

Interview — "Mental health in Nicaragua"

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Lloyd Vogelman in discussion with psychiatrist Dr Sequeira. Dr. Sequeira is Director of the psychiatric hospital in Managua, and also head of the mental health training programme in Nicaragua

Nicaragua is a country which has had a long history of dictatorial rule. The last of the great dictators, Somoza, fell in the 1979 revolution. Despite the efforts of the Sandinistas in attempting to improve the quality of life through various social programmes, increased political participation, and a better distribution of wealth, 36 000 people have died, been injured or disappeared since 1979. The primary cause of death has been the war against the Contras. Almost all Nicaraguans have lost someone close to them.

Although bereavement is so prevalent in Nicaragua, Dr Sequeira claims that "there has been little pathological mourning (which consists in part of obsessive thoughts about the dead, depression and a complete loss of interest in one's usual activities) because death is strongly linked to the process of liberation and freedom". "Mourning is easier if there is hope in the future and if you are prepared for death". Dr Sequeira however was quick to add that this did not mean that mourning was denied in Nicaragua. A number of measures had been taken to remember the dead and a number of

self-help groups had been established. Groups like the Association of Widows, Sequeira said, not only helped with the process of mourning, but provided solidarity and confidence.

The psychiatric syndrome that is common to hundreds of thousands of Nicaraguans is Post-Traumatic Stress Syndrome. The symptoms of this syndrome are the continual recalling of the trauma, nightmares, an inability to sleep, poor concentration, a lack of energy, a feeling of detachment from others and constricted affect. This syndrome is normally the result of the actual experience of a traumatic situation as well as the fear that the trauma may occur again. Sequeria says there are special circumstances which may increase the intensity of Post-Traumatic Stress, for example "when soldiers find the dead bodies of their compatriots who have been tortured and killed by the Contras".

For Dr Sequeira the Contra war is both a terrorist and a psychological war. He states that when "the Contras kill someone it is done in a refined way. They kill them in front of people so as to touch the morale of our people and to negatively affect their mental health". These tactics he believes are linked to a book produced by the CIA on how to conduct psychological warfare, which is part of a broader aim of ensuring that a low intensity war ensures in Nicaragua. Psychological warfare has been successful in some areas. It has demobilised people, and increased passivity to the extent that "some have become spectators in the construction of our new society". This is illustrated by individuals losing interest in the literacy and vaccination campaigns. A further negative effect of the psychological warfare has been the increased incidence of alcoholism.

While the Contra war, together with the strains of keeping the revolution alive, the economic crisis and the heritage left by Somoza have caused enormous psychological damage, a number of improvements in mental health, and particularly in mental health care are evident. However, one of the most difficult things Dr Sequeira says about comparing mental health before and after the revolution is that no comprehensive statistics were kept during rule. He said that before the revolution there was only one structure that dealt with mental illness in Nicaragua and this was a large psychiatric hospital in Managua. For Sequeira, "a great tragedy is that Somoza never created any structure and institutions that helped to promote mental health."

Dr Sequeria stated that "since the overthrow of the Somoza regime, the number of people admitted to our psychiatric hospital in Managua has decreased from 2,600 in 1979 to 1,200 in 1987. Of these 1,200, 70% are readmissions. This means we have only had 30% new admissions in six years. While this shows a big improvement we cannot draw any real conclusions about mental health, because this is only one indicator".

According to Sequeira, extreme mental pathology, like suicide and psychotic states, has decreased substantially amongst those Sandinistas directly involved in the war against the Contras. This is because in war you cannot allow yourself to become too vulnerable. Many psychological studies tend to confirm Dr Sequeira's statements - suicide decreases in war. For Dr Sequeira it was not just the preservation of psychological defences that helped lower the incidence of severe mental pathology, but also the fact that "people are mobilised, involved and dedicated in preserving our revolution". On a more general level, Sequeira stated that if one had to

guaranteed and debts were gradually taken out to assist the armed forces to consolidate and remain in the Nicaragua. He himself believed that the main factor that was responsible for the improved quality of mental and physical health in Nicaragua, it was that the society was now more based on collective enterprise. On the medical side Sequeira spoke of the great reduction in the infant mortality rate and that polio had almost been eradicated. Psychologically, he said collective enterprise had led to people feeling supported and not feeling alone with their problems.

