



Humanization in the Treatment of Mental Disorders in the SUS: An Approach in Public Health

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Summary

This article addresses the humanization of the treatment of individuals with mental disorders in the Unified Health System (SUS), with the aim of analyzing its application within public health. The systematic review focuses on the Psychiatric Reform and the National Humanization Policy, highlighting the importance of these policies in the care of users with mental disorders. The study also explores the National Mental Health Policy and its impact on the organization of care in the SUS, considering the recovery of subjectivity and the promotion of comprehensive and humane care. The analysis is based on the PRISMA methodology.

Keywords: humanization, mental disorders, SUS, mental health, collective health.

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Humanization in the Treatment of Mental Disorders in the SUS: An Focus on Collective Health

Summary

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1 INTRODUCTION

The psychosocial care network is focused on a community approach, resulting in the closure of psychiatric hospitals that did not comply with the Ministry of Health's standards, while psychiatric beds were implemented in general hospitals. An example of this is the opening of fourteen Psychosocial Care Centers (CAPS) and the closure of at least four psychiatric hospitals in the last decade.

One of the main challenges of Psychiatric Reform is to promote transformation in health practices within the psychosocial care network. During visits to psychiatric hospitals, it is possible to observe the persistence of asylum-like practices, in addition to problems such as the lack of professionals in mental health teams, long lines and waiting times that exceed legal limits, as well as situations of neglect, negligence and complaints. These factors call into question the quality of mental health care (Castro & Wolff Filho, 2024).

Humanization in the care of individuals with mental disorders is important, as it represents an opportunity to recover the human essence. It is assumed that interaction favors the creation of emotional bonds with the patient, which culminates in an incentive to express subjectivity.

Treatment for mental disorders has several aspects and must be adapted to each individual. Pharmacotherapy is one of the most widely used, with studies showing that psychotropic medication is effective in managing the symptoms of mental disorders. Hospital treatment should be applied in cases of acute psychotic crises, however, prolonged hospitalization is indicated for those individuals who do not respond to other treatments, and are considered a risk to the lives of others and their own lives (Raja et al., 2021).

In this sense, this article aims to answer the following guiding question: Do the health practices provided in psychiatric hospitals meet the recommendations of the National Humanization Policy of the SUS?

Mental disorders have become a concern for researchers in the field, being defined as conditions associated with impairments in brain function, which can vary in intensity. Individuals diagnosed with

These disorders face a reduction in their quality of life, due to the need to undergo treatments that are often invasive and exhausting.

In this context, this study is justified so that it is possible to perceive, through a reflective study, the impact of humanized care on the quality of life and social inclusion of individuals with mental disorders, having social relevance by informing society about a practice that has been increasingly sought after and academic relevance by contributing to the collection of research on the subject.

Thus, the general objective of this work is to analyze the importance of humanization in the care of people with mental disorders through reflective study. And as specific objectives: To verify the processes of Health Reform and Psychic Reform; To describe the national humanization policy in the SUS; to present data about the National Mental Health Policy.

The methodology used in this study is based on a systematic review, based on the analysis of results according to the PRISMA methodology. The investigation was structured in a cohesive manner, covering the main aspects relevant to the subject in question.

2 THEORETICAL FRAMEWORK

2.1 A brief review of the Health Reform and Psychiatric Reform processes

Brazil, as a State of Law and Social Welfare, has the duty to promote the health of its citizens, which is guaranteed by the Federal Constitution of Brazil of 1988, in its article 196 which states: "Health is the right of all and the duty of the State, guaranteed through social and economic policies that aim to reduce the risk of disease and other injuries and universal and equal access to actions and services for its promotion, protection and recovery".

The psychiatric reform was established by Federal Law 10.216/2001, which deals with the protection and rights of people with mental disorders, in addition to promoting a restructuring of the mental health care model. It is also important to mention Ordinance 224/1992, which defines the guidelines and standards for the provision of services in the area of mental health, representing a milestone in this context (Oliveira Neto & Palombini, 2021).

The psychiatric care model prioritizes strengthening the bond between the care team and patients. To achieve this, teams must be involved in the daily life of the community, developing health education actions with the aim of contributing to improving the living conditions of the population (Weber & Silva, 2025).

Three moments can be highlighted in the Psychiatric Reform. The first moment was the so-called alternative trajectory, which, according to Amarante (1998), led to the creation, in 1976, of the Medical Renewal Movement (REME), the Brazilian Center for Health Studies (CEBES) and the Mental Health Workers Movement (MTSM), which were the first to denounce the National Psychiatric Care System of the time.

In the second phase of the Psychiatric Reform, which began in the 1980s, there was a moment when part of the movement was integrated into public policies. As Peres et al. (2022) point out, this period was marked by efforts aimed at rationalizing, humanizing, and moralizing psychiatric hospitals, in addition to the establishment of outpatient clinics as an alternative to the traditional hospitalization model.

The third phase of the Psychiatric Reform is characterized by deinstitutionalization. This period includes events such as the 8th National Health Conference (1986), the 1st National Mental Health Conference (1987), and the 2nd National Congress of Mental Health Workers (1987). The hospital-centered approach gives way to a model focused on the individual and their relationships. It is in this context that mental health services emerge, including Psychosocial Care Centers (CAPS), which are based on the mental health care model. These centers have interdisciplinary teams focused on prevention, treatment, and rehabilitation. Also noteworthy is the creation of services to serve users of alcohol and other drugs, represented by CAPS-AD (Ramos & Castaldelli-Maia, 2024).

