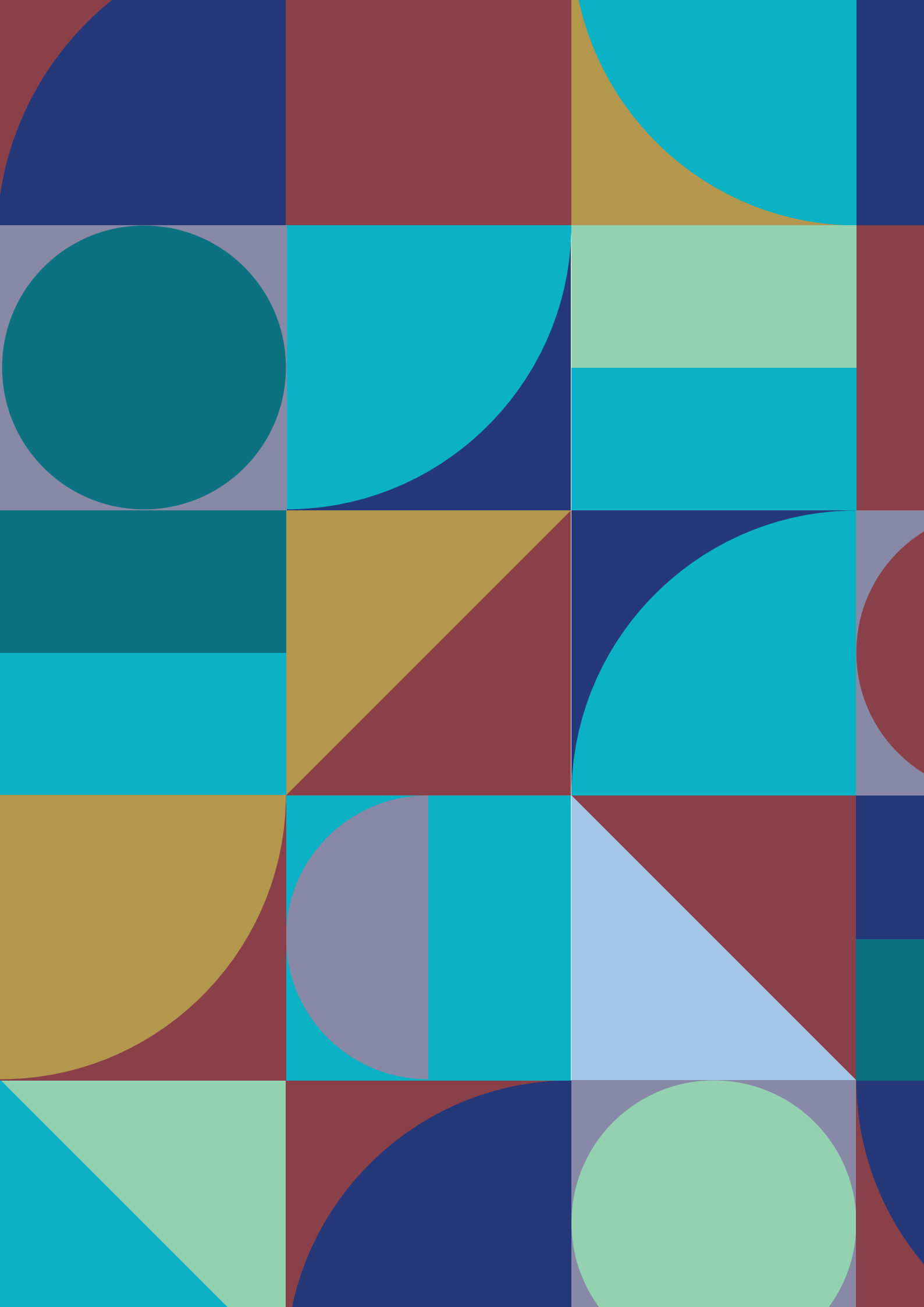




Mental Health: From individual stigma to societal issue

North America edition

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Introduction

North America is home to diverse cultures and countries with varying levels of development- ranging from Canada, the United States, and Mexico as the largest and most populous countries and many smaller Caribbean and Central American countries. Attitudes towards mental health can vary widely within countries, and resources for both physical and mental health tend to correlate with the overall level of development. Even within countries, there can be considerable variations in access to mental health. For instance, in the United States, there are many counties in rural areas with no mental health professionals at all. Yet in metropolitan areas, like New England, there are 55.6 psychologists alone per 100,000 residents. By contrast, in El Salvador, where gang violence and the aftermath of a civil war present major social issues and threats to physical and mental wellbeing, there were only two psychologists per 100,000 inhabitants in 2017, the latest year for which data was available.¹

