



# 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:***

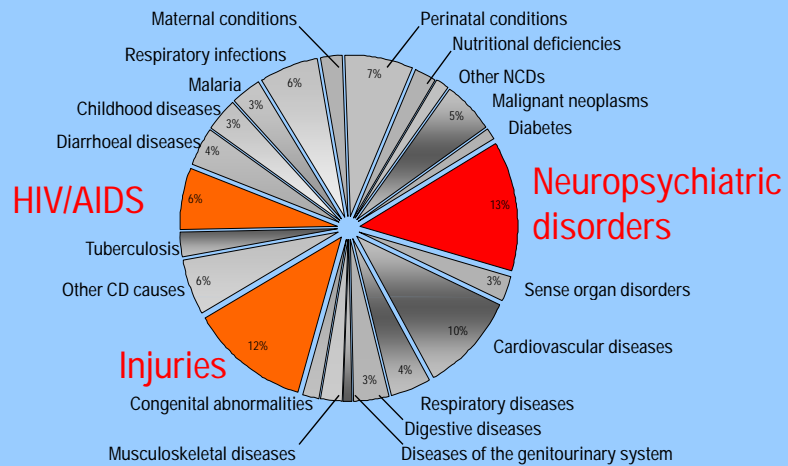
- **Epidemiological trends in mental health**
- **Social response**
- **Global gaps**
- **Recommendations**
- **Some notes on mental health nursing**



# 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

## LEADING CAUSES OF YEARS OF LIFE LIVED WITH DISABILITY (YLDs)

Both sexes, all ages, estimates for 2000

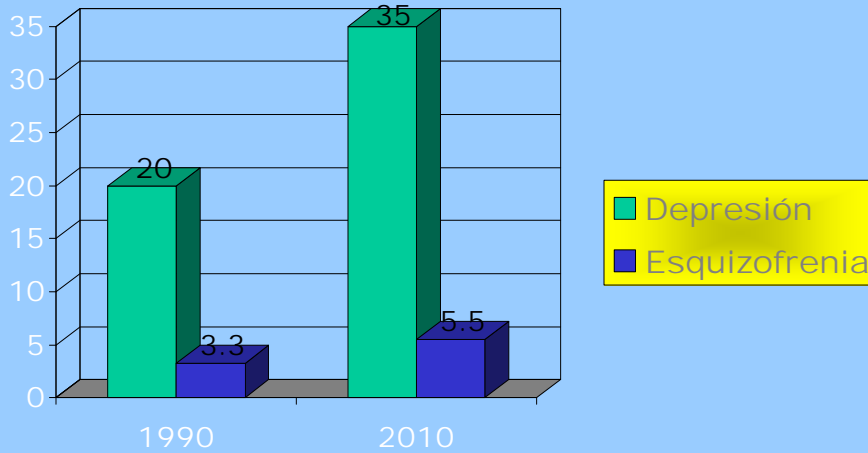
1	Unipolar depressive disorders	11.9%
2	Hearing loss, adult onset	4.6%
3	Iron-deficiency anaemia	4.5%
4	Chronic obstructive pulmonary disease	3.3%
5	Alcohol use disorders	3.1%
6	Osteoarthritis	3.0%
7	Schizophrenia	2.8%
8	Falls	2.8%
9	Bipolar affective disorder	2.5%
10	Asthma	2.1%

World Health Report, Geneva, World Health Organization, 2001





### Increasing population with depression and squizofrenia in Latina América 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
- » Obsesive compulsive disorder: 6,1
- » Anguish disorder: 5,4
- » Non afectives psychoses : 5,4
- » Drog 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

<b>Availability</b>	→	<b>Scarcity</b>
<b>Distribution</b>	→	<b>Inequity</b>
<b>Utilization</b>	→	<b>Inefficiency</b>

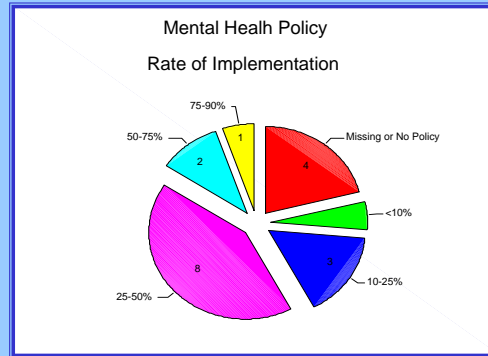
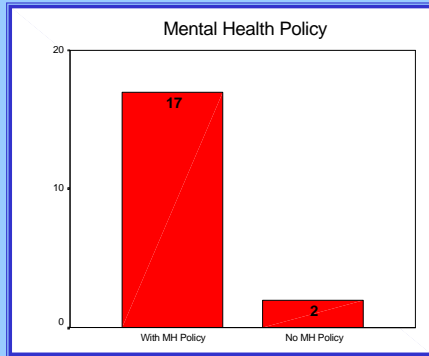


