

Atlas of Mental Health of the Americas 2017

Matías Irarrázaval MD MPH

Director Department of Mental Health
Ministry of Health
Chile



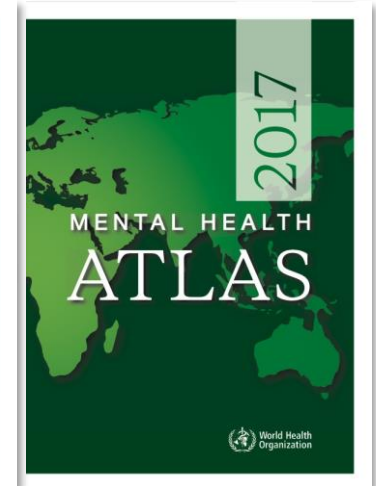
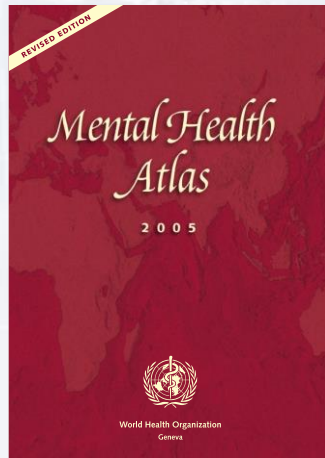
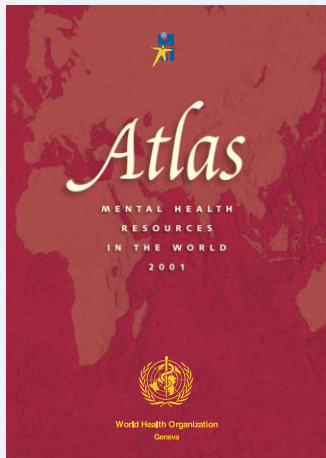
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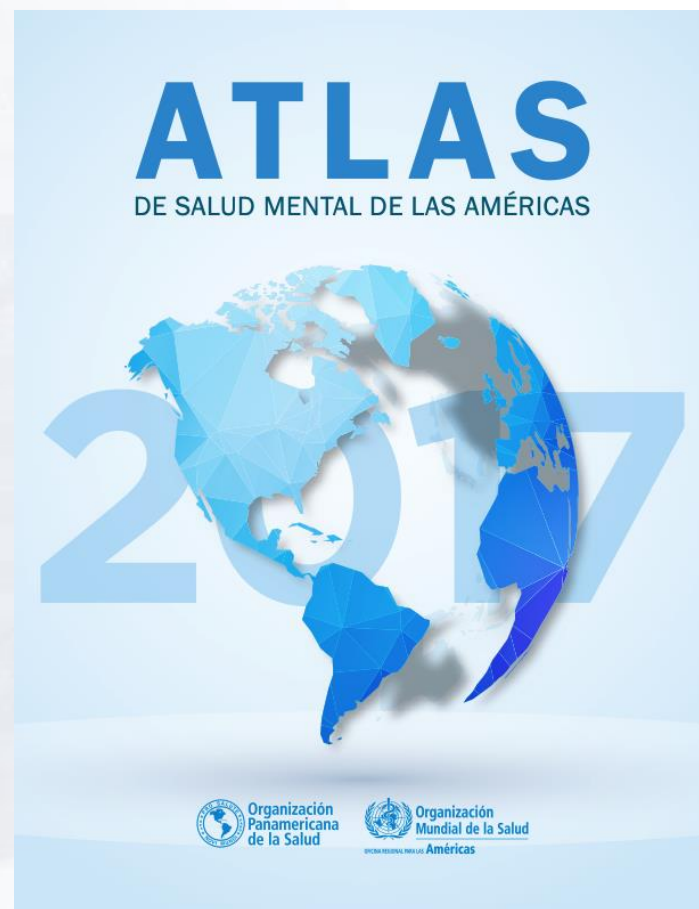
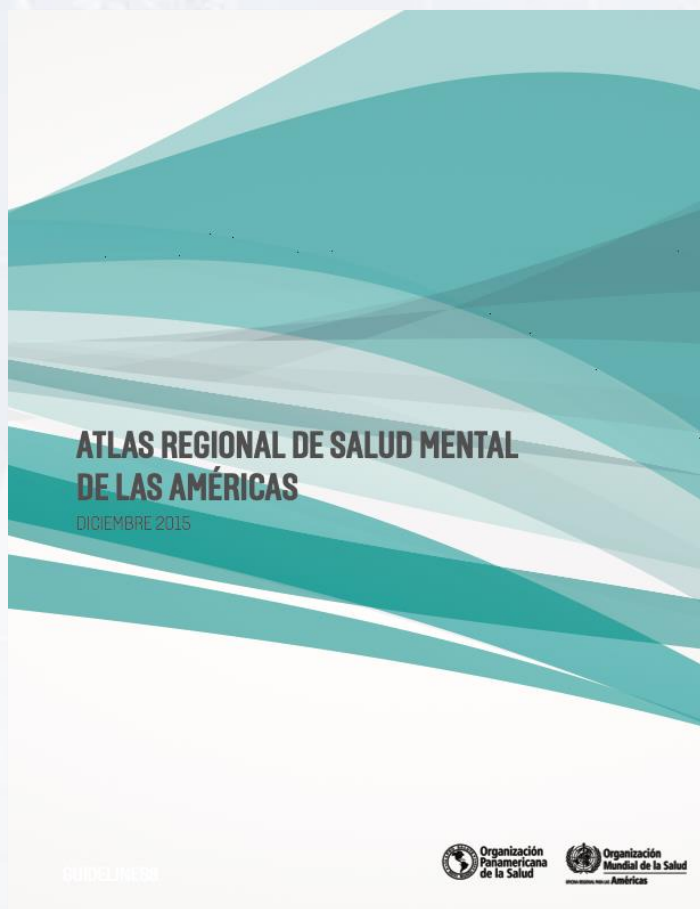
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Governance of the Mental Health System

