

Brazilian public mental health policy: education and research

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Brazil is a country with 170 000 000 inhabitants (census for the year 2000), of whom 138 000 000 live in urban areas. The illiteracy rate, that is, people over 15 years of age who cannot write or read even a simple message, is 13.4%. About 25.6% of the population live on a family income less than half the minimum wage (1999 figures). Brazil's gross internal revenue is R\$564 800 per capita (1998 figures, about US\$1680 today).

The Brazilian population experiences the diseases typically found in underdeveloped countries as well as the pathologies of developed countries. With the exception of obstetrics, most of the morbidities found in hospitals are diseases of the respiratory tract (16.2%) and those of the circulatory system (9.5%), followed by infectious and parasitological diseases (7.4%). Mental and behavioural disorders account for 3.5% of hospital cases (see Table 1).

Psychiatric services and reform

Even though the proportion of psychiatric admissions to hospitals is 3.3% (Table 1), when we analyse the average expenditure on hospital admissions by the Unified Health System (SUS) by speciality, that is, the amount of expenditure divided by the total number of admissions, the amount spent on psychiatry is about four times higher than that on general practice, and twice as high as that on surgery. The costs of treatment for mental and behavioural disorders, such as schizophrenia, delirious and schizotypal disorders, are far higher than the costs for other disorders (Table 2).

The high costs of schizophrenia are well demonstrated by Leitão (2001), who, by studying patients with the illness in the state of São Paulo, showed that 2.3% permanently resided in hospital and 3.7% had been in hospital for less than one year.

The Conference for the Restructuring of Psychiatric Attention, held by the Pan-American Health Organization in November 1990, passed the Declaration of Caracas, which emphasised a policy of hospital bed reductions and highlighted the frequent violations of human rights that took place at psychiatric hospitals in Latin America. This position had already been adopted by the Brazilian Association of Psychiatry (see below).

There are some 10 000 psychiatrists working in Brazil. According to Zago *et al* (2001), the number of specialists is sufficient (5.75/100 000 inhabitants), but they are largely concentrated in the south and south-east of the country.

Until the mid-1980s, public mental health policies strongly favoured admissions to psychiatric hospitals. This

Table 1. Proportion of hospital admissions by speciality, 2000

Speciality	Proportion of hospital admissions
General practice	34.3%
Surgery	23.0%
Obstetrics	24.1%
Paediatrics	3.3%
Psychiatry	3.3%
Psychiatry (day hospital)	0.2%

Source: Ministry of Health – System of Information on Hospitals of the SUS (SIH-SUS).

Table 2. Costs of treatment for mental and behavioural disorders in 2001

Diagnosis	ICD-10 code	\$R
Dementia	F00–F03	16,879,254
Mental and behavioural disorders due to the use of alcohol	F10	60,145,522
Mental and behavioural disorders due to the use of psychoactive substances	F11–F19	9,061,261
Schizophrenia, delirious and schizotypal disorders	F20–F29	264,195,266
Mood (affective) disorders	F30–F39	31,783,555
Neurotic and somatoform stress-related disorders	F40–F48	1,878,384
Mental retardation	F70–F79	47,668,801
Other mental disorders		56,932,658
<i>Total</i>		<i>488,544,702</i>

Source: Ministry of Health – System of Information on Hospitals of the SUS (SIH-SUS).

approach has since begun to change, slowly but systematically. As a result, there has been a reduction in both the number of hospital beds in psychiatry and the number of admissions. There were 410 003 admissions to psychiatric hospitals in 1997. Data from the Ministry of Health show that this had decreased by 12.8% in 2001, in spite of the population growth during the same period. Admissions to day hospitals doubled, from 10 268 to 22 183.

In April 2001, the Brazilian President passed the Law of Psychiatric Reform after 11 years of discussions in the Congress and wider debates. Law No. 10.216 of 6 April 2001 is explicit with regard to the rights of people with mental disorders, in the area of both psychiatric admission and mental health community services. It clearly defines the issue of self-commitment, that is, admission with the consent of the user, as well as involuntary commitment, which takes place without consent. After extensive discussions, this law determined that the term 'user' should replace the term 'patient'. Involuntary psychiatric admission,

which must be reported to the Public Ministry by the direction of the hospital, was subject to much controversy but was eventually adopted.

