

Advances in mental health and their reflections in nursing

Health systems in many countries, including Brazil, have undergone important reforms designed to improve not only their cost-benefit relation, but especially the coverage of basic care, decentralized management, care quality and increasing community participation.

Such changes have been affecting the entire Brazilian health system, in particular the area of mental health, which, in the past fifty years, has been experiencing a worldwide movement of reversion of the psychiatric hospital model, whose political impetus has as a landmark the Regional Conference on the Restructuring of Psychiatric Care in Latin America, held in Caracas, Venezuela, in 1990. That meeting unchained important alternative experiences and regional initiatives that have been transforming organizations and the way they operate and, above all, the ideology and the conceptual paradigms that support them.

In the Ministry of Health's Mental Health General Coordination's 2003/2006 Administrative Report – Relatório de Gestão 2003/2006 –, approved in February of 2007, there is a summary with results that show the consequences of the anti-psychiatric hospital struggle of the last five decades.

In the report are emphasized the advances in the construction of a community-based care network, with the expansion and consolidation of the Psycho-Social Care Centers – Centros de Atenção Psicossocial, or CAPs – throughout the country, therapeutic residences, outpatient clinics, sociability centers, semi-internment hospitals and other intersectorial integration initiatives. The big achievement that the report points out is the progressive reduction of the macro-hospitals, with the closure of those in precarious conditions and the consequent reduction in the number of beds in psychiatric hospitals.

The end of 2006 brought as a historical landmark the effective reorientation of the government funding for mental health. Thus while ten years ago hospital expenses accounted for 93.1% of the public money allocated to the area, today 51.3% are used for extra-hospital expenses and only 48.7% for hospital expenses.

Expenses with CAPs, which in 2002 amounted to some 7 million reals, have increased dramatically and currently are close to 170 million reals.

Such figures are the materialization of the change of the caring model that shifts financial and human resources to the community, with reflexes on the social contours, including new partnerships and changes in values, reducing the stigma and encouraging the pact for life rather than the exclusion.

The Pan-American Health Organization's orientations for actions for Mental Health Nursing mention that the Nursing staff accounts for between 50% and 80% of the work force in mental health services. Be it in the role of a manager, of a staff member in direct contact with mental health patients and their relatives, in the supervision of Nursing auxiliaries and technicians, or in determining the therapeutic project for each individual under his/her care, the nurse is a key element in this process of shifting paradigms.

All this requires continuity and sustainability, which affect Nursing in the questions of technology for care generated in the daily construction of a new caring model as well as in educational and scientific projects.

Today it is expected that the nurse is capable of identifying and deal with – or appropriately direct – the cases of mental manifestations in any health care specialty and situation, and that psychiatric and mental health nurses are capable of caring for the affected individual at all levels of attention.

It is therefore necessary to incorporate the results of the practice's new experiences and the contributions of Science to the education programs both for the nurse's basic formation and the continuing education programs for nurses who work in care and in Graduate programs.

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