Looking at the largest countries in North America, there are distinctly different approaches to providing health resources. In the United States, the private sector plays a major role in providing all health services, and access varies widely within communities driven in large part by cost. The market is also seeing a wealth of mental wellbeing apps and telehealth apps. Canada's national health system makes healthcare more accessible, although gaps may persist regarding mental health access. In Mexico, a combination of public and private resources makes basic healthcare available. But the treatment gap for mental health persists, with an estimated 87.4% of people with a mild mental disorder, 77.9% of those with moderate disorders and 76.2% of those with severe mental disorders, such as schizophrenia or bipolar disorder, not receiving treatment. Cost, difficulty to physically access treatment, lack of available providers, and social stigma all play a role in creating this gap.²

Major gaps also exist between groups in the same country or locality. For instance, cultural attitudes towards accessing mental health care play a major role. The stresses related to racism represent an additional mental health burden- racism is increasingly recognized as a mental health issue³. In Asian American and Pacific Islander communities within the United States, the cultural virtue of stoicism- enduring hardship without complaint- may make it even more challenging to acknowledge when a family member requires mental health support.⁴ The African American community, in particular, suffers from significant socioeconomic barriers in accessing treatment- more than 11% of African Americans have no health

¹ https://www.who.int/mental_health/evidence/atlas/profiles-2017/SLV.pdf?ua=1

² <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00429-9>

³ <https://www.mhanational.org/racism-and-mental-health>

⁴ <https://www.healthaffairs.org/doi/10.1377/hblog20210827.800655/full/>

insurance at all- as well as a stigma within their community. 63% of African Americans report that they see mental health conditions as a sign of personal weakness. African American adults are more likely to report symptoms of mental distress than Caucasian adults, yet only 1 in 3 receive treatment. Even more disheartening, when they do seek treatment, they are less likely to receive guideline-consistent care than Caucasians.⁵ And in Canada, First Nations people living on and off-reserve, Métis and Inuit, die by suicide at a higher rate than non-Indigenous people—in some cases, upwards of 33 times higher, while Native Americans in the United States have the highest suicide rates among all ethnic and racial groups in the country⁶.

Despite this complicated picture, mental health is increasingly recognized as an important issue and progress is being made. In 2018, the state of New York, within the United States, made mental health education mandatory for children from approximately 5 to 18 years old; and has even made progress in less well-off districts with a larger share of minority students.⁷ The pandemic has raised the level of awareness of mental health as a major public health issue. For instance, in Canada, some states have put special programs in place. Manitoba⁸ and Ontario⁹ have put in place AbilitiCBT, a digital cognitive behavioral therapy tool for their citizens.

In this publication, views from academic and business leaders in the United States and the Dominican Republic will shed light on mental health trends in this diverse and varied continent.

⁵ <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>

⁶ <https://time.com/6097570/reservation-dogs-suicide-indigenous-communities/>

⁷ <https://www.wbfo.org/education/2019-07-01/new-york-made-mental-health-education-mandatory-one-year-later-hows-it-going>

⁸ <https://www.gov.mb.ca/covid19/bewell/virtualtherapy.html>

⁹ <https://lifeworks.com/en/news/morneau-shepell-provide-digital-mental-health-support-ontarians-light-covid-19-pandemic>

USA: Making mental health in the US more accessible and inclusive

View from Thomas Tsang, CEO and Co-founder of Valera Health

If there's one silver lining to the pandemic, it's the huge forward momentum it's given to the dialogue around mental health. We're now seeing celebrities and other public figures (athletes like Simone Biles and Naomi Osaka) opening up about their MH struggles. However, it is still a long way before mental health is given the same weight as physical illnesses and there is still a lot of stigma, especially among en and minority groups (POC, immigrants) and those with more severe & less well understood conditions, such as bipolar disorder and schizophrenia. Valera treats patients with serious mental illness that is usually not typically served by tele-mental health companies. Despite this greater awareness, the larger national conversation on mental health has not necessarily directly translated to better access and funding.

