

ADVANCES AND LIMITATIONS OF PUBLIC MENTAL HEALTH POLICIES: PERSPECTIVE FOR THE FUTURE



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ABSTRACT

This study aims to analyze the advances and limitations of public mental health policies in Brazil, highlighting the changes implemented by Law No. 10,216/2001, which redirected the mental health care model, and the creation of the Psychosocial Care Network (RAPS). The research was conducted through a qualitative literature review, focusing on legislation, programs and government actions related to mental health in the country, with an emphasis on deinstitutionalization and social inclusion of people with mental disorders. The analysis of public policies reveals that, despite significant advances, such as the creation of a more humanized and community-based model of care, there are still structural obstacles, such as the scarcity of resources, the lack of training of professionals, and the persistence of stigma. The social inclusion of people with mental disorders remains a challenge, and overcoming this stigma is essential for the effective implementation of policies. The study also points to the need for an integrated approach, involving different sectors of society, to ensure universal and equal access to mental health care. Thus, the work highlights the importance of continuing reforms, with the promotion of intersectoral policies and health education, aiming to ensure greater effectiveness in care and a more inclusive society.

Keywords: Mental health, Public policies, Deinstitutionalization, Psychosocial Care Network (RAPS), Stigma, Social inclusion, Law nº 10.216/2001.

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INTRODUCTION

Public mental health policies in Brazil are a key component of the transformation of the Unified Health System (SUS), reflecting the growing awareness of the importance of mental health as an essential human right and as an integral part of health care. The reform of the care model, implemented from Law No. 10,216/2001, which instituted the Psychiatric Reform Law, proposed a paradigmatic change, shifting mental health treatment from the hospital-centered model to a more inclusive approach, focused on comprehensive and community care. This change, by promoting deinstitutionalization, aims to reduce the segregation of people with mental disorders and seek their full reintegration into society (Brasil, 2001). However, Brazil still faces significant challenges in consolidating a mental health system that is effective, accessible, and equitable for the entire population, especially considering the regional disparities and social inequalities that mark the country (Santos; Bosi, 2021).

Over the years, different public policies have been implemented with the aim of improving access to and quality of mental health care, including the creation of new mental health services, such as the Psychosocial Care Centers (CAPS), and the strengthening of the Psychosocial Care Network (RAPS), provided for by Ordinance No. 3,088/2011. These devices were fundamental for the implementation of a community-based care model and dehospitalization, focusing on continuity of care and the integration of mental health with general health. The integration of mental health in Primary Care was also a strategic measure to expand access and promote early care, creating a support network that meets the needs of the most vulnerable population, especially in peripheral regions and rural areas (Brasil, 2011).

The construction of this care network has been pointed out as an advance, since it contributes to the strengthening of the SUS and the universalization of access to mental health care, in line with the principles of universality, integrality and equity that govern the health system in Brazil. However, despite these legislative and structural advances, Brazil still faces significant challenges in the effective implementation and expansion of these policies. Insufficient funding, a shortage of qualified professionals, and resistance to change by some sectors of society and health professionals themselves still limit the effectiveness of public mental health policies (Mendes, 2021).

In addition, regional and social inequalities continue to be an obstacle to universal access to adequate mental health services, with many regions, especially those further

away from large urban centers, lacking a structured network of services. Racial inequality also persists as a determining factor, since groups such as the black, indigenous, and LGBTI+ population face additional difficulties in accessing mental health services, either due to a lack of cultural sensitivity or the historical marginalization of these communities (Tavares et al., 2020).

In the face of these challenges, it is essential to reflect on the prospects for the future of public mental health policies in Brazil. In order for the advances made in recent decades to be sustained and expanded, it is necessary not only to strengthen infrastructure and financing, but also to expand the intersectoral articulation between health, social assistance, education and justice, to ensure comprehensive and effective care. The continuous training of health professionals and the creation of specific strategies for the most vulnerable groups are also crucial steps to overcome the limitations of the current system (Santos; Bosi, 2021).

This paper proposes, therefore, to analyze the advances, limitations and future perspectives of public mental health policies in Brazil, based on the analysis of legislation, the implementation of policies and existing evidence on the impact of these actions. Through this analysis, it seeks to contribute to the understanding of the complexities involved in the construction of a more inclusive and equitable mental health system, which is capable of responding to the needs of the Brazilian population in a comprehensive, humanized and effective way. The discussion is based on a critical approach, based on the review of relevant literature, the analyses of authors who are experts in the field, and the legal frameworks that guide mental health policy in the country.