- The first strategic line of action of the PAHO Plan of Action on Mental Health deals with the formulation and implementation of policies, plans, and laws related to mental health.
- Its objectives involve strengthening leadership and governance for the formulation of comprehensive mental health plans that are integrated with public policies, and improving the availability of national mental health legislation aligned with international human rights instruments.



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TABLE 1.1 Existence and revision status of mental health policies and plans

Countries that report having a stand-alone mental health policy/plan			Countries that report having updated their policy/plan in the last 5 years (since 2013)		
Subregion	Number	% of respondents	Subregion	Number	% of respondents
Canada and United States (N=2)	2	100%	Canada and United States (N=2)	1	50%
Central America, Mexico, and Latin Caribbean (N=9)	6	67%	Central America, Mexico, and Latin Caribbean (N=9)	2	22%
Non-Latin Caribbea (N=21)	15	71%	Non-Latin Caribbea (N=21)	10	48%
South America (N=10)	9	90%	South America (N=10)	3	30%
Total (N=42)	32	76%	Total (N=42)	16	38%



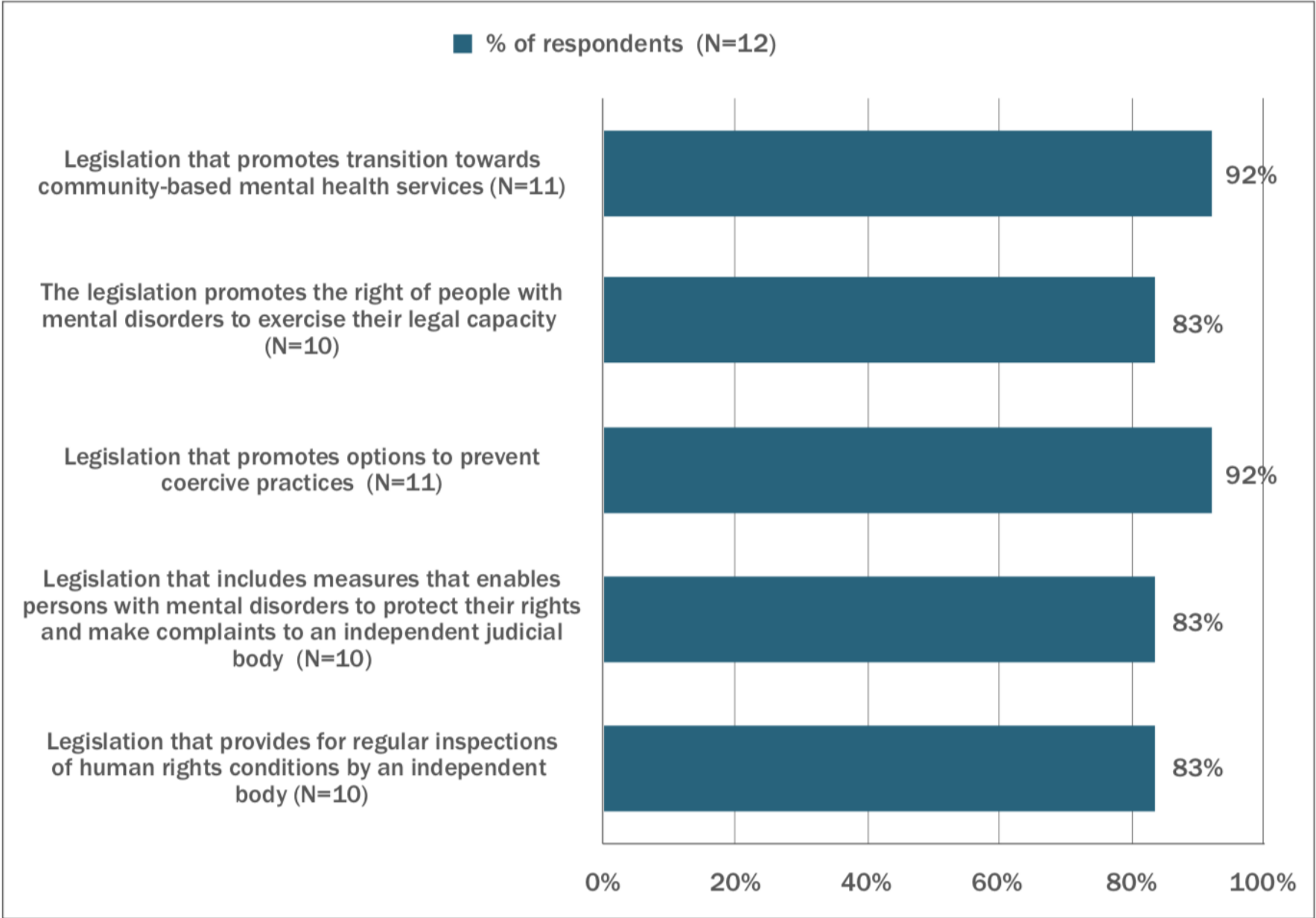
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FIGURE 1.2.2 Degree to which legislation aligns with human rights instruments (%)



Financial and Human Resources

- Financial resources are essential for achieving the objectives of plans and programs, and for developing and maintaining mental health services.
- The human and financial resources allocated for mental health are limited, constraining the implementation of national plans.



