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STRATEGIC DEVELOPMENTS IN THE DELIVERY OF PSYCHIATRIC SERVICES WORLDWIDE

Mental health in Latin America and the Caribbean

Jorge J. Rodriguez MD PhD

Senior Advisor on Mental Health, Pan American Health Organization/Regional Office of the World Health Organization, Washington, DC, USA, email rodrigo@paho.org

Mental illnesses are a growing health problem and reducing the treatment gap in Latin America and the Caribbean is a great challenge. Evaluations conducted by the Pan American Health Organization (PAHO) and World Health Organization (WHO) have shown that the responsiveness of health services is still limited. Nonetheless, from an evaluation of how mental health reform has progressed in the region following the historical benchmark of the Caracas Declaration (1990), it is clear that – despite the limitations, shortcomings and challenges – significant progress has been made in most countries. This paper briefly reviews this progress.

Mental illnesses are a growing health problem in the Americas, as in the rest of the world. In 1990, mental and neurological disorders accounted for 8.8% of the total burden of disease in Latin America and the Caribbean (LA&C), estimated in terms of disability-adjusted life-years (DALYs).

This proportion had more than doubled, to 21%, by 2006 (PAHO, 2009; Rodriguez *et al.*, 2009a,b).

A review of the most relevant epidemiological studies of mental disorders conducted in LA&C showed that, in recent years, the estimated average prevalence rates in the adult population (measured during the preceding year) has been 1.0% for non-affective psychoses, 4.9% for major depression and 5.7% for alcohol misuse or dependence. It also revealed that more than a third of people with non-affective psychosis, over half of those with depression and about three-quarters of those who were dependent on or misused alcohol had not received any medical treatment, from either specialised or general services (PAHO, 2009; Rodriguez *et al.*, 2009a,b).

In practical terms, this means that only a minority of people who need mental healthcare actually receive it. To this situation must be added the fact that mental illnesses produce a high degree of disability, and they particularly affect those in the population who are most vulnerable, for whom services are scarce (PAHO, 2009; Rodriguez *et al.*,

2009a,b). Reducing this treatment gap is one of the great challenges facing health systems on our continent.

The response of programmes and services

Evaluations of mental health systems, conducted by the Pan American Health Organization (PAHO) and World Health Organization (WHO) in LA&C, showed that despite the magnitude of the burden of mental disorders, the responsiveness of health services is still limited. Here are some facts about the availability of resources and the current situation of the programmes and mental health services in LA&C.

The proportion of the health budget spent on mental health, as an average in those evaluated countries in the region, is less than 2.0% and 67% of that budget allocation goes to mental hospitals. For example, in six Central American countries and in the Dominican Republic the review found that just 1.6% of the health budget is allocated to mental health. Of that small proportion, no less than 75% is allocated to mental hospitals. This illustrates the need not only to increase financial resources for mental health services, but also to update the way in which those systems operate, with a shift to out-patient, community services linked to primary healthcare services (WHO, 2011; PAHO, 2012).

Of all the countries in the region, 66% have a national mental health plan in place, of which 71% were formulated or updated after 2004. Also, 56% of countries reported having enacted mental health legislation, although in many cases it needs to be updated and adjusted to new technical and human rights standards. The PAHO has identified that in terms of policies, plans and legislation, the crucial challenge is to achieve real and effective implementation.

Thirty-eight per cent of the countries have training programmes in mental health for primary care physicians, and a similar proportion have guidelines or protocols for the care of people with mental disorders at the primary care level. The median number of psychiatric beds per 10 000 population is 2.6, and these are distributed in mental hospitals (45%), general hospitals (22%) and residential facilities or 'other' (33%).

Fifty-two per cent of LA&C countries have reported having at least one association of or for users of mental health services, and 60% have an organisation for families. This involvement of user groups is an important contributor to the promotion of social participation and particularly of stakeholders in the formulation and implementation of mental health plans.

