Medical education and leadership: a call to action for Brazil’s mental health system

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Introduction
Brazil is the largest country in South America, with approximately 206 million inhabitants. The World Bank recognises Brazil as an upper middle-income nation due to the size of its economy however, despite its economic wealth, there is a high degree of social inequality due to uneven economic distribution.1

Health is considered a basic right in Brazil, which the Government is required to administer and provide through a universal public system. The Unified Health System (Sistema Único de Saúde - SUS) is administered by federal, state and municipal governments and its core principles include decentralisation of care, universality of access and equality of rights. Brazil’s Mental Health Policy is part of the Unified Health System and guarantees the civil rights of patients suffering from mental illnesses, while promoting integrated care in community centres for psychiatric assistance rather than hospitalisation, which is generally reserved for patients with severe conditions.2

The order in which assistance for mental health patients in Brazil is prescribed is based on the severity of symptoms and on the illness itself. Mild and moderate disorders (e.g., depression and anxiety) are most commonly treated in a primary care facility by family doctors. More severe disorders, such as schizophrenia and substance abuse, are treated at Psychosocial Care Centres (Centro de Atenção Psicossocial - CAPS), by psychiatrists and psychologists.3,4 Although, in theory, this may seem an ideal model for mental health assistance, it does not always work in practice. A significant limitation includes a general lack of professionally qualified family doctors, who are often unable to diagnose or treat even mild disorders.5,6 Since there are few specialised psychiatric clinics operating within the Unified Health System, a large proportion of mental health patients are unable to receive adequate treatment.7

Additionally, another limitation is physical access to the health system. The distribution of specialised and general clinics is extremely uneven across different regions of Brazil, making it impossible to implement a Mental Health Policy with the same unifying standards for the entire country.4,7,8

Underinvestment in Brazil’s healthcare system not only contributes to an overall lack of clinics but also to a spread of under-resourced clinics across the country. This lack of adequate funding not only inhibits the creation of outpatient clinics but also the necessary expansion of professional training and networks, inevitably leading to under-diagnosis, inefficient treatment and poor patient management.4,7-10

A similar mental health profile can also be found in other low to middle-income countries, making these problems a global concern.11-13 The lack of quality training in public health, the resistance of psychiatrists to promote non-psychiatrists into senior management positions and the volume of complex clinical and hospital management tasks designated to leaders are just some of the major obstacles in improving mental health systems in many developing countries.13

A Way Forward
The purpose of this article is to analyse how leadership models and constructs can be implemented within management strategies to identify, address and alleviate the mental health assistance issues highlighted. The lack of management and leadership training among community leaders has been identified as one of the major barriers to enhancing the quality of mental health services in low to middle-income countries.13,14 Therefore, creating new management strategies based on leadership could generate creative solutions for recurring issues and problems within the Brazilian mental health system.

Leadership has many definitions and concepts.15 According to Scherr and Jensen, leadership can be defined as a set of verbal and nonverbal actions that may lead to results that otherwise could not be achieved.16 In this article we will adopt two fundamental theories: transformational and transactional leadership. Transformational leadership involves behaviours based on interpersonal relationships17 that can be explained by some key concepts: inspirational motivation (construction of a behaviour that inspires and motivates other group members); individual consideration (the leader supports individual development); idealized influence...
Leadership training needs to be distributed among health professionals and users of the health system, strengthening interpersonal relationships as well as team dynamics. This can facilitate communication among the different sectors involved in primary health care and mental health services, as well as engage the community in demanding improvements in quality and access to health care.

In conclusion, the interaction between the different Brazilian medical societies is critical in improving and modifying the medical school curriculum. Such action may facilitate the creation of new leaders in the future, giving longevity to the process of improvement in mental health services.

Conclusions

In summary, it is necessary to encourage the learning and teaching of leadership skills in medical schools to improve healthcare outcomes in Brazil. Moreover, healthcare providers who can sustainably manage resources, solve problems and make informed decisions are needed to guarantee the improvement of Brazil’s Mental Health System. By learning leadership skills, it is possible to create an environment that stimulates research, as well as provide practical and creative solutions to several previously reported issues. In this way, the empowering of new leaders can have a significant impact on the quality of health services, particularly in the light of the proposed decentralized mental health assistance in Brazil.

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Conflicts of Interest

The authors declare that they have no conflict of interest.

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