group behavior showed not only an inevitable radicalization but also the strength of people united by common difficulties. Joint political and economic solutions only can mitigate the mental health adverse effects of an economic crisis. The current regime could incorporate insights shared in the article for better governance.

Keywords: Economic Crisis, Mental Health Disorders, Resilience

INTRODUCTION

The mentally healthy individuals contribute to the productivity and economic growth of a country. Thus, mental health has an invisible role in a country's economic growth and development. Good mental health is a capital and this mental capital is vital for the healthy functioning of individuals, families and the country at large. Mental capital is defined as 'the totality of an individual's cognitive and emotional resources' (1). It is obligatory for better cognitive and emotional flexibility which are identified as basic social skills and resilience in the face of adversity (2).

The political and economic crisis in Sri Lanka

It is no new knowledge that Sri Lanka faced a severe economic crisis from 2019 onwards. The country's economy dramatically declined in 2022 resulting in a lack of dollars to purchase even the most essential commodities of the country (3). Shortages of food and fuel have caused the prices of every item to soar. Inflation was running at unprecedentedly high rates (4). There were lengthy power cuts disrupting households and businesses; people were queuing for days for fuel and cooking gas. Shortage of medicines has brought the health system to the verge of collapse (5). People started protesting on the streets of the

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capital, Colombo, in March in 2022 and the protests have spread across the rest of the island. The root cause of the economic crisis is publicly understood as decades of gross mismanagement of funds by the political authorities and the recent policy missteps acted as the final nails in the coffin. The protests made the political authorities resign including the most powerful executive president who was elected by landslide majority with 52.25 % percent of the votes (6) and a new state a Head was appointed. Yet the country remained unstable politically and economically with food recession reaching as high as 90% by the mid of August 2022 (6).

Impact of economic crises on mental health

An economic crisis not only increases poverty in a society but also the gap between the poor and the rich, i.e. social inequality. It will affect people with low income, those made poor through loss of income and people living near the poverty line, the hardest. The vulnerable groups such as children, the young, single-parent families, the unemployed, ethnic/sexual minorities, and the elderly are affected worse. The protective factors against developing a disorder are weakened and the risk factors are strengthened (8).

An economic crisis affects the mental health of a country's population on many interrelated levels. The associations could be bidirectional or viciously cyclic as illustrated in the biopsychosocial model of aetiology of mental health disorders as shown in Figure 1 (9).

In a crisis, mental health issues may arise de novo in vulnerable individuals and there could be recurrence of established mental health disorders, too. People who experience unemployment, impoverishment and family disruptions have a significantly greater risk of mental health problems, such as depression, alcohol use disorders and suicide, than their unaffected counterparts (10). Men are at increased risk of mental health problems and death due to suicide or alcohol use during times of economic adversity, than females and the young unemployed individuals are more prone to have developed mental health issues compared to the old (10).

Economic pressure, through its influence on parental mental health, marital relationship, and parenting, affects the mental health of children and adolescents. Maternal mental health and domestic violence have a profound influence on children's mental health. The effects of extreme poverty on children include deficits in cognitive, emotional and physical development (11). The consequences of such effects on health and well-being of the children are lifelong and trans generational.

The mental health consequences of the economic crisis in Sri Lanka

There was an increasing trend in individuals presenting to mental health professionals with disturbances in mental health in the context of the crisis. The depressive and anxiety symptoms were the commonly presented symptoms. Some undetected and unattended cases could have been followed by suicide. The unavailability or unaffordability of medicines further worsened the management of the conditions, burdening the mental health professionals with unprecedented challenges (12).