METHODOLOGY

This study adopted a qualitative approach, with an exploratory and descriptive character, aiming to analyze the advances and limitations of public mental health policies in Brazil, focusing on the legislation and practices developed since the enactment of Law No. 10,216/2001 to the most recent policies, such as the Psychosocial Care Network (RAPS). The option for a qualitative research is justified by the need to understand not only the technical and legal aspects of these policies, but also their social, cultural and institutional implications, reflecting on the effectiveness of the actions implemented to promote social inclusion and combat the stigma associated with mental illnesses. To carry out this study, a survey of bibliographic and documentary sources was developed, using key terms related

to the theme, such as "mental health", "public policies", "Law No. 10.216/2001", "RAPS", "deinstitutionalization", "stigma", among others, which were crossed with Boolean operators such as "AND", "OR" and "NOT" to refine the searches and ensure the relevance of the results found.

The research was structured in three main stages: the literature review, the analysis of public mental health policies and the discussion of the data collected. In the literature review, the research covered articles, books, and academic theses, as well as official documents from the Ministry of Health and other government publications, available in databases such as SciELO, Google Scholar, BDTD (Digital Library of Theses and Dissertations), Federal Government Legislation Portal, and the Ministry of Health Library. These sources provided a solid basis for analyzing the impact of public policies in Brazil, from deinstitutionalization to the most recent innovations in the mental health network, including the Psychosocial Care Network (RAPS) and other public health initiatives related to the topic.

The definition of the terms and the choice of Boolean operators were made based on their references in national policies and academic literature, which made it possible to access a wide range of documents relevant to the research. In addition, the selection of studies was judicious: only articles and documents that directly address public mental health policies were included, with emphasis on the implementation of Law No. 10,216/2001, RAPS and deinstitutionalization. To ensure the consistency and relevance of the data collected, studies that dealt only with clinical or biological aspects of mental disorders, with no direct relationship with public policies, were also excluded.

After defining the inclusion and exclusion criteria, 25 academic articles and 10 official documents were selected to form the basis for the analysis. These materials address different perspectives on mental health policies in Brazil, including the evaluation of their practices, challenges, and outcomes. Data analysis was carried out through a critical review, identifying the main trends in public policies and their practical implications, especially with regard to effectiveness in social inclusion and coping with the stigma associated with mental disorders. From the selected sources, main categories were extracted, such as advances in deinstitutionalization, challenges in the implementation of RAPS, resistance to social and institutional stigma, and intersectoral policies necessary for a comprehensive approach to mental health.

The qualitative analysis of the data allowed us to observe the continuity of some structural obstacles that still hinder the full implementation of mental health policies in the country, such as the scarcity of resources, the lack of specialized professionals, regional inequalities in access to health services, and the persistence of stigma in relation to people with mental disorders. In addition, the study addressed the need for continuous training of health professionals and greater awareness in society, in order to destigmatize people affected by mental illness and ensure a more inclusive and respectful environment.

RESULTS AND DISCUSSION

Throughout the 2000s, Brazil experienced important transformations in the field of mental health, with Law No. 10,216/2001 – better known as the Psychiatric Reform Law – being a fundamental milestone in this trajectory. This legislation promoted a series of structural changes in the mental health care model, shifting the focus from hospitalization to the creation of substitute services that favor care in freedom. This reform is considered a significant advance, as it seeks to guarantee the rights of people with mental disorders, with a view to deinstitutionalization and social inclusion (Brasil, 2001).

The creation of the Psychosocial Care Network (RAPS), with Ordinance No. 3,088/2011, was another fundamental initiative that strengthened the idea of outpatient and community treatment. RAPS seeks to ensure the continuity of care for people with mental disorders at various levels of care, from Primary Care to specialized services, such as Psychosocial Care Centers (CAPS). The expansion of these services was an attempt to integrate mental health into the Unified Health System (SUS), offering patients access to more humanized treatments, without the need for prolonged hospitalizations. The ordinance also provides for intersectoral articulation, with the participation of other areas, such as education and social assistance, ensuring that mental health treatment is integrated into the broader social context (Brasil, 2011).

Another relevant advance was the integration of mental health with the SUS, especially with the Primary Care strategy, which allows mental health services to be offered in local health units, closer to the population. This allows people to access psychological and psychiatric care in a more accessible way, as well as reducing the stigma associated with specialized care. This model was described by Mendes (2021), who observes that the integration between mental health services and Primary Care contributes to the reduction of social exclusion and favors early treatment.

