



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

Regional Advances in Mental Health since Caracas Declaration

Regional Atlas - 2014

Dévora Kestel

Unit Chief, Mental Health and Substance Use

kesteld@paho.org

Santiago, Chile, October 13th, 2015

THE CARACAS DECLARATION

Noting,

1. That conventional psychiatric services do not allow for the attainment of objectives compatible with a decentralized, participatory, integrated, continuing, and preventive community-based care;
and
2. That the mental hospital, when it is the only mode of psychiatric care provided, hampers the fulfillment of the above-mentioned objectives in that it:
 - a) isolates patients from their natural environment, thus generating greater social disability;
 - b) creates unfavourable conditions that imperil the human and civil rights of patients;
 - c) absorbs the bulk of financial and human resources allotted by the countries for mental health care;
and
 - d) fails to provide professional training that is adequately geared to the mental health needs of the population, the general health services, and other sectors.

MENTAL HEALTH ATLAS 2014

REGIONAL ANALYSIS

- **32 Countries and Territories**, at least partially completed the questionnaire
- This represents **96% of the total regional population**
- **Four Sub-regions** were grouped in order facilitate sub-regional comparison



Countries and Sub-regions

Central America, Mexico and the Latin Caribbean (N=9)	Non-Latin Caribbean (N=12)	South America (N=9)	Canada and United States (N=2)
Costa Rica	Anguilla*	Argentina	Canada
Cuba	Barbados	Bolivia	United States
Dominican Republic	Belize	Brazil	
El Salvador	Dominica	Chile	
Guatemala	Grenada	Colombia	
Haiti	Guyana	Ecuador	
Honduras	Jamaica	Paraguay	
Mexico	Saint Lucia	Peru	
Panama	Saint Martin	Uruguay	
	Saint Vincent and the Grenadines		
	Trinidad and Tobago		
	Suriname		



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas

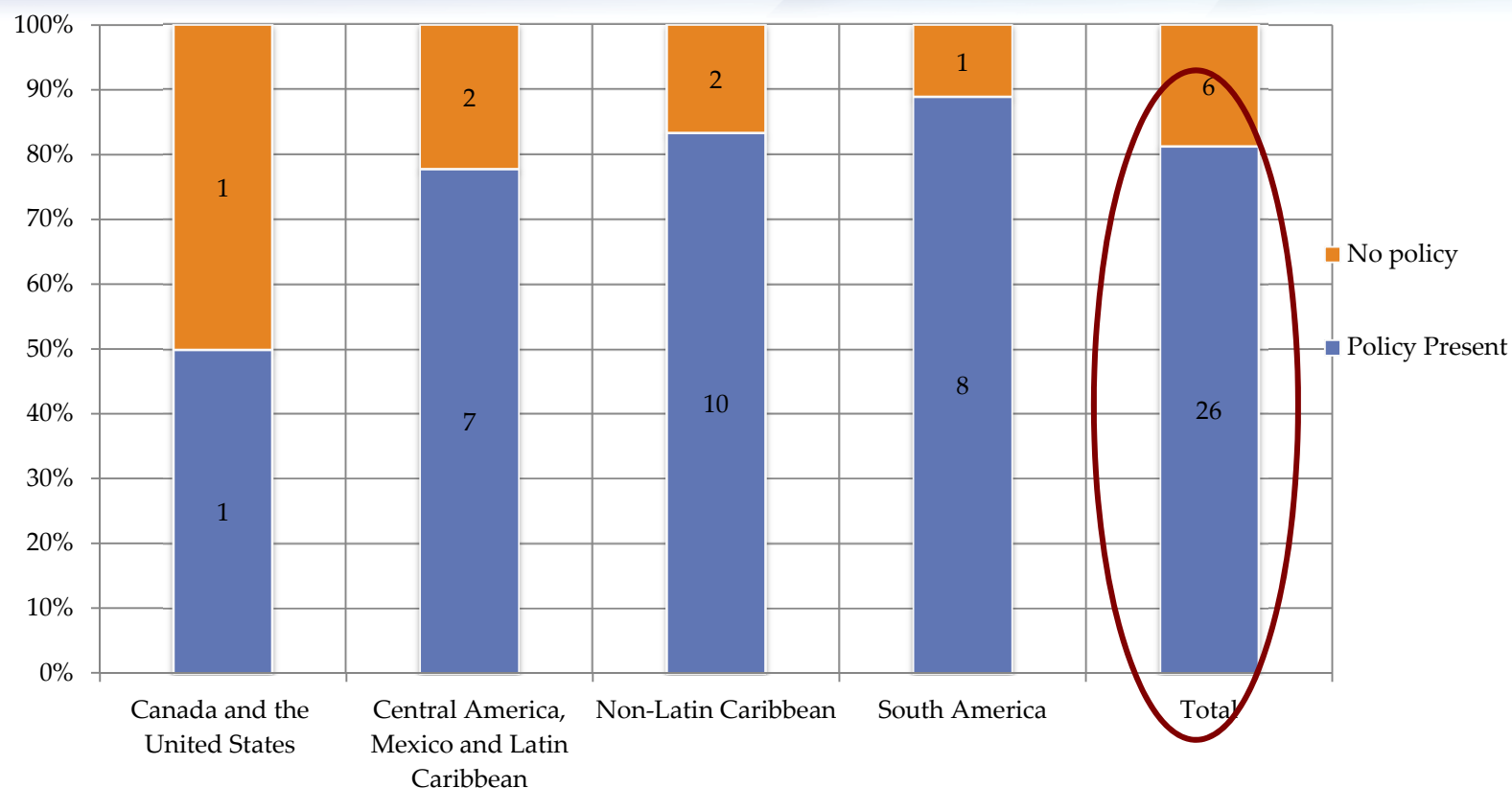
LIMITATIONS

- Not all countries participated
- Not all participating ones provided data for all indicators
- Reasons for missing data: data for an indicator does simply not exist, or cannot be reported in the manner specifically requested in the Atlas questionnaire

DECLARE

4. That the national legislation must be redrafted so that:
- a) the human and civil rights of mental patients are safeguarded;
 - and
 - b) promote the organization of community-based services that guarantee the enforcement of these rights;

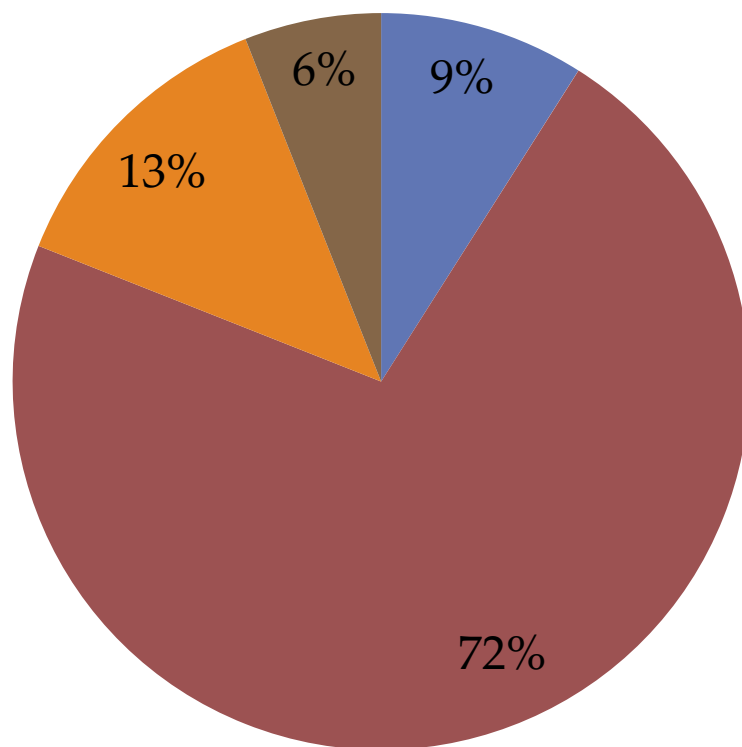
Mental Health Policies and Plans



- **81%** have a stand-alone MH Policy/Plan
- **85%** of the countries who do have stand-alone policies have implemented or updated them within the past 10 years (since 2005)
- Only **two countries** reported that have neither a stand-alone policy nor a policy integrated into those for general health