One of the complicated pieces of the mental healthcare puzzle is getting individuals connected to the appropriate level of care, given the spectrum of conditions and varieties of resources that exist. "Help" runs the gamut from mental health apps like Headspace to inpatient hospitalization. Between those two ends lies outpatient therapy, more commonly known as "talk therapy" — what most people associate mental healthcare with. Many individuals with mental health conditions will also take psychotropic medications (i.e., antidepressants) prescribed by psychiatrists or psychiatric nurse practitioners.

Unfortunately, cost and access remain a significant barrier in accessing care. Most people don't know where to begin looking and are quickly intimidated by the high price tags and long waitlists associated with therapy. At Valera, we help address our patients higher needs through a combination of technology plus human approach to match individuals to the right kind of care and ensures that patients can begin seeing a provider quickly.

Since 2020, the number of people seeking mental health treatment has skyrocketed since beginning of 2020. In an effort to meet the

demands of their beneficiaries, government agencies and private insurers, along with other large-scale employers and healthcare networks, are partnering with companies that specialize in delivering mental health treatment at scale; the government at the state and federal level are allowing mental health visits to be conducted remotely and from patients homes. We've also seen more relaxation of prescribing rules. There is also a move towards innovative approaches. Valera partners with government healthplans and private insurers as well as some employers including the NY Police Department's Crisis Center, Healthfirst Health plan and NY Health and Hospital Corporation to name a few.

Access remains a huge challenge. It's important to take into account that demand vastly outweighs supply with provider shortages, especially in rural parts of the country. This is further exacerbated by regulatory challenges — licensing regulations per state, credentialing is time-consuming and complex. Difficult for companies to scale their provider network at a pace matching requests for treatment. Insurance coverage for mental health treatment still not at the level it needs to be.

Telehealth is an important way of increasing access to care. It is driving innovation at immense speed in the world of mental health and MH care is the area with the most promise for the fast-growing telehealth industry. Smartphone-based treatment gaining FDA approval (i.e., for ADHD) and wearable tech/biometrics to detect changes in mental state and allow for early intervention. Telehealth also removes many barriers to care, such as lack of access to face-to-face therapy, helps providers to see more patients and quickly expand their network, and reduces no-shows.

Increasing access also requires an inclusive approach. Right now, therapy is still considered a luxury that most cannot afford and stigma in certain communities further makes individuals

less likely to seek help or to receive help that fits their needs. We have to ensure that in our efforts to expand access to MH care we are inclusive and have providers that communities of color and LGBTQ+ members can identify with in terms of lived experiences. We have the largest network of Chinese speaking providers now in the country — with almost 17 providers who speak Mandarin and Cantonese. Women, POC, LGBTQ+ individuals more likely to have difficulty accessing and affording healthcare in general and face unique stressors that place them at higher risk of experiencing MH conditions.

Valera is committed to partnering with insurers/health plans who serve low-income and underserved groups as well as getting our providers credentialed with Medicaid and Medicare so that we can provide care to all regardless of their income level. We also prioritize diversity as a necessity in our provider network, understanding the importance of having MH providers who share the identities of our diverse patient population.

About Valera Health

We believe that mental health care should be simple, accessible, and affordable.

We help people access their therapist and psychiatrist in one place, with a dedicated health coach to help coordinate care and support your wellness goals throughout the treatment journey. Recognizing the tools needed to provide complete care, we've adopted a thoughtful approach to therapeutic and medical services. Our mission is driven by our need to provide high-quality telehealth services to our patients, making the process easy and accessible. Our telehealth outcomes are extremely positive, and we credit that to Valera's complete care model, which focuses on prioritizing a patient's overall mental health.

