

MEXICO'S SAN RAFAEL COMMUNITY MENTAL HEALTH CENTER: SIX YEARS OF PROGRESS

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A pilot mental health program in Mexico has sought to incorporate mental health work into public health activities by establishing appropriate coordination between academic institutions, government agencies, and private organizations. The marked success achieved by this program suggests it could serve as a good model for similar programs in other countries.

Introduction

In February 1975 Calderón and Elorriaga published an article in the *Boletín de la Oficina Sanitaria Panamericana* (1) describing a program of community mental health, one focal point of modern psychiatry, directed at incorporating this branch of medicine into the field of public health from which it had tended for many years to remain aloof. The article noted that this transformation was being accomplished on a large scale by the highly developed countries with substantial budgetary resources, and in the socialist-bloc countries with an abundance of trained manpower able to extend mental health benefits to all inhabitants. However, developing countries such as Mexico are handicapped by economic restraints and trained personnel shortages; and this makes it necessary to draw on foreign experiences adapted to our prevailing political, economic, social, and cultural conditions.

Our goal, set from the beginning, was to maintain program activities at a high level of technical proficiency without the aid of special funding. The idea was to try and attain sufficient coordination between the private sector, already existing government resources, and institutions of higher learning to accomplish the program's aims. Within this context it was hypothesized that if periodic evaluations yield-

ed favorable results, this Mexican experience might well prove adaptable to other countries, no matter how rich or poor, provided those promoting the effort were able to awaken a community spirit of service to mental health.

The program's geographic limits were defined by the boundaries of the political subdivision of Tlalpan in Mexico's Federal District (Fig. 1). Its immediate aims were as follows:

- to foster coordination among health institutions in Tlalpan;
- to stimulate postgraduate instruction in community mental health;
- to conduct research programs in psychiatry and social psychology; and
- to develop activities related to psychiatry and psychology addressed to the community.

Proposed middle-range objectives were (a) to establish ongoing coordination between the various official and private institutions of Tlalpan; and (b) to improve the training of health professionals in medicine, psychiatry, psychology, social work, and nursing.

Initial Results

As reported in January 1977 (2), the first institution responding to our appeal was the private San Rafael Clinic, a 200 bed hospital, which adapted one of its floors to provide a physical location for the mental health center. This center, fully adapted and equipped, was

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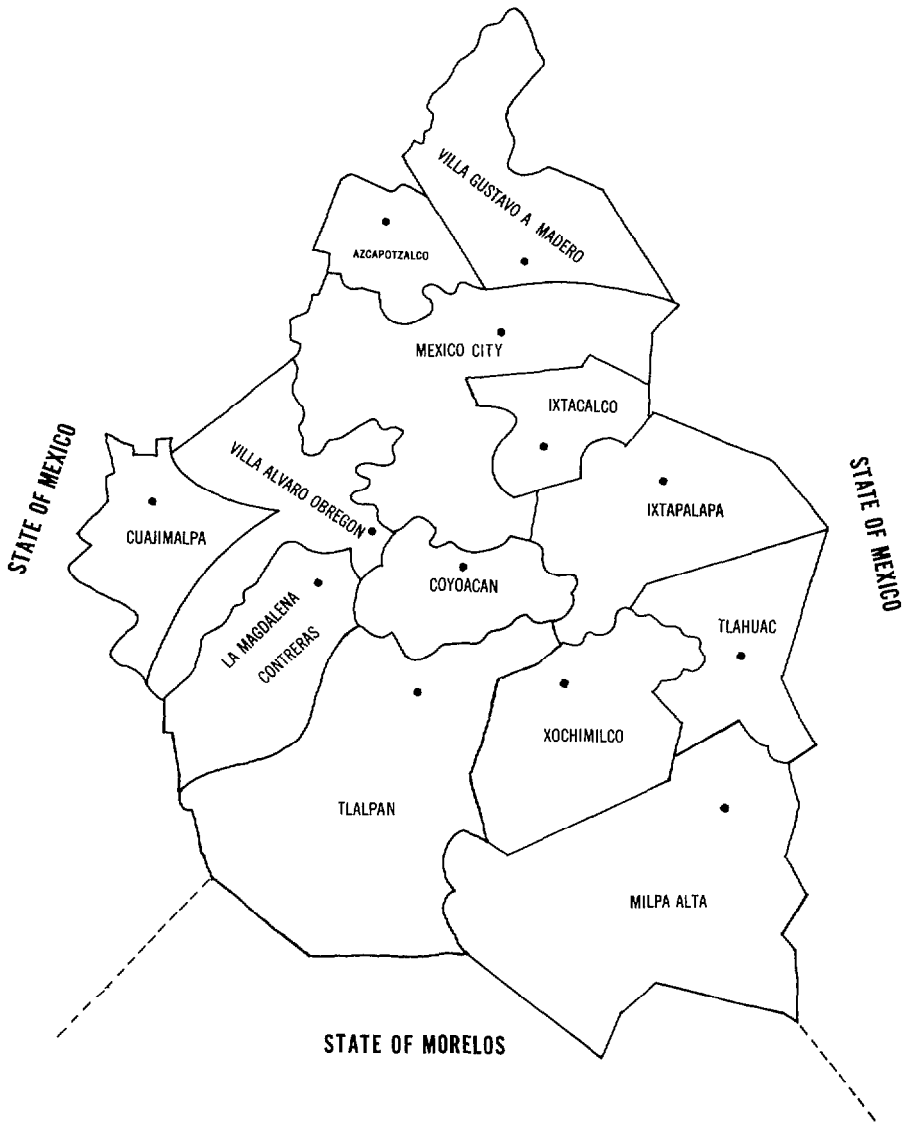