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FIGURE 2.1 Median per capita spending on mental health and on psychiatric hospitals, by subregion and income group (US\$ [2017])

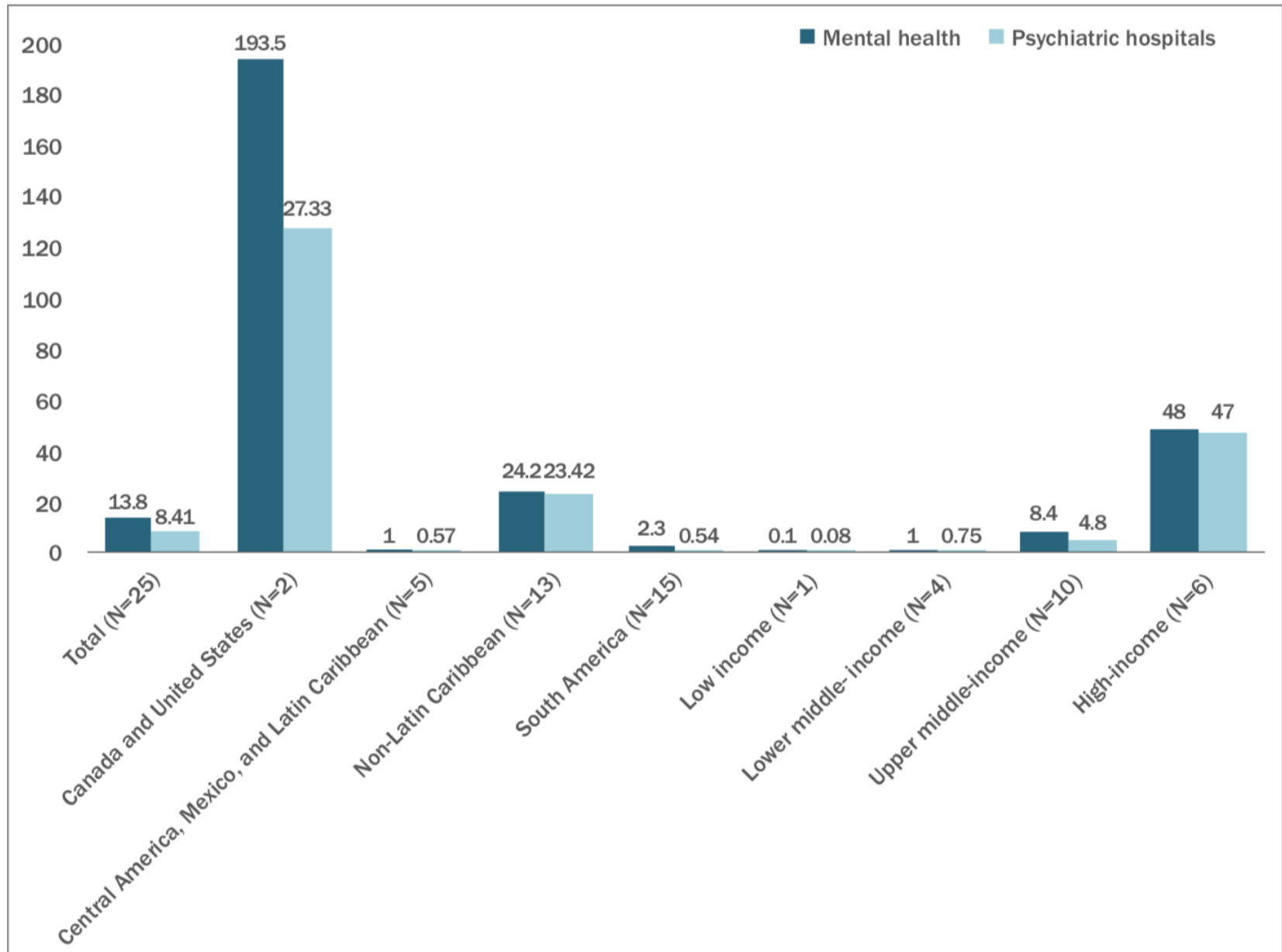


FIGURE 2.2.1 Regional median number of individuals working in the mental health sector (per 100,000 population)

