

Stigma in Latin America

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Despite the fact there has been difficulty in developing a theory of stigma that is specific to patients with mental disorders, a multidisciplinary effort has been made to understand its impact (Smith, 2002). The key element in the social origins of stigma is the perception of difference, in particular societal concerns that people with mental disorders, who often have communication problems, harbour undesirable traits such as potential violence and other unpredictable behaviours (Byrne, 2000). In order for us to overcome barriers to the implementation of effective stigma-reduction programmes, we need to understand more about the public's misperceptions of mental illness, including the origins of prejudice and discrimination.

In industrialised societies, the impact of education and the media has led in recent years to an increasingly widespread understanding of mental illness as a medical problem. However, it is unfortunate that despite this enlightenment, many in society continue to be suspicious of, and even rejecting of, people with mental illness. Consequently, educational campaigns directed at ensuring their inclusion, which seek to influence wider cultural contexts, become relevant (Pescosolido *et al*, 2013). To date, most research into stigma and mental illness has been carried out in North America and Europe and has focused upon schizophrenia.

In much of Latin America there has been a widely implemented switch away from an asylum model of psychiatric care to community-based services in recent years. In a number of countries, that change has been accompanied by new mental health legislation, which has centred on patients' rights. In this issue of *BJPsych International*, we

present a series of papers that reflect on the origins and management of stigma towards psychiatric patients in the region. Acuña *et al* inform us that in Latin America and the Caribbean, mental and neurological disorders account between them for over 20% of the total burden of disease, but resources are scarce and the treatment gap between resources for mental and physical disorders in many countries is substantial. Different ways of reducing this gap and fighting stigma are suggested.

The adoption of resolutions regarding universal access to health and universal health coverage by members of the Pan American Health Organization may help to increase the provision of resources for psychiatric care and encourage its integration with primary healthcare. As described by Dahl *et al* in their report from Brazil, novel interventions such as peer support groups implemented by peer support workers and community mental health groups may help to modify patients' narratives about their illness and overcome stigma.

Finally, Agrest and colleagues describe a corpus of new studies on stigma which is beginning to shed light on the similarities and differences between the characteristics of societal stigma towards people with mental illness in Argentina and those found in North America and Europe.

References

- Byrne, P. (2000) Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment*, 6, 65–72.
- Pescosolido, B. A., Medina, T. R., Martin, J. K., *et al* (2013) The 'backbone' of stigma: identifying the global core of public prejudice associated with mental illness. *American Journal of Public Health*, 103, 853–860.
- Smith, M. (2002) Stigma. *Advances in Psychiatric Treatment*, 6, 317–323.

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.