

# MENTAL HEALTH IN THE AMERICAS: REGIONAL CHALLENGES AND RESPONSE STRATEGIES

Keynote Speech

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# OBJECTIVES

- Overview of mental health burden in the Region of the Americas
- PAHO's key regional mental health initiatives
- Country-level coordination
- Conclusions



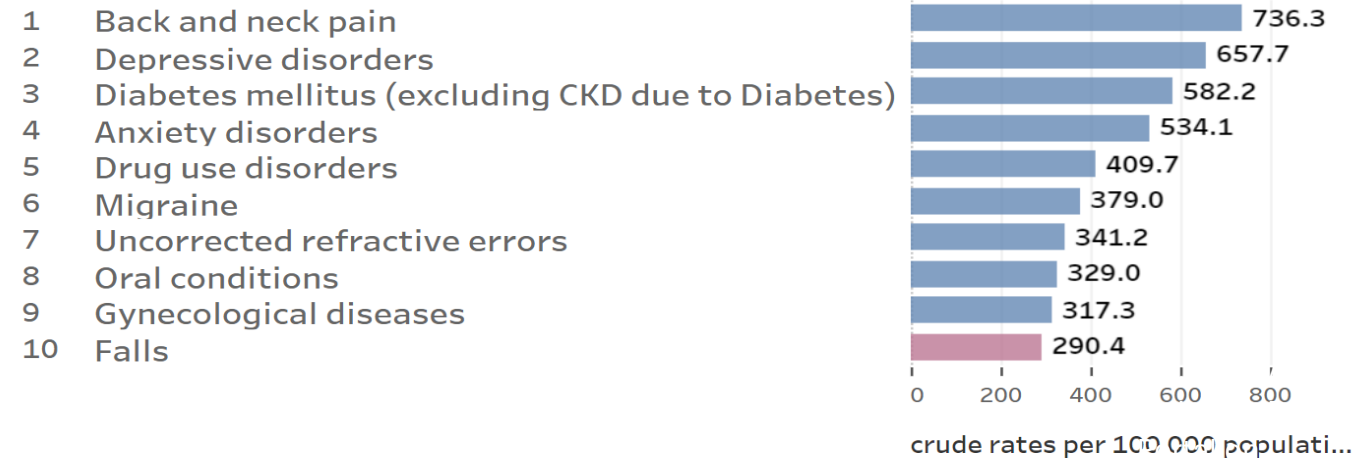


## **Overview of Mental Health Burden in the Region of the Americas**

# THE MENTAL HEALTH BURDEN

- MNS disorders and suicide account for more than **one third** of total years lived with disability (YLDs) and **a fifth** of total disability-adjusted life years (DALYs).
- Depressive and anxiety disorders are the **2nd** and **4th** leading cause of YLDs of all causes respectively.
- **8.2%** of the general population over 15 years of age suffers from an alcohol use disorder.

Age-standardized YLD rates per 100,000 population, total population, Region of the Americas, 2019



