*Doi: 10.62544/ucomscientia.v4i1.68*
*UCOM Scientia*,
Vol. 4, N° 1, marzo, 2026, 180-196
ISSN 3006-7278

Artículo de Revisión/ Review Article

# Exploring stigma associated with mental illness in Latin America: a literature review

## *Exploración del estigma asociado a las enfermedades mentales en América Latina: una revisión bibliográfica*

***Maite Murdoch**[1]
[1]Investigadora Independiente
Correspondiente*: maitemurdoch1@gmail.com

**Para citar este artículo:**

Murdoch, M. (2026). Exploring stigma associated with mental illness in Latin America: a literature review. *UCOM Scientia,4*(1), 180-196.

Fecha de recepción: 13/11/2025

Fecha de aceptación: 09/12/2025

**Abstract**

Mental health stigma in Latin America presents a multifaceted challenge shaped by complex cultural, social, and economic factors. While global research often centers on Western contexts, this paper focuses on Latin American societies, where cultural norms such as machismo, familismo, and religious interpretations deeply affect how mental illness is perceived and treated. Economic inequality, underfunded health systems, and centralized psychiatric care further limit access to services, reinforcing public, institutional, and self-stigma. Drawing on studies from countries like Paraguay, Mexico, Brazil, Chile, and Colombia, this research reveals how adolescent populations are particularly vulnerable to stigma, especially in contexts marked by poverty, violence, or migration. The paper also compares regional realities to those of Western countries, emphasizing that one-size-fits-all stigma reduction strategies fail to account for local cultural dynamics. Testimonial narratives and recent community-based interventions offer potential paths forward. Ultimately, the study argues that tackling stigma in Latin America requires intersectional, culturally grounded, and socially responsive approaches that address systemic inequality, expand mental health literacy, and reframe public discourse around dignity, belonging, and care.

**Keywords:** Menthal Healt; stigma; adolescents; cultural dynamics; Latin-American

*Editora responsable*: Dra. Carla Fernández
*carla*.fernandez@ucom.edu.py

**Resumen**

El estigma en torno a la salud mental en América Latina plantea un desafío multifacético, determinado por complejos factores culturales, sociales y económicos. Si bien la investigación a nivel mundial suele centrarse en contextos occidentales, este artículo se centra en las sociedades latinoamericanas, donde normas culturales como el machismo, el familismo y las interpretaciones religiosas influyen profundamente en la forma en que se perciben y tratan las enfermedades mentales. La desigualdad económica, los sistemas de salud con financiación insuficiente y la atención psiquiátrica centralizada limitan aún más el acceso a los servicios, lo que refuerza el estigma público, institucional y autoestigma. Basándose en estudios de países como Paraguay, México, Brasil, Chile y Colombia, esta investigación revela cómo las poblaciones adolescentes son particularmente vulnerables al estigma, especialmente en contextos marcados por la pobreza, la violencia o la migración. El artículo también compara las realidades regionales con las de los países occidentales, haciendo hincapié en que las estrategias de reducción del estigma de «talla única» no tienen en cuenta las dinámicas culturales locales. Los relatos testimoniales y las recientes intervenciones comunitarias ofrecen posibles vías de avance. En última instancia, el estudio sostiene que abordar el estigma en América Latina requiere enfoques interseccionales, con base cultural y socialmente sensibles que aborden la desigualdad sistémica, amplíen los conocimientos sobre salud mental y replanteen el discurso público en torno a la dignidad, la pertenencia y la atención.

**Palabras clave:** Salud Mental; estigma; adolescentes; dinámicas culturales; America Latina.

## 1. Introduction

One of the most significant societal obstacles keeping people from receiving quality mental health care is the stigma associated with mental illness. Although this problem occurs globally, the effects vary greatly based on political, cultural, and particularly economic conditions. Stigma is exacerbated in low- and middle-income countries (LMICs), including those in Latin America, by systemic obstacles such as inadequate health care, underfunded initiatives, and pervasive poverty (Mascayano et al., 2016). Because of these circumstances, people with mental illnesses frequently experience misunderstanding, rejection, and a lack of treatment.

In Latin America, mental health is still not prioritized in public policy or education. Cultural attitudes often associate mental illness with spiritual failure, family dishonor, or danger. Unlike many Western countries where advocacy and awareness efforts have made progress in reducing public stigma, countries in Latin America hold deep-rooted beliefs reinforced by limited health literacy and religious interpretations (Caqueo-Urízar et al., 2014). The World Health Organization (2025) reports that over 75% of people in LMICs who need mental health care do not receive it. Accordingly, this shows not only a treatment gap but a crisis of visibility and urgency.

