

INTER AMERICAN CONVENTION ON HUMAN RIGHTS PROTECTION OF ELDERLY PEOPLE: ANALYSIS OF THE ELDERLY MENTAL HEALTH TUTELAGE AND THE INTERFACE WITH PERSONALITY RIGHTS

CONVENÇÃO INTERAMERICANA SOBRE A PROTEÇÃO
DOS DIREITOS HUMANOS DOS IDOSOS:
ANÁLISE DA TUTELA DA SAÚDE MENTAL DOS IDOSOS E A
INTERFACE COM OS DIREITOS DA PERSONALIDADE

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ABSTRACT

The present article analyzes the increase in the aging population around the world and the new challenges created by this increase, emphasizing the health of an elderly person, in special his/her physical, mental and social integrity. It brings forth the World Health Organization and the Organization of American States pre-occupation in making member countries implement adequate public policies regarding the health of elderly people. The objective is to examine the tutelage of the psychophysical health of the elderly through a panoramic view of the theme, based on the Statute of the Elderly and the Inter American Convention on Protecting the Human Rights of the Older Person, which guarantees their personality rights. This research adopts the deductive approach and intends, through a specialized, descriptive and exploratory literature review, to promote a reflection on the theme by the academic legal community. Results from this study show the latent need for implementing Brazilian public policies adequate to the health of people over 60 years of age,

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respecting their personality rights and favoring their dignity, mainly in regards to their integrity and mental health.

KEY WORDS: Inter American Convention on Protecting the Human Rights of Older Persons. Statute of the Elderly. Personality Rights. Mental Health.

RESUMO

O presente artigo analisa o aumento do envelhecimento da população mundial e os novos desafios que advém desse crescimento; enfatiza a saúde da pessoa idosa, em especial, a sua integridade física, mental e social e resgata a preocupação da Organização Mundial da Saúde e da Organização dos Estados Americanos para que os países membros adotem políticas públicas adequadas à saúde da pessoa idosa. Objetiva-se, por meio de uma visão panorâmica acerca do tema, partindo do Estatuto do Idoso e da Convenção Interamericana de Proteção aos Idosos, de 2015, examinar a tutela da saúde psicofísica da pessoa idosa, a qual efetiva os seus direitos da personalidade. Esta pesquisa emprega como método de abordagem o dedutivo, promove por meio da revisão de literatura especializada, descritiva e exploratória uma reflexão à comunidade jurídica acadêmica sobre a temática. Conclui-se que há a necessidade latente de implementação de políticas públicas brasileiras adequadas à saúde dos sexagenários, respeitando os direitos da personalidade do idoso, favorecendo a sua dignidade, principalmente, no que tange a sua integridade e saúde mental.

PALAVRAS-CHAVE: *Convenção Interamericana sobre a Proteção dos Direitos Humanos dos Idosos. Estatuto do Idoso. Direitos da Personalidade. Saúde Mental.*

1 INTRODUCTION

The post-modern society has presented a new population picture with the increase of the elderly, therefore new social and legal challenges are raised and deserve the attention of the legal operators. Thus, the present study is relevant to scientific research, since it launches a new perspective on the health of the elderly.

As problematic, the importance of the Statute of the Elderly of 2003, henceforth called the Statute, and the Inter-American Convention for the Protection of the Elderly of 2015, from now on called the Convention, in which these two legal acts protect the psychophysical health of the elderly person by enforcing their personality rights. These, refer to essential values such as life, psychophysical integrity and dignity.

This article, with the introduction, is divided into five more parts. The second topic deals with a new picture of the world's population and increasing ageing. The third focuses on the guardianship of the Brazilian elderly population and the contribution of the Statute. The fourth, analyzes the objectives of the Convention emphasizing the health of the elderly. Finally, the fifth one discusses the health of the elderly and Brazilian public policies in the face of the call of the World Health Organization, henceforth named WHO.

The research deals with the time span understood from some crucial international milestones related to the importance of the health of the elderly. These are portrayed since the World Assembly on Ageing of 1982, rescuing the United Nations Principle in Favor of Older Persons of 1991 and the Second United Nations World Assembly on Ageing of 2002. The national frameworks refer to the period of analysis between the Statute of 2003, through the 2015 Convention, which Brazil has committed to, until Law 13,819 of 2019 that instituted the

National Policy for the Prevention of Self-harm and Suicide. These documents seek legal devices that corroborate the protection of the psychophysical health of the Brazilian elderly.

The present study uses deductive as the method of approach. To obtain an overview of the subject, a broad review of specialized literature is carried out. The sources employed were the Statute; the Convention; legal journals; newspapers; books; jurisprudence; scientific articles; specialized websites of hospitals union, psychology, nursing; national and international legal sites that corroborated the theme. A set of dynamic, quantitative and qualitative material is thus established.

To this end, a study developed by the WHO, through which there is an increase in the number of cases of depression among older people in the world, is rescued. The results make international institutions such as the WHO call for changes to member countries, including Brazil, demanding new alternatives to these challenges. For its part, the Organization of American States, hereafter designated (OAS), succeeds in drafting the Convention, as a document binding on the Member States. It commits most American countries, including Brazil, to the engagement of various rights of the elderly, including the right to psychophysical health of this group.

It then focuses on domestic legislation, the provisions of the Statute, the Federal Constitution of 1988 and personality rights on the subject. The research shows that the increase in the population of elderly Brazilians and the growth of certain problems involving the health of this group deserve special attention. It was observed that many causes of depression among the sexagenarians are caused by the lack of economic conditions, discrimination, abandonment, violence and the absence of an adequate space of coexistence for many of them. Given these findings, it is concluded that Brazil needs to implement effective public policies for the integral health of the elderly, aiming to promote their psychophysical and social well-being.

2. A NEW PICTURE OF THE WORLD'S POPULATION: INCREASING AGEING

Today, there is an immense transformation in the world's demographic process with the increase of the elderly population and, on the other hand, a sharp decrease in the birth rate. This new configuration occurs in several countries and in Brazil is not distinct. This is evidenced by data released by the United Nations (UN) and the WHO.

The UN warns that the number of sexagenarians is expected to double between the years 2007 to 2050 and the perspective is that this current number triples, approaching the average of two billion. It is not by chance that the UN, WHO and the UNFPA have presented guidelines and focus on public policies in the face of this new demographic situation. The number of elderly people from the age of 60 worldwide is estimated to reach 1.4 billion in 2030, and approximately 2.1 billion in 2050 (UNITED NATIONS, 2019).

Due to the increase of the elderly population in the world, the clash on the rights of this group has expanded. In 1982, the World Assembly on Ageing approved the Vienna International Plan of Action on Ageing. This Action Plan "contains 62 recommendations, many of

which have a direct relevance to the International Covenant on Economic, Social and Cultural Rights, which is the basis of politics for the elderly at the international level" (ROBINSON, 2019).