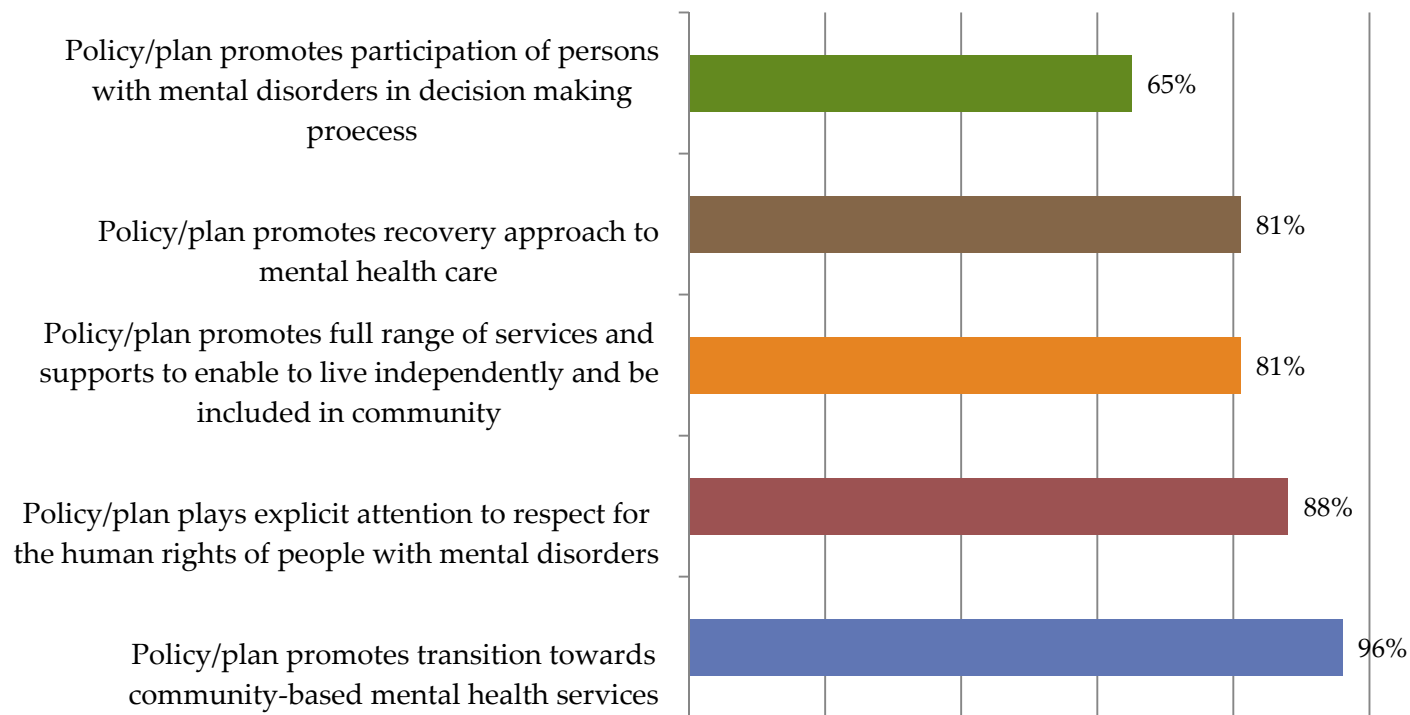
MH Policies and Plans - Degree of Implementation



- fully implemented
- partially implemented
- available but not implemented
- not developed

MH Policies

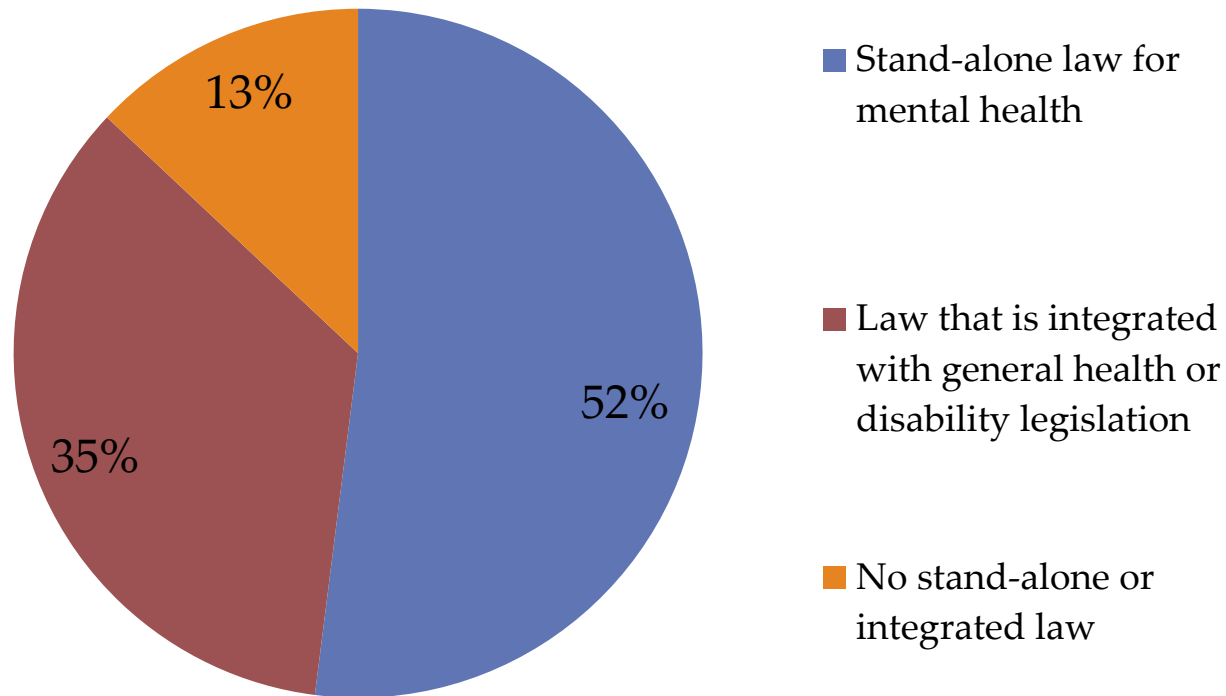
Compliance with Human Right Instruments



25 out of 26 countries consider their mental health policy/plan to promote the transition towards mental health services based in the community



Mental Health Legislation



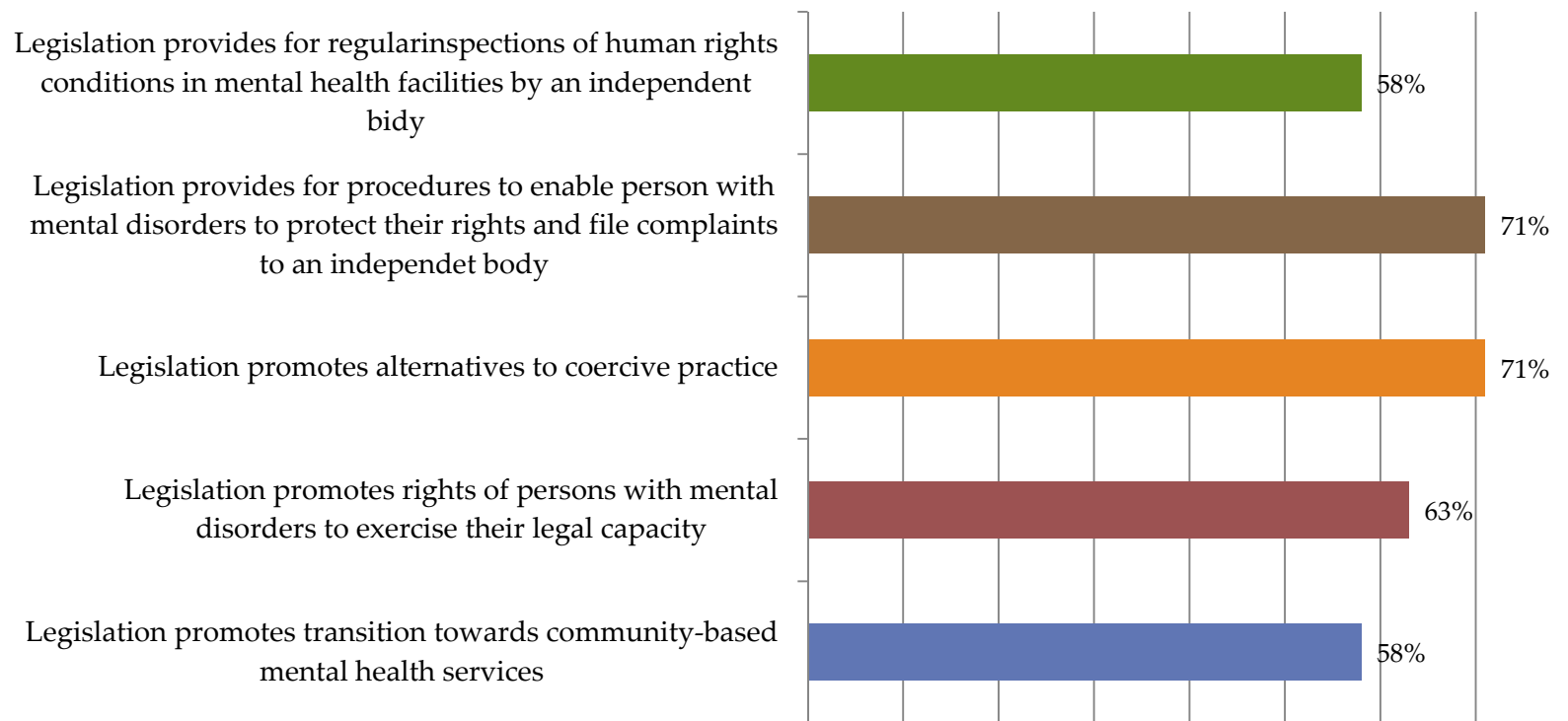
N= 31

Legislation- Degree of Implementation

- Only in about a fifth of the countries (**20%**) legislation is **not developed** or if available is **not implemented**
- **Year of approval:**
 - **38%** approved the mental health legislation **before 1990**
 - **6%** in the period **1991-2000**
 - **44%** in the period **2001-2010**
 - **13%** since **2010**

