Dear Sir,

I am writing to point out an error in a recently published paper in your journal entitled “Community Health Promotion Programs”, Social Science & Medicine Vol 35, No 3, pp. 239-249, 1992. Table 3 describes the Minnesota Heart Health Program risk factor detectable differences. I believe it was taken from a paper by Jacobs et al., published in 1986 in the Journal of Chronic Disease. While the table appears correct, the text suggests that these detectable differences are the results that were found. This is not the case. It is an early methodology article and only deals with statistically detectable differences and not actual outcomes.

Yours sincerely,

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PRIMARY MENTAL HEALTH CARE IN NICARAGUA FIVE YEARS LATER

Dear Sir,

I read with great interest and special affection the article by Richard Bying, “Primary Mental Health in Nicaragua” (1) that describes field work undertaken by us in 1987. On 25 February 1990, general elections took place in the country, leading to a change of government after 11 years of Sandinist revolution. The situation in health care has changed dramatically since then, and I believe some comments are necessary. Bying refers in his article to our mental health team, comprising 7 people (2 psychiatrists, 4 psychologists and an auxiliary nurse), and to the training programme then being developed. Of that team only 2 psychologists remain in addition to the new graduate in charge, a general practitioner arrived from Mijico shortly after the elections. This situation was by no means exclusive to Region 1. Practically all psychiatric rehabilitation centres (day hospitals and occupational therapy centres) have been closed. In a country where, prior to 1979, no public mental health care was available out of the National Psychiatrist Hospital (NPH), there were 83 mental health professionals in 1986 (28% psychologists, 23% general or specialist practitioners, 11% social workers, 9% nurses, 7% occupational therapists), who managed to form 14 new mental health teams, 7 of them outside of Managua (2). Not only was this effort halted, but in addition the number of mental health professionals has been reduced by 24% in the two years since the change of government.

The progressive closure and substitution of tertiary care systems was promoted at central Ministerial level during the revolution (3). Thus, the NPH moved from having approx. 500 chronic patients in 1978 to 350 in 1980, 170 in 1986 and fewer than 90 in 1991. At the same time, the reintegration of patients into the community and brief admissions to general hospitals were encouraged. From 1987, our mental health team, in Esteli, had the use of three of the 32 internal medicine beds in the Hospital de la Trinidad. Psychiatric patients were merged with others and the rotary doctors attended them, under the joint supervision of the psychiatrist and the internist. Currently, while on the one hand, mental health care has been separated from primary health care and patients cannot be admitted to general hospitals, the NPH—where 68 patients currently live—continues its deteriorating process with a 10% cut-off in its 1992 annual budget in spite of inflation.

As Richard Bying states in his article [1, p. 629], it is difficult to understand how in a country ravaged by war, 1985, of which 46% of Gross Domestic Product (GDP) was dedicated in 1987, it was possible to maintain vaccination programmes that covered more than 85% of the population, infant mortality figures markedly lower than the Central American average and give priority to programmes such as Natural Childbirth Care, Traditional Medicine or Mental Health. The answer lies in the involvement of the community in health tasks.

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References


