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PERUVIAN CULTURAL DIVERSITY: ALLY OR ENEMY OF MENTAL HEALTH?

DIVERSIDAD CULTURAL PERUANA: ¿ALIADO O ENEMIGO DE LA SALUD MENTAL?

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Peru has 4 million people belonging to indigenous or native peoples ⁽¹⁾ ; where health, understood as a fundamental right that must be guaranteed for all and in an integral manner, still presents obstacles to being granted in an equitable and intercultural manner. The mental situation, the fundamental foundation of health, is defined as a state of well-being in which the person is able to cope with the normal stress of life, work productively, and contribute to their community⁽²⁾. It should be noted that This concept will be influenced by different biological and social determinants, especially by culture, poverty indicators, and low educational level⁽²⁾.

Regarding the indigenous peoples of Australia, Canada, New Zealand, and the United States of America, some research and epidemiological surveys reveal that these populations are perceived to have a greater burden of disability and mortality due to mental disorders and substance abuse than in other ethnic groups. This is likely due to inadequate treatment, unmet health needs, and barriers to receiving adequate and effective mental health care; that is, they experience unequal mental health (MH) compared to their non-indigenous counterparts⁽³⁾.

In Latin America, communities have a variety of cultural practices and multiple language barriers, making them vulnerable to limited access to SM services. In addition to the lack of interculturality in health, which generates the lack of knowledge of local promotion, prevention, and care programs since, from the perspective of the people, these are culturally decontextualized, inappropriate, and even harmful in the preservation of values, ancestral knowledge, and practices⁽⁴⁾.

Nevertheless, in our country, MH has acquired a certain relevance in recent years. Thus, the reform of the MH care system with a community approach has allowed the implementation of SM care establishments such as Community Mental Health Centers and Sheltered Homes. These, according to the World Bank and the Pan American Health Organization (PAHO)⁽⁵⁾, show to be more efficient and effective in bringing the population closer to MH services because they equitably distribute the supply of services and involve the communities and their culture in caring for them. These centers have managed to serve up to 2018, 48 thousand people; meanwhile, in previous years only 46,000 were accommodated. Although there is an increase in care, this is still insufficient for the millions of Peruvians who need these services⁽⁶⁾.

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In conclusion, in the indigenous or native communities of Peru, MH has gained importance thanks to the use of interculturality as an instrument and ally to approach the population. However, this should receive greater

promotion in such a way that public health actions can be taken that have a much greater impact on these populations and that it be habitual conduct within national programs.

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