Legislation

Compliance with Human Rights Instruments



- 14 out of 24 countries have a legislation that promotes the transition towards mental health services based in the community
- A third (33%) of the countries has a total score of less than 3, indicating a partial compliance, while two thirds (67%) have a total score of 3 or higher, indicating a high compliance

Government Mental Health Spending

Sub-Region	N	Government (national insurance)		NGO's (for profit or not for profit)		Employers (social health insurance)		Households (private insurance, out-of pocket)	
		First ranked	Second ranked	First ranked	Second ranked	First ranked	Second ranked	First ranked	Second ranked
Total	25	88%	4%	4%	32%	0%	44%	8%	20%
Canada & United States	1	100%	0%	0%	0%	0%	100%	0%	0%
Central America, Mexico and the Latin Caribbean, Mexico, and the Latin Caribbean	8	75%	0%	12,5%	50%	0%	50%	12,5%	0%
Non-Latin Caribbean	7	100%	0%	0%	14%	0%	29%	0%	57%
South America	9	89%	11%	0%	33%	0%	45%	11%	11%

Government Mental Health Spending

- The **mental annual spending per person** across our countries is **\$7** (Median, from N=10)
- Large variations: from **less than \$1 to \$273** (in high income countries, from **\$9 to \$273**)
- **Inpatient facilities** absorb **74%** and **outpatient facilities 26%** of the total spending (N=8)
- **Mental hospitals** absorb **97%** of the **whole inpatient facilities** budget

- MH annual spending: only Brazil, Chile, Dominican Republic, Ecuador, Jamaica, Mexico, Paraguay, Peru, Suriname and the United States provided information
- Spending and facilities: only Chile, Dominican Republic, Ecuador, Jamaica, Mexico, Paraguay, Peru and Suriname provided information



DECLARE

5. That training in mental health should rely on a service model that is community-based and encourages psychiatric admissions in general hospitals, in accordance with the principles that underlie the restructuring movement;



Pan American
Health
Organization



World Health
Organization

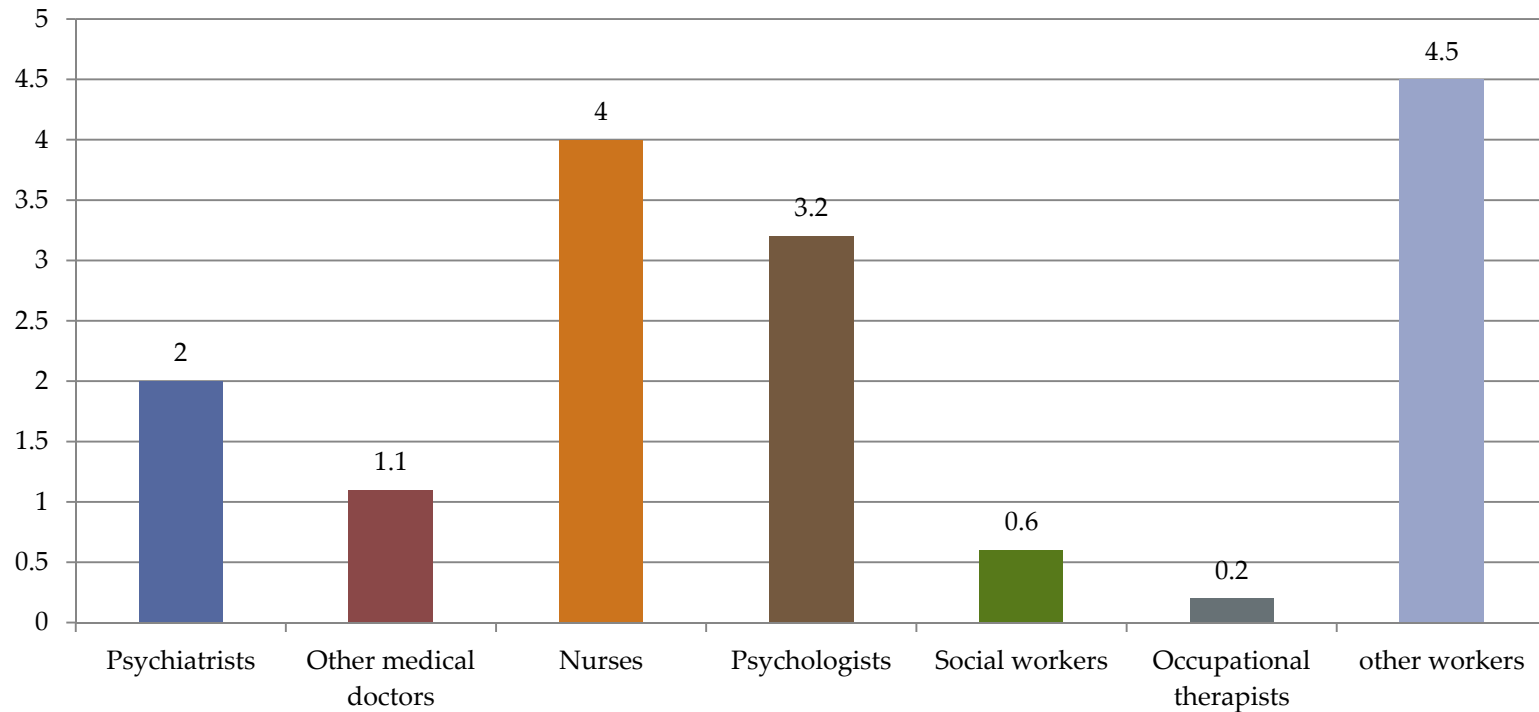
REGIONAL OFFICE FOR THE
Americas

Mental Health Workforce

- **Total rate** of professionals working in MH services is **21.1 per 100,000 population**
- Variation of workers between Sub-regions is significant:
 - Non-Latin Caribbean: **69.2**
 - South America: **27.7**
 - Central America, Mexico and the Latin Caribbean: **8.7**

Mental Health Workforce

Median rate of human resources per 100,000 population working in the mental health sector

