in them. Only publications from Argentina, Barbados, Brazil, Chile, and Mexico showed national data that show noncommunicable disease prevalence rates or related risk factors.

More than 80% of the countries reported having protocols for diabetes, hypertension, and cancer; 68% of the countries reported having policies for chronic diseases, mostly related to the health system or the information system. The Framework Convention on Tobacco Control and the Strategy on Diet, Physical Activity, and Health consider intersectoral population-based and noncommunicable disease risk prevention health policies. WHO's survey on national capabilities shows that only 16% of the countries had formulated plans to implement the aforementioned strategy. In Latin America, 27 countries (up to August 2006) had signed the Framework Convention on Tobacco Control. Although more than 80% of the countries signed the Convention, it is still too early to see its impact on mortality.

## PROMOTING HEALTH

### MENTAL HEALTH

Mental health is an area of public health that encompasses several spheres. In terms of health, it includes outreach and primary prevention; in terms of illness, it includes the recovery of mental health and the reduction of disabilities caused by mental health disorders. This section concentrates on the treatment of psychiatric disorders, as this is the target of most countries' efforts.

### The Burden and Magnitude of Mental Health Disorders

Epidemiological studies conducted in the 1990s decade clearly establish a need for action in mental health. In 1990, psychiatric and neurological conditions accounted for an estimated 8.8% of DALYs in Latin America and the Caribbean; by 2002, the figure had more than doubled to 22.2% (*240, 241*).

Despite the extent of the burden of mental disorders, the countries' responses have been limited or inadequate. This paradoxical situation in which the burden is great and the response insufficient translates into treatment lags for mental health disorders and shortcomings in the mental health service models (*241*).

A review of the Region's most important epidemiological studies of health mental disorders reveals that the estimated average prevalence rate was 1% for nonaffective psychosis (including schizophrenia), 4.9% for major depression, and 5.7% for alcohol abuse or dependency. Yet, more than one-third of persons suffering from nonaffective psychosis, more than half of persons suffering from anxiety disorders, and approximately three-quarters of persons dependent on or abusing alcohol did not receive any type of psychiatric treatment at a specialized or general service (*241*).

Studies in several countries reveal these gaps by providing the percentage of individuals in need of treatment who did not receive it. Table 21 shows the treatment gap for various disorders in São Paulo, Brazil; Chile, and the Federal District, Mexico (*242–244*).

In short, only a minority of persons needing mental health services receives them, notwithstanding the extent of suffering and disability caused by mental disorders and the emotional and economic impact on families and communities. And the toll exacted by mental disorders is greater among those in the lowest socioeconomic strata, who have even less access to services.

### Disasters and Mental Health

Many countries in the Region are exposed to natural disasters and internal armed conflicts, which leave psychosocial wounds and scars and raise the rates of psychiatric morbidity and other emotional problems. A study conducted in Honduras after Hurricane Mitch found elevated rates of symptoms consistent with post-traumatic stress disorder, major depression, and alcohol abuse. Among the low-income population, the prevalence rates

**TABLE 21. Mental illness treatment gap,[a] Brazil, Chile, and Mexico.**

| Disorder | São Paulo, Brazil (month preceding the survey) | Chile (six months preceding the survey) | Mexico City, Federal District (entire life) |
|---|---|---|---|
| Nonaffective psychosis | 58.0 | 44.4 | — |
| Major depression | 49.4 | 46.2 | 43.4 |
| Dysthymia | 43.8 | 32.4 | 78.5 |
| Bipolar disorder | 46.0 | 50.2 | 74.1 |
| Generalized anxiety | 41.1 | 44.2 | 72.2 |
| Panic disorders | 47.8 | 22.7 | 70.0 |
| Obsessive-compulsive disorder | — | 27.6 | 92.1 |
| Alcohol abuse or dependence | 53.3 | 84.8 | — |

[a]Gap expressed in terms of the percentage of people in need of treatment who did not receive it.

***Source:*** Kohn R, Levav I, Caldas de Almeida JM, Vicente B, Andrade L, Caraveo-Anduaga JJ, Saxena S, Saraceno B. Los trastornos mentales en América latina y el Caribe: Asunto prioritario para la salud pública. Rev Panam Salud Pública 2005; 18 (4/5): 229–240.

for these conditions were 15.7%, 25.9%, and 8%, respectively, in the three months following the disaster (*245*).

