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REVIEW

Mental health services development in Latin America and the Caribbean: achievements, barriers and facilitating factors

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Mental health services reforms in Latin America and the Caribbean in the last 20 years have led to a significant improvement of mental health services. They also contributed to the development of new evidence that may help the implementation of future reforms. These advances, however, were clearly insufficient to respond to the huge challenges countries of Latin American and the Caribbean face to improve mental health services. Insufficient funding, one of the most important barriers to mental health services development found in most countries, was related to the absence of a strong consensus among all stakeholders and the weakness of user and family associations. Other barriers were the lack of technical capacity of the coordination unit responsible for development of services in the ministries of health, resistance from professionals towards changing to new models of care and lack of human resources.

Transition to democracy in some countries and natural disasters proved to be windows of opportunity for mental health services reform. Facilitating factors included alliance with the human rights defence movement, development of research capacity in Latin American and the Caribbean countries, and international cooperation.

Keywords: Mental health, Reform, Latin America, Barriers

Background

In the last 20 years significant strides have been made in Latin America and the Caribbean in improving mental health services. Most of the advances made in this period were part of the process initiated with the Regional Conference for the Restructuring of Psychiatric Services, held in 1990 in Caracas, Venezuela, and were guided by the principles of the Caracas Declaration. The Declaration called for the shift from traditional mental hospitals to community-based mental health services; the integration of mental health into primary health care; and the protection of the human rights of people with mental disabilities.[1]

This paper summarizes the findings on the development of mental health services in the last 20 years in Latin America and the Caribbean and analyzes the main achievements, barriers and facilitating factors found in this process.

Methods

We analyzed data on mental health care in the Region gathered through the World Health Organization Mental Health Atlas 2011,[2] and data on the mental health systems of some countries of the Region collected with the Assessment Instrument for Mental Health Systems (WHO-AIMS). We also took into consideration the results of the studies and documents on the implementation of mental health reform in Latin America and the Caribbean, developed in the last decade by the World Health Organization and the Pan American Health Organization.

Results and discussion

Since the Caracas Declaration, mental hospitals in several countries have been improved, downsized or closed and progressively replaced by new models of care based on psychiatric beds in general hospitals and services in the community.[3,4] Several indicators show this progress. The Region of the Americas registered the greatest decrease of mental hospital beds among all Regions in 2005–2011; has the highest percentage of countries (64%) where a majority of mental health facilities provide psychosocial interventions; and where a majority of mental health facilities provide follow-up community care in 35% of the countries of the Region.[2]

In relation to the integration of mental health into primary care, according to data collected in the WHO ATLAS 2011, the Americas is the Region: with the greatest percentage of countries where primary care doctors received mental health training (38% of the countries) and are allowed to prescribe without regulations (68% of the countries); with the second greatest percentage of countries where nurses had received mental health training (30% of the countries); where 39% of the countries' officially approved manuals on management and treatment of mental disorders are available at the majority of primary

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health care clinics; and where 74% of the countries have referral procedures from tertiary/secondary care to primary health care.[2]

Major and innovative developments also occurred in the protection of human rights of people with mental disabilities.[5] Since the Caracas Declaration 39% of the countries enacted or reviewed their mental health legislation,[2] and after 2001 important steps were taken to integrate international recommendations on human rights into national legislation and to create mechanisms for monitoring human rights in mental health services.[4]

Overall, mental health reforms developed in Latin American and the Caribbean gave a valuable contribution to the improvement of mental health services. Moreover, some of them (for example, Belize, Brazil and Chile reforms), by their originality and particularity, also contributed to an important capital of knowledge and experience in the field of mental health services development that may be most helpful for future reforms not only in the Region, but also in low and middle income countries in other parts of the world.