Specifically in 1991, the General Assembly highlighted the document called "United Nations Principle in Favor of Older Persons and enumerated 18 rights of older persons in relation to independence, participation, care, self-realization and dignity" (UNITED NATIONS, 2019). Continuing this policy, the following year the International Conference on Aging met to follow up the Plan of Action, adopting the Proclamation of Aging. Following the recommendation of the Conference, the UN General Assembly in 1999 declared the International Year of the Elderly (UNITED NATIONS, 2019).

In 2002, the Second United Nations World Assembly on Ageing was held in Madrid, Spain, and aimed to develop an international policy for ageing in the 21st century. The Assembly adopted a political declaration, which became known as the Madrid International Plan of Action on Ageing (2002) and its specific recommendations for action were as follows: priority to older people, development aiming to improve health, well-being in old age, ensuring education and support environments (UNITED NATIONS, 2019).

Brazil, as reported in the *Jornal da Universidade de São Paulo*, is on the way to becoming the fifth largest population of elderly people in the world and already accounts for approximately 27 million people aged over 60 years. In 2050, it is estimated that this number will be close to 64 million, representing almost 30% of the Brazilian population (UNIVERSIDADE DE SÃO PAULO, 2018).

Given the scenario presented, it is necessary that the Brazilian society rethinks public policies that take into account the trend of aging of the national population and that meet the needs of the elderly, respecting their dignity. This constitutes a new challenge to postmodern society. Brazil also needs to seek the implementation of public policies appropriate to the elderly to meet these new requirements.

3. THE GUARDIANSHIP OF THE BRAZILIAN ELDERLY POPULATION: THE CONTRIBUTION OF THE STATUS OF THE ELDERLY

After five years of processing in the National Congress, the Statute was instituted that regulates the rights of Brazilian elderly. It acts as a fundamental legal instrument to bring to the fore the dignity that the elderly deserve. In this sense, it should be examined in order to visualize, in this important institution, the protection of the full health of sexagenarians.

In Brazil, the elderly is protected by the Federal Constitution of 1988 in the chapter that deals with the family, more specifically in Article 230, which provides that the family, society and the State have the duty to support the elderly, ensuring their participation in the community, defending their dignity and well-being and guaranteeing them the right to life. Also in article 229, the same diploma establishes the duty of older children to assist parents and care for them in old age, in need and in sickness (BRAZIL, 1988).

The Statute, whose project was born with the organization and mobilization of retirees, pensioners and seniors, processed for years in the National Congress, was approved in September 2003 and instituted by Law 10,741 of 2003. This Statute is intended to regulate the rights granted to the elderly and has rules and guidelines for the formulation and implementation of public policies and services for the elderly. In addition to its normative force, the Statute still enjoys the prestige it has earned before society, and has become a milestone in the history of protection from old age. Resulting in significant changes in relations with the elderly and social spaces assigned to them (BRASIL, 2003).

The aforementioned legal act is also understood as a "State device and also as part of a set of discursive practices that establishes old age as a category of thought and meaning from images generated, through which reality becomes apprehended and modeled" (JUSTO; ROZENDO, 2010). It is worth remembering that, according to the provisions of Article 1, a person aged 60 (sixty) years or more is considered elderly, and this elderly population is protected by the Statute (BRASIL, 2003).

Despite the 1988 Federal Constitution already provides for the list of fundamental rights, in its Article 5, the Statute, aiming to give greater emphasis, reproduced this constitutional rule in its Article 2, which states that the elderly person enjoys all the fundamental rights inherent in the human person. Assuring by law all opportunities and facilities for the preservation of his physical and mental health, as well as his moral, intellectual, spiritual and social improvement, in conditions of freedom and dignity (BRASIL, 2003).

Also, aiming at the preservation of health and physical and psychological integrity, as well as the welfare of the elderly, Article 4 of the Statute, established its protection against any kind of negligence, discrimination, violence, cruelty or oppression. Furthermore, by providing that any violation of their rights, by action or omission, will be punished in the form of the law. On the other hand, the law dispensed differentiated treatment to the elderly, guaranteeing them, among other rights, priority care in public and private bodies providing services to the population; preference in the formulation and implementation of specific public social policies; prioritizing the care of the elderly by their own family, to the detriment of nursing care, except for those who do not have it or lack the conditions to maintain their own survival; ensuring access to the network of local health services and social assistance, etc. (BRAZIL, 2003).

The Statute also ensured that priority was given to the conduct of proceedings and procedures and to the execution of judicial acts and procedures in which the person considered to be elderly by that law appears as a party or intervener in any instance or Court. It should also be noted that due to the increase in Brazilian life expectancy, in 2017, Law 13,466 was published, guaranteeing the differentiated priority to older adults over 80 (eighty) years, that is, the priority of priority (BRASIL, 2003).

There is also provision in the Statute that ageing is a personal right and its protection is a social right, and that it is the obligation of the State to guarantee to the elderly the protection of life and health, through the implementation of public social policies that allow for a healthy ageing and under conditions of dignity, and to guarantee the elderly their freedom, respect and dignity as a human person and subject to civil, political, individual and social rights, guaranteed in the Constitution and laws (BRASIL, 2003).

As far as the right to health is concerned, an entire chapter is available to deal with the issue. The article ensures comprehensive health care for the elderly, through the Brazilian Unified Health System, SUS. Guaranteeing universal and equal access, together articulated and continuous actions and services, for the prevention, promotion, protection and recovery of health, including, special attention to diseases that preferentially affect the elderly. It also determined that the Public Power is responsible for providing free medicines to the elderly, especially those for continued use; as well as prostheses, orthotics and other resources related to treatment, habilitation or rehabilitation (BRASIL, 2003).

Among the various rights related to the health of the elderly, the Statute provided that elderly people with disabilities or disability will have specialized care. In addition, included the sealing of the requirement to attend the elderly sick before public agencies, being assured to the elderly, under these listed conditions, home care by the medical expertise of the National Institute of Social Security - INSS, by the public health service or by the private health service, contracted or contracted, which integrates the SUS, for the dispatch of a health report necessary to exercise its social rights and to obtain tax exemption (BRASIL, 2003).

Finally, the Statute assured the elderly hospitalized or under observation the right to a companion. The health unit must provide the appropriate conditions for full-time care, according to medical criteria, and it is up to the health professional responsible for the treatment to grant permission to follow up the elderly person or, if this is not possible, justify it in writing (BRASIL, 2003).

The World Report on Violence and Health of 2002 defines violence against the elderly as any act, single, repetitive, omission, that occurs in any relationship supposedly of trust, that causes harm or discomfort to it (WORLD HEALTH ORGANIZATION, 2002). Violence against the elderly, on the other hand, is also conceptualized, by the Statute, as that practiced against the elderly by any action or omission in a public or private place that causes death, damage or physical or psychological suffering (BRASIL, 2003).

Regarding the protection against violence against the elderly, the Statute stipulates that, in cases of suspicion or confirmation, they will be subject to compulsory notification by public and private health services to the health authority, as well as will be, obligatorily, communicated by them to any of the following bodies: I - police authority; II - Public Ministry; III - Municipal Council of the Elderly; IV - State Council of the Elderly and V - National Council of the Elderly (BRAZIL, 2003).