On the question of psychiatric services and mental health care, Dr Sequeira's thinking reflected a strong anti-psychiatry attitude. This was illustrated most clearly by his anti-institution philosophy. Dr Sequeira commented that "a psychiatric hospital is not a mental health structure, a psychiatric hospital maintains mental illness". "The Italian anti-psychiatric tradition has shown that the mental health of inmates of psychiatric hospitals does not improve their mental health. Hospitals are asylums not places of care".

Dr Sequeira's perception is in contrast to the Cuban view which favours institutionalisation and specialisation of treatment. Such is the emphasis on specialisation in Cuba that it has been said that Fidel is like a Jewish mama, he wants everyone to be a specialist.

Dr Sequeira pointed out that it was not easy to change the mental health care system because of the shortage of skilled personnel. At present there are 20 psychiatrists, 75 psychologists, 15 social workers, and 25 psychiatric nurses in Nicaragua. Besides immigration (9 psychiatrists have left the country since the revolution) the difficulty that presented itself

in terms of transforming the mental health system, was that the remaining professionals tended to be conservative. Dr Sequeira said "the psychiatrists resist the new conception of mental health work by staying with the biological model. They disapprove of our new model which is based on psychology, social work and community work. In the new model psychologists have a lot more power than the psychiatrists".

Training of psychiatrists in Nicaragua is a new phenomenon. Prior to the Sandinista revolution, psychiatrists were trained in Costa Rica, Spain and Mexico. Dr Sequeira himself is primarily responsible for developing the new training programme for psychiatrists in Nicaragua. The emphasis the Sandinistas have placed on health care is further indicated by the role and training of psychologists and the provision of counselling skills for members of communities who are called mental health workers. Before the Sandinistas came to power, almost all psychologists were employed within industry. Their role within mental health care was minimal. Now not only has their role changed but they have in many instances acquired great power within newly established psychological and psychiatric services. According to Dr Sequeira, the initial training that psychologists received after 1979 was based on the Cuban model which is highly behaviourist. He said "we now no longer use this model, the Cuban model has been very good for Cuba but our society is more pluralist and this means we cannot have a fixed model".

Dr Sequeira described the new therapeutic approach of the new model. Greater stress is placed on the use of traditional medicine. Therapeutically, group rather than individual work is encouraged. The style of therapy that is favoured is crisis intervention. It is this therapeutic model that mental health workers in the villages and larger

communities are trained in. Dr Sequeira believed that the crisis intervention model was useful because "you utilise the moment of crisis to mobilise emotional growth, just as we use the political crisis to mobilise the people. In crises we always find out about new factors that can improve the situation and tap new potential". Dr Sequeira went on to talk about the need to link the psychology of crisis intervention to the politics of prevention and rehabilitation. The latter involved decreasing the social and personal hardships of the individual and having a preventative vision of the world. To illustrate his point Dr Sequeira said that "if, for example, you meet someone who is in emotional pain, you must try and predict the worst consequences of his pain. If he is depressed and isolated, the mental health worker must try and help him and also ensure that his community involves him more in their activity". Another aspect of the new model that is taught to mental health workers and psychology students alike is the need to detect the healthy part of the individual so that it can be used to its full potential. Such training is clearly part of a wider psychology training philosophy which teaches about factors that can promote mental health and not just about factors which enhance pathology.

It is clear that as long as the war against the Contras continues, the mental health of the population will continue to suffer. But what is also obvious is that the Nicaraguan people's participation in creating a new society, together with new developments in mental health care, have had a positive effect on the quality of psychological life in Nicaragua.