The reform in Belize is noteworthy for having proved that it is possible to successfully close down an old psychiatric hospital and implement a national network of community services, based on specially trained mental health nurses in a country with very limited resources.[6] The reform in Brazil is also notable for the advances made in the reallocation of resources from a system based on mental hospitals (with serious problems of quality of care and violation of human rights), to community services, including Psychosocial Community Centres, residential facilities and the Return Home program to deinstitutionalize long-stay patients.[7,8] The process in Chile deserves a special reference for the rigorous and efficient way a comprehensive national reform was implemented and evaluated, and for the achievements made in the development of community care and the integration of mental health in primary care.[9]

The advances made in these last two decades are undoubtedly important. However, they were clearly insufficient to respond to the huge challenges the countries of Latin American and the Caribbean face in improving mental health services, and impact was uneven from country to country. Available evidence shows that, for the majority of the populations, the goals established in the Caracas Declaration are far from having been met.[4]

Despite the progress registered in the shifting from mental hospitals to community-based services, the large majority of mental health expenditure (67%) continues to be allocated to mental hospitals, and the number of psychiatric beds in mental hospitals is still ten times that of psychiatric beds in general hospitals.[2]

Although data collected in the Mental Health Atlas 2011 show important advances in the dissemination of the use of psychosocial interventions, and some progress in the provision of follow-up care, the fact that only 35% of the countries provide the latter in the majority of the facilities proves that a large part of the population continue to have no access to mental health care in the community.[2]

The same composite picture can be seen in the area of mental health in primary care. The strides already mentioned in this paper are certainly encouraging. However, in the majority of the countries primary care doctors and nurses do not receive training on mental health, and there are not officially approved manuals on the management and treatment of mental disorders.[2]

In this context the high treatment gap of mental disorders found in the studies from Brazil, Colombia and Mexico within the World Mental Health Surveys Initiative is unsurprising: in these countries only 34.5%, 27.7% and 25.8% of people with severe mental disorders had had access to any kind of treatment in the previous 12 months.[10]

How to explain the successes and failures of the process of mental health services reform that took place in Latin American and the Caribbean countries in the last two decades? To answer this question it is necessary to understand the barriers that hindered the achievement of the targets established in the Caracas Declaration and what factors facilitated the implementation of the reforms.

Barriers

Barriers to the improvement of mental health services can be summarised in four main areas: inadequacy of funding related to the low priority assigned to mental health in the health agenda; organization of services; human resources; and public mental health leadership.[11]

Inadequacy of funding

In Latin American and the Caribbean, as in all other parts of the world, mental health has struggled for priority. A significant number of countries recently initiated the development of national mental health plans: 71% of the countries that had a national mental health plan in 2011 (65.6% of all countries of the Region) approved or reviewed their plan after 2005.[4] At the same time, at international level, two resolutions and a regional plan urging action to improve mental health services were approved by the Pan American Health Organization[12–14] with large support from countries of Latin American and the Caribbean.

Unfortunately, political priority did not translate into additional funding for mental health. In 2011, the median percentage of the health budget allocated to mental health in the Region was a meagre 1.53%,[2] and even in countries such as Brazil and Chile which have stood out for their commitment to mental health policy development, this was just 2.35% and 2.14%.[7,9]

Several factors are implicated in insufficient funding for mental health services in Latin American and the Caribbean countries. First, the absence of a strong consensus among all stakeholders about what should be done to improve mental health services. All too often, mental health professionals have sent policy makers contradictory messages on the policies and services that will best meet the needs of the populations. Second, the lack of studies developed in Latin American and the Caribbean countries supporting the cost-effectiveness of the mental health interventions and services that are proposed. Finally, the weakness of user and family associations in the Region, present only in 52% and 60% of the countries, both below the world median.[2]

Organization of services and human resources

Other barriers to the improvement of mental health services identified by Saraceno and colleagues,[11] such as centralization of care in traditional mental hospitals, resistance from professionals toward changing to new models of care, and difficulties in integrating mental health care in the primary care system,

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have also been important barriers in Latin American and the Caribbean. The lack of well-trained human resources both in specialized mental health services and in primary care has also been a strong obstacle to the modernization and restructuring of services.[2]

