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.

World Health Organization
Office for the Americas
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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>No policy</th>
<th>Policy Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada and the United States</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Central America, Mexico</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Non-Latin Caribbean</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>South America</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>
MH Policies and Plans - Degree of Implementation

- 72% fully implemented
- 13% partially implemented
- 6% available but not implemented
- 9% not developed
MH Policies

Compliance with Human Right Instruments

- Policy/plan promotes participation of persons with mental disorders in decision making process: 65%
- Policy/plan promotes recovery approach to mental health care: 81%
- Policy/plan promotes full range of services and supports to enable to live independently and be included in community: 81%
- Policy/plan plays explicit attention to respect for the human rights of people with mental disorders: 88%
- Policy/plan promotes transition towards community-based mental health services: 96%

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

- Stand-alone law for mental health: 52%
- Law that is integrated with general health or disability legislation: 35%
- No stand-alone or integrated law: 13%

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

- Legislation provides for regular inspections of human rights conditions in mental health facilities by an independent body (58%)
- Legislation provides for procedures to enable persons with mental disorders to protect their rights and file complaints to an independent body (71%)
- Legislation promotes alternatives to coercive practice (71%)
- Legislation promotes rights of persons with mental disorders to exercise their legal capacity (63%)
- Legislation promotes transition towards community-based mental health services (58%)

- 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

<table>
<thead>
<tr>
<th>Sub-Region</th>
<th>N</th>
<th>Government (national insurance)</th>
<th>NGO’s (for profit or not for profit)</th>
<th>Employers (social health insurance)</th>
<th>Households (private insurance, out-of pocket)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>First ranked</td>
<td>First ranked</td>
<td>First ranked</td>
<td>First ranked</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second ranked</td>
<td>Second ranked</td>
<td>Second ranked</td>
<td>Second ranked</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>88%</td>
<td>4%</td>
<td>4%</td>
<td>32%</td>
</tr>
<tr>
<td>Canada &amp; United States</td>
<td>1</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Central America, Mexico and the Latin Caribbean</td>
<td>8</td>
<td>75%</td>
<td>0%</td>
<td>12,5%</td>
<td>50%</td>
</tr>
<tr>
<td>Non-Latin Caribbean</td>
<td>7</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
</tr>
<tr>
<td>South America</td>
<td>9</td>
<td>89%</td>
<td>11%</td>
<td>0%</td>
<td>33%</td>
</tr>
</tbody>
</table>
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
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;
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

- Psychiatrists: 2
- Other medical doctors: 1.1
- Nurses: 4
- Psychologists: 3.2
- Social workers: 0.6
- Occupational therapists: 0.2
- Other workers: 4.5

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Physicians</th>
<th>Nurses and midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Latin Caribbean (N=5)</td>
<td>0.52%</td>
<td>1.3%</td>
</tr>
<tr>
<td>South America (N=4)</td>
<td>1.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Central America, Mexico and the Latin Caribbean (N=8)</td>
<td>4.3%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>
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.
# Mental Hospitals

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

6.3 mental hospitals beds per 100,000 population

N=29, only one without M Hospitals
### Mental Hospitals
#### Length of stay

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

One in three admissions are involuntary (N=9)

- For patients staying 1-5 years = 62% male - 38% female
<table>
<thead>
<tr>
<th>Per 100,000 population</th>
<th>Median of all countries</th>
<th>Central America, Mexico and the Latin Caribbean</th>
<th>South America</th>
<th>Non-Latin Caribbean</th>
<th>Canada and United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of facilities</td>
<td>0.07</td>
<td>0.03</td>
<td>0.06</td>
<td>0.9</td>
<td>0.004</td>
</tr>
<tr>
<td>No. of beds</td>
<td>0.65</td>
<td>0.19</td>
<td>0.25</td>
<td>4.7</td>
<td>0.06</td>
</tr>
<tr>
<td>No. of admission in last year</td>
<td>57.98</td>
<td>12.27</td>
<td>30.90</td>
<td>137.58</td>
<td>UN</td>
</tr>
</tbody>
</table>
# Community Residential Facilities

*(per 100,000 population)*

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

*N=24*
Outpatient Facilities
(per 100,000 population)

- 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 (%)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence (% per 100,000 pop)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>9.98</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>9.92</td>
</tr>
<tr>
<td>Moderate-severe depression</td>
<td>3.28</td>
</tr>
</tbody>
</table>

- **7 out of 212 individuals** per 100,000 population 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 (%)

- Psychosis: 83% (Outpatient facilities: 13%, Psychiatric ward: 4%, Mental health hospital: 42%, Moderate-severe depression: 73%)
- Bipolar disorder: 93% (Outpatient facilities: 3%, Psychiatric ward: 4%, Mental health hospital: 50%, Moderate-severe depression: 40%)
- Moderate-severe depression: 95% (Outpatient facilities: 2%, Psychiatric ward: 4%, Mental health hospital: 93%, Moderate-severe depression: 100%)
Inpatient vs. Outpatient Facilities
(per 100,000 population)

- Moderate-severe depression
- Bipolar disorder
- Psychosis
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.
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: 59%
- Suicide prevention: 7%
- Maternal mental health: 2%
- Mental health promotion (e.g. Schools, life skills training): 10%
- Parental/family mental health: 3%
- Workplace mental health promotion: 7%
- Violence prevention (women, child abuse...): 5%
- Others (e.g. disaster and war survivors): 7%
Targeted Age Groups (%)

- Children: 8%
- Adolescents: 12%
- Adult: 7%
- Elderly: 2%
- All ages: 59%
- Not categorized: 2%
Suicide Rates

- Male: 53,825
- Female: 14,619
- Total: 68,444

N = 14
Suicide rates – Age Groups

![Graph showing suicide rates by age groups](image)
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.
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.
• 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!