

# Mental Health System Reform in Brazil

## Promoting a society without asylums

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### Executive summary

The Mental Health System Reform in Brazil replaced psychiatric hospitals with community-based service networks which promote recovery, social inclusion and human rights.

#### Problem

15 years ago, large psychiatric hospitals predominated in Brazil, operating under poor conditions, with serious human rights violations. Today more than 79% of federal funding for mental health is invested in community-based service networks used by over half of the population diagnosed with mental disorders.

#### Recommendations

To implement a similar reform where mental health care shifts from psychiatric institutions to community services, we recommend the following strategies:

1. Adapt legislation to ensure the respect for rights of people with mental disorders and reorient the mental health system accordingly
2. Plan the gradual replacement of psychiatric beds for community-based and primary healthcare mental health services
3. Promote training, technical and financial support to change mental healthcare paradigm

#### Problem

Mental health reforms are needed not only to address health needs but also for social and moral grounds:

- The high prevalence of mental disorders globally - point prevalence is about 10% for adults, but more than 25% of individuals develop a mental disorder during their lifetime<sup>1</sup>.
- The years of life lost due to premature death and years lived with disability, with serious social and economic burden - mental and substance abuse disorders account for 21.2% of YLDs<sup>2</sup>.
- The need for continuous healthcare.
- The vicious cycle between poverty and mental illness<sup>3</sup>.
- People with mental suffering are more vulnerable to human rights violations, stigma and discrimination<sup>1</sup>.

In Brazil, the assessment of the burden of disease shows that 13% of disability-adjusted life years (DALYs) are due to mental illness, wherein depression occupies the 4th position overall and 1st among women<sup>4</sup>. Mental disorders are among the 10 most frequent reasons for inability of people to undertake daily activities in Brazil<sup>5</sup>.

Although more than half of Brazilian people diagnosed with depression are public health system users<sup>5</sup>, there is still an unequal distribution of specialized mental health services in Brazil<sup>6,7</sup>.

“The [Brazilian] Reform has combined ethical and ideal issues with crucial administrative decisions, such as the progressive inversion of funding from hospitals to psychosocial care centres. In other words, the mental health budget really favors the community model”

- BENEDETTO SARACENO, Former Director of the Department of Mental Health and Substance Dependence of the World Health Organization (2011), Professor, University of Geneva, Switzerland, and Coordinator of the International Master Course of Policies and Services in Mental Health, Universidade Nova de Lisboa.

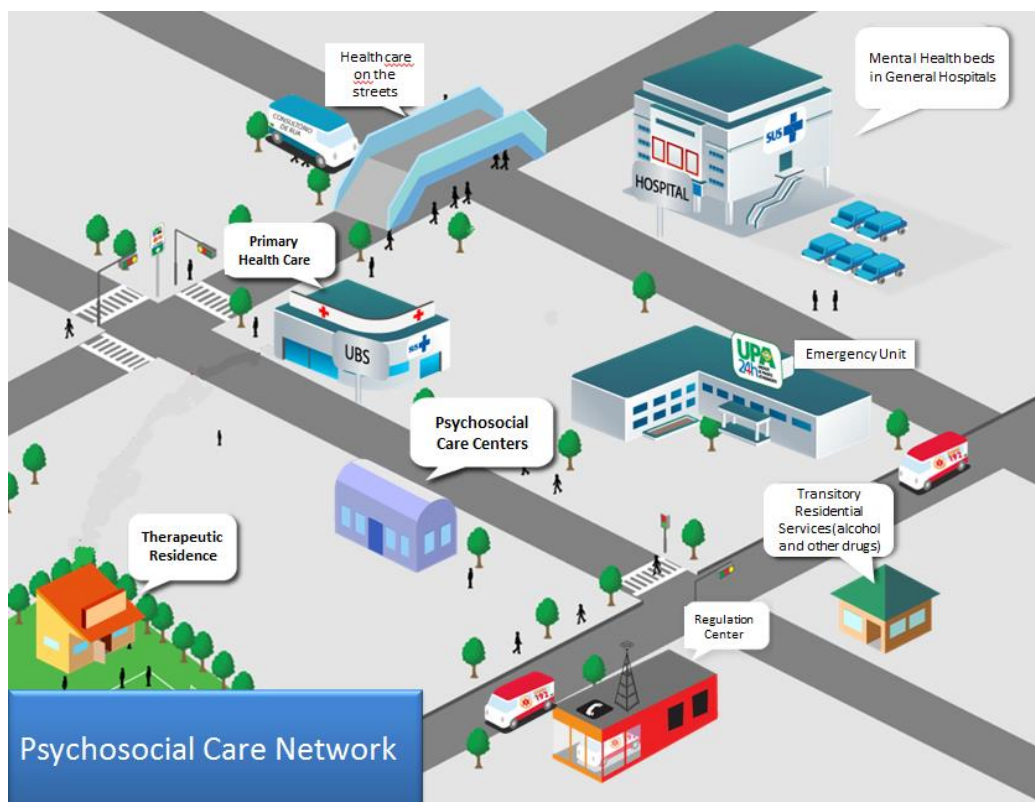
## About the innovation

The main goal of the Brazilian Reform is to implement a community-based mental health system that promotes social inclusion and human rights to people with mental disorders.

Brazilian deinstitutionalization strategies include:

- Implementation of therapeutic residences and rehabilitation allowance out of long-stay psychiatric hospitalizations (Going Back Home Program)
- Integration of primary care, general hospitals and emergency services in psychosocial care networks (RAPS) coordinated by psychosocial care centres (CAPS)
- Technical and financial support for local initiatives aiming at social rehabilitation
- Job and income generation and social advocacy groups for users.