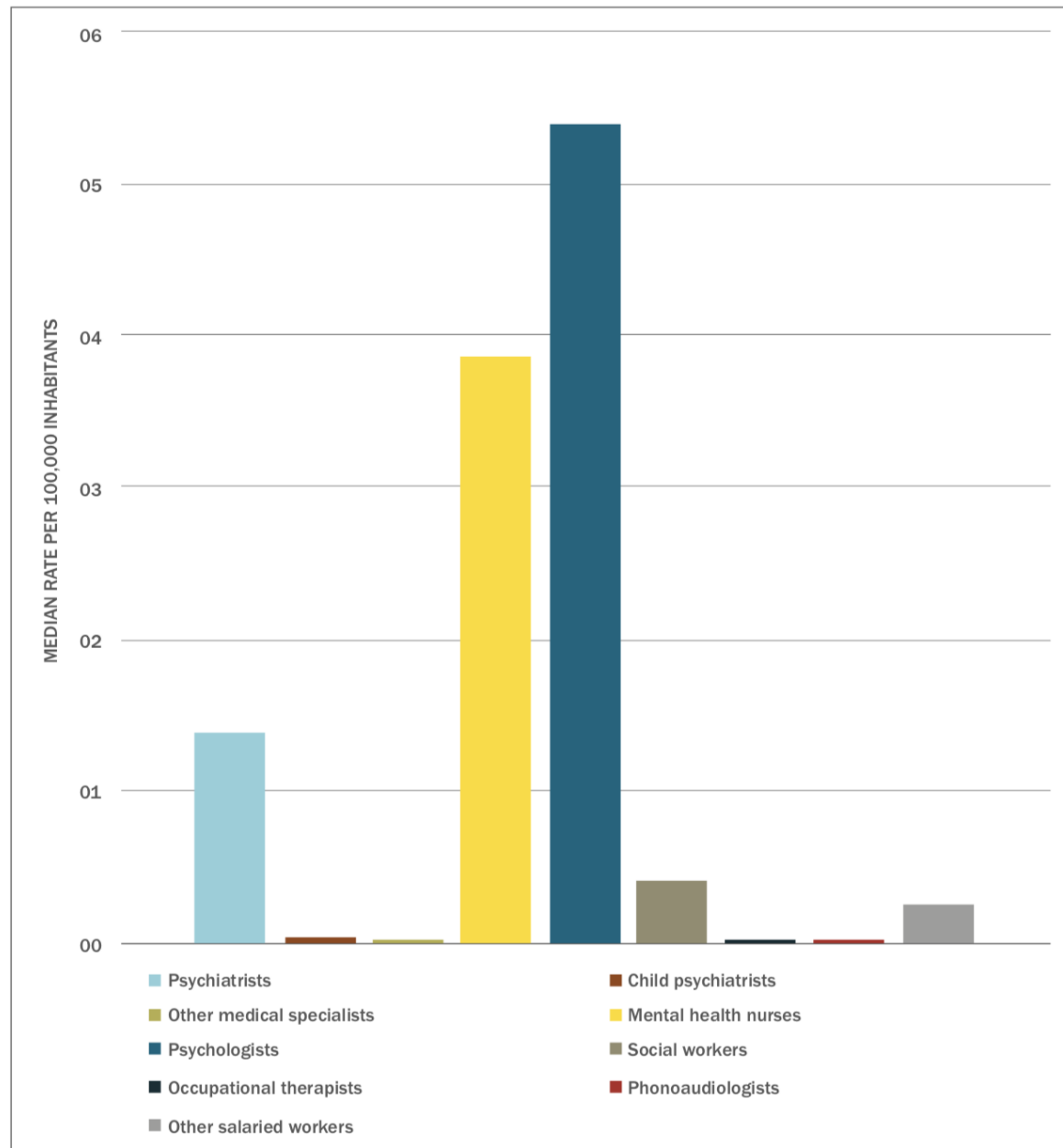
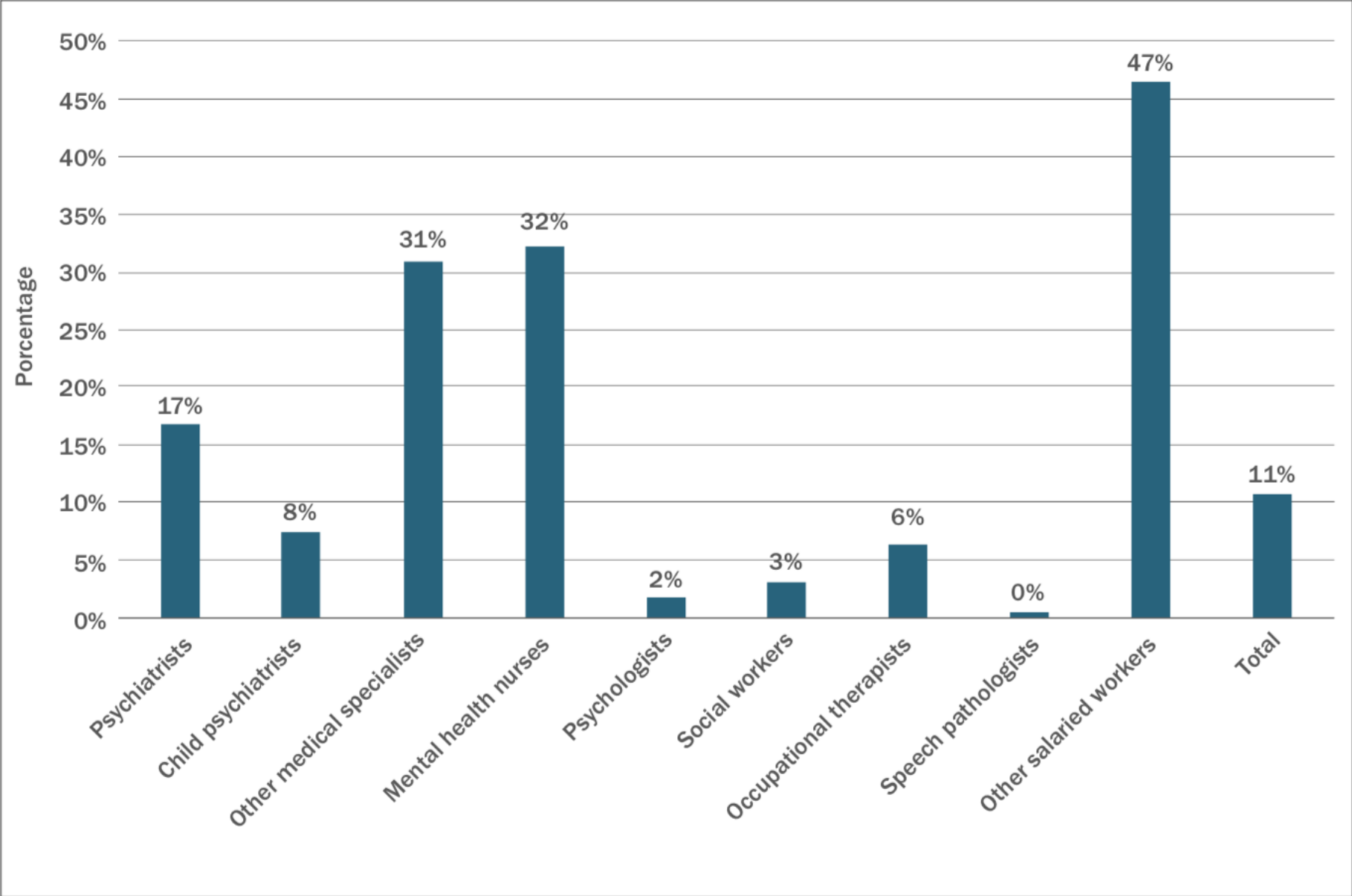