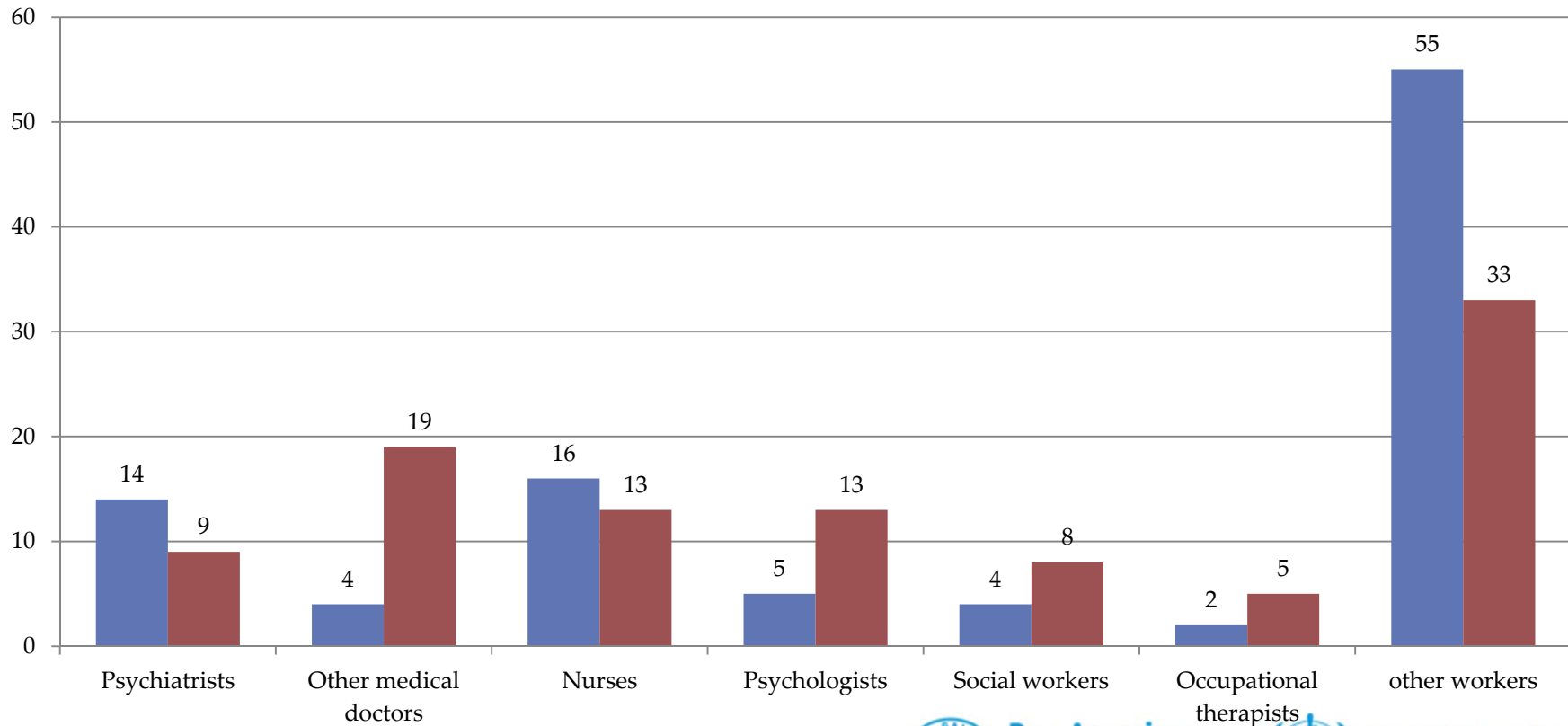


N= 9 Brazil, Chile, Dominica, Ecuador, Jamaica, Mexico, Panama, Paraguay and Peru provided Information



Workforce Inpatient vs. Outpatient

Inpatient vs Outpatient (%)



For 1 mental health professional working in outpatient facilities, on average there are 1.4 working in inpatient (Belize, Brazil, Chile, Cuba, Guatemala, Saint Martin and Suriname)



Mental Health Training in Primary Health Care

	Physicians	Nurses and midwives
Non-Latin Caribbean (N=5)	0.52%	1.3%
South America (N=4)	1.2%	0.9%
Central America, Mexico and the Latin Caribbean (N=8)	4.3%	2.3%

DECLARE

1. That the restructuring of psychiatric care linked to Primary Health Care and within the framework of the Local Health Systems model will permit the promotion of alternative service models that are community-based and integrated into the social networks;
2. That the restructuring of psychiatric care in the Region implies a critical review of the dominant and centralizing role played by the mental hospital in mental health service delivery;
and
3. That the resources, care, and treatment provided must:
 - a) Invariably safeguard personal dignity and human and civil rights,
 - b) be based on rational and technically appropriate criteria ;
and
 - c) strive to ensure that patients remain in their communities.



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Mental Hospitals

Per 100,000 population	Median of all countries	Central America, Mexico and the Latin Caribbean	South America	Non-Latin Caribbean	Canada and United States
No. of facilities	0.05	0.03	0.06	0.32	0.00
No. of beds	6.31	3.93	9	75.26	0.42
No. of admission in last year	44.15	19.37	18.19	424.03	UN

6.3 mental hospitals beds per 100,000 population

N=29, only one without M Hospitals



Mental Hospitals

Length of stay

	Median of all countries (N=9)	Central America, Mexico and the Latin Caribbean (N=3)	South America (N=3)	Non-Latin Caribbean (N=3)	Canada and United States (N=0)
Patients staying less than 1 year	29%	29%	51%	16%	UN
Patients staying 1-5 years	15%	0%	37%	7%	UN
Patients staying more than 5 years	66%	71%	9%	77%	UN

One in three admissions are involuntary (N= 9)



- For patients staying 1-5 years = 62% male - 38% female

Psychiatric Wards in General Hospitals (per 100,000 population)

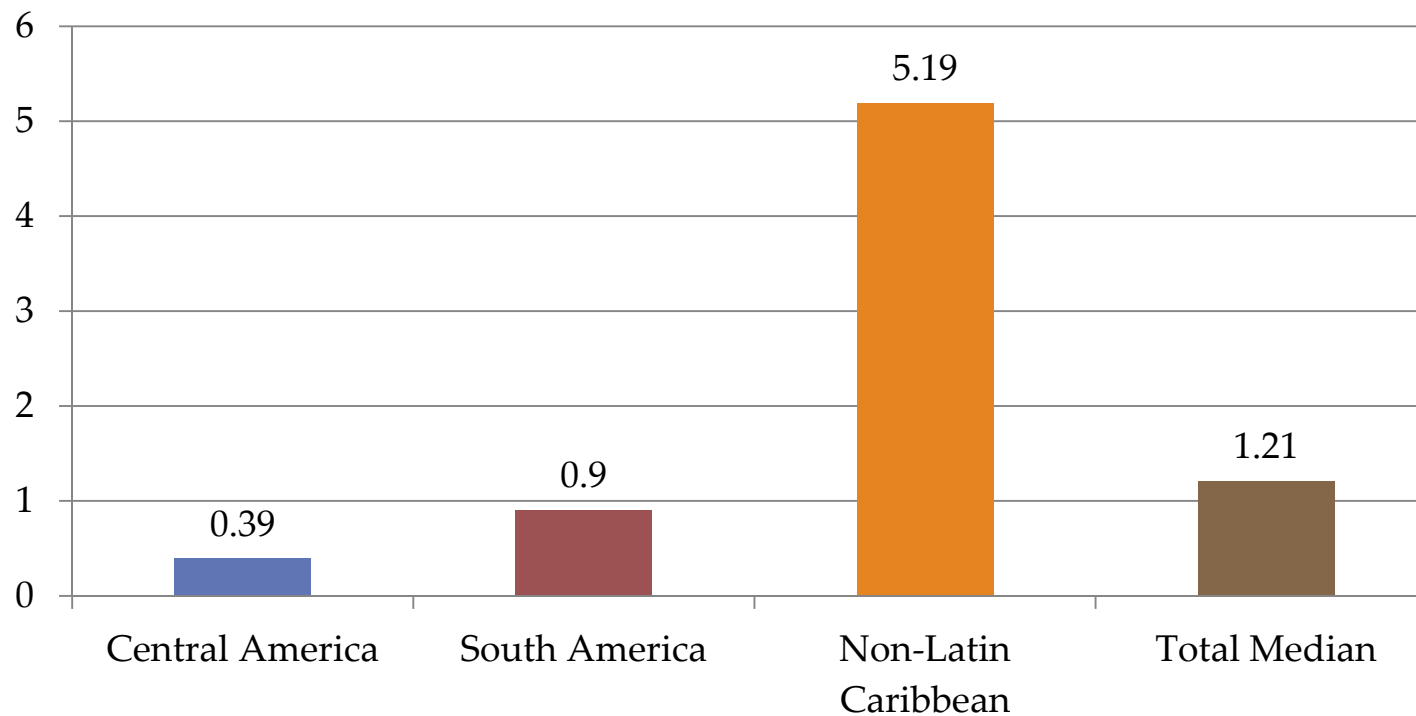
Per 100,000 population	Median of all countries	Central America, Mexico and the Latin Caribbean	South America	Non-Latin Caribbean	Canada and United States
No. of facilities	0.07	0.03	0.06	0.9	0.004
No. of beds	0.65	0.19	0.25	4.7	0.06
No. of admission in last year	57.98	12.27	30.90	137.58	UN

Community Residential Facilities

(per 100,000 population)

	Median of all countries	Central America, Mexico and the Latin Caribbean	South America	Non-Latin Caribbean	Canada and United States
No. of facilities	0.007	0.00	0.08	0.14	0.001
No. of beds	0.05	0.00	0.80	2.80	UN
No. of admission in last year	0.00	0.00	0.95	0.18	UN

Outpatient Facilities (per 100,000 population)

