The public health impact of COVID-19 in Latin America: Mental health. The case of Mexico

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Content

Concepts: social determinants & health care – synergistic epidemic: SYNDEMIC

Mental health before the Pandemic

Risk factors: Poverty, violence, bereavement, excessive burden for females, isolation - school children and aging population - loneliness

COVID-19 and lock down Impacts: anger, fear, distrust, stress, pre-existing mental disorders – COVID aftermath - discrimination

Challenges and opportunities

Collaborators: Silvia Morales Chainé, Lorena Bores, Martha Cordero, Guilherme Borges, Rebeca Robles, Jorge Villatoro

AMERICAS/world 1’397,139
First place in deaths 704,787
1. USA 255,850
2. Brazil 169,485
4. Mexico 101,926
Health care and social determinants: Mental disorders - culture and position in society

Health care of members of minority groups
- Less access to health care lower quality
- Increased disability due to uncover needs

Health care and social Justice
- Protection and equity in Access to rights and opportunities
- Care for society members with more disadvantages
- Distribution of goods and services

Intersectionality:
“Overlapping and interdependent systems of discrimination or disadvantage”

Sanitary recommendations (difficult to follow - wash your hands, stay home, etc.)
Health prevention & treatment is not enough
- 30% of households w/o running water
- 46% of households w/o internet
- 935000 households eats only once a day


Ruth Shim Social determinants of mental health across the lifespan https://www.youtube.com/watch?v=j2UpZ-ELxA8
Before COVID-19

The Burden is 8 times above the proportion of the health budget assigned
### Before COVID-19

#### Mental Health Service Use in Six Countries of the Americas

<table>
<thead>
<tr>
<th>Country</th>
<th>Psychiatrists</th>
<th>Other specialists in MD</th>
<th>Any MH Spec</th>
<th>Any medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>11.2</td>
<td>9.4</td>
<td>10.5</td>
<td>15.8</td>
</tr>
<tr>
<td>Brasil</td>
<td>26.9</td>
<td>14.9</td>
<td>22.6</td>
<td>32.6</td>
</tr>
<tr>
<td>Colombia</td>
<td>32.1</td>
<td>7.6</td>
<td>14.2</td>
<td>7.7</td>
</tr>
<tr>
<td>Mexico</td>
<td>20.5</td>
<td>8.3</td>
<td>12.3</td>
<td>7.7</td>
</tr>
<tr>
<td>Peru</td>
<td>25.4</td>
<td>11.4</td>
<td>15.8</td>
<td>6.3</td>
</tr>
<tr>
<td>United States</td>
<td>32.8</td>
<td>32.4</td>
<td>32.4</td>
<td>50.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36.2</strong></td>
<td><strong>24.3</strong></td>
<td><strong>32.8</strong></td>
<td><strong>50.6</strong></td>
</tr>
</tbody>
</table>

**Pharmacotherapy, 2+visits any medical care; Psychotherapy 4 visits; ongoing treatment**
Mental health resources: Peru, Central America & México
Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic.

- **Systematic Review**: Iran, China, Japan, Nepal, India, Iraq, UK, Spain, Nigeria, Italy
  - DASS-21, BAI BDI-II, GAD-7, CES-D, PHQ-9. **31.9% anxiety; depression 33.7%**

Prevalence of depression in the studies based on the random effects model.

**MEXICO**
National telephone household survey
32.42% anxiety symptoms
El 27.26% reported symptoms of depression.
Low school status ≤7 years 40%

Before COVID-19
Depression:
9.2% of the population, lifetime 4.5% last 12 months.

Health personnel same prevalence (National study) 31.3%
Robles et al, 2020
## Tobacco and Alcohol Consumption in the Mexican Population

<table>
<thead>
<tr>
<th>TOBACCO</th>
<th>ALCOHOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence 11.4%</td>
<td>Prevalence 28.8%</td>
</tr>
<tr>
<td>Quantity of cigarettes or electronic cigarettes before the contingency.</td>
<td>Number of cups before the contingency.</td>
</tr>
<tr>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Same</td>
<td>67</td>
</tr>
<tr>
<td>Higher</td>
<td>25</td>
</tr>
<tr>
<td>Less</td>
<td>29</td>
</tr>
<tr>
<td>Don't know/No Response</td>
<td>0</td>
</tr>
<tr>
<td>No. of users</td>
<td>121</td>
</tr>
</tbody>
</table>

Source: Shamah Levy, T. Y cols INSP. Results of the ENSARS VOC-19 study, June 2020.