Within the scope of Psychiatric Reform, the analysis of inclusive strategies aimed at promoting social inclusion and strengthening the capabilities of users of Mental Health services has become increasingly relevant. During the years of implementation of this model, several topics have emerged as points of discussion, including management of crisis and emergency situations, development of therapeutic workshops and the formulation of strategies for the efficiency of the service network, among other aspects. As services advance in the search for answers to these

demands, new questions are raised, revealing unexplored dimensions and expanding reflection on the topic (Peres et al., 2022).

There is a dimension that refers to the possibilities of insertion and circulation of users in the sociocultural and political-economic spheres. This issue permeates the reform process and can be considered one of its fundamental pillars. It can be argued that there is an effort directed at the articulation between concrete possibilities of subjective transformation and the promotion of a model of social and political participation that guides practices in the field of rehabilitation, without neglecting the subjective specificities of each case. Regardless of the use of the care network and without the fixation of a pre-established format or model, a practice has been developed that follows the individual historical path of each subject. This approach recognizes both the insertion in the sociocultural fabric and the local contexts through which the individual passes.

The guiding principles of the Brazilian psychiatric reform outline the overcoming of the asylum model, based on the premise that the implementation of substitute services, characterized by open doors, territorial base and greater interaction with the community, would be able to promote a different path from that related to mental illness. However, with the consolidation of these devices, criticisms of institutionalization arise, accompanied by reflections on chronicity. The possibility of such services reproducing alternative forms of institutionalization, chronicity or a process of asylum reconfiguration is recognized (Peres et al., 2022).

It is believed that the Basagliano model brought contributions to the area of mental health, highlighting the importance of the social inclusion of psychiatric patients. However, criticisms have been raised regarding the conception of the subject adopted in the application of this model, as well as in relation to the type of social bond it promotes (Castro & Wolff Filho, 2024).

Psychiatric intervention based on Basaglia's principles expands its scope beyond clinical treatment, integrating into the social field through public policies that promote initiatives such as the creation of job vacancies, the provision of free food, access to transportation passes and the provision of housing. Professionals working in these services earn the trust of users by fulfilling their promises and ensuring access to the benefits provided. Similar to the functioning of any service delivery system, credibility is established based on the efficiency in aligning supply and demand. Within this dynamic,

the intersubjective relationship is mediated by the promise, which unites the subjects involved through a non-explicit contract (Galvão & Santos, 2023).

However, the promise made does not always correspond to a demand expressed by the user. In certain contexts, the technical professional anticipates unspoken requests, committing to future actions and projecting the possible needs of the interlocutor. In this sense, the offer becomes responsible for generating demand, encouraging the emergence of new needs. This process carries in its essence a discursive principle that inaugurates the movement towards social inclusion. In other words, by creating demands, ideology penetrates the social structures that regulate and condition these interactions.

Souza (2023) focuses his criticism on the dynamics between health professionals and patients, highlighting that this intersubjective interaction is marked by a promise that connects the two subjects through a contract. In this context, while the health professional offers something to the patient, the latter responds reciprocally. However, if the professional fails to fulfill his part, the patient, as the other party to the contract, also tends to break this bond. On the other hand, the sociocultural and political-economic integration of users is a utopia, indicating that there is a long way to go to make it a reality.

The contributions made by psychiatric reform throughout history stand out, even in the face of criticism related to the treatment environment. In this sense, it is essential to identify and implement means that enable greater effectiveness in approaches aimed at mental health.

2.2 The National Humanization Policy in the SUS

In May 2000, the Ministry of Health (MS) regulated the National Program for Humanization of Hospital Care (PNHAH), with humanization included on the agenda at the 11th National Health Conference. In 2003, the federal government instituted the National Policy for Emergency Care. According to this policy, universality, equity and comprehensiveness in emergency care in hospitals must be guaranteed, with the National Humanization Policy (PNH) as its main axis, which replaced the Program, the PNHAH, with a care policy, better known as *humanizes SUS* (Brazil, 2006).

The collective work process in health services, as in other institutions that are not, is defined by several historical conditions. In 1990, for example, after the implementation of the SUS, new forms of organization of health work began to be required, determined by the hierarchy, decentralization and democratization of the system (Weber & Silva, 2025).

In the context of health, the relevance of interdisciplinarity stands out, aiming at the integration between different sectors and professionals, which promotes an exchange of knowledge and expertise that enriches patient care in the health-disease process in hospitals (Raja et al., 2021). However, it is recognized that, in practice, this articulation occurs in a limited way. Corporatism, the lack of time to gather the team and the absence of a collective vision contribute to the fragmentation of health work. Observations about the perceived coldness in care within the SUS are not uncommon, often mentioned by health professionals themselves.

As discussed by Angerami-Camon (2000), the behavioral coldness displayed by healthcare professionals tends to be a characteristic cultivated throughout their professional career. It is not uncommon for patients to report interactions marked by an approach devoid of empathy when communicating information related to the illness. Furthermore, it is observed the practice of doctors who, in order to avoid direct confrontation with the patient's emotions, assign another member of the team the task of announcing the diagnosis. In this scenario, the development of a "professional callousness" by healthcare workers, as a strategy to minimize the emotional impact generated by the patient's suffering, is not justified given the influence that these experiences can have on their lives.

