

PAHO's new strategy for improving mental health in the Americas



PAHO established the High-Level Commission on Mental Health and COVID-19 to respond to the high prevalence of anxiety and depressive disorders in the Region and to provide recommendations for PAHO

to better support countries in the Americas.

The recommendations of the Commission were incorporated into a new regional strategy endorsed by PAHO Member States in June 2023. This strategy is based on six strategic lines:

1. Build mental health leadership, multisectoral partnerships, mental health integration in all policies.
2. Improve the availability, accessibility, and quality of community-based services, and support the advance of deinstitutionalization.
3. Advance promotion and prevention strategies and activities throughout the life course.
4. Reinforce the integration of mental health and psychosocial support in emergency contexts.
5. Strengthen data, evidence, and research.
6. Make suicide prevention a national, whole-of-government priority.

These lines of action are to be implemented over a seven-year time frame during the 2024–2030 period.

Integrating mental health into primary health care

PAHO has worked toward the integration of mental health into primary health care (PHC), which allows for dignified and quality care within communities.

The focus is on training nonspecialized health professionals to provide mental health services in PHC settings. PAHO's technical cooperation has a strong focus on assisting countries in developing plans to facilitate the implementation of the WHO Mental Health Gap Action Programme.

Protecting and promoting mental health as a human right

Although the need for countries to promote mental health laws that respect human rights as established in the United Nations Convention on the Rights of Persons with Disabilities and the Universal Declaration of Human Rights has been acknowledged, it is estimated that in the Americas just over 60% of 39 countries have a stand-alone mental health law, and nearly half of 37 countries lack a dedicated or functional authority to assess compliance with international human rights instruments.

PAHO remains committed to working with countries beyond borders and inequalities, providing technical support to develop mental health legislation that complies with international conventions.

Protecting and promoting mental health in the Americas



Mental health in the Americas

Mental disorders, such as anxiety and depression, and psychoactive substance use-related disorders, such as alcohol or tobacco abuse, affect people all over the world and contribute to an important burden of disease. The Americas is no exception. The Region has high prevalence rates of anxiety and depressive disorders, and has experienced a considerable increase in recent years of people living with dementia, the third leading cause of death in the Region in 2019.

The COVID-19 pandemic exacerbated mental health issues and brought them into the spotlight. Latin America and the Caribbean saw a deterioration in mental health at the population level with prevalences of major depressive and anxiety disorders rising by 35% and 32%, respectively, in 2020. Some groups were disproportionately affected, such as health and frontline workers, women, young people, individuals with preexisting mental health conditions, ethnic minorities, and those living in situations of vulnerability.

There is a lack of access to quality services for mental health conditions in many countries. Furthermore, these services are underfinanced; public spending on mental health is only about 3% of the health budget. The Pan American Health Organization (PAHO) has urged all Member States to promote increased investment in mental health services.

The Americas is the only Region where suicide rates are rising

“Suicide is preventable, let us create hope through our actions and reduce suicide in our Region.”

Dr. Jarbas Barbosa da Silva Jr.
PAHO Director

Between 2000 and 2019, the suicide rate in the Americas increased by 17%, making it the only WHO Region where the rate was rising. More males than females die by suicide, with the highest suicide rate in the Region found in people aged 45–59. Suicide is the third-highest cause of death among young people aged 20–24. A recent study by PAHO and partners showed that increased mortality by suicide was associated with increased death rates by homicide and the use of alcohol and other substances for males, educational inequality for females, and unemployment for both sexes, as well as lower population density as in rural areas. Suicide also disproportionately affects groups in situations of vulnerability, such as indigenous populations and LGBTQI+ people.

Evidence-based suicide prevention strategies should focus on early identification of at-risk individuals, mental health support, and crisis intervention, restricting people's access to means for suicide, such as firearms and pesticides, interacting with media for responsible reporting of suicide, and fostering socio-emotional life skills in young people.

↓ **36%**
decrease
in global suicide rate
since 2000

While in the Americas,
suicide rates have
increased by
17% ↑

3× higher
suicide mortality rates
for men than women

The COVID-19 pandemic's impact on mental health in the Region

88%
of countries saw
emergency mental
health services
disrupted

72%
of countries saw
mental health,
neurological disorders,
and substance misuse
services disrupted

Between **14%** and **22%**
of health workers in 11 countries reported
depressive episodes during the pandemic

Between **5%** and **15%**
of health workers reported suicidal ideation