Broad cause groups

- Noncommunicable diseases
- Injuries

Source: WHO.  
Global Health  
Estimates  
2019. World  
Health

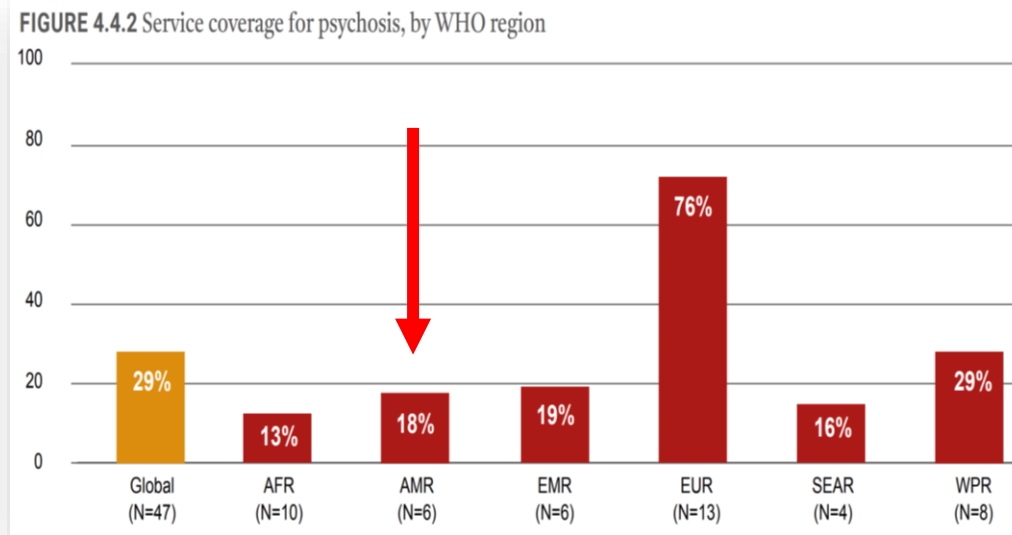
# MENTAL HEALTH SERVICES IN THE REGION

- In many countries in the Region, mental health service delivery is still concentrated in long-stay psychiatric institutions.
- These institutions are often the sites of human rights abuses.
- **28% of all mental hospital stays in the Region exceed 5 years**, the highest proportion for all WHO Regions.



# POOR SERVICE COVERAGE IN MENTAL HEALTH

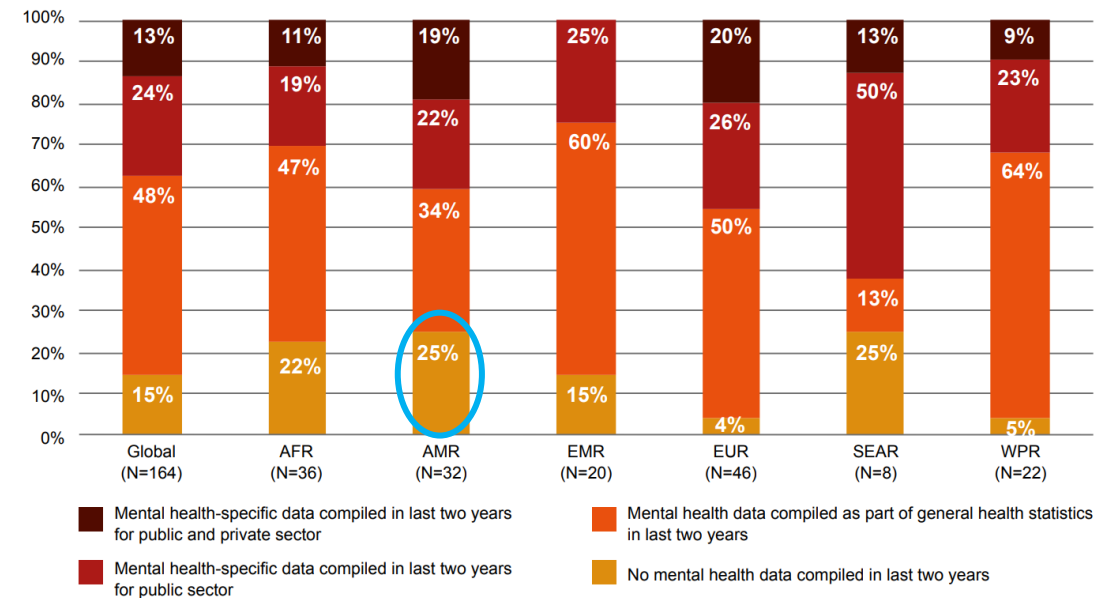
High  
treatment  
gap



Indigenous peoples, people of African descent,  
and other ethnic groups may experience  
higher treatment gaps