It is assumed that the health professional is limited to the relationship with the disease, leaving the family responsible for the suffering caused by the disease, leading patients to feel helpless in the face of this procedure, as the diagnostic information is presented as professional information about a certain disease (Lima et al., 2024).

In hospital organizations, the human factor is a differentiator, and it is essential that patients feel well and need to be treated in the best possible way. To this end, humanizing care is essential. Regarding the humanization of care, it is worth mentioning that there are several concepts regarding this term, with issues regarding democratization and health care being discussed.

In the SUS, the issue that gains emphasis is the sensitivity in the treatment of patients provided by health professionals. Thus, what we want to achieve is greater awareness regarding the health-disease process, as well as that care is extended to patients' families and that they are accompanied with dignity, always providing a welcoming environment (Souza, 2023).

It is important to highlight that the National Humanization Policy was instituted as a response to a health system that was the target of criticism from its users. Dissatisfied users reported deficiencies in the care provided by the SUS, regarding interactions with health professionals, highlighting the challenges involved in achieving humanized care (Weber & Silva, 2025).

To achieve humanized healthcare, it is necessary to consider both the perspectives of users and healthcare professionals. This dialogue should guide the development of actions, campaigns, programs and healthcare policies, based on the values of ethical dignity, respect and solidarity. The idea of promoting a culture in healthcare highlights the proposal of humanization as a differentiator in relation to other sectors.

An essential point in this quest is the creation of the Healthcare Users' Rights Charter, prepared by the Ministry of Health in partnership with the National Health Council and the Tripartite Intermanagerial Commission (CIT), launched in 2006. This document is based on six principles: ensuring organized and structured access to healthcare systems; ensuring adequate and effective treatment for the patient's conditions; providing welcoming, humanized care free from discrimination; respecting the individuality, values, and rights of each citizen; holding the user responsible for adequate monitoring of their treatment; and demanding the commitment of healthcare managers to comply with these principles. As a result, a transformation in the paradigms related to healthcare is observed. Humanization emerges as an objective, focusing on welcoming the patient and promoting a human relationship between them and healthcare professionals (Oliveira Neto & Palombini, 2021).

According to Souza (2023), patient reception should be done in a way that familiarizes the patient with the institution, making the health environment more humane. Thus, when welcoming the patient, the health professional must identify with their pain and emotions, always seeking to offer security, allowing themselves to be looked at and heard, as well as listening to the patient, having common sense regarding human relationships.

2.3 Treatment approach for mental disorders based on the National Mental Health Policy

Mental disorders require long-term psychosocial care from a multidisciplinary team. Primary treatment is carried out with neuroleptic or antipsychotic drugs for continued use, with a response rate of 60% to 80%, with the exception of clozapine, which has superior efficacy.

Antipsychotics are administered orally, with higher doses being administered at night to better tolerate side effects. After 3 to 8 weeks of continuous use, APS produce some effect and the dose can be increased to the maximum permitted level. After 6 to 8 months of treatment, if there is a good response, the dose of the medication can be reduced (Oliveira Neto & Palombini, 2021).

In the acute phase, the patient comes to the psychiatrist in a disorganized state, with disjointed thoughts, intense agitation or catatonia. The first consultation is usually extensive, as it involves the detailed collection of subjective anamnesis, clinical observation, identification of psychopathology and analysis of information provided by family members. At this stage, clinical examinations are performed and, if necessary, a neurological evaluation. In the absence of adequate family support or in cases of severe crises, hospitalization of the patient is indicated, which should last a maximum of 30 days. During this period, the ideal dose of the antipsychotic is adjusted. In the stabilization phase, the psychiatrist's work focuses on making the patient and their family members aware of the chronic nature of the mental disorder, highlighting the importance of maintaining continuous drug treatment (Silva Mello et al., 2024).

In psychotherapy, the aim is to identify relevant topics, stimulate and organize the conversation, and offer support and protection to the patient. On the other hand, occupational therapy focuses on the recovery of functional capacity, encouraging the return to activities and combating lack of motivation. There are also self-help groups, which play an important role in promoting the exchange of experiences between patients and their families, creating a space for mutual support and the search for alternatives that facilitate acceptance and living with the disease.

It is important to note that there is a gap between the paradigms of primary care and support for the family of people with mental disorders, in terms of daily life. In this case, the participation of patients with mental disorders in groups is considered important.

monitoring, as well as Integrated Psychotherapy and it is advisable to continue taking patients' medication (Castro & Wolff Filho, 2024)

It is understood that families face challenges when providing care to a member with mental disorders, such as issues related to medication use, lack of infrastructure, lack of continuing education, and emotional and cognitive obstacles. In this context, it is essential that family members participate in support groups, allowing them to develop strategies to deal with the situation. It is therefore important to emphasize that family involvement is essential in the treatment of mental disorders.