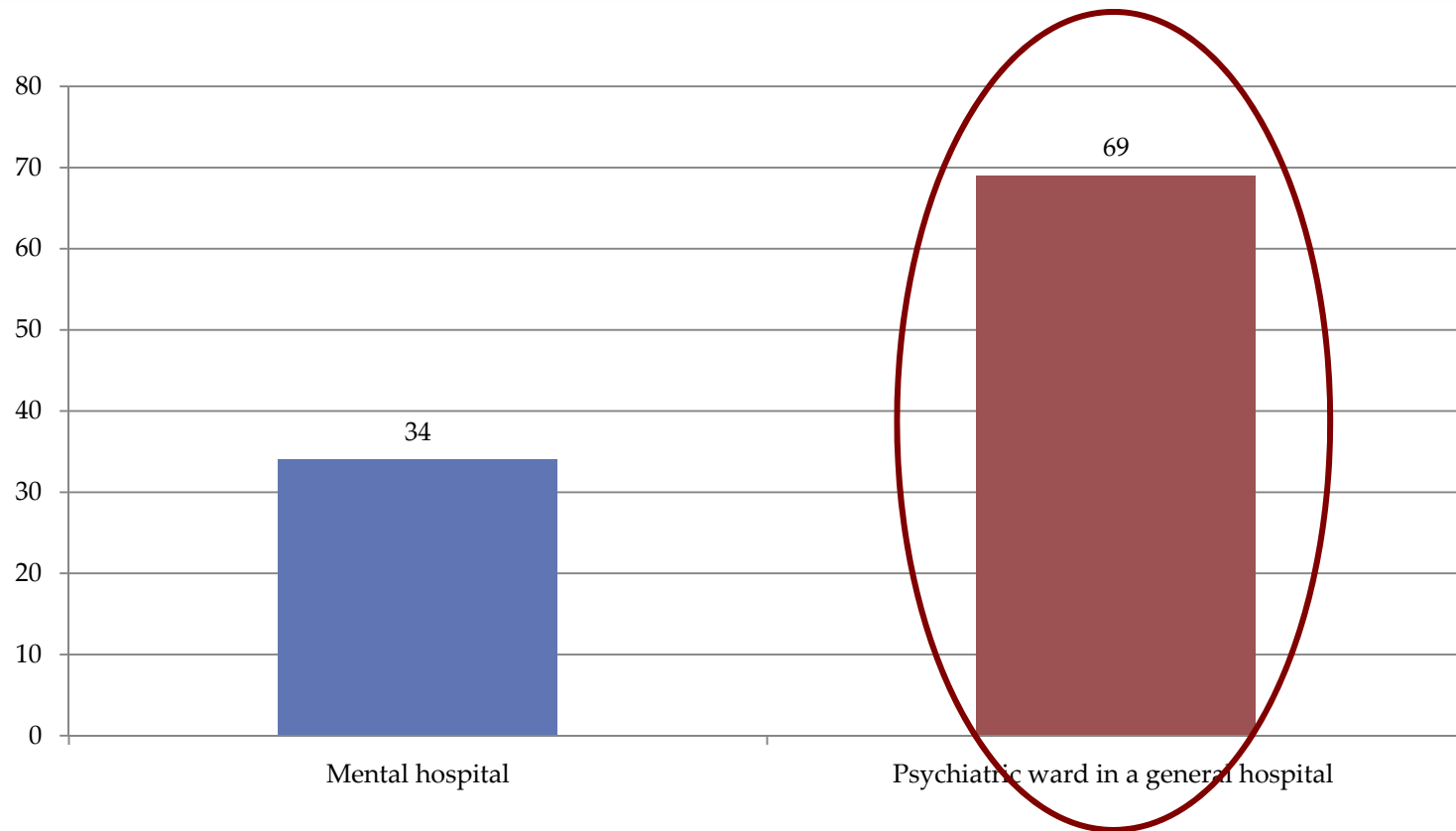


N=20

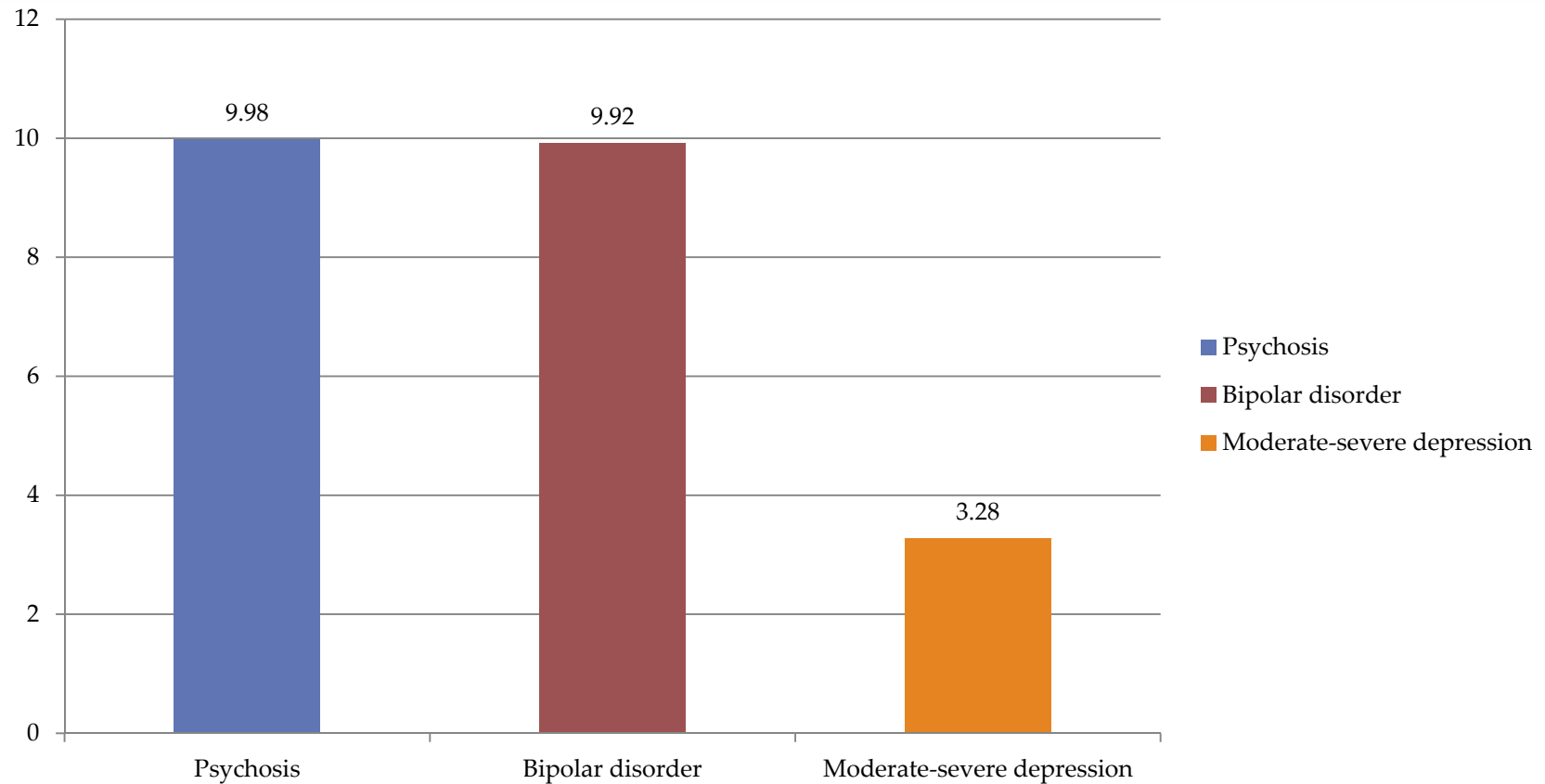
- A median of 1.21 outpatient facilities and about 1,520 visits per 100,000 population
- Median of 1,108 visits Central America, Mexico and the Latin Caribbean; 4,438 visits South America; and 4,643 visits for Non-Latin Caribbean per 100,000 population.