USA:

Interview with Jasmin Werz, Phd and Alissa Stavig, MD

Where does mental health sit on the spectrum from an individual issue that is stigmatized to an openly treated social issue?

As in other countries, stigma surrounding mental illness continues to be pervasive in the US. For example, a 2014 survey of California residents who experienced psychological distress showed that most respondents did not perceive the public to be supportive of people with mental health problems but instead perceived high levels of stigma and discrimination.¹⁰ A substantial number of these respondents (more than 1 in 3) indicated that they would hide a mental health problem from co-workers or classmates (although most respondents would still seek professional treatment, which is encouraging). There are signs that the stigma surrounding mental health in the US is decreasing in recent years. In a 2019 survey of American adults, the vast majority of respondents (87%) agreed that “Having a mental health disorder is nothing to be ashamed of”. However, this same survey also showed that a third of Americans would view someone they knew differently if they knew they had a mental health disorder, and are scared by people with mental health disorders – suggesting that there still is a way to go to reduce the stigma surrounding mental health disorders.¹¹

What kinds of mental health infrastructure and resources are available and accessible in the US?

The US health system is insurance-based; individuals receive health insurance through their job or, for those who are meeting certain eligibility criteria, there is national health insurance. Coverage of mental health treatments has improved over the past decade, thanks to regulations such as the 2008 Mental Health Parity and Addiction Equity Act, which prohibits insurers from making coverage for mental health conditions more restrictive than coverage for other medical conditions. However, lack of access to mental health treatments remains a major issue, and there are considerable disparities across federal states, urban versus rural areas, income levels, and

racial groups. The Commonwealth Fund estimates that more than 112 million Americans live in areas of the country where mental health care providers are in short supply.¹² Even if providers are available, if they are not in-network with a person’s insurance, access can be prohibitively expensive. In addition to the challenges of funding, the deinstitutionalization movement resulted in a significant reduction of inpatient psychiatry beds without a subsequent increase in available community support and social services. While intensive community mental health services exist, they are scarce and in high demand. It is therefore perhaps unsurprising that there is a large unmet need for mental health treatment: according to the National Institute on Minority Health and Health Disparities (NIMHD) less than half of Americans who experience a mental health disorder get treatment, and many people with mental health disorders end up under the auspices of public services that are not well-equipped to deal with mental health challenges, such as homeless shelters or the prison system.¹³

How does the government approach mental health? How are private insurers approaching it? What partnerships do you have in place (ex NYPD)?

Several major policy changes enacted over the past two decades have had a major impact on mental health care in the US. Mental Health Parity Acts, passed in 1998 and 2008, ensured that insurers cover mental health services at the same level as other medical services, if they offered them. However, these laws did not apply to all insurance plans, and insurers were still able to discriminate against people with mental health disorders, e.g. by refusing coverage based on pre-existing disorders. The Affordable Care Act (“Obamacare”) addressed some of these issues, and made mental health and substance use disorder services one of 10 essential health benefits that insurance plans must cover. As a result, access and coverage has been improving for mental health disorders, as shown in a summary analysis by the Commonwealth Fund.¹⁴

¹⁰ [Stigma, Discrimination, and Well-Being Among California Adults Experiencing Mental Health Challenges | RAND](#)

¹¹ [Survey: Americans becoming more open about mental health \(apa.org\)](#)

¹² [Medicare Mental Health Coverage COVID-19: Gaps and Opportunities | Commonwealth Fund](#)

¹³ https://www.nimhd.nih.gov/docs/byommm_factsheet02.pdf

¹⁴ <https://www.wbfo.org/education/2019-07-01/new-york-made-mental-health-education-mandatory-one-year-later-hows-it-going>

What, in your opinion are the main challenges to better mental health in your country?