2.3.2 Behavioral analytical assessment of a patient with a psychiatric disorder

Behavioral analytic assessment is a therapeutic intervention based on the principles of Radical Behaviorism and Experimental Behavior Analysis. This approach is necessary for collecting and organizing data relevant to the therapeutic process, acting as a link between clinical practice and scientific research. Its objective is to help the client identify the contingencies present in their lives, elucidate the reasons underlying behaviors, and promote understanding of how they manifest themselves. Through functional analysis, the aim is to facilitate interventions that allow for intentional and planned modification of behaviors, when necessary. However, a limitation of this approach is the difficulty in performing an accurate functional analysis (Iêgo; Ribeiro, 2024).

Function plays a central role in behavior-analytic assessment, since through functional analysis it is possible to identify the probable causes of a behavior. This process involves describing the dependent relationships between different events that occur simultaneously or in sequence. Identifying the causes as environmental variables that can be manipulated and understanding the functional interaction between the events is what characterizes a functional analysis (Oliveira & Paiva, 2022).

With regard to internal events, the processes that allow physiological variables to integrate behavioral relationships delimit the scope of explanations based on them. In any scenario, the relationships considered behavioral involve the organism as a whole. Internal events can exert control over the organism's discriminative responses, always in an integrated manner. Therefore, to support the behavioral-analytic approach as a valid method for investigating

characteristic problems of psychology — such as thinking, imagining and other cognitive activities — it is essential to consider these relationships in a coherent way.

2.4 CAPS

The CAPS (Psychosocial Care Center) consists of an intensive and daily care unit for individuals who are experiencing severe psychological distress, providing patients with treatment in which they continue to have contact with their family and community, thus constituting an alternative to the psychiatric hospital model (Lima et al., 2024).

As pointed out by Ramos and Castaldelli-Maia (2024), the first Psychosocial Care Center (CAPS) in Brazil was established in the city of São Paulo in March 1987, marking, at the time, the implementation of an innovative model of mental health care in the public network. This center aims to promote the overcoming of limitations presented by patients, standing out for articulating the dimensions of outpatient and hospital psychiatric care in the treatment and rehabilitation process.

The human mind has been shaped throughout evolution to face the challenges imposed by the environment and overcome the competition offered by other species, thus ensuring the continuity of its existence. This aspect is highlighted by theorists who point out the relevance of Artificial Intelligence as a strategic tool for improving human capabilities. However, it is essential to recognize that human beings cannot be reduced to machines. They are guided by emotions and behaviors that oscillate between extremes, such as explosiveness and serenity, restlessness and tranquility (Iêgo & Ribeiro, 2024).

As a social being, man depends on interaction and coexistence to ensure his survival, as these elements constitute the basis of his existence. However, it is in this relational context that new difficulties arise, as society sees the human being as a model and demands responses from him translated into his actions and reactions, whether through intentional performances or in situations that are imposed on him (Castro & Wolff Filho, 2024).

Ramos and Castaldelli-Maia (2024) highlight that Ordinance No. 224/1992 was a milestone, as it established the CAPS as subsidized by the Ministry of Health. This document created the criteria for the accreditation and financing of the CAPS by the SUS.

From that point on, there was an expansion of CAPS throughout the country, resulting in an increase in the number of services. In 1995, there were already 160 units in operation, a number that later exceeded 500 units.

The services offered by CAPS include outpatient care, therapeutic sessions held both individually and in groups, as well as workshops that promote recreational and playful activities, led by professionals from the institution focused on rehabilitation and psychosocial treatment. These initiatives also extend to family members, providing the necessary support and addressing social issues that affect the daily lives of users (Silva Mello et al., 2024). Thus, it can be said that the assistance provided by CAPS seeks to impact social dynamics, changing existing values in society.

3 METHODOLOGY

The methodology adopted in this work consists of a systematic literature review, the purpose of which is to compile and summarize existing research on a specific topic, providing support for decisions based on current evidence.

To conduct this review, the six recommended steps for preparing systematic reviews were observed, using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist as a reference for structuring the information. The review phases involve: determining the theme and formulating the research question, where the topic of the study was established and a guiding question was created to guide the search and evaluation of relevant studies.

Research on digital platforms: a methodical search was carried out in online databases, such as Pubmed, Elsevier and Google Scholar, using the DeCS: humanization, mental disorders, SUS, mental health and collective health. The purpose of this phase was to gather content that corroborated theoretical practice.

Inclusion and exclusion criteria were defined, taking into account the study objectives. For this research, only full texts in Portuguese and English, published between 2020 and 2025, were accepted. Titles that did not fit within this range or that were not relevant to the topic were disregarded. Studies that met the inclusion criteria were evaluated and selected for review. Relevant information was extracted from the selected articles.

The collected data were analyzed and synthesized in order to answer the research question. The results of the review were presented through tables and descriptive reports. In addition, the principles of the PICO strategy (Population, Intervention, Context) were applied to guide the determination of the selection criteria. The target population was identified as individuals diagnosed with mental disorders, while the intervention emphasized the importance of accurate diagnosis and its consequences for effective treatment.

Thus, this study followed the guidelines of the systematic review, using PRISMA as a manual for data organization. The inclusion and exclusion criteria took into account the period from 2020 to 2025, with the aim of selecting the most current and relevant research related to the topic addressed.