Erving Goffman, in his classic work *Stigma: Notes on the Manipulation of Deteriorated Identity* (1963), offers an in-depth analysis of the concept of stigma and its impacts on social interactions and the construction of individual identity. For Goffman, stigma refers to a negative mark or attribute attributed to individuals or groups, which makes them the target of discrimination and marginalization. This mark is not restricted only to the physical or behavioral characteristics of a person, but also to the groups to which he belongs, such as, for example, race, social class, sexual orientation, or health condition (Goffman, 1963). Stigma, therefore, is not only a negative evaluation of a trait, but also the social process that diminishes the person to that unique trait, ignoring its complexity and humanity. The concept of stigma is fundamental to understanding the relations of power and exclusion in society, especially with regard to mental health, as many people with psychiatric disorders are seen for their condition, rather than being recognized in their entirety as human beings.

In the context of mental health, stigma takes on a central role, as many people with mental disorders face a double burden: the suffering caused by the condition itself and the social stigma associated with it. This stigma can manifest itself in different ways, whether through social exclusion, discrimination in the workplace, or even unequal treatment within health services. Goffman identifies two main forms of stigma: character stigma, related to personal or behavioral characteristics that are seen as morally distorted or deviantly deviant by society, and group stigma, which affects those who belong to marginalized or minority groups, such as blacks, the poor, immigrants, or those with mental illness (Goffman, 1963).

Goffman also introduces the idea of deteriorated identity, in which the stigmatized person is perceived only by a negative attribute, being reduced to this single aspect of his identity. This can lead to the internalization of stigma, a phenomenon known as self-stigma, in which the individual begins to believe in the negative images that society has of him and, therefore, avoids seeking help or even acknowledging his condition. The internalization of stigma has profound effects on self-esteem and the ability to act independently, which can result in an even deeper exclusion from society (Goffman, 1963).

The concept of stigma developed by Goffman has direct implications for public health policies, especially mental health policies. Law No. 10,216/2001, which reformed mental health care in Brazil, aims precisely to combat stigma, promoting the deinstitutionalization and treatment of people with mental disorders outside psychiatric hospitals, in a more inclusive care network that is closer to the community (Brasil, 2001). Deinstitutionalization

seeks to break the stigma associated with treatment in psychiatric hospitals, which were often places of exclusion and marginalization, and to promote the reintegration of individuals into society, respecting their rights and promoting their autonomy.

However, the fight against stigma is an ongoing challenge. Despite advances in public policies, such as the creation of Psychosocial Care Centers (CAPS) and the Psychosocial Care Network (RAPS), there are still significant barriers to the effective inclusion of people with mental disorders. Regional inequalities, lack of resources, and scarcity of specialized professionals make it difficult to access adequate care. In addition, social stigma remains a central obstacle, as many people with mental disorders still avoid seeking treatment for fear of being labeled or marginalized (Santos & Bosi, 2021).

The mental health strategy in Brazil, as established by the National Mental Health Policy, also highlights the importance of addressing stigma and promoting the integration of mental health with other health and social care services. This implies the need for a more holistic and integrated approach, which includes the training of professionals, family support, and society's awareness of the rights of people with mental disorders (Mendes, 2021). For Goffman, overcoming stigma requires not only changes in health services, but also a broader cultural transformation, which deconstructs negative and prejudiced conceptions in relation to stigmatized people and recognizes their dignity and value (Goffman, 1963).

In addition, the Statute of Racial Equality (Law No. 12,288/2010) brought important contributions to the promotion of more inclusive public policies, with a focus on combating racial inequality in health. This statute, although not fully articulated with mental health policies, has great potential to foster the creation of public policies aimed at black populations, who historically face greater difficulties in accessing health services (Brasil, 2010).

Despite the advances mentioned, the mental health system in Brazil still faces several limitations. One of the main difficulties is related to insufficient funding for the SUS, which directly impacts the quality of the services offered. The expansion of CAPS and the Psychosocial Care Network has been hampered by budget cuts and a lack of financial resources, which has made it difficult to provide services in some regions of the country, especially in the most peripheral areas and in the North and Northeast regions (Mendes, 2021).

Another critical point is the shortage of qualified professionals to meet the growing demand of users of mental health services. Although the SUS has advanced in expanding the service network, the lack of continuous training for health professionals, especially those in Primary Care, is still an obstacle to ensuring quality care. As Santos and Bosi (2021) highlighted, mental health training in medical and nursing schools is still insufficient to prepare professionals to deal with the complexity of mental disorders, especially in the early stages of treatment.

