

Guatemala

General Information

Guatemala is a country with an approximate area of 109 thousand sq. km. (UNO, 2001). Its population is 12.661 million, and the sex ratio (men per hundred women) is 101 (UNO, 2004). The proportion of population under the age of 15 years is 42% (UNO, 2004), and the proportion of population above the age of 60 years is 5% (WHO, 2004). The literacy rate is 77.3% for men and 62.5% for women (UNESCO/MoH, 2004).

The country is a lower middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 4.8%. The per capita total expenditure on health is 199 international \$, and the per capita government expenditure on health is 96 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Spanish and Indian (Maya). The largest ethnic group(s) is (are) indigenous (Maya, more than two-fifths of the population), and the other ethnic group(s) are (is) Mestizo. The largest religious group(s) is (are) Roman Catholic, and the other religious group(s) are (is) Protestant and Mayan.

The life expectancy at birth is 63.1 years for males and 69 years for females (WHO, 2004). The healthy life expectancy at birth is 55 years for males and 60 years for females (WHO, 2004).

Epidemiology

There is a paucity of epidemiological data on mental illnesses in Guatemala in internationally accessible literature. In a report from the Ministry of Health from Guatemala, in Chiquimula, a province with 300 thousand habitants, the percentage of outpatient consultations by diagnosis was: Depression (25.5%), Chronic Psychosis (21.9%), Epilepsy(10.4%), Bipolar Disorder (5.2%), Somatoform Disorders (11.4%), Mental Retardation (4.4%) and Anxiety Disorders (8.3%) (La Salud Mental en Guatemala: Ideas y Reflexiones, 1999). Berganza and Aguilar (1992) used a modified version of the Center for Epidemiological Studies Depression Scale for Children (CES-DC-M) in 339 adolescent school children belonging to three different social strata to identify the prevalence of depression. The prevalence was 35.1%. Gender rather than social class was related to depression. Weller et al (1991) described clinical characteristics of a folk illness called 'empacho' which manifested as diarrhea, headache, vomiting and lack of appetite. It differed from other gastrointestinal illnesses in that headaches were more likely and stomach-aches were less likely to be reported. Though empacho was frequently diagnosed by residents both in adults and children, folk healers were rarely consulted for it. Nevertheless, a strong association exists between a household diagnosis of empacho and the use of folk healers by those households.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1997.

The components of the policy are promotion, prevention, treatment and rehabilitation. It was revised in 2000 by mental health professionals and public servants. There are regular funds for its implementation. Between 50 to 75% of its original content has been implemented.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998. The substance abuse policy does not have a specific budget for its implementation and has been implemented to the extent of 25 to 50%. Guatemala also has a law on Substance Abuse from 2000, 'Decreto Ley 50-2000 (Reformas al Código de Salud)', aiming to control and to reduce alcohol and tobacco use. The national mental health programme has a sub-programme for the prevention of alcoholism and other addictions, which in turn is considered within the National Steering Plan prepared by the Secretariat against addictions and illicit drug trafficking.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1997.

It was revised in 2000. There are regular funds for its implementation and it has been implemented 50 to 75% by local, regional and national authorities. Its main components are strategy of services reform, promotion and prevention, mental health services at primary health care and specialized services.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1984.

Mental Health Legislation

The decree 50/2000 (Reforms to the Health Code) is an anti-tobacco legislation and was enacted in 2000.

Details about the year of enactment of the mental health legislation are not available.

Mental Health Financing

There are budget allocations for mental health.

The country spends 0.9% of the total health budget on mental health.

The primary sources of mental health financing in descending order are tax based, social insurance, out of pocket expenditure by the patient or family and private insurances.

Psychiatric hospitals receive 85% of the budget, community care 10%. General hospitals receive 5% of the funding.

The country has disability benefits for persons with mental disorders. Only 18% of the population have social security coverage, which is the portion that could be entitled to social benefit.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. This is possible in some primary health units (10/22) where the national mental health programme has been implemented. 25-50% of the population is covered by this kind of service. Mental health care is provided by Primary Health Care doctors.

Regular training of primary care professionals is not carried out in the field of mental health. In the last two years, about 9980 personnel were provided training.

There are community care facilities for patients with mental disorders. Community care system for the mentally ill includes preventive/promotion interventions and covers 25 to 50% of the population. Home interventions, family interventions, vocational training and employment programmes are also available, but cover less than 25% of the treated population. The major part of community care facilities exist in the capital. The church plays a major role in providing community care services.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	0.35
Psychiatric beds in mental hospitals per 10 000 population	0.32
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.54
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0.04
Number of neurologists per 100 000 population	0.009
Number of psychologists per 100 000 population	0.7
Number of social workers per 100 000 population	0.07

These professionals include those in public services and Guatemalan Mental Health Services. No information from the private sector is available. There are 4 other workers in mental health. Two-thirds of the beds are occupied by long stay patients. All mental health professionals are employed in public institutions.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. These organizations participate in mental health activities related to women, children, domestic violence and consumers. These activities include treatment (psychiatric care), promotion (community work with children, women and human rights), prevention (at risk populations), rehabilitation (for victims of armed conflicts and disasters) and advocacy (education and information). The Ministry is working with NGOs on psychosocial recovery of war victims.

Information Gathering System

There is a mental health reporting system in the country. ICD-10 is used to record information. Besides psychiatric diagnoses, the other mental health component reported is family violence.

The country has a data collection system or epidemiological study on mental health. An epidemiological assessment of the mental disorders is included. The department in charge of service data collection system is the National Program of Mental Health and the 'Departamento del Sistema Único de Información' both from the Ministry of Health. Data is collected only in the areas where the Mental Health Program is implemented. Only data coming from the public health system is available. The system is not very reliable.

Programmes for Special Population

The country has specific programmes for mental health for refugees, disaster affected population, indigenous population and children. There is a school care system. Several NGOs are working in areas affected by war and Hurricane Mitch.

In addition, there are programmes for women, children in vulnerable situation and for domestic violence. There is an Inter-institutional Working Group in Mental Health composed by the Ministry of Health, Guatemalan Institute of Social Security, Psychiatric Association of Guatemala, Psychologist Association of Guatemala, Neurological Association of Guatemala, Alzheimer of Guatemala with support from PAHO and UNICEF. It is not functional as yet; efforts are being made by Ministry to get the collaboration of multiple sectors.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, phenobarbital, phenytoin sodium, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden.

Some drugs are subsidized in state owned pharmacies and others are available only at normal prices. Free medication is provided to outpatients, but not in community centres where there are limitations. As the prices are high the Ministry of Health is establishing a network of national (popular) pharmacies which have reduced prices. Free service through primary health centres is being attempted.

Other Information

It is reported that about 40% of the country has no mental health services and in the remaining part there are inadequate numbers of mental health professionals. The hospitals are in a poor state due to the lack of resources, and a large number of residents are institutionalized for a number of years.

Additional Sources of Information

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