Continuity of Care after Discharge (%)



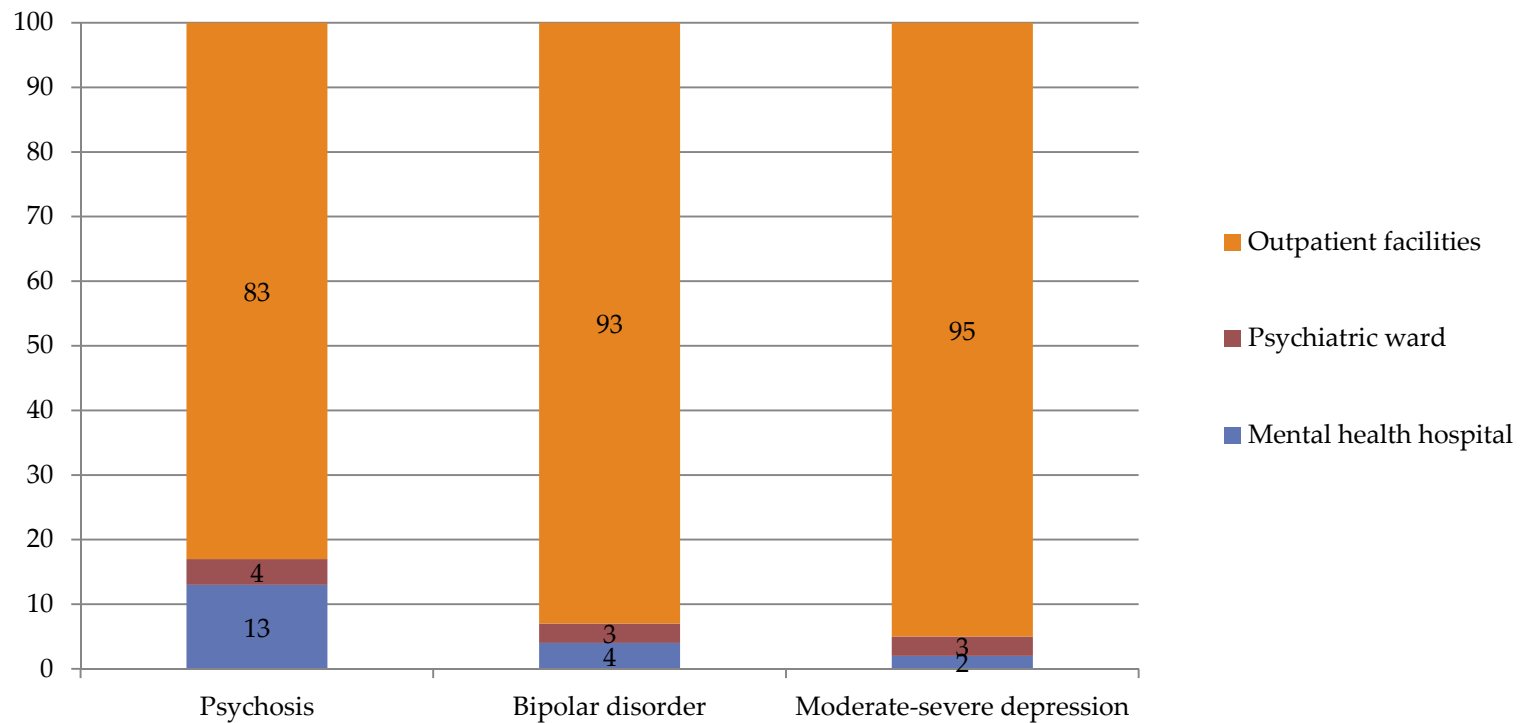
Treatment Prevalence (%)



7 out of 212 individuals per 100,000 pop with a moderate-severe depression (equal to 3%)
4 out of 37 individuals per 100,000 population with a bipolar disorder (equal to 10%)
2 out of 15 individuals per 100,000 population with a psychosis (equal to 10%)

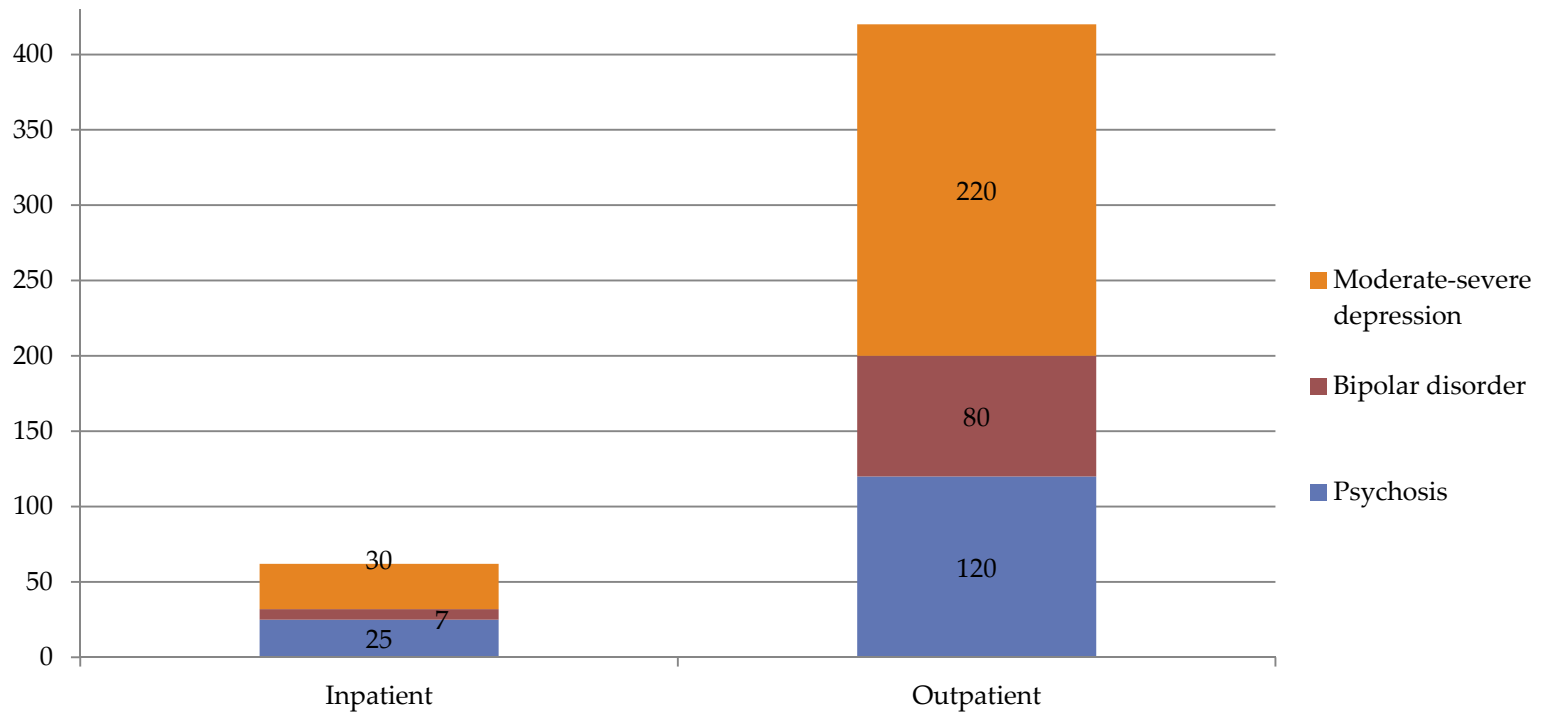


Service Utilization across Facilities and Disorders (%)



Inpatient vs. Outpatient Facilities

(per 100,000 population)



DECLARE

6. That the organizations, associations, and other participants in this Conference hereby undertake to jointly and individually advocate and develop programs in the countries that promote the restructure of psychiatric care, and to monitor and defend the human rights of mental patients in accordance with national legislations and international agreements.