One main challenge is access to preventative services and intervention for mental health disorders. As described above, despite improvements in recent years, there are still substantial barriers to accessing treatment for mental health disorders, particularly for individuals from low-income, minority backgrounds. A second challenge is the lack of integration of mental and physical health services. We know that many people with mental health problems experience physical health problems, and vice versa. More integrative care has huge potential to improve people's health. Third, there is the issue of a shortage of mental health professionals, which is particularly pronounced in some states.¹⁵ Fourth, the US is facing a challenge in its relatively high and rising number of "deaths of despair", which are deaths due to drug overdose, suicide and alcoholic liver disease; diseases that are intricately linked with mental health disorders. During the Covid pandemic, these deaths have been further increasing, as have other mental health disorders, which presents a challenge to an already burdened healthcare system.

What, in your opinion, are the most promising solutions emerging?

There have been several promising solutions. First, during Covid, there have been increases in teletherapy and online counselling. These approaches hold great promise, because they are cheaper than traditional therapy and easier to access, while still being effective for many mental health concerns. Second, in an effort to improve mental healthcare access and outcomes and reduce costs, movement has been made towards integrating mental health care in primary care settings. In a model called "Collaborative Care", patient care is coordinated between primary care doctors and mental health professionals, which has been proven effective in treating disorders such as depression, trauma disorders and chronic pain.¹⁶ Third, to advance integrated physical and mental healthcare, there have been innovative efforts to train physicians who are experts in both, such as through the Medicine-Psychiatry training program at Duke University.¹⁷ The goal is to make the whole patient the centre of care,

rather than any one of their physical or mental conditions. Finally, the increase of poor mental wellbeing during the Covid pandemic has made mental health a priority on the policy agenda, which has the potential to affect policy down the line.

What if any particular issues do you see for mental health of vulnerable populations: women, poor, minorities, LGBTQ+, etc?

All of the issues described above are compounded for members of vulnerable populations, often dramatically so. For example, it is estimated that the percentage of African Americans with access to mental health treatment is only about half that of white Americans. Other vulnerable groups are the LGBTQ+ population, homeless individuals, and Native Americans. In addition to underfunded healthcare systems serving these populations, an additional barrier to treatment is the discrimination they face when accessing care — for example, one in four Native Americans reports experiencing discrimination when going to a doctor or clinic.¹⁸ Addressing these issues is needed to ensure equitable access to mental health care.

¹⁵ <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹⁶ <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

¹⁷ <https://medicine.duke.edu/education-and-training/internal-medicine/other-programs/medicine-psychiatry>

¹⁸ <https://www.npr.org/sections/health-shots/2017/12/12/569910574/native-americans-feel-invisible-in-u-s-health-care-system?t=1631786193286&t=1631786224506>

Mexico: Making the constitutional right to mental health a reality

Mental health gains the spotlight following the COVID-19 pandemic

By
Ingrid Cerwinka Moller
Public Affairs and Communication,
AXA Mexico

Living during a pandemic for the past 1.5 years has brought immeasurable hardship to millions of people and countless life lessons for humanity. Each and every one of us has been forced to face our individual and collective vulnerability and question what really matters in life, putting our physical and mental health at the top of our list.

Mental health issues are not new, but the effects of COVID-19 have allowed the topic to surface and be at the forefront of discussions among families, governments and companies alike. Those of us who have battled depression and anxiety, for example, now find it easier to talk about it in different settings and have even found it to be a source of connection with family members, friends and co-workers.

In Mexico, **over 20 million people are affected by some form of mental disorder and 75% of the population suffers fatigue from work-related stress.** According to WHO estimates, 2020 depression was the second cause of disability in the world in 2020, and the first one among developing countries such as Mexico. Action is urgently needed. Heightened awareness about the relevance of mental health that came about due to the pandemic is an enormous opportunity for public and private institutions to facilitate disorder treatment and improve the quality of life for millions of people.

Mental Health: a constitutional right

It is paramount that the fundamental right to health of all individuals is recognized as such in any country. Article Four of Mexico's Constitution states that "every person has the right to the protection of their health". Furthermore, the country's General Health Law states that "The right to the protection of health has the following objectives: the physical and mental wellbeing of a person, to contribute to the full exercise of his/her capabilities."

This fundamental right is reflected in mental health services increasingly being offered at no cost by the different hospitals, clinics and associations that constitute the country's public health system.

