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Mental Healthcare in Costa Rica: A Critical Perspective

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ABSTRACT

The country of Costa Rica often ranks high on happiness metrics and healthcare quality metrics. Mental healthcare in Costa Rica is often not discussed when reviewing those metrics. This paper attempts to explore mental healthcare in Costa Rica through a critical lens. Specifically, what factors affect the mental health of Costa Rican's, if they experience mental health issues at the same rates as other areas of the world, what access is like, the prevalence of stigma surrounding mental illness, and how the COVID-19 pandemic has affected mental health. Through literature review and conversing with locals, it was found that mental healthcare in Costa Rica needs improvement. Funding research studies, the creation of campaigns to reduce stigma, increasing funding for outpatient mental health services, and providing more training on mental illness for primary care physicians are areas in which the Costa Rican healthcare system can improve.

INTRODUCTION

When you think of Costa Rica, what do you think of? This question was asked by Professor Karina Vargas on our first day in Costa Rica. After pondering her question for a few minutes, my classmates and I answered with various responses including ecotourism, safe for tourists, beautiful beaches, lush jungles, and a "Pura Vida" lifestyle. Professor Vargas went on to explain that while these ideas are true for some, these concepts are largely a marketing effort developed by the government to promote tourism. She explained that Costa Rica has many challenges that are not as well-known and urged us to keep a critical perspective as we continued our trip.

In November 2017, National Geographic ranked Costa Rica the number one happiest country in the world.[1] It continues to rank highly in various happiness metrics, and most recently, The World Happiness Report from 2020 rated Costa Rica 11th in Subjective Well-Being, compared to the United States which ranked 18th.[1] One of the most popular phrases in Costa Rica is "Pura Vida" which directly translates to pure life. It encapsulates Costa Rican's philosophy of life. This slogan is used as a greeting, farewell, to show appreciation, or to say thank you.[2] The concept of "Pura Vida" is enmeshed in Costa Rican culture and promotes the idea that Costa Rican's lives are full of happiness and low in stress.

The aim of this paper is to explore mental health in Costa Rica with a critical perspective. Specifically, what factors affect the mental health of Costa Rican's, if they experience mental health issues at the same rates as other areas of the world, what access they have to mental health services, the prevalence of stigma surrounding mental illness, and how the COVID-19 pandemic has affected the mental health of Costa Rican's.

BACKGROUND

Cultural Values that Influence Mental Well-being

Mental health is affected by a combination of biological and genetic factors, as well as our culture, beliefs, and values. To examine mental health in Costa Rica, it is important to investigate cultural values that are specific to Costa Rica. The concept of "Tico" is a significant part of many Costa Rican's identity. The definition of "Tico" is a "native or inhabitant of Costa Rica". [3] Ticos pride themselves in their culture and for having a society that differs from the rest of Central America. Their peaceful heritage is exemplified by the abolishment of the military following the 1948 Civil War, which Tico's attribute to their tendency to settle disagreements peacefully through dialogue and compromise. [4] Tico's strong sense of national identity and homogeneity is apparent in religion, language, and many shared values and customs. [5]

Because of this homogeneity, Costa Ricans experience nearly equivalent levels of comfort when expressing emotions to family members and strangers due to not distinguishing between in-groups and out-groups. Costa Rica is considered a collectivist society that highly values interpersonal relationships, loyalty, and family. [6] Dominant values in this society are caring for others and quality of life. [6] The concept of familism is a cultural value frequently seen in Hispanic culture where emphasis is placed on the family unit in terms of respect and support. [7] Family support can act as a buffer for stressful life events and has been implicated by many as a protective variable against mental health problems. [7] Therefore, it is easy to assume that Costa Rican's have low levels of stress and thus lower levels of mental illness due to the collectivist nature of their society.

The Healthcare System of Costa Rica

Costa Rica is a middle-income and politically stable country in Central America with a population of 5 million. [8] The healthcare system in Costa Rica is called the Caja Costarricense de Seguro Social (CCSS). The CCSS is funded by payroll taxes and provides 29 hospitals and 250 primary health care teams, referred to as Equipos Basicos de Atención Integral en Salud (EBAIS) that act as a first point of contact for all health services. Each EBAIS is comprised of a doctor, nurse assistant, medical clerk and asistente técnico en atención primaria (ATAP), who act as technically trained community health workers. Over 90% of the healthcare facilities in Costa Rica are operated by the CCSS. Because of its strong investment in universal health care over the last 50 years, Costa Rica has markedly reduced nutritional and infectious diseases [9], lowered the infant mortality rate to 7 per 1,000, and has an average life expectancy of 80 years. [10] These metrics rank far above Costa Rica's neighbors in Central America. [10] Nearly the entire population has access to health services within the CCSS and healthcare is free of charge for most of the population. Because of these strengths, the Word Health Organization ranks Costa Rica's health system as one of the top three in Latin America and Costa Rica is often praised for the high quality of its healthcare system. [9]