Aiming to protect the elderly against abandonment, the Statute also predicted that social assistance to the elderly will be provided, in an articulated manner, according to the principles and guidelines provided for in the Organic Law of Social Assistance (LOAS) in the Brazilian Unified Health System and other relevant standards. Also, the payment of a monthly benefit in the amount of a minimum wage to the elderly, from sixty-five years, who do not have the means to provide their subsistence, or to have it provided by their family (BRASIL, 2003).

Finally, in order to curb all forms of violence against the elderly, the Statute listed a series of conduct that has come to be considered crimes, such as: discriminating against the elderly, preventing or hindering their access to banking operations, means of transport, the right to contract, or by any other means or instrument essential to the exercise of citizenship, on

grounds of age; no longer to provide assistance to the elderly person, where possible without personal risk, in imminent danger, or refuse, delay or hinder their health care, without just cause, or do not ask, in these cases, the help of public authority, etc. (BRASIL, 2003).

The Statute amended Article 244 of the Penal Code of 1940 to make it a crime of material abandonment to cease without cause to provide for the spouse, or a child under eighteen or unfit for work, or an invalid ascendant or over 60 years of age. Not providing them with the necessary resources or failing to pay the legally agreed, fixed or increased alimony. And also, leave, without just cause, to help descending or ascending, seriously ill (BRASIL, 2003).

The courts are already enforcing the crime of material abandonment against the elderly, in accordance with Article 244 of the Criminal Code added by the Statute, as decided by the Court of Justice of Rio de Janeiro in criminal appeal trial number 0201897.91.2011.8.19.0001, of the 38th Criminal Court. In this occasion, that Court ruled the application of the penalty provided for in the Statute and also increased the penalty based on the aggravating provided for the crime committed against the elderly (RIO DE JANEIRO, 2013).

Despite the legislator's concern to legally protect the elderly, what is currently present, in several homes in Brazil, is the abandonment, violence against the elderly and the lack of adequate public policies. Sometimes, it is observed that the main perpetrators of elder abuse are their own relatives and neighbors, thus constituting a high rate of aggressors within families. Conclusion that stems from the weakening of the bond of solidarity and affectivity among its members, and the overload of the caregiver, the situation that triggers these abuses (BRASIL, 2017).

According to the Secretariat for Human Rights of the Ministry of Women, Family and Human Rights, there is an increase in cases of abandonment and violence against the elderly. In 2011, 24,669 elderly people died from accidents and violence in the country, meaning 68 deaths per day. Men were 15,342 (62.2%) and women 9,325 (37.8%). In 2017 alone, the Department of Human Rights recorded more than 33,000 cases of aggression against people over 60 years of age (BRASIL, 2017). The figures are alarming, especially in view of the increasing ageing of the population. Violence against the elderly is considered a violation of human rights, consisting of one of the most relevant causes of injury, illness, loss of productivity, isolation, depression and even suicide.

Public mental health policies in Brazil, although they have achieved progress, in relation to proposals for the treatment of mental disorders, still lack attention from managers and public authorities to ensure the right to adequate and dignified treatment for patients with depression or some mental disorder. (ALENCAR; RAIOL, 2020). Therefore, there is an urgent need for the articulation between the family, civil society and the public power to minimize the rate of self-harm and suicides. It is necessary to make a public policy with a multisectoral and integrative character, aimed at prevention, able to identify in a timely manner those who develop suicidal ideation, before the attempt is consummated, and thus reduce the numbers of suicides (SANTOS; SCHMIDT, 2019).

This suicide trend among the elderly population is also verified in Brazil according to a study conducted by the professor of the National School of Public Health of Fiocruz-RJ, the sociologist Maria Cecília Minayo. The study was conducted between 2010 and 2012 and

published in the *Jornal Diário da Manhã*, with the title "Violence against the elderly provokes the desire for suicide" (DIÁRIO DA MANHÃ, 2016).

In this study, the teacher explains that driving a person to suicide never has a single cause and that the influence of the person's life history, including suffering, violence, isolation and often abuse, lead them to practice such an act. "And then when the person reaches the last age he feels that his life has no meaning anymore". (MINAYO, 2016).

In this bias, it is essential that society pay more attention to the vulnerability of the elderly person, as prescribed by the Statute. Turning attention to your health in a comprehensive way, particularly with regard to your mental and emotional aspect, will help minimize the numbers of depression and consequently decrease the cases of suicide among older people. The rights of personality, conceptualized as those inherent to the human person itself, constitute prerogatives or faculties that allow individuals to develop their abilities, physical and psychic energies. These must be respected in the daily life of the elderly population, which must live with dignity.

4. ANALYSIS OF THE OBJECTIVES OF THE INTER-AMERICAN CONVENTION ON THE PROTECTION OF THE HUMAN RIGHTS OF THE ELDERLY: FOCUS ON THE HEALTH OF THE ELDERLY

Given the aging scenario of the world population, Brazil follows the same trend and, therefore, it is crucial to protect the fundamental rights of the Brazilian elderly. Even, as already pointed out, this population has gained a new look before international organizations such as the WHO and the OAS. American countries also have a similar profile in relation to the growth of this specific group.

In order to present responses to this new reality, the nations of the Americas negotiated and approved, on June 15, 2015, the Inter-American Convention on the Protection of the Human Rights of the Elderly, concluded within the framework of the Organization of American States (OAS) in 2015, celebrated in Washington. This document legally binds the States that have committed themselves to the rights of the elderly. Among these, it is included, the Brazil that signed it (ORGANIZATION OF AMERICAN STATES, 2015). In this sense, it is emphasized that "modern States are not limited to guaranteeing minimum rights to individuals, but also act in promoting the implementation of individual, social and collective fundamental rights" (REMEDIO; FARIA, 2019, p. 723).

The Convention was concluded with the aim of promoting, protecting and ensuring the recognition, enjoyment and exercise, on equal terms, of all human rights and fundamental freedoms of the elderly. This document recognizes the elderly as subjects of rights, ensuring their inclusion, integration and participation in society, in line with the provisions of the Statute, established in Brazil, by Law 10,741 of 2003 (BRASIL, 2017).

The text was signed by the States that are part of the OAS based on the need to establish a regional document, legally binding, that would protect the human rights of the elderly and promote active ageing in all areas. However, care was taken to implement an instrument that would not limit the rights already acquired by the elderly population in their nations (ORGANIZATION OF AMERICAN STATES, 2015).

The Draft Legislative Decree nº 863 of 2017, within the Federal Chamber, approved the text of the Inter-American Convention on the Protection of the Human Rights of the Elderly with 41 (forty-one) articles. The text is divided into 7 (seven) chapters and contains, at the end, footnotes regarding the content and limits regarding the commitments made by States Parties (BRAZIL, 2017).