Compared to Western societies, where stigma is still present but often addressed through campaigns, mental health discourse in Latin America remains underdeveloped. The disparity in government funding is also stark: Mascayano et al., (2016) point out that governments in LMICs spend the lowest percentages on mental health globally, relying heavily on psychiatric institutions and failing to implement effective community-based interventions. This systemic neglect reinforces stigma by making mental health care seem inaccessible or irrelevant.

The danger of stigma is not only social but deeply psychological. According to Caqueo-Urízar et al. (2014), individuals internalize these beliefs, experiencing self-stigma that reduces self-esteem and worsens psychiatric and physical symptoms (e.g., increased depression, anxiety, suicidal ideation, sleep disturbances, headaches, and cardiovascular problems).

Stigmatized individuals may isolate themselves or avoid disclosing their condition (Mascayano et al., 2016), which creates a cycle of silence and exacerbates mental health challenges. Further, this perpetuates the invisibility of mental illness and normalizes discrimination, particularly against the poor and marginalized. In practice, this normalization often means that individuals with mental illnesses are treated as "the other" and separated from broader society. In many Latin American contexts, they are placed into distinct groups—whether in schools, workplaces, or communities—and are regarded as less capable or less valuable. This social distancing reinforces exclusion and perpetuates cycles of inequality.

The present research addresses the urgent need to understand stigma in Latin America from a culturally and economically specific perspective. While much of the existing literature focuses on Western contexts, this study will examine how cultural narratives, economic limitations, and social norms interact to shape stigma in countries like Paraguay, Mexico, Chile, Colombia and Brazil. Indeed, taking a regional focus is necessary to challenge global generalizations and bring attention to localized dynamics.

The study also aims to fill a gap in scholarly work: very few papers explore how socioeconomic conditions shape public attitudes and internalized beliefs about mental illness in Latin America. As Mascayano et al. (2016) argue, stigma in LMICs is often reinforced by material poverty, lack of services, and social inequality. This research will analyze these intersecting factors to better inform interventions that are grounded in the everyday realities of Latin American populations.

The findings of this research may provide insights into how public discourse, health services, and education systems might be reshaped to reduce stigma. In the long term, these changes could lead to more compassionate communities, improved access to care, and better quality of life for those affected. Furthermore, culturally informed strategies could help governments allocate resources more effectively and engage in prevention, rather than just treatment.

## 1.1 Exploring Mental Illness and Stigma in Latin America

Understanding the Roots of Stigma

To understand how mental health stigma takes shape in Latin America, it is essential to examine the broader economic, social, and cultural factors that influence public attitudes, institutional practices, and personal experiences. These forces are not isolated; they interact and reinforce one another, creating a complex network that sustains stigma across generations and regions.

Economic factors refer to the structural financial inequalities that limit access to mental health care, such as poverty, unemployment, underfunded health systems, and lack of insurance or trained professionals. In many countries across the region, low investment in mental health perpetuates invisibility and neglect.

Social factors include the way individuals interact within their communities and institutions. These can involve peer pressure, family dynamics, school environments, or gender expectations that promote silence and shame around mental illness.

Cultural factors involve shared beliefs, traditions, and values that define how a society understands and reacts to mental disorders. In Latin America, deeply rooted social norms such as machismo—a cultural belief emphasizing male strength, emotional control, and dominance—can discourage men from seeking psychological help due to fear of being perceived as weak. This leads to the denial of symptoms and delayed treatment, worsening mental health outcomes. Similarly, familismo, the strong prioritization of family loyalty and unity, may prevent individuals from speaking openly about mental illness, especially if it could be seen as bringing shame or dishonor to the family. Families may either discourage treatment out of fear of community judgment, or try to manage mental health issues privately, reinforcing silence and stigma.

These three dimensions are deeply interconnected and must be analyzed together to fully grasp the roots and consequences of mental health stigma in the region. Economic inequalities often intensify social pressures, while cultural norms shape how families and communities respond to limited resources, creating a reinforcing cycle that sustains stigma and prevents access to care.

## 1.2 Academic Pioneers – Who Started the Conversation on Stigma in Latin America?

The academic conversation about stigma in Latin America began to take shape after the Declaration of Caracas in 1990, adopted during the Regional Conference for the Restructuring of Psychiatric Care in Latin America. This landmark declaration advocated for the deinstitutionalization of psychiatric services, the integration of mental health into primary care systems, the development of community-based mental health services, and the protection of human rights for people with mental disabilities (Pan American Health Organization, 1990;

Mascayano et al., 2016). However, at the time, cultural factors such as familismo, machismo, and religiosity were not sufficiently considered in the emerging reform frameworks.