Education in psychiatry

Brazil has at present 95 medical colleges from which about 9300 doctors graduate each year. According to Zago *et al* (2001), only 16 of them conduct scientific research.

Scientific research in Brazil began in a modern form after the creation of postgraduate education in 1969. In the area of mental health, there has been a very important increase in the number of indexed Brazilian journals since 1990, while the situation in other areas, such as haematology, rheumatology and oncology, has remained the same. Postgraduate programmes have undergone considerable improvement recently. Nowadays two centres, the University of São Paulo and the Federal University of São Paulo, gain the best ratings in the external evaluation carried out by the Ministry of Education. Other centres – such as the Federal University of Rio Grande do Sul, the Federal University of Rio de Janeiro and the Federal University of São Paulo (Ribeirão Preto campus) – also showed good results in this evaluation.

Residence in psychiatry

The National Council of Medical Residence (CNRM) was created in September 1977 by means of Decree 80.281. It defines medical residence as a modality of postgraduate education in the form of specialist courses characterised by in-service training aimed at doctors. The programmes comprise two years in psychiatry, with an optional third year. Presently there are 462 residence places in

psychiatry in Brazil, most (43.7%) of them in the state of São Paulo.

Professional bodies

The Brazilian Association of Psychiatry (ABP), founded in 1966, has about 3000 associated psychiatrists. It holds congresses (originally biennial and now annual). The last, the XX Brazilian Congress, was attended by 3100 medical professionals, most of whom were psychiatrists.

In June 1993 the ABP was one of the organisers of the 9th World Congress of Psychiatry, held in Rio de Janeiro, which had approximately 7000 participants. The ABP has published the *Revista Brasileira de Psiquiatria* (Brazilian Psychiatry Journal) since 1979; at first it was called *Revista ABP-APAL*, when it was jointly produced by the ABP and the Latin-American Psychiatry Association (APAL). The ABP's newsletter, *Psiquiatria Hoje* (Psychiatry Today), was founded in 1976. Both the journal and the newsletter are distributed to all members.

The Association maintains ongoing educational programmes via the internet at www.pecabp.ecurso.com.br

The Institute of Psychiatry at the Federal University of Rio de Janeiro also publishes a journal of good scientific quality and national circulation, the *Jornal Brasileiro de Psiquiatria* (Brazilian Journal of Psychiatry).

References

- Leitão, R. J. C. (2001) *Utilização de Recursos e Custos Diretos da Esquizofrenia para o Setor Público do Estado de São Paulo*. Tese de Mestrado em Epidemiologia da Universidade Federal de São Paulo.
- Zago, A. M., *et al* (2001) *Ciência no Brasil*. Texto preparado para a Academia Brasileira de Ciências.

Websites

tabnet.datasus.gov.br/cgi/tabcgi.exe?sih/cnv/miuf.def

portal.saude.gov.br/saude/aplicacoes/anuario2001/recfin/Mrecfint11.2a.cfm

www.saude.gov.br/sas/relatorio/6.7%20Intervencao.htm

COUNTRY PROFILE

Psychiatry in India

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India is a low-income country that is characterised by huge diversity within and between its 35 states and union territories. For example, the infant mortality rate (per 1000 live births) ranges from a low of 16.3 in Kerala to a high of 86.7 in Uttar Pradesh, over a fivefold difference (International Institute for Population Sciences & ORC Macro, 2001). This considerable variation is evident in virtually every aspect of human development in

India, and any summary figures are likely to be unrepresentative of most parts of the country. Within the scope of this short article, this important limitation of averages must be recognised at the outset.

The latest population figures for India show that the population has now crossed the 1 billion mark and is continuing to grow, although at a gradually slower pace than before. The substantial epidemiological evidence base in