Figure 1. Boundaries of the Federal District of Mexico, showing the location of Tlalpan.

put into service on 28 October 1974 with the following facilities: a director's office, a meeting room, eight consulting rooms, a classroom, two waiting rooms, a file room, a treatment room, two lecture halls, and sanitary services. The San Rafael Clinic also agreed to pay the salaries of a physician, a psychologist, a social worker, and an administrative employee.

The first official institution to respond was the Ministry of Health's General Directorate of Mental Health. Dr. Rafael Velasco Fernández, then Director General, provided invaluable assistance, and this led to our being provided with a team of community health workers. This initial team consisted of a psychiatrist, two fourth-year psychiatry residents, a psychologist, and two custodial employees.

To help obtain collaboration from other institutions, a course in community mental health work was conducted from April to November 1974. The attendees, averaging about 80 people, included especially invited representatives of the principal institutions that were felt to be potentially interested in our program.

Results to Date

Overall, as a result of these and other efforts, the enthusiastic cooperation of many organizations was gradually obtained. This permitted a wide range of activities providing coordination, direct services, instruction, and research to be conducted. Those activities are described by the account that follows, which considers each of these four categories in turn. For more detailed information see my book *Salud mental comunitaria* (3).

Coordination Activities

The mental health center is currently coordinated with numerous pre-primary, primary, and secondary schools within its area of service. These include two day nurseries, 26 kindergartens, 69 primary schools, 11 regular secondary schools, six technical schools, and one experimental secondary school.

Outside the Tlalpan area, the center's activities are coordinated with courses at many schools of medicine, psychology, social work, and nursing. The medical school courses include the following:

- psychiatric specialization courses given by the Division of Higher Studies at the National Autonomous University of Mexico (UNAM);
- an undergraduate course in clinical psychiatry given by the National School of Professional Studies (ENEP) at Ixtacala;
- courses in clinical psychiatry at Anáhuac University.

Coordinated course programs at schools of psychology include:

- Master's and doctoral programs at UNAM's Division of Higher Studies, as well as a number of undergraduate courses;

- Master's and doctoral programs, the psychology residency, various undergraduate courses, and training in social work at the Ibero-American University;

- Undergraduate courses at the Anáhuac, Metropolitana, and Intercontinental universities.

Coordination is also maintained with the following courses and schools of social work and nursing:

- Four social work schools and courses.
- Fifteen nursing schools and courses.

The center also coordinates with the Intercontinental University, linking that institution's eight Tlalpan area programs with social work activities. It also keeps in touch with the General Executive Secretariat of the National Association of Universities and Institutions of Higher Learning.

Turning to health sector institutions, the center coordinates its program with eight hospitals, three regular health centers, and a school health center in the Tlalpan area. Outside the area it coordinates with UNAM's medical services, medical services of the Federal District, and the Ministry of Health and Welfare's General Directorate of Mental Health, General Directorate of Public Health, and General Directorate of International Affairs.

