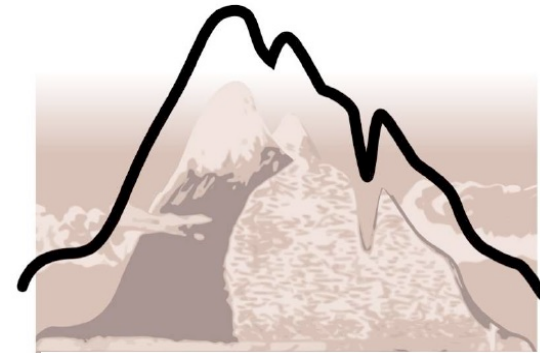Australian National Centre
for Latin American Studies
(ANCLAS)

The public health impact of
COVID-19 in Latin America

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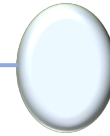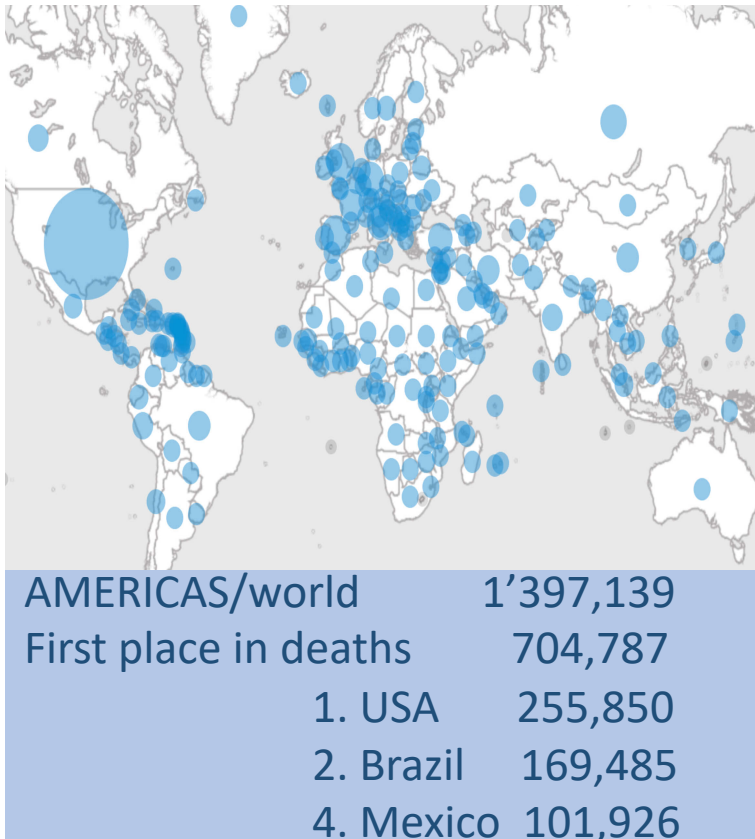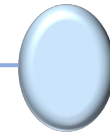
María Elena Medina-Mora

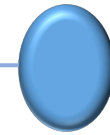metmmora@gmail.com

26 Nov 2020

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*
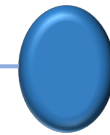
COVID-19 and lock down Impacts: *anger, fear, distrust, stress,*

pre-existing mental disorders – COVID aftermath - discrimination

Challenges and opportunities

AMERICAS/world	1'397,139
First place in deaths	704,787
1. USA	255,850
2. Brazil	169,485
4. Mexico	101,926

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

Health care and social determinants:
Mental disorders - culture and position in society

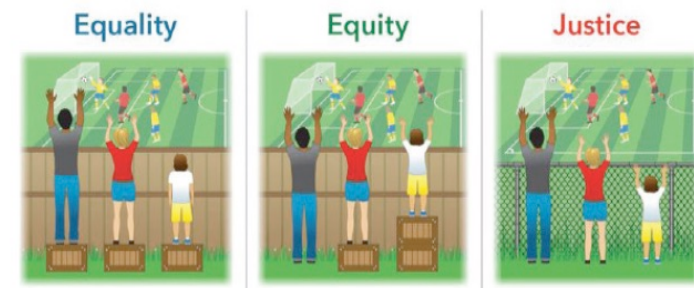Equality   Equity   Justice

National Academies of Sciences, Engineering & Medicine

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

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

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"

