

## Intersectoral approach in mental health care services



Noncommunicable chronic diseases are one of the greatest challenges in global health, since they cover the most varied chronic conditions that affect health and physical, social and mental well-being, causing suffering: among them we highlight mental illnesses.

Often misunderstood, stigmatized and marginalized, people affected by mental health problems need protection and from the implementation of policies and strategies that involve treatment, social support and, above all, re-integration into the community. It is imperative that misconceptions in society are reversed, so that the key elements of the success of such policies imply family and community involvement in the purposes and measures of care, treatment, inclusion and integration in the various social spheres.

World leaders have stated in 2015 that mental health, well-being, substance abuse prevention and treatment are health priorities within the global development agenda. This decision was crucial for a positive impact on the lives of millions of people who need help to overcome their condition of dependency, or live with family in these situations. The decision to include Mental Health as part of the 3 goals that make up the 17 Sustainable Development Goals (SDGs) is symbolic and representative of the recognition of its importance<sup>(1)</sup>.

In 2011 the WHO signaled to the complex web of determinants that relate to and affect the health and quality of life, stressing the concept that the health sector alone cannot adequately address the complex interrelated factors, such as social, economic and environmental factors that affect people's health. It urged member states to an intersectoral call for action, with active involvement and commitment to the goal of providing health and well-being to the entire population<sup>(2)</sup>.

Forty years separate us from the creation of the concept of intersectorality in coordinated actions to improve health: in 1978, the Declaration of Alma-Ata recognized the benefit of economic and social development for health. In the definition of primary health care, the Declaration clearly identified the role of different sectors at both national and local levels, while calling for coordinated intersectoral action<sup>(3)</sup>. The rationale behind this broader public health approach is related to emerging evidence that reveals the key role that socioeconomic factors play in determining health status. Mental health is no exception, since it constitutes, together with physical health, two inseparable aspects of health.

The reasons behind the revival of the expanded approach to public health is associated with emerging evidence that has revealed the key role that socioeconomic factors play in determining health status. Mental health is no exception, since it constitutes, together with physical health, the twofold inseparable aspect of health.

In response to this call to action, WHO's technical cooperation focused on improving quality mental health care through a comprehensive community model of mental health services rather than the traditional hospital model.

In the community-based mental health model, the focus of attention is shifted to integrating mental health care into the primary health care system, including rehabilitation in the inpatient community of long-term hospitals; the implementation of anti-stigma programs for communities is encouraged, as well as the development of effective population-based preventive interventions. It is also worth mentioning the respect to people with mental disorders as subjects with right to voice through the full guarantee of participation and integration within the community.

Some of the key shared recommendations at the conclusion of activities include the establishment of a Psychiatric Reform (in 1970)<sup>(4)</sup> to the recent National Mental Health Conferences (in 2010), which highlight the importance of intersectoral investments with education, social, legislative and civil society<sup>(5)</sup>.

An extensive recent review<sup>(6)</sup> brings a comprehensive set of action plans to improve and facilitate intersectoral action at different levels (political and social context, governance and leadership structures and actions, and capacity building). Recommendations highlighted in this work involve several possibilities for action which are summarized in the sequence and which highlight some that seem to be central: raising awareness about the social determinants of health to promote their broad understanding, the use of financing mechanisms and budget for support to intersectoral action (in this item priority is given to the definition of clear and measurable goals and objectives); public and electoral pressure to shape the political agenda with an emphasis on intersectoral action for health and to have insight on long-term policy outcomes in the context of sustainable development. This certainly presupposes the establishment of permanent intersectoral governance mechanisms. And the promotion of effective and effective leadership and management.

The engagement of civil society and other stakeholders (such as civil society support groups) is highlighted as relevant in this process. Involving local and national media to report and disseminate successful intersectoral initiatives is a strategic procedure that can promote and facilitate such actions.

In the above-mentioned work, the importance of Identifying opportunities that can allow the advancement of intersectoral policies for health (for example, a change of government) specifically in the field of mental health is highlighted. health sector to act at the level of relationships (eg negotiation skills and conflict resolution), as well as linking mental health goals to other existing processes and ventures, eg national strategies in sectors not strictly related, the health.

As discussed above, international health agencies and specialists expose longings and the recommendation of initiatives and undertakings that are located on a continuum that includes everything from simple actions to those of great complexity, as they involve not only health professionals, but a diversity of social actors.

There is a need to obtain more evidence on intersectoral actions, so that a better understanding of societies subjected to the most varied economic, social, cultural, technological and spiritual transitions affecting them locally and globally can be achieved; from this it will be possible to establish strategies that better contribute to the harmonization of the health services with the domestic environments and communities.


## References

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