FIGURE 2.2.2 Percentage of mental health workers in hospital-based services



	Psychiatric hospitals (rates per 100,000 population)			Psychiatric services in general hospitals (rates per 100,000 population)		
	Facilities (N=30)	Beds (N=27)	Income (N=24)	Facilities (N=30)	Beds (N=26)	Facilities (N=19)
Total (N=34)	0.07	16.7	33.6	0.2	2.9	51.0
Subregion						
Canada and United States (N=2)	0.1	14.9	37.4	0.4	12.8	76.0
Central America, Mexico, and the Latin Caribbean (N=8)	0.03	3.5	17.5	0.1	0.4	10.5
Non-Latin Caribbean (N=11)	0.4	67.6	163.2	1.0	4.3	147.2
South America (N=9)	0.1	5.1	25.4	0.2	1.6	40.5
Income level						
Low income (N=1)	0.02	1.95	10.6	0.01	0.1	-
Medium-low income (N=6)	0.03	4.1	26.1	0.07	0.2	27.0
Medium-high income (N=13)	0.1	22.3	89.4	0.2	1.7	42.8
High income (N=17)	0.2	51.1	92.1	0.4	6.7	66.2

Availability of Mental Health Services

- The median number of beds for mental health service users ranges from 16.7 per 100,000 population in psychiatric hospitals to 2.9 per 100,000 for psychiatric services in general hospitals.