Detailed statistics about the population's mental health are kept and updated annually by the Ministry of Health. In 2020, a widespread poll regarding the effects of COVID-19 (ENCOVID19) provided interesting additional data.

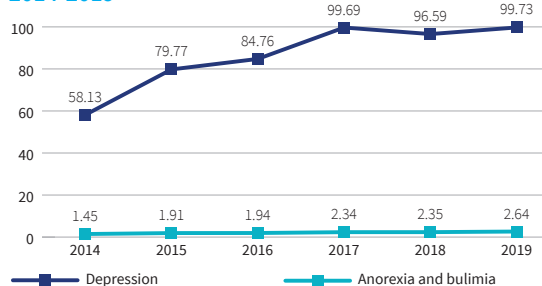
Current Mental Health Statistics

In Mexico, over 20 million people are affected by some form of mental disorder and 75% of the population suffers fatigue from work-related stress, above countries like China and the US.¹⁹

Depression and anxiety stand out as the disorders with the highest growth rate in recent years.

¹⁹ <http://www.imss.gob.mx/salud-en-linea/estres-laboral>

Rate of new cases of mental and behavioral disorders: 2014-2019



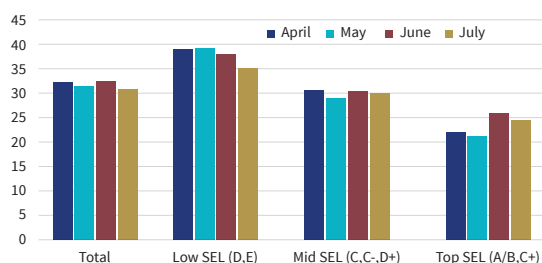
Source: Own elaboration based on data of General Directorate of Epidemiology. Morbidity yearbooks 2014-2019.

Mental health issues and stress have a negative effect on people's wellbeing and, consequently, their productivity. Furthermore, they tend to reduce a person's involvement and enthusiasm in daily activities, and increase the communication challenges among families and co-workers, for example. In addition, disorders such as depression have adverse effects in a person's physical and cognitive performance.

This situation has been aggravated by the multiple effects of the COVID-19 pandemic. The WHO estimates that 80% of people who experience a threat, such as a pandemic, can have manifestations of fear or depression.

According to the 2020 ENCOVID19²⁰ poll, 27.3% of individuals over 18 have had depression symptoms, while 32.4% have experienced severe anxiety. The latter appears to be higher among lower-income segments of the population.

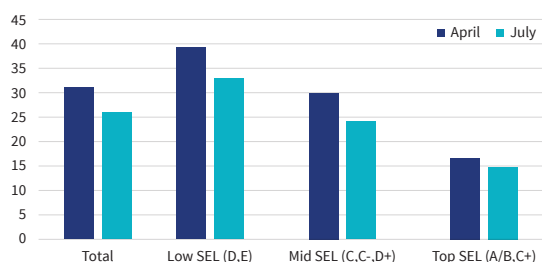
Percentage of the population 18 or older with severe anxiety symptoms by socioeconomic level (SEL): 2020



Notes: Expansion factors are used at the individual level. Sample size in April 790, May 1,631, June 1,633, and July 1,523. Source: IBERO based on data from ENCOVID-19

Source: https://ibero.mx/sites/default/files/comunicado_encovid19_junio-julio_2020.pdf

Percentage of the population 18 or older with severe depression symptoms by socioeconomic level (SEL): 2020



Notes: Expansion factors are used at the individual level. Sample size in April 790, July 1,523. Source: IBERO based on data from ENCOVID-19

Source: https://ibero.mx/sites/default/files/comunicado_encovid19_junio-julio_2020.pdf

Unfortunately, only a small proportion of people who need support, actually receive it. This can be attributed partly to the social stigma still linked to mental health disorders. According to the Mexican Psychiatric Association (APM), only one in every 5 individuals receives treatment.

The still insufficient treatment of mental health disorders can also partly be attributed to the small percentage of the country's public health budget dedicated to mental health, namely 2%, compared to the 5 to 10% recommended by the WHO. Furthermore, 80% of this budget is dedicated to psychiatric hospitals, leaving only 20% for the primary care of mental health.

