

Strategy and plan of action on mental health for the Region of Americas

Estratégia e plano de ação sobre saúde mental para a região das Américas

In October 2009, the 49th Directing Council of the Pan American Health Organization (PAHO/WHO) approved the **Strategy and Plan of Action on Mental Health**.¹ The ministers of health of every country in the Americas studied and adopted this document that was designed to improve mental health care in the Region within the framework of each country's special conditions.

Mental disorders are highly prevalent throughout the world and are major contributors to morbidity, disability, and premature mortality. However, the resources available to tackle the huge burden of mental illness are insufficient, inequitably distributed, and at times inefficiently used. Together, this has led to a treatment gap (the proportion of sick people who need care and do not receive it) of more than 75% in low and lower-middle income countries.² The gap in Latin America and the Caribbean is very wide and could even be underestimated since, usually, comorbidity is not taken into account, nor is the quality or effectiveness of treatment. The stigma, social exclusion, and human rights violations that occur around people with mental illness compound the problem.^{3,4}

Epidemiological studies tend to find different prevalence rates depending on the methodology used, the types of disorders included in the research, and the time frame. Nevertheless, it is calculated that 25% of people (one in four) suffer from one or more mental or behavioral disorders in their lifetime.^{3,4}

Mental and neurological disorders account for 14% of the global burden of disease. About 30% of the total burden of noncommunicable diseases is due to these diseases and almost three-fourths of the global burden of neuropsychiatric disorders is found in low and lower-middle income countries.² In 1990, it was calculated that 8.8% of the disability-adjusted life years (DALYs) in Latin America and the Caribbean could be attributed to psychiatric and neurological disorders; yet in 2004 this burden had grown to 21%.¹⁻⁴

The purpose of the **Strategy and Plan of Action on Mental Health** is to strengthen the integrated response of the health sector and other related sectors through the implementation of appropriate plans for the promotion of mental health and the prevention of mental disorders and substance abuse, as well as the treatment and rehabilitation of patients, all grounded in the best available scientific evidence.

The document recognizes that there can be no physical health without mental health and that an approach to the health-disease process is necessary not only from the perspective of care for impairments, but also from the perspective of protecting positive health attributes and promoting the wellbeing of the population. Moreover, the document acknowledges from a public health perspective that there are psychosocial and human behavioral factors that play a crucial role as well.

The **Regional Strategy** identified five areas of action:

1. Development and implementation of national mental health policies, plans, and laws.
2. Promotion of mental health and prevention of psychological disorders, emphasizing the psychosocial development of children.
3. Primary health care-centered mental health services delivery. Determination of priority conditions and implementation of interventions.
4. Human resources development.
5. Strengthen capacity to produce, assess, and use information on mental health.

The **Resolution** adopted urged Member States to:

1. include mental health as a priority within national health policies;
2. promote universal, equitable access to mental health care for the entire population, through strengthening mental health services within the framework of primary health care-based systems and integrated delivery networks, and continuing activities to eliminate the old psychiatric hospital-centered model;
3. continue working to strengthen the legal frameworks of the countries with a view to protecting the human rights of people with mental disorders and to achieve the effective application of the laws;
4. promote intersectoral initiatives to promote mental health, with particular attention to children and adolescents and on coping with the stigma and discrimination directed at people with mental disorders;
5. support the effective involvement of the community and of user and family member associations in activities designed to promote and protect the mental health of the population;
6. regard mental health human resources development as a key component in the improvement of plans and services, through the

development and implementation of systematic training programs;

7. bridge the existing mental health information gap through improvements in the production, analysis, and use of information, as well as through research, with an intercultural and gender approach; and

8. strengthen partnerships between the public sector and other sectors, as well as with nongovernmental organizations, academic institutions, and key social actors, emphasizing their involvement in the development of mental health plans.

In conclusion, Latin America and the Caribbean have come a long way in terms of restructuring and developing mental health services and in moving from the obsolete psychiatric hospital-based model (insane asylum) towards a community-based model. This has been, and largely still is, the principal challenge that we

face in the Region. Upon evaluating advances in mental health programs and services from a historical perspective, beginning with the Caracas Declaration (1990),^{5,6} significant progress can be seen in many countries: mental health has been incorporated into healthcare systems, particularly at the primary health care level, and numerous successful and innovative experiences in the development of community-based mental health models have been recorded. Today, we can say that, if properly treated, the majority of people with mental disorders can recover from them, lead productive lives and make positive contributions to the development of their families and communities.

Jorge J. Rodriguez

Pan American Health Organization, World Health Organization (PAHO/WHO), Washington, DC, USA

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Jorge J. Rodriguez	PAHO/WHO	-	-	-	-	-	-

* Modest

** Significant

*** Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.

Note: PAHO/WHO = Pan American Health Organization, World Health Organization.

For more information, see Instructions for Authors.

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