## The Response

There are several indicators that measure the countries' responses to mental health needs. Roughly 73% of the Region's countries have national policies and plans that deal specifically with mental health, but the biggest challenge at present is implementing them. In addition, 75% have laws specific to mental health in place, although they have not been updated in all the countries. Finally, 78.1% of the countries allocate budgetary resources to mental health, but in several of them this budget accounts for only approximately 1% of the total health budget. For example, according to an exhaustive study of mental health systems in Central American countries, El Salvador, Guatemala, and Nicaragua spend 1% or less of their total health budgets on mental health, and approximately 90% of this amount goes to psychiatric hospitals (*246*). This pattern of spending deters the establishment of alternative, community-based mental health models.

The control of psychiatric disorders requires, among other therapeutic modalities, pharmacological and psychosocial interventions that can be offered through primary health care. However, according to the aforementioned Central American study, many health clinics do not have essential psychopharmaceuticals.

Another way of measuring country response is by gauging the number of available specialized professionals. There are two psychiatrists per 100,000 population in the Americas, which is a fraction of the number in Europe (9.8 per 100,000 population). The comparison between Europe and the Americas is more favorable in terms of psychology professionals, of whom there are 3.1 and 2.8 per 100,000 population, respectively (*247*).

## Prospects for Change

Since 1990, with the adoption of the Declaration of Caracas, Latin American and Caribbean countries have made the restructuring of psychiatric care a key component of their strategies, with the goal of transferring the care provided in mental institutions to the community.

This transformation strategy was ratified by nearly every country in the Region in Brasilia in November 2005, at the Regional Conference on Mental Health Services Reform: "15 Years after the Caracas Declaration," which evaluated the change process. However, in four of five countries, most psychiatric beds are still in psychiatric hospitals instead of in general hospitals, and one in four countries have yet to develop community-based psychiatric care. Nevertheless, important changes have been made that suggest that reforms will continue (*248*).

The final declaration of the Brasilia conference states that mental health services must address the new technical and cultural challenges that have emerged over the past 15 years, such as psychosocial vulnerability, which includes the problems faced by indigenous communities and the adverse effects of unplanned development in the Region's large cities; the increase in morbidity and psychosocial problems among children; higher societal demand for services that allow for the adoption of effective measures for the prevention and early treatment of suicidal behavior and alcohol abuse; and growing levels of violence in its different forms, which requires the active participation of mental health services, particularly victim services.

> *"Although the true magnitude of the sexually transmitted disease problem remains essentially unknown throughout the Americas, significant progress has been achieved in stimulating a new awareness of their seriousness."*
>
> **Héctor R. Acuña, 1982**

Mental health issues have unmistakably been rising in importance on citizens' and national agendas, as demonstrated by the 2001 Resolution of the Governing Bodies of the Pan-American Health Organization on mental health issues, successful local and national experiences, the emergence of new associations of mental-health-service users and families, and increased efforts to advance the cause. There are increasingly greater opportunities for cost-efficient interventions (*249*), which suggests that the response, while still limited, will strengthen over time.

## Oral Health

Oral health is still a critical aspect of the overall health conditions in the Americas, given its important contribution to total morbidity, high treatment costs, and inequality in oral health care. These factors are exacerbated by poor quality oral health services, limited coverage, an increase in treatment costs, and low investment in public oral health programs. Since 1995, 40 national oral health surveys have been conducted in the Americas, and their results show a decrease of between 35% and 85% in the prevalence of dental caries (*250*). And yet, morbidity due to oral problems in the Region remains high in comparison with other regions of the world (*251*). In response, strategies have been developed to reduce morbidity due to oral problems and promote more equitable access to odontological services. These strategies are based on successful fluoridation programs carried out in recent decades; the promotion of simple, cost-effective technologies; and the establishment of comprehensive health care systems that combine oral and general health services (*252*).

## Dental Caries

In 1999, the Pan American Health Organization proposed a goal of reducing dental caries by 50% throughout the Region (*253*). To this end, the Organization, in cooperation with each