

Healthcare challenges for chronic non-communicable diseases with a focus on mental health

Maria Lúcia Zanetti¹



The Sustainable Health Agenda for the Americas 2018-2030 (ASSA 2030) is a strategic policy instrument that provides direction and political vision for health development in the Region of the Americas for the next 13 years. In this document, in the part referring to Chronic Diseases, Mental Health and Risk Factors for noncommunicable diseases, it is highlighted that mental, neurological, and substance use disorders are the main factors contributing to morbidity, disability, injury, premature mortality, and increased risk for other health conditions⁽¹⁾.

By considering mental disorders as chronic diseases, with its shared risks, the World Health Organization has also developed the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. This plan recommends cost-effective high-impact interventions, including banning all forms of tobacco advertising, replacing trans fats with unsaturated fats, restricting or banning alcohol advertising, preventing heart attacks and strokes, promoting breastfeeding and preventing cervical cancer. Several countries are already attaining the objectives proposed in the Plan⁽²⁻³⁾.

In Brazil, the health care model is not very resolute in implementing the interventions because of the rapid changes in the epidemiological profile of the population and the structural difficulties, such as in material and human resources. The Health Care Model is still in its process of consolidation, which requires changes in the work process and shared work between primary care professionals and specialists, such as doctors, nurses and other professionals of the extended health team.

¹ Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto, PAHO/WHO Collaborating Centre for Nursing Research Development, Ribeirão Preto, SP, Brasil.

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The reorganization of the work process involves effective and innovative care strategies in emergency, outpatient and hospital services, including Reception; Person and Family Centred Care; Continuing Care/Scheduled Care; Multiprofessional Care; Singular Therapeutic Project - STP; Regulation of the Care Network; Matrix Support; Remote Monitoring; Collective Action; Self-care; Lines of care and Clinical Guidelines; Risk Stratification and Permanent Education⁽³⁾.

To overcome the challenges to implement these actions, it is imperative to qualify human resources in health and to review the paradigms for the training of nurses, including technological competencies and interpersonal relationships in areas related to the needs of patients with mental disorders. The proposal of thinking and doing Nursing in an innovative way can contribute to advancing knowledge and finding new approaches to prevention, treatment and rehabilitation of common mental disorders and to an integrated care model for patients with chronic diseases.

In this area, highly qualified human resources and knowledge based on partnerships, internal and external collaboration are requirements for the implementation of new proposals. Equitable access to comprehensive, integrated, quality, person and family-centered and community-based health services should also be expanded, with a focus on health promotion and prevention of mental disorders. Thus, nursing education institutions are expected to encourage researchers to develop capacities for the development, transfer and use of evidence and knowledge in health, promoting research, innovation and the use of technology⁽¹⁾.

Nurses who conduct research on mental health should disclose their successful experiences related to mental disorders and other chronic diseases to the scientific community and to nurses with the objective of contributing to the implementation of the Sustainable Health Agenda for the Americas 2018-2030 (ASSA 2030).


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Corresponding Author:

Maria Lúcia Zanetti

E-mail: zanetti@eerp.usp.br

 <https://orcid.org/0000-0003-1656-6626>

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