## Knowledge

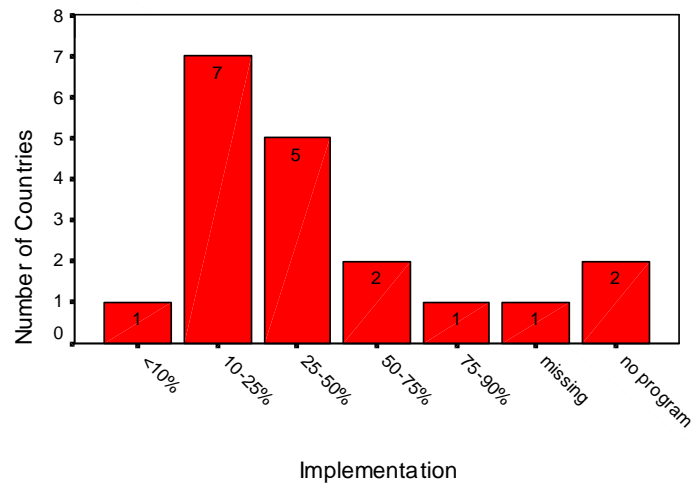
- **Bio-medical dominant paradigm**
  - Biological psychiatry
  - Preventive psychiatry
- **Attention centered in traditional psychiatric hospitals**
- **Exclusive psychopharmacology based treatment**
- **Research focused on psycho-medicines**
- **Growing evidence of effective social responses**
- **New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



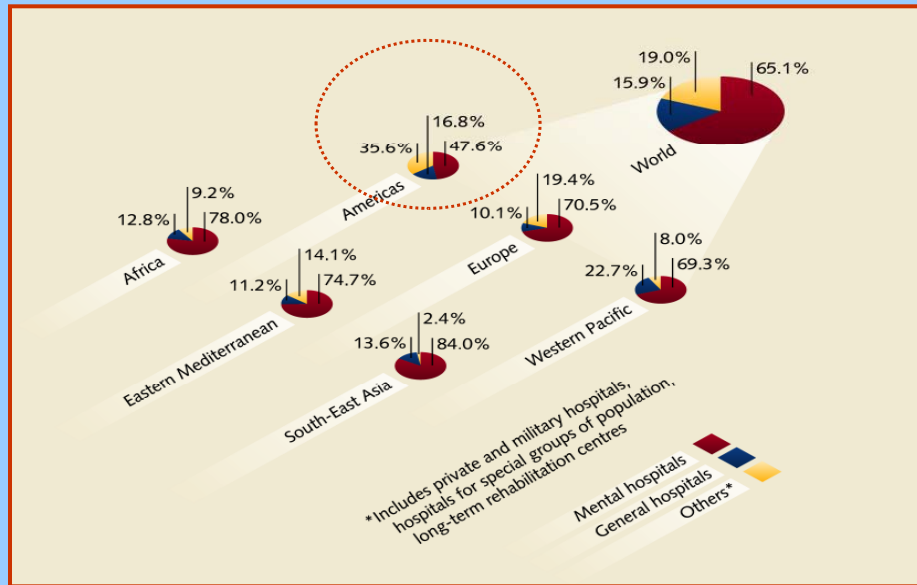
## Mental Health Policy in Latin America



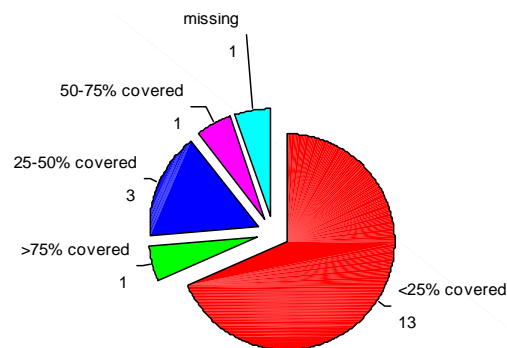
### Rate of Implementation National Mental Health Program