4 RESULTS AND DISCUSSION

4.1 Presentation of results

This systematic literature review followed the PRISMA methodology, which guides the organization and transparency in the preparation of systematic reviews and meta-analyses. During the fourth and fifth stages of the review, the analysis and selection of scientific samples were carried out, applying the established inclusion and exclusion criteria.

A total of 1,686 relevant studies were found on the Virtual Health Library (VHL) platform, 586 in the Pubmed database, 266 in Elsevier and 834 publications on the Google Scholar portal. Additionally, 3 complementary materials were also used in the study.

The selection of the most relevant titles to the topic was carried out, taking into account the established inclusion criteria. In total, 17 studies met the inclusion criteria and were included in the table below, which summarizes the results:

Table 2 - Organization of titles selected for the study.

Title and year	Magazine or country of publication	Methodology and population	Objectives	Results found
Araujo, F., Oliveira, M.; Frizzo, M. 2019.	XXVII Seminar of Initiation Scientific.	Strategy qualitative of research, of character exploratory, and was carried out through a review of the literature, consisting of survey bibliographic.	Describe the pathophysiology from overload of iron and hemochromates and.	The parameters used for the evaluation of metabolism of iron, transferrin and ferritin, complement the exam hematological.

Campuzano- Maya, G. (2017).	Medicine & Laboratory	The methodology of the review systematic was based on a strategy qualitative of research of character exploratory.	Describe the main causes of hyperferritinemia a, identify the exams laboratory which indicate the forwarding the correct one to a hematologist and outline the conduct of treatment ideal based in the exams laboratory.	The management of syndrome depends of etiology associated and presence or absence of overload of iron, being the phlebotomy best option exclusively in the latter case.
Dharmalinga m, PV, et al., 2021.	Drug Discovery Today	Review of the literature scientific available on COVID-19 and your complications.	Discuss the information preliminary related to heart injury acute mediated by the iron in patients with COVID-19.	The use of iron chelators must be regulated, because it affects the process of homeostasis that activates the enzyme hemeoxygenase-1.
Perricone, W. et al. 2020.	Immunol. Res.	Review of the literature	Analyze the role of ferritin and iron in the context of infection by SARS-CoV-2.	Ferritin has effects immunomodulator is and is associated with mortality.
Piperno Plushies Mariani 2020	A, Transl S, Gastroenterol R. Hepatol.	Review of Literature	Explain and inform about the various forms of overload of iron of origin genetics.	
Ribeiro, F. F.; Sakae, TM; Baldessar, M. (2022).	Magazine Society Brazilian Clinic Doctor	from the Study observational developed in a service of Hematology in the city of Shark, Santa Catarina.	Evaluate the features clinics of patients with hyperferritinemia the in follow-up outpatient in the period of January 2013 in November 2016.	The main ones causes of hyperferritinemia they were secondary to chronic diseases metabolic.
Sandnes Ulvik Backland	M, J Clin Med. RJ, M,	Review of the literature with based on their	Address the hyperferritinemia a, a finding	The lack of of understanding complete about

**Reikvam H.
2021**

own
experiences and
evaluations,
following
recommendations
and guidelines
international.

**common in
exams
laboratory,
that many
times is not
specific and
often
neglected
in practice**

the functions
**extracellular
ferritin.**

**SIGNORS,
D.; FRIZZO,
MN;
NOVICKI A.
2019.**

**MAGAZINE
HEALTH
INTEGRATED**

The study is
retrospective,
analytical and
documentary,
**based on
evaluation of
medical records and
data
laboratory of
patients
submitted to
hemodialysis in
a clinic
state renal
from Rio Grande**
from the South.

general practitioner.
**Describe the
anemic condition**
and the
**concentrations
serum of
ferritin in
patients with
kidney disease
chronic during
the treatment of
hemodialysis.**

**The results
showed a
direct correlation
between hemoglobin
levels, the
iron levels and
the index
saturation of
transferrin,**
suggesting that the
**maintenance of
stocks
suitable for
iron is
important for
the production of
hemoglobin.**
**Were included
in study 25
patients. After the
treatment with
CF, there was a
improve
significant in the
parameters
evaluated by the
ADF.**

**SIQUEIRA,
Natalia SN
2023.**

Unicamp

**Study of
cohort
observational,
retrospective,**
analyzed the
**clinical data,
laboratory and
epidemiological
collected from
medical records
electronics and
database
outpatient.**

**Investigate a
cohort of
patients with
Active DC, which
received CF
intravenous
to
treatment of
ADF, in order to
elucidate your
effectiveness.**

**ARAUJO, I.
P. et al., 2021.**

**Hematology,
Transfusion
and Cell
Therapy**

They were
**analyzed 8
cases of
patients
distinct, being
observed
reactivity in the
FATHER accomplished
in LISS gel
Coombs
(BioRad) of
all of them and in the
FATHER in gel
Enzyme**

**To present
antibodies
rare
found in
patients in the
immunology sector
hematology of
Laboratory of
Reference of
SP.**

**In a patient,
it was possible
identify the
Anti-antibody
VS and, in another,
the Anti-f antibody;
however we
other cases in
what it was
observed the
same pan
reactivity in
red blood cells, if it was done
necessary to
use of**

(BioRad) of
only two.