The center also maintains contact with numerous local religious and civic organizations. These include women teaching Catholic doctrine in Tlalpan, eight parish priests, the Christian Family Movement, women volunteers of San Rafael, the Cultural Affairs Representative of Tlalpan, heads of the community outreach organization, community development centers of the Integral Family Development Agency (DIF), heads of improvement boards and neighborhood boards, various athletic groups, the Department of Social Work of Tlalpan, and the authorities of Tlalpan. In addition, the center keeps in touch with various company executives and union representatives, as well as with national authorities, religious organizations, and alcoholics anonymous groups outside the Tlalpan area.

Service Activities

Records. For the first few months after the center opened its doors in October 1974, its main activities were promotional. Community talks were given and consultations were begun, but no effective registry was operating until June 1975. Since then good and detailed records have been carefully maintained.

Primary prevention. Eight primary prevention programs have been carried out within the community. Subjects covered have included the center's overall objectives, sex education, behavioral and learning problems, alcoholism, drug dependency (a program for parents), adolescence, human relations, and epilepsy. The programs have been conducted by students of medicine, psychology, nursing, and social work, with proper coordination and supervision being supplied by the center's staff and by the students' own instructors, who have enthusiastically supported these activities. Most of this work has been done at schools in the Tlalpan area—with the participation and support of schoolteachers, students, and parents—but other meetings have taken place in government buildings, motion picture theaters, markets, and other community gathering places.

Contrary to initial expectations, the sex education program (which is generally taught by female medical or nursing students) has been very well received by the public. Indeed, on several occasions parents, informed by their children about what was learned, have requested that the talks be repeated for themselves. This program has also shown its worth in other ways. For example, the director of one health center reported that a talk on venereal diseases at a local school, given as part of the program, had prompted several Tlalpan youngsters to go to the center seeking treatment for venereal disease problems they had been unaware of or had kept hidden.

The "behavior and learning problems" program for children in the Tlalpan schools made it possible to locate and offer mental health services to a large number of neurotic or depressed mothers and alcoholic fathers,

who were often the cause of their children's poor school performance. Notable improvement in these children's performances following our intervention, as indicated by their teachers' reports, strongly supports the argument that primary prevention in the mental health field can be effective.

Overall, the number of talks given in connection with these eight programs during the center's first five and a half years of operation and the attendance at those talks were as follows:

Year	No. of talks given	Total attendance
1975 (5 months)	32	1,300
1976	275	13,519
1977	695	14,162
1978	475	11,403
1979	692	33,595
1980	502	18,652

The indicated decline in the 1978 level of activity resulted from the fact that three-quarters of the center's directing and coordinating team was working six or more hours per day on an investigation of community responses to alcohol-related problems that had been entrusted to the center by the World Health Organization.

Secondary prevention. The community penetration achieved by the primary prevention program has made it possible to detect many mental health cases early and to provide timely treatment at our center. In all, the following medical consultations were provided in 1975-1980 by medical personnel trained at the center and by physicians who were pursuing a postgraduate specialization in psychiatry at UNAM:

Year	No. of consultations
1975 (6 months)	501
1976	2,799
1977	3,145
1978	2,000
1979	4,842
1980	4,463

These services were virtually free. A modest sum of pesos was charged that was always below the equivalent of one U.S. dollar. This fee was imposed because we were convinced that entirely free services are not valued by the people. The amounts of all the fees were fixed by the Department of Social Work of Tlalpan after conducting an appropriate socioeconomic study. No fees have been charged to indigent persons, who have been supplied with free medication by our volunteer women's group. This free medication has been obtained from medical samples donated by many physicians to the center, from special drug lots provided by pharmaceutical laboratories, or in some cases from medicines purchased by the volunteers.

Psychotherapy. When the Ministry of Health and Welfare's General Directorate of Mental Health appointed two psychiatrists with training in psychodynamics to work at the center in 1975, it appeared that no two things in the field of psychiatry could be further removed from each other than our preeminently preventive, mass-oriented approach to mental health and the classic approach geared to psychoanalysis and analytically-oriented psychotherapy. Nonetheless, determined not to overlook any possibilities for helping our patients, and anxious to capitalize on all professional cooperation that came our way, our group endeavored to work out a method for coordinating such activities with our own.

