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Mental Health Services in the Wake of COVID-19 and Political Unrest in Myanmar

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Abstract. Myanmar's mental health and well-being have been profoundly impacted by the COVID-19 pandemic and political unrest. The prevalence of reported depressive symptoms and suicidal ideation highlights the imperative need to evaluate mental health access and services throughout the nation. Population anxiety and distress have increased as a result of the pandemic containment measures and political unrest. Access to mental health services is hindered, particularly in rural and minority-populated areas, by outmoded mental health legislation and a lack of trained professionals, as well as by language barriers. For the development of focused interventions and support systems, it is essential to understand the present situation of mental health access. For the promotion of mental health services, government, INGOs, and local communities are required to collaborate. Myanmar can foster resilience and well-being by prioritising mental health and employing comprehensive strategies, resulting in a healthier and more inclusive society for the citizens.

Keywords. Mental Health, Political Unrest, Myanmar, COVID-19

1. Introduction

The COVID-19 pandemic and political unrest have had a major repercussion on the livelihoods of Myanmar's citizens and these unprecedented events have had far-reaching effects, including substantial effects on mental health and wellbeing. In this context, it is pivotal to assess the status of mental health access and services in Myanmar, taking into account the unique challenges posed by the confluence of the pandemic and political unrest. The prevalence of reported depressive symptoms is estimated to be 27.2% in Myanmar, while the prevalence of suicidal ideation is estimated to be 9.4% [1]. Currently, there are no national statistics regarding the mental health and treatment disparity.

The COVID-19 pandemic has destabilised societies worldwide, including Myanmar. Virus containment measures, such as lockdowns, travel restrictions, and physical separation, have had a negative consequence on mental wellbeing. According to the WHO [2], the prevalence of anxiety and depression has increased by up to 25 percent worldwide following the COVID-19 pandemic. In addition, the unfolding political unrest in Myanmar has added an additional layer of tension and trauma to the population [3]. The confluence of these crises has

underscored the imperative need to evaluate mental health access and services in Myanmar to address the unique challenges faced by its citizens.

Although minimal amendments have been made, the current Lunacy Act of 1912 is out of date [4]. In addition, the implementation of the new mental health law in Myanmar is delayed as it awaits approval. From the perspective of health human resources, the number of trained mental health workers at the community level is limited, and there is a large disparity between the distribution of healthcare workers in Myanmar's urban and rural areas [5]. Language is one of the barriers to mental health service accessibility, since the majority of mental health practitioners speak primarily Myanmar language, so ethnic minority groups may not have access to mental health services.

It is essential to comprehend the current state of mental health access in order to develop effective strategies to assist those in need. This article seeks to evaluate the availability and accessibility of mental health services, taking into account geographical disparities, socioeconomic inequalities, and cultural factors. It will examine the obstacles individuals confront in gaining access to care and the impediments to effective mental health service delivery. In addition, the article will investigate the quality of mental health services, including the capacity and training of mental health professionals, the integration of mental health into primary care, and the presence of support networks and community-based initiatives.

2. Organisation

2.1. Myanmar Health System

Myanmar, situated in Southeast Asia, is a lower-middle-income country with a population of about 54 million according to the World Bank. The Myanmar Ministry of Health (MOH) is responsible for directing and administering the country's healthcare system. The Ministry of Health develops policies, regulates healthcare providers, and provides strategic direction for the implementation of health programmes. The health system is structured into various levels of care, including the central level, the state/region level, and primary healthcare facilities at the township, station, and village levels.

The Ministry of Health is the primary provider of healthcare services in Myanmar's healthcare system, which is a hybrid of public and private sectors. The Ministry of Health has six departments [6]:

- Department of Public Health
- Department of Medical Services
- Department of Human Resources for Health
- Department of Medical Research
- Department of Food and Drug Administration
- Department of Traditional Medicine

The Mental Health Programme is one of the programmes administered by the Ministry of Health's Noncommunicable Diseases Unit. A Deputy Director-General of the Ministry of Health leads this division [4]. Through a network of private and public health care facilities at varying administrative levels, health services are extended to rural areas. Until user charges in the form of cost sharing were implemented in 1993, when private out-of-pocket payment became the primary source of funding, the government was the primary source of financing [7]. The other ministries such as ministry of labour, defence, railways, industry also provide the medical care to the families and employees in addition to the ministry of health. For instance, the ministry of labour provides healthcare services via 3 hospitals in accordance with the Social Security Act 1954.