Stigma, Discrimination Accumulation of adversities

Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. PMID: 20669516.
National Academies of Sciences, Engineering and Medicine: A framework for Educating Health Professionals to Address the Social Determinants of health. Washington, D.C., National Academies Press, 2016.
Ruth Shim Social determinants of mental health across the lifespan https://www.youtube.com/watch?v=j2UpZ-ELxA8

Before COVID-19

Mental, behavioral, substance use, and neuropsychiatric disorders DALYs
(as % of total DALYs by country)

avioral, substance use, and neuropsychiatric disorders YLDs
(as % of total YLDs by country)
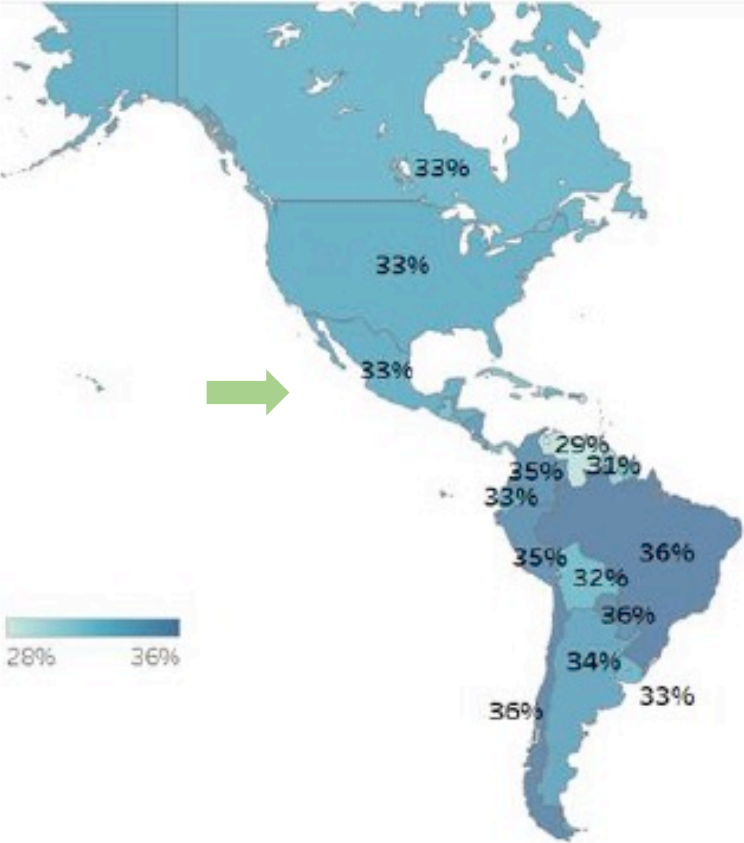
La carga de los trastornos mentales en la Región de las Américas, 2018
Vigo, D

The Burden is 8 times above the proportion of the health budget asigned

23%
22%
16%
17%
19%
17%
14%
17%
21%
17% 17%

9%   23%

33%
33%
33%
29%
35% 31%
33%
35% 36%
32%
36%
34%
36% 33%

28%   36%

Before COVID-19

Twelve-month mental health service use in six countries of the Americas: A regional report from the World Mental Health Surveys

G. Borges[1], S. Aguilar-Gaxiola[2], L. Andrade[3], C. Benjet[1], A. Cia[4], R. C. Kessler[5], R. Orozco[1], N. Sampson[5], J. C. Stagnaro[6], Y. Torres[7], Maria Carmen Viana[8], M. E. Medina-Mora[1] Corresponding   2019