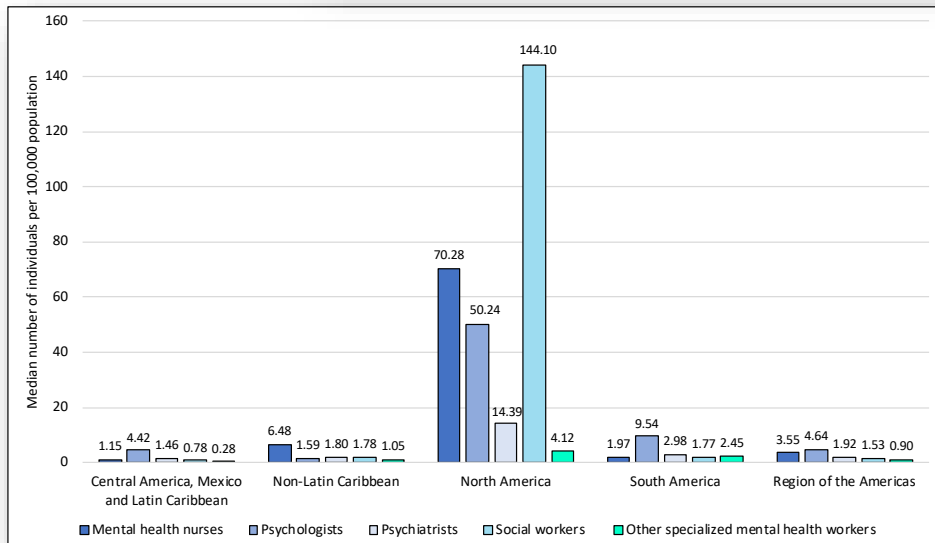
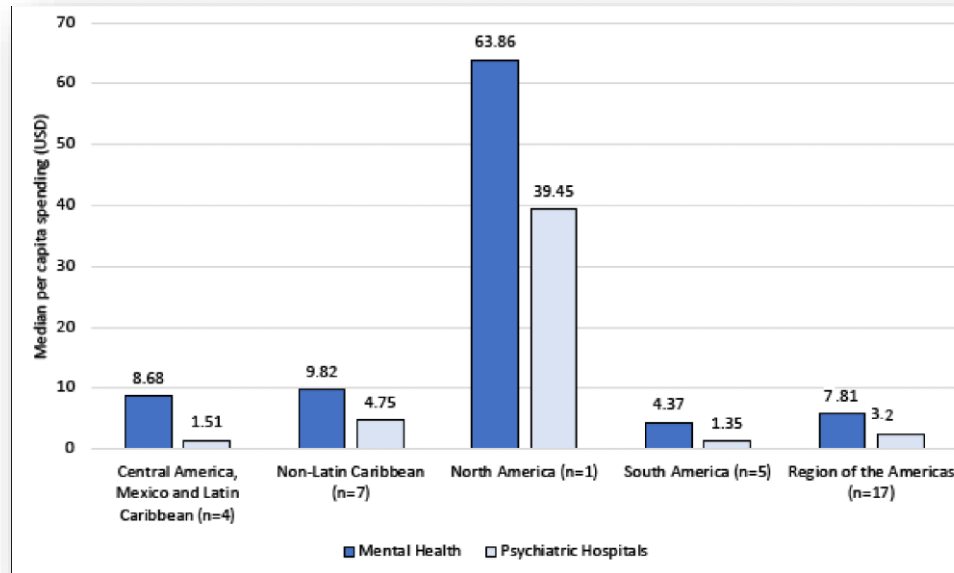
## Weak mental health information systems

FIGURE 1.5 Availability and reporting of mental health data in responding countries, by WHO region