## Psychiatric beds in each WHO Region and the world (ATLAS Data, per 10,000 population)



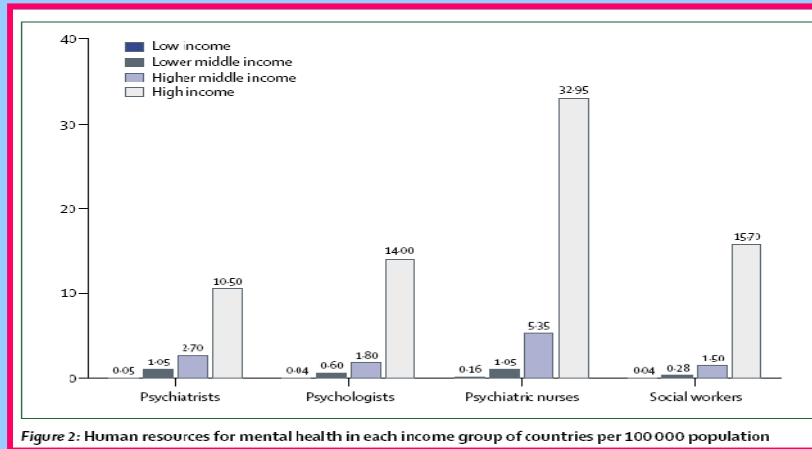
## Population covered by mental health services in Primary Health Care in LA





## Scarcity and inequity Human Resources

(N=157 to 183 countries)



## Human Resources for Mental Health in Latin America

Human resources in MH/100.000

Post-Grad. Programs in MH

Psychiatrists ..... 5,3  
Psychologists ..... 22,1  
Nurses ..... 2,0

Psychiatrists ... 17 countries  
Psychologists ... 13 countries  
Nurses ..... 5 countries

Scientific Societies in MH

Psychiatrists ..... 17 countries  
Psychologists ... 19 countries  
Nurses ..... 2 countries



## Gaps



## Treatment Gap by Development

Serious cases receiving no treatment during the last 12 months

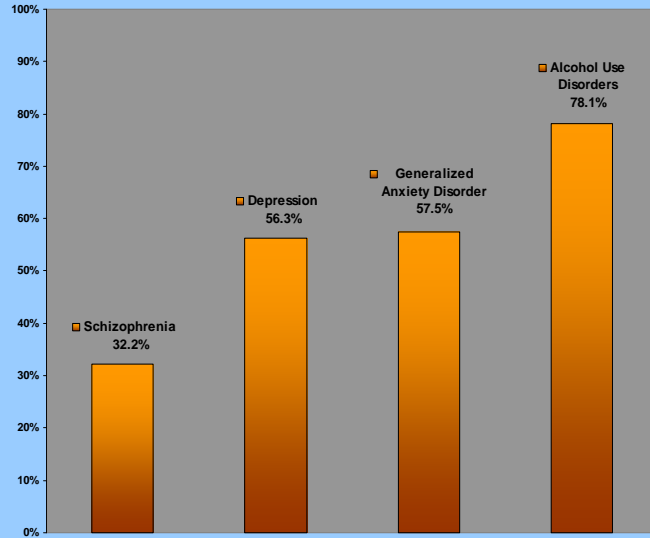
- Developed countries: **35.5 to 50.3 %**
- Developing countries: **76.3 to 85.4 %**

WHO World Mental Health Consortium  
JAMA, June 2<sup>nd</sup> 2004

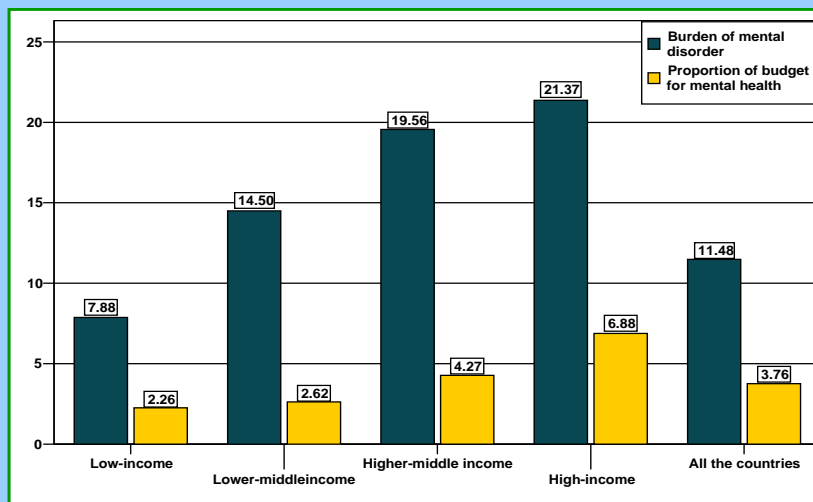
# Treatment Gap by Syndrome



(Kohn, Saxena, Levav, Saraceno; 2004)