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The commercial private healthcare services have developed in Yangon, Mandalay and other major cities whereas the availability of the specialist care may vary depending on the location. The private healthcare sector is governed in accordance with the law relating to private healthcare services whereas the Myanmar Medical Association act as a link between the private and public stakeholders. Commercial private healthcare facilities have evolved in Yangon and Mandalay and other large cities, though access to specialists may vary. There is legislation in place to regulate private healthcare providers, and the Myanmar Medical Association serves as a bridge between the private sector and official authorities.

2.2. Mental Health System

Previous access to mental health care in Myanmar was restricted to two hospitals in the cities of Yangon and Mandalay. A new mental health legislation, updated from the 1912 Lunacy Act, is for ratification, but mental health has been part of the national health plan since 1990 [7].

In 1990, the World Health Organisation (WHO) and the Ministry of Health instituted a mental health initiative. Its purpose was to promote community-based mental health care, with the objective of identifying and assisting community members with common mental disorders. Integrating mental health care into the existing primary healthcare delivery system was the central strategy for establishing these services. Basic Health Staff received training to detect and manage mental health issues in the community in order to provide a minimum level of mental health care as part of routine primary healthcare services. In response to Cyclone Nargis in 2008, 2,000 medical officers and Basic Health Staff personnel received training in disaster-related psychosocial care [7]. Subsequently, post-disaster mental health teams were formed and dispatched to the affected area to handle the victims.

Although there have been endeavours to incorporate mental health into overall healthcare services and establish community-based initiatives, the disparity in mental health treatment persists and is now widening; however there are no national data on the treatment gap [4]. This can be attributed to multiple factors such as the stigma surrounding mental illnesses, inadequate understanding of mental health, and the unavailability of psychiatric medications at the primary care level.

2.2.1. Human Resources and Services

Although the number of mental health professionals is on the rise, there are still fewer than one mental health worker per 100,000 people [4]. Even though basic health staff have received training in the detection of basic mental health issues, the community's mental health requirements remain unmet. In Yangon and Mandalay, the University of Medicines offers master's and doctoral programmes in psychiatry, while the University of Nursing provides basic mental health training as part of the nursing and midwifery curriculum. There are still insufficient human resources for mental health.

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Table 1. Mental health human resources per 100,000 population in Myanmar, 2019 [8]

Mental Health Human Resource	Number per 100,000 population
Psychiatrist	0.22
Mental Health Nurses	0.56
Social Workers	0.09
Psychologists	0.00
Total Mental Health Professionals	0.87

Basic health staffs, such as midwives, health assistants, and lady health visitors, provide mental health service delivery at the community level. Mental health gap action training is being provided to the basic health staffs so that the identification and management of basic mental health issues can be carried out and prescription mental health medications can be administered with the authorised approval of the township medical officer.

Table 2. Mental Health Service Delivery Status in Myanmar, 2019 [8]

Mental Health Services Delivery	
Primary Health Facilities with Essential Mental Health Medication	<25%
Mental Health Hospitals	2 hospitals
Mental Health Units in public hospitals	17 units
Number of mental health beds per 100,000 population	2.3

It is estimated that only 1.4% of the government health finances was spend on mental health in the year 2019 [8] whereas over 80% of mental health funds were allocated to hospitals, with general hospitals receiving between 6-10% of mental health funds and the community level receiving less than 5%.