The seriousness of this problem is aggravated by the cost these issues have for businesses and the economy. If we take into consideration direct costs linked to health services and indirect costs derived from decreases in productivity and absenteeism, according to WHO estimates, global costs associated to mental health issues amount to US\$2.5 billion and are expected to reach US\$6 billion by 2030. Depression and anxiety alone account for annual productivity losses of around US\$1 billion. According to the International Labor Organization, up to 4% of global GDP is lost annually to stress, depression and anxiety related to work, alongside job-related accidents.

Moreover, mental health conditions are closely related with chronic illnesses such as cancer, heart disease, or diabetes. Patients are not only more prone to develop a chronic condition if they happen to have depression or anxiety, but also researchers have shown it might complicate chronic treatments: they may have more difficulty adapting to their medical condition. In fact, it is widely known that risk factors for depression are directly related to having another mental illness. For example, conditions such as Parkinson's disease and stroke can trigger symptoms of depression.

The Current Context: a priceless opportunity

The afore mentioned statistics provide evidence for an undoubtedly challenging situation. However, this challenge holds an unprecedented opportunity given the heightened awareness about mental health brought about by the COVID-19 pandemic.

Awareness is the cornerstone of any change we want to bring about as individuals, families, communities, governments or corporations. All around us we see countless examples of how companies are openly talking about mental health and taking responsibility for generating a safe, harmonious environment where their co-workers can thrive and grow as healthy, happy human beings.

AXA Mexico is no exception. Understanding mental health costs as an insurance company is imperative. A collaborative care approach, that includes both mental and physical health care can improve overall wellbeing and reduce medical costs. This is true for the company's customers, as well as its employees.

²⁰ Universidad Iberoamericana, A.C., through the Instituto de Investigaciones para el Desarrollo con Equidad (EQUIDE), presents the results of the poll to follow the effects of COVID-19 in the wellbeing of Mexican homes (Encuesta de Seguimiento de los Efectos del COVID-19 en el Bienestar de los Hogares Mexicanos (ENCOVID-19)). ENCOVID-19 was designed by EQUIDE and QUANTOS Investigación Cuantitativa. https://ibero.mx/sites/default/files/presentacion_encovid_cdmx_corta.pdf

As part of its Health and Wellbeing Program, all AXA Mexico employees and their families have 24/7 access to psychological orientation and support through a dedicated telephone line (Tu Médico 24 horas), on-line video consultations or in-person sessions provided by specialists from its own AXA Keralty clinics.

In addition, the company offers free regular webinars about different mental health subjects, open not only for AXA employees, but to the general public as well.

Top management is actively involved in openly talking about mental health and several Executive Committee members hold weekly informal meetings with 10 randomly selected employees to talk about how they feel and how they are coping with the current situation.

Furthermore, the company is piloting a program called Mental Health Ambassadors (MHA), where a group of ca. 40 volunteers from different departments have been trained by psychologists to act as mental health facilitators among their co-workers.

The MHA program is based on the community mental health promotion model, where community members themselves generate cultural changes aimed at improving

the quality of life of the entire community. Mental health ambassadors will actively generate conversations with their peers to raise awareness about the following:

- The relevance of mental health
- A safe and inclusive work environment
- How to reduce risk factors at work
- The needs of individual co-workers and how they can access support from different sources

Mental health initiatives should be part of any company's health and wellbeing strategy, ranging from prevention, to early detection, support for treatment and reincorporation, to reduce the remaining stigma around mental health disorders and eliminate any discrimination against the people who suffer from them.

It is in our hands as individuals, families, communities, governments and corporations to take responsibility and raise awareness about the importance of mental health. We can all take action to improve the quality of life of millions of people.

I, for one, have learned to talk openly about my own battles with depression, OCD and anxiety and have found it to be a source of deep connection with others. Have you?

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Dominican Republic: Interview with Nicole Concepcion, Senior Manager of Reaseguros Seguros Reservas

What are the main current mental health problems identified in your country?