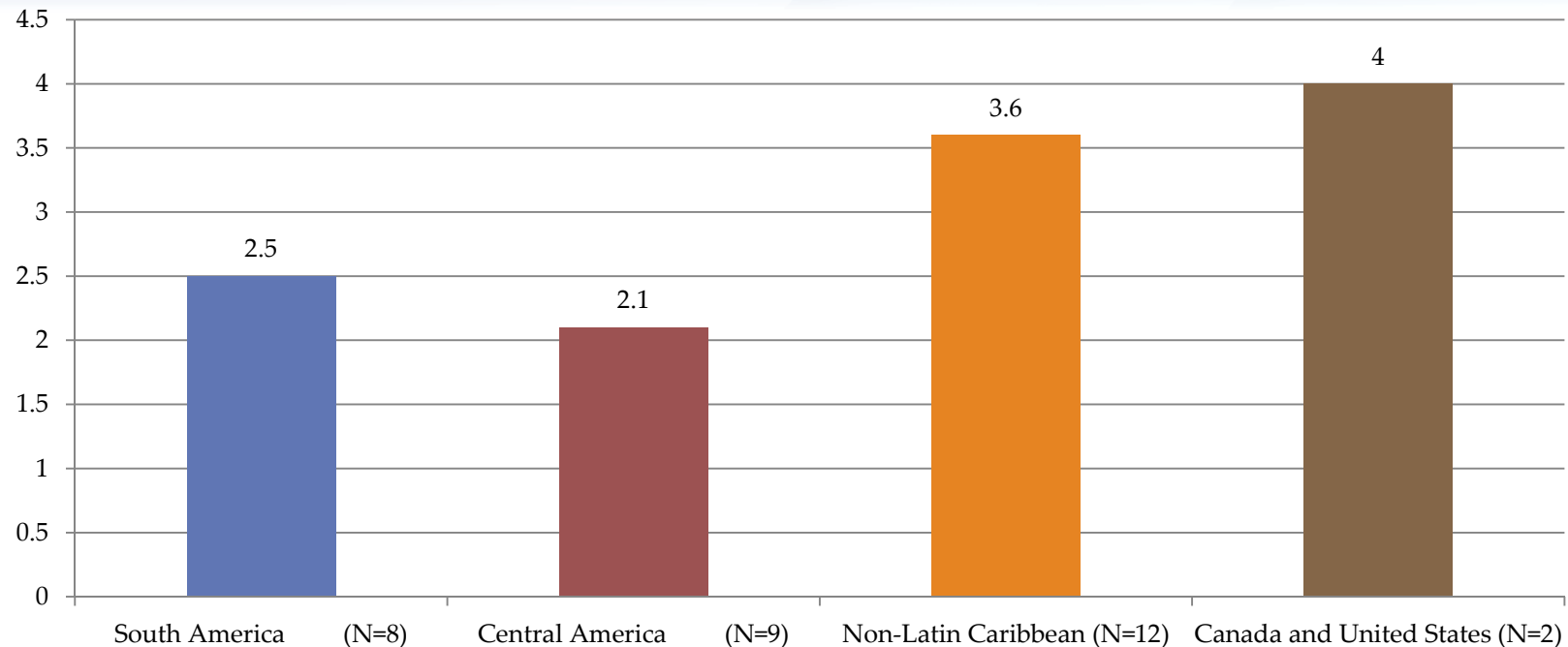


Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

MENTAL HEALTH PROMOTION AND PREVENTION

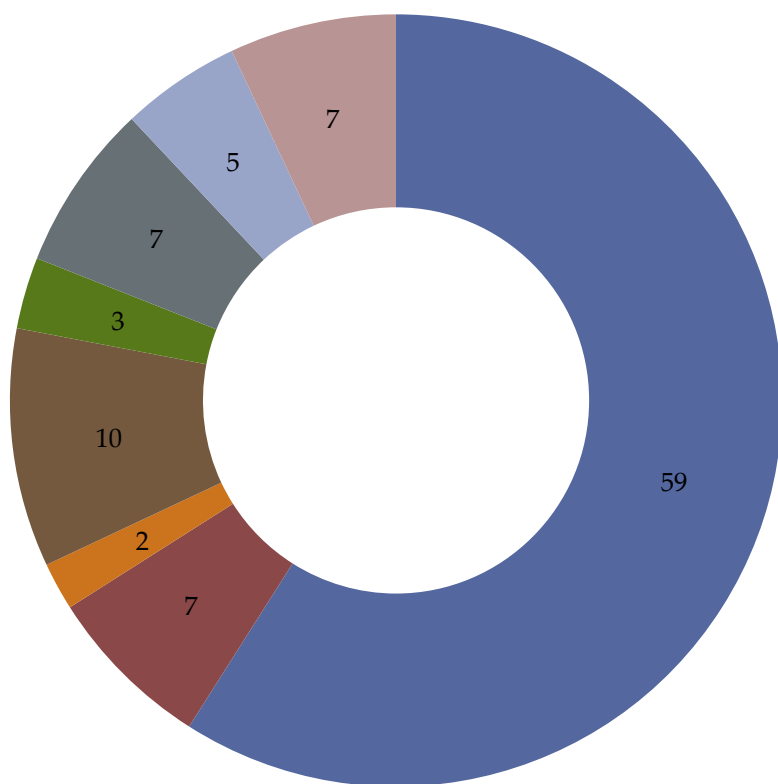


- 58 functional mental health promotion and prevention programmes
- 37% of our Member States have at least two functioning mental health promotion and prevention programmes

Functional program: a) dedicated financial and human resources; b) a defined plan of implementation; and c) evidence of progress and/or impact.

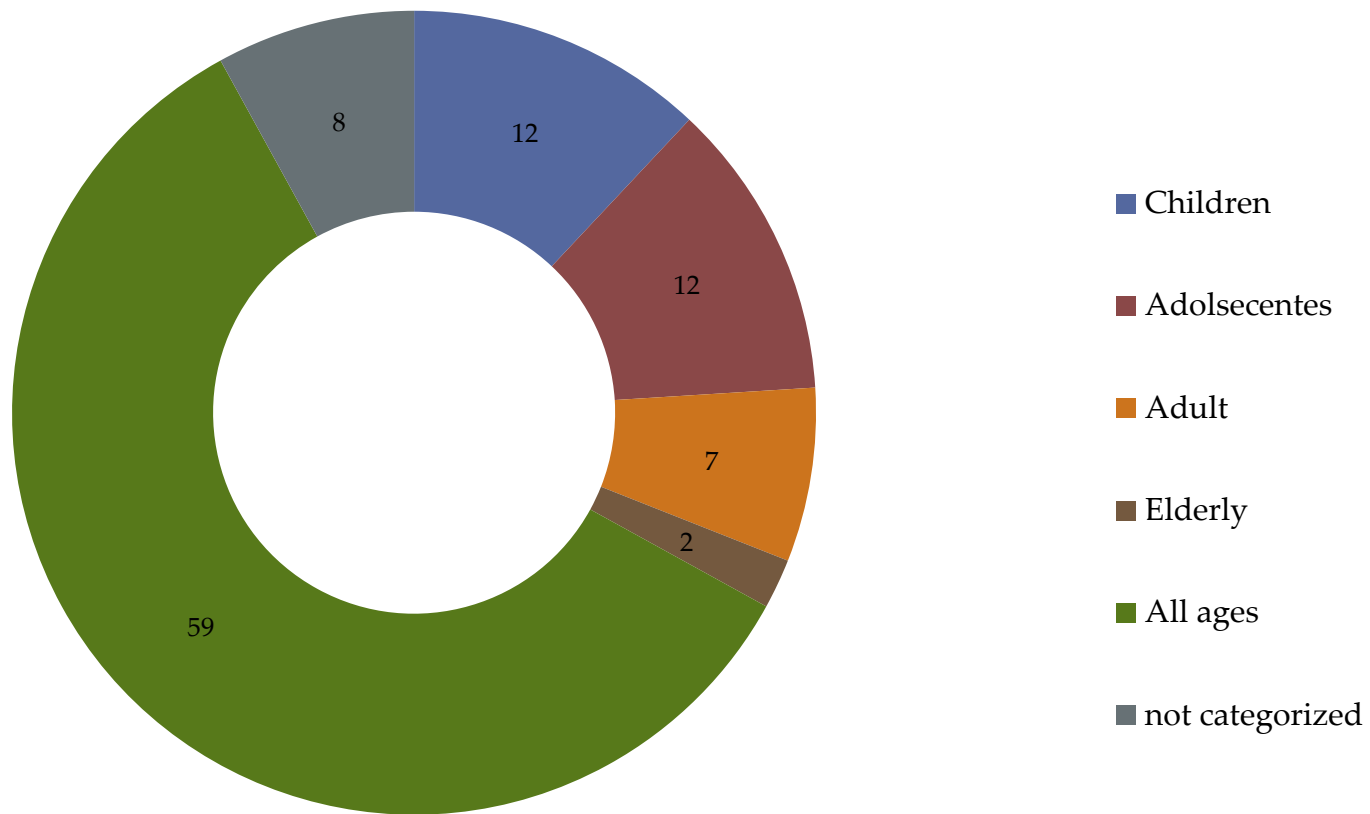


Themes of Prevention Programmes (%)

