Chapter 18
Psychosomatic Medicine and Its Implementation in the Latin America Region

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The psychosomatic concept in the Latin American region is immersed in the mental health concept. This is also part of the generic notion of public health and therefore involves the pragmatic application of knowledge in various fields: clinical, epidemiological, neurobiological, sociocultural, and basic research, as the most important ones. The objective is the normal development of individuals and the maintenance of integrally emotional functions at individual and collective level (Ustun and Sartorius 1995).

Mental health in the region has its origin in the establishment of specific programs within the regional office of WHO, the Pan American Health Organization (PAHO) in Washington, D.C. PAHO convened in 1962, the first mental health seminar in the Latin American region in Mexico City (PAHO 1980).

The Declaration of Caracas in 1990 (González and Levav 1990) reiterated that conventional psychiatric attention was not compatible with a necessary assistance based on the principles of community intervention, decentralization, participation, integration, and preventive measures in addition to treatment and rehabilitation. Specific suggestions were made in relation to the development of national mental health programs in Latin countries, community campaigns, control of affective disorders, epilepsy and psychosis, promoting mental health and psychosocial development of children, increase of vocational training centers, and improved legislation and regulations for the protection of human rights (Brody 1985).

In 2008, PAHO approved the 2008–2012 Strategic Plan with one among other objectives to prevent and reduce the burden of disease, disability, and premature death related to noncommunicable diseases, mental disorders, violence, and injuries. On the other hand, the Health Agenda for the Americas 2008 proposes eight priority areas: strengthening the authority of national health agencies, examining the socioeconomic determinants of health, enhancing social protection and access to services, decreasing the inequalities in health care within countries and between countries in

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the region, reducing the risks and burden of diseases, developing the workforce in the health sector, and utilizing properly the knowledge of science and technology, all within a high bioethical context (PAHO 2009).

Mari et al. (2009) described that there are phases in the process of research on psychiatric epidemiology in Latin America. The first phase included the study of "Psychosomatic maladjustment syndrome" described in Andean migrants living in marginal areas of Lima, Peru (Seguín 1951). The second phase started with the development of standardized instruments, screening interviews, and questionnaires properly validated, following American US models. The data of all epidemiological studies are collected by the database Latin American and Caribbean Health Sciences (LILACS) between 1999 and 2008 focused on issues such as domestic violence, depression or alcohol and substance abuse, tobacco, and drugs. The general prevalence of mental illness varied between 18 and 36 %. The specific rates for depression were 9–27 %, for alcohol abuse 7–57 %, for drug abuse 9–19 %.

Regarding mental health interventions, the "delayed treatment" is a phenomenon practically applicable to all Latin American countries in which some attention has been paid to patients with mental disorders. The burden of disease is very high considering its economic costs and the disability associated with both the individual and the family.

Regarding policy and mental health services, at present, 65 % of the countries in the region have specific mental health policy, 82 % have mental action plans, and 70 % have a specific legislation in this area. Approaches to mental health interventions have minor variations from country to country. Key principles are related to decentralization of services, inter-sectorial collaboration, multidisciplinary participation, and community support in treatment and rehabilitation. The slow translation of policy into service delivery in the region is shown in the following statistics: There are on average 5.4 psychiatric beds per 10,000 population, of which 4.6 (82.8 %) are in psychiatric hospitals and only 0.4 per 10,000 population in general hospitals (Alarcón 2002).

Regarding the work force in mental health services: The WHO Atlas on Mental Health (2005) shows for the Latin American and the Caribbean region a shortage of mental health professionals and a heterogeneous distribution within and among countries. The number of psychiatrists, for example, showed an average of 4.3 per 100,000 inhabitants; the extremes were 24 and 22.9 in Venezuela and Uruguay respectively, to 0.2 and 0.5 per 100,000 population in Guyana and El Salvador, respectively. Argentina had 106 psychologists per 100,000 inhabitants while Belize had none and Suriname and Trinidad Tobago only 0.2 and 0.3, respectively with a regional average of 10.3 per 100,000 population. The average does not reflect the large differences within and among countries.

It could be concluded that although there are still disparities, concrete actions have been implemented in the region to remove inequities. Some good examples are the training for mental primary health workers in Cali, Colombia; community psychiatry for marginalized urban areas in Tegucigalpa, Honduras and Porto Alegre, Brazil; community-university–state government collaboration in Mérida, Venezuela; extension of mental services in Santos, Brazil, support networks and social services

in Medellin, Colombia; policy implementation in Black River, Argentina and care of victims of domestic violence in Monterrey, Mexico; community stress prevention clinics in Havana, Cuba; priority attention for patients with depression in Chile and prevention of addictions in La Paz, Bolivia (Alarcón 2002).

The challenge ahead in many countries of the region is to pay more attention to mental health by policy makers. The strategy of incorporating mental care in the field of primary care can be effective to a point but there is always the risk of placing mental health as subordinate of physical, when in reality research has clearly shown the opposite (Ustun and Sartorius 1995).

References

Alarcón RD. Salud Mental en América Latina: Circa 2002. In: Sepúlveda J, Editor. Salud panamericana en el siglo XXI. Fortalecimiento de la cooperación internacional y desarrollo de capital humano. México, D.F.: Instituto Nacional de Salud Pública; 2002.

Brody EB. Patient rights, a cultural challenge to Western psychiatry. Am J Psychiatry. 1985;194: 58–62.

González R, Levav I. Reestructuración de la atención psiquiátrica: Bases conceptuales y guías para su implementación. Memorias de la Conferencia Regional para la restructuración de la Atención Psiquiátrica. Caracas, Venezuela. Nov. 11–14, 1990. Washington, D.C.: Instituto Mario Negri Italia.

Mari JJ, García de Olveira B, Silva de Lima M, Levav I. Breve historia de la epidemiología psiquiátrica en América Latina y el Caribe. In: Rodríguez JJ, Kohn R, Aguilar S, Editors. Epidemiología de los trastornos mentales en América Latina y el Caribe. Washington, D.C.: Organización Panamericana de la Salud; 2009.

Organización Panamericana de la Salud Salud para todos en el año 2000. Estrategias. Washington, D.C.: Documento Oficial No. 173; 1980.

Roses M. Welcoming remarks to the regional advisory Committee on health Statistics (CRAES). August 11, Washington, D.C.: PAHO; 2009.

Seguín CA. Síndrome psicosomático de desadaptación. Rev Lat Am Psiquiatría. 1951;1:16–26.

Ustun T, Sartorius N. Mental health in general health care. Chichester: Wiley; 1995.

World Health Organization. Mental Health Atlas 2005 (Revised Edition). http://www.who.int/mental_health/evidence/mhatlas05/en/.