Stigma and psychiatric care in Latin America: its inclusion on the universal health coverage agenda

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In 2014, the Pan American Health Organization (PAHO) approved Resolution CP53.R14, which aimed to provide a framework for universal access to health and universal health coverage. It sets the stage for the inclusion of psychiatric practice within the provision of universal healthcare and highlights the fight against stigma. We propose to concentrate our efforts on changing the model of medical management. To that end, we are promoting the inclusion of mental health patients within the daily routine of primary care centres, thus allowing them to interact with other users of health services on a regular basis.
Background
One of the key aims of Resolution CD53.R14 (‘Strategy for Universal Access to Health and Universal Health Coverage’), which was agreed in September 2014 by all member states at the 53rd Directive Council of the Pan American Health Organization (PAHO), concerns the provision of universal access to people-centred health services in the Americas region. The resolution urges participating countries to move towards providing universal access to comprehensive, high-quality and progressively expanded health services that are consistent with broad population health needs, system capacities and the national context. It emphasises that there are unmet and undifferentiated population requirements from such a system, as well as specific needs of groups who are particularly vulnerable. The resolution recognises the importance of defining and implementing actions to improve the organisation and management of health services through the development of healthcare models that focus on the diverse needs of people and communities. There is an unfulfilled demand to improve response capacity at the primary level of care, through the development of integrated health services networks.

At that same meeting, PAHO member states approved Resolution CD53.8, ‘Plan of Action on Mental Health’. Based on information gathered from the World Health Organization’s Assessment Instrument for Mental Health Systems (WHO-AIMS) (PAHO, 2013), the Plan of Action’s background document reports that in Latin America and the Caribbean, mental and neurological disorders account for 22.2% of the total burden of disease, measured in disability-adjusted life-years (DALYs). Resources allocated by countries to tackle the burden of disease related to mental health problems are insufficient and inequitably distributed. This treatment gap in the provision of resources is, in many countries, more than 70%. Although the document acknowledges that there are key factors that account for the relative neglect of mental health as a priority for investment – including stigma, social exclusion and discrimination against patients with psychiatric conditions – no specific actions to tackle stigma are included in the Plan of Action.

The World Health Organization (WHO, 2013) has highlighted the widespread human rights violations and discrimination experienced by people with mental disorders. It calls for a human rights perspective to respond to the global burden of mental disorders. Its Mental Health Action Plan 2013–2020 proposes that the formulation of strategies for mental health promotion, with the aim of preventing mental disorders across the life course, should focus on antidiscrimination laws and should encourage information campaigns (WHO, 2013). There should be an effort to redress the stigmatisation and human rights violations associated with mental disorders. The Action Plan requests the WHO secretariat to provide technical support to assist in the implementation of evidence-based best practices for reducing stigmatisation and discrimination, and to promote human rights, but it does not identify the best practices by which these goals might be achieved. This is an important omission.

Positioning psychiatric care and stigma on the universal health coverage agenda
The concept of universal health coverage received strong support in the unanimous adoption of Resolution 67/L.36 ‘Global Health and Foreign Policy’ by the United Nations General Assembly in December 2012. It urges governments to move towards ensuring all people fall within the health-care framework and to work on the determinants of better healthcare provision within the sectors of mental and physical disorder. It thus sets a political agenda for positioning psychiatric care within universal health coverage, and encourages the development of strategies to eliminate stigma as a barrier that prevents patients from accessing the care they need. Accordingly, it is now of critical importance to identify the best strategies by which to implement this resolution.

At the 29th Congress of the International Academy of Rights and Mental Health (Paris, July 2005), Acuña & Bolis proposed specific strategies to ensure that stigma is included on the political and health agenda. These include:

• highlighting the role that stigma plays as a barrier, impeding access to healthcare
• providing information to people with mental health problems about the facilities available to them, and advocating for the rights of people with mental illness
• educating and training health workers at the primary care level
• encouraging community leaders to address the health needs of people with mental illness
• strengthening legal mechanisms so that people with mental health difficulties can exercise their rights, especially in relation to healthcare.

Some of these strategies are also included in the PAHO’s Plan of Action on Mental Health, as well as in the WHO’s Mental Health Action Plan 2013–2020.

Changing the model of care
So that we can make progress on the goal of eliminating stigma as a barrier to access, best practices and specific actions must be identified. In addition to those ideas proposed by Acuña & Bolis, other strategies also could be adopted. For example, it is now widely accepted that community-based models of care, with a focus on promoting recovery, should replace psychiatric hospitals and allow the social reintegration of patients, as suggested by PAHO Resolution CD53.R14. Our own proposal is based on the work of Lopez et al (2008); we would like to see the exposure of mental health patients to other users of health services at the primary care level, and the inclusion of psychiatric patients in the day-to-day routine of their
community health centres. If this idea is implemented, other patients and users of health services will have the opportunity to meet and interact with people who have psychiatric disorders. By these means we hope to reduce the prejudicial attitudes that stigmatise people who are psychiatrically ill as dangerous and threatening. It will help to ensure they are regarded in future simply as members of the community, just like everyone else.

Conclusion
The adoption of resolutions regarding universal access to health and universal health coverage by PAHO and WHO member states as well as by the United Nations General Assembly provides a unique window of opportunity for us to promote the universality of psychiatric care. It can assist in our fight against the stigma that psychiatric patients currently experience in so many regions of the world. But to eliminate stigma, we need to identify and to implement specific evidence-based strategies. Changing the model of medical care, with a focus on integrating psychiatric care into the everyday practice of primary healthcare and promoting exposure of psychiatric patients to other users of health services, should be a centrepiece of those strategies.

References