

The potential impact of the COVID-19 pandemic on mental health outcomes in societies with economic and political instability: the case of Lebanon

Rusi Jaspal, PhD¹; Moubadda Assi, MSc^{1,2}; Ismael Maatouk, MD, MPH^{1,3}

¹ Professor of Psychology, School of Social Sciences, Nottingham Trent University, UK
(rusi.jaspal@cantab.net)

² Moubadda Assi, MSc. Surveillance Officer. National AIDS Program Lebanon (boudy.assi@gmail.com)

³ Dermatology department, Clemenceau Medical Center affiliated with Johns Hopkins Beirut-Lebanon (ismael.maatouk@cmc.com.lb); School of Social Sciences, Nottingham Trent University, UK

Running title: Impact of COVID-19 on mental health in Lebanon

Word count of text / abstract: 1565 / 147

Corresponding author

Moubadda Assi, MSc

Surveillance Officer. National AIDS Program Lebanon (boudy.assi@gmail.com)

(boudy.assi@gmail.com)

Tel: +96170430044

No conflict of interest declared.

No financial disclosure.

Acknowledgment: none.

Abstract

Coronavirus disease (COVID-19) is an infectious disease that has rapidly spread to most cities in the world since December 2019 causing a rise in global mortality and associated adverse effects on mental health. Lebanese society has a predisposition to poor mental health due to its history of deadly military conflicts and political instability. More recently, it is also experiencing the worst economic crisis in its history with unprecedented rates of unemployment, inflation, poverty, and devaluation of the national currency. The lockdown measures are possibly depriving the Lebanese society of essential coping mechanisms such as group memberships (religion), social support, and community involvement. Mental health services are still in their formative phases in Lebanon and mostly run by civil society organizations. There is an urgent need for a national action plan to respond to the expected poor mental health burden and use of maladaptive coping strategies across the population.

Keywords: mental health; economic crisis; COVID-19; Lebanon.

The potential impact of the COVID-19 pandemic on mental health outcomes in societies with economic and political instability: the case of Lebanon

Coronavirus disease (COVID-19) is an infectious disease which is caused by SARS-CoV-2. It was first identified in Wuhan, Hubei province, China in December 2019 and has rapidly spread to most major cities and towns in the world, resulting in its designation as a global pandemic. In addition to the rising death toll in many countries, concerns have been expressed about the potential adverse impact of the pandemic (and its mitigation strategies) on mental health (1, 2). In Lebanon, the first case of COVID 19 was confirmed on 21 February and on 15 March the Lebanese government subsequently declared that Lebanon is in “extreme danger” over the spread of the virus and instigated a complete lockdown (3). Lebanese society has experienced an accumulation of psychological trauma for decades, which is manifested, in part, as a yearly rise in suicide rates in the country (4,5). Moreover, the country is currently experiencing the worst economic crisis in its history, as well as ongoing political instability (5). In this commentary, it is argued that Lebanese society may be susceptible to poor mental health as a result of the COVID-19 outbreak in the country and that planning and resource allocation for its management must be expedited.

Lebanese society has faced much military conflict: the protracted Lebanese Civil War (1975-1990) in which 150,000 people died and 185,000 were injured; and a series of deadly conflicts with neighboring Israel in 1978, 1982, 1993, 1997 and 2006, with deleterious effects for mental health. These consecutive armed conflicts have weakened the state and generated chronic political instability, with negative impacts for political and institutional trust in the population (6). Decreased political and institutional trust can undermine psychological wellbeing, especially in times of uncertainty, such as during a disease outbreak (7). Focusing on the mental health burden of such instability, Shaar reviewed 11 studies reporting post-traumatic stress disorder (PTSD) in a total of 5965 adolescents between 1988 and 2013 (8). Prevalence rates of PTSD ranged between 8.5% and 14.7% for the civil war; 21.6% and 15.4-35% for the 1997 and 2006 wars. Traumatic events and experiences, such as bereavement, injury, house destruction, and economic problems, low self-efficacy and scholastic impairment, were collectively associated with increased risk of PTSD. The civil war, in particular, has had a major impact on children. Macksoud and Aber interviewed 224 Lebanese children, and found that the number of war-related traumatic events experienced correlated positively with PTSD symptoms (9). Different other studies reported a high prevalence of mental health outcomes in communities facing cluster munitions (PTSD 98% in 2006 and 43% in 2016; (10)); in mothers and children (11); and in refugee camps (depressive disorders 28.8%, anxiety 15.6% and psychosis 11.5%; (12)). Indeed, Lebanon is host to thousands of Palestinian and Syrian refugees, who exhibit higher rates of psychological distress compared to the host population and have inconsistent access to treatment for a variety of reasons (13). The risk of further distress due to COVID-19 may therefore be elevated.