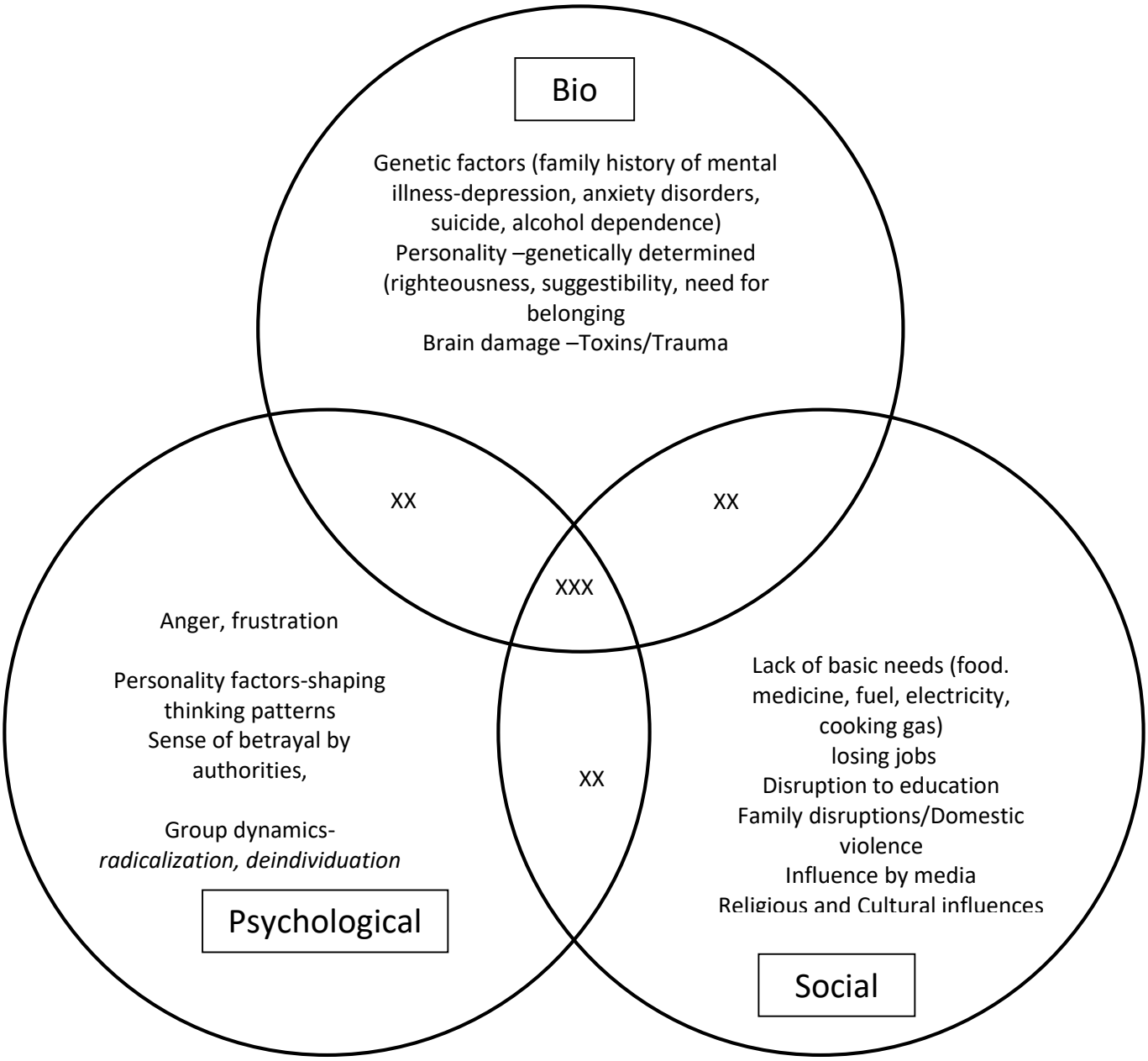
Mental health disorders

The crisis affected previously healthy people resulting in them developing a de novo disorder, depressive, anxiety and even psychotic, particularly in vulnerable individuals. Apart from new cases, a rise in relapses among the patients with established mental health disorders were also noted. They presented with features of anxiety and depression over the inability to travel to a clinic due to fuel crisis, unavailability of prescribed medicine, difficulty in affording medications or consultations with specialists in the private sector and uncertainties around wellbeing and future of loved ones etc. The presentations of morbid mental health in association with the economic and political crisis have been continuous till present days, as expected.

Poor mental health wellbeing

An economic crisis also has a mass scale negative effects on mental health wellbeing, that fall short of disorder level pathology. The school children

and students from higher education institutes were showing features of anxiety and depression. Those were due to the amounting uncertainty, constant disruption of physical attendance to education institutes and getting exhausted of having to continue online education even in the aftermath of COVID 19 pandemic, due to fuel shortage. The lengthy power cuts were adding to the distress and affecting the academic and recreational lives of the children and young adults (13). The state universities were not properly functioning over lengthy periods resulting in accumulated academic workload which became overbearing later and there were some reported suicides of undergraduates which may have indirectly related to the mounting pressure to finish study courses and examinations (14).



xx- Individuals affected by two dimensions.
xxx- Individuals affected by all three dimensions.

Figure 1. Mental health problems in economic crisis based on biopsychosocial model

A qualitative analysis would be needed to explore the mental health issues of undergraduates in relation to the academic demands in the context of the economic and political crisis. The hardships lead to domestic violence which would in turn affect the health and well-being of the children as children run the risk of being the punching bags of frustrated parents. Maternal mental health was affected with unborn children too being subjected to negative consequences (15).

The data suggests the adverse impact on the family unit will lead to fragmentation of the whole society. Nation-wide population follow-up studies have revealed higher rates of criminal offenses and increased needs of psychiatric care in youth who were born and raised as children during economic crises in their countries (16).

Elderly population will experience more helplessness and will feel guilty that they are burdening their children. It is reported that the rates of elder abuse have increased during an economic crisis (8,17).

The weeks-long queues for essential commodities were wasting the productive time of the people and posed direct as well as indirect risks to life. There were 13 reported deaths in queues due to various adverse health conditions (18). Quality time with family and friends was replaced by new trends of drinking with fellow "queue mates" on a regular basis. Professionals such as surgeons were forced to break rest in the night to acquire fuel and operate on patients the following morning. Travel limitations due to lack of fuel not only affected attending to work but also leisure and recreational activities and interpersonal relationships leading to strains in bonding and creating frustration.

