

## **Respect of peoples' human rights: QualityRights Initiative and Brazilian mental health policy & services.**

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### **QualityRights and the Brazilian psychiatric reform: common ground**

The violation of rights of people with psychosocial, intellectual, and cognitive disabilities is a reality and discrimination, stigma and violence take place in various places, including in mental health services (Drew, 2011). In response to this situation, in 2012 the WHO QualityRights Initiative was launched to “unite and empower people to improve the quality of care in mental health and related services and to promote the rights of people with psychosocial, intellectual and cognitive disabilities” (World Health Organization) In line with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), this initiative is working to provide “practical solutions to promote inclusion, legal capacity, and non-coercive approaches in mental health” (Funk & Bold, 2020, p.69)

This starting point – the refusal of any kind of violence against people with mental health problems, as well as the affirmation of their rights of citizenship – is shared by the Brazilian psychiatric reform process, which beginning dates from the end of the 1970s with mental health workers denouncing the terrible psychiatric hospital practices and conditions. After the National Constitution promulgation in 1988, within the scope of the Unified Health System (named Sistema Único de Saúde – SUS), the implementation of the Brazilian mental health policy & services as a State Policy began.

Brazilian mental health policy has as key features being rights-based, orientated to deinstitutionalization and to paradigm shift, having the right to freedom as its cornerstone. It is sustained by legislation, technical & administrative norms and by a civil society movement for psychiatric reform, the luta antimanicomial, crucial in pushing up the human rights agenda (Brasil et al., 2005). Focused on people with mental problems, psychosocial disabilities and people with problems and needs associated with alcohol and drug abuse, this policy aims to provide continuous and comprehensive care and practices through the mental health care network, named Rede de Atenção Psicossocial (RAPS). This means a life course community approach, developing person-centred actions and meeting individual and collective needs of a community through a diverse range of community-based services, strategies and programs. Throughout the years, the mental health policy became increasingly sophisticated to meet peoples' needs and rights.

It can be said that human rights are inherent to the Brazilian psychiatric reform paradigm. Therefore, the proposal of WHO QualityRights Initiative finds a common ground with it.

### **QualityRights in Brazil: what has been done**

#### ***1) Improving the quality of people's rights with the WHO QualityRights toolkit: assessing and improving quality and human rights in mental health and social care facilities***

From the comprehension of the necessity of mental health network quality consolidation, which “is linked immediately to conditions to respect, promote and protect human and civil rights” and “the quality

of relationships” (Brasil et al., 2015, p. 214), the National Coordination of Mental Health, Alcohol and other Drugs of the Ministry of Health translated to Portuguese the WHO QualityRights toolkit (Brasil et al., 2016). Its implementation proposal was discussed in Brazil on various occasions, such as the regional meeting of users of mental health services in the Americas in 2013, the QualityRights Cultural Adaptation Workshop and the Collegiate of Mental Health Coordinators, both in 2014; in all these opportunities, the proposal received an “excellent reception from managers, professionals and RAPS’ users” (Assis et al., 2014, p. 115). At the time, the aim was to implement the WHO QualityRights toolkit at all Health Care Networks’ services of 100% of the municipalities above 200,000 inhabitants, and to promote capacity building of associations and mental health movements on the QualityRights proposals all over the country (Assis et al., 2014).

However, these and other institutional projects were interrupted due to changes in the national mental health policy after democracy was shaken in 2016. Since then, there is no register of using the WHO QualityRights toolkit at management-level. Nevertheless, there are studies (Pitta et al., 2015; Soares, 2016; Braga, 2018; Moll et al., 2021) and reports (Conselho Federal de Psicologia et al., 2020) that address the WHO QualityRights toolkit, and there is knowledge of materials that inform its use to evaluate services (Guerrero et al., 2019; Ministério Público do Estado do Rio de Janeiro, 2020).

Considering the ones that inform the evaluation of mental health services using the WHO QualityRights tool kit, Guerrero et al. (2019) report that, in qualitative research with the purpose of identifying the main strategies and actions to promote protagonism and exercise of rights, two Centros de Atenção Psicossocial (CAPS) for adults were evaluated. The results revealed that CAPSs present initiatives to strengthen users’ participation on own personal care pathway and on the service and develop actions to defend their rights; the development of work and income generation actions as a guarantee of basic rights was also identified (Guerrero et al., 2019).