<p>Sztajnbok, Jacques; Mariana Lanna; Nidyanara Francine of; Murillo; Ceila 2022.</p>	<p>Braz J Infect Dis.</p>	<p>clinical</p>	<p>Report cases clinicians who illustrate the usefulness of monitoring continuous of levels of ferritin plasmatic as a biomarker sensitive in evaluation of activity inflammatory in patients with COVID-19</p>	<p>collection of red blood cells frozen in nitrogen liquid. The results of the study demonstrated that the monitoring continuous of levels of ferritin plasmatic allowed the early detection of the syndrome hyperferritinemic in two patients with COVID-19.</p>
<p>BRITTO, Gabriela Marco of. 2019.</p>	<p>University Federal of Southern Border.</p>	<p>Determine the profile epidemiological of patients subjected to monitoring of ferritin and evaluate the levels of hyperferritinemia in relation to different pathologies.</p>	<p>Study retrospective, transversal and analytical.</p>	<p>The study revealed that ferritin levels do not demonstrated influence us outcomes of elevated creatinine or protein C high reactive.</p>
<p>DRAIN, Luana; WEDGE, Gladis Franck. 2018.</p>	<p>Interdisciplinary Journal of Applied Science</p>	<p>Identify whether the population of microregion of Bento Gonçalves in gaucho mountain range it presents features of interest for a search genetics more deepened the respect of causes of hyperferritinemia the.</p>	<p>Study retrospective</p>	<p>Identified the relevance of elaboration of a bank of data that contribute with information for the professionals of health or investigations genetics with focus on ferritin elevated serum.</p>
<p>of the Saints Strong,</p>	<p>Journey of Initiation</p>	<p>Characterize the profile of patients with</p>	<p>Character transversal with</p>	<p>In the group studied, there is a low</p>

<p>Mariluci et al. 2017.</p>	<p>Scientific and Technological</p>	<p>hyperferritinemia to be served in a clinic-school of nutrition and analyze the frequency of patients associated with overload of iron and hyperferritinemia the associated with processes inflammatory and/or changes metabolic.</p>	<p>data collection retrospectives.</p>	<p>association of hyperferritinemia with overload of iron and a strong association with others factors, such as processes inflammatory, changes metabolic and consumption of drinks alcoholic.</p>
<p>BJØRKLUN D, al., 2021.</p>	<p>Surgery. and Biomolecules,</p>	<p>Explore the load and the features of disability of iron (ID) and anemia in obese patients after surgery bariatric, taking into consideration the techniques of gastric bypass (RYGB) and gastrectomy in sleeve (SG).</p>	<p>Review of the literature</p>	<p>Patients submitted to surgery bariatric should be monitored as for yours iron status and encouraged to use supplementation of iron suitable.</p>
<p>JESUS, Rafael Birth of. 2022.</p>	<p>University State of Campinas</p>	<p>Determine the evolution of overload hepatic of iron in individuals obese submitted to the gastric bypass in Roux-en-Y and later to some other procedure surgical and develop a manual assistance of conducts based on the results found.</p>	<p>Cohort study historical, based on data collection of medical records doctors and records of health, involving individuals served in the Outpatient clinic Surgery Bariatric of Hospital of Clinics of UNICAMP.</p>	<p>Were included 42 participants, of which 92.8% were women. They observed weight reductions (p<0.0001), BMI (p<0.0001), levels of ferritin (p=0.006), insulin (p=0.0005), ALT (p=0.01) hemoglobin (p=0.01) and count of red blood cells (p=0.003). There was reduction in occurrence of</p>

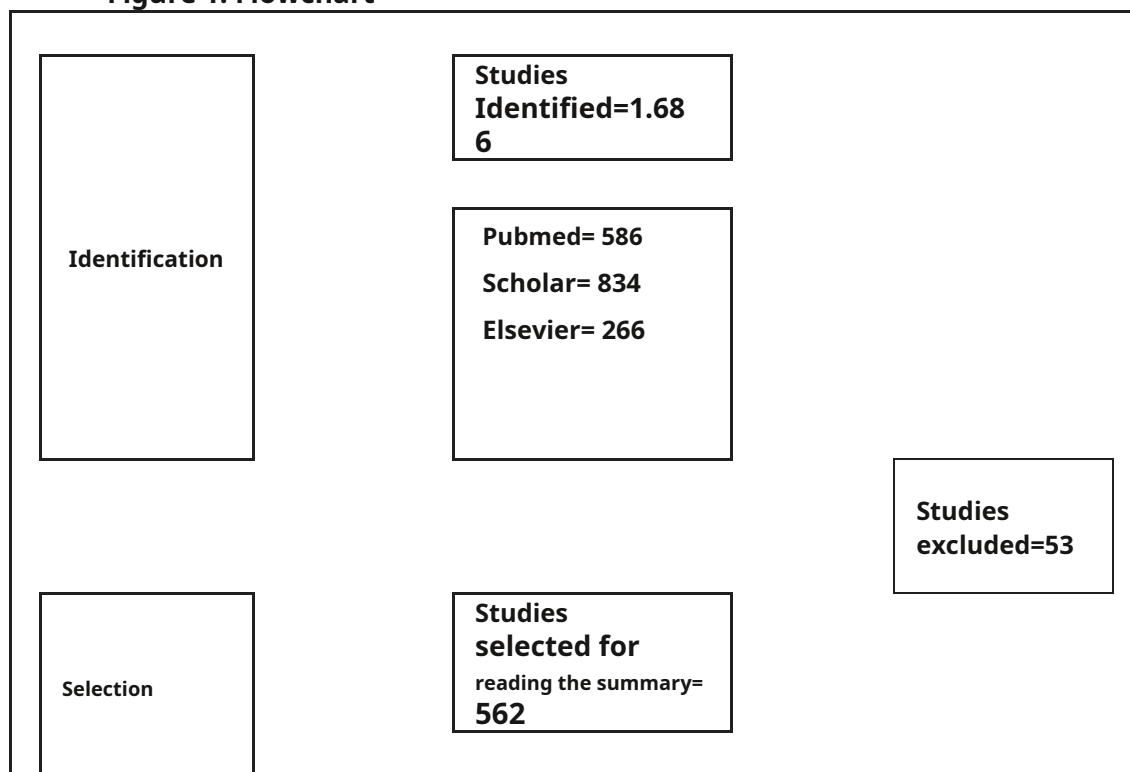
<p>SANTOS, Nathalia Kersting. 2022.</p>	<p>University Federal of Rio Big of the South</p>	<p>Investigate features clinics and laboratory of patients with diagnosis of hyperferritinemia a, subjected to treatment of bleed in two centers of reference in the south of the country.</p>	<p>Characterization clinical-laboratory</p>	<p>overload iron liver demonstrated (16.7% vs. 2.4%; p=0.03) The present work, ratifies more and more importance of study in-depth of the spectrum of conditions clinics that surround the diagnosis of Hyperferritinemia the</p>
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Source: Research database, 2023.