# LOW INVESTMENTS IN MENTAL HEALTH

Low and inefficient financing



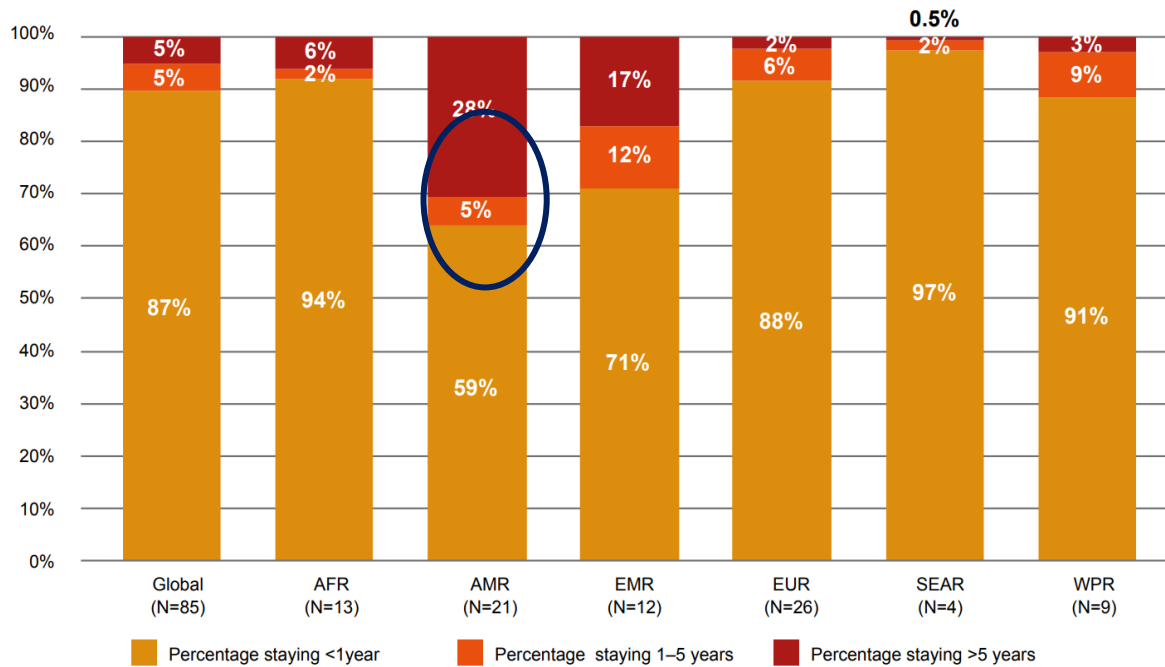
A shortage of specialists

Region and Sub-region	Guidelines for mental health integration into primary health care available and adopted at national level, n (%)	Pharmacologic interventions in at least 75% of primary care centers, n (%)	Psychosocial interventions in at least 75% of primary care centers, n (%)
Central America, Mexico and Latin Caribbean (n=10)	10 (100%)	2 (20%)	4 (40%)
Non-Latin Caribbean (n=17)	9 (53%)	8 (47%)	6 (35%)
North America (n=1)	0 (0%)	1 (100%)	1 (100%)
South America (n=10)	7 (70%)	3(33%) <sup>a</sup>	1 (10%)
Region of the Americas (n=38)	26 (68%)	14 (38%) <sup>b</sup>	12 (32%)