In a legal document from Rio de Janeiro Public Prosecution Office requesting the closure of a psychiatric hospital entrance door, it is informed that a psychiatric hospital was evaluated with the WHO QualityRights toolkit and the results stress the institution did not meet minimum quality standards, nor the legal and normative parameters of Brazilian mental health policy (Ministério Público do Estado do Rio de Janeiro, 2020). The evaluation observed “a true violation of the right to come and go of such citizens, who are restricted to the confinement of the hospital environment and subject to daily survival conditions full of all kinds of deprivation and degradation” (Ministério Público do Estado do Rio de Janeiro, 2020, p. 21). Worth mentioning that, with support of this legal action, a process of closing this psychiatric hospital, conducted by the Mental Health Coordination of the State of Rio de Janeiro, began. The State of Rio de Janeiro implemented four new Serviços Residenciais Terapêuticos (SRT), which are independent living facilities for people who once had a long length of stay in a psychiatric hospital, and a fifth was renovated; measures were taken to strengthen the community mental health network in eight municipalities. With these changes along with actions for family reintegration, all previously hospitalized people returned to a life in the community and this psychiatric hospital was permanently closed in January 2021 (Ministério Público do Estado do Rio de Janeiro, 2021).

Finally, a last assessment with the WHO QualityRights toolkit – not mentioned before – refers to the evaluation of a CAPS described in the WHO Guidance on community mental health services (World Health Organization, 2021), presented below.

## ***2) Brazilian network and services featured in the WHO Guidance on community mental health services: promoting person-centred and rights-based approaches***

Among the twenty-two mental health services and three service networks from different countries described in the document as examples of good practices because guided by people’s needs and guaranteeing their rights, are CAPS, which are community-based mental health centres, and the Brazilian mental health

network itself.

As for principle, all CAPS use a rights-centred and people-centred approach, have an open-door policy, work with the territory and are substitutive to psychiatric hospital practices & logic. In CAPS, care is based on one's own Projeto Terapêutico Singular (PTS), which is a person-centred plan written by the mental health service user and the users' 'reference practitioner' – who is a designated team member most familiar with the users' personal history, needs and wishes.

To exemplify a human-rights oriented practices held on CAPS, the document describes the CAPS Brasilândia, a 24h/7days service that serves a population of 430,000 people as is focused on adults with mental health conditions (World Health Organization, 2021). The CAPS Brasilândia has as key features: a) not referring individuals to psychiatric hospitals in any situation; b) having working groups to drive the service counting with users' participation; c) checking the local emergency health service bed map daily to monitor if anyone has been taken to the emergency due to mental health reason and, in case it happened, the centre look to have the individual discharged and care is provided at community-level; d) having a 'vulnerability rating' of needs complexity level to look after individual situations and define care-presence intensity; e) having a framework designed to follow up of specific challenging and crisis situations, mapping out users' needs to define personal care actions (World Health Organization & Brazil, 2021).

The CAPS Brasilândia was evaluated in 2020 using the WHO QualityRights toolkit through observation and review of service documents; results presented are based on observation and document analysis. Additionally, within the perspective of listening to the users' and staff's point of view about the centre, interviews were conducted with four users and four professionals, addressing WHO QualityRights toolkit themes (World Health Organization & Brazil, 2021).

The assessment revealed the service has “practices consistent with an approach to the protection and promotion of human rights”, even though “in all five themes evaluated, improvements in quality criteria and standards can be made” (World Health Organization & Brazil, 2021, p. 2). The CAPS Brasilândia has a home-like atmosphere, service users are supported in their needs, have voice in the service's practices and community inclusion is promoted. Regarding prevention of violence, there were no reports of violent or even disrespectful incidents. The service engages with the community and support users on accessing rights. Two service users interviewed resumed what this CAPS is:

*“CAPS is a place where we have affection, medicine, food, and support. If I happen to have an outbreak and stay in a hospital, at the same time they will know and they will bring me here, close to my friends. They won't let me stay there. Here we go for a walk, we do activities. People get here and recover faster because they are treated with humanity” (World Health Organization & Brazil, 2021, p. 30).*

The WHO Guidance on community mental health service also exemplifies the RAPS for its defence, promotion and guarantee of rights. Brazilian mental health services network main guidelines are providing “rights-driven quality services”, “person-centered and needs-focused care and actions” and “promotion of people's autonomy, social inclusion and participation, rights of citizenship and freedom” (World Health Organization, 2021, p. 31).