While Costa Rica's universal healthcare system is often commended, it is not without its faults. One problem is access, especially for people living in the country's capital San José. During its healthcare reform in 1994, Costa Rica purposefully placed EBAIS clinics in areas of limited health access and areas that were rural with the goal of improving equity. Because San José had good access to primary health care services prior to the reform, it was intentionally the last area to implement the EBAIS model. [11] There are currently many barriers to increasing EBAIS coverage in urban areas including attention being placed on improving hospital

infrastructure, decreasing wait times for specialty care, and limited physical space to construct new EBAIS clinics. Another critique of the healthcare system is that gaps remain in coverage of EBAIS clinics. Costa Rica has not achieved its target of a maximum of 4,000 patients per EBAIS team. In 2016, there were over 490 EBAIS with more than 4,000 patients assigned to them and 81 teams with more than 7,000 patients. [11] Additionally, the CCSS is seeing a growing number of chronic disorders due to an aging population, population growth, and a history of focus placed on curative treatment instead of preventative care. [11,12] The increasing number of chronic noncommunicable diseases is creating a burden on the CCSS.

Prevalence of Mental Illness

The prevalence of mental illness in Costa Rica is not well documented and the research on mental health in Costa Rica is scarce. [9] Information and data on the prevalence of mental health disorders are estimates based on medical data, epidemiological data, and surveys, rather than based on official diagnoses. [13]

Data from 2016 estimates that there are a total of 543,129 people living with mental health disorders not including alcohol and drug use disorders in Costa Rica. [13] It is estimated that anxiety disorders and depression are the most prevalent, with an estimated 2.94% of the population suffering from anxiety and an estimated 2.9% of the population experiencing depression. Alcohol use disorders are the next most prevalent with an estimate of 1.47% of the population struggling with alcoholism. [13] It is estimated that deaths by self-harm and suicide accounted for 7.80 per 100,000 deaths in 2017. [13] Other indicators also suggest that mental illness is a problem in Costa Rica. Violent deaths are the third highest cause of mortality and drug and alcohol consumption, poverty and domestic violence are all on the rise. [8] These all have negative effects on health and wellbeing. [8]

The CCSS does have an information system for mental health information, but it is missing qualitative analysis. [9] Qualitative data in mental health services provides a depth of understanding that quantitative methods lack. [14] The collection of information does not include international classifications of disorders, which makes data collection and decision-making processes difficult. [9] The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) is a tool started by the World Health Organization to collect essential information on different country's mental health systems. In 2007, Costa Rica began to use this instrument to collect information related to its mental health system. [9] Psychiatrist Andrea Mesen explains "for the first time, with an instrument that measures not only the incidence and prevalence of all mental disorders but also the severity, we'll know for sure how many Costa Ricans have depression, severe depression, mild depression, moderate depression, post-traumatic stress disorder, OCD, anything." [15] Specific evidence-based policies have been in place for other chronic disorders, mental disorders have not been included. [8] It is hopeful that the World Health Organization's report will allow for evidence-based policies that will improve mental healthcare in Costa Rica.

Access to Mental Healthcare Services

Primary care consists of basic mental health care since there are no specific mental healthcare programs. [9] However, only 3% of primary care doctors have received more than one day of training in mental health. [9] Therefore, many primary care doctors make referrals to mental health specialists, most of which are largely located in San José. There are 3.7 psychiatrists per 100,000 Costa Ricans compared to the U.S. rate of 16 per 100,000. [8] Additionally, 90% of psychiatrists work for both the CCSS and private insurers, which means they must split their time between the two types of facilities. The budget for mental health is only 3% of the CCSS's

total health budget. [9] Of that, 67% is directed toward two mental hospitals while the remaining 33% is put toward other health services and prevention. [9] Most mental health patients require outpatient treatment which has the fewest resources available to integrate quality care. [9] Rural populations have a much more difficult time accessing mental healthcare services. Mental hospitals and residential facilities are mostly in metropolitan areas and mental-health-care workers are concentrated in cities with few working in more rural areas. [15]

There are many logistical challenges in accessing mental healthcare as well. Few patients have telephones and most addressees in Costa Rica contain no street names or house numbers, so to find a patient at home, mental health teams can spend hours searching for a patient's home. [15] Transportation also proves an obstacle to accessing mental health care. As noted earlier, mental health specialists are largely located in San José. The National Psychiatric Hospital outside of San José only has a few ambulances so the Red Cross is often called to transport mentally ill patients. The Red Cross teams are inexperienced in treating mental illness, so police are often brought with, which further criminalizes mental illness and intensifies the stigma. [15]