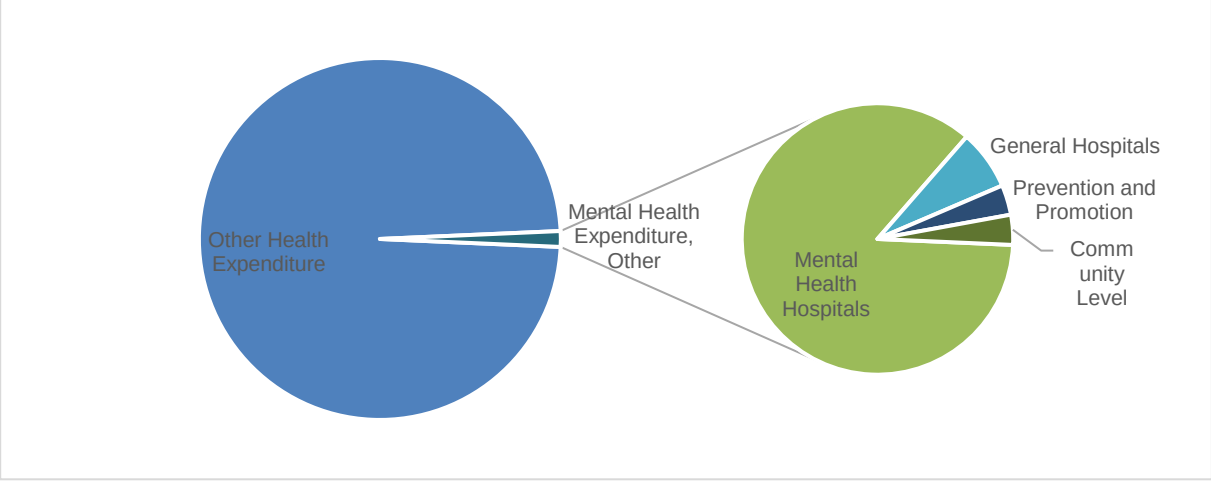

Figure 1. The distribution of mental health expenditure in the year 2019 [8]

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Table 3. Estimated percentage of the mental health financing in Myanmar, 2019 [8]

Mental Health Financing Areas	Estimated Percentage
Mental Hospitals	>80%
General Hospitals	6-10%
Prevention and Promotion	<5%
Community Level	<5%
Primary Care	<5%

Improving multisectoral engagement is crucial in Myanmar, necessitating concerted efforts to increase participation from key stakeholders. These parties include the Ministry of Health, the Ministry of Social Welfare, the Ministry of Education (particularly university psychology departments), the Myanmar Police Force, the Ministry of Legal Affairs, international and local non-governmental organisations (NGOs), community-based organisations, and United Nations organisations such as UNICEF, UNODC, and WHO. To facilitate effective collaboration, it is crucial to encourage advocacy and coordination at the highest level among these stakeholders [9].

3. Policies, Procedures and Processes

It is widely acknowledged that the current Lunacy Act of 1912, which was enacted during the British colonial rule, is out of date and requires extensive reform. Although minimal amendments have been made over time, the Act fails to adequately address important issues such as human rights, rehabilitation, and contemporary approaches to treatment and care for people with mental health conditions. This lack of emphasis on human rights and holistic care is a significant barrier to providing effective support and promoting the well-being of people with mental illness [10].

Recognising the limitations of the existing legislation, in 2013 the formulation of a new mental health law was initiated in an effort to resolve these critical gaps [11]. This new law, which includes protection of human rights, equal access to treatment, and comprehensive care, is awaiting Attorney General's Office approval. The increasing recognition of mental health as a global priority underscores the need for an updated mental health law that emphasises human rights and comprehensive treatment.

In addition to mental health legislation, Myanmar has also enacted separate laws addressing tobacco, alcohol, and substance abuse. These acts regulate the production, sale, and consumption of these substances in an effort to mitigate the health risks and social damages associated with their use.

The National Mental Health Policy and Strategic Plan for 2021–2025 was created by carefully reviewing and revising the 2006 policy. The new policy follows the National Health Policy and Plan and WHO mental health policy recommendations, meeting international human rights standards. The government adopted the National Mental Health Policy and Strategic Plan in February 2021 [4]. The next step is implementing the policy to meet mental health issues nationwide.