- Psychiatrists
- Other specialists in MD
- Any MH Spec
- General practitioner
- Any medical treatment
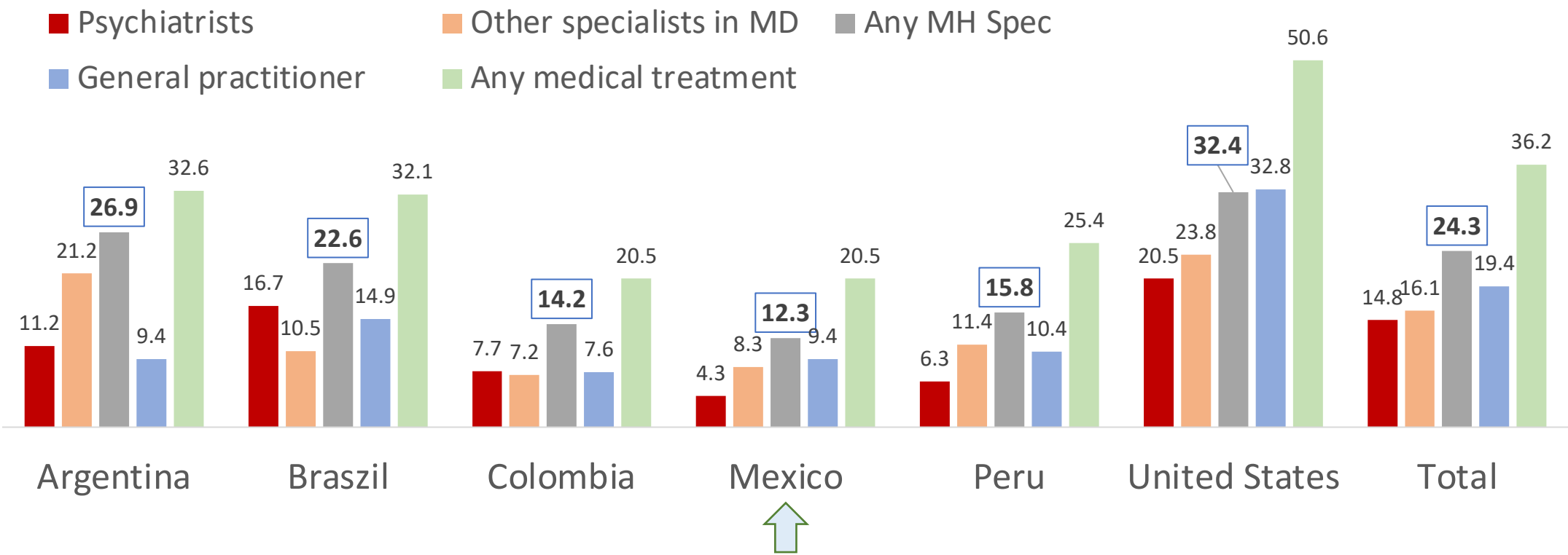
Pharmacotherapy, 2+visits any medical care; Psychotherapy 4 visits; ongoing treatment

Mental health resources: *Peru, Central America & México*

Legend: Psychiatrists ■ Childen Psych. ■ MH nurses ■ Psychologists ■ S. Work

Perú (UMI): Psychiatrists 2.95, Childen Psych. 0.21, MH nurses 1.02, Psychologists 9.51, S. Work 0.36

El Salvador (LMIC): Psychiatrists 0.89, Psychologists 2.08, S. Work 0.3, (Childen Psych. 0.03)

Nicaragua (LMIC): Psychiatrists 0.69, Psychologists 1.79, S. Work 3.57, (Childen Psych. 0.03)

Honduras (LMIC): Psychiatrists 0.66, Psychologists 0.62, S. Work 0.23, (Childen Psych. 0.01)

México (UMI): Psychiatrists 0.21, Childen Psych. 0.03, MH nurses 0.22, Psychologists 3.46, S. Work 0.14

Globalization and Health

RESEARCH   Open Access

Prevalence of strees, anxiety, depression – COVID-19

Prevalence of stress, anxiety, depression among the general population during the