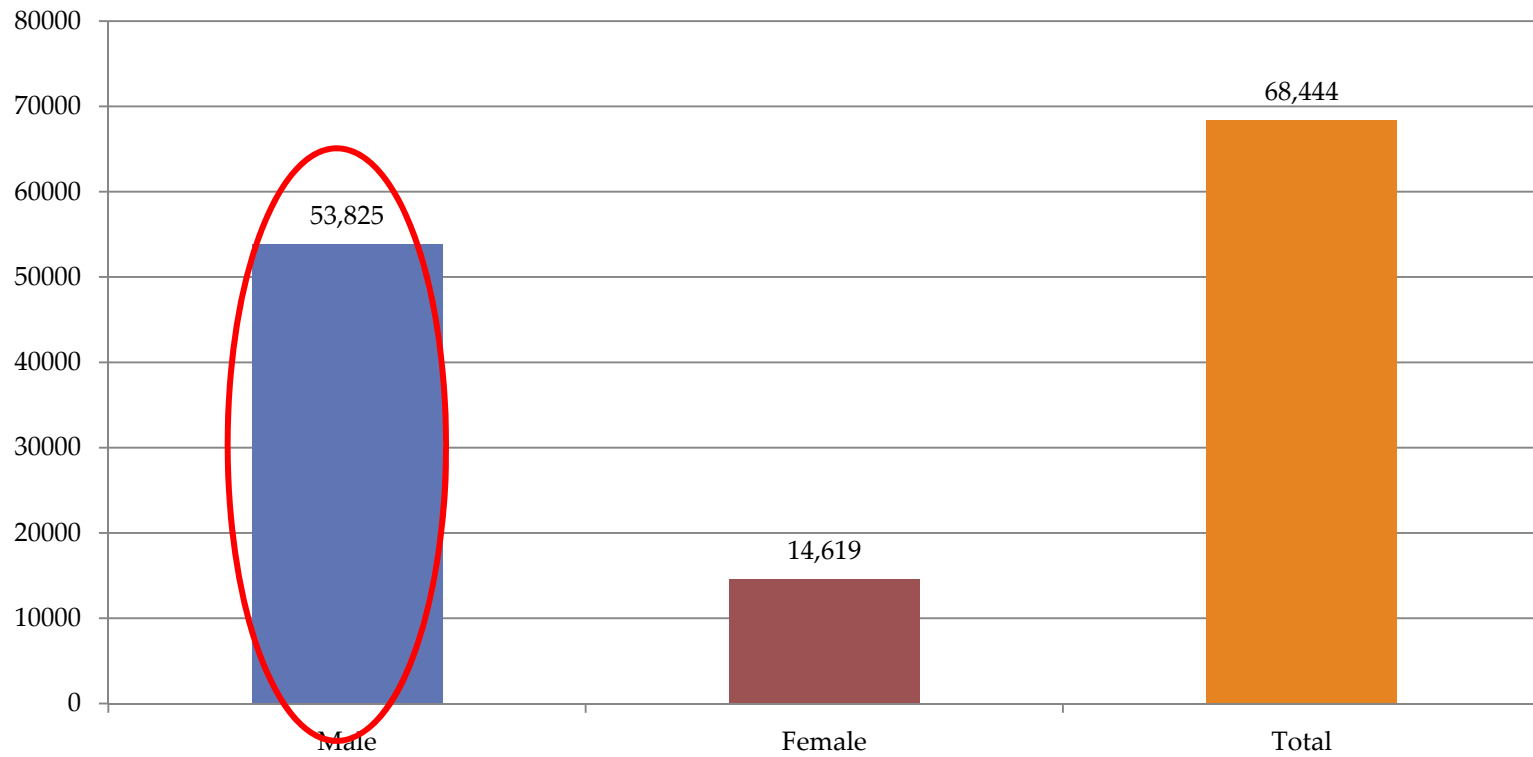


- Mental health awareness/prevention/anti-stigma
- Suicide prevention
- Maternal mental health
- Mental health promotion (e.g. Schools, life skills training)
- Parental / family mental health
- Workplace mental health promotion
- Violence prevention (women, child abuse...)
- Others (e.g. disaster and war survivors)

Targeted Age Groups (%)



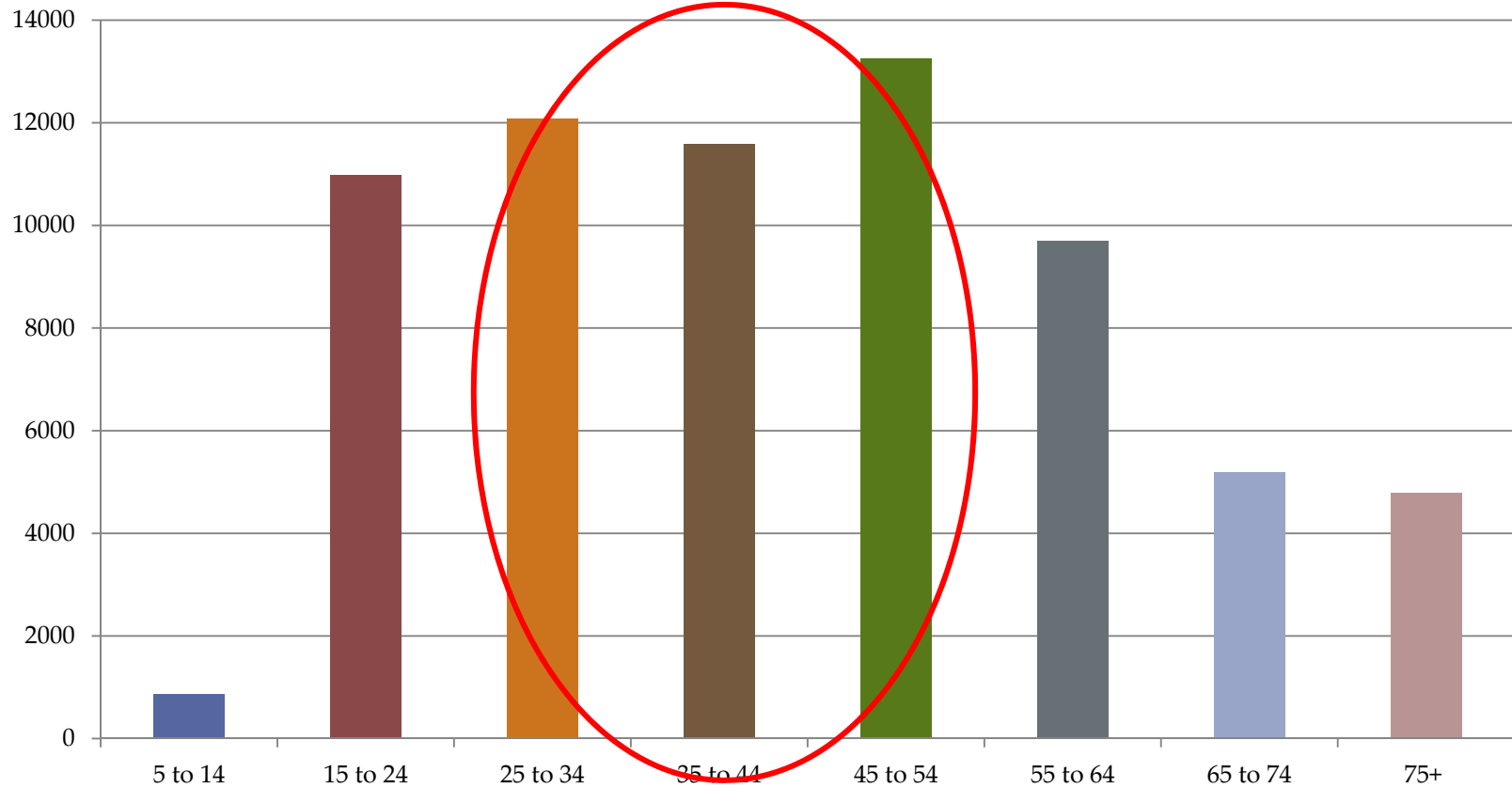
Suicide Rates



N= 14



Suicide rates – Age Groups



THE CARACAS DECLARATION

To this end, they call upon

The Ministries of Health and Justice, the Parliaments, the Social Security systems and other health care providers, professional organizations, consumer associations, universities and other training facilities, and the media
to support the restructuring of psychiatric care,
to assure its successful development for the benefit of the populations in the Region.



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

THE BRASILIA PRINCIPLES

To this effect,

THE CONVENERS OF THIS CONFERENCE
HAVE DECIDED TO JOIN EFFORTS:

1. To work towards a call for a Regional Meeting of Ministers of Health to formulate a Regional Plan of Action with precise aims and goals;
2. To raise the awareness of governments regarding the need to increase investment in mental health care to confront the dramatic burden resulting from both the morbidity and disability of mental disorders;
3. To collect, document and disseminate experiences of mental health care that have used indicators and standards promoted by PAHO and WHO, and
4. To foster inter-country collaboration with regard to programs of service development, training and research.

AND CALL ALL PARTIES INVOLVED

To continue implementing the ethical, legal, political and technical principles included in the Caracas Declaration.

SANTIAGO 2015

- How did the Region do in 25 years in the mental health field?
- Are we where we wanted to be, back in 1990?
- What do countries need, in order to keep advancing, developing, moving ahead?
- We have two more days to think together about this!