In addition to long-standing military conflict, Lebanese society has lately been facing an economic crisis, manifested in unprecedented rates of unemployment, inflation, poverty and rapid devaluation of the Lebanese currency (14). The value of the Lebanese pound has fallen by 60% in the past three months and food prices have increased by over 50% in the last six months (14). Cross-cultural research exhibits the adverse psychological impact of economic pressures (15), which also account for the incidence of PTSD and psychiatric disorders in Lebanon (16). Moreover, there is evidence from other countries in the Eastern Mediterranean Region - Fountoulakis et al. reported a significant increase in dysphoria, stress, depression and suicidal ideation in the Greek population due to the economic crisis (17). Agrawal et al. reported that unemployment and inflation were positively correlated with the incidence of suicide (18). In both studies, social support was found to be a protective factor against poor mental health. In addition to Khalil’s study of economic pressure and the incidence of suicide in Lebanon, there are various indicators of the mental health burden, such as the case of the self-immolation

of a Lebanese father over unpaid school fees in February 2019 (5,19). Furthermore, in his analysis of suicide in Lebanon, Khalil argues that the most important strategy is early management of poor mental health using a combination of strategies, including adequate psychopharmacologic agents, systematized national restrictions to access lethal weapons, and systematized school-based awareness programs (5). Moreover, since neither the Lebanese state nor private health insurance subsidize the medical treatment of mental disorders (such as drugs, consultation, psychology sessions), individuals in Lebanon are required to fund their own mental healthcare which can be prohibitively expensive. This inevitably means that access to mental healthcare care is currently inequitable.

The COVID19 outbreak in Lebanon has introduced many challenges, including increased fear of infection, significant changes to one's lifestyle due to the lockdown measures, and a further accentuation of the existing economic problems in the country. Unemployment is again rising in the country and this is giving rise to feelings of hopelessness (20,21) which is aversive for psychological wellbeing. Although there is as yet no empirical research into mental health amid COVID-19 in Lebanon, globally concerns have been expressed about the impact of the pandemic on depression and anxiety (22,23). In the UK, Lopes and Jaspal report increases in depressive symptomatology and less common psychiatric issues, such as paranoia and hallucinations (1). Furthermore, the authors report high levels of compulsive buying as a possible coping response in the face of the perceived threat of COVID-19. As a collectivist society, the Lebanese population is heavily reliant on psychologically significant group memberships, such as one's religious community, and close social contact and community ties are central to psychological wellbeing. In fact, Lebanese young adults who are more religious tend to rate themselves as happier and as having better mental and physical health than those who are not (24). Furthermore, the long-standing traumas associated with conflict and economic problems have been buffered largely by social group members and community involvement in Lebanon (5). Indeed, following the 2006 war, it was found that religiosity (including involvement in religious communities) had the effect of buffering poor mental health outcomes in adolescents from South Lebanon, who were especially affected in the war (16,25). Yet, the major lockdown in Lebanon may deprive individuals of access to social support, community involvement and religious affiliation, all of which are potentially effective coping mechanisms in the Lebanese population. It is unclear which coping strategies will be deployed in the face of psychological stress associated with COVID-19. However, an increase in substance misuse has been observed as a maladaptive coping response to conflict-related trauma in the country's population (26).

It is therefore possible that the Lebanese population is susceptible to poor mental health outcomes, such as those observed in emerging global research. The mental health burden may be *accentuated* in the Lebanese population for at least three reasons:

- the Lebanese population has been facing severe psychological stressors (i.e. conflict, political instability, economic downturn) for a prolonged period and is already at risk of poor mental health, with observed increases in suicide rates. Thus, COVID-19 may have a compounding effect in addition to representing a threat in its own right;
- the key coping mechanisms that tend to operate in collectivist societies and which are known to be effective protective factors, namely religious affiliation and community involvement, are less possible during the lockdown and enforced social distancing policy, potentially leading to a reliance on other, less effective coping strategies (e.g. compulsive buying, substance misuse);
- there is limited institutional support and focus on the mental health burden of COVID-19 in Lebanon and, thus, limited planning of, and allocation of resource to, mental health services in the country. This may in turn curtail the country's response to a possible epidemic of poor mental health and compromise the effective treatment of severe mental disorders in the Lebanese population as a result of COVID-19.

In conclusion, poor mental health outcomes as a consequence of COVID-19 and the associated lockdown may accentuate existing psychological stressors due to military conflict, political instability and economic uncertainty in the country. COVID-19 also introduces psychological challenges of its own, including fear, unemployment and decreased self-efficacy. In the absence of social support amid social

distancing, the Lebanese may be at risk of maladaptive strategies. A national action plan is urgently required to manage a possible epidemic of poor mental health. This plan must be shaped by robust empirical research into the prevalence of, and risk factors for, poor mental health in the aftermath of COVID-19 and, thus, this ought to be one of the research priorities following the outbreak. Lebanon does not currently have robust policies to support community mental healthcare. Such services are still in their formative phase and are run mostly by civil society organizations. Existing mental healthcare in Lebanon is mostly pharmacological rather than psychological. A combination of both will be essential to cope effectively with the emerging mental health burden. While there have been some promising steps towards the integration of mental healthcare into primary healthcare (27), this must be stepped up to respond to this unprecedented disease outbreak. Lebanon, along with the rest of the world, will eventually begin to emerge from the lockdown and restart the economy. It must also begin to restart the nation's mental health by supporting the population dealing with yet another trauma – that of COVID-19.

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