In addition, discrimination and stigma towards people with mental disorders are still a major challenge. Even with the advancement of deinstitutionalization policies, many people with mental disorders continue to be socially marginalized and face difficulties in accessing adequate health care. Discrimination in the workplace and in schools, for example, often prevents the full reintegration of these individuals into society (Mendonça et al., 2024).

Racial and regional inequalities also persist as a significant barrier. Vulnerable populations, such as the black, indigenous and LGBT+ population, still find it difficult to access quality mental health services. Although Law No. 10,216/2001 and the Statute of Racial Equality seek to ensure equity in access to health, the implementation of these policies is still uneven and insufficient in several regions of the country (Tavares et al., 2020). In addition, the lack of articulation between different public policies, such as those focused on health, education, and social assistance, results in fragmented and ineffective care, making it difficult to solve complex issues, such as mental health.

The future of public mental health policies in Brazil depends on strategic actions that address the identified limitations and promote a true transformation in the mental health system. The strengthening of Primary Care and the creation of new services to replace hospitalizations are important steps to ensure universality and equity of access. The expansion of CAPS and the strengthening of the Psychosocial Care Network should be a priority, especially in peripheral regions, where access to mental health services is still limited. In addition, it is necessary to increase the financing capacity of the SUS so that mental health policies can be effectively implemented and maintained.

Another important measure is intersectoral integration. As Mendes (2021) observes, for mental health policies to be truly effective, it is essential that they be integrated with other public policies, such as social assistance, education, and work. This will ensure that individuals with mental disorders receive thorough care, which takes into account all aspects of their life, not just psychiatric symptoms.

Combating stigma and discrimination must also be a priority. This involves, among other things, public awareness campaigns and the training of professionals so that they can offer sensitive and humanized care. The development of digital technologies, such as telemedicine, can also be an important strategy to expand access to mental health treatment, especially for people who live in remote areas or face mobility difficulties (Brasil, 2013).

In addition, it is essential that Brazil invests in mental health policies aimed at vulnerable populations, such as the black, indigenous, and LGBTQIA+ population, considering the cultural and social specificities of these communities. The creation of affirmative public policies, which integrate mental health with the promotion of racial equality and respect for differences, can help reduce disparities in access to care (Tavares et al., 2020).

CONCLUSION

This study aimed to investigate the advances and limitations of public mental health policies in Brazil, with emphasis on legislation and initiatives that seek to combat stigma and promote the inclusion of people with mental disorders. The analysis of public policies, such as Law No. 10,216/2001 and the creation of the Psychosocial Care Network (RAPS), demonstrated significant advances in the construction of a more inclusive and community-based approach to the treatment of people with mental disorders, moving away from the hospital-centered model that, for decades, predominated in the country. Deinstitutionalization, one of the pillars of this transformation, aimed to guarantee the right to health and citizenship of people with mental disorders, seeking to integrate them into society and promote more humanized care.

However, the results of this study also show that, although legislation and public policies have proven to be innovative and progressive, there are structural limitations and ongoing challenges in the full implementation of these policies. Persistent stigma in relation to mental health, lack of resources, scarcity of trained professionals, and regional inequalities continue to represent significant obstacles to effective social inclusion and universal access to adequate care. Additionally, the internalization of stigma (self-stigma) among affected individuals is a critical factor, as it often prevents people from seeking treatment for fear of discrimination, making it difficult to advance mental health policies.

The findings also highlight the need for a more integrated approach, involving not only health but also other areas, such as education, social care, and justice, to ensure that people with mental disorders have access to adequate care and can exercise their full citizenship rights. Training health professionals and investing in social awareness actions are essential for building a more inclusive and respectful culture.

Therefore, although the advances in public mental health policies in Brazil are remarkable, the study points out that it is essential to continue the transformation process, with a focus on destigmatization, professional training, equity in access to services, and the promotion of a more inclusive and supportive culture. The future of mental health policies depends, to a large extent, on overcoming the structural and social barriers that still hinder the full integration of people with mental disorders into society, and on the continuous promotion of a more humanized, comprehensive, and accessible approach to care.

In summary, the implementation and strengthening of these policies must be closely monitored, with constant evaluation and adjustments, to ensure that mental health in Brazil increasingly becomes a public priority, focused on social justice and the promotion of the human rights of people affected by mental disorders.

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