Check for updates

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

Instituto Nacional de Psiquiatría
Ramón de la Fuente Muñiz

- ## 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%**

Health personel same prevalence (National study) 31.3%
Robles et al, 2020
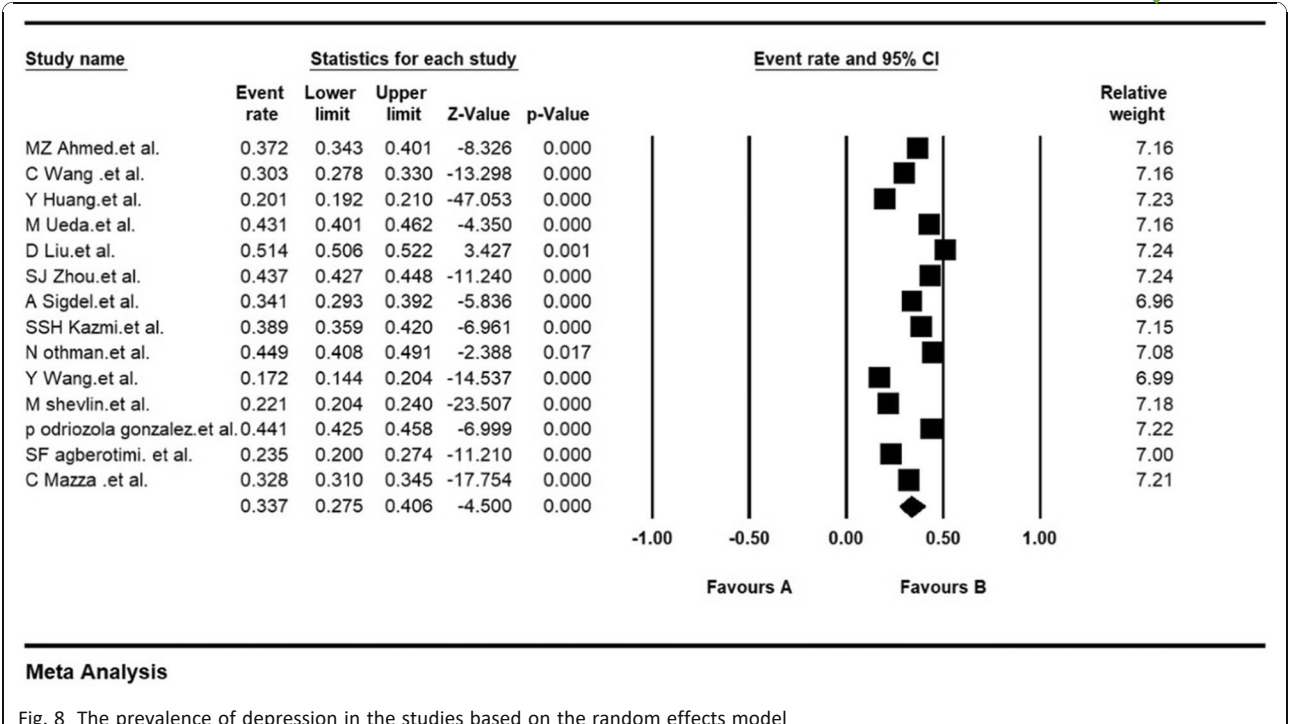
MEXICO
National telephone household survey
32.42% anxiety symptoms
El 27.26% reported symptoms of **depression**.
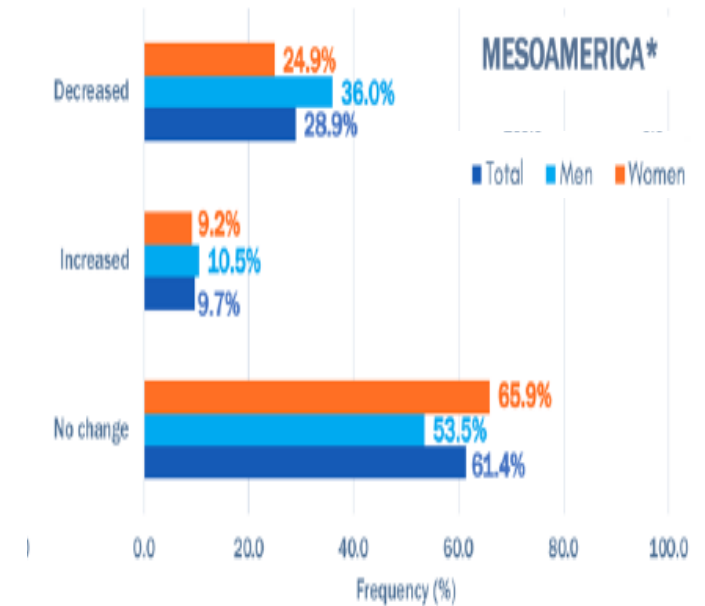
Low school satus <7 years
40%

Study name	Event rate	Lower limit	Upper limit	Z-Value	p-Value	Relative weight
MZ Ahmed.et al.	0.372	0.343	0.401	-8.326	0.000	7.16
C Wang .et al.	0.303	0.278	0.330	-13.298	0.000	7.16
Y Huang.et al.	0.201	0.192	0.210	-47.053	0.000	7.23
M Ueda.et al.	0.431	0.401	0.462	-4.350	0.000	7.16
D Liu.et al.	0.514	0.506	0.522	3.427	0.001	7.24
SJ Zhou.et al.	0.437	0.427	0.448	-11.240	0.000	7.24
A Sigdel.et al.	0.341	0.293	0.392	-5.836	0.000	6.96
SSH Kazmi.et al.	0.389	0.359	0.420	-6.961	0.000	7.15
N othman.et al.	0.449	0.408	0.491	-2.388	0.017	7.08
Y Wang.et al.	0.172	0.144	0.204	-14.537	0.000	6.99
M shevlin.et al.	0.221	0.204	0.240	-23.507	0.000	7.18
p odriozola gonzalez.et al.	0.441	0.425	0.458	-6.999	0.000	7.22
SF agberotimi. et al.	0.235	0.200	0.274	-11.210	0.000	7.00
C Mazza .et al.	0.328	0.310	0.345	-17.754	0.000	7.21
	0.337	0.275	0.406	-4.500	0.000	