The center's preventive programs had previously turned up a community demand for psychotherapeutic assistance; professionals graduating from universities were clearly interested in pursuing psychotherapeutic training; and the center possessed specialists capable of coordinating psychotherapy training and care activities. Taking all these things into consideration, we decided to launch a psychotherapy training program. This training program, which got underway in 1976, sought to take advantage of the availability of qualified specialists able to efficiently develop psychotherapeutic skills in university-trained mental health professionals by offering such profes-

sionals a free psychotherapy training course requiring only a university degree and a pledge to devote time to the free care of patients in the community.

The course was designed to run for a two-year period. During the first year the therapeutic techniques applicable to relatively short-term treatment would be taught. During the second the students would begin to work with patients at the center and would gain deeper experience in psychopathology and psychotherapy by participating in appropriate case supervision activities. The overall aims were to ensure provision of good-quality services, to give the students a chance to observe the practical validity of the imparted theories and techniques; and to use any concerns emerging from the clinic as a stimulus to the ongoing process of learning and of obtaining contributions arising from meetings on general theory. As this indicates, the training had three aspects: theoretical learning, clinical work, and supervision.

This first course, which was attended by 30 students (all physicians and psychologists), ended in March 1978. However, eight of the attending professionals chose to maintain their association with our program and have continued to participate free of charge in our activities.

A new training course was then organized in April 1978. A total of 50 professionals were enrolled. Because of the group's heterogeneity a 30 per cent dropout rate was anticipated, but the actual rate has been limited to about 20 per cent. In 1980 another course was begun with an enrollment of 50 professionals.

In addition, a group of designated psychologists engaged in social work began providing child psychotherapy at the end of 1977, and in mid-1978 psychiatrists and graduate (master's and doctoral) psychology students began providing group therapy and family therapy, the students being properly supervised by instructors from their own universities. The impressive number of therapeutic treatments provided as a result of these activities is shown in Table 1.

Table 1. The numbers of single-session psychotherapeutic treatments provided for individuals (adults and children), groups, and families in 1976-1980.

Year	No. of treatments provided for:				
	Adults	Children	Groups	Families	Total
1976	44				44
1977	334	116		10	460
1978	723	423	45	26	1,217
1979	1,593	593	84	134	2,404
1980	1,359	298	34	34	1,725

As in the case of the aforementioned mental health consultations, fees for services are low. A single 45 minute session of individual therapy costs the equivalent of between two and four U.S. dollars. Again, the fees to be charged are set by the Tlalpan Department of Social Work.

Psychological studies. Psychologists associated with the center have given strong support to clinical work and have proved invaluable collaborators in both applied therapy and community programs. In all, they have performed well over a thousand psychological studies—111 in 1975, 402 in 1976, 492 in 1977, 645 in 1978, 931 in 1979, and 1,647 in 1980.

Social work. The various types of social worker visits conducted over the course of the mental health program totaled 116 in 1975, 587 in 1976, 984 in 1977, 586 in 1978, 872 in 1979, and 566 in 1980.

Teaching

Because our community programs could not be carried out effectively without adequate multidisciplinary training at a high academic level, teaching programs were given high priority.

Nurses. The first educational institutions to join our group were schools of nursing. These schools, which initially requested permission to engage in the practice of psychiatric nursing, welcomed the center's proffered alternative of work in the community.

Since the center was founded on the principle that no fixed subsidy would be sought for

its maintenance, we were very pleased to see the importance the nursing students ascribed to our activities and the enthusiasm with which they participated in the preventive mental health programs at various educational and health services in the Tlalpan area. In general, rising interest in the new approach to psychiatry, wherein the nurse plays a basic role on the mental health team, spread to the various schools of nursing. This encouraged a trend in which the number of schools working with the center grew and the individual schools increased the amount of time devoted to participating in our programs. Indeed, several schools requested permission to conduct not only their psychiatric nursing practices but also their public health practices with us.

In 1980, six years after its founding, the center was linked to 15 nursing schools—at the levels of postgraduate and specialized nursing as well as at the student nurse level—and this was providing year-round nursing coverage, on a staggered schedule, for our programs' community activities. All these institutions have actively sought improvement; and their students, besides giving talks and caring for patients in the community, have also participated in field research programs and have presented very successful "psychodramas" staged at schools, health centers, and community marketplaces.