COVID-19

There is no doubt that the COVID-19 pandemic has changed our society. One thing to come out of the pandemic is the growing motivation to improve mental health. Research on mental health impacts of past epidemics show that people experience heightened anxiety and distress due to an unexpected accumulation of stressors, such as the immediate health impacts of the virus and the consequences of physical isolation. [16] Specifically, in Costa Rica mental health problems have proliferated during the pandemic. In October 2020, a group of Costa Rican young adults released a song titled "Me Siento Alone" (I Feel Alone) as part of their national campaign to raise awareness of mental health problems during the pandemic. [17] The melancholy lyrics

represent the feelings of depression and isolation that young people in Costa Rica have been facing since the start of the pandemic. [17]

When looking at schools in Costa Rica, the effect that quarantine measures have on mental health is very evident. Teachers in Santa Ana were interviewed and stated that for most students, the lack of human contact, excessive time spent looking at screens, and reduced opportunities for physical exercise have led to higher levels of depression and stress which is associated with lower quiz scores, missed deadlines, and reduced participation in class. [17] This evolves into a negative feedback loop where poor mental health reduces performance, which in turn aggravates the negative emotions that students are already struggling with. Historically, it was faculty and staff's responsibility to identify students who were struggling with mental health issues. With interactions now being limited to what teachers see on a screen, there are major limitations in identifying students who may be struggling. [17]

These mental health challenges are likely to persist in a post-COVID era if steps are not taken. It is hopeful that the motivation to improve mental healthcare that is occurring during the COVID-19 pandemic will continue and begin to influence policy and funding for mental health services.

METHODS

Articles were found through a literature search of online databases Google Scholar and PubMed.gov. Search terms included "Costa Rica", "Latin America", "mental health" "mental illness", "healthcare", "mental healthcare", "mental health policy", "mental health funding", "COVID-19", "stigma", and "human rights". Supporting statistics and background information

were found through Google. Translation of articles in Spanish was completed through Google Translate.

Anecdotal evidence was found through our study abroad trip to Costa Rica. We conversed with individuals including Professor Karina Vargas and Bethel Meza. Further correspondence with Bethel Meza was done through email. Interpretation was done by Juan Carlos López and Elisa Vanegas Munguia.

DISCUSSION

Interview with Bethel Meza

While in Costa Rica, we visited La Carpio to meet with don Humberto and his daughter Bethel. La Carpio is a marginalized community in San José made up of mostly Nicaraguan immigrants. Toward the end of our time there, Bethel shared her personal experience with mental health. She discussed how her childhood was not typical, since her family migrated to Costa Rica from Nicaragua when she had two years left of elementary school. Bullying and xenophobia were very prevalent, and Bethel recalled that during her high school years, the bullying got so bad that she attempted suicide while on vacation because the thought of returning to school filled her with so much anxiety. This time in her life left an imprint on Bethel and she states that she is still trying to improve her mental health and she continues to be passionate about destigmatizing mental illness and talking to others about her experience.

I reached out to Bethel through email to ask her more questions. I asked if mental health was talked about in school or within her family and she stated that it was not talked about. In school she remembers reaching out to a department called “orientacion” or “orientadors” who act primarily as academic counselors. She recalls that they did nothing to help with her mental health

and were instead there to assist students in figuring out what to study in college or what career path they should take. She believes there is a large stigma associated with mental illness in Costa Rica and has heard others say that those who need a psychologist are not "strong enough" or that "they are crazy to see a psychologist". When Bethel did reach out to her primary care physician to see a psychologist, the process was quite slow, and she had to wait a long time before starting therapy. She noted that all these factors made it very difficult for her to get help.

When asked what she has personally done to care for her mental health Bethel wrote that she looks for trustworthy people to confide in. She states that she reached out to her church's pastor, who was immensely helpful in offering perspective and understanding. Bethel also notes that learning how to ask for help has been paramount for her in taking care of her mental health. Additionally, finding a support group who have gone through similar situations as her has been very validating and helpful in processing her emotions. YouTube and other forms of social media has also played a role in taking care of her mental health. She explained that when there is no one available to speak with she turns to YouTube to watch videos of others who are going through experiences similar to her. Currently, Bethel has access to therapy through her job which she explains is not typical for those living in Costa Rica. She states she is very blessed for the opportunity to contact a psychologist.