Chapter I of the 2015 Convention delimits the objectives, scope and definitions of the terms used in the conventional text. However, the main objective of the Convention is "promote, protect, ensure the recognition and full enjoyment and exercise, on equal terms, of all human rights, fundamental freedoms of the elderly, in order to contribute to their full inclusion, integration and participation in society." It should be noted, however, that the provisions of this legal act "should not be interpreted as a limitation to broader or additional rights or benefits recognized by international law or by the domestic laws of the States Parties in favor of the elderly." (BRAZIL, 2017).

Chapter II sets out the general principles applicable to the Convention. These principles are listed and present 15 (fifteen) rights and prerogatives that favor the elderly. They are: the promotion and defense of the human rights and fundamental freedoms of the elderly; the valorization of the elderly, their role in society and their contribution to development; dignity, independence, protagonism and their autonomy. It emphasizes the equality and non-discrimination of the elderly, their participation, integration and effective inclusion in society; right to well-being and care, self-realization; solidarity and strengthening of family protection. It should also be emphasized that the participation of the family, the community, the State in the active and productive integration of the elderly, observing the internal legislation (BRASIL, 2017).

Chapter III sets out the general duties of States Parties, which undertake to safeguard the human rights and fundamental freedoms of the elderly, without any discrimination, as established under Article 4. There is emphasis on measures aimed at preventing, punishing and eradicating practices such as, isolation, abandonment, prolonged physical subjection, crowding, expulsion from the community, denial of nutrition, infantilization, inadequate medical treatment. It is also necessary to eradicate practices that constitute cruel, inhuman or degrading mistreatment or punishment that harm the safety and integrity of the elderly (BRASIL, 2017).

Chapter IV covers the main rights relating to the elderly, which will be protected, but whose responsibility for assurance and observance is the responsibility of the States Parties. Articles 5 to 31 of that Chapter set out these rights, namely: equality and non-discrimination on grounds of age; right to life and dignity in old age; right to independence and autonomy; right to security and to a life without any form of violence; the right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment; the right to express free and informed consent in the context of health; the rights of the elderly who receive long-term care services; the right to personal freedom; the right to freedom of expression and opinion

and access to information; the right to nationality and freedom of movement; the right to privacy and intimacy; the right to social security; the right to work; the right to health; the right to education; the right to culture; the right to recreation, leisure and sport; the right to property; the right to housing; the right to a healthy environment; the right to accessibility and personal mobility; political rights; the right to assembly and association; right to protection in situations of risk and humanitarian emergencies; right to equal recognition as a person before the law and the right of access to justice (BRASIL, 2017).

The Convention, in its Chapter V, establishes a rule whereby States Parties undertake to promote awareness of the condition of the elderly by means of measures that promote the dissemination and progressive empowerment of the whole society on the Convention; generate a positive attitude towards old age; sensitize society and encourage the participation of this and its organizations in the formulation and structuring of programs aimed at the elderly; include the theme of active aging in teaching programs and the academic agenda; as well as promoting the recognition and contribution of the experience of the elderly to the whole society (BRASIL, 2017).

Chapter VI deals with the monitoring mechanism of the Convention consisting of a Conference of States Parties and a Committee of Experts, as well as, with a System of Individual Petitions, providing for the possibility of petitioning, which contain complaints or complaints to the Inter-American Commission on Human Rights (BRASIL, 2017). Chapter VII deals with issues related to the procedures of signature, ratification, accession, entry into force, filing, denunciation, formulation of reservations and presentation of amendments to the constitutional text (BRASIL, 2017).

In short, when analyzing the text of the Convention, it is noted that the initiative of the said document is salutary and indispensable, since, the population aging, in Brazil, requires public policies that ensure the rights of the elderly population. It should be noted that, on the one hand, the State Party has a duty to protect or protect fundamental rights by means of rules, administrative activity and jurisdiction, resulting in the normative, administrative and judicial protection of rights, on the other hand, there are rights that are also protected by a supranational order, due to its nature of fundamental minimum rights or prerogatives derived from international human rights law (GUERRA; TONETTO, 2018).

Brazil has signed this Convention, which has come to strengthen existing national legislation and programs on the rights of older people, like the National Policy of the Elderly, the National Human Rights Program (PNDH-3) the National Commitment for Active Ageing and the Statute, as well as, contributes to strengthening the actions developed within the National Council for the Rights of the Elderly (CNDI). It should be emphasized that, through Law 16,646 of April 9, 2018, Brazil instituted the year 2018 as the "Year of Valorization and Defense of Human Rights of the Elderly", this underscores the importance of the present Convention (BRAZIL, 2017).

The Convention dealt with various norms that protect the elderly, but left amply expressed the right to health, in Article 19, which literally transcribes its text:

States Parties should formulate and implement inter-sectoral public health policies aimed at comprehensive care including health promotion, prevention and disease care at all stages, and rehabilitation and palliative care for the elderly, in order to promote the enjoyment of the highest level of fiscal,

mental and social well-being. To make this right effective, States Parties undertake to take the following measures: [...] letter b: formulate, implement, strengthen and evaluate public policies, plans and strategies to promote active and healthy aging[...] letter d: strengthen prevention actions through health authorities and disease prevention [...] letter h: including chronic degenerative diseases, dementias and Alzheimer's disease [...] (ORGANIZATION OF AMERICAN STATES, 2015).

The rights of the personality refer to essential values such as life and psychophysical integrity, so, if placed in a hierarchical organization, they will occupy the highest level of this (BARLETTA, 2016). The way to recognize the elderly as subjects with rights is what ensures their inclusion in an integrated society. In this wake of thought, the Convention represents a set of measures whose main objective is to provide greater international visibility to the elderly. Therefore, it is clear that there is a need to seek appropriate policies that respond to the current challenges arising from population aging (OCA et al., 2019).

The Convention is an important step in the recognition of the rights of the elderly, but it must, after the ratification of the National Congress, be accompanied by concrete measures to achieve success in the effective realization of the rights recognized in it. It will take a significant effort on the part of the public authorities to instrumentalize their institutions in order to offer adequate and preferential treatment to issues related to the elderly. (GOLDFARB, 2016).

It is investigated, however, that the Federal Constitution of 1988 in its Article 1, item III, establishes, when considering human dignity as a value on which the Republic is based, a general clause, which protects all rights of the personality. In this way, the principle of the dignity of the human person "acts as a general clause of guardianship and promotion of personality in its most diverse manifestations, which therefore cannot be limited in its application by the ordinary legislator"(MORAES, 2008, p. 6).

The importance of Article 1, Item III of the Federal Constitution of 1988, It established human dignity as a fundamental principle. And also, in relation specifically to the guardianship of the elderly, the article 196 of the Magna Carta, which, establishes that

[...] health is the right of all and the duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other diseases and at universal and equal access to actions and services for their promotion, protection and recovery (BRASIL, 1988).