Group behavior *(*The struggle = *Aragalaya* in Sinhalese*)*

The Sri Lankan community was also showing various behavioral phenomena which are known to exist in an economic and political crisis in a country. The crisis drove the Sri Lankan society to an inevitable *radicalization* process where particularly the younger fractions moved from moderate views to supporting extreme ideological views (19). Many of the individual factors, namely, personality attributes such as impulsivity, anger-control difficulties and adverse life events such as childhood trauma, past traumatic experiences and use of alcohol and other psychoactive substances played a part in contributing to the radicalization of the society.

The group behavior was shown in the countrywide protests. An unprecedented organized protest was centered in The Galle Face Green of the commercial capital Colombo. The protests were the result of lack of trust in the government to begin with and the people had shared grievances of financial and political crisis (state oppression, overt injustice, ambiguity of the situation, uncertainty about the future, hostile environment and discrimination and stigmatization from opposing groups) ,which united people with shared identity and purpose. The provocations by authorities were the tipping point in some protestors radicalizing them towards violence. The anger and frustration built upon each other until the collective rage spilled over resorting to extreme mob violence such as burning down 38 houses of politicians.

The Sri Lankans who would not act individually due to fear of persecution, prosecution or retaliation succumbed to *deindividuation*, where an individual's personal identity is lost and merges into a group identity (20). The anonymity in a group enabled them to blend in, as well as share risk and disperse responsibility . The contagion effect of an online activist's hashtag campaign showed the efficiency with which group behavior can be set in motion in a digital world. People were in survival mode in the dire economic crisis where the flight or fight response was executed and when they saw others standing their ground, they also followed . Thus, Sri Lankans came in hundreds of thousands amidst lack of transport to Colombo on July 9th 2022 and ousted the constitutionally most powerful president of the country. Despite the ill effects, the crisis united a nation that was divided by race and religion and the people realized their supreme power.

Mental Health of the protestors

It is possible that the mental health of the regular protestors can deteriorate due to physical adversities (sleep deprivation, dehydration,

deleterious effects of tear gas, hypoglycemic attacks etc.) and emotional exhaustion (anger, frustration, anxiety, fear and even guilt) apart from the stressors of the economic crisis. The neglect of their young children and elderly parents who need care and supervision is possibly a consequence of long-term dedication for the protest. There is also the possibility of the mentally ill drifting towards a regular protest for internal needs such as a sense of belonging and friendship and external benefits such as food and shelter. However, it is noteworthy that all patients with psychological illnesses are not prone to radicalization but radicalized people may need psychological support through counseling, stress and anger management and help in interpersonal relationship difficulties (21).

Mitigating mental health impact during economic crisis.

Political and economic solutions only can mitigate the mental health adverse effects of an economic crisis (22). Resilience can be achieved through a holistic approach. Policy choices determine whether the economic recession will significantly affect mental health outcomes (23).

Recent data suggest that active labour market programmes, aimed at helping people retain jobs and quickly regain employment, along with family support measures, restrictions in alcohol availability, debt relief programmes and access to mental health-related services can be effective in preventing mental health adversities (24). Reformation of social welfare is advised. In countries such as Finland and Sweden which employed such reforms, health inequalities remained broadly unchanged and suicide rates even diminished over a period of deep economic recession and a large increase in unemployment (25).

Nine international experts identified that the "snowballing economic and debt crisis" was worsened by the government's hasty and botched agricultural transition and claimed Sri Lanka's crisis needed immediate global attention, not just from humanitarian agencies, but from international financial institutions, private lenders and other countries who must come to the country's aid (26). The World Food Programme (WFP) launched an emergency response as nearly 62,000 citizens were in need of urgent assistance (27). Sri Lanka sought aid from the International Monetary Fund (IMF) albeit late and it led to a stabilization program and immediate actions including initiatives to restore essential supplies such as fuel, electricity, and agricultural inputs (28). Minimizing wastage, finding more economical alternatives such as community kitchens and supporting each other to the best are some of the simple measures one can take at individual and community level (29).

Distress is common in a crisis. Media exposure should be limited as excessive exposure to stressful news can negatively impact mental health. Public needs to be educated to recognize and acknowledge their own stress reactions ("It is ok not to feel ok") and health risk behaviors (e.g. increase alcohol intake as a coping mechanism and also drinking to kill boredom at lengthy queues, displace stress over non-threatening objects or people) and encourage them to self-monitor and/or check-in with family members or friends. Seeking appropriate help when needed is crucial. Professional bodies have a responsibility to provide help for the high-risk groups (30).

CONCLUSION

The economic crisis of Sri Lanka has posed many adverse mental health consequences which are rippling through to the present and future. The determinants of mental health in an economic crisis are often outside the remit of the health system, and an intersectoral approach needs to be involved in preserving and promoting mental health in an economic crisis. The Sri Lankans have shown commendable resilience in adversities in the past (31) and with the correct political and economic decisions and the international support they are bound to bounce back.

Author declaration

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