Medical students. At the undergraduate level, students from the medical programs of the UNAM Professional Studies Unit in Ixtacala have been attending the center, as have students from the schools of medicine of Aná-

huac, Metropolitana, and Morelos Universities. The center seeks to provide these students with valid clinical training that has a definite social orientation. For even though it is felt that a physician can never be qualified to work in the field of community mental health if he is not a good clinician, it is also realized that this physician will have to work at the secondary level of prevention—providing the prompt detection and timely treatment that permit mental health problems to be controlled early, thereby avoiding unnecessary institutionalization or, even worse, abandonment of the patient by his family and society. In addition, it is felt that a physician whose general training does not provide good social orientation can never understand or effectively address the problems that have to be solved by a country such as ours that is struggling to emerge from a state of underdevelopment.

Psychiatry students. By and large, physicians pursuing postgraduate work in psychiatry have enthusiastically welcomed the opportunity to participate in the center's community programs. The postgraduate specialization course in psychiatry given by the Division of Higher Studies of UNAM's School of Medicine is at present being taught at our clinic, and the students' participation has been truly outstanding.

A number of these students have participated in the previously mentioned WHO investigation of community responses to alcohol-related problems. Despite their youth and limited experience, they have given a splendid account of themselves at the semiannual meetings held in Mexico and Geneva to evaluate the results at each stage of the program and to plan subsequent activities based on those results.

Psychology students. Another mainstay of our program has been provided by psychology students. Brought into the program early, they have displayed professionalism and sensitivity to human needs in all program areas where they have participated. These areas of participation have included preparing surveys

of the general population, applying psychological studies to the many patients receiving free care at our center and to children in Tlalpan schools, interviewing patients and their families, giving community talks, attending individual or group occupational therapy sessions, and (in the case of doctoral students) providing individual psychotherapy.

In coordination with our staff, classes are conducted at the undergraduate, master's, and doctoral levels; field activities are organized; and supervision is provided to professional students from UNAM and the Ibero-American, Intercontinental, Anáhuac, and Metropolitana Universities. At the master's and doctoral levels the center is working with UNAM's School of Psychology. In addition, an agreement has been signed with the Ibero-American University whereby psychology students in that institution's master's and doctoral programs will be able to undertake a formal psychology residency in Mexico. Five residents are already participating effectively and with good motivation in our programs every year.

Student social workers. Schools for training of social workers, the ideal professionals for achieving adequate community participation, constitute an essential element of a community participation program such as ours. At present students from four schools of social work are attending classes and participating in our programs.

Other participants. This account does not complete the list of participants in our teaching programs. In that vein it seems relevant to mention an observation I have made during various travels abroad connected with WHO traveling seminars or courses in different areas of mental health. That is, I have noted that the socialist countries, and especially the Soviet Union, tend to have mental health teams composed only of physicians and nurses. Other countries tend, in addition, to include psychologists and social workers. But I have never observed an occasion such as that provided by our Mexican experience, where the interest and enthusiasm generated have

succeeded in securing the participation of educators, anthropologists, and sociologists as well.

Research

A basic initial objective of the program was to develop a capability for conducting research studies in psychiatry and social psychology. This was especially desired because that type of work had previously been very limited in Mexico, generally involving only small groups of individuals and lacking an adequate methodology that would make it possible to have real confidence in the results. However, given the general nature of our program, it was logical to expect that it would be necessary to await an appropriate opportunity in order to embark on a broad and consistent study that would produce worthwhile results.

Such an opportunity arose in early 1976 when a scientist at the WHO Office (now Division) of Mental Health, Mrs. Joy Moser, invited us to participate in a WHO study on community responses in three countries to problems of alcohol abuse. This invitation was extended at the recommendation of Dr. René González, the PAHO Regional Adviser in Mental Health, who was acquainted with our work.

After being informed that we were very interested in the project but did not believe ourselves able to undertake an investigation of this size because the center operated entirely through coordination with other organizations and had no budget of its own, Mrs. Moser made a visit to Mexico that April. Shortly afterward Dr. Thomas Lambo, Assistant Director-General of WHO, also visited our facilities and concluded that since the center's coordination mechanisms had worked effectively in other areas, the World Health Organization was confident they could be made to work in this case and that the study in question could be undertaken in Mexico. As a result, he requested and obtained approval from the appropriate Mexican Government authorities for our participation (4).