It should be noted that the Inter-American Convention on the Protection of the Human Rights of the Elderly, 2015, which Brazil signed, is approved by the Federal Chamber and will continue its legal process until it is widely incorporated into the Brazilian legal system. It is noticed that, in this document, there are several rights, which protect the health of the elderly, especially regarding the psychic aspect, preventing mental illnesses and decreasing the number of suicides.

5. HEALTH OF THE ELDERLY: BRAZILIAN PUBLIC POLICIES FACING THE CALL FROM THE WHO

One of the great challenges of the present century is the implementation of public policies aimed at reducing the number of depression cases related to old age. In Brazil, the situation is no different. This subject encompasses public health and is of extreme seriousness and intense priority in order to be combated. As already pointed out, it was found that the WHO reported a high number of suicides in the world, considering that these occur in all age groups. However, the number of suicides among the elderly has grown in Brazil, deserving attention.

According to the Report of the World Health Organization on Violence and Health, held in Geneva in 2002, at a global level, an average of 800,000 suicides per year was found, revealing a global health problem, highlighting the urgency of the matter. In this sense, it is necessary that the implementation and implementation of public policies that attempt to curb or decrease this situation (WORLD HEALTH ORGANIZATION, 2010).

Suicide rates do not present equally in the entire population. An important population marker for suicide risk is age. Worldwide, suicide rates tend to increase with age, although some countries have recently seen a secondary peak among young people. Overall, suicide rates among people over 70 are approximately three times higher than among younger people (MACIEL, 2017).

Suicide deaths refer only to part of this serious problem. "Many who make the attempt actually die, others, however, manage to survive the attacks against their own lives. However, attempts to injure themselves, which alone, require a lot of medical care". Suicidal behavior ranges from simply thinking of exterminating life to "developing a plan to commit it, getting the means to accomplish it, that is, trying to kill oneself until finally performing the act of completed suicide". Finally, the term suicide itself brings a direct reference to violence and aggressiveness" (WORLD HEALTH ORGANIZATION, 2002).

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Since 2003, September 10 has been instituted as the "World Suicide Prevention Day by the International Association for Suicide Prevention and the WHO (WORLD HEALTH ORGANIZATION, 2002).

On October 1, 2017, the "International Day of the Elderly" was celebrated, and the WHO called for more effective public policies for the sexagenarians. It was highlighted that, by 2050, the number of elderly people will reach 2 billion.

This international organization criticized the world's health systems, which, in its conception, are not fit to meet this specific population. He also recalled that elderly people are

more likely to have chronic health problems and, often, multiple problems concomitantly. However, current health systems generally focus on treating acute individual diseases. Thus, the articulation of different areas of health, still, is a challenge in the care of the elderly (ORGANIZATION OF THE UNITED NATIONS, 2019).

One of the specific guidelines of the WHO is the document Guidelines on Integrated Care for Older People, which aims to improve care through initiatives such as planning, comprehensive evaluation of patients and improve the integration of sectors that care for sexagenarians. According to the international organization, some countries have already adopted strategies that meet the recommendations of the organization. This is the case of Brazil, which implemented some modifications in services with the elderly (WORLD HEALTH ORGANIZATION, 2017).

The Pan American Health Organization also recalls that the WHO is developing a Global Strategy and an Action Plan on Aging and Health. It shall be drawn up and adopted in consultation with the Member States. They have already been established as priority actions, the creation of age-friendly environments and improvements in the monitoring and adaptation of health systems to the needs and well-being of sexagenarians (ORGANIZATION PAN-AMERICANA DA SAÚDE, 2019).

The increase in the number of suicides is increasingly worrying for the WHO and other international bodies. Thus, mental health is one of the targets to be achieved in the "Sustainable Development Goals, specifically in the "Goal 3.4" by 2030, whose aim is to reduce by one third premature mortality from chronic non-communicable diseases through prevention, treatment and promotion of mental health and well-being". Based on this reasoning, the understanding that "suicide is an indicator of preventable deaths and this shows the commitment of countries to work increasingly on this theme" (ORGANIZATION PAN-AMERICANA DA SAÚDE, 2017).

In this sense, the importance of an overall health care strategy for the elderly is observed, in addition, the involvement and participation of countries in the identification of risk situations, which contribute to the increase in the number of suicides, aiming at its prevention. Therefore, one of the concerns of the WHO is that Member States implement public policies that contribute to improve the quality of life of the sexagenarians, focusing mainly on mental health.

According to WHO statistics, Brazil ranks fifth in the world and first in the Latin American depression ranking. In addition, suicide rates tend to increase proportionally to anxiety and depression rates. The warning from the WHO is that "every 45 minutes there is a suicide in Brazil, that is, 32 people commit suicide per day in the country. Every 40 seconds there is a suicide in the world and every 3 seconds there is a suicide attempt" (FEDERATION OF HOSPITALS, CLINICS, HEALTH HOMES, RESEARCH LABORATORIES AND CLINICAL ANALYSES AND OTHER HEALTH SERVICES ESTABLISHMENTS IN THE STATE OF SÃO PAULO, 2017).

However, the work of the Ministry of Human Rights should be highlighted in Brazil. As an example, it is cited that, from 2015, the Center for the Valorization of Life (CVV) Federal Council of Medicine and the Brazilian Psychiatric Association conducted the campaign "yellow September", calling on society to participate in suicide prevention. Among the various guidelines, there was the provision of a telephone access channel for the whole of Brazil, by

the Center for Valuing Life, together with the Ministry of Health. The service is developed by volunteers and the call is free for 188 (BRASIL, 2019).

In 2017, the Ministry of Health released the first Epidemiological Bulletin on Suicide Attempts and Deaths in Brazil. From this, it has been proven that the suicide rate is high among elderly over 70 years. In this age group, an average of 8.9 deaths per 100,000 were recorded in the last six years. The national average is 5.5 per 100,000. This diagnosis provided a new direction in the nation's mental health care. It was also found that the risk of suicide reduces by up to 14% in places where there are Psychosocial Support Centers (CAPS), which were an initiative of the Unified Health System (SUS), and the unprecedented diagnosis guides the expansion and qualification of mental health care in the country. The Ministry of Health, based on data from the newsletter, launches a strategic agenda to reach the WHO's goal of reducing 10% of deaths by suicide by 2020. Among the actions, we highlight the training of professionals, orientation to the population and journalists, the expansion of the mental health care network in areas of higher risk and the annual monitoring of cases in the country and the creation of a National Suicide Prevention Plan (MACIEL, 2017).

It is estimated that in the next 20 years, depression will become the most known disease in the world, harming more people than any other health problem and will be the one that will bring the most expense to governments because of spending on treating patients. The poorest countries are the ones most overwhelmed by the problem. In Brazil, 23 million people need mental treatment. The most serious diseases are linked to depression and anxiety (MENDES, 2013).

The elderly occupy a prominent position, requiring special attention, especially in relation to mental health. One of the great challenges of public policy is to identify the factors, which involve the risk of suicide, especially among the sexagenarians, in order to develop a national policy of prevention and combat. Analyzing a profile in relation to risk factors, which involve suicide, there is "mental disorders such as depression, alcoholism, schizophrenia; socio-demographic issues such as social isolation; psychological, such as recent losses; and disabling clinical conditions such as injuries, chronic pain, malignant neoplasms" (BRASIL, 2017).