Event rate and 95% CI

Favours A   Favours B

Meta Analysis

Fig. 8 The prevalence of depression in the studies based on the random effects model

IBERO   EQUIDE
Investigación con Impacto Social

SALUD
SECRETARÍA DE SALUD

Instituto Nacional de Salud Pública

Pan American Health Organization
World Health Organization

Tobacco and Alcohol Consumption in the Mexican Population

	TOBACCO Prevalence 11.4% Quantity of cigarettes or electronic cigarettes before the contingency.		ALCOHOL Prevalence 28.8% Number of cups before the contingency.	
	n	%	n	%
Same	67	55.4	147	48.5
Higher	25	20.7	36	11.9
Less	29	24.0	118	38.9
Dont know/No Response	0	0	2	0.7
No. of users	121		303	

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

MESOAMERICA*

Decreased — Women 24.9%, Men 36.0%, Total 28.9%
Increased — Women 9.2%, Men 10.5%, Total 9.7%
No change — Women 65.9%, Men 53.5%, Total 61.4%

■ Total ■ Men ■ Women

Frequency (%)

28.9% Decreased
61.4% No change
9.7% Increased

Southern Cone:
15.6% Increased

Cuadro 1 | América Latina (17 países): proyección de la población en situación de pobreza extrema y pobreza en 2020, sin considerar el efecto de las medidas anunciadas para mitigar el impacto del COVID-19

(En porcentajes)

País	Pobreza extrema				Pobreza			
	2019[a]	2020[b]			2019[a]	2020[b]		
	Nivel	Escenario bajo	Escenario medio	Escenario alto	Nivel	Escenario bajo	Escenario medio	Escenario alto
Argentina[c]	3,8	5,1	5,5	6,3	26,7	32,5	33,6	35,3
Bolivia (Estado Plurinacional de)	14,3	15,4	16,0	16,7	32,3	33,6	34,4	35,5
Brasil	5,4	6,9	7,4	7,9	19,4	23,0	24,3	25,4
Chile	1,4	2,1	2,3	2,6	9,8	11,9	12,7	13,7
Colombia	10,3	11,3	12,0	12,7	29,0	30,4	31,5	32,5
Costa Rica	4,0	4,7	4,9	5,3	16,0	17,7	18,4	19,1
Ecuador	7,6	9,9	10,7	11,6	25,7	30,0	30,8	31,9
El Salvador	7,4	8,5	9,0	9,6	33,7	35,4	36,4	37,3
Guatemala	19,8	21,2	21,4	21,8	48,6	50,3	50,5	50,9
Honduras	18,7	19,5	19,8	20,5	54,8	56,3	57,1	57,8
México	11,1	14,9	15,9	17,1	41,9	46,7	47,8	48,9
Nicaragua	18,0	20,7	21,3	22,2	47,1	50,6	51,6	52,7
Panamá	6,2	6,4	6,6	6,8	14,2	14,5	14,9	15,6
Paraguay	6,2	6,3	6,5	6,9	19,4	19,8	20,3	21,1
Perú	3,7	4,6	4,8	5,1	16,5	18,5	19,1	20,1
República Dominicana	4,5	4,6	4,9	5,3	20,3	20,7	21,1	21,7
Uruguay	0,1	0,2	0,3	0,4	2,9	4,2	4,8	5,7
América Latina[d]	11,0	13,0	13,5	14,2	30,3	33,7	34,7	35,8