The investigation, which was conducted with the assistance of WHO, the U.S. National Institute on Alcohol Abuse and Alcoholism, and the Mexican Institute of Mental Health, began in October 1976 and was completed in July 1981. The goal of the study, which was also being conducted in Scotland and Zambia, was to show the following:

- that it was possible to develop methods and techniques for a coordinated study of alcohol-related problems in communities with different socio-cultural patterns;
- that these methods can be used to obtain detailed information about a community and how it responds to alcohol-related problems in at least the three areas studied—which include a highly developed area, another with minimal development, and a third (Mexico) experiencing rapid economic change and a coexistence of high and low levels of development;
- that transcultural studies on the extent and nature of these alcohol-related problems and community responses to them are feasible; and
- that the results obtained are worthy of being considered as the first step in a long-term international project to improve the understanding of these problems and to promote development of more adequate responses.

The Mexican research team consisted of the author, who headed the investigation, Dr. Salvador González,² Cristina Suárez de Ulloa,³ Nedelia Antiga de Tenorio,⁴ Cristina Mendoza de García,⁵ Pilar Velasco,⁶ Luis Berruecos,⁷ and Dr. Ricardo Menéndez.⁸ In addition, many other professionals in various branches of the mental health field have collaborated on this study. As a result of the interest and dedication shown, we have been able to meet our commitment to the World Health Organization.

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⁷Anthropologist, General Secretariat of the Association of Universities and Institutions of Higher Learning.

⁸Psychiatrist, Metropolitana University.

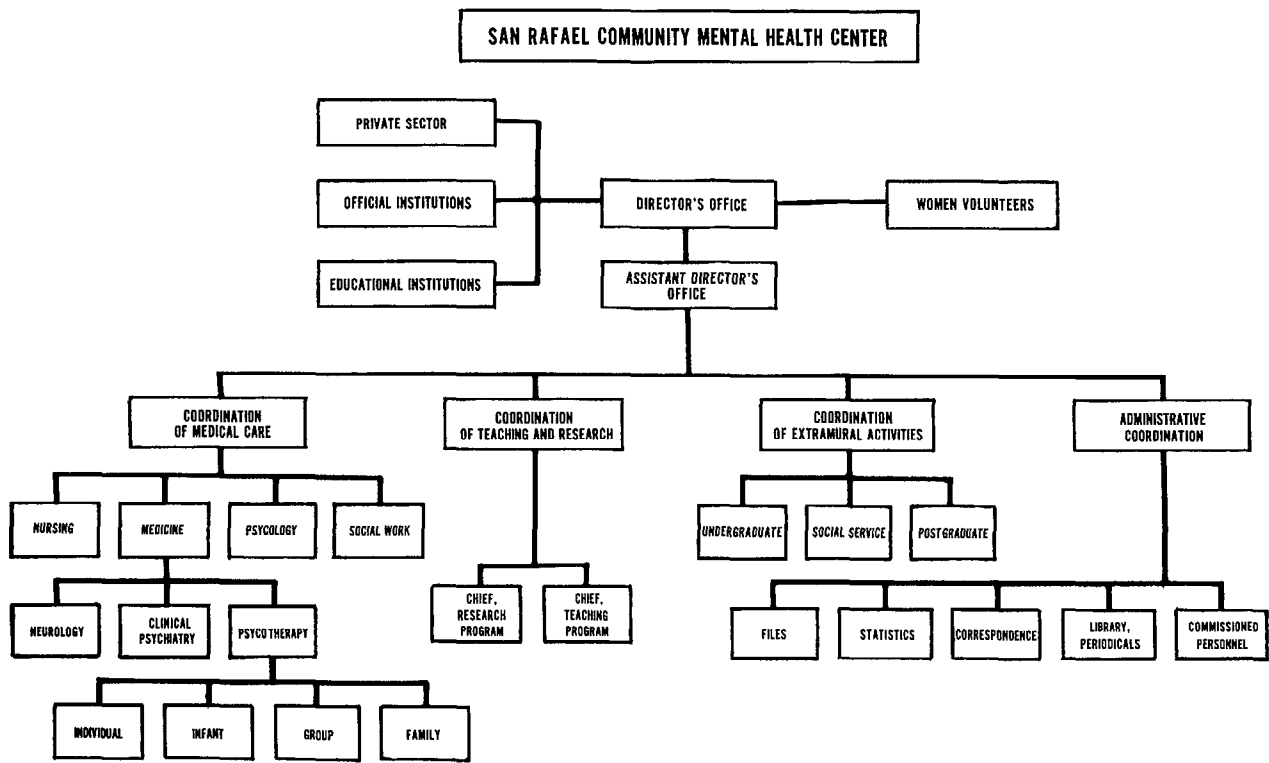


Figure 2. Organizational structure of the San Rafael Community Mental Health Center.

