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Foreword

Mental health disorders are an important global public health issue. Millions of people worldwide suffer from such disorders, which lead to compromised quality of life. Moreover, health care systems face the challenge of offering services capable of promoting or recovering mental health at a cost acceptable to society.

The scope and complexity of mental health care reflect the need to favor individual autonomy while simultaneously strengthening solidarity bonds between individuals and their communities.

In this sense, the challenge faced is first and foremost a political one. It is the collective – government and civil society – who determines the form mental health care will assume.

Fortunately, in Brazil, the implementation of the *Sistema Único de Saúde* (SUS – National Unified Health Care System) has engendered a care policy based on respect for the dignity of persons with mental disorders and on promoting their integration into the community.

And scientific research has most certainly contributed towards such advancement, with the aid of investments in mental health research made by the *Departamento de Ciência e Tecnologia* (DECIT – Science & Technology Department of the *Ministério da Saúde*) and the *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (CNPq – National Council for Scientific and Technological Development). In addition to their regular grants – which contemplate mental health among other areas – these agencies launched, in 2005, a specific call for projects in the field of mental health.

Five research projects evaluate the Centers for Psychosocial Care (CAPS), a health service that provides structure to the SUS mental health network. In one of these, Nascimento & Galvanese describe the structure of the 21 CAPS of the municipality of Sao Paulo (Southeastern Brazil). These authors detected a heterogeneity which ultimately reflects on different models of health care, ranging from the so-called “synthesis-equipments” to attempts to construct a health care network. In another study, Onocko-Campos et al report on the efficacy of CAPS coverage in Campinas (Southeastern Brazil). The authors highlight that there are challenges regarding management of work and health education. In the third study, Cavalcanti et al, in a study of three CAPS in the municipality of Rio de Janeiro (RJ), investigated the criteria used for patient admission and referral, in addition to evaluating the continuity of care within the CAPS. Patients with severe and persistent mental disorders are admitted, but continuity of care is problematic. In a study of about 1,000 users of 30 CAPS in Southern Brazil, Kantorski et al, using both quantitative and qualitative approaches, conclude that users were satisfied with the care provided at these facilities. Still with regard to CAPS, Silva et al, based on an organizational approach, conclude that, from the perspective of service management, the subjectivity of workers and users is inherent to the work process.

Another study, carried out by Lopes et al, addresses a subject of that is of extreme relevance, though difficult to approach. Its results are concerning: this study shows high prevalence of infection by hepatitis C virus (subtype 1a) among drug users from the cities of Goiânia and Campo Grande, in Center-Western Brazil, in addition to identifying intravenous use as the major risk factor for infection.

¹ Editor Científico do Suplemento

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Also concerned with the issue of drug addiction, Ronzani et al implemented and evaluated screening strategies associated to short-term interventions designed to prevent alcohol use, administered in primary health care facilities in three municipalities of the state of Minas Gerais (Southeastern Brazil).

Economic evaluations comparing different therapeutic options are undoubtedly of great use for defining mental health care policies. Such evaluations become even more interesting when, in addition to comparing costs, they also address the results obtained with each option. The study conducted by Marasciulo et al shows that antipsychotic agents haloperidol and risperidone show superior cost-utility when compared to olanzapine. According to these authors, the use of antipsychotics with better cost-utility optimizes resource spending without compromising patient health.

In the field of mental health interventions, Habigzang et al conclude that the model of cognitive-behavioral group therapy is effective in reducing psychological symptoms among girls who have suffered sexual abuse.

In the field of psychometrics, an empiric study by Figueira et al concludes that the Edinburgh scale is a good instrument for screening for post-partum depression, and may be useful in the prevention and treatment of this condition, the prevalence of which makes it very relevant to public health.

As part of the SUS pro-equity initiatives, health policies specific to the black population are slowly being consolidated in Brazil. A specific area that requires careful attention is the potential contribution of Afro-Brazilian religions to the promotion and recovery of health, including mental health. In this sense, the study by Alves & Seminotti is an interesting contribution, describing the experience of an Afro-Brazilian religious center in Porto Alegre, Southern Brazil, as a venue for shelter and counseling, where difficulties in the realms of interpersonal and collective relations are approached in an integral manner, by addressing physical, psychic, and spiritual dimensions. Assis et al, in a study of school children aged six to 13 years, found that children below the poverty line, with black skin color, and from single step-parent families showed precarious social competence and marked behavioral problems. Nunes & Torrenté, after systematizing different modalities of violence, propose the implementation of state observatories for the types of violence that affect individuals under severe psychic suffering. These observatories would be capable of planning and evaluating countermeasures to the consequences of the stigmatization of mental and behavioral disorders.

The articles in the present supplement, which are based on the research described above, undoubtedly contribute to our understanding of the health-disease-health care process, and may help improve the formulation and implementation of effective, efficient, and equitable policies.