In the sixth stage, the review of the selected studies and the discussion of the theme were presented, including the authors' impressions and reflections. In this stage, the studies included in the table were reviewed and their main findings were summarized and discussed in relation to the object of study in question.

Therefore, the study selection flowchart is presented below.

Figure 1: Flowchart



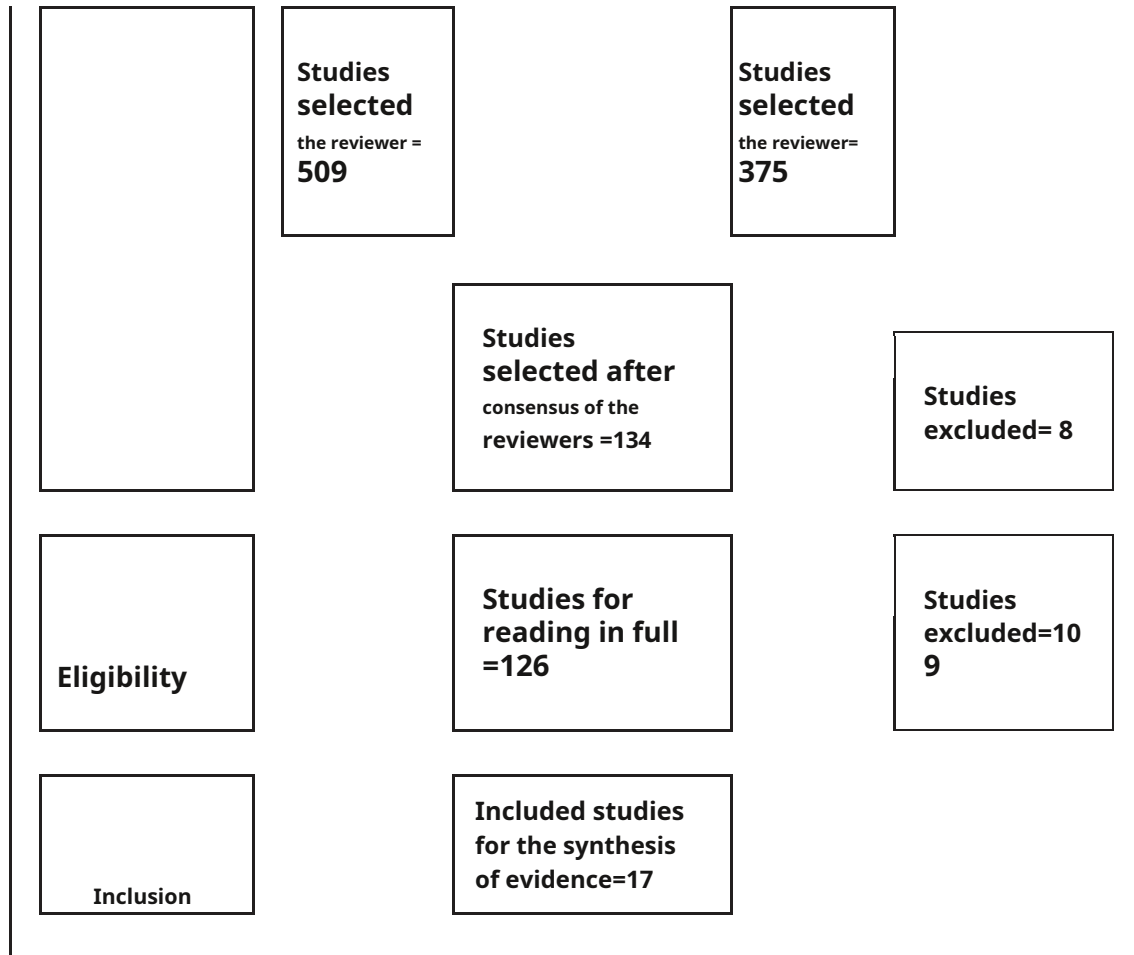


Figure. Study selection flowchart. 2023.