At senile age, when there is loss of referential ties, the elderly person is more vulnerable. On average, the young person makes 20 attempts to an effect, suicide. In the elderly, there are four attempts. Often, there is no attempt, it is unique. They use definitive methods. According to the Ministry of Health, in the age group of 75 years, occur from eight to 12 male suicides by a female. Depression has great influence. It can be seen that, behind the desire to anticipate the end of life, there are issues related to old age, loss of health, autonomy, productivity, not feeling more useful, etc. It is also noteworthy that retirement makes the elderly stay longer indoors, undermining social relationships and increasing isolation (OLIVETO, 2019).

Since 2015, the CVV, in partnership with the Federal Council of Medicine and the Brazilian Psychiatric Association, launched the "yellow September" campaign, calling on each Brazilian to support and participate in suicide prevention. It was made available to the whole country, a telephone access channel, the 188, by the Center for Valuing Life, in partnership with the Ministry of Health. The connection is free and the importance of depressive people having access to this channel is fundamental, because the strategy is to welcome and understand the pain of those who are in depression. Listening can be more important than orienting, so investing

time in this service channel enables the construction of bonds, which help in rehabilitation. In fact, the theme suicide should be conceived as a public health issue, which depends on the mobilization of all Brazilians. These and other guidelines underpin the national policy to combat suicide and, mainly, actions of the Ministry of Human Rights to promote the protection and rights of the elderly (BRASIL, 2018).

Currently, Law 13,819 of 2019 instituted the National Policy for the Prevention of Self-harm and Suicide in Brazil. Such law provides compulsory notification, which should be confidential and will be used for cases, presenting suicide attempt and self-harm. "It included the creation of a national system, involving states, municipalities, preventing self-harm and suicide, as well as a free telephone service for public service" (BRASIL, 2019).

This policy is an important tool to understand the origin of the problems related to the loss of so many lives. The objective of this study was to create more appropriate policies to contribute to the improvement of this situation. Until recently, this problem was treated as taboo and many did not want to touch the subject, opting for silence, believing that it would avoid stimulating new cases (BRASIL, 2019). Today, however, scholars highlight the importance of information on this sensitive subject.

In Brazil, the Statute contributed to guarantee the guardianship of the Brazilian elderly, regulating the rights granted to people from the age of sixty. It should be emphasized that the Statute establishes the opportunities and facilities granted to the elderly and are thus fundamental rights, as a foundation on which to build their integral protection (BARLETA, 2016).

Currently, the demand for specialized care services for the sexagenários has grown. In Brazil, Long-Stay Institutions, Coexistence Centers and Day-Care Centers for the elderly emerged. The former offer collective domicile for seniors in vulnerable situations. The latter offer activities of culture and leisure to those who have autonomy, independence. Third parties are characterized as a space to care for elderly people who have some limitations to perform daily activities, but do not commit severely, in most cases, live with their families, but do not have full-time care in their homes, is a service for daytime activities (FREITAS, 2019).

Most of the time, it is not an easy task, but it is possible to search for options of coexistence, such as classes, gyms, neighborhood and other social spaces. Not forgetting that it is common to over the years reduce social relations networks (VALADARES, 2019). The importance of the elderly in maintaining their friendships, in addition to the family, is emphasized because social coexistence avoids isolation and is fundamental to help prevent depression.

It should be emphasized that the objective of the Centro Dia, should include not only the protection, but the improvement of the quality of life and the autonomy of the elderly, also favoring the living conditions of family members who are assisted in the care of their relatives, without this representing the loss of ties. When living with other people, they do activities to spend time in a pleasant and constructive way, as well as building and increasing social and affective bonds. In the municipalities that have Day Care Centers for sexagenarians, the referral to this service is carried out through the Specialized Reference Centers of Social Assistance (CREAS), related to the respective Municipal Departments of Social Assistance. The problem is that there are not always vacancies available for demand. Public investments are urgently needed to increase the supply of these in municipalities, because many elderly people are excluded from this social assistance that is extremely healthy. (FREITAS, 2019).

In view of the data provided, the WHO calls on the Member States to promote social well-being, taking into account the psychophysical health of the elderly and calls on them to develop appropriate public policies to address or address the problem raised. Brazil has some public policies directed in this area, as evidenced, however, there is still a lot to be done by the elderly person so that it is protected in their needs and their dignity is respected.

6. CONCLUSION

It was emphasized in the present study that there is a relevant concern of the WHO and the OAS directed to the new world demographic picture, given the increasing number of elderly people. Therefore, there is the emergence of new demands to meet the needs of this public, especially regarding the integral health and social well-being of the elderly.

As for Brazil, it was evidenced that in the legal literature there was previously a desire to meet and protect the elderly. Note, in particular, the Statute governing the rights granted to this vulnerable group. It was observed that talking about suicide until recently was considered an immense taboo. However, currently, due to current public policies, this theme has become widely debated by society and also through the Center for the Valorization of Life (CVV), Ministry of Health and the National Council of Medicine.

Based on the analysis of theoretical contributions such as the Statute, the Convention, national, international and governmental legal sites relevant to the research, as well as specialized websites of hospitals trade union, psychology, nursing; legal journals and newspapers; The Ministry of Human Rights and Family verified several Brazilian public policies that corroborate the improvement of the situation presented and four of them stood out in this article. The first is the telephone access channel, by the CVV, together with the Ministry of Health. The second, refers to the importance of the work of the Psychosocial Support Centers (CAPS) reducing the risk of suicide in the available places. The third is Law 13,819 of 2019 directed to the National Policy for the Prevention of Self-harm and Suicide in Brazil. It provides for compulsory notification that should be confidential for cases that present suicide attempt and self-harm. Thus, the data collected form an important tool to understand the causes of this problem.

The fourth policy emphasizes the Long Stay Institutions, the Coexistence Centers and the Day-Centers, spaces of social coexistence with specialized care to meet the needs of the elderly with options of coexistence, leisure and social participation. It is essential to invest in the expansion and availability of this service throughout the national territory. These are examples of Brazilian public policies that have contributed to the improvement and quality of life of many elderly Brazilians, corroborating to decrease mental illnesses such as depression and suicide risk.

In 2015, Brazil signed the Inter-American Convention on the Protection of Human Rights of the Elderly, a document legally binding on States Parties. It should be incorporated into the country's legal system and will contribute effectively to the protection of the elderly, especially with regard to mental health. This analysis was based on the interpretation duly expressed in Article 19 of the Act. Despite the national laws that protect the Brazilian elderly,

this document will collaborate intensely with the health and social well-being of the elderly by being incorporated into the Brazilian legal system, especially in relation to the psychophysical health of the elderly person.