Conclusions

The San Rafael Community Mental Health Center appears to have come of age. Indeed, our activities have become sufficiently complex to justify a major reorganization, which is currently being carried out in accord with the chart shown in Figure 2.

While touring the center in 1976, Dr. Thomas Lambo wrote the following in our visitor's book:

"Today I have witnessed one of those services that are stimulating, practical and of value to the community, managed by people committed to and interested in the need for designing a new approach

to the problem of providing primary care in the community mental health field. Operational studies of this nature will provide valid scientific information to help us do a more realistic job in the field of community mental health in the future."

It is hoped that not too long from now our program can receive trainees from other Spanish-speaking countries interested in carrying the seed of this endeavor, that has borne fruit in our country, to their own. This would be especially desirable because our program intentionally began with virtually no resources, so as to permit the approach adopted to be repeated in virtually any region or country of the world.

ACKNOWLEDGMENTS

The success achieved by our program to date is attributable to a team of worthy professionals who have placed their scientific interests ahead of financial convenience. I wish to take this opportunity to thank them on behalf of both our center and Mexico.

SUMMARY

In 1974 Mexico undertook a substantial pilot mental health program in the Federal District subdivision of Tlalpan. The program sought to incorporate mental health activities into the field of public health by establishing appropriate coordination between academic institutions, government agencies, and private organizations. Facilities for the program's headquarters were made available by the private San Rafael Clinic, a 200 bed hospital in Tlalpan. No special funding was provided for this program, because it was felt that starting with minimal resources would make it more adaptable to other developing areas where resources are very scarce.

To help gain the attention of appropriate institutions, a course in community mental health work was conducted for representatives of institutions likely to be interested in the program; and through this and other means the collaboration of many institutions was obtained. By mid-1980 the program's

activities were being coordinated with a wide range of academic institutions (including both local schools in the Tlalpan area and universities training mental health professionals outside Tlalpan), health services, and civic organizations.

Employing supervised students of medicine, psychology, nursing, and social work, the program has conducted some eight community projects directed at primary prevention of mental health problems. These projects, operating through community meetings, have dealt with the following subjects: the program's overall objectives, sex education, behavior and learning problems, alcoholism, drug dependence, adolescence, human relations, and epilepsy. These projects, especially the sex education and behavior and learning problem projects, have produced marked positive results.

The projects have also made it possible to detect many mental health problems early and to provide treatment through consultations at the program's

San Rafael Center. Overall, between mid-1975 and the end of 1980 the center provided over 17,000 such consultations, all virtually free of charge.

The center also initiated a two-year course of psychotherapy, through which university-trained mental health professionals received training in this field and provided free care for patients in the community. Overall, these and other students, together with a number of graduate psychiatrists and psychologists, provided more than 5,500 psychotherapeutic treatments for adults, children, families, or groups in 1976-1980. Again, fees for these services were kept extremely low.

The center has also participated in a three-coun-

try study of community responses to alcohol-related problems sponsored by the World Health Organization. This undertaking was especially notable because previous Mexican research into psychiatry and social psychology problems had been limited.

In general, the program has made extensive use of teaching and training activities to attract mental health students, who in turn have contributed in a wide range of ways to the improvement of community mental health. The marked success achieved to date suggests this experience could provide a worthwhile model for other countries and regions where community mental health needs are great and resources are very limited.

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MEETING OF EPI MANAGERS

A subregional meeting of managers of the Expanded Program on Immunization (EPI) was held in Kingston, Jamaica, from 14 to 18 September 1981. Managers from 14 English-speaking Caribbean countries attended, together with consultants from PAHO/WHO and observers from the American Public Health Association (APHA) and UNICEF. APHA provided funding for the meeting, which was organized by PAHO/WHO. A similar conference was held for Spanish-speaking countries in Quito, Ecuador, earlier in the year.

The meeting was designed to examine the implementation of the EPI program within the context of primary health care (PHC), particularly regarding the integration of EPI within PHC, and to establish quantifiable targets for the next two years. Following group discussions on problems and solutions, each manager prepared a national plan of action for the 1982-83 biennium.