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Mental Health: It's Not All in Your Head

Our issue coincides with World Mental Health Day, October 10. This year's day was devoted to the crisis of depression, which affects more than 350 million people across the age spectrum and around the world. In many countries, the vast majority of people afflicted receive no treatment at all.

In fact, a recent report on mental health care in the United Kingdom by the Royal College of Psychiatrists found a shocking gap in access to care for mental compared to physical health problems: only 24% of adults with common mental disorders were receiving treatment. And this is in a developed country with a national health system, where it would be unthinkable to find three quarters of people with diabetes, heart disease or cancer left untreated. The question immediately arises: what happens in the developing world and communities with far scarcer resources, or where access to services is largely left to the vagaries of the market? The answer hardly needs statistics: pitifully little. Poor people's mental health is simply not on the agenda, while private practitioners do fine with well-to-do clients.

There are other just as miserable reasons for the treatment gap: one important contributor is a set of societal attitudes that make mental illness taboo, a trip to the psychologist or psychiatrist cause for shame. In such an environment, it's a trip that can also lead down the path to unemployment and worse, should others discover. System-wise, mental health services suffer from the taboo, by making it so easy to cut them out of the public budget. After all, it's argued, there are not enough funds to go around, and mental illness is less "real" than physical illness. In turn, this convenient attitude of some policymakers feeds back into stigmatization and dismissal of such disorders: "it's all simply in your head."

Thankfully, today's science says that's just not so. The connection between mind and body is proving deeper than (Western) medicine ever dreamed. The more that is discovered about our brains, immune systems and psyches, the more this linkage is recognized as a powerful force influencing health and wellness, both physical and mental. Representing the lighter side of this are the clown and small patient who grace the cover of this issue, with Conner Gorry's photo essay telling the bigger story inside (*Therapeutic Clowns Bring Joy to Cuban Patients*).

The UK report calls for mental health to receive equal attention and resources from health systems, and patients to receive "equal access to the most effective and safest care and treatment."^[1] While evaluation of Cuba's efforts in this direction is not the purview of articles in this issue, several taken together begin to generate a "moving picture" of how Cuba's health system is addressing mental health: senior editor Gorry takes the lead with *Community Mental Health Services in Cuba*.

Like health systems the world over, Cuba's is also faced with new challenges emerging from the interconnectedness of today's world and its frustrations. Dr Ricardo González, eminent Cuban psychiatrist and addictions expert, speaks frankly about the problem of substance abuse in Cuba (*Approaches to Substance Abuse in Cuba*). In a related article, Fabelo reports on Cuban-Mexican research on tobacco and alcohol use by health sciences students. The results highlight the importance of healthy exam-


ples provided by health professionals themselves. The other side of the story, occupational stress, is told by Chacón in her Viewpoint (*Burnout among Cuban Nurses: Out of the Shadows*).

Both the epidemiologic and demographic transitions are reflected in two articles: first, the psychological and physical dangers presented by rising obesity in young Cubans. Yes, even in Cuba, there is junk food galore; video games and TV too often replace sports; and teens obsess over body image. While advertising doesn't promote fast foods or soft drinks, the country is steeped in a culture of sugar...not to mention ham and pork, the all-time favorites according to national preference surveys. In this issue, Pérez explores the complex interplay of physical, emotional and social factors acting on and in young people in the sensitive domain of body weight (*Psychological, Behavioral and Familial Factors in Obese Cuban Children and Adolescents*).

Any look at demographics instantly reveals aging societies across the globe. And with them come the mental health effects of "turning the corner" towards the last stages of life. Particularly relevant in this context is Sinha's *Depression in a Older Adult Rural Population in India and Aging and Dementia: Implications for Cuba's Research Community, Public Health and Society*, first published in the *Revista Anales de la Academia de Ciencias de Cuba* by Llibre, one of Cuba's foremost experts on dementias.

In other research, Oliva looks at HIV in Cuban women (*HIV/AIDS among Women in Havana, Cuba: 1986–2011*), and Nordet applies two risk prediction models in a Cuban population in an effort to optimize scarce public health resources for better health outcomes (*Total Cardiovascular Risk Assessment and Management Using Two Prediction Tools, with and without Blood Cholesterol*).

October is also the month for Open Access Week, which represents the growing movement to make research findings publicly and freely available. Now about half the articles published in 2011 are available for free. This is surely progress, but is only one side of the equitable-access equation. Many journals have simply passed on the costs to authors, charging hefty fees for publication. This means that in developing countries, only researchers in well-funded, elite institutions will be seen in major peer-reviewed journals. In Cuba and a batch of other middle-income nations, authors are faced with a double whammy: exorbitant fees for publishing their work, and now access denied to vital international medical literature, their institutions dropped from the WHO's HINARI service that makes accessible full-text articles from several thousand journals (see *Letters* this issue).

Finally, we have some good news for our readers in Spanish-speaking countries. As a supplement to our January 2014 issue, we will be publishing an online compendium in Spanish, **The Best of MEDICC Review 2013. ¡Hasta entonces!** 

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1. Royal College of Psychiatrists. Whole-person care: from rhetoric to reality. Achieving parity between mental and physical health (OP88). RCPsych, 2013, 95 p. Available at <http://www.rcpsych.ac.uk/usesfulresources/publications/collegereports/op/op88.aspx>