Together these form the Psychosocial Care Network, the cornerstone of the Brazilian Mental Health Reform.



## Impact and recommendations

The Brazilian Mental Health System Reform has clearly strengthened community mental health services:

- More than quadrupled the Psychosocial Healthcare Network coverage between 2002 and 2015 (from 0.21 to 0.90 per 100,000)<sup>6</sup>
- 4,349 people benefitted by the “Going Back Home” Program from 2003 to 2015<sup>6</sup>
- 58% reduction in psychiatric hospital beds between 2002 and 2014<sup>6</sup>
- Tripled federal funding for mental health dedicated to community-based care between 2002 and 2014 (from 24.8% to 79.4%)<sup>6</sup>
- 56% of people diagnosed with depression use public mental health services, 33% in primary care<sup>5</sup>.

### Recommendation 1: Adapt legislation to ensure the respect for rights of people with mental disorders and reorient the mental health system accordingly

Brazil has a federal law which sets out the rights of people with mental disorders and reorients the mental health care model in order to service their needs since 2001. The legal framework, along with social participation, ensured the implementation and sustainability of the Brazilian Mental Health Reform.

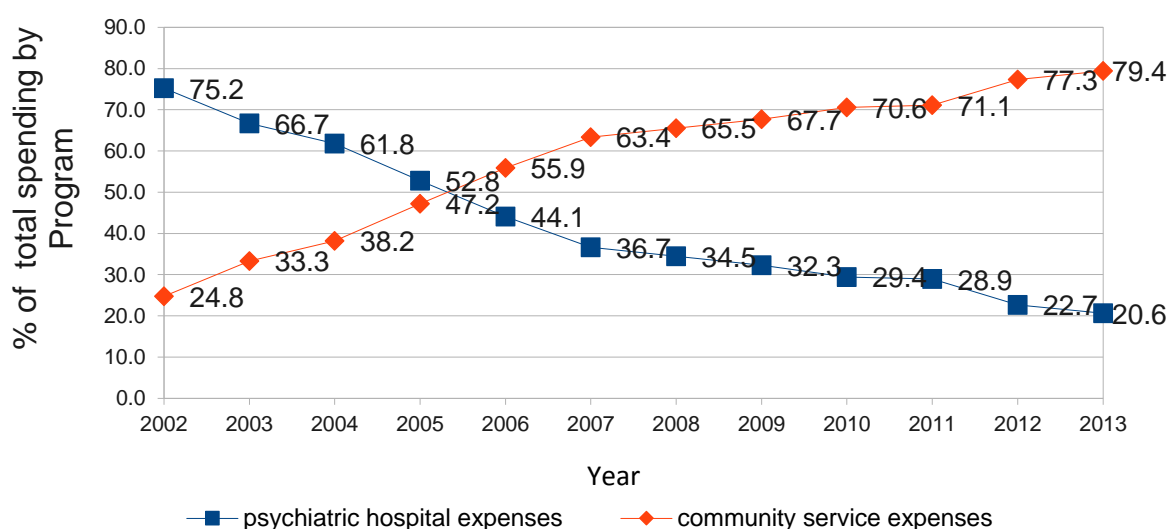
### Recommendation 2: Plan the gradual replacement of psychiatric beds for community-based and primary healthcare mental health services

The Brazilian Mental Health System Reform includes an assessment to identify the psychiatric hospitals with the worst operating conditions in order to prioritise their closure. In addition, there is a process of negotiation and planning with local authorities and providers to gradually replace psychiatric beds with community-based services. A census of psychiatric inpatients guides their reintegration into their families and communities, with support of residential and mental health services.

### Recommendation 3: Promote training, technical and financial support to change mental healthcare paradigm

Health professionals, managers and family members need to understand the guidelines of the new system and mental health practices must respect and promote the rights of service users. Mental health teams need to prioritize practices such as recovery, rehabilitation, social inclusion and empowerment of users.

**Bringing care out of hospitals and into the community. Brazil, 2002 to 2013.**



## Challenges

### Overcoming prejudice and cultural resistance against the change of paradigm in mental health care

Stigma and discrimination against mental illness affects not only the quality of life of people suffering from these disorders, but also makes it difficult to change the mental health care model. This challenge was overcome using different approaches, such as raising awareness of the judiciary agents, health professionals and health managers, and promoting advocacy and social rehabilitation initiatives.

### Promoting greater equity in access to mental health services

Overcoming regional inequalities in health service access was achieved through technical support to local mental health managers, experience exchanges between mental health professionals from high performing regions with professionals from low performing regions and strengthening regional and intersectoral forums.

### Expanding the coverage of 24-hour mental health services

The Ministry of Health has funded the building of 24 hour Psychosocial Care Centres and has adapted other services to offer 24 hour care by increasing federal financial incentives.

### Improving qualifications of primary care teams for mental health care

In recent years the Ministry of Health has invested in mental health e-learning courses and guidelines for primary care, technical support for primary care teams by Psychosocial Care Centres and integration of different health services in psychosocial care networks.

### Increasing investments in monitoring and evaluation (quality, effectiveness and cost-effectiveness)

The Ministry of Health, in partnership with the World Health Organization (WHO) and Pan American Health Organization (PAHO)-Brazil, translated into Portuguese an evaluation toolkit aiming to improve the quality of mental health services (WHO - QualityRights), based on the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The Brazilian government intends to start the toolkit's implementation in 2016 as well as undertaking other initiatives to improve the quality of information and monitoring process in mental health.

## Acknowledgements

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