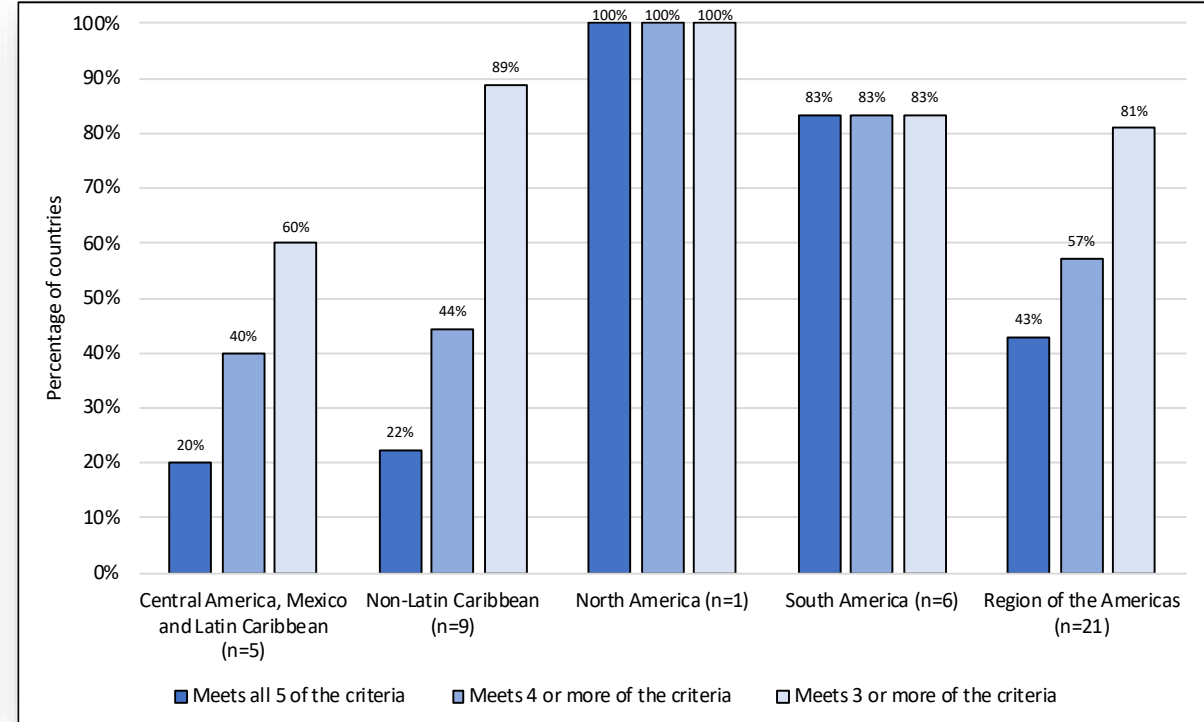
Poor integration of MH into PHC

# STRENGTHENING HUMAN RIGHTS

FIGURE 4.2.1 Median percentages of duration of stay in mental hospitals, by WHO region



Long stays in psychiatric hospitals



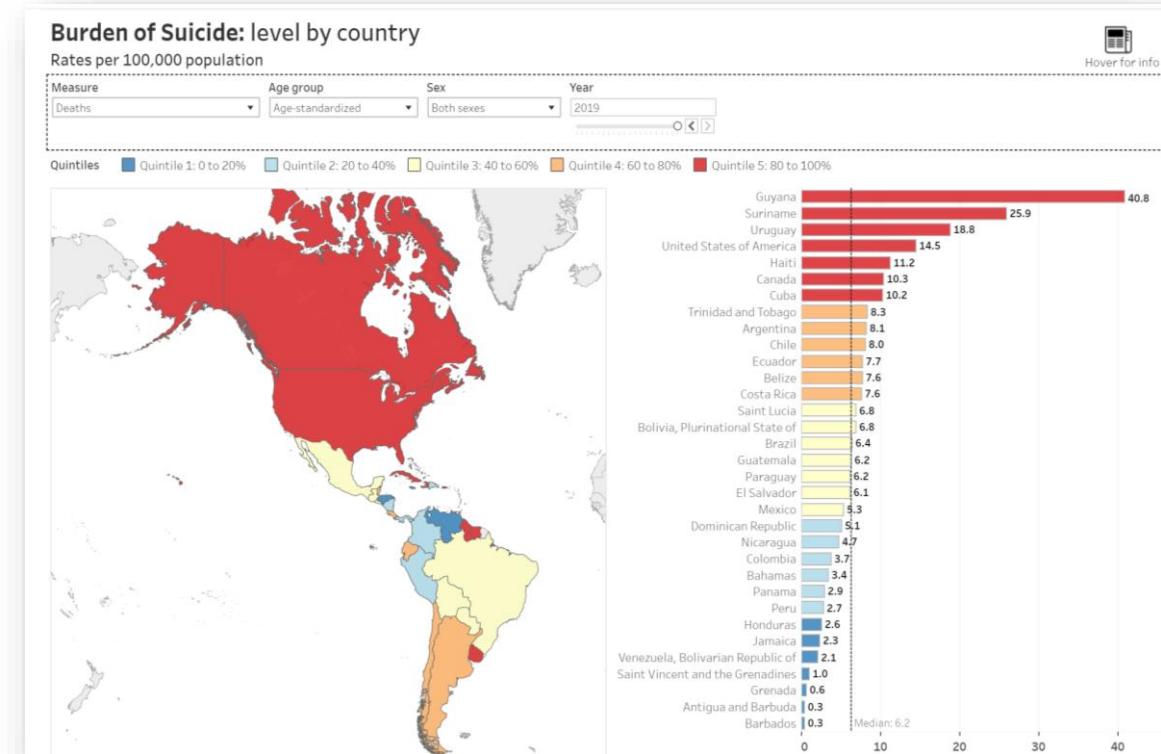
Mental health laws do not meet human rights criteria

Low proportion of countries with monitoring bodies for human rights



# INCREASING SUICIDE RATES IN THE AMERICAS

- In 2021, **100,933** people died by suicide
- From 2000-2019, the age-standardized suicide rate **increased by 17%** (the only WHO region to show an increase).
- Culturally relevant and community-based interventions for **suicide prevention** are urgently needed.
- PAHO is supporting countries to develop or update national suicide prevention strategies and plans.