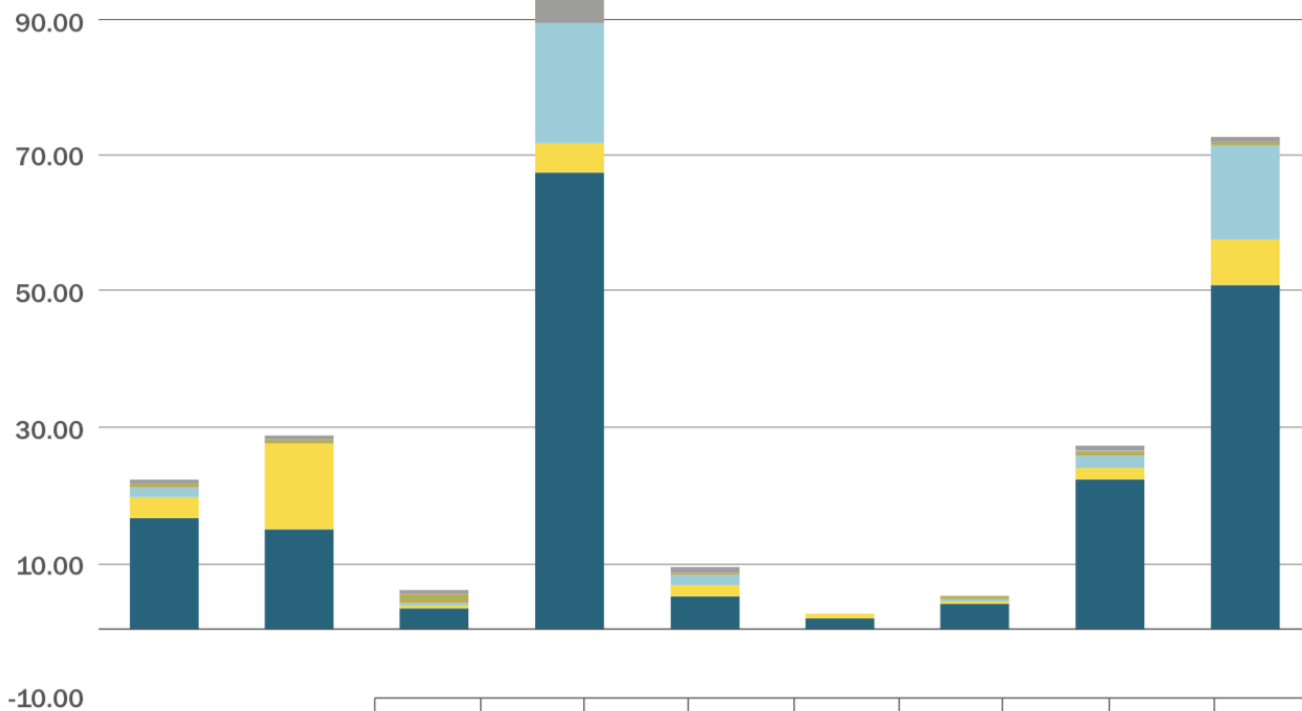
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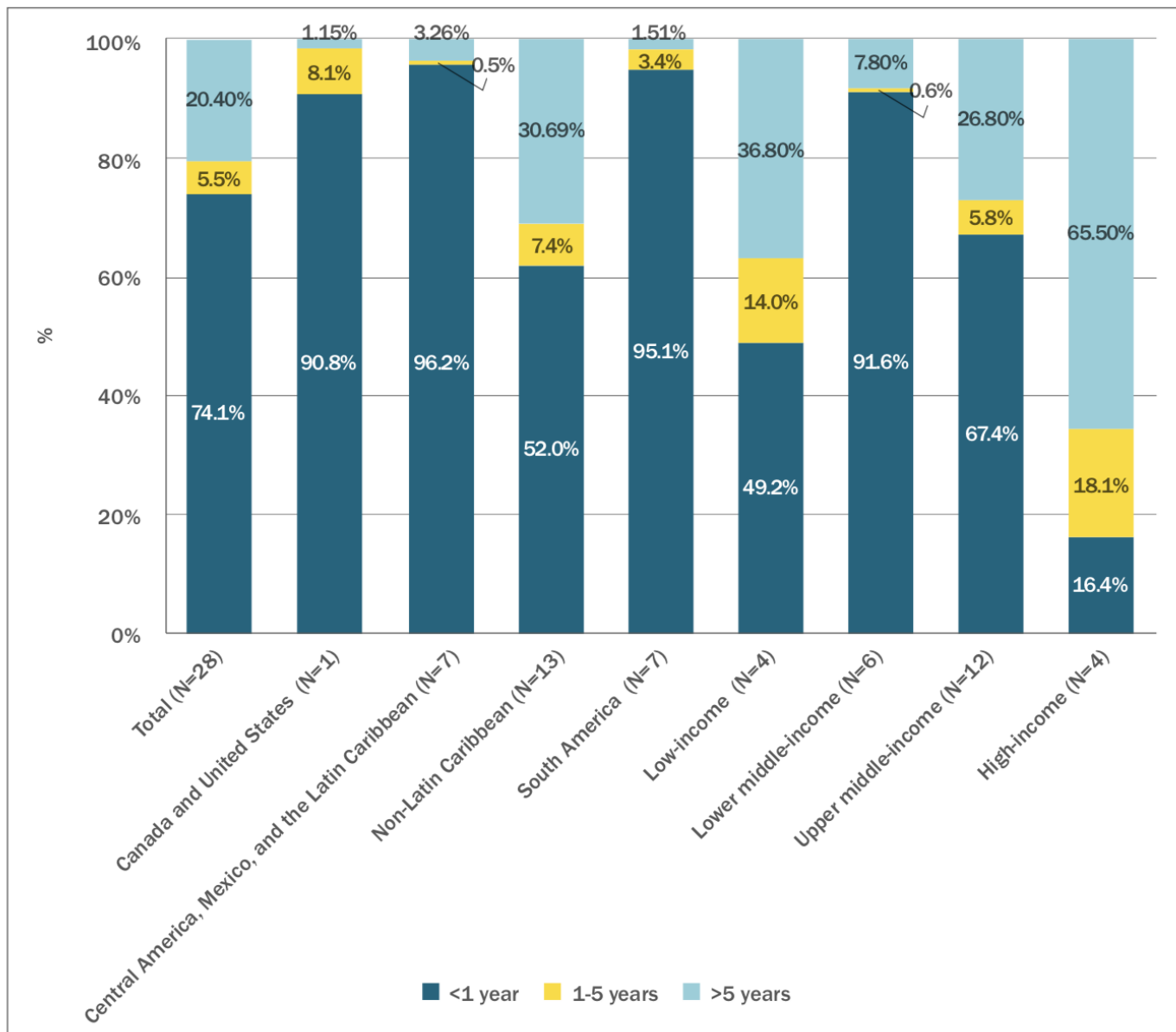
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Median rate per 100.000 in habitants



