

MENTAL HEALTH POLICIES AND OPENING TO THE FUTURE

POLÍTICAS DE SAÚDE MENTAL E ABERTURA PARA O FUTURO

POLÍTICAS DE SALUD MENTAL Y APERTURA PARA EL FUTURO

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The World Health Organization (WHO) and Pan American Health Organization (PAHO) support governments to strengthen and promote mental health of the population. In 2013, during the World Health Assembly, the Comprehensive Mental Health Action Plan for 2013-2020 was approved. This is a commitment of all the WHO Member States, in taking specific actions to improve mental health and contribute towards the realization of a set of global targets. The plan is based on the understanding that mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community⁽¹⁾.

WHO understand that mental health and wellbeing are fundamental to our collective and individual ability, as human beings, to think, feel, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world. It also understands that it is fundamental not only to protect and promote mental well-being of its citizens, but also address the need of persons with defined mental disorders⁽¹⁾.

The global objective of the prevailing Action Plan is focused on human rights, aiming to promote mental well-being, prevent mental disorders, provide care, enhance recovery and reduce mortality, morbidity and disability for persons with mental disorders. It reinforces the importance of effective leadership and governance for mental health, providing comprehensive and responsive mental health and psychiatry, integrated to the health service network, as well as strengthening information systems, evidence and research for mental health⁽¹⁾.

In the same line, during 2018, in commemoration of the International Nurses Day, the International Council of Nurses (ICN) emphasized health as a human right. ICN explores issues of access to healthcare and the impact of quality care in the results of health and quality of life of the population. It proposes that

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nursing practices be person-centered to obtain improved results. Emphasis was given to the importance of nursing care which, beyond the treatment of a disease, that can be totally impersonal, should be person-centered considering the needs and the context where the persons lives⁽²⁾.

In the Brazilian Psychiatric Reform process, the growing demand for mental health care fosters its integration and articulation with basic healthcare. The experience of this model, in recent years, demonstrates a tendency for the services not to continue working centered on themselves, but to assume a perspective of network actions, guided towards the resources of the territory, maintaining the configuration of psychosocial attention.

In the Ministry of Health (MH) site, we can observe that the public mental healthcare policies preconize: reduction in hospital beds and progressive extinction of mental hospitals; investment in primary care, focused also on mental health (Family Health Program, Community Therapy Groups, among others); specialized attention to chemical dependents and dangerous mental disorders; formation of human resources to work with mental health; participation of the community in the preparation of policies and in social control; creation and maintenance of services such as the Psychosocial Care Centers (CAPs) and Therapeutic Residential Services (SRT).

Furthermore, the MH invests in emergency and urgent care as well as in hospitalization in general hospitals. In this manner, the MH understands that mental health is not disassociated from general health and invests systematically in all points of the network. It stimulates all professionals of the area to recognize the mental health demands present in the complaints reported by the patients that are attended at by these health services, mainly Primary Healthcare Services. Therefore, the health professionals themselves must face the challenge of perceiving and intervening on these matters⁽³⁻⁴⁾.

The MH approved, in December 2017, some amendments to the National Mental Health Policy⁽⁴⁾. Despite having established guidelines for strengthening Psychosocial Care Network (RAPS), the resolution has received criticism from more radical followers of the prevailing psychiatric reform. Nevertheless, the present scenario is that 3% of the population suffers some sort of psychiatric disorder, 6 to 8% of the population suffers consequences from alcohol and drug use and abuse, especially in the cases of psychiatric comorbidities, with relevant impact on mental health policies.

In view of the progressive extinction of mental hospitals, government benefits of the “back home” program, the return to family life, the extra-hospital re-socialization programs in existence, with specialized teams, as well as other benefit offered in mental health, require well-structured evaluations. It is indispensable to demonstrate how much autonomy the ex-patients of mental hospitals and the new cases attended at the mental health and psychiatric services of the healthcare network have in fact acquired or whether these people have only stopped being dependent of the psychiatric institution to have other kinds of dependency.

Also, after the implementation and practical experience of two decades of reform and its insertion into the healthcare network, it is important to look around and seek for new approaches, new proposals that are arising, casting aside the polarization between the medical model and the reform model, to open spaces and proceed with the improvement of mental health programs, as proposed by the WHO.

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