Global Perspectives on Mental Health

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Basic Assumptions

• Mental suffering affects individuals, families, groups and populations with severe consequences for society
• Mental health occupies an important place in the global agenda and is recognized as a central condition of development
• Mental health services are not giving sufficient and pertinent response
• Health care workers in mental health represent the heart of the health system and participate in a field of strengths in constant tension
Basic Assumptions

• Health and mental health are social matters, consequently ..... political matters
• They are historical and social processes that can be defined as determinants, expressions and consequences of development, culture, and conditions of accessibility to different kind of “richness” in every place and time.
• As social and political matter, mental health is also a matter of power
  – cultural, political, technical and administrative power
• There is not a unique definition of mental health. It can be defined in many ways
  – As a field, and from the perspectives of quality of mental life, etiology, policy, conceptual and health care

our presentation ...

Given this assumptions we will talk about:

• Epidemiological trends in mental health
• Social response
• Global gaps
• Recommendations
• Some notes on mental health nursing
Epidemiological Trends

MENTAL PROBLEMS: A Large Burden

Disease burden measured by Disability Adjusted Life Years (DALYs)

Source: WHR 2002
Numbers of People Affected Globally

- 450 million people with mental disorders:
  - 150 million with depression
  - 25 million with schizophrenia
  - 38 million with epilepsy
  - 90 million with alcohol or drug use disorder
  - Nearly 1 million commit suicide every year
  - 5 to 10 million attempt to commit suicide every year

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LEADING CAUSES OF YEARS OF LIFE LIVED WITH DISABILITY (YLDs)
Both sexes, all ages, estimates for 2000

<table>
<thead>
<tr>
<th></th>
<th>Unipolar depressive disorders</th>
<th>11.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Hearing loss, adult onset</td>
<td>4.6%</td>
</tr>
<tr>
<td>3</td>
<td>Iron-deficiency anaemia</td>
<td>4.5%</td>
</tr>
<tr>
<td>4</td>
<td>Chronic obstructive pulmonary disease</td>
<td>3.3%</td>
</tr>
<tr>
<td>5</td>
<td>Alcohol use disorders</td>
<td>3.1%</td>
</tr>
<tr>
<td>6</td>
<td>Osteoarthritis</td>
<td>3.0%</td>
</tr>
<tr>
<td>7</td>
<td>Schizophrenia</td>
<td>2.8%</td>
</tr>
<tr>
<td>8</td>
<td>Falls</td>
<td>2.8%</td>
</tr>
<tr>
<td>9</td>
<td>Bipolar affective disorder</td>
<td>2.5%</td>
</tr>
<tr>
<td>10</td>
<td>Asthma</td>
<td>2.1%</td>
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</tbody>
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Increasing population with depression and schizophrenia in Latin America and the Caribbean 1990-2010

Adults with mental problems in Latin America Latina and the Caribbean
(in millions)

- Mayor depression: 31,1
- Alcoholism: 31,1
- Distimia: 11,8
- Generalized anxiety: 8,8
- Obsessive compulsive disorder: 6,1
- Anguish disorder: 5,4
- Non affective psychoses: 5,4
- Drug abuse: 5,1
- Bipolar disorder: 4,7
Vulnerable Groups

- Children and adolescents
- Indigenous populations
- Women and older adults
- Disabled individuals
- Migrants
- Victims of violence, conflicts and disasters
- Individuals with long mental health suffering
- Mental health patients long term hospitalized

Social Response
Resources for Mental Health

Knowledge
Policy and legislation
Mental health services
Community resources
Human resources
Funding

<table>
<thead>
<tr>
<th>Availability</th>
<th>Scarcity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution</td>
<td>Inequity</td>
</tr>
<tr>
<td>Utilization</td>
<td>Inefficiency</td>
</tr>
</tbody>
</table>

Knowledge

- Bio-medical dominant paradigm
  - Biological psychiatry
  - Preventive psychiatry
- Attention centered in traditional psychiatric hospitals
- Exclusive psychopharmacology based treatment
- Research focused on psycho-medicines
- Growing evidence of effective social responses
- New models of community based services
Mental Health Policy in Latin America

- **Mental Health Policy Rate of Implementation**
  - 75-90%: 4
  - 50-75%: 2
  - 25-50%: 1
  - <10%: 2
  - Missing or No Policy: 2

- **National Mental Health Program**
  - Rate of Implementation
    - 75-90%: 7
    - 50-75%: 5
    - 25-50%: 2
    - <10%: 2
    - Missing or No Program: 2

Number of Countries

- ≤10%: 1
- 10-25%: 7
- 25-50%: 5
- 50-75%: 2
- 75-90%: 1
- Missing: 1
- No Program: 2
Psychiatric beds in each WHO Region and the world (ATLAS Data, per 10,000 population)

Population covered by mental health services in Primary Health Care in LA

*Includes private and military hospital, hospitals for special groups of population, long-term rehabilitation centres, mental hospitals, general hospitals, others.
Scarcity and inequity
Human Resources
(N=157 to 183 countries)

Human resources in MH/100,000 population:
- Psychiatrists: 10.00
- Psychologists: 14.00
- Psychiatric nurses: 23.90
- Social workers: 35.70

Post-Grad. Programs in MH:
- Psychiatrists: 17 countries
- Psychologists: 13 countries
- Nurses: 2 countries

Scientific Societies in MH:
- Psychiatrists: 17 countries
- Psychologists: 19 countries
- Nurses: 2 countries

Figure 2: Human resources for mental health in each income group of countries per 100,000 population.
Gaps