It was found after the literature review that, currently, discrimination, lack of economic conditions, abandonment and violence committed against the elderly, considered as a violation of human rights and essentially, the lack of adequate public policies for the prevention of mental health of the elderly in Brazil, require particular attention from public managers. Given this reality, it was found that there is urgency in the articulation between family, civil society and the public power to minimize the suicide rate among the elderly. Much remains to be done in favour of this vulnerable group.

For all these reasons, it is essential that society and the public authorities pay more attention to the vulnerability of the elderly and implement efficient and adequate public policies, particularly directed to their mental and emotional aspect. In this bias, there must be an engagement on the part of society, because it is essential that the elderly as an integral element of a vulnerable group, have largely ensured their personality rights and respected their dignity.

REFERENCES

- ALENCAR, Evandro Luan de Mattos; RAIOL, Raimundo Wilson Gama. *An analysis of the case Ximenes Lopes versus Brazil: the debate on public policies, mental health and human rights in the Inter-American Human Rights System*. Revista Direito e Justiça: Reflexões Sociojurídicas. Santo Ângelo. V. 20, n. 36, p. 129-155, 2020. Available at: http://srvapp2s.urisan.tche.br/seer/index.php/direito_e_justica/article/view/2982/0. Accessed on: 15 Aug. 2020.
- BARLETTA, Fabiana Rodrigues. *The right to health of the elderly*. São Paulo: Saraiva, 2016.
- BRAZIL Ministry of Human Rights. *Sanctioned the National Policy for the Prevention of Self-harm and Suicide*. 2019. Available at: <https://www.mdh.gov.br/todas-noticias/2019/abril/sancionada-politica-nacional-de-prevencao-da-automutilacao-e-do-suicidio>. Accessed on: 14 Aug. 2020.
- BRAZIL. Chamber of Deputies. *Draft legislative decree 863/2017*. Available at: https://www.camara.leg.br/proposicaoWebprop_mostrarintegra?codteor=1629742&filenamePDC+863/2017. Accessed on: 15 Aug. 2020.
- BRAZIL. Penal Code. *Decree-Law no 2.848, of December 7, 1940*. Available at: http://legislacao.planalto.gov.br/legisla/legislacao.nsf/Viw_Identificacao/DEL%202.8481940?Opendocument. Accessed on: 15 Aug. 2020.
- BRAZIL. Constitution 1988. *Constitution of the Federative Republic of Brazil 1988*. Brasília, DF: Presidency of the Republic, 2020. Disponível em: http://www.planalto.gov.br/ccivil_03/constitucao/constitucao.htm. Acesso em: 16 ago. 2020.
- BRAZIL. Federal Government. *MDH alert for World Suicide Prevention Day and cites older people*. Available at: <https://www.mdh.gov.br/todas-noticias/2018/setembro/mdh-alerta-para-dia-mundial-de-prevencao-ao-suicidio-e-cita-peoples-idosas>. Accessed on: 19 Aug. 2020.
- BRAZIL. Lei 10.741/2003. *Estatuto do Idoso*. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/2003/l10.741.htm. Acesso em: 18 ago. 2020.
- BRAZIL. Law 13,819/2019. *National Policy for the Prevention of Self-harm and Suicide*. Available at: http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/lei/L13819.htm. Accessed on: 12 Aug. 2019.

BRAZIL. Ministry of Health. *Intra-family violence: guidelines for practice in the service*. Health Policy Secretariat, Brasília, DF: Ministry of Health, 2001.

BRAZIL. Ministry of Human Rights. *HRM warns of World Suicide Prevention Day and cites older people*. 2018. Available at: <https://www.mdh.gov.br/todas-noticias/2018/September/mdh-alert-to-world-day-prevention-to-suicide-and-elderly-people>. Accessed: 12 aug. 2020.

BRAZIL. *Secretariat of Human Rights of the Presidency of the Republic*. *Brazil: manual for combating violence against the elderly*. It is possible to prevent it. It is necessary to overcome it. Brasília, DF: Secretariat of Human Rights of the Presidency of the Republic, 2014.

FEDERATION OF HOSPITALS, CLINICS, HEALTH HOMES, RESEARCH LABORATORIES AND CLINICAL ANALYSES AND OTHER HEALTH SERVICES ESTABLISHMENTS IN THE STATE OF SÃO PAULO. *Brazil leads depression and suicide ranking in Latin America*. Available at: <https://fehoesp360.360.org.br/sindhop>. Accessed: 15 aug. 2020.

FREITAS, Raquel; RIBAS, Fabio. *Centro Dia do Idoso: space of protection and care*. Available at: http://prattein.com.br/home/index.php?option=com_content&view=article&id=855:centro-dia-do-idoso-espaco-de-protecao-e-cuidado&catid=100:programa-de-atencao-ao-idoso&Itemid=190. Accessed: 19 aug. 2020.

GOLDFARB, Maurice. *The main adults as vulnerable subjects* (about the Inter-American Convention on the Protection of Human Rights of the Mayor Personas). Available at: http://repositorio.unne.edu.ar/bitstream/handle/123456789/9055/RIUNE_AR_Goldfarb_M_10.pdf?sequence=1&isAllowed=y. Accessed on: Aug 17. 2020.

GUERRA, Sidney; TONETTO, Fernanda Figueira. The right of action as an instrument for the protection of human rights. *Revista Direito e Justiça: Reflexões Sociojurídicas*. Santo Ângelo, v. 18, n. 31, p. 85-102, 2018. Available at: http://srvapp2s.santoangelo.uri.br/seer/index.php/direito_e_justica/article/view/2685. Accessed on: 26 Feb. 2020. https://digital.csic.es/bitstream/10261/196077/3/Older_Persons_Human_Rights.pdf. Accessed on: 16 Aug. 2020

INTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. *Elderly people indicate ways for a better age*. 19 March 2019. Available at: <https://censo2020.ibge.gov.br/2012-agencia-de-noticias/noticias/24036-idosos-indicam-camios-para-uma-besty.html>. Accessed on: Aug 17. 2020.

JUSTO, José Sterza; ROZENDO, Adriano da Silva. *Old age in the Statute of the Elderly*. *Electronic Journals in Psychology*. Rio de Janeiro n. 2, p. 471-489, 2nd quarter of 2010. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S1808-42812010000200012&lng=pt&nrm=iso. Accessed at: 10 Aug. 2020.

MACIEL, Victor. *Suicide rate is higher in older adults over 70 years*. Ministry of Health, 21 September 2017. Available on: <http://www.saude.gov.br/noticias/agencia-saude/29691-taxa-de-suicidio-e-maior-em-idosos-com-de-70-anos>. Accessed on: 18 aug. 2020.

MENDES, Karyna Rocha. *Health Rights Course*. São Paulo: Saraiva, 2013.

MINAYO, Maria Cecília de Souza. Centro Latino-Americano de Estudos sobre Violência e Saúde Jorge Careli. *Inclusion of violence against the elderly in public health care policies in Brazil*. *Revista Ciência & Saúde Coletiva*, Rio de Janeiro, vol.15, n°6, 2010.