The study, “Emotional well-being in times of pandemic: Impact analysis in the Dominican Republic”, developed by the Emotions, Health and Cyberpsychology Laboratory of the Pontificia Universidad Católica Madre y Maestra found that:

- During the pandemic 38.7% of Dominicans (practically 4 out of 10) experienced anxiety attacks, of which 75.8% had never experienced an attack.
- 25% are finding it increasingly difficult to relax.
- 27% feel anxious, worried or fearful most days.
- 29.9% have recurrent worries.
- Approximately 20% of Dominicans experience typical symptoms of depression most days, such as little interest or joy in doing things (20.3%) and feeling down, depressed or hopeless (19.6%).
- Another element to pay close attention to is that approximately 4% of the Dominican population presents suicidal ideation.
- In terms of gender, women presented more symptoms of anxiety, depression and panic than men.
- Young people under 23 years of age, according to preliminary data, consistently showed higher levels of anxiety, depression and panic attacks.

In summary: anxiety, depression, panic and suicidal desires are the main mental health problems currently prevalent in the Dominican population.

Who are the major players in providing mental health?

The government itself is a preponderant entity for mental health, and its contributions to the communities serve to safeguard the mental state of society. An essential problem is the insufficient human and financial resources dedicated to mental health, and its inequitable distribution, especially when compared to the burden of mental and substance use disorders, as pointed out in the National Mental Health Plan, Dominican Republic (2019-2022).

Some insurers have provided support by granting coverage for both treatment and psychiatric consultations.

There are community programmes that have provided help and support to members of society, mainly linked to issues of alcohol/illicit substance abuse, domestic violence and in general.

How do mental health problems affect society as a whole in your country (e.g. increases in disability claims, increases in consultations with psychologists, etc.)?

Mental health problems are an obstacle to the country's growth, as they have increased the number of psychiatric consultations and emergencies, increased substance abuse, resulting in increased absenteeism from work and a cost in health expenditure. Similarly, the increase in substance use is related to cases of violence, robberies, suicides, etc., which causes more resources to be allocated to try to mitigate this problem.

To what extent, if at all, is mental health seen as an individual stigma as opposed to a social problem?

This vulnerable group carries a historical social stigma that manifests itself in abuse and rejection by the public and by the public health system, which sometimes denies them services. This prevents them from being given an opportunity for treatment and possible reintegration into society as stable and productive entities.

The Mental Health Law No. 12-06 (enacted in 2006), provides for the promotion of actions aimed at the destigmatisation of people with mental disorders, their recognition and identification, and the development of community networks for the protection of the human rights of people with mental disorders.

What are some of the trends you have observed for mental health challenges and potential accessibility issues for vulnerable groups, and how are employers approaching them?

Recently there has been a greater recognition by employers of the need to offer more support and policies have been implemented on mental health issues, leading to the emergence of concepts such as benefits, work-life balance, diversity and inclusion, engagement and wellness. These have emerged today for the benefit of these minorities, and above all they are aligned with increased productivity and business strategy.

In your opinion, what role should companies play in addressing mental health challenges in your country?

I understand that, on the part of the Human Resources area of each company, it is necessary to understand the influence of the corporate environment in relation to the well-being and mental health of employees. Even if there are external factors that cause a mental health problem, the level of job satisfaction plays a fundamental role in relation to mental balance. An important point is to intervene in the physical health of employees as part of a wellness programme and to try to motivate employees with activities that break the daily routine. Employers should also Facilitate access to health care for those employees who need it and modify the risk factors of stress at work.

What are some of the best practices in your country that have been adopted to improve mental health problems and could serve to inspire employers (and/or governments) elsewhere?

One of the most important practices in our country is the promotion of a holistic approach merging work, economy, family and physical health, which has made employees feel identified with the company, improved the working environment, decreased stress levels and led to greater commitment by the collaborator. As a particular example, I would like to mention the programme carried out at Seguros Reservas, called "Puesto pa' mi", whose intention is to contribute to the physical, mental and emotional well-being of those who voluntarily enrol and participate in it, with weight loss goals, among others, in order to motivate and promote overall health.



AXA France Vie

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