Good Practices
Psychosocial Care Centers (CAPS)

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Brazil is a country with over 8.5 million square kilometres, divided into 26 states, and one federal district. It is the largest country in South America and the fifth largest in the world in terms of area, presenting huge contrasts in both demographic distribution and social indicators.

- It has 5570 municipalities
- 208.5 million inhabitants.
Unified Health System  
Sistema Único de Saúde (SUS)

All Brazilian citizens have their constitutional rights to health assistance provided by the state, without charges, and with no discrimination of any kind.
**Unified Health System**

- SUS was created in 1988 by the Brazilian Federal Constitution, which states that it is the State's duty to ensure health for all the Brazilian population.
In 1987 happens the II National Congress of the Movement of Mental Health Workers in Bauru city –SP. the lemma was adopted: “For a society without asylums”.

- At the same period, the first Brazilian CAPS is Born
1987 - The first Psychosocial Care Center (CAPS) was inaugurated.

Os centros de atenção psicossocial

1987: CAPS Luiz R. Cerqueira ("Itapeva")

2002: Portaria 336/GM normatiza os caps
Brazilian Psychiatric Reform

April 6, 2001 - the Law 10.216 was approved – Law "Paulo Delgado"
Psychosocial Care Centers
Psychosocial Care Centers are the main component of Psychosocial Care Network, the cornerstone of mental health care, and they are organized by geographical areas.
CAPS have a strategic role in the articulation of the Psycho-social Care Network, through the direct attention for the promotion of life in the community, and for the autonomy of people.
CAPS modalities

- There are six different types of CAPS based on population coverage

- Source: Portaria nº 336 de 19 de fevereiro de 2002
Minimal Staff CAPS

- 1 doctor psychiatrist
- 1 nurse
- 3 specialist university
- 4 technical professional

According to the CAPS modality the team will expand
<table>
<thead>
<tr>
<th>UNIT</th>
<th>POPULATION</th>
<th>HOURS</th>
<th>CLIENT GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPS I</td>
<td>&gt; 15,000</td>
<td>Mon-Fri, full or part time</td>
<td>People of all ages with intense psychic suffering</td>
</tr>
<tr>
<td>CAPS II</td>
<td>&gt; 70,000</td>
<td>Mon-Fri, full or part time</td>
<td>People of all ages with intense psychic suffering</td>
</tr>
<tr>
<td>CAPS III</td>
<td>&gt; 150,000</td>
<td>24 hours/7 days a week</td>
<td>People of all ages with intense psychic suffering</td>
</tr>
<tr>
<td>CAPS AD II</td>
<td>&gt; 70,000</td>
<td>Mon-Fri, full or part time</td>
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</tr>
<tr>
<td>CAPSi II</td>
<td>&gt; 70,000</td>
<td>Mon-Fri, full or part time</td>
<td>Children, adolescents and youth (up to 25 years old) with intense psychic suffering</td>
</tr>
<tr>
<td>Region</td>
<td>Population in 2015</td>
<td>CAPSI</td>
<td>CAPSII</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------</td>
<td>-------</td>
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</tr>
<tr>
<td>Midwest</td>
<td>15,442.232</td>
<td>79</td>
<td>27</td>
</tr>
<tr>
<td>Northeast</td>
<td>56,560.081</td>
<td>526</td>
<td>150</td>
</tr>
<tr>
<td>North</td>
<td>17,504.446</td>
<td>96</td>
<td>35</td>
</tr>
<tr>
<td>Southeast</td>
<td>85,745.520</td>
<td>295</td>
<td>208</td>
</tr>
<tr>
<td>South</td>
<td>29,230.180</td>
<td>195</td>
<td>85</td>
</tr>
<tr>
<td>Total</td>
<td>204,482.459</td>
<td>1191</td>
<td>505</td>
</tr>
</tbody>
</table>
Gradual process of bed reduction in psychiatric hospital per year.
Processo graduale di riduzione dei letti in ospedale psichiatrico per anno.
Services Implemented:
2017 – 2018

2017
- Psychosocial Care Centers (CAPS): 106
- Therapeutic Residential Services (SRT): 91
- Mental Health Care beds in General Hospitals: 175
- Welcome Unit (UA - Unidade de Acolhimento): 03 - These are residential services of transitory nature (with a fixed time of hospitalization), linked to the other RAPS (Psychosocial Care Network) service points, aiming to offer shelter and continuous health care. UAs operate 24 hours a day, 7 days a week, and are aimed at users of alcohol and other substances, who show strong social and/or family vulnerability and need temporary therapy and protective follow-up. The length of stay in the Unit is up to six months.

2018
- Psychosocial Care Centers (CAPS): 03
- Therapeutic Residential Services (SRT): 17
Deinstitutionalization
2015 Brazilian Ministry of Health Completes Official Translation Quality Rights
Following the guidelines of the WHO project "Quality Rights", I conducted a research with the ethnographic approach, in a CAPSII in Lins city - SP, in 2018.
The interviews covered the following dimensions:

- Prejudice
- Relationship
- Care
- Values
- Work
- Education
- Drugs
- Physical space.
The main points that were raised in the interview by professionals, users and family members:

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Precariousness of the Unified Health System (SUS)

CAPS are divided by the number of inhabitants per municipality and by the level of population complexity. Regional differences, the division of CAPS, fragment financial power, material and professional resources, reducing the 24-hour service.
Good Practices
Psychosocial Care Centers (CAPS)

- Development of the community psycho-social assistance network
- Sviluppo della rete di assistenza psicosociale e dei Centri di Salute Mentale 24 ore
- Expand intersectoral work with primary health attention
- Espandere il lavoro intersettoriale con l´attenzione primaria in salute
- Training for mental health teams
- Training per le equipe di salute mentale
LA LIBERTÀ È TERAPEUTICA
As a result of the struggle and hard work, we now have a system that is replacing asylums and good practice is the force to deal with the setbacks of public policy.

Currently, Brazil is experiencing a strong political and social crisis. With significant cuts in assistance
GRAZIE
THANK YOU
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