

Nursing and the rights of people in the field of mental health

Sônia Barros^{I,II}

ORCID: 0000-0002-6346-9717

Jeferson Rodrigues^{I,III}

ORCID: 0000-0002-8612-9088

Tarcísia Castro Alves^{I,IV}

ORCID: 0000-0002-7567-7636

Alexsandro Barreto Almeida^{I,V}

ORCID: 0000-0002-1506-5371

^IDepartamento Nacional de Enfermagem Psiquiátrica e Saúde Mental da Associação Brasileira de Enfermagem Nacional. Brasília, Distrito Federal, Brazil.

^{II}Universidade de São Paulo. São Paulo, São Paulo, Brazil.

^{III}Universidade Federal de Santa Catarina. Florianópolis, Santa Catarina, Brazil.

^{IV}Universidade Federal da Bahia. Vitória da Conquista, Bahia, Brazil.

^VCentro Universitário Estácio de Brasília. Brasília, Distrito Federal, Brazil.

How to cite this article:

Barros S, Rodrigues J, Alves TC, Almeida AB. Nursing and the rights of people in the field of mental health. *Rev Bras Enferm.* 2022;75(Suppl 3):e75suppl301. <https://doi.org/10.1590/0034-7167.202275suppl301>

Corresponding author:

Tarcísia Castro Alves
E-mail: tarcisia.castro@ufba.br



Envisioning the human being as a subject with dignity is to bring to light discussions that impact life and their relationships. In this aspect, reflecting on mental health in the light of human rights leads us to contextualize the emergence of the guarantee of people's rights, especially those made invisible by their health condition, who become victims of a predatory and precarious organizational system. Thus, international documents and organizations, which legitimize the pillars of fundamental rights, become guidelines for professional conduct in the field of mental health.

The World Health Organization (WHO) recognizes that the violation of human rights of people with mental health problems is a reality that is still present on the world stage, noting that discrimination is expressed in different dimensions of the lives of people with mental health problems and psychosocial disabilities, preventing them from living independently and fully in the community and being denied basic rights⁽¹⁾.

Reports from health and human rights organizations, as well as scholars, service workers and people using mental health services, denounce that discrimination, stigma and prejudice generate violence, social exclusion, denial or restriction of the right to work, education, leisure and sometimes to life, evidenced by arbitrary institutionalization, among other things. People who use mental health services stand out as victims of such abuse.

This issue determined that the Human Rights Council of the United Nations, in a Resolution of June 29, 2016, based on the Universal Declaration of Human Rights of 1948, among other international treaties, such as the International Convention on the Rights of Persons with Disabilities (CRPD), to which Brazil is a signatory country, expresses that "Everyone has the right to life, liberty and security of person, to live independently and to be included in the community, and that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment"⁽²⁾.

The Brazilian Psychiatric Reform process, which began in the 1970s, has produced a policy on mental health, alcohol and other drugs over the last forty years, whose central theme is the right of people with mental health problems, defining defense as horizons and the promotion of these rights for the exercise of citizenship. Thus, it was in tune with international conventions on the rights of people with mental health problems, rights guaranteed in Brazil by Law 10.216/2001 that, based on the frameworks of deinstitutionalization and psychosocial care, it enabled care in freedom in the territory, in community services and the social inclusion of thousands of citizens through programs and financial incentives (*Volta pra Casa*, residential services, incentives for job and income generation and promotion of cultural interventions)⁽³⁾.

In today's Brazil, we are going through a scenario of threats to human rights in the field of mental health, when the mental health policy emphasizes the Medicalizing Hospital-centered Psychiatric Paradigm and privileges funding and referrals to services with a primarily exclusionary and isolation logic, such as called therapeutic communities, which violate these rights. We are located at a time of counter psychiatric reform whose political and financial induction biases a model of care that desecrates

people's rights, distorts territorial and deinstitutionalizing care. In addition, health work is experiencing a time of greater overload, aggravated by the dismantling of public health services and the devaluation of the place of mental health care.

To face this situation, the Brazilian National Human Rights Council, in Resolution 8 of August 14, 2019, recommends in its Article 2 that

The mental health policy must be guided by the principles of human rights conquered and agreed upon in conventions issued by the absolute majority of nations on the planet, and duly signed by Brazil, as the highest standard of the human civilization process, as well as by organizations affiliated to the United Nations, which guide the various public and social policies in their specific areas, such as the World Health Organization and the Pan American Health Organization.

In this context, nursing as a social practice and as a constitutive work of health work is a professional category that has an intense approach to people with mental health problems in all lines and

health care networks, and therefore, in the uncompromising defense of the guarantee of people's rights. Brazilian nursing, especially mental health nursing, has transformed its care and teaching practice by incorporating liberating strategies that focus on the reception and containment of the subjects and their suffering, at all times, and in the exercise of active citizenship by people with mental health problems. In this perspective, teaching and practice in mental health nursing consider the user of mental health services as a subject of rights and producers of meanings, treatment, in an expanded conception that includes diverse and complex therapeutic possibilities, as a process, where the words autonomy and citizenship have meaning.

To conclude, training, performance and professional qualification, the production and dissemination of knowledge must be guided by a civilizing praxis, whose critical reading of reality allows the formulation of projects with political and scientific engagement, and which promotes anti-asylum democracy, human dignity and human rights under the aegis of citizenship and social participation.

REFERENCES

1. World Health Organization (WHO). Quality Rights guidance and training tools [Internet]. 2012[cited 2020 Jan 04]. Available from: http://who.int/mental_health/policy/quality_rights/guidance_training_tools/en
2. United Nations (UN). Human Rights Council. Resolution on Mental Health and Human Rights[Internet]. 2016[cited 2021 Jul 19]. Available from: <https://documents-dds-ny.un.org/doc/UNDOC/LTD/G16/135/78/PDF/G1613578.pdf?OpenElement>
3. Conselho Nacional dos Direitos Humanos (BR). Resolução nº 8, de 14 de agosto de 2019. Dispõe sobre soluções preventivas de violação e garantidoras de direitos aos portadores de transtornos mentais e usuários problemáticos de álcool e outras drogas[Internet]. Diário Oficial da União 23/08/2019 [cited 2021 Jul 19];163(Seção:1):55. Available from: <https://www.in.gov.br/web/dou/-/resolucao-n-8-de-14-de-agosto-de-2019-212175346>