

Mental disorders such as depression and anxiety are highly prevalent – 15% of the working-age population is affected at any given time. They are also extensively undertreated; globally around 56% of people with depression do not receive appropriate treatment. These disorders contribute significantly to reduced productivity, sickness absences, disability and unemployment, and the total costs of mental ill-health are estimated at 3.5 – 4% of GDP in OECD countries. A particular prevention priority in the area of mental health concerns suicide, which accounted for an estimated 800 000 deaths in 2018 (WHO, 2019[18]). Despite the enormous burden that mental ill-health imposes on individuals, their families, society, health systems and the economy, mental health care remains a neglected area of health policy in too many countries (Hewlett and Moran, 2014[19]). The inclusion of mental health and substance abuse in the Sustainable Development Agenda is likely to have a positive impact on communities and countries, stressing the importance of the promotion of mental health and well-being, and the prevention and treatment of substance abuse.

In many parts of the LAC region, appropriate care may not be available and access to mental health care may not be assured for people with mental ill health. Access to mental health care can be assessed by the supply of professionals and the availability of psychiatric beds in different settings such as general hospitals, mental health hospitals and community facilities. Psychiatrists are generally responsible for the prevention, diagnosis and treatment of a variety of mental health problems, including schizophrenia, depression, learning disabilities, alcoholism and drug use disorders, eating disorders and personality disorders. The number of psychiatrists is lower in all countries in LAC (except in Argentina) than the OECD average of almost 17 per 100 000 population (Figure 5.21). Only Argentina and Uruguay have more than ten psychiatrists per 100 000 population, and nine out of 26 LAC countries with data have less than one per 100 000 population. This suggests that many countries in the region currently underinvest in mental health care. As it is the case for many other medical specialties (see indicator “Doctors and nurses” in Chapter 5), psychiatrists are not distributed evenly across regions within each country. For example, in Mexico, 60% of all psychiatrists are based in the three larger cities, leaving the rest of the country severely underserved (Heinze, del Carmen Chapa and Carmona-Huerta, 2016[20]).

Mental health nurses play an important and increasing role in the delivery of mental health services in hospital, primary care or other settings, but in many LAC countries, the number is still very low (Figure 5.22). Barbados has the highest rate with over 60 mental health nurses per 100 000 population, followed by Saint Lucia with

more than 50. But there are around 12 mental health nurses per 100 000 population in 18 LAC countries on average, and less than one mental health nurse in Ecuador, Grenada and Haiti, suggesting again the need for an appropriate supply of professionals in mental health care to assure access.

Some countries, such as Jamaica, have introduced innovative schemes designed to provide additional training to mental health nurses. In the Jamaica programme, nurses can become “Mental health officers” after receiving training on both clinical and administrative skills. This scheme has been successful in reducing stay lengths, reducing the stigma linked to mental health and cutting hospitalisation costs by treating the patient primarily at the community level (McKenzie, 2008[21]).

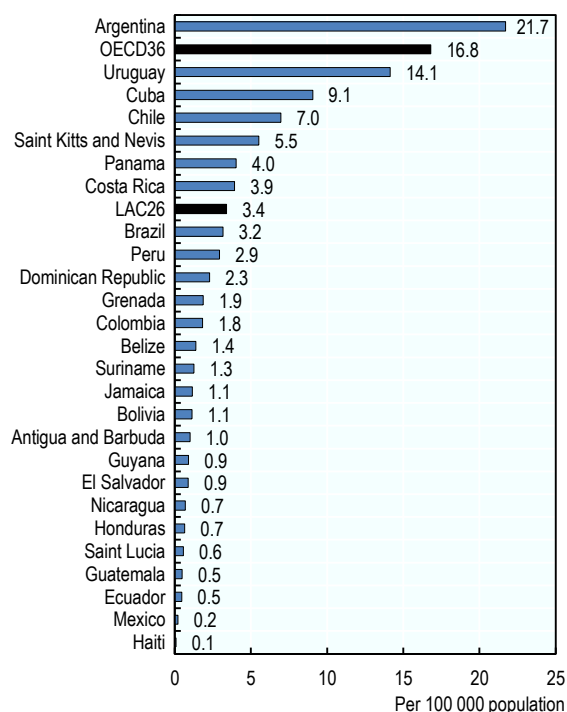
On average, there are nearly five mental health beds in general hospitals per 100 000 population in LAC countries. Cuba is the only country with more mental health beds than the OECD average of almost 35, while 11 of the 25 countries with data have less than 1 mental health bed per 100 000 population (Figure 5.23).