The biggest issue Bethel sees with mental health in Costa Rica is suicide and the stigma surrounding mental illness. Because of her personal journey getting help with her mental health, Bethel is very passionate about helping others understand that it is important to find someone to speak to if they are struggling and that they should not feel ashamed for asking for help. She ends our correspondence stating that it is "critical for others to realize that reaching and speaking

with people you trust can offer a valuable perspective and assurance that you are not alone. This is the best medicine."

Mental Health as a Human Right

Human rights are inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. They are fundamental pillars that protect the dignity of all human beings. [18] The right to health is an essential part of human rights and mental health is an integral part of health. The World Health Organization states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease" and that "without mental health there can be no true physical health". [9] Mental health is often ignored when it comes to healthcare policies and funding although it is equally as important as physical health. Inclusion of mental health in Costa Rica's COVID-19 response is essential in order to effectively rebuild communities and reduce suffering. [16] Good mental health is critical to the functioning of society and must be at the forefront of every country's response to and recovery from the COVID-19 pandemic. [16]

To quote VanderZanden et al.'s case study on Costa Rica's healthcare system, "a major enabling factor for [healthcare] reform was a national ethos of health as a human right. The CCSS was founded on the principles of universality, equity, and solidarity — values that have guided Costa Rica's health system for decades and are embodied throughout the system". [19] Costa Rica's healthcare system was founded on human rights and the acknowledgement of mental health as a human right is of utmost importance in order to make access to mental healthcare equitable, decrease the stigma associated with mental illness, and better the quality of life for all Costa Rican citizens.

Personal Reflection

Bethel's experience offers powerful anecdotal evidence that mental illness is a problem in Costa Rica. From an outside perspective, Costa Rica's "Pura Vida" lifestyle, collectivist society, and consistent high rankings in happiness and healthcare might lead one to believe that mental illness is not as prevalent as it is in other places. Bethel's story is a strong reminder to critically evaluate statistics and rankings as well as notions one may have about a country, culture, or individual.

The World Health Organization and Bethel both agree that the stigma surrounding mental illness is the biggest challenge in seeking and receiving help for mental health. Around the world, people are victimized for their illness and become targets of discrimination. One could argue that stigma is a spectrum and that Bethel's example of witnessing microaggressions are on the less severe end of the spectrum. The idea that mental illness is a failing of the individual or something is wrong with you if you seek help had a lasting effect on her and hindered her ability to get treatment. On the more severe end of the spectrum, access to housing, employment and other opportunities can be compromised by mental illness. Increased funding for campaigns that work to reduce the stigma of mental illness are a large-scale way to address this problem. A smaller scale approach is discussing mental health with people in your life on an individual basis. As a healthcare provider, I will be reminded of Bethel's story in my interactions moving forward. I will strive to destigmatize mental health and talk openly about mental health with friends, family, and my future patients. I will continue to educate myself and others on the importance of mental health and I will encourage others to view the importance of physical and mental health equally.

CONCLUSION

The aim of this paper was to critically explore mental healthcare in Costa Rica and provide evidence to support efforts in addressing mental health through additional research and policy change. Costa Rica consistently ranks high on happiness and quality healthcare metrics and the "Pura Vida" lifestyle that most associate with Costa Rica make it easy to discount mental health as an issue that Costa Rican's face. Other cultural factors are also prominent and have an impact on mental health. However, as in most other countries, mental health is critical for the well-being and overall health of Costa Rican citizens. That being said, Costa Rican's have many cultural factors that can be considered protective factors when it comes to mental illness. As discussed, Ticos, or individuals from Costa Rica, are known for valuing peace and having a strong sense of national identity. Costa Rica is considered a collectivist culture that values interpersonal relationships and caring for each of its citizens. Familism is also prominent in Costa Rican culture as large importance is placed on the family unit.

After reviewing the literature and interviewing Bethel Meza, it is apparent that Costa Rica has definite areas of improvement when it comes to mental healthcare. To echo Contreras et al., more research is needed on mental healthcare in Costa Rica. Because mental health data is lacking in Costa Rica and the actual prevalence and severity of mental illness is not known, the government utilizes outdated information to create policies. This makes it difficult to provide the resources that citizens actually need. For example, shifting investments away from institutionalization to affordable, quality, outpatient mental healthcare would greatly improve access and the quality of Costa Rica's mental healthcare. [16]

The importance of mental health has become more evident due to the recent COVID-19 pandemic. There are many challenges when addressing mental healthcare in Costa Rica, such as

creating campaigns to reduce stigma associated with mental illness, increasing the funding for outpatient mental healthcare services, and providing more training on mental illness for primary care physicians. However, with the right resources and a clear focus, Costa Rica can not only improve the data surrounding mental health in the country, but also improve the lives of Costa Ricans suffering from mental illness.

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