

## Mental Health and the COVID-19 Pandemic in Chile

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With one of the highest testing rates of COVID-19 in Latin America, Chile continues to record low mortality rates from the disease. Several measures such as curfews, cancellation of large gatherings, and closure of schools and businesses have been implemented. Against the backdrop of high levels of alcohol/substance abuse, mental health disorders, and inequalities across Chile, it is likely that levels of stress and anxiety will peak during the COVID-19 pandemic. As key public health responses such as testing, contact tracing, isolation and management of confirmed cases of COVID-19 are being ramped up, it is expedient to prioritize measures to safeguard the mental health of Chileans.

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There are several questions that need to be considered in light of the coronavirus 2019 (COVID-19) pandemic.

### How Is the Situation in Your Country Regarding the COVID-19 Pandemic?

With one of the highest COVID-19 testing rates in Latin America, Chile continues to record low mortality rates from the disease (McGowan, 2020). As of May 8, 2020, the total number of confirmed COVID-19 cases in Chile was 25,972, with a total of 294 deaths (case fatality rate of 1.1%) (Johns Hopkins University, 2020). In comparison with other countries, the curve in Chile has been steadily rising, especially in the metropolitan area of Santiago (the capital city) (Ministerio de Salud, 2020). Chile's COVID-19

testing capacity has ranged between 5,000 and 6,000 tests daily. This means that seven of 1,000 persons are currently being tested in Chile. A total of 149,212 tests have been carried out to date (Statistica, 2020). To slow the spread of COVID-19, several public health measures have been implemented. These include the closure of schools and shopping malls as well as the cancellation of large gathering events. However, small businesses remain open to serve the general public. Public transportation operates regularly, and remote work has been advised. A state of catastrophe has been declared, and the military has been deployed to secure critical infrastructure, such as supermarkets and drugstores. Finally, a nationwide night curfew has been established between 10:00 PM and 5:00 AM.

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## How Do You Think the Pandemic Is Affecting the Population From a Mental Health Perspective?

The mental health indicators in Chile prior to the outbreak indicated high levels of alcohol and substance abuse (González Suitt, Geraldo, Estay, & Franklin, 2019) as well as a high index of depressive disorders among adolescents and adults (Basso Musso, Mann, Strike, Brands, & Khenti, 2012; Toledo, Pizarro, & Castillo-Carniglia, 2015). In addition, Chileans' mental health has been affected by aggravated socioeconomic and environmental conditions, such as natural disasters, significant social and economic inequalities, lack of trust in government institutions, and disparity in the access to health care and education (Rotarou & Sakellariou, 2017). This fragile situation is exacerbated by COVID-19–related public health measures such as lockdowns, quarantine, and social distancing. It is likely that the levels of stress and anxiety will peak during the social distancing, especially in contexts of social and economic vulnerability. This may lead to intimate partner violence, depression, suicide, self-harm, and harmful alcohol/drug use (Liu et al., 2003; Wei, Han, Liu, Liu, & Huang, 2004).

## How Do People Respond to the Situation in Your Country?

Chile is facing a unique sociopolitical situation during the COVID-19 pandemic. On March 3, 2020, approximately 5 months after Chile experienced one of its major social upheavals since its return to democracy in the 1990s, the first case of coronavirus was confirmed in the country (World Health Organization, 2020). The social unrest and massive protests that took place in October 2019 were triggered by wide social gaps and acute inequalities in several areas such as employment, housing, education, and especially public health. The profound inequalities in social rights, impacting negatively the most vulnerable groups for decades, are framed in the neoliberal model, which was developed during the dictatorship in 1973. Although this model positioned the country as one of the fastest growing economies in the continent, it has also led to a deep social discontent, especially among lower- and middle-class Chileans; these groups have pressed for reforms to address issues such as tax evasion, low minimum wage, and pensions as well as access to health care, higher education, and public amenities.

These protests have severely affected the credibility of the current government. Yet in the face of these difficulties, vulnerable and marginalized groups cannot afford social isolation at home because of economic aid shortages. Because middle-income individuals account for the great majority of the working class in Chile, they have no choice but using public transportation to go to work. This situation may expose them to contract COVID-19, which constitutes a risk to their family members staying at home. In recent years, Chile has also been host to many migrants and asylum seekers such as Haitians and Venezuelans, as well as temporary foreign workers, such as Bolivians and Peruvians. Amid the COVID-19 pandemic, many of these foreign nationals are reported to be stranded at the Chilean border, unable to return to their countries of origin (Laing Aislin, 2020). For example, as of April 16, 2020, approximately 800 migrants were being housed in a disused school in the northern city of Iquique. Also, the Chilean authorities and refugee organizations reported the presence of

another 300 migrants who had failed to cross the borders and were stranded at a bus station in another major city (Antofagasta) (Laing Aislin, 2020). This situation certainly adds to the already complex socioeconomic and political context that Chile has been dealing with since last October 2019. The concentration of these large groups of migrants and asylum seekers in confined places may increase the transmission of the virus within the communities in which they are located.

## What Is Helpful and What Is Less Helpful in Dealing With the Situation?

Although there have been no specific plans from the Chilean government to address mental health during the COVID-19 pandemic, the Ministry of Health has published a practical guide on emotional well-being, which includes a series of recommendations aimed at maintaining the mental health of specific groups. Civil society, especially schools and faculties of psychology in many universities, have offered online psychological care services, either through telephone lines or video calls. Some universities have also supported the formation of local committees in partnership with mental health professionals to support local decisions in some regions of the country.

Various nongovernmental organizations have also set up psychological support networks to deal with anxiety and violence arising from this pandemic.

The Chilean government has provided some financial support for small and medium-sized businesses to try to maintain the jobs and wages of the workers. However, these palliative measures have not been sufficient to support the economic decline that many of these small businesses are experiencing. In general, the population appears to be adhering to preventive measures of physical distancing. In doing so, they rely on their families for social support because there is not much available community support. Some religious institutions also provide social support to people in need by sharing food and other basic products.

## How Is Health Care Currently Organized?

Chile's public health response to COVID-19 is hinged on widespread testing among the population along with the introduction of restrictive measures to limit community transmission. Prompt isolation of suspected cases and tracing of contacts of confirmed cases is being practiced. These restrictions are being constantly reevaluated. People are being advised to stay at home unless it is absolutely necessary to leave their houses. To raise the surge capacity of the health care system, all nonurgent (elective) procedures have been postponed and the government has commissioned preexisting nonmedical facilities to treat COVID-19 cases.

With respect to staff, medical students in their last academic semester have been offered a contract to work on the frontline caring for COVID-19 patients. International medical doctors have been approved to work in the public system without having to take the National Medical Examination. Medical residents are allowed to work in the role of general practitioners when necessary. The government has adopted a multidisciplinary approach by involving the different ministries and universities in Chile in developing a national mental health strategy for COVID-19. This strategy will improve psychosocial

support for communities for greater protection of the mental health of health care workers and patients.

In conclusion, the mental health challenges posed by COVID-19 are undoubtedly far reaching. As key public health responses such as testing, contact tracing, isolation, and management of confirmed cases of COVID-19 are being ramped up, it is expedient to prioritize measures to safeguard the mental health of Chileans.

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