In the 2000s, Franco Mascayano (2016) and collaborators made a groundbreaking contribution with their 2016 systematic review, categorizing stigma and highlighting the need for culturally sensitive instruments and interventions. They stressed the importance of understanding familismo, machismo, and dignidad y respeto (the expectation of preserving dignity, honor, and mutual respect in social interactions), when designing anti-stigma strategies.

Another key contributor is Lawrence Yang, who introduced the concept of stigma as a "moral experience," deeply rooted in the activities and values that matter most in each culture. His seminal work reframes stigma not just as discrimination but as a threat to what is most vital to individuals, their dignity, roles, and social bonds, moving stigma research toward culturally grounded analysis (Yang et al., 2007).

Building on that work, recent contributions like Sánchez-Castro et al., (2024) emphasize the need to understand stigma and mental health as outcomes of social injustice. Their review not only connects mental illness to structural conditions but also demands policy responses that integrate mental health with social protection, education, and rights-based approaches.

Alongside academic research, cultural narratives and personal testimonies have emerged as powerful tools for reshaping public understanding.

### 1.3 Different Types of Mental Illnesses in Latin America

Mental illness is a broad category that encompasses a wide range of psychological and neurological conditions. In Latin America, the most commonly diagnosed disorders include depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders (SUDs). According to the Pan American Health Organization (PAHO) (2012) depression is the single most common mental disorder in the region, affecting approximately 5% of the adult population, yet between 60–65% of those affected do not receive treatment due to a lack of services, trained professionals, and the persistence of stigma (Kohn et al., 2018). Anxiety disorders are also highly prevalent: a meta-analysis reports a 12-month pooled regional prevalence of 6.61 % and a lifetime prevalence of 14.55 %, indicating that anxiety is one of the most widespread mental health issues in Latin America. Bipolar spectrum disorders affect around 2.6 % of the population in Colombia (lifetime prevalence of bipolar spectrum disorders). Schizophrenia, while less common, affects about 0.3–0.7 % of people globally, including Latin America. Similarly, Sapag Chain (2018), depression and anxiety are highly prevalent but often remain undiagnosed due to stigma and lack of access to mental health care.

Schizophrenia, in particular, is heavily stigmatized. Schizophrenia is a chronic and severe psychiatric disorder characterized by distortions in thinking, perception, emotions, language, and sense of self, often including hallucinations or delusions (World Health Organization, 2025). People diagnosed with schizophrenia are frequently perceived as dangerous or unpredictable, which leads to their isolation and exclusion from the labor market and community life.

Misconceptions also surround bipolar disorder, a chronic mental health condition characterized by extreme mood swings ranging from depressive episodes of hopelessness and low energy to manic episodes of elevated mood, impulsivity, and heightened activity.

Substance use disorders are frequently criminalized in the region, especially in men, due to gendered expectations and the influence of machismo. These conditions are often perceived not as medical issues, but as moral failings, which delays treatment and fuels public stigma.

A recent scoping review by Sánchez-Castro et al., (2024) revealed that among adolescents, internalizing disorders like depression and anxiety are especially prevalent in communities marked by poverty, violence, and discrimination. Furthermore, the review highlights that male adolescents tend to externalize their mental health problems through aggression and antisocial behavior. In contrast, female adolescents experience heightened anxiety and low self-esteem due to gendered expectations and patriarchal norms. These findings reflect how mental health outcomes are shaped not only by individual factors but by broader sociocultural and economic structures.

Understanding the specific mental illnesses most prevalent in Latin America naturally leads to examining the ways in which these conditions are perceived and labeled within society. Each disorder, whether it be depression, schizophrenia, bipolar disorder, or substance use disorder, faces its own set of stereotypes and discriminatory attitudes, which in turn shape the lived experiences of those affected. For instance, the belief that schizophrenia is linked to violence directly fuels public stigma, while the trivialization of bipolar disorder undermines empathy and support. Similarly, viewing substance use disorders as moral failings rather than health conditions reinforces institutional and family stigma. These patterns reveal that the type of mental illness often influences the form and intensity of stigma an individual may face. To fully grasp how stigma operates in the region, it is therefore necessary to explore its different forms: public, self, family, and institutional, and how they intersect with the realities of those living with mental health conditions.

### 1.4 Types of Stigmatizations

Franco Mascayano's review (2016) identifies four key types of stigmas in Latin America:

Public stigma: Negative stereotypes and prejudices held by society at large (e.g., "people with mental illness are violent or lazy").

Self-stigma: Occurs when individuals internalize negative societal stereotypes, leading to diminished self-worth and reduced expectations for recovery.