	Total (N=27)	Canada and United States (N=2)	Central America, Mexico, and the Latin Caribbean (N=8)	Non-Latin Caribbean (N=10)	South America (N=7)	Low-income (N=1)	Lower middle-income (N=6)	Upper middle-income (N=12)	High-income (N=8)
■ Beds for children and adolescents	0.20	0.50	0.08	11.63	1.03	0.00	0.00	0.20	0.92
■ Forensic beds	0.60	0.55	1.34	0.00	0.30	0.00	0.60	0.72	0.42
■ Beds in community-based residential facilities	1.40	0.00	0.25	17.59	1.42	0.00	0.26	1.87	13.82
■ Beds in psychiatric units of general hospitals	3.00	12.82	0.40	4.34	1.64	0.04	0.24	1.67	6.70
■ Beds in psychiatric hospitals	16.70	14.88	3.48	67.59	5.11	1.95	4.14	22.30	51.05

FIGURE 3.1.1 Length of stay in psychiatric hospitals, by subregion and income level (median rates per 100,000 population)



Promotion and Prevention

- 17 countries (73% of the countries that responded) have at least two functioning national multisectoral mental health and prevention programs;
- Of the programs reported to be operational, most are concerned with suicide prevention, early childhood development, promotion of parental mental health, and mental health promotion in schools (15% each).
- Suicide continues to be an important problem in the Region, with rates in the United States and Canada subregion above the world average.



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FIGURE 4.1.1 Principal type of program/focus: percentage of totally functional programs

