

THE BRASILIA PRINCIPLES

Guiding Principles on the Development of Mental Health Care in the Americas

The Ministry of Health of the Federative Republic of Brazil, the Panamerican Health Organization (PAHO) and the World Health Organization (WHO) convened governmental mental health officers, organizations of the civil society, consumers and family members to the “Regional Conference on Mental Health Services Reform – 15 years after the Caracas Declaration”, 7 - 9 November 2005, to evaluate the progress achieved since 1990.

THE PARTICIPANTS,

RECALLING

That the Caracas Declaration was the result of a critical analysis of the state of mental health care in the Americas, that made unavoidable its reform;
That the Caracas Declaration stated that the improvement of mental health care was possible through the replacement of the service model based on the psychiatric hospital with community alternatives of care, and through actions to safeguard the human rights and the social inclusion of persons affected by mental disorders; and
That the Caracas Declaration was endorsed by all countries of the Americas.

NOTING

That new developments have taken place in the last 15 years that enabled countries to advance in the restructuring of psychiatric care;
That the Resolutions of the Directive Council of PAHO/WHO in 1997 and 2001 strongly support the principles enshrined in the Caracas Declaration;
That PAHO/WHO Member-States adopted the Declaration of Montevideo (September 2005), which includes new orientations on Primary Health Care, such as the creation of health systems based on social inclusion, equity, health promotion and the quality of health care; and
That WHO has developed guiding principles aimed at advancing mental health care reform at the global level. These principles were included in the World Health Report 2001, and in other programs and initiatives.

TAKING NOTICE

That the leading principles of the Caracas Declaration are being successfully implemented in many countries of the Region;
That during the course of time, valuable experiences have taken place, advances have been made, and lessons have been learned with regard to both successes and obstacles;
That the Caracas Declaration has been used by the Inter-American Commission of Human Rights (IACHR) as a standard of interpretation of the American Convention on Human Rights and other legal instruments, as well as in reports related to the human rights and fundamental freedoms of persons affected by mental disabilities; and
That successful experiences conducted by some countries of the Region serve as a reference for WHO in its global actions, such as the examples of Brazil, with regard to cultural mobilization, the significant reduction of psychiatric beds and the establishment of networks of community care; and of Chile, with reference to the integration of mental health in the network of public health services. In addition, there are other relevant experiences worth noting, among them, the inclusion of mental health in primary care and the development of services for children and adolescents in Cuba; the development of the “National Model of Mental Health Care Miguel Hidalgo” that includes prevention, brief hospitalization and social reintegration in Mexico; the development of mental health services based on qualified nurses in Belize and Jamaica; the care of vulnerable population groups in El Salvador, Guatemala and Nicaragua; and the development of a decentralized mental health system in Panama.



Maria do Socorro Santos (25/11/1952 - 05/03/2005) Sin Título
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REITERATING

The validity of the guiding principles of the Caracas Declaration, with reference to:

- The centrality of the protection of the human rights and fundamental freedoms of the persons affected by mental disorders;
The necessity to build a network of services that replaces the psychiatric hospitals and assure:
1. Comprehensive and multi-disciplinary care of persons with psychiatric disorders and in crisis situations, including the admission to general hospitals when judged necessary,
 2. Service options that prevent the risk of creating a new generation of persons affected by psychiatric disorders of protracted course and disability,
 3. Strong links with primary health care services with high solving capacity,
 4. The participation of service users and their families in the planning and management of mental health services and programs, and
 5. The establishment of partnerships among all social players to improve the mental health status of the population.

Although much progress has been achieved, more needs to be done in order to meet the standards emerging from the Caracas Declaration. For example, too many beds are located in psychiatric hospitals and, in contrast, too few community-based services are available, and the capacity to document, monitor and evaluate services and programs remains insufficient.

OBSERVING

That mental health services need to face new cultural and technical mental health challenges that have become more evident in the last 15 years, such as:

1. The rising psychosocial vulnerabilities of selected population groups, e.g., indigenous communities and individuals coping with problems resulting from the chaotic urbanization of the large metropolis;
2. The increasing magnitude of both the morbidity and of psychosocial problems affecting children and adolescents;
3. The increasing societal pressure to make available effective measures for prevention and management of suicidal behavior and alcohol abuse, and
4. The increment of different modalities of violence that require an active involvement on the part of the mental health services, with special emphasis on the care of the victims.

To this effect,

THE CONVENERS OF THIS CONFERENCE HAVE DECIDED TO JOIN EFFORTS:

1. To work towards a call for a Regional Meeting of Ministers of Health to formulate a Regional Plan of Action with precise aims and goals;
2. To raise the awareness of governments regarding the need to increase investment in mental health care to confront the dramatic burden resulting from both the morbidity and disability of mental disorders;
3. To collect, document and disseminate experiences of mental health care that have used indicators and standards promoted by PAHO and WHO, and
4. To foster inter-country collaboration with regard to programs of service development, training and research.

AND CALL ALL PARTIES INVOLVED

To continue implementing the ethical, legal, political and technical principles included in the Caracas Declaration.