Family stigma: Stigma experienced by family members of people with mental illness, often lead to the impacted individuals feeling shame or social exclusion.

Institutional stigma: Discrimination embedded in policies or systems, such as underfunded services or unequal treatment by health professionals.

In a multicountry review, multiple stigma was also reported, where individuals experienced overlapping forms, especially when combined with factors such as poverty, gender, or rural residence.

The Internalized Stigma of Mental Illness Scale (ISMI-12) and the Schizophrenia Quality of Life Scale (SQoL-18) are among the tools used to assess these dimensions in countries like Mexico and Argentina, providing quantitative data that supports the presence and impact of stigma.

The Sánchez-Castro et al., (2024) review further reinforces that intersectional stigma affects adolescents severely, especially those living in vulnerable conditions. For instance, stigma associated with poverty, certain racial backgrounds, or migration status overlaps with the stigma of mental illness, leading to compounded discrimination. Specifically, adolescents who are children of migrants, Afro-descendants, or from poor households experience significantly higher rates of exclusion, marginalization, and low access to adequate mental health care services.

These patterns raise a critical question: why does stigma take these specific forms in Latin America? The answer lies in a web of historical, cultural, and socioeconomic factors that shape beliefs and behaviors toward mental illness. Understanding these root causes is essential, as they not only sustain existing prejudices but also influence how new generations perceive mental health.

### 1.5 Why People Stigmatize – Root Causes and Cultural Narratives

The reasons underlying mental health stigma in Latin America are complex and interconnected. Cultural beliefs play a major role. Familismo, a strong emphasis on family unity and loyalty, can be both protective and harmful. While families may offer support, they can also feel shame or fear social judgment, pressuring individuals to hide their condition.

Machismo and gender roles reinforce silence. Men may avoid seeking help due to the fear of being seen as weak, while women are expected to remain caregivers, and their illness is often blamed on emotional fragility or moral weakness.

Additionally, mental illness is often interpreted through religious lenses, particularly in Brazil and Andean countries. Disorders are seen as punishments from God or consequences of sin, leading to spiritual interventions instead of psychiatric treatment. A pattern confirmed by studies showing that religiosity frequently discourages professional help-seeking and fuels stigma in Latin American contexts (Buccino, 2019; Casella & Loch, 2014).

Fear also plays a key role. Many believe that people with mental illness are dangerous, unpredictable, or incapable. This perception is worsened by media portrayals, which exaggerate violence or portray mental illness as dramatic or comic. In Latin America, media, particularly television and social networks, have been shown to amplify fear and exaggeration, perceptions that are significantly associated with stress, anxiety, and depressive symptoms (Mejia et al., 2023).

Finally, the intersection of cultural assumptions and economic inequality intensifies stigma. In many communities, mental illness is associated with laziness or inability to work. This is especially harmful in societies where productivity is valued above well-being. People with mental disorders are excluded from education and job opportunities, creating a vicious cycle of poverty and marginalization.

Sánchez-Castro et al., (2024) explain how structural inequalities such as poor infrastructure, hunger, school dropout, unemployment, and family breakdown (e.g., domestic violence, parental separation) are directly linked to deteriorating mental health among adolescents. These stressors are not only material but also symbolic, as they signal social exclusion and disempowerment. Consequently, stigma becomes embedded in the systems that fail to support young people, especially in rural and impoverished areas.

Recognizing these deep-rooted causes is essential to framing effective interventions. However, understanding stigma in Latin America has been the result of decades of academic work, with certain researchers laying the groundwork for culturally informed perspectives on mental illness. For instance, Mascayano et al., (2016) emphasized the importance of adapting stigma research to Latin American cultural values such as familismo and machismo. Yang et al., (2007) reframed stigma as a “moral experience,” highlighting how it undermines dignity and belonging in culturally specific ways. Together, these contributions illustrate that stigma is not only a personal or medical issue, but one deeply embedded in cultural, social, and economic realities.

### 1.6 Sociocultural Influences on Stigma – Gender and Adolescence

Recent studies confirm that sociocultural norms in Latin America play a decisive role in shaping stigma toward mental illness, particularly among adolescents. Oyarzún y Irrazabal (2020), in a comparative study between Chilean and Colombian high school students, found that males consistently express higher levels of stigma than females, especially in relation to emotional vulnerability and psychiatric treatment. These findings reinforce how traditional gender roles, rooted in machismo and honor culture, continue to discourage emotional openness among young men, associating mental illness with weakness or deviance.