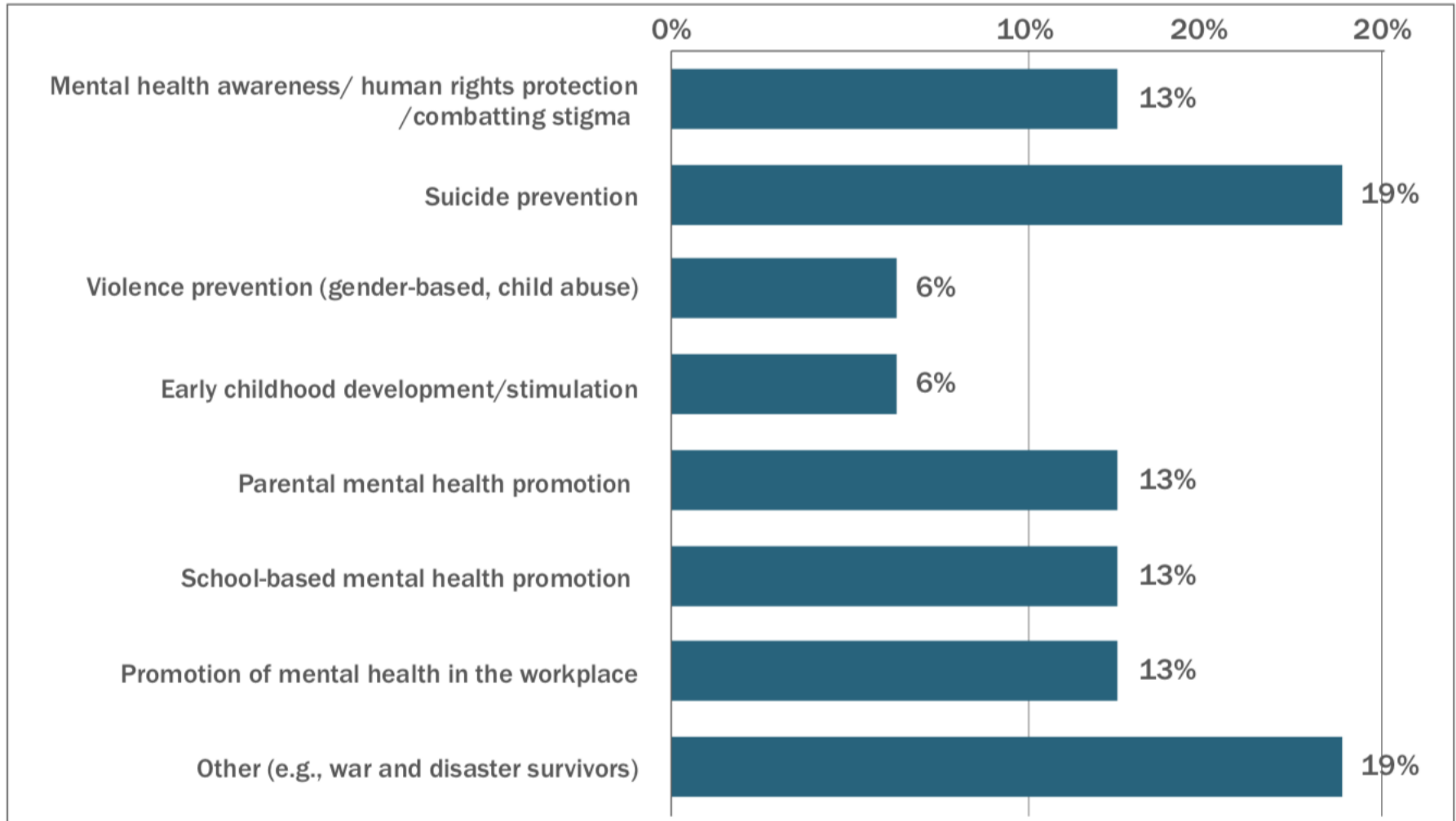
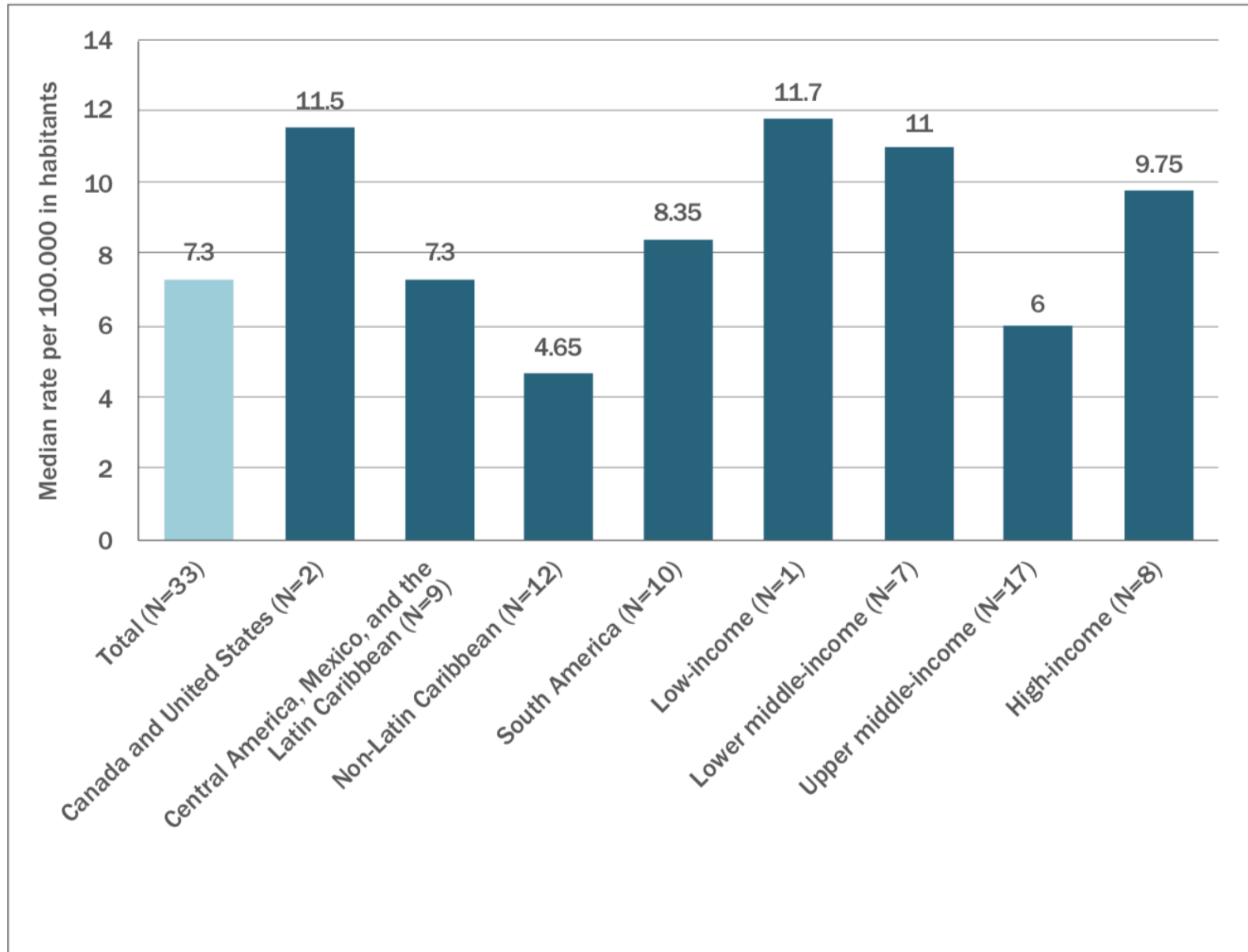


FIGURE 4.2.1 Age-standardized suicide rates per 100,000 population, by subregion and income level



Conclusions

- the Region has seen a nearly 100% increase in per capita annual mental health spending (from US\$ 6.96 to US\$ 13.8).
- Reduction in spending on psychiatric hospitals (from 73% to 61%).
- However, psychiatric hospitals continue to receive more than half the budget in the Region and practically 100% of the resources in the non-Latin Caribbean.



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Conclusions

- There was no reduction in the median number of beds in psychiatric hospitals at the regional level,
- At the same time, the availability of beds in the psychiatric units of general hospitals in the Region has generally risen (from 0.65 to 2.9 per 100,000 population) except in the non-Latin Caribbean subregion (declining from 4.7 to 4.3 per 100,000 population).



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Conclusions

- The regional rate of admissions to psychiatric hospitals (33.6 per 100,000 population) has declined since 2014 (from 44.2 per 100,000 population).
- The number of beds in community-based residential facilities in the Region has increased, nevertheless, the availability of beds in these facilities is 12 times lower than in psychiatric hospitals.



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