- **28.9% Decreased**
- **61.4% No change**
- **9.7% Increased**

Southern Cone: 15.6% Increased
<table>
<thead>
<tr>
<th>País</th>
<th>Pobreza extrema</th>
<th>Pobreza</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019*</td>
<td>2020*</td>
</tr>
<tr>
<td></td>
<td>Nivel</td>
<td>Escenario bajo</td>
</tr>
<tr>
<td>Argentina</td>
<td>3,8</td>
<td>5,1</td>
</tr>
<tr>
<td>Bolivia (Estado Plurinacional de)</td>
<td>14,3</td>
<td>15,4</td>
</tr>
<tr>
<td>Brasil</td>
<td>5,4</td>
<td>6,9</td>
</tr>
<tr>
<td>Chile</td>
<td>1,4</td>
<td>2,1</td>
</tr>
<tr>
<td>Colombia</td>
<td>10,3</td>
<td>11,3</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>4,0</td>
<td>4,7</td>
</tr>
<tr>
<td>Ecuador</td>
<td>7,6</td>
<td>9,9</td>
</tr>
<tr>
<td>El Salvador</td>
<td>7,4</td>
<td>8,5</td>
</tr>
<tr>
<td>Guatemala</td>
<td>19,8</td>
<td>21,2</td>
</tr>
<tr>
<td>Honduras</td>
<td>18,7</td>
<td>19,5</td>
</tr>
<tr>
<td>México</td>
<td>11,1</td>
<td>14,9</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>18,0</td>
<td>20,7</td>
</tr>
<tr>
<td>Panamá</td>
<td>6,2</td>
<td>6,4</td>
</tr>
<tr>
<td>Paraguay</td>
<td>6,2</td>
<td>6,3</td>
</tr>
<tr>
<td>Perú</td>
<td>3,7</td>
<td>4,6</td>
</tr>
<tr>
<td>República Dominicana</td>
<td>4,5</td>
<td>4,6</td>
</tr>
<tr>
<td>Uruguay</td>
<td>0,1</td>
<td>0,2</td>
</tr>
<tr>
<td>América Latina*</td>
<td>11,0</td>
<td>13,0</td>
</tr>
</tbody>
</table>

Fuente: Comisión Económica para América Latina y el Caribe (CEPAL), sobre la base del Banco de Datos de Encuestas de Hogares (BADEHOs).
Screening – Symptoms of mental disorders

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence</td>
<td>24.8</td>
</tr>
<tr>
<td>Substance use</td>
<td>11.8</td>
</tr>
<tr>
<td>Depression symptoms</td>
<td>10.29</td>
</tr>
<tr>
<td>Generalized anxiety</td>
<td>7.9</td>
</tr>
<tr>
<td>Self harm/suicide</td>
<td>5.3</td>
</tr>
<tr>
<td>Acute stress</td>
<td>2.8</td>
</tr>
<tr>
<td>Otros</td>
<td>1.5</td>
</tr>
</tbody>
</table>

N = 104,875 persons
Voluntary treatment = 4,212

Morales-Chainé S, Rodriguez Bores, L., Robles, R., et al., 2020
Screening: Suicidality - violence

N=104,875
Violence 26,090, Self harm/suicide= 5562

Morales-Chainé S, Rodriguez Bores, L., Robles, R., et al., 2020

Physical Violence  |  Emocional violence  |  Surpassed limits of sexuality

Victim

Perpetrator

4.05  |  5.62  |  5.58
4.8   |  5.44  |  8.55
How treatment is provided?
*Treatment per 100,000 habitants in Mexico*

- **Outpatient services in hospitals**: 388
- **Community services**: 167.2
- **Other services (HD)**: 20.58
- **Child & adol.**: 105.34
- **Child & adol. O.S. (HD)**: 52.09
- **Mental hospitals**: 17.13
- **Psiq beds in Gral H**: 0.05
- **Forensic unit (inpatient)**: 0.01
- **Beds in residences**: 0.13
- **Prev. Tratada**: 242.1

**Closed**

- **COST OF HOSPITAL CONVERSION FOR ALL DISORDERS**
  - ✔ Mental health visits were reduced by 68.6%
  - ✔ 1,500,000 people did not receive care for chronic diseases
  - ✔ 320,000 fewer hospitalizations compared to the same period in 2019
  - ✔ Emergency services were reduced by 1 million
  - ✔ 293,000 More deaths in the previous quarter

**MENTAL HEALTH**
- **Outpatient care of psychiatric hospitals closed**
- **Self help groups unable to gather**

- **COVID**
  - Mental health visits were reduced by 68.6%
Mental Health consultations

*Psychiatric + psychological*

Subsequent

First time

MENTAL HEALTH BUDGET

Telemedicine

3.35%

Decreased in 87.3%

Judith Senyacen Méndez Méndez
Alejandra Llanos Guerrero

Centro de Investigación Económica y Presupuestaria, A.C.
11 de octubre de 2020
The new COVID-19 challenges from despair to resiliency

Social determinants - disparity
- Disadvantaged population – cannot meet sanitary recommendations
- Excess burden over females mainly those with lower income
- Homes with violence are not safe places for females and their children
- Unemployment and loss of income resources - increase in poverty and disparity – males more in risk of suicide

Mental disorders
- School lockdown - sensible to environmental factors
- Increase in mental disorders –
- Untreated chronic disorders – mental disorders -
- Severe mental conditions in survivors

Opportunities
- Reinforce resiliency of communities – reduce disparities
- Reengineering of first level of care with community platform and linked to general hospitals
- Close prevention & treatment - quality gaps

Challenges & opportunities

- 2.5 million children abandoned school 2019-2020
- 320,000 less hospitalizations
- Excess deaths as compared to the same period 2019. Cost of hospital reconversion

- Ensure access to running water, good housing and cash transfers
- Able to care for themselves and others
What are we missing to meet pre and post pandemic challenges?

- **Complete governance**
- **An integrated health system.** There are community services, first, and third level of care, but navigation in the system to meet the diverse needs of people is not flexible and dynamic. (i.e. incomplete reference)
- **The first level requires a restructure** so that it can attend to chronic diseases including mental health. Mental illness should be considered a priority.
- **Second level beds should be increased** Social security does not cover mental disorders - lack of medication. Ongoing reform
- **Prevention** and treatment of other communicable and no communicable diseases.
- **Budget,** human resources, and programs for mental health care at these levels. Parity with resources allocated to other diseases
- **Program for deinstitutionalization** of persons in psychiatric hospitals with a human rights perspective. Housing, education and labor opportunities
- **Campaigns against stigma**

THANK YOU!