Challenges for Mental Health network articulation into Primary Health Care System in a region of Ribeirão Preto - SP, Brazil: evaluation as a tool for change.

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Introduction

- This discussion is based on the doctoral research "Evaluation of the Mental Health Network articulation into Primary Health Care Practice".

- The fragility of the articulation of the Mental Health network with primary health care leads to medicalization as the only care option as well as inconsistent psychiatric and psychotherapy evaluations and chronification of mental disorders.

- The evaluation of health care, in Brazil, is rarely practised, and requires specific policies and collective methodological constructions.

- Apart from being an instrument of change, the practice of evaluation can be an incentive to get minimum quality standards and not be a threat to professionals.
Aims

- The aim of this paper is to emphasize how the evaluation of the articulation among services might be significant to professionals and redirect their actions to the concept of comprehensiveness of care.
Objectives

- Discuss an evaluation strategy focused on professionals' impressions about the work process, in the context of the network of healthcare of the Unified Health System (SUS) in Brazil.
Brazilian Context

- 190,732,694 population;
- 5,560 municipalities
- 26 States and 1 Federal District (IBGE, 2010)
- 80% of this total depend exclusively on SUS in order to have access to health care services (Brazil, 2012)
Brazilian Context
Location: Regionals Health Departments of São Paulo State, 2007.
The Unified Health System (SUS) has its legal basis structured in the Federal Constitution of 1988, which defines health as one of the sectors of social security; made the access to health care a right of every citizen.

Today, 80% of the population total depend exclusively on SUS in order to have access to health care services.

The implementation of SUS unified health system, provided that the health care was a responsibility of several ministries, and decentralized its management.

Health is no more the federal government’s sole responsibility and started being administrated by States and municipalities.
Brazilian Context: The Unified Health System (SUS)

- **Primary Care Units (UBS)**
  - The Primary Care Units (UBS) are the preferential gateway to the Unified Health System (SUS). By September 2011, the country had a total of 38,000 Primary Care Units.
  
  - The purpose of these clinics is to provide treatment for the health problems of the population, without the need to refer patients to hospitals.
  
  - In the units, users of the SUS can receive medical consultations, dressings, dental care, and vaccinations, collect laboratory tests and basic medication.
  
  - The patient may be referred for specialist treatment depending on the symptoms presented.
Primary health care is the basis for high-quality care in mental health. The integration of mental health services into primary care include the identification and treatment of mental disorders, referral to other levels when necessary, attention to the mental health needs of people with physical disabilities and the promotion and prevention of mental health. (WHO, 2009).

The principle of Comprehensiveness of care emerges as a principle that seeks the organization of the working process and the exchange of ideas among different individuals and their needs are articulated with the idea to integrate prevention with care.

Comprehensiveness takes into account the bio-psycho-social view for assistance beyond the obvious suffering and comprehend the other needs of the individual (Alves, 2005; Mattos, 2001, 2004).
The expansion of Primary Care Units aims to decentralize healthcare, improve access to health services for the general population and relieve hospitals.

At the level of Primary Care, Family Health Strategy (ESF) and Primary Care Units (UBS) have the priorities of providing healthcare assistance to 800 – 1000 families and receiving less complex emergencies.
Regional Health Department of Ribeirão Preto – DRS XIII
Regionalization – 2007

The region A known as the "Green Horizon" is composed of nine municipalities:
The Region B known as "The Guarany Aquifer" adds 10 municipalities
The Region C known as "Valley of Waterfalls" is composed of seven municipalities
Methods

- Theoretical reflection focused on building an evaluation instrument which is based on the opinions of mental health professionals;

- It approaches a socio-demographic profile, training and knowledge about the concept of Comprehensiveness of care and implementation of the National Policy of Mental Health;

- This is a descriptive exploratory research, cross aimed at contributing to mental health care and the articulation of health services in Brazil. Therefore, we will choose for collecting one sample of the cities in the region of Ribeirão Preto, regarding DRS XIII;
Methods

- The municipalities that compose the sample of this study were defined according to an intentional sample which follows a specific criterion: the number of inhabitants, the size of the city and gather the specialized mental health services.

- The defined variable is the number of users cared for by the services according to the indicators: reference and counter-reference official registers on referral process.
The interviews will allow, in addition to showing the dynamics of the municipal health system organized in the region, building assistance flows. These flows will be built on the logic that the Gateway to the health network is the Basic Health Unit and Family Health Strategy or the Medical Regulation Office (Santos, 2012).

Another fundamental concept in flow orientation is the network of health (Santos, 2012; Lavras, 2012; Mendes, 2011) which considers that the Primary Health Care role is to arrange the other places of access to health care of network, without necessarily meeting a hierarchy in levels of care.

The proposal of Regionalization SUS will be used to understand how the design flows of mental health care is organized in Ribeirão Preto.
Results

1. Success of the SUS:
Access to mental health has improved by 62% along with primary care, intersectoral actions in support of social inclusion through work, social welfare and the promotion of rights (Brazil, 2010);

The resources in alternative services overtook the investments in hospital actions;

Universal accessibility and expanded coverage of health care (basic, specialized and high complexity);

Democratization and participation through social network of municipal councils, state and national health;

Decentralization;

Improvement in health status and reducing regional inequalities.

Source: Giovanella, 2012.
Results

2. Challenges for consolidation of SUS as a right

- Chronic underfunding of the SUS. Public resources allocated to health in Brazil are extremely low (we have condition to double our spending on public health);

- Public spending on health: 3.8% Share of GDP and public spending in total spending, health = 42%;

- Regional and social inequalities in health status and access;

- Fragmentation of the health care network

- Lack of competence to manage the services, inadequate training and knowledge about the laws and their implementation.

- Evaluation instruments should consider the dynamics of professionals and their actions in mental health care.

Source: Giovanela, 2012.
Conclusions

One of the main challenges for the consolidation of the Brazilian Psychiatric Reform is:

- to have contextualized trained professionals capable of overcoming the fragmented asylum model and offer appropriate care according to the rules and demands of society;

- it implies the need to invest in training of specialized human resources to work in mental health care;

- it is urgent to evaluate how the relationship between services happens in reality and thus may provide proper elucidation of managers and professionals (the organization of teamwork, better integration with the health network and the benefits for the mentally ill.