

Cultural Diversity: Commonalities and Unique International Perspectives The Peruvian Case

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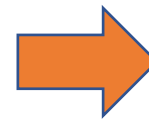
Location | South America,
Pacific Coast

Population | Approx. 32
million, around one third
lives in Lima (country's
capitol)

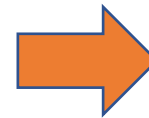
GDP per capita | USD 7,140

**Health Sector in Public
Spending** | 2.4% of GDP
(2018)

CONTEXT National Profile



Strongly
centralized
country!



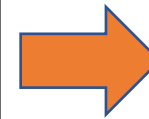
Way below
what's
recommended!
World Health
Organization
(WHO)
recommends
over 6% of a
country's GDP

Health Sector's reform is
usually "hot" in the political
agenda (mix results)

- There are **parallel systems**: Health establishments are run by the Ministry of Health, the Ministry of Labor's Social Security System, and various municipalities
- Government policy is to **achieve universal coverage**
- There are strong gaps in health public services: **access to service is a major issue** (scheduling, urban vs. rural, etc.), **scope of service is volatile and inconsistent** (medical specialties, equipment, urban vs. rural, etc.), and **quality of the service is quite variable...**

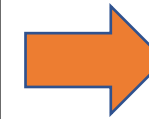
Talking about mental health care...

Mental health remains a low profile topic in politics & policy-making



There is, however, a strong emphasis (“hot issue” in political agenda) on domestic and sexual violence, to which mental health public providers have paid a lot of attention

There's a shortage of psychiatrists in the country! **There are 750 nationwide!**



Psychiatrist/Population Ratio: Approx. 1 per 40,000 people

There's a shortage of psychologists in the country!
There are approx. 19,000 nationwide

Access to medication is quite diverse: from affordable generics to “expensive brands” in the case of sertraline (you may get it at no-cost from the Ministry of Health!)

- There's still **considerable social resistance to requiring mental health services, especially if a psychiatrist is included**. Strong stigma for psychiatric patients: social suspicion of “craziness” (dangerous person) or “retardation”
- There is a serious **shortage of CBT/ERP trained professionals...** even good-willing providers may lack proper tools/training to treat OCD
- **OCD is still an unfamiliar topic for many Peruvians** even though “anxiety” (alongside depression and addictions) is a top mental health issue in Peru; shortage of qualified therapists worsen the problem
- Culturally speaking, **privacy boundaries between family members in Peruvian families may be “blurry”** (in comparison to “Western” societies where individual privacy may be clearer/stronger); you may expect family members to see it as a “family problem
- Institutionally speaking, **privacy protection is weak** (for instance, when requiring a medical leave or disclosing a disability)

My “international” experience

Swiss/Peruvian days

- OCD may have started when I was 9 or 10 years old, but I started proper treatment when I was 26 (Geneva, Switzerland, 2015); I was a master’s student then. Even though I knew “something wasn’t fine” with me, it took long (quite long) for me to be diagnosed and access proper treatment...
- With a comprehensive health insurance as an international student in Switzerland (required/regulated by Swiss authorities), I was able to access treatment/medication with a 100% coverage and very affordable insurance fees...
- There is a strong protection of privacy in Switzerland (in comparison to Peru): Medical leaves had no mention of my condition (OCD), school could not access my medical information/files
- Currently in Peru, I go to a Mental Health Community Center (Ministry of Health) where I frequently see one psychiatric and one psychologist (in parallel)

Thank you for your attention!

And remember (modifying a known quote), *life is what happens while you are busy with your obsessions and compulsions!*

Feel free to contact me!
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