3.1. Preventive and Promotive Measures

Promotion and prevention are among the most important strategies in the field of mental health for reducing the rising prevalence of mental disorders. The mental health promotion and

prevention programmes were administered by the Ministry of Health in collaboration with other ministries and non-governmental organisations by integrating mental health promotion into educational institutions and providing training for teachers. However, the prevention and promotion programmes are limited. The status of the programmes is summarised in the table below.

Table 3. Summary of the mental health promotion and prevention programmes [4]

Programme	Specific Programmes
Alcohol, Tobacco and Drug Use Prevention	The prevention programmes are covered in the school health promotion topics together with the non-governmental organisations.
Caregiver Programmes	No specific programme
Early Childhood and Good Parenting	Teachers' training colleges and the department of psychology from the ministry of education, the ministry of health and the international non-governmental organisations such as UNICEF involved in the programme.
Epilepsy, Dementia, Neurodevelopmental Disorders	There is a community-based epilepsy initiative project and the capacity building of the general practitioners was performed through Myanmar medical association. There are no specific programmes for dementia and other neurodevelopmental disorders.
Mental Health Literacy	No specific programme
Preventing Bullying	No specific programme
Social Support Programmes	The social support programmes are delivered in a process of inter-ministerial and multi-stakeholder approach. The Ministry of Social Welfare Relief and Resettlement, Ministry of Health and the International Non-Governmental Organisation involve in the process. There are social workers who are working at the public hospitals, however, the workforce is inadequate.
Stigma Reduction	No specific programme
Suicide Prevention	The programme is included in the national mental health strategic plan, however there are no nationwide programmes except the hosting of national workshops.

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4. Current State of Mental Health in Myanmar amidst of political instability

As a result of the country's persistent political instability and civil unrest, mental health is a pressing issue in Myanmar today. The political situation, which has been marked by demonstrations and violence, has had a major effect on the population's emotional health.

Access to healthcare services is also disrupted by a limited number of healthcare workers in both public and private institutions, roadblocks from demonstrations, political protects, an increase in the number of security checkpoints, and the disruption of medical supply services. In addition, the stigmatisation of mental health issues and the continual fear of persecution discourage individuals from seeking assistance.

4.1. The Impact of Civil Disobedience Movement

The Civil Disobedience Movement (CDM) began in February 2021, following the military's transfer of power from the National League for Democracy government. The movement encompasses strikes, pot and pan banging, civil disobedience, etc. There is a significant impact on the accessibility of healthcare, including mental health care services, as a result of the use of CDM by healthcare professionals [12].

There is a significant impact on the national healthcare system due to the participation of healthcare employees in the CDM. As a result of a lack of personnel, many hospitals, particularly those that provide government-funded healthcare, operate with restrictions. The movement occurred in the midst of COVID-19, and the nationwide vaccination campaign was impacted as well [13]. From the perspective of health reporting, for instance, the number of COVID-19 tests per day has decreased to one-tenth of its pre-crisis level in the beginning of the crisis according to the Ministry of Health COVID-19 data.

In addition, the CDM has a remarkable effect on mental health services. In the midst of a political unrest, there was an increase in mental health issues such as anxiety and depression. The current political unrest has exacerbated the population with pre-existing mental health conditions.

Despite the negative effects of the political unrest on people's ability to get the mental health care they need, it has been found that the community as a whole, and the healthcare and social support services community in particular, have become more aware of and equipped to deal with mental health issues as a result of multisector involvement in capacity building [4], however the resources cannot fill the requirement gap of the mental health at the community level.

4.2. Capacity Building and Training Limitations

According to the WHO [4], there are fewer than one mental health professional for every 100,000 persons in Myanmar, which is insufficient to meet the community's mental health requirements. In spite of the fact that the Universities of Medicines, Ministry of Health Myanmar offers Master's and doctoral training programmes in Psychiatry, the programmes are delayed and human resources are limited due to the current crisis.

In Myanmar, there are no clinical psychological training programmes and no psychology healthcare protection council at the moment although the psychological association acts as the independent body in psychology. As a result of the current crisis, the demand for mental health services has increased, and private short-term psychology and mental health training courses have been established. The courses cannot, however, be compared to the professionally trained, institution-supervised degrees.