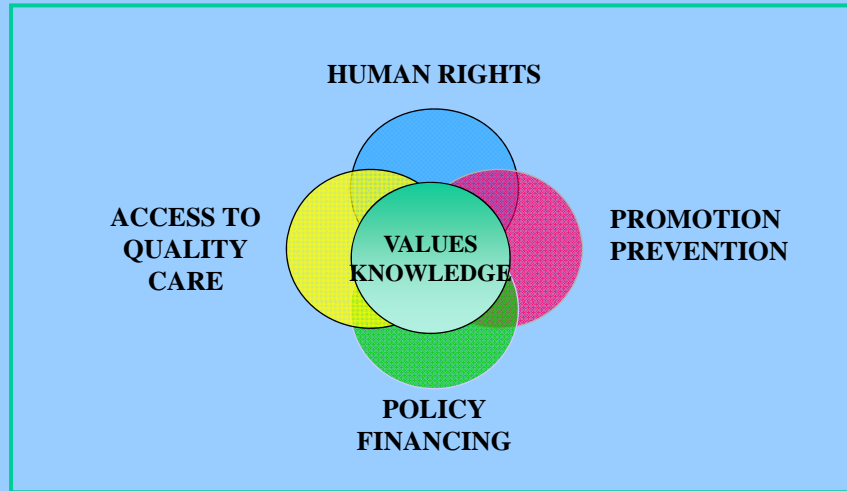


# Burden versus Budget





# Gaps in Mental Health



Recomendations



# GLOBAL RECOMENDATIONS

- 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



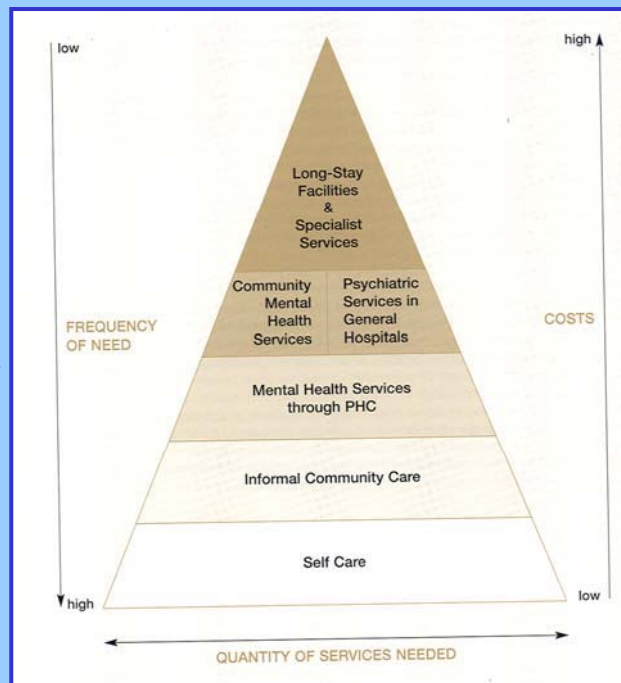
## REGIONAL RECOMMENDATIONS

- 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

©  
2001



### Community Based Mental Health Services Model





## Changing Paradigms in Mental Health

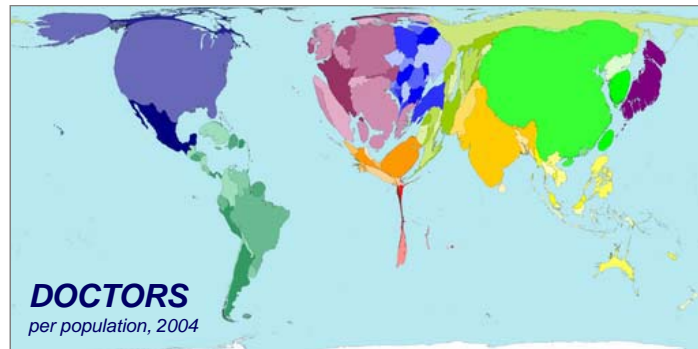
- from TECHNICAL to POLITICAL RESPONSE
- from EXCLUSION to INCLUSION
- from INDIVIDUAL TO EPIDEMIOLOGICAL APPROACH (public health)
- from BIO-MEDICAL to COMPLEX COMPREHENSIVE PARADIGM
- from PSYCHIATRIC BED to AMBULATORY PRIMARY HEALTH CARE
- from HOSPITAL to COMMUNITY
- from EPISODIC to COMPREHENSIVE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



*... notes on mental  
health nursing*

# Reality

## Human Resources in Health



Source: worldmapper.org



## Global trends in mental health nursing

*WHO Nurses in Mental Health Atlas, 2007*

- 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



### *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: 1<sup>st</sup> regional document on MHN
- Sao Paulo, 1994: 1<sup>st</sup> 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



### *History of a recent movement on mental health nursing in the Americas*

- 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**  
**USA**  
**México**  
**Guatemala**  
**Panamá**  
**Venezuela**  
**Honduras**  
**Colombia**



## 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*
  - ❖ *Community 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!*