MINAYO, Maria Cecília de Souza. *Social Research: Theory, method and creativity*. Editora Vozes, Petrópolis, 2010.

MORAES, Maria Celina Bodin. Expanding the rights of the personality. *In.: 20 years of the Citizen Constitution of 1988: effectiveness or institutional impasse*. Org.: José Ribas Vieira. Rio de Janeiro: Forense, 2008. Available at: https://www.academia.edu/9689598/Ampliando_os_direitos_da_personalidade. Accessed on: 18 Aug. 2020.

OCA, Verônica Montes de et al. *Older Persons and Human Rights in Latin America and the Caribbean*. 2018. Available at: https://digital.csic.es/bitstream/10261/196077/3/Older_Persons_Human_Rights.pdf. Accessed at: 16 aug. 2020.

OLIVEIRA, Simone Camargo, et al. *Violence in the elderly after the approval of the Statute of the Elderly: integrative review*. *Revista Eletrônica de Enfermagem*. v.14, 2012. Available at: <https://revista.as.ufg.br/fen/article/view/12919>. Accessed on: 18 Aug. 2020.

OLIVETO, Paloma. *Suicide among the elderly in Brazil is on the increase*. Correio Braziliense. Available in: <https://especiais.correiobraziliense.com.br/crescem-os-casos-de-suicidio-entre-idosos-brasil>. Accessed on Aug 16, 2020.

UNITED NATIONS BRAZIL. *The UN and the elderly*. United Nations Brazil. Available at: <https://nacoesunidas.org/acao/pessoas-idosas/>. Accessed on: 12 Feb. 2020.

UNITED NATIONS ORGANIZATION BRAZIL. *WHO charges improvements in care for the elderly*. United Nations Brazil, 02 October 2017. Available at: <https://nacoesunidas.org/oms-cobra-bests-carefullolders/>. Accessed on: 18 Aug. 2020.

UNITED NATIONS. Plan of International Action against Ageing, 2002. *United Nations, translated by Arlene Santos, Brasilia: Special Secretariat for Human Rights, 2003*. Available at: http://www.observatorionacionaldoidoso.fiocruz.br/biblioteca/_manual/5.pdf. Accessed on: 17 Aug. 2020.

UNITED NATIONS. *Plan of International Action on Ageing, 2002*. Translation Arlene Santos. Brasília: Secretaria Especial dos Direitos Humanos, 2003. Original title: Plan de Acción Internacional de Madrid sobre el Envejecimiento, 2002. Available at: http://www.observatorionacionaldoidoso.fiocruz.br/biblioteca/_manual/5.pdf. Accessed on: 15 Aug. 2020.

ORGANIZATION OF AMERICAN STATES. *Inter-American Convention on the Protection of Human Rights of the Elderly 2015*. Available at: http://www.mpsp.mp.br/portal/portal/CAO_Idoso/Textos/Convention%20Interamericana.pdf. Accessed on: 15 Aug. 2020.

WORLD HEALTH ORGANIZATION. World report on violence and health. Geneva (Switzerland). *World Health Organization, 2002*. Available at: <https://opas.org.br/wp-content/uploads/2015/09/reportario-violencia-saude.pdf>. Accessed on: 16 Aug. 2020.

ORGANIZATION PAN-AMERICANA OF HEALTH. On International Day of the Elderly, PAHO draws attention to healthy aging. Available at: https://www.paho.org/bra/index.php?option=com_content&view=article&id=5515:no-dia-internacional-da-pessoa-idosa-opas-chama-atencao-para-envelhecimento_saudavel&Itemid=820. Accessed: 16 aug. 2020.

HEALTH ORGANIZATION PAN-AMERICANA. *Suicide is a serious public health problem and its prevention should be a priority*. Available at: https://www.paho.org/bra/index.php?option=com_content&view=article&id=5674:suicidio-e-grave-problema-desaudepublicaesuvencaodeveserpriodeafirmaopasoms&Itemid=839. Accessed: Aug 18, 2020.

REMEDY, José Antonio; FARIA, Cássio Henrique. *Hague Apostille Convention: Incorporation and Integration into the National Legal Order and Interface with Fundamental Rights*. 2019. Meritum Magazine, Belo Horizonte, v. 14, n. 2, p. 708-726, Jul./Dec. 2019. Available at: <http://www.fumec.br/revistameritum/article/view/7050>. Accessed on: 18 Aug. 2020.

RIO DE JANEIRO. Court of Justice. Criminal Appeal nº 0201897.91.2011.8.19.0001 - 38th Criminal Court. Appellant: Public Ministry. Appealed: Elisangela Rodrigues da Silva. Rapporteur Judge Marcia Perrini Bodart, Rio de Janeiro, trial on 19 February 2013. Available at: <https://tj-rj.jusbrasil.com.br/jurisprudencia/385389540/apelacao-apl-2018979120118190001-rio-de-janeiro-capital-38-vara-criminal?ref==ref=feed>. Accessed on: 12 aug. 2020.

ROBINSON, Mary. *The international and national legal framework for the rights of the elderly*. Available at: <http://www.dhnet.org.br/dados/cursos/dh/cc/3/idoso/marco.htm>. Access: 15 Aug. 2020.

SANTOS, Cristiano Lange dos; SCHMIDT, João Pedro. *Youth and suicides: an examination of suicide prevention policy in the municipality of Porto Alegre*. 2019. Meritum Magazine, Belo Horizonte, v. 14, n. 2, p. 238-260, Jul./Dec. 2019. Available at: <http://www.fumec.br/revista/meritum/article/view/7330>. Accessed on: 19 Aug. 2020.

UNITED NATIONS. *Second World Assembly on Ageing. Political Declaration and Madrid International Plan of action on Ageing*. Madrid, Spain, 2002. Available at: https://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf. Accessed on: 16 Aug. 2020

UNITED NATIONS. *Department of Economic and Social Affairs, Population Division (2020)*. World Population Ageing 2019. Disponível em: https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2019_worldpopulationageing_report.pdf. Acesso em: 15 ago. 2020.

UNIVERSIDADE DE SÃO PAULO. In 2030, Brazil will have the fifth oldest population in the world. *Jornal da USP*, 07 June 2018. Available at: <https://jornal.usp.br/em-2030-brasil-tera-a-quinta-populacao-mais-idosa-omundo/>. Accessed on: 14 Aug. 2020.

VALADARES, Carolina. *Social coexistence helps prevent depression among the elderly*. Available at: <http://www.blog.saude.gov.br/index.php/promocao-da-saude/53632-convivencia-social-ajuda-prevenir-depressao-entre-os-idosos>. Accessed: 13 aug. 2020.

VIOLENCE against the elderly provokes a desire for suicide. *Diário da Manhã*. Goiânia /GO, July 5, 2016. Available at: <https://www.dm.jor.br/quotidiano/2016/07/violencia-contra-o-idoso-provoca-desejode-suicidio/>. Accessed on: 14 Aug. 2020.

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