Public mental health leadership

One of the lessons learned in Latin America and the Caribbean is that without a body in the ministry of health with adequate leadership, solid technical capacity, access to the centres of political decision, and capacity to influence all components of the mental health system, it is impossible to obtain complete success in the improvement of mental health services.[15,16]

Mental health services reform is a complex process, requiring not only resources and political support, but also a strong leadership with significant technical capacity. Without these ingredients it is very difficult to ensure the changes that are needed to develop the new attitudes and interventions that must be introduced, and to overcome the resistance that is common in this process. The limited knowledge and capabilities that mental health leaders often possess in the public health area, as well as their lack of preparation to conduct a mental health plan, were one of the main reasons why some mental health reforms were not successful.[15]

Facilitating factors

The transition from political regimes that paid little attention to mental health and systematically violated human rights to democratic governments more committed to respecting human rights represented an excellent window of opportunity to the improvement of mental health services.[17] Natural disasters have also been important windows of opportunity for developing new services.[18,19]

The human rights defence movement in Latin American and the Caribbean proved to be one of the most powerful instruments for the transformation of the mental health system, and some of the more successful reforms were closely associated with human rights initiatives.[5]

The development of research capacity in Latin American and the Caribbean countries in areas such as psychiatric epidemiology, mental health services research, and prevention and treatment of mental disorders had a very positive effect on the implementation of mental health services reform, for different reasons. First, it contributed to a better assessment of the needs for care of the populations. Second, it helped to increase the knowledge about the effectiveness of the different types of services. Third, it contributed to the creation of a critical mass that is essential to develop scientific debate on mental health issues.

Finally, international cooperation was certainly an important facilitating factor in several aspects of the mental health reforms implemented in Latin America and the Caribbean. Through the Initiative for the Restructuring of Psychiatric Care in Latin America,[1] international consultants with broad experience of policy and services development worked together with the authorities of the countries engaged in mental health policy implementation, providing technical support or conducting training activities. After 2001, subregional forums were created in Central America, South America and the Caribbean, which contributed to a more systematic exchange of experiences and the organization of collaborative projects in areas such as training, research and policy development.[15]

Conclusions

The process of mental health services reform developed in Latin America and the Caribbean since the Caracas Declaration resulted in significant improvement of mental health care provided to the populations and contributed to an important capital of knowledge and experience that may be used worldwide. Much remains to be done, however, in order to respond to the need for care of the populations.[4,10,15]

The analysis of the barriers and facilitating factors show that, to address this challenge, it will be necessary to increase the funding allocated to mental health and to promote a greater consensus among stakeholders about the definition of priorities and strategies. It is also indispensable to increase research capacity in the Region and, in particular, to develop cost-effectiveness studies that may increase the evidence supporting the implementation of mental health services reform. The preparation of mental health leaders with a strong public health capacity, and the development of technical and political capacity of the coordination units responsible for the implementation of mental health plans in the ministries of health, are also key priorities for the future.

In many countries international cooperation continues to have an important role, particularly in capacity building, research, and policy development. It should be strengthened and better coordinated with national and local initiatives, which will always be the main basis for progress. At the national level, much more will have to be done to improve cooperation between all sectors involved (especially the health, social, justice and education sectors) and to significantly increase the participation of users and families.

Box 1. Recommendations for the way forward

To overcome the barriers that have hindered the success of mental health reforms in Latin America and the Caribbean special attention should be given to strategies and measures:

- Contributing to create a larger consensus among all stakeholders on what to do to improve mental health care;
- Supporting the participation of users and families in policy and services development;
- Increasing the funding allocated to mental health;
- Strengthening research capacity in the Region and developing studies that will support the implementation of evidence-based mental health reforms;
- Increasing the public health capacity of mental health leaders;
- Strengthening the capacity of the ministries of health in the implementation of mental health policy;
- Promoting international cooperation, particularly in capacity building, research, and policy development.

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