Furthermore, the study observed that students with immigrant status, particularly in Colombia, were more likely to hold stigmatizing beliefs(e.g., that people with depression are "lazy" or that schizophrenia is linked to violence), suggesting that social marginalization intersects with cultural attitudes, deepening prejudices. Adolescents in both countries also reported fear and avoidance toward peers with mental illness, reinforcing the idea that stigma is internalized early, often through peer pressure and lack of mental health education in schools (Oyarzún y Irrazabal, 2020).

This research highlights a crucial aspect: stigma is not just a product of ignorance, but is actively reproduced through social hierarchies, school culture, and gender norms. Addressing adolescent stigma, therefore, requires culturally sensitive interventions that challenge stereotypes at school and promote mental health literacy from an early age.

While cultural narratives play a vital role in challenging stigma, systemic reforms and targeted interventions are equally essential.

### 1.7 Interventions to Reduce Mental Health Stigma in Latin America

Efforts to reduce stigma in Latin America remain scarce, fragmented, and underfunded, but systematic evidence is beginning to emerge. A review by Vielma-Aguilera et al., (2021) analyzed 18 studies conducted in Ibero-America between 2007 and 2017, highlighting the growing interest in educational, contact-based, and psychoeducational interventions aimed at diverse populations such as high school students, healthcare professionals, caregivers, and mental health service users.

The most frequently used strategies include mass media campaigns to educate the general population, educational programs for healthcare workers, social contact initiatives for students, and coping strategies for families (Vielma-Aguilera et al., 2021). Interventions that combined direct or indirect social contact with psychoeducational tools were found to be more effective than education alone, especially in reducing social distance and improving attitudes. For example, the use of videos showing the lived experience of individuals with schizophrenia helped reduce stigma among adolescents.

Despite these promising results, the implementation of interventions faces major barriers. Latin American countries struggle with limited resources, a lack of institutional support, and weak research capacity, which hinders both the deployment and long-term evaluation of programs. Moreover, many studies used small convenience samples and lacked follow-up assessments, resulting in difficulty assessing sustained impact. Only a few interventions were classified as having low risk of bias, limiting the strength of the conclusions drawn.

Notably, the review stresses that cultural adaptation is essential. Successful interventions must address sociocultural realities such as familismo, machismo, and religious beliefs, which shape both the expression of mental illness and the form that stigma takes. In Chile, for instance, anti-stigma policy has been formally included in national mental health planning, aiming to implement awareness campaigns in at least 50% of health services by 2020, a model that could inspire similar efforts across the region.

The review concludes by calling for better-quality research with representative samples, operational definitions of intervention duration and follow-up, and the inclusion of local cultural factors in program design. While progress remains uneven, these initiatives represent an important step toward building a culturally grounded, evidence-based approach to stigma reduction in Latin America (Vielma-Aguilera et al., 2021).

To better understand the unique barriers faced by Latin America, it is useful to compare and explain these dynamics in detail with those in Western contexts.

**1.8 Latin American comparison to Western Countries**

Mental health stigma is a global phenomenon, but the way it manifests differs significantly between Latin America and Western countries due to deep-rooted cultural, religious, and systemic factors. These differences are critical to understanding the barriers individuals face when seeking mental health support across diverse settings.

In Western contexts, mental illness is increasingly viewed through a biomedical lens, and public awareness campaigns have helped reduce stigma by promoting mental health literacy. Although stigma persists (especially around severe disorders like schizophrenia), help-seeking behavior is generally encouraged, and institutional systems are designed to protect mental health rights (Mascayano et al., 2016).

In contrast, Latin American societies often view mental illness through moralistic, spiritual, or social lenses, rooted in dominant cultural values like familismo, machismo, and religiosity (Yang et al., 2007; Mascayano et al., 2016). For instance, people are frequently advised to “pray it away”

or remain silent to avoid burdening their families, which can reinforce shame and delay treatment.

The structural limitations of mental health systems further compound this stigma. According to a study by Torales et al. (2025), conducted in Paraguay, 75% of respondents reported that they would not seek psychological help unless they believed the condition was extremely severe, and 56% believed that seeking help could lead others to think they were "crazy." Only 17% identified biological causes as explanations for mental illness,; this illustrates a deep-rooted misunderstanding of mental health as a medical issue.

Access is also far more limited. In Western countries, mental health care is more decentralized and integrated into primary care systems. In contrast, in Latin America, services are often centralized in urban hospitals, leaving rural populations and marginalized communities largely unserved (PAHO, 2018). This lack of access fosters institutional stigma, in which health systems neglect mental health in both policy and practice (Mascayano et al., 2016; Vielma-Aguilera et al., 2021).