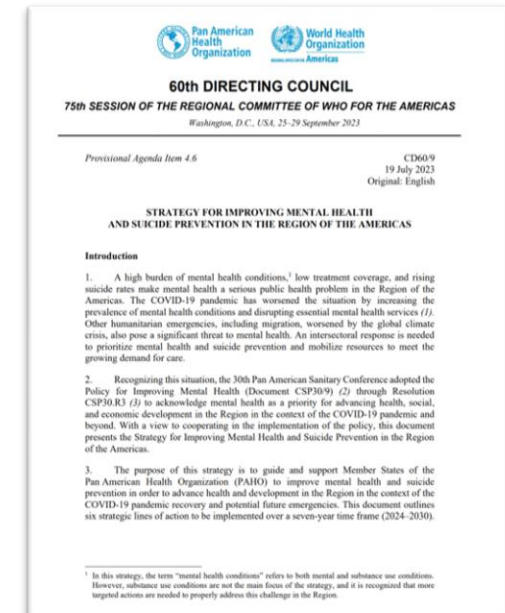
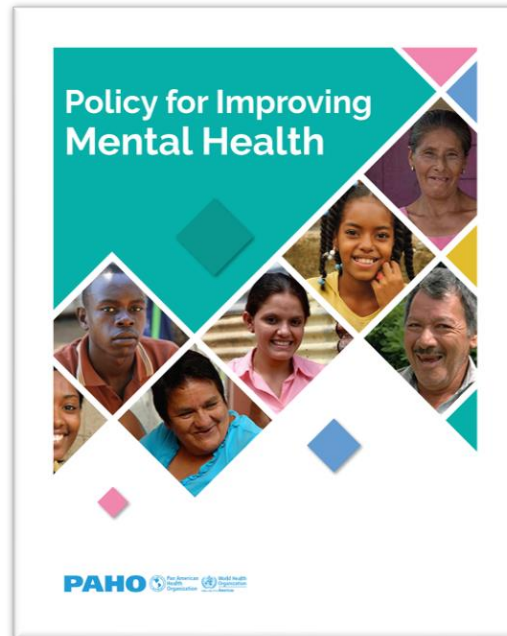
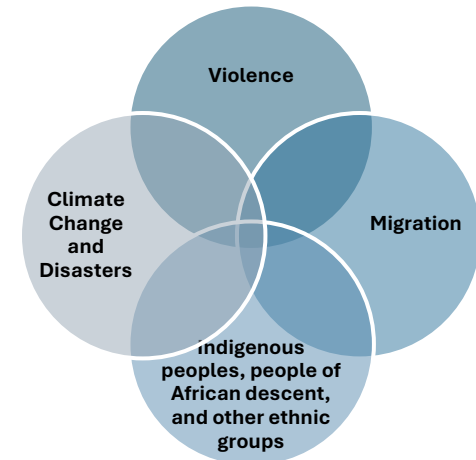


**A regional age-adjusted suicide rate of  
9.0 per 100,000**



## **PAHO's Key Regional Mental Health Initiatives**

# PAHO'S REGIONAL HIGH-LEVEL MH INITIATIVES



**September 27, 2022:**

The *Policy for Improving Mental Health* was approved by the 30<sup>th</sup> Pan American Sanitary Conference

**June 7, 2023:**

Launch of the final report of the PAHO High-Level Commission on MH and COVID-19

**September 27, 2023:**

The *Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas* was approved by the 60<sup>th</sup> Directing Council



## **Country Level Coordination**

# PAHO'S ROLE IN REGIONAL MIGRATION RESPONSE

## CASE STUDY

### Policy Development

- The 56th Directing Council prompted PAHO's response which convened the high-level meeting on migration and health in November 2018.
- PAHO supported the extension of the WHO Global Action Plan on Refugee and Migrant Health to 2030, focusing on mental health, prevention, early diagnosis and treatment.
- PAHO shaped the *Quito Declaration (2018)*, an agreement by 8 countries to manage Venezuelan migration.