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist was used as a guide for organizing the information and is presented below.

ADMINISTRATIVE INFORMATION

Subject	Item Node	Checklist item
Title		Hyperferritinemia: the importance of correct diagnosis and its implications
Identification	1a	
Update	1b	Not applicable
Registration	2	Not registered
Authors:		Igor Crestani Costa
Contact	3a	Ígor Crestani Costa, ATITUS Education, [Email address], [Physical correspondence address]
Contributions	3b	
Changes	4	
Support:		Not applicable
Sources	5th	
Sponsor	5b	Not applicable

Subject	Item Node	Checklist item
Paper sponsor	of 5c	Not applicable

INTRODUCTION

Subject	Item Node	Checklist item
Justification	6	Hyperferritinemia is a nonspecific finding defined by laboratory tests, previously neglected in general clinical practice and which in recent years has become an increasingly diagnosed disease. Low ferritin is highly specific for iron deficiency, unlike high ferritin, which only demonstrates a large amount of iron being absorbed and stored, but does not close the diagnosis (SANDNES, et al., 2021). Hyperferritinemia is common, found in 13% of people in some populations. Once detected, its cause must be investigated and the existence of an iron overload in the body determined.
Objectives	7	List the main causes of hyperferritinemia and which altered laboratory tests (as well as their reference values) indicate the correct referral to a hematologist, demarcate which are the main causes, genetic or not, and what is the ideal treatment conduct taking into account the laboratory tests, and delimiting in which cases bloodletting should or should not be performed in patients with hyperferritinemia.

METHODS

Subject	Item Node	Checklist item
Criteria eligibility	of 8	Inclusion and exclusion criteria were defined for the studies, considering the proposed objective. In the case of this study, full texts available in Portuguese and English, published between 2017 and 2023, were included. Titles outside this time frame and not relevant to the topic were excluded.
Sources information	of 9	Virtual Health Library, Pubmed, Elsevier, Google Scholar.
Strategy search	of 10	The study topic was defined and a research question was formulated to guide the search and analysis of relevant studies.
Records study:	of	-
Management of data	11th	
Process selection	of 11b	Studies that met the inclusion criteria were analyzed and selected for the review. Relevant information was extracted from the selected studies.
Collection process of data	11c	Data extracted from the studies were analyzed and synthesized to answer the research question.

Subject	Item Node	Checklist item
Data items	12	The PRISMA Checklist (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) was used as a guide for organizing the information.
Results prioritization	and 13	The results of the review were presented in a clear and transparent manner, using tables, graphs or descriptive narrative.
Risk of bias in individual studies	14	Not applicable
Data synthesis	15th	A total of 1,686 relevant studies were found on the Virtual Health Library (VHL) platform, 586 in the Pubmed database, 266 in Elsevier and 834 publications on the Google Scholar portal. Additionally, x complementary materials were also used in the study.
Goal bias(es)	16	
Trust evidence accumulated	in the 17	

FINAL CONSIDERATIONS

During the research, it was possible to identify several manifestations and emotions experienced in the context of humanizing care for people with mental disorders. To this end, a systematic review was used that explored the processes of Health Reform and Psychiatric Reform, in addition to contemplating the national humanization policy within the scope of the Unified Health System (SUS) and the analysis of data related to the National Mental Health Policy.

The study reveals that these people face social exclusion and highlights that the use of medication alone is not enough for the recovery of patients with mental disorders. The research emphasizes the importance of family attention, professional health monitoring and social interaction, which are essential factors for promoting recovery.

Psychotherapy seeks to find topics, stimulate and organize conversation, and offer support and protection to the patient. Occupational therapy focuses on recovering the ability to do something again and combating the lack of willpower. There are also self-help groups that help patients and their families share experiences, support each other, and seek alternatives to accept and live well with the disease.

Thus, it can be said that a person with mental disorders needs attention, since many present depressive symptoms, which makes it essential to offer care to the patient, analyzing their medical records, carrying out an initial interview and an adequate assessment to begin psychological monitoring.

During the systematic review, it was found that the authors emphasized the ambivalent role of the family in patient care. In many cases, the family seeks to offer support by directing attention to the needs of the individual undergoing treatment. However, this approach, although based on good intentions, can generate counterproductive effects, such as inducing feelings of uselessness that end up contributing to a state of emotional suffocation in the patient. On the other hand, situations of family abandonment were also observed throughout the treatment process, which highlights the importance of family participation in this context. These findings highlight that the presence of the family can act both as a facilitating factor and as a barrier to recovery, underlining the need for a balance based on the exercise of common sense in family interactions.

It is observed that, in certain situations, humanization in care is absent within the scope of the SUS. Many patients who seek assistance do not receive the necessary support, being denied care even in emergency situations. The lack of hospital beds is a recurring reality, as is inhumane treatment, where patients are sometimes treated in a degrading manner. In some cases, professionals resort to the use of force to control them, when these people need care, attention and respect.

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