

Honduras' Forgotten Patients: Victims of Mental Health Misinformation

The small country of Honduras, located in Central America, claims a title every year as having some of the world's most dangerous cities. This beautiful country is known for its corruption at high political levels and the prevalent socio-economic barriers that separate almost ten million people. As a proud yet heartbroken Honduran, I can confirm the atrocities and injustices I have seen even though an economic cushion shields me. My pain comes from seeing corruption and greed flog the sixty-six percent of Hondurans who live below the poverty line stripped from their rights and forced to beg on the streets and create makeshift houses from old wood and rusted tin roofs. One of the most jagged and contaminated areas of interest in the country is public healthcare, mostly incompetence. I want to focus on the psychiatric area of healthcare because seeing a therapist is not an option for a country that can barely afford the transportation costs to the hospital. Honduras counts on a handful of talented psychiatrists working in private hospitals because doctors aren't paid enough and lack government funding for the public sector.

I consulted with my psychiatrist and psychotherapist of almost three years, Dr. Maldonado, who recently opened a private therapy center. We dove deep into Honduras' broken relationship with hopeless psychiatric patients and their ill fate at the hands of a cruel healthcare system. Understanding the field of psychiatry is already a complicated subject, no matter the location. Endless taboos and stigmas surround mental health, and in third-world countries, the future of psychiatry seems to be silenced by ignorance and prejudice.

Dr. Maldonado recounts his time working in public hospitals that cater to ninety percent of the population. He talked about the public sector as a dark period in his life. As a young doctor wanting to save lives, he found his hands tied because the opportunities to help trickled through the cracks of a failed system. "It is tough to get proper psychiatric treatment in public hospitals. Dr. Maldonado says that most people come seeking help from villages that have never heard about mental health illnesses and claim to be possessed by the devil," Dr. Maldonado says. In Honduras, it is pervasive for uneducated villages with no healthcare access to believe that a manic episode or suicidal ideations disappear when praying or talking to someone at the church. "You can't pray away a serious medical condition. But it is one of the most common reasons we see patients seek mental help so late. They thought they could suppress it with guidance from their pastors." Dr. Maldonado explains, "Most people seek the most socially-acceptable way to process their emotions. Because therapy can be so expensive and there is already a stigma around it, people opt out and brush off depression as just being moody. They're scared of being labeled."

We dug deeper and considered several factors that push and encourage resistance towards debunking mental health stigmas. Besides religious fanaticism, it was clear that the lack of education in psychiatric illnesses took a heavy toll on a therapist's ability to help. Dr. Maldonado recommended psychoeducation lessons implemented in all private and public schools and universities to have seminars and resources available to people seeking help.

"Psychoeducation is a proven method to help people understand mental illnesses, and they don't have to suffer in silence. But a national initiative like that needs funding and interest to gain traction." Dr. Maldonado sank into his chair. Most public healthcare campaigns in Honduras focus only on the H1N1 virus, HIV, and the tropical fever, Dengue. But an awareness campaign can only do so much when public hospitals don't have the equipment or staff to take care of their patients. Dr. Maldonado recalls smaller public clinics going twenty or thirty years without upgrades and operating with a budget fit for 1995. "One time, as residents, we were sent to a clinic that had no doctors working there. The patients were agonizing or already dead in small beds, and no one came to help." The alternative would be one of the three major public hospitals in the entire country. It is common to see people from villages travel a day and sleep on the benches outside these hospitals, waiting for an available appointment. Most of these people only have money for tiny medication dosages and can't afford to commute for treatment.

Dr. Maldonado's solution was to open smaller, adequately equipped, and staffed clinics in hard-to-reach areas of the country so people don't flock to the city and receive the help they need at a closer location. For psychiatry, the solution muddies itself into a string of issues. "If you have a patient who doesn't understand what anxiety is and can't pay for medication or therapy, they're cast aside and ignored. Then, doctors focus their time and resources on more pressing, and in their heads, urgent psychiatric illnesses such as schizophrenia or borderline personality disorder." Even when doctors have no choice but to pick the most complex cases that need immediate help, they're still spread too thin and fail to provide personalized care.

I was hesitant to ask what a 'complex case' meant, "One example is when we would get people bringing their family members in chains and explaining that they went crazy. We saw numerous patients with bruises around their hands and in some homemade restraining devices. These patients were locked up in cages or makeshift cells because villagers thought they were possessed or, even worse, they knew they were suffering but couldn't afford a hospital visit and didn't want the patient hurting themselves. They were protecting these patients at the best of their abilities, and the gut-wrenching part is that sometimes the patient only needed four weeks of psychiatry medication to go back to normal." To hear such a story reminded me of Dr. Maldonado's private clinic. The contrast was undeniable, and it affected me in several ways. It reminded me of Dr. Maldonado's comfortable offices and spacious garden for therapy sessions and how patients can pick made-to-order food or a selection of teas for a session on the private balconies. I thought about the discreet house nestled between trees that catered to people needing an escape through art therapy sessions or a few nights away from their hectic lives. It physically pained me to listen to the harrowing experiences most Hondurans go through to get psychiatric attention, and it made me self-aware of my privilege.

It is a wake-up call and debilitating to experience privilege in Honduras. It is necessary to survive, but it also pushes some people to do everything to help. Dr. Maldonado is one of them who promotes Psychoeducation as much as he can. However, it is hard to maintain a positive outlook on creating campaigns and spreading awareness due to misconceptions and mental health prejudices.

Dr. Maldonado expresses his frustration with the subject, "It's easy to talk about a plan without thinking about it. Hondurans face a harsh reality, and most of the population still doesn't believe mental health is important. They believe they have greater things to worry about, such as financial stability in an unstable economy, high crime rates from gang activity, and a lack of government support where our president receives backlash for his connection to money laundering and drug kingpins. It is a dire situation." As a Honduran, I share his worries about the future of psychiatric healthcare in our country.

I curiously asked Dr. Maldonado about any prolonged consequences of mental health negligence over the years, and his response seemed to be of general knowledge amongst Hondurans. "In the village of Santa Barbara, doctors discovered serious patterns linking mental health illnesses to several family members of the same family trees over the years. We would get ten patients where six of them were related. These people didn't know the genetic predispositions of mental health illnesses and how inbreeding can worsen conditions." I was shocked to learn this, but my mother told me a common saying about that, "In Santa Barbara, there is a cuckoo person every three blocks." The previous psychiatric study in Honduras took place in 2001, and I wonder what new anomalies are yet to surface twenty years later.

Like the famous solidarity quote that rose amongst political turmoil, "In the end, it's the people who help their own. We understand our pain." The entire interview left me with dread and little hope. However, I trust people like Dr. Maldonado, who strive every day to bring awareness and support to mental health education in Honduras.

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