### Regional Coordination Mechanisms

- PAHO took leadership in coordinating the international response.
- PAHO co-led the Health Cluster with WHO.
- PAHO was responsible for maintaining technical collaboration with affected countries.
- PAHO led development of guidance for bilateral agreements in border areas.

### Direct Support Actions

- Technical and capacity-building support for Member States.
- Integration of mental health services with special attention to vulnerable groups.

### Key results

- Strengthened regional coordination and health system capacity.
- Improved access to mental health services for migrants.

#### DECLARATION OF QUITO ON HUMAN MOBILITY OF VENEZUELAN CITIZENS IN THE REGION

The representatives of the Governments of the Republic of Argentina, the Federative Republic of Brazil, the Republic of Chile, the Republic of Colombia, the Republic of Costa Rica, the Republic of Ecuador, the United Mexican States, the Republic of Panama, the Republic of Paraguay, the Republic of Peru and the Oriental Republic of Uruguay meeting on September 3 and 4, 2018, in the city of Quito, to exchange information and good practices with a view to articulate a regional coordination regarding the migratory crisis of Venezuelan citizens in the region, agree:

1. To highlight the efforts undertaken by the governments of the region to adequately welcome Venezuelan citizens in situations of human mobility, especially those in vulnerable conditions, such as children and adolescents, the elderly, persons with disabilities and people suffering from serious illnesses, among others.
2. To continue to work individually and cooperate according to each country it deems appropriate and timely, with the provision of humanitarian assistance. Access to regular residency mechanisms, including the consideration of migratory regularization processes; combat trafficking in persons and the smuggling of migrants; fight against sexual and gender violence; child protection; reject discrimination and xenophobia. Access to procedures for the determination of refugee status; and, in general, to continue working on the implementation of public policies aimed at protecting the human rights of all migrants in their respective countries, in accordance with national legislations and the applicable international and regional instruments.
3. Recognize the importance of the technical and financial cooperation provided by the cooperating States and / or the specialized International Organizations, as appropriate, to assist in the national spaces of each State, the extraordinary and growing migratory flows of Venezuelan citizens in the region.
4. Urge that such cooperation and resources should substantially increase, according to the requirements of the volume of people who have emigrated from Venezuela to other countries in the region, and address the prioritized sectors by each State, so that they may increase their actions and programs towards migratory regularization.
5. Urge to the Government of the Bolivarian Republic of Venezuela to give priority to make the necessary measures for the timely provision of identity and travel documents of its citizens. Providing priority to identity cards, passports, birth certificates, marriage certificates and certificates of criminal records, as well as apostilles and legalization of documents required by its citizens. In view of the fact that the lack of such documents has generated: limitations on the right to free movement and mobility, difficulties in immigration procedures, impediments to extra-regional circulation, effects on social and economic integration in the host countries and, on the contrary, it has encouraged irregular migration.
6. In accordance with the national legislation of each country, to receive expired travel documents as identity documents of Venezuelan citizens for immigration purposes.

# PAHO AND PARTNERS MHPSS IN MACHUCA, OCOTEPEQUE, HONDURAS - MIGRATION (2024)

CASE  
STUDY



## Health & Wellness Workshops

- Safe spaces for mobile populations with MHPSS support
- Focus on children at risk

## Comprehensive Health Services

- General medical consultations, vaccination programs, and psychological counselling

## Target Population

- Migrants from Venezuela, Ecuador, Colombia, and Haiti

## Approach

- Integration of MH IN PHC
- Safe spaces and support for vulnerable groups, especially children
- Addressing immediate & long-term MH needs

# CONCLUSIONS I

- High burden of MNS conditions in the Region.
- Priority areas include **improving service coverage, decreasing suicide rates and human rights violations.**
- **Adequate financing** for mental health is essential to reducing the public health and economic burdens of MNS conditions.
- **Effective MHPSS** in migration contexts **requires integrated, culturally-sensitive approaches** that prioritize vulnerable populations to ensure accessible, holistic and sustainable care.



# CONCLUSIONS II

- The *Policy for Improving Mental Health*, the *High-Level Commission* and the *Strategy for Improving Mental Health and Suicide Prevention* are **key instruments in ensuring that vulnerable populations' mental health needs are respected.**





# THANK YOU!

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