4.3. Multisectoral Involvement

The current situation in Myanmar has increased the demand for Mental Health Psychosocial Support Services (MHPSS) within the community, and International Non-Governmental Organisations (INGOs), local non-governmental organisations, government stakeholders, and community members are attempting to collaborate in order to provide mental health services. The UN agencies and allied INGOs provide capacity building and delivery of support services; for example, the United Nations Population Fund (UNFPA) offers an online portal for those in need of mental health assistance to interact with mental health professionals. The UNFPA provided a training workshop on the Adaptation and Development After Persecution and Trauma (ADAPT) model to 25 mental health psychosocial support professionals from various states and regions in the year 2022 [14].

The Myanmar MHPSS working group, along with INGOs, local non-governmental organisations, the Myanmar Psychological Association, the Myanmar Mental Health Society , the Mental Health and Substance Use Unit, the Psychology Department of Yangon University, and the Psychiatric and Mental Health Hospitals and Care Centres, are working on Mental Health and Psychosocial issues, and the web portal was created to facilitate knowledge dissemination and referrals.

However, a multisectorial approach is still required to strengthen to address the mental health requirements of the Myanmar population. In order to provide comprehensive mental health services, all sectors of society, including government, health, education, social welfare, and the private sector, require cooperation.

5. Challenges and future direction

The implementation of a comprehensive and multisectoral approach to mental health in Myanmar presents a number of challenges as per below.

- A need for a strengthening of sectoral coordination.
- Community-level funding for services of psychosocial support for mental health.
- The shortage of trained mental health professionals in terms of capacity building and human resources.
- The stigmas surrounding mental health issues within the community.
- The unequal allocation and distribution of resources for mental health.
- The language barrier in mental health service delivery

To increase the number of qualified mental health professionals in the country, it is necessary to invest in mental health professional training programmes. In order to reduce the stigma associated with mental illness and increase the likelihood that people will seek assistance, it is necessary to increase awareness of mental health issues in Myanmar. Providing mental health services in primary care settings is also required to increase the availability of mental health services. As a means of overcoming the language barrier, mental health services and resources should be provided in a number of main ethnic languages.

6. Conclusion

The combined effects of the pandemic and the political unrest has produced a complex scenario, resulting in increased anxiety, and trauma among the population [1]. The lack of updated mental health legislation, as evidenced by the out-of-date Lunacy Act of 1912, highlights the urgent need for policy reforms and the enactment of a new mental health law. In addition, disparities in the distribution of trained mental health professionals and language barriers impede access to mental health services, particularly in rural and minority-populated areas.

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It is essential to comprehend the current condition of mental health access in order to develop focused interventions and support systems. The obstacles confronted by individuals in accessing care and the barriers to the effective delivery of mental health services must be addressed. In addition, the quality of mental health services, which includes the capacity and training of professionals and the integration of mental health into primary care at the community level, has significant implications for the improvement of mental health outcomes.

In conclusion, working together involving the government, INGOs, and local communities will be essential for promoting mental health access and services in Myanmar. A holistic approach is required to address the mental health crisis, including policy reforms, human resource development, community-based initiatives, and focused awareness programmes. By prioritising mental health and investing in comprehensive and culturally sensitive strategies, Myanmar can increase its resilience in the face of ongoing challenges and contribute to the flourishing of the citizens. Myanmar can only pave the way to a healthier, more inclusive, and more resilient society for all of its people through coordinated actions and a commitment to mental health.

List of Abbreviations

- ADAPT- the Adaptation and Development After Persecution and Trauma
- CDM- Civil Disobedience Movement
- COVID-19- Corona Virus Disease
- INGO- International Non-Governmental Organisations
- MHPSS- Mental Health Psychosocial Services
- MOH- Ministry of Health
- NGO- Non-Governmental Organisations
- UN- United Nation
- UNFPA- United Nations Population Fund
- UNICEF- the United Nations International Children's Emergency Fund
- UNODC- United Nations Office on Drugs and Crime
- WHO- World Health Organisation

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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