Psychiatry in Venezuela

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The Bolivarian Republic of Venezuela covers 916 445 km²; to the north is the Caribbean Sea, to the south-east the Amazonian region and the plains of Brazil and Colombia, and to the west the Andes and the Colombian Guajira peninsula. Its estimated population (2004) is 25 226 million, which is concentrated along the north coastal area, where the population density exceeds 200 inhabitants per km²; most of the territory remains almost inhabited (fewer than 6 inhabitants per km²), in particular the border areas. The population is mainly urban: 70% live in cities with more than 50 000 inhabitants.

The annual mean rate of population growth is 2%, approximately, but this is reducing in line with a progressive reduction in the birth rate (from 27.4 per 1000 inhabitants in 1994 to 22.3 per 1000 in 1998), fertility (3.17 children per 1000 women in 1994 to 2.93 in 1998) and an increase in emigration. The population is predominately young: 54.4% are under 25 years of age, while the 25- to 64-year age group represents 41.3% of the population. Life expectancy is presently estimated at 72.8 years.

The budget assigned to health amounts to 3.9% of gross domestic product, or US$6402 per capita.

Constitutionally, Venezuela is a free and independent republic. It is also a federal state, consisting of 25 states and a capital district: Caracas is the capital city. According to the constitution, the states are autonomous and have political integrity. They are called on, however, to maintain the integrity of the nation and to obey and abide by national law.

Health system

Civil rights and the state’s duties to its citizens set out in the constitution provide the framework for the health system. The state must guarantee opportunities for education and development in an environment of freedom, and must preserve the dignity of its inhabitants, for example. The constitution requires that a technical committee organises the administration of healthcare in Venezuela. This committee has the following duties:

- to study and recommend programmes for the control of important epidemiological diseases
- to study and develop strategies aimed at eradicating some recurrent (high-prevalence) diseases of social importance

There is a national programme of mental health, contained in the Nation’s Ninth Plan (which is a 5-year plan for economic and social development, from which the priorities of the executive power are derived). The public health sector in Venezuela accounts for 2 14 hospitals (181 general and 33 specialised hospitals) and a network of 4605 ambulatory clinics for medical care (in 890 urban and 3715 rural centres).

Psychiatric services are provided in both the public and the private sectors. The public system looks after a large portion of the population, but access to psychiatric care is restricted in rural areas. There are few specific services for children and elderly people, even in urban areas.

Psychiatric care tends to be centred on psychiatric hospitals. Patients are referred from general hospitals or other institutions. From the 1960s, 11 rural sanatoriums, which house around 1800 chronic mental patients, were established. The main objective of this project was to create a psychiatric community but...
Unfortunately this was never accomplished. Currently these institutes serve the private sector.

There is an overall lack of practical psychiatric care, reflected in an under-provision of institutional structures and poor access to the health system.

Mental health legislation

Venezuela does not rely on a specific law to regulate all aspects of mental health from a holistic perspective. Issues related to mental health are usually addressed in health codes or general health laws, which set out universal principles. Commissions and technical committees govern the administration of some services and regulate the organisations devoted to mental healthcare.

Resolution number 1223 (15 October 1992), however, does emphasise the responsibility of the MSDS to provide comprehensive medical care for people with a mental illness, oriented towards the patient’s full recovery and his/her reintegration in society. The resolution also refers to the principles contained in the Caracas Declaration and asks general hospitals appointed by the MSDS to study and adopt procedures related to the admission of acute psychiatric patients; more specifically, it seeks to guarantee that at least 10% of beds are available for those with a mental disorder.

There was also a decree in 1992 to regulate the sanatoriums. It refers to the humanitarian treatment of patients, in particular their individual freedom and security; it also relates to the admission of patients, technical and professional assistance, specialised medical care, health records and the assumption of responsibilities in the event of injury to patients.

Mental health financing

There are budget allocations for mental health. The primary sources of mental health financing, in descending order, are: tax revenue, social insurance, out-of-pocket expenditure by the patient and family, and private health insurance.

Mental health training and facilities

Disability benefits for persons with mental disorders require a certificate provided by the Venezuelan Institute of Social Security.

| Caracas metropolitan area | 22 states |
|--------------------------|-----------|
| Psychiatric hospitals    | 2         | 4         |
| Ambulatory clinics       | 7         | 30        |
| Day-care hospitals       | 1         | 1         |
| Psychiatric units in general hospitals | 3 | 31 |
| Ambulatory clinics for children and adolescents | 1 | 1 |
| Psychiatric units for children and adolescents | 2 | 1 |

Table 1. Central and regional mental health resources

|                      | Number per 10 000 population |
|----------------------|------------------------------|
| Psychiatric beds     | 1.15                         |
| Psychiatric beds in mental hospitals | 0.29 |
| Psychiatric beds in general hospitals | 0.15 |
| Psychiatric beds in other settings | 0.76 |
| Psychiatrists         | 0.4                          |

Table 2. Numbers of psychiatric beds and professionals

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Scientific societies

The most important of the several psychiatric societies is the Venezuelan Society of Psychiatry, which has approximately 900 members. It is affiliated to the Latin American Psychiatric Association and the World Psychiatric Association. It organises scientific activities, workshops, symposia, meetings, and a national congress every 3 years.

Mental health research

The areas of mental health being investigated, in descending order of amount of research activity, are as follows:
- affective disorders (including post-partum depression)
- schizophrenia and other psychotic disorders
- childhood mental and behavioural disorders
- anxiety disorders
- drug misuse and dependence
- suicide
- dementia
- learning disabilities
- stress disorders (including post-traumatic stress disorder)
- mental comorbidity of AIDS
- neuropsychiatric disorders
- eating disorders
- epilepsy.

Violence and mental health

Venezuela has an internationally high rate of homicide (principally involving young men). Statistics from the Institute of Legal Medicine show a present average of
Programmes for particular populations

The country has specific programmes for the mental health of children and for people affected by natural disasters. There is a National Institute of Child Psychiatry (Instituto Nacional de Psiquiatría del Niño) and also a 2-year programme for university-level child and adolescent psychiatry (see above). This is the only specialised programme in the field of mental health in Venezuela.

In Venezuela in 1999 there were massive land slides in Vargas state. A plan for psychological care and rehabilitation was created to care for any victims of future similar tragedies.

Conclusion

Venezuela has long had adequate health plans and programmes, which have provided immediate responses, sometimes improvised ones, in the area of mental health. The problem has been in their implementation, since priorities have not been properly ascertained, experiences are not taken into account and ongoing training and research are not promoted. Venezuela therefore needs to strengthen the implementation of health plans and policies, to meet needs in the area of health, to protect patients’ rights, to preserve mental and physical integrity and, consequently, to guarantee the population a good quality of life.

Further reading

Desjarlais, R., Eisenberg, L., Good, B., et al (eds) (1996) World Mental Health: Problems and Priorities in Low-Income Countries. New York: Oxford University Press.

Levav, I., Restrepo, H. & Guerra de Macedo, C. (1994) The restructuring of psychiatric care in Latin America: a new policy for mental health services. Journal of Public Health and Policy, 15, 71.

San Juan, A. (2003) Political Violence in Venezuela: Some Preliminary Approaches. Caracas: Centro de Estudios para la Paz, Fundación Centro Gumilla.

World Health Organization (2001) Atlas. Mental Health Resources in the World 2001. Mental Health Determinants and Populations. Geneva: WHO Department of Mental Health and Substance Dependence.

Venezuela has an internationally high rate of homicide (principally involving young men). Statistics from the Institute of Legal Medicine show a present average of about 100 violent deaths every week. The number of injuries is much higher.