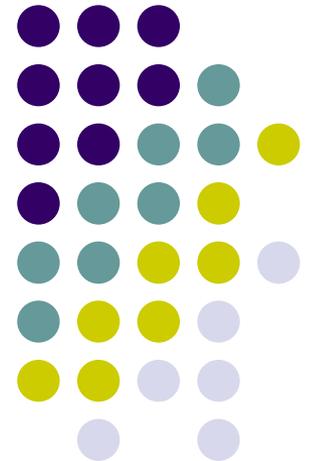


Brazilian Mental Health Public Policies

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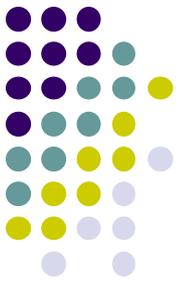


Context



- Brazil has around 200 million inhabitants
- It is divided into 27 states and the Federal District
- Brazil has a National and Universal Health System since 1990 (SUS)
- Brazil has a law of users' rights and that regulate the care model and the types of hospitalization since 2001- LAW 10216

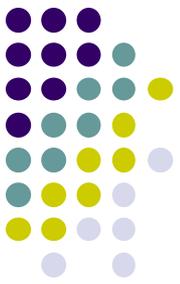
Context



- In the past three decades Brazil has changing the care model in mental health
- Brazil has today 2209 mental health services (CAPS) in the community (nationwide)
- There are still 24.826 beds in psychiatric hospitals

Brazilian Mental Health Public Policies

Principles:



- Reorientation of the care model
- Changes in clinic model (clinic psychosocial care, expanded clinic)
- Changes in management (participatory management, with a role for users)
- Changes in policy (micro and macro policy)
- Cultural changes (social representations of madness and care)

Policies of Mental Health in Brazil



- “Deinstitutionalization”
- Reduction in the number of beds in psychiatric hospitals
- Program: “De Volta Pra Casa”(coming back home)
- Therapeutic Houses
- Expansion of Psychosocial Care Network
- Mental Health in Primary Care
- Social Inclusion projects
- Income Generation Projects and Solidarity Economy

Fundamental Concepts



- Networks
- Territory/Community
- Reception and attachment
- Autonomy

Alcohol and Other Drugs Policy



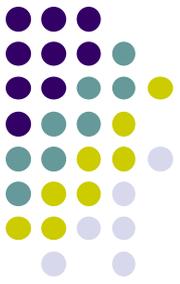
- 2002: Alcohol and other drugs as a public health policy
- Expansion of the CAPS for drug users
- Professional training in primary care / education / public safety
- Increase beds in general hospitals
- Home units
- "Plan Crack" public policies in alcohol and others drugs: (Health, Welfare, Safety)
- Networks project: inter-agency coordination in the municipalities to expand and improve care
- Social Inclusion

CAPS: a strategic device



- Daily attention in community
- Host of the crisis (beds, 24h function)
- Gateway to the mental health network
- Promote the reduction of admissions to psychiatric hospitals
- Articulating the resources in the territory: networking (social and health, legal, social and educational)
- Support for actions in primary care

CAPS



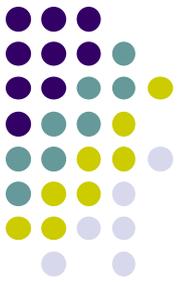
- Individual assistance (psychological, medical, multi)
- Group care - therapeutic workshops, expressive, income citizenship, sports activities, etc.
- Family care
- Community activities
- Meetings for organization and participative management of the service with the patients
- Home care
- Other activities using staff skills

The CAPS must



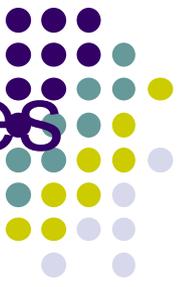
- Provide Intensive care
- Perform Personalized therapeutic projects
- Look forward Social reintegration and citizenship
- Working with families and users to develop a network of relationships partners in the treatment

Risk situation and priorities



- Severe mental health problems
- problems for alcohol and other drugs abuse
- Violence
- Social exclusion (chronic patients in the psychiatric hospitals, people in domiciliary prison, homeless people, elderly in abandon situation, children and adolescent in personal or social risk)

Principal ethical and political challenges



- Increase accessibility
- Overcome the limited ambulatory model for a territorialized psychosocial clinic.
- Crisis intervention and priority of severe cases
- Bet in autonomy (not guardianship)
- Create strategies for facing the social complexity of the new clinic. A complex field of interventions that must count with service network, actions, and professionals, going from the primary care, Caps, beds in general hospitals, participation of families and communities.