A final comment

The development of mental healthcare in LA&C countries has faced various constraints and difficulties in recent years. In response to this situation, a conference on the restructuring of psychiatric care in Latin America was held in Caracas, Venezuela, in November 1990. This culminated in the

adoption of a continental initiative and launched the Caracas Declaration, a document that made history. The Caracas Declaration emphasised that conventional care, focusing on the mental hospital, did not allow the achievement of the objectives of modern mental healthcare – a community, decentralised, participatory and comprehensive approach to care, motivated by evidence-based prevention (PAHO, 2009; Rodríguez, 2009).

Following the historical benchmark of the 1990 Caracas Declaration, it is clear that – despite the limitations, shortcomings and challenges – significant progress has been made in most LA&C countries in the reform of services and the protection of the human rights of people with mental disorders. Almost all now have better laws, national plans and a vision of a community model of mental healthcare linked to primary care and integrated service networks. Similarly, there is greater awareness, on the part of both governments and society, of the challenges of mental disorders, and of the treatment gap that still exists in the provision of services, as well as of the stigma that surrounds people with these conditions.

In October 2008, the WHO launched a programme of action to bridge the gaps in mental health. This aimed to scale up care for mental, neurological and substance use disorders (through the Mental Health Gap Action Programme, mhGAP; WHO, 2008), based on the best available scientific evidence.

In 2009, the PAHO Directing Council adopted – with the consensus of participating governments – the Strategy and Plan of Action on Mental Health (PAHO, 2009), a milestone that marks the way for the next 10 years. The Directing Council acknowledged there was a significant burden of need in terms of mental disorders and substance misuse and that a large proportion of sick people do not receive any treatment. The Council emphasised that there is no comprehensive physical health without mental health.

Subsequently, the regional mental health conference '20 years after the Declaration of Caracas', held in Panama in October 2010, issued a final statement clearly stating an objective for the region: 'A continent without asylums by 2020'. This was emphasised in the book *Mental Health in the Community*, which was launched at the conference (PAHO, 2010).

Technical cooperation in the PAHO is based on the Regional Strategy (Rodríguez, 2009) and mhGAP (WHO, 2008) and currently focuses on five areas:

- the formulation and implementation of national plans and mental health laws
- mental health promotion and mental disorder prevention, with an emphasis on the psychosocial development of children
- the organisation of mental health services in a network linked to primary care (with definition of priority conditions and implementation of interventions)

- strengthening human resources
- strengthening the capacity to produce, evaluate and use information about mental health.

Primary healthcare has become a key component of a comprehensive mental health strategy, with the aim of reducing the huge treatment gap between need and delivery for mental health problems in the region. Most people with mental disorders cannot access care, and others who do not need access to specialised care are subject to overmedicalisation of their suffering, which can be counterproductive. We are aware that most people would benefit from comprehensive assistance provided by a community health team and a good social support network, and that is what we are struggling to achieve within the next few years.

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STRATEGIC DEVELOPMENTS IN THE DELIVERY OF PSYCHIATRIC SERVICES WORLDWIDE

Together to make a difference in mental health in the Western Pacific Region

Xiangdong Wang

Team Leader, Mental Health and Injury Prevention, WHO Western Pacific Regional Office, email wangx@wpro.who.int

Mental disorders are among the leading causes of disease burden in the Western Pacific Region of the World Health Organization (WHO). Networking and partnership have been identified as the major components of key strategies to address challenges in meeting mental health needs in the region. This article provides a brief review of relevant initiatives collaboratively developed by the WHO, member states in the region and other partners.

Mental disorders are among the leading causes of disease burden worldwide. Depressive disorders alone are responsible for 5.73% of the global burden

of disease in the Western Pacific Region of the World Health Organization (WHO). About a third of all suicides in the world are reported from the region. At the population level, there are common factors that have a negative impact on mental health in many member states. These include disaster proneness, rapid population ageing and dramatic changes in social norms and values that have accompanied globalisation and substantial socioeconomic development. It has been a consensus of health ministers that mental health issues, if not addressed appropriately and immediately, will continue to grow. They will have an adverse effect on the health of people in the region and on overall socioeconomic development as well.