Treatment Gap by Development

Serious cases receiving no treatment during the last 12 months

- Developed countries: 35.5 to 50.3 %
- Developing countries: 76.3 to 85.4 %

WHO World Mental Health Consortium
JAMA, June 2nd 2004
Treatment Gap by Syndrome

(Kohn, Saxena, Levav, Saraceno; 2004)

- Alcohol Use Disorders: 78.1%
- Depression: 56.1%
- Generalized Anxiety Disorder: 57.5%
- Schizophrenia: 32.2%

Burden of mental disorder
Proportion of budget for mental health

- Low-income: Burden 7.4%, Budget 2.3%
- Lower-middle income: Burden 14.5%, Budget 2.6%
- Higher-middle income: Burden 19.5%, Budget 3.8%
- High-income: Burden 21.3%, Budget 4.7%
- All the countries: Burden 6.8%, Budget 5.7%
Gaps in Mental Health

HUMAN RIGHTS

ACCESS TO QUALITY CARE

VALUES KNOWLEDGE

POLICY FINANCING

PROMOTION PREVENTION

Recomendations
GLOBAL RECOMMENDATIONS

- Provide prevention and care in PHC settings
- Assure the psychotropics availability
- Provide mental health care and promotion to the community
- Inform the people
- Involve communities, families and groups
- Establish policy, programs and legislation at national level
- Provide and develop human resources for mental health
- Establish links with other sectors
- Promote research and evidence

Milestones on MH in the Americas

- US mental health law, 1963
- Impact of the Italian Reforma in Latin America, 1970
- Caracas Conference, 1991: Reestructuración de la Atención Psiquiátrica en América Latina
- Washington Conference, 2001: Mental Health in the Americas: Partnering for Progress
- Brasilia Conference, 2005: Mental Health Services Reform - 15 Years after Caracas
REGIONAL RECOMMENDATIONS

• Collect and disseminate relevant information
• Disseminate effective interventions
• Develop policies, national programs and legislation in mental health
• Organize networks of community based mental health services
• Develop programs for vulnerable populations, including chronic mental health patients
• Protect human rights
• Advocate for inclusion, social protection and universal access to comprehensive mental health services
### Changing Paradigms in Mental Health

- from TECHNICAL to POLITICAL RESPONSE
- from EXCLUSION to INCLUSION
- from INDIVIDUAL TO EPIDEMIOLOGICAL APPROACH (public health)
- from BIO-MEDICAL to COMPLEX COMPREHENSIVE PARADIGM
- from PSYCHIATRIC BED to AMBULATORY PRIMARY HEALTH CARE
- from HOSPITAL to COMMUNITY
- from EPISODIC to COMPREHENSIVE REHABILITATION
- from INDIVIDUAL ACTION to TEAM WORK
- from PUNCTUAL TREATMENT to EFFECTIVE SOCIAL ORGANIZED RESPONSE

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... notes on mental health nursing
Human Resources in Health

Global trends in mental health nursing

- Shortage and inequity
- Mental health services run by nurses (ex. Gambia, Belize)
- Nurses in mental health services:
  - 10 to 30 times higher in developed countries and in Europe
  - concentrated in psychiatric hospitals
  - very few in general hospitals and in community
- Global availability of MHN programs in pre and post-graduate nursing education
- In 70% of countries general nurses can practice in MHS
- In 50% of the countries nurses participate in mental health policies, plans and legislation

Source: worldmapper.org
### History of a recent movement on mental health nursing in the Americas

- USA, 1978 y 1987: documents PAHO Teaching MHN
- Belize, 1991: educational program in MHN in PHC
- Argentina, 1994: 1st regional document on MHN
- Sao Paulo, 1994: 1st MHN regional meeting and MHN project for the Southern Cone
- Guyana, 1995: Caribbean MHN project
- Honduras, 1996: Central America MHN Project
- Belize, 1996: national services of MHN in PHC
- Jamaica, 1997: PHC national program for MHN services

### Regional Meetings from ‘97:
- Puerto Rico, 1997
- Bellagio, 1998
- Barbados, 1999, 2002
- Puerto Rico, 2003
- Medellín, 2004
- Posadas, 2005
- Buenos Aires, 2006
- Toledo, 2007
- Posadas, 2008
MHN Regional Grup of Experts

Canadá  Chile
USA  Argentina
México  Brasil
Guatemala  Uruguay
Panamá  Jamaica
Venezuela  Barbados
Honduras  Barcelona
Colombia  Puerto Rico

Regional plan for MHN Development

- Policy and services
- Transformation and quality of MHN practice
- Initial and permanent education
- Research and innovation
- Information
- Production of guides/tools
- Networking
Re-creating mental health nursing

- Re-define the field of social responsibility
- Re-define the field of action
  - Promotion of healthy public policies/legislation
  - Promotion of healthy environments
  - Mental health promotion in the life span
  - Protective programs
  - Care and social promotion of individuals and families with long term mental suffering
- Re-define the scenarios of practice
  - Government
  - Public information and advocacy
  - Families and community institutions
  - Comunity mental health services
  - General hospitals
  - Acute psychiatric services
  - Rehabilitation services
- Re-define the field of knowledge
  - Conceptual paradigm transformation

Nursing ..... The science and the art .... but also the philosophy, the ethics and the policy of human care ...

Mental Health Nursing ...

Inherent dimension of nursing
- Area of nursing specialization
- Strategic resource of the communities for supporting and improving mental health
- Privileged strategic intelligence based on the sense and meaning of human care, for human rights advocacy, protection, solidarity, social justice and peace
Gracias
Merci
Obrigada
Thanks!