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LETTERS TO THE EDITOR

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 5 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 Diseases*. 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 Méjico 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 Psychiatric Hospital (NPH), there were 83 mental health professionals in 1986 (28% psychologists, 23% general or specialist practitioners, 11% social workers, 19% 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 Ministeral 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 more 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 Estelí, 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 ravished by war [4, 5], 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

[6], the respect shown to traditional doctors or healers and midwives, giving them additional training instead of replacing them [7], and in the promotion of Community Health Workers [8, 9]. Although these latter were not always well-exploited, vaccination campaigns, the control of anti-malarial medication and the registration and following-up of cases of tuberculosis etc. were a result of their efforts.

It is inferred from Bying's report that the mental health training plan developed in Estelí was aimed at doctors, but this was not the case. The initial phase—the only one to actually be carried out—was directed at about 20 auxiliary nurses who acted as health leaders in their area. They were trained to identify and treat somatization disorders, how to distinguish a conversion from epilepsy, what a psychosis is, how to assess alcoholism in the community and what to do in cases of severe depression or attempted suicide. These auxiliaries had their own medicine cabinet to treat their patients. Bying only demonstrates, in Table 2 of his article, the knowledge of psychotropic drugs on the part of the 18 doctors interviewed. However, the majority of the 15 nurses interviewed were also able to name at least one anti-epileptic drug, as they were accustomed to controlling them. This structure, the backbone of our mental health scheme, has also partially disappeared.

Since the change of government 4000 of the 23,000 health workers have been dismissed and 1800 posts have been frozen. Public hospitals are in complete chaos, which in May 1992 terminated in a halt to activity due to a lack of equipment. Health Centres are dealing with approx. 25,000 less out-patient consultations annually [10]. The Ministry of Health estimates the shortage of medicines to be to the value of $27 million.

In summary, if in 1988 the government invested $57.10 per capita per year in health, in 1992 this figure was $16.92. According to World Health Organization (WHO) figures, the percentage of children under 5 covered by vaccination which had increased from 20% in 1980 to 80% in 1990, had decreased to between 54% and 70% by 1991. Infant mortality, which decreased between 1975 and 1990 from 120 to 56 per 1000 live births, increased again to 71 per 1000 in 1992 [11].

The causes are obvious—the political will of a government that in its documents gives priority to curative over preventive medicine, and political pressure from abroad with North American aid conditional upon the dismantling of the state and the application of the structural adjustment plans of international financial bodies [12]. To these must be added the burden of the foreign debt accumulated during the recent years of war and the constant fall in the international prices of coffee, cotton and meat in a 10% average in 1992.

In summary, I believe it is obvious that Nicaragua in 1993 bears no relation to the country visited by Richard Bying. The revolution has been dismantled, and far from becoming a new Switzerland, Nicaragua has moved, according to the United Nations Human Development Index (composed of life expectancy, illiteracy, and Gross Domestic Product), from 85th to 99th position in just one year, 1991–1992, being included in the so labelled "poorest nations on earth" [13].

All these facts and figures should give food for thought to its current leaders, and to the left in general.

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