Fuente: Comisión Económica para América Latina y el Caribe (CEPAL), sobre la base del Banco de Datos de Encuestas de Hogares (BADEHOG).
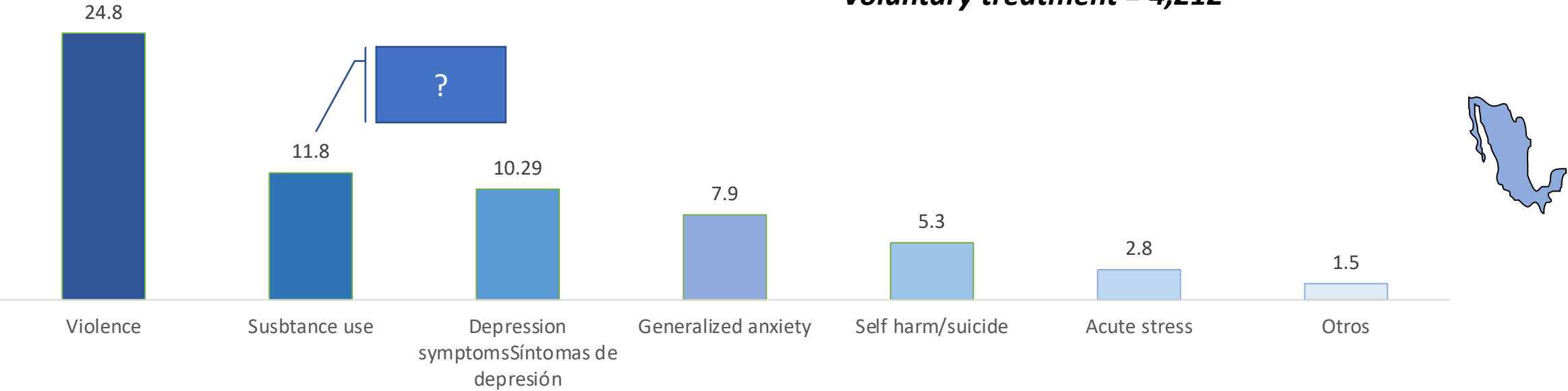
El desafío social en tiempos del COVID-19

Informe Especial
COVID-19

COVID-19 RESPUESTA

60% of people with COVID live in municipalities with the highest proportion of people without access to services

1 NO POVERTY

3 GOOD HEALTH AND WELL-BEING

Screening –Symptoms of mental disorders

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

24.8	11.8	10.29	7.9	5.3	2.8	1.5
Violence	Susbtance use	Depression symptomsSíntomas de depresión	Generalized anxiety	Self harm/suicide	Acute stress	Otros

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

Screening: Suicidality - violence

Mental Health consultations
Psychiatric + psychological

MENTAL HEALTH BUDGET

Subse quent

First time
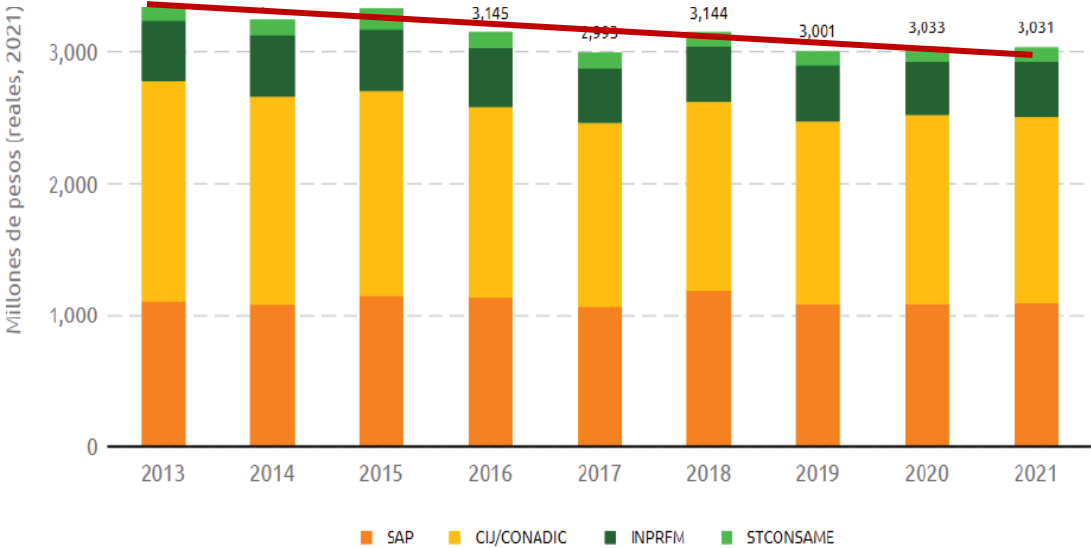
Judith Senyacen Méndez Méndez

Alejandra Llanos Guerrero

Centro de Investigación Económica y Presupuestaria, A.C.

11 de octubre de 2020

Telemedicine
3.35%
Decreased in 87.3%

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

√ 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!