Another critical difference is how trust functions within healthcare systems. In many Western contexts, there is at least a baseline level of trust in medical professionals and institutions. Although distrust persists among marginalized groups such as Afro-descendants and migrants. In Latin America, distrust, particularly among historically excluded groups like Indigenous populations, migrants, and Afro-descendants, is a key barrier to care. These groups experience intersectional stigma, facing both discrimination due to mental illness and social marginalization (Sánchez-Castro et al., 2024).

Tools such as the Internalized Stigma of Mental Illness Scale (ISMI-12) and the Schizophrenia Quality of Life Scale (SQoL-18) have recently been validated in Latin American populations (Caqueo-Urízar et al., 2014), which has improved local understanding of stigma, yet they are still not applied in many low-resource or indigenous communities.

Lastly, while Western countries have developed structured anti-stigma interventions, including school-based education, peer programs, and public campaigns, these are rare and underfunded in Latin America. Vielma-Aguilera et al., (2021) found that most Latin American interventions rely on short-term educational materials without consistent follow-up or adaptation to local cultural values.

In summary, while both Western and Latin American societies contend with mental health stigma, the underlying causes, expressions, and consequences diverge sharply between the two societies. This paper contributes to the conversation by emphasizing that culturally insensitive, one-size-

fits-all interventions are unlikely to succeed in Latin America. Instead, reducing stigma requires an understanding of local values, power structures, and social inequalities.

These cultural and structural differences have direct implications for how mental health is prioritized in public budgets and policy agendas. Limited resources, combined with the lower visibility of mental health as a public health priority, perpetuate the treatment gap. Understanding the funding disparities between Latin American and Western countries provides a clearer picture of why stigma reduction efforts in the region often remain underdeveloped or unsustainable.

### 1.9 Mental Health Investment and the Treatment Gap

Spending on mental health across Latin America is disproportionately low. According to the World Health Organization [WHO] (2025a), Latin American countries spend, on average, less than 2% of their total health budget on mental health, far below the 5% WHO recommendation. For example:

Paraguay spends only 0.64% of its health budget on mental health (Aboaja et al., 2022). Brazil allocates approximately 2.3%, while Chile approaches 3% (PAHO, 2022). In comparison, high-income Western countries like Germany or Canada allocate 6–8% of their health budgets to mental health.

This chronic underinvestment leads to severe treatment gaps. In Paraguay, only 36.1% of individuals with symptoms of mental illness reported having ever sought psychological support, and just 14.7% had done so in the last 12 months (Aboaja et al., 2022). Factors contributing to this include cost, lack of available professionals, and stigma. By comparison, more than 50% of individuals in Western countries seek some form of support annually (WHO, 2025b).

The funding gap is not merely a technical issue, it reflects broader systemic priorities and governance models. In contexts where mental health is underfunded, health systems tend to focus on acute care and crisis management, neglecting prevention and community-based interventions. This makes it critical to analyze how health systems themselves respond to mental illness, both in policy and practice and how their design influences stigma.

### 1.10 Health System Response and Public Policy

There is a significant gap in national anti-stigma legislation and programming in Latin America. Only a handful of countries, such as Chile and Brazil, have integrated anti-stigma components into national mental health strategies. Chile, for example, included awareness campaigns in its 2020–2025 mental health plan with the goal of reaching 50% of public health centers (Vielma-Aguilera

et al., 2021). Still, enforcement and continuity remain weak due to political and economic instability.

In Western nations, comprehensive policies addressing stigma, both in schools and health systems, have shown promising outcomes, such as reduced hospitalization rates, improved personal empowerment among users, and a decline in stigma (Mousavizadeh, & Jandaghian Bidgoli, 2023). Latin American countries still lag in formally training medical personnel to approach mental illness through a rights-based and culturally sensitive lens. Many medical programs do not include robust psychiatry or community mental health rotations, contributing to clinical stigma and professional burnout.

How these policies are operationalized depends heavily on the structural model of care. Countries that rely on centralized, hospital-based systems often perpetuate physical and symbolic separation between people with mental illness and the rest of society. Conversely, community-based care models, more common in Western nations, tend to promote integration and normalize mental health support as part of everyday life.

### 1.11 Community-Based vs. Institutional Models

While Western countries have widely adopted community-based mental health services, decentralizing care and emphasizing early intervention, many Latin American systems still depend on centralized psychiatric hospitals. This model isolates patients and perpetuates the idea that mental illness must be "removed" from public spaces.

Despite calls for deinstitutionalization in the Caracas Declaration (1990), implementation has been slow and uneven. Paraguay, for instance, has only one public psychiatric hospital, concentrated in the capital, which makes access nearly impossible for rural populations (González et al., 2023). Meanwhile, some progress has been made in Brazil through the Centros de Atenção Psicossocial (CAPS), although funding fluctuations continue to threaten their reach (PAHO, 2022)

The differences in care models, policy scope, and funding priorities highlight that tackling stigma in Latin America requires a multi-layered approach. Interventions must go beyond awareness campaigns to include structural reforms in service delivery, budget allocation, and the integration of culturally relevant practices into health systems.

