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MENTAL HEALTH PROGRAM

Mental health -regarded as a state of intrapsychic balance and of harmonious interpersonal relations and social adjustment- is an essential component of total health and its loss, resulting in mental illness and personality maladjustment, constitutes a serious public health problem. Mental conditions have a direct bearing on general morbidity and mortality rates, and an indirect bearing on other sectors which, though not immediately related to collective health are nevertheless closely linked with it, such as, for instance, economic development and social welfare.

In the United States various epidemiological studies have been made on the prevalence of mental disease, and have revealed that between 0.4% and 0.8% of the adult population suffer from psychoses, and between 1.6% and 30% from neuroses. In 1958, a survey made of a population sample in Santiago, Chile, showed that the morbidity rate for psychoses was 1.4%, and for neuroses, 30 per cent. In 1960, in Mexico, the first national survey of neurologic and psychiatric patients indicated that 4.33% of the general population were suffering from neurologic and psychiatric diseases while in Mendocita a suburb of Lima, Peru, the rate of prevalence of psychoses was 3.27 per cent.

Specific problems such as alcoholism and epilepsy have aroused the interest of several researchers in Latin America. The previously mentioned survey in Chile disclosed a 2% prevalence of epilepsy among general population, and the study made in Mendocita, the suburb of Lima, Peru, revealed a similar rate.

In regard to alcoholism, the following prevalence figures were found in random sample studies of the adult population: Santiago, Chile, 5% (1954, 1956, and 1958); Mendocita, Lima, Peru, 8.8% (1958); Riberao Preto, 6.4%; Mexico City, 1.2% (1964); and in a suburb of Santiago, Chile, 15 per cent.

Homicide mortality rates were over 20 per 100,000 population in several countries of Latin America, an alarmingly high figure.

Although the data given are not comparable because of differences in method and the fact that the samples were selective in some cases, nevertheless a certain uniformity can be noted in these findings, particularly with regard to global rates for psychoses and neuroses, and these at least give a rough indication of the seriousness of the situation.

However, mental health problems exist throughout the world and the World Health Organization has recognized this ever since its foundation, as evidenced by its interest in solving such problems. The WHO Expert Committee on Mental Health has held thirteen meetings since 1948, and has produced a series of important documents which deal with the most varied mental health topics, ranging from guidelines for drawing up mental health programs, to training in psychiatry and mental health, and studies of the role of the general practitioner and the public health physician in this field. In addition, the Organization has participated in joint committees and study groups with UNESCO and ILO, to discuss such specific subjects as the mental health aspects of adoption and of the peaceful uses of atomic energy, juvenile epilepsy, and others. In addition to the Expert Committee, on Mental Health the Organization can also call on the services of an Expert Committee on Alcoholism, and an Expert Committee on Addiction-Producing Drugs.

In the field of research, WHO has begun a program which includes the promotion of epidemiological studies, as well as certain aspects of social psychiatry, and biological psychiatry.

The Pan American Health Organization has convened three seminars at which the main mental health problems in the Region were examined, and at which a preliminary inventory of resources available in this field was made. The various aspects of research and of personnel training were also discussed. All three seminars emphasized the need for integrating public health activities with mental health programs.

In 1964 the Organization convened a Study Group on the epidemiology of mental diseases in Latin America, which met in Washington, D.C. The Group recommended investigations of this nature at the international level, especially in regard to epilepsy.

In 1960 a Latin American Seminar on Alcoholism was held in Viña del Mar, Chile, under PAHO auspices, and in June 1966 a Study Group on the epidemiology of alcoholism in Latin America met in San José, Costa Rica. During the latter meeting, general lines were formulated for an international study on the frequency of alcoholism, alcoholic beverage consumption habits, attitude of the public towards alcoholism, and the economic and health effects of the disease.

The Organization has given direct assistance to several countries of the Region in the form of short term consultants, and in cooperation with other agencies has supported special investigations in this field in two countries.

