

Human resources in mental health, alcohol and drugs: Training and skills in the Americas*

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The training and implementation of health public policies presuppose qualification of human resources so they can be implemented with technical and ethical effectiveness in daily developments. It is no different in the mental health care scene, since the issue of the competences for care has been one of the main adversities in the fulfillment of prerogatives that guide measures for the improvement of the population's health conditions. The world context of these policies is increasingly aimed at the appreciation of life, respect to human dignity, patient safety, and defense of civil rights, seeking their appreciation in the provision of care. In the Americas, these resources continue to challenge the consolidation of the psychosocial care model and the process of the Psychiatric Reform.

The reorientation of the mental health care model requires understanding the complexity of the problems, elaboration of responses, new ways of care, and resignification of the relationship with users, family, community, and among the professionals. It is imperative to review ways of management, power

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relations, and separation between thinking and doing. Therefore, the qualification of the professional work becomes one of the fundamental elements for the construction of a comprehensive assistance project⁽¹⁾.

Mental health care, which involves aspects of professional qualification in the generalist and specialist scopes, legal-political, sociocultural, and ethical values have undergone elementary transformations. Community and territorial practices in place of institutionalized and mental asylum treatment are global trends. In Latin America and the Caribbean, this transition was pointed out by the Caracas Declaration in 1990, whose document strongly criticized the hospital-centric model for not articulating its objectives with decentralized, participative, integral, continuous, and preventive health care⁽²⁾.

Also in the changes trend, it must be reflected that the formation of human resources and their competencies for health care are immersed in the economic, social, and political structure of each country. This disposition is linked to the working conditions both in the health and in the education sectors, and it can face precariousness and/or qualification, depending on the interests of the political discussions and the organized civil society.

It is expected that professional training considers the technical aspect necessary for enabling the specific work as a component capable of upholding practical interventions in the professional activity. The strategy for the effectiveness of this statement lies in the conduction of three simultaneous strands: University internal scope; insertion of the University in the health services; relationship of the University and the health services with the population⁽¹⁾.

With regard to the guidelines to think globally in the scopes of the Americas, it is considered that there is unquestionable diversity concerning the differences and similarities in the political system, territory settings, social and sanitary conditions. In addition, an analysis of the programs aimed at mental health, seeking the planning of actions, meeting managers', human resources trainers', and health workers' needs would provide subsidies for a project of mental health qualification for the Americas⁽³⁾. This analysis process would allow for a reflection and intervention on the professional qualification guidelines in the field of mental health, alcohol and other drugs, emphasizing necessary and expected competences.

The training processes and the continuing or in service education actions do not always show to be effective in changing professional performance, many times due to decontextualization with the psychosocial logic and/or for being aimed only at the transmission of knowledge in a unidirectional perspective⁽⁴⁾.

Specifically in Brazil, a study conducted with managers and mental health workers showed the need for adequacy in the curricula (teaching guided by paradigms coherent with the psychiatric reform and with practices and internship in mental health substitutive services), investments in permanent education, and improvements in the training of teamwork. These structural changes tend to favor that the practices offered in the general and specialized services stay in consonance with the precepts of the Psychiatric Reform⁽⁵⁾.

All levels of training require articulation of knowledge with the development of interpersonal skills, intrinsic to mental health care. Relational and communication skills, teamwork, initiative, cooperation, values, beliefs, and attitudes need to have guaranteed spaces in the training of human resources in the perspective of training individuals aware of their ethical, civil and social role.


In Brazil, despite several advances in the public policies on alcohol and other drugs, there are several obstacles to consolidate the model of integral health care. What still remains is the repressive and segregating logic in hygienic and moralistic actions. These movements are on the opposite side of the harm reduction strategies, which choose prevention and care actions respecting the particularities of the individual, welcoming, bond, respect for their desires and choices⁽⁶⁾.

The need to increase funding for mental health care policies in Latin America and Brazil, aimed at neutralizing structural stigmas through quality assistance, is also highlighted⁽⁷⁾. Another important conjuncture is the adoption of the Sustainable Development Goals (SDGs). Countries that have supported the SDGs have committed themselves more to actions to promote mental health and prevent mental disorders. Although 'no health without mental health' is an important aspiration, it is recognized that, for many years, mental health has remained in the shadows of the health systems. It is expected to foster governmental partnerships to transform mental health globally, involving important actors that are genuinely committed⁽⁸⁾. Efficient actions in the field of mental health are even more necessary, especially in a moment at which the entire world suffers the consequences of the coronavirus pandemic, with indicators of an increase in the use of alcohol and other drugs.

Actions that necessarily involve the training of human resources emphasizing the skills to act in mental health are imperative. For the Americas, a unified project between governments is expected, guided by the guidelines of the Psychiatric Reform and based on the model of psychosocial care.

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