## 2. Recommendation

The evidence reviewed lends credence to the idea that Latin American countries prioritize the integration of culturally sensitive, community-based mental health services into primary care systems. This should be supported by a significant increase in mental health funding, aiming to

reach at least the WHO's recommended 5% of the total health budget. Governments should invest in large-scale, sustained anti-stigma campaigns that address local cultural values such as familismo, machismo, and religious beliefs, while also promoting mental health literacy in schools and workplaces. Medical and allied health curricula should include mandatory training on the cultural and structural dimensions of stigma, ensuring that future professionals can provide non-discriminatory, rights-based care.

Additionally, national policies must be accompanied by clear implementation plans, stable funding, and continuous monitoring to ensure long-term effectiveness. Finally, greater regional collaboration between Latin American countries can facilitate the sharing of best practices, standardized assessment tools, and evidence-based interventions, helping to close the treatment gap and reduce stigma at both institutional and community levels.

## 3. Discussion

This research explores the main cultural, social, and economic factors that contribute to the stigma surrounding mental health in Latin America. Historical and current perspectives highlight how stigma in the region is not an isolated phenomenon, but rather a reflection of deeply embedded beliefs and structural inequalities. Cultural elements such as machismo and familismo shape how individuals and families perceive mental illness, often leading to silence, shame, or concealment. Religion also plays a key role, with mental health sometimes interpreted as spiritual punishment or moral weakness, rather than as a legitimate health issue. These cultural narratives are further reinforced by social pressures and expectations, particularly in relation to gender roles and family honor.

At the same time, economic conditions like high levels of poverty, social inequality, and underfunded healthcare systems make it even harder for people to access proper mental health services. Many rural or marginalized communities have little to no support, and the lack of trained professionals and community-based programs makes it difficult to change attitudes or provide meaningful care. These issues are especially impactful on adolescents and vulnerable groups, who may internalize negative stereotypes from a young age.

This paper also showed that while some interventions exist, such as psychoeducation, media campaigns, and programs in schools, they are not always consistent or widespread. A major implication of this is that countries in Latin America need to prioritize mental health as a public policy issue, and not just a medical or private matter. Strategies must be intersectional, culturally sensitive, and sustainable over time. This includes improving mental health literacy, increasing funding, training professionals, and fostering spaces where people with mental health conditions feel heard and included.

However, this study has certain limitations. First, Latin America is incredibly diverse, and findings from one country may not reflect the experiences of another. For example, Indigenous communities, migrants, and Afro-descendant populations are still underrepresented in most of the literature. Second, the lack of long-term and large-scale research makes it hard to evaluate how effective anti-stigma interventions truly are over time. Future studies should aim to fill these gaps by using more inclusive, participatory, and context-specific methods that center the voices of those most affected by stigma.

In conclusion, reducing mental health stigma in Latin America is not only about changing how people think, it's about transforming the systems, values, and power structures that shape those thoughts in the first place. Only by acknowledging the intersections between culture, society, and economics can we build a region where mental health is treated with the dignity, care, and respect it deserves.

## 4. Funding statement

This research was conducted with self-funded resources.

## 5. Declaration of conflicts of interest

The author declares that he has no conflicts of interest.

## 6. Author declaration

The author approves the final version of the article.

## 7. Author's contribution

| Autor | Contribución |
|---|---|
| **Maite Murdoch** | Conceptualization, literature review, discussion, drafting, and final version. |

## 8. Bibliographic

Aboaja, A., Wahab, A., Cao, Y. Y., O'Higgins, M., & Torales, J. (2022). Mental health in the republic of Paraguay. *BJPsych International*, *19*(1), 10-12. https://doi.org/10.1192/bji.2021.24

Buccino, N. (2019). *Mental health stigma, fueled by religious belief, may prevent many Latinos from seeking help.* Rutgers University. https://www.rutgers.edu/news/mental-health-stigma-fueled-religious-belief-may-prevent-many-latinos-seeking-help

Casella, C. B., & Loch, A. A. (2014). Religious affiliation as a predictor of involuntary psychiatric admission: A brazilian 1-year follow-up study. *Frontiers in Public Health*, *2*. https://doi.org/10.3389/fpubh.2014.00102

Caqueo-Urízar, A., Boyer, L., Boucekine, M., & Auquier, P. (2014). Spanish cross-cultural adaptation and psychometric properties of the Schizophrenia Quality of Life short-version questionnaire (SQoL18) in three middle-income countries. Schizophrenia Research, 159(1), 136–143. https://doi.org/10.1016/j.schres.2014.08.013