A review of data collected all over the Continent has made it clear that one of the most pressing problems is the lack of qualified personnel. The shortage concerns not only psychiatrists, but also psychiatric nurses, clinical psychologists, psychiatric social workers, and occupational therapists. In countries where the shortage is not so severe, specialists tend to concentrate in large cities to the detriment of smaller cities or rural areas. Very few centers are equipped to train personnel, and students must therefore frequently be sent abroad. This has the obvious drawbacks of uprooting him. Changing his cultural environment and requiring him to use a foreign language.

In most countries of the Region mental patients are cared for almost exclusively in psychiatric hospitals, which are usually of a custodial nature and offer little opportunity for active treatment and rehabilitation. Even so, this kind of care covers only a fraction of the population. Almost no country in the Region attains the minimum figure of 1 psychiatric bed per 1,000 population. Psychiatric services in general hospitals and the other activities included in so-called social psychiatry or mental health community services are in a very early stage of development or simply nonexistent, except for two countries. The same may be said of preventive activities and child psychiatry services.

Yet it is precisely such integrated community services which could carry on suitable preventive work by giving prompt assistance and performing effective rehabilitation. Preference should therefore be given to the establishment of such services over the building of psychiatric hospitals, as is the traditional practice. Mental health prophylaxis is capable of producing significant results, particularly when applied in childhood through the family and the school. Many mental disorders in adults could have been prevented by appropriate handling of environmental situations or prompt treatment of the relatively simple pathogenic conditions which may occur in childhood.

In the field of research there are many opportunities for studies, some of which could be begun immediately with the resources now available. Epidemiological studies could be made, among others, with the aim not only of defining the frequency and distribution of mental diseases, but also of checking theories concerning their etiology. Studies of the psychological effects of serious malnutrition, of the effects on mental health of living in slum areas, of genetic influences, public attitudes, and other factors of this kind could be the subject of serious research, some even of an international nature.

The development of a national mental health program and the attainment of a rational utilization of resources requires the establishment of an order of priorities. In view of the present situation in most countries, the following order of priorities is proposed, bearing in mind that local conditions in a given country may render certain modifications necessary:

1. Personnel Training

- 1.1 Training of psychiatrists by three-year residency program, not to be limited to clinical experience in hospitals, but to include also work in general hospitals, community psychiatric services, and child psychiatry services.
- 1.2 Training of graduate nurses in psychiatry and mental health, with practice in the network of community psychiatric services.
- 1.3 Specialization of general psychologist in clinical psychology, school psychology, and industrial psychology.
- 1.4 Training of psychiatric social workers.
- 1.5 Training of occupational therapy technicians.
- 1.6 Training in mental health of general practitioners, and of public health physicians and nurses.

2. Establishment of Preventive and Treatment Services

- 2.1 Community mental health centers, psychiatric dispensaries, behavioural clinics, day hospitals, special centers for alcoholics, epileptics, etc.
- 2.2 Psychiatric wards in general hospitals.
- 2.3 Psychiatric hospitals.

3. Research

- 3.1 General epidemiological research.
- 3.2 Studies on such special problems as the epidemiology of alcoholism, epilepsy, accidents, homicides, etc.
- 3.3 Studies on the living conditions of the inhabitants of slum districts and their influence on mental health.
- 3.4 Studies on the attitude of the general public towards mental illness, psychiatric institutions, drinking of alcoholic beverages, etc.
- 3.5 Influence of malnutrition on mental health.
- 3.6 Genetic studies.

3.7 Therapeutic measures.

3.8 Research on cerebral function.

3.9 Other studies (hallucinogenic drugs, communication, old age problems, population growth and mental health, etc.)

The implementation of a program of this kind at the national level will require the cooperation of both official and private sectors, as well as of universities and specialized schools. A coordinating body will be needed to integrate these programs with national health plans. Approximately one half of the countries of the Region now have mental health sections, departments, or divisions within their Ministries of Public Health which are fulfilling these functions either in part or in whole.