To present how mental health network works at the municipality level, the Campinas' network design and practices was described; with a population of approximately 1.2 million people, some key features of Campinas's mental health network are: being entirely community-based, having a range of services designed to provide day and night care even during crisis and complex situations, having closed all psychiatric hospital beds, and not referring people to psychiatric hospitals in any situation (World Health Organization, 2021). In research published in 2018, it was found that 95% of Campinas' CAPS users reported not having had any psychiatric hospitalization after attending Campinas' CAPS; 73% reported seeking CAPS during crisis and

0% reported seeking a psychiatric hospital (Onocko-Campos et al., 2018).

### 3) WHO QualityRights Initiative core principles: alignment with the Brazilian mental health policy and services

WHO QualityRights Initiative points out that the development of mental health services aligned with the rights of people with psychosocial disabilities “depends on a number of key human rights principles in the mental health care context, namely, respect for legal capacity, non-coercive practices, participation, community inclusion and the recovery approach” (World Health Organization, 2021, p. 06). Considering the WHO QualityRights Initiative principles, it can be said that the Brazilian mental health policy, network and services comprehend them as follows:

#### - *Respect for legal capacity:*

The respect for legal capacity is the start point of mental health policy & services through the recognition of the rights of citizenship of people with mental health conditions. Services support and encourage individuals to make decisions, to positively take risks and to work on their personal life projects; peoples’ points of view are legitimated and valued.

#### - *Ending coercive practice:*

To break out with violent practices, including denying freedom, is also at the core of Brazilian mental health policy. Community-based services practices looks for dialogical practices, negotiating and mediating relationships in daily life at the community-level. Practices are orientated to transform social relations and to redistribute power, which are the baseline to avoid coercive actions. Also, to open dialogues, to deal with conflicts and to transform the service itself, a strategic practice in CAPS is holding assemblies.

#### - *Community inclusion:*

By mapping and activating community-territory resources, that goes from intersectoral projects on education and work to neighbourhood relations and community leisure initiatives, mental health services seek to open opportunities for people to be included in everyday day life and to enjoy rights. The idea of “territory”, beyond geographical location, comprehends the action of recognizing the dynamic, values, and culture of a community, engaging with them. This is understood as key to create real conditions for enhancing social cohesion.

#### - *Recovery approach*

Every individual has one person-centred plan, the PTS, which may share some elements with the recovery approach, but it has a different foundation and perspective; therefore, it cannot be said the recovery approach is part of Brazilian mental health network’ practices. The PTS is focused on one’s personal history, needs and plans, also involving network support and resources available within the community-territory context, aiming the rights of citizenship promotion, including the right to care; care provision and rights promotion are necessarily intertwined in all strategies designed and developed within the scope of community social relations. Planning and developing a PTS involves assuring care, as well as expanding autonomy and social participation through changing power imbalance in social relationships, guaranteeing peoples’ exercise of rights. Frequently, the perspective of rehabilitation as citizenship is integrated within services practices, being reflected on one’s PTS.

#### - *Participation*

Enhancing participation of people with mental health problems is a goal from the service to the management level. CAPS users participate on their own PTS and collective issues are debated in assemblies. At health services in general, under the SUS, a consultation group for taking high-level public policy decisions is established and counts with service users’ participation. At the network level of a municipality or region, mental health forums are held. At management level, participation of people

with mental health problems is key to debate and propose mental health public policy and guidelines at the municipal, regional, and national mental health conferences held from time to time in Brazil. Besides all these, services' practices aim to redistribute power and to transform social relations in daily real-life contexts, meaning that peoples' social participation is strengthened at the community level, which is crucial for rights to be lived in everyday life. Finally, beyond institutional structures, people actively participate in the civil society movement *luta antimanicomial*.

### What is next?

Despite significant advances in Brazil mental health policy & services, important challenges to promote and guarantee human rights of people with mental health problems endure. Barriers goes beyond services and practices, going from the social inequity and racist and misogynistic structural relationships to the present political setbacks and dismantling of general health and mental health policies. These setbacks include mischaracterization of primary health care organization, reduction of funding for community-based services, growing investment in total institutions for people with problems related to drug abuse, and reintroduction of psychiatric hospitals as part of the mental health policy (Cruz et al., 2020).

Hence, maintaining and advancing the human rights agenda is related to resisting these setbacks, as well as formulating strategies to address country's structural problems. Surely, many and varied are the actions necessary for this. At the present time, all of them, aiming to ensure a dignified life for all, involve one and the same: the defence of democracy – action to be carried out by different actors and levels, including the community-based mental health services themselves since the quality of services and of people's rights is related to the quality of democratic relationships within these services.

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