

# A contextual understanding of the high prevalence of depression in Latin America

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While the prevalence of depression among adults is estimated at 5% worldwide, a recent systematic review of population-based studies in Latin America found a regional prevalence of 12%.<sup>1</sup> This condition represents an inordinate burden for individuals, families and countries, and invites urgent collective action to improve our health systems. However, some recent work by local scholars suggests a tendency to put the brain at the centre of explanations of depression,<sup>2</sup> which may limit action against mentally unhealthy environments.<sup>3</sup> We argue in favour of expanding neurobiological explanations to offer a more locally-informed understanding of high regional depression inspired by work in this journal on climate change and Health.<sup>4</sup>

In particular, over-reliance on neurobiology could imply that Latin American brains are somehow more dysfunctional. This view is ethically problematic because it represents a form of victim blaming<sup>3</sup> and distracts from major contextual factors contributing to depression, like the COVID-19 pandemic and climate change (Fig. 1).

The COVID-19 pandemic has had a major impact on global mental health, but in Latin America rates of mental disorders have increased disproportionately, by approx. 20%–40%.<sup>4</sup> This is not because of changes in neurobiology, though surely it has impacted brains. It is more likely to be related to external factors, such as reduced access to housing, sanitation, and food security. For example, major homicides in Mexico, inflation in Argentina, and widespread political revolt and violence in Colombia are mentally unhealthy contextual factors.

It might be problematic to think of Latin America as a monolithic region. However, there are historical, cultural and linguistic commonalities across the subcontinent. Different and unique historical periods have shaped Latin America's social and political agenda. Colonialism broke indigenous communitarianism and symbiosis with nature and brought racism and sexism. Colonial Christianity discredited the socio-political ideas of solidarity, justice and fairness found in Andean or

Mesoamerican communities. The extreme political authoritarianism of the 70s and neoliberalism of the 90s depoliticised people, accelerated the exportation of natural resources and depletion of biosphere reserves, and led to the hasty adoption of Global North perspectives on health and disease.<sup>5</sup> Yet, specific resistance and emancipation movements emerged during each of these periods.

As a result, Latin America displays widespread socioeconomic injustice, societal polarization, and distrust in institutions, leading to poor social cohesion. Social cohesion is especially important because evidence suggests that Latin American societies are built on social interdependence.<sup>6</sup> A comparative study conducted in Chile, Colombia and Ecuador showed the impact of this dimension on mental health, concluding that “social defeat” could be an important mediator in explaining the high prevalence of mental health issues.<sup>7</sup>

We argue that despite the dominance of Global North approaches, the region can make unique contributions to the understanding and treatment of depression. For instance, local studies have shown how culture plays a role in the expression of depressive symptomatology, such as how indigenous Ecuadorians display more somatic than cognitive manifestations.<sup>8</sup> There is also scope for unique therapeutic approaches, based on recent evidence of the role of social support and healthy religiosity as clinical interventions for LGBT + adults in Latin America, as both may serve as protective factors for mental health in this population.<sup>9</sup>

By placing individuals, groups and neurobiology in their broader societal context, we are more likely to find solutions for the major problem of depression in Latin America that are developed in a local, bottom-up way. This is particularly urgent in light of the next crisis, climate change,<sup>10</sup> which will substantially affect the region and exacerbate existing vulnerabilities in physical and mental health.

## Contributors

Both authors contributed equally to all aspects of the article.

## Declaration of interests

The authors declare that they have no conflicts of interest.

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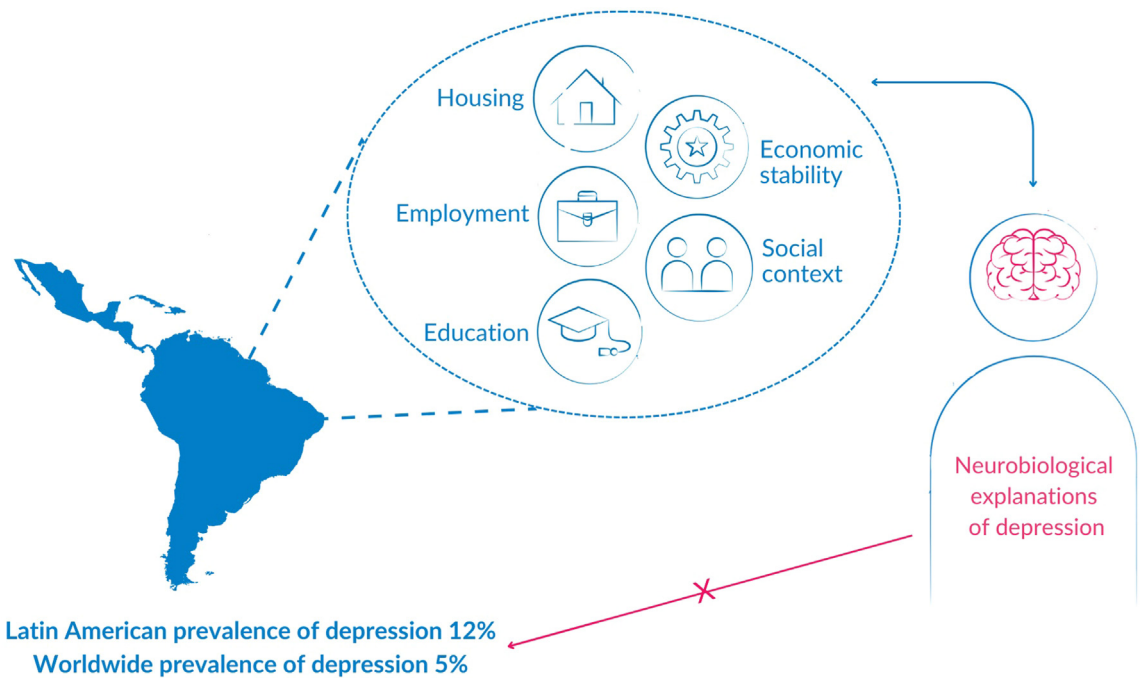
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**Fig. 1:** Neurobiological explanations (pink) are insufficient to account for regional differences in the prevalence of depression, which invites a broader contextual understanding of contributing factors (blue).

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