



Research group

Collective Health and Mental Health:

Interfaces

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+ THE CONTEXT OF EVALUATION IN BRAZIL

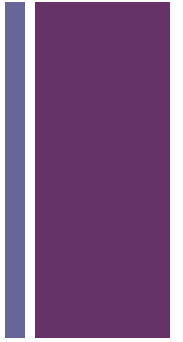


- Authoritarian government (military dictatorship – 1964-1984): political directions did not include the evaluation of social policy or any type of analysis.
- Early 1980's: limited or narrow social policies, far from a Welfare State idea (which advanced the development of evaluation practices in other countries).



THE CONTEXT OF EVALUATION IN BRAZIL

- In Brazil there are not evaluation policies as part of **State initiatives**.
- **Culture of accountability and transparency** in public policy is not strong in the Brazilian society.



+ BRAZILIAN SANITARY REFORM

- Strong influence on the health field's **knowledge**
- A political strategy born out of the struggle for democracy, therefore questioning the **relationship between State and society**
- The notion of **civil society empowerment** was developed, thus included in the Federal Constitution and in the policy regulation of Brazil's Unified Health System (SUS)



+ BRAZILIAN PSYCHIATRIC REFORM

Radical change in mental health assistance:

- The challenge of providing care for mental disorders in the community
- Maintenance and reconstruction of affective relationships and of each person's life projects.
- Progressive investment in budget expenditure, thus making the community services a priority over psychiatric hospitals

Regulations: Law n. 10.216/2001 (Psychiatric Reform law); Norm policy n. 336/2002 (Regulations for the Psychosocial Care Centers); 3rd National Mental Health Conference

+ BRAZILIAN PSYCHIATRIC REFORM



- Clinical, ethical and political stance in regard to mental health assistance:
 - Emphasis on a dialogic approach
 - Respect for the differences
 - Acknowledgment of one's life expertise (not only academic and management expertise)
- Effective **participation** in the evaluation practices of different participant groups helps consolidate social **inclusion** as a guiding principle, in agreement with the Psychiatric Reform movement.

+ BRAZILIAN PSYCHIATRIC REFORM



- However, the Brazilian population still has limited knowledge and little appropriation of **civil rights**
- Obtaining access to health services is often seen a **satisfactory** aspect despite the quality of such services.
- Users' participation in evaluating and supervising actions in public services needs to favor approaches that **reclaim their singular experiences and itineraries** in the health system

+ MENTAL HEALTH EVALUATION – ACADEMIC INITIATIVES



- Recent literature review (last ten years):
 - scarce production (but a **significant growth** in the last three years);
 - research focused on **qualitative** and **participatory** methodologies;
 - Focused on **few regions** (São Paulo and Rio de Janeiro) and on **few research groups** (**Interfaces** being one of the most prolific ones)



MENTAL HEALTH EVALUATION – CHALLENGES AND STRATEGIES



- Development of an **evaluative methodology** that includes:
 - Sensitivity to the changes Brazil has undergone since the 90s
 - Convergence with international guidelines
 - Focus on SUS' particular standards
- Development of a consensus for managers, health teams and users.

+INTERFACES' MOST RELEVANT RESEARCH

- **Interfaces** was created in 2004 in order to establish an interdisciplinary field between public health and mental health. Main guidelines:
 - reclaiming and guaranteeing the roles of **various social actors** so as to shape the **assessment process**;
 - addressing the need for **collecting and standardizing academic studies**
 - promoting a **new research** field focusing on public health policies to support policymakers, managers, and health teams in **reshaping their practices**.

+INTERFACES' MOST RELEVANT RESEARCH



1. 2006 – 2008: *Evaluative Research of Campinas' Psychosocial Care Centers (CAPS) network: between public and mental health*
2. 2007 – 2009: *Evaluative study of innovative strategies and arrangements in the organization of Primary Health Care*
3. 2008 – 2010: *Mental Health Evaluative Research: instruments for psychoactive drugs use qualification and human resources training*
4. 2008 – 2010: *Experience, narrative and knowledge: perspectives of psychiatrists and mental health consumers (We are currently developing a partnership with Yale University, aiming to continue studies on this topic)*



INTERFACES' MOST RELEVANT RESEARCH



5. 2009 – 2014: *Mental health and citizenship.*

Aruci: international research alliance between community and university (Partnership with Université de Montreal).

6. 2010 – 2012: *Evaluative Research in Mental Health: monitoring and evaluation indicators for communitarian mental health services (CMHS) with 24-hour operation in São Paulo State.*

7. 2014 – Current: *Survey on the Functioning of Primary health care and on Access to Specialized Care in Brazilian Metropolitan Regions.*

Funding from national agencies (CNPq), State agencies (Fapesp) and international agencies (IRDC/Canada)

+ SOME RESULTS

- We found stories of struggle, survival, and everyday experiences marked by both the unequal social structure and social changes, provoked by the access to new ways of existence.
- The care of the psychotic crisis in community services was evaluated as very positive, on account of the degree of proximity and affection built between patients and the reference professional team, what certainly favored the patients' sense of safety and trust.
- The reference teams were very well assessed as agents of articulation, for their endeavors translate into a more habitable and shareable society.





SOME RESULTS

- Historically in Brazil, mental health workers have great relevance within the Psychiatric Reform movement. We acknowledge the essential role that services and providers have for Brazilian users, who show a deep lack of access to several rights, associated to traces of sickness and stigma.
- Nonetheless, a hierarchical type of relationship between providers and service users continues to prevail, in which professionals “prescribe” what users must do.
- Services and professionals often prescribe theoretical and technical conceptions to user’s real needs, which contributes to institutionalization using the justification of treatment.



+ SOME RESULTS

Therefore, the psychosocial rehabilitation becomes an ethical requirement but it does not establish a common paradigm for recovery-oriented services and practices.

Limiting aspects to the recovery-oriented approach:

- Emphasis on provider's paternalistic approaches and less oriented towards user's autonomy;
- Focus on diagnosis and psychiatric symptomatology reduction through medication;
- Fragmentation of care, neglecting coordination with other staff and services;
- Therapeutic plans still restricted to health services and less centered on actions to overcome institutionalization.

+ SOME RESULTS



- This could bring about some consequences – already condemned by the social movement – such as forced treatment, paternalism, disrespect for the right to choose, the refusal to treatment, to receiving information and to privacy.
- On top of the insufficient funding for fostering social inclusion strategies, this could also lead to mental health service users’ demoralization and, ultimately, to the perception of these users as “chronic mental patients” without hope of recovery.

+ SOME RESULTS

- For for the severe mentally ill patients there are still few possibilities of circulation and access to other policies (housing, protected work, retirement plans, etc.), what proves there is still a long way to pave towards the establishment of more effective care networks.
- The access to basic social rights is often achieved only by adopting a “sickness identity”.



SOME RESULTS

- Although the severe mentally ill patients' families seemed to risk new relationships with users, they were not properly informed and were not involved in the treatment.
- There is a cultural shock between stories told by the professional staff and users.