Definition and comparability

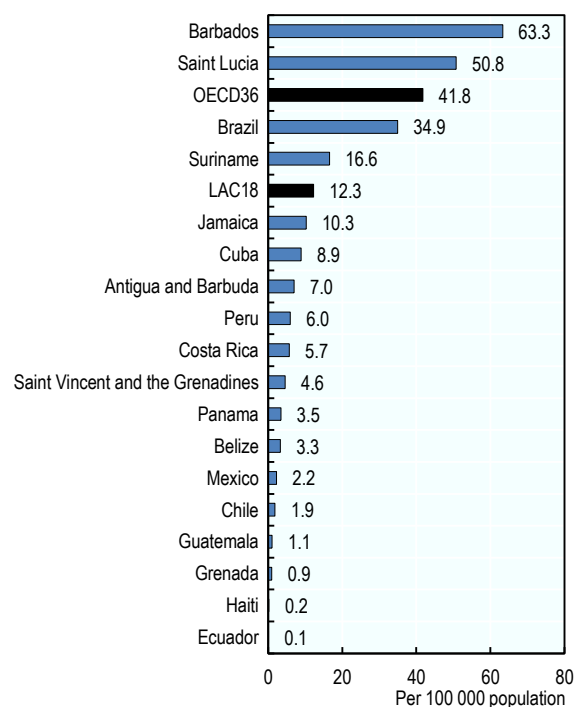
Psychiatrists have post-graduate training in psychiatry and may also have additional training in a psychiatric specialty, such as neuropsychiatry or child psychiatry. Psychiatrists can prescribe medication, which psychologists cannot do in most countries. Data include psychiatrists, neuropsychiatrists and child psychiatrists, but psychologists are excluded. Mental health nurses usually have formal training in nursing at a university level. Data are based on head counts.

References

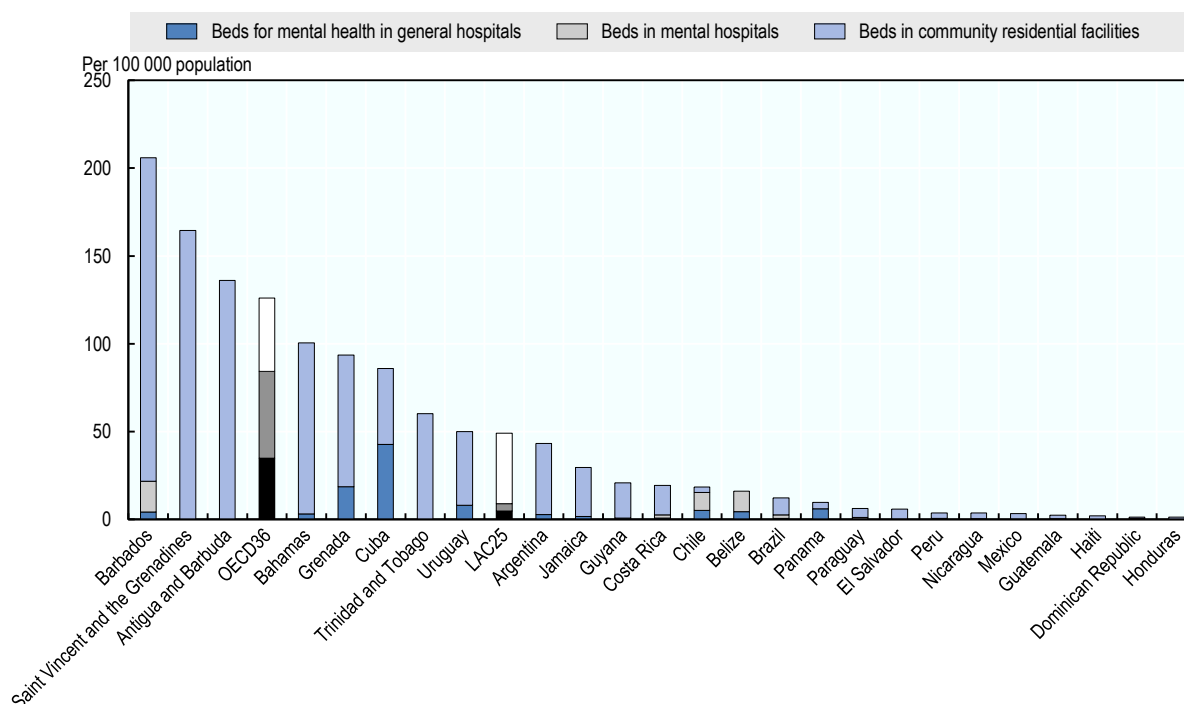
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Figure 5.21. **Psychiatrists, per 100 000 population, 2016 or latest available year**

Source: WHO GHO 2019.

StatLink <https://stat.link/8td9av>Figure 5.22. **Nurses working in mental health sector, per 100 000 population, 2016 or latest available year**

Source: WHO GHO 2019.

StatLink <https://stat.link/j9idnl>Figure 5.23. **Mental health beds, per 100 000 population, 2016 or latest available year**

Source: WHO GHO 2019.

StatLink <https://stat.link/nhkl29>



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