Kohn, R., Ali, A. A., Puac-Polanco, V., Figueroa, C., López-Soto, V., Morgan, K., Saldivia, S., & Vicente, B. (2018). Mental health in the Americas: An overview of the treatment gap. *Revista Panamericana de Salud Pública*, *42*. https://doi.org/10.26633/RPSP.2018.165

Mascayano, F., Tapia, T., Schilling, S., Alvarado, R., Tapia, E., Lips, W., & Yang, L. H. (2016). Stigma toward mental illness in Latin America and the Caribbean: A systematic review. *Revista Brasileira de Psiquiatria*, *38*(1), 73-85. https://doi.org/10.1590/1516-4446-2015-1652

Mejia, C. R., Aveiro-Róbalo, T. R., Garlisi Torales, L. D., Castro Hidalgo, V. A. A., Valeriano, J., Ibarra-Montenegro, D. A., Conde-Escobar, A., Sánchez-Soto, F., Canaviri-Murillo, Y., Oliva-Ponce, M., Serna-Alarcón, V., Vilela-Estrada, M. A., & Arias-Chávez, D. (2023). Latin American perceptions of fear and exaggeration transmitted by the media with regard to COVID-19: Frequency and association with severe mental pathologies. *Frontiers in Psychology*, *14*, 1037450. https://doi.org/10.3389/fpsyg.2023.1037450

Mousavizadeh, S. N., & Jandaghian Bidgoli, M. A. (2023). Recovery-oriented practices in community-based mental health services: A systematic review. Iranian Journal of Psychiatry. https://doi.org/10.18502/ijps.v18i3.13013

Oyarzún, A., y Irrazabal, R. (2020). Comportamiento de las Trayectorias Educacionales y Laborales en Jóvenes Estudiantes. *Última Década, 11*(18), 199–227

Pan American Health Organization. (2022). *Mental health and COVID-19 in the Americas: Policy brief*. Washington, DC: Pan American Health Organization. https://iris.paho.org/handle/10665.2/57500.

Pan American Health Organization. (2018). *The burden of mental disorders in the Region of the Americas, 2018*. Washington, DC: Pan American Health Organization. https://iris.paho.org/handle/10665.2/49578.

Pan American Health Organization (PAHO). (2012). *World Mental Health Day: Depression, the Most Common Mental Disorder.* https://www.paho.org/pt/node/9664

Pan American Health Organization. (1990). *Conferencia Regional: "Reestructuración de la 1990Atención Psiquiátrica en América Latina": Documento básico de trabajo*. https://iris.paho.org/handle/10665.2/39160

Sánchez-Castro, J. C., Pilz González, L., Arias-Murcia, S. E., Mahecha-Bermeo, V. A., Stock, C., & Heinrichs, K. (2024). Mental health among adolescents exposed to social inequality in Latin America and the Caribbean: A scoping review. *Frontiers in Public Health*, *12*, 1342361. https://doi.org/10.3389/fpubh.2024.1342361

Sapag Chain, N. (2018). *Evaluación de Proyectos: no sólo una cuestión de números*.

Torales, J., O'Higgins, M., Ruiz Díaz, N., Amarilla, D., Torres-Romero, A. D., Caycho-Rodríguez, T., Ventriglio, A., Castaldelli-Maia, J. M., & Barrios, I. (2025). Exploring barriers to mental health service access: A preliminary study among the general Paraguayan population. *International Review of Psychiatry*, *37*(3-4), 332-339. https://doi.org/10.1080/09540261.2024.2396404

Vielma-Aguilera, A., Castro-Alzate, E., Saldivia Bórquez, S., & Grandón-Fernández, P. (2021). Intervenciones para reducir el estigma hacia personas con trastornos mentales graves en Iberoamérica: Una revisión sistemática. *Revista Ciencias de la Salud*, *19*(1). https://doi.org/10.12804/revistas.urosario.edu.co/revsalud/a.10054

World Health Organization. (2025a). *Schizophrenia*. https://www.who.int/news-room/fact-sheets/detail/schizophrenia

World Health Organization. (2025b). *Over a billion people living with mental health conditions – services require urgent scale-up.* https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up#:~:text=The%20economic%20impact%20of%20mental,the%202024%20Mental%20Health%20Atlas

Yang, L. H., Kleinman, A., Link, B. G., Phelan, J. C., Lee, S., & Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social Science & Medicine*, *64*(7), 1524-1535. https://doi.org/10.1016/j.socscimed.2006.11.013