
11. Sustainability goals, mental health and violence: convergent dialogues in research and higher education

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1. INTRODUCTION

Brief History and Objectives

Our research and teaching work have been guided by a preceding theme, which can be synthesised as the relationship between environmental changes, quality of life and subjectivity. In those analyses, we consider the model of economic development and its relationship to the adequate use, or not, of natural resources, which through accelerated urbanisation promotes changes in land use patterns, new social and political dynamics, and which impose negative consequences on society and the individual, including increased poverty and violence. However, here we focus on the objective to be achieved – a sustainable development model that provides better living conditions for the population, creating real possibilities to tackle the challenges for adaptation and mitigation to a new scenario.

The development model that was established on the planet after World War II until the end of the 1980s was constituted by a logic of economic development at all costs, destruction of natural resources and industrialisation. However, the hypothesis of our study is that this model has driven urban expansion and concentration, population growth, environmental degradation, especially of water resources and atmospheric pollution, and impairment of physical and mental health, violence and social conflict.

It was only after the 1990s that, timidly, society began to glimpse the real meaning of this exclusive pursuit of economic development and its models. The first milestone of this understanding was the United Nations Conference on Environment and Development (the Rio de Janeiro Earth Summit in Brazil), where the debate on the development model, as well as the search for a guarantee for future generations of the right to development, materialised.

Until the first decade of the 2000s, the debate was intense, mainly led by the United Nations and expressed in several global documents that prioritised a sustainable development model focused on human beings and protecting the environment. In this sense, we can highlight the Rio Declaration on the Environment and the adoption of Agenda 21 as our major indicator of global intentions on the theme – to promote, on a planetary scale, a new standard of development for the twenty-first century.

Once again, Brazil hosted a conference in 2012, known as Rio+20, which aimed to evaluate the efforts made in previous years, to recognize gaps and new challenges, summarised in the green economy, eradication of poverty, and consolidation of the institutional framework for sustainable development. In its final document *The Future We Want* (United Nations, 2012), the formulation of useful goals is aimed at global action

focused on sustainable development. This document guided the efforts of the international community towards a worldwide consultation process for the construction of a set of universal sustainable development goals beyond 2015, known as the Millennium Development Goals (MDGs). There is a set of eight general objectives: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and establish a global partnership for development.

At the same time, systematic advances in science have taken place, culminating in the Intergovernmental Panel on Climate Change (IPCC) reports on climate change (1990, 1992, 1995, 2001, 2007, 2013, 2014, 2018).¹ However, starting in the year 2010, there was an acceleration in the implementation of the MDGs and the preparation of recommendations on the next steps after 2015 to discuss a new development agenda. The results were synthesised and presented in the first report dedicated to the future agenda: *A Life of Dignity for All*,² which shows that a new post-2015 era requires a new vision and a responsive structure. Sustainable development – driven by the integration of economic growth, social justice and environmental sustainability– becomes a guiding principle and a standard operating procedure.

The construction of a post-2015 agenda became a priority and a joint collaboration of the Open Working Group for the Development Sustainable Development Goals (GTA-ODS), which includes specialised contributors from civil society, the scientific community and the United Nations. In August 2014, the GTA-ODS compiled inputs received, finalised the text and submitted the proposal for the 17 Sustainable Development Goals (SDGs, or ODS in Portuguese) and 169 goals associated with the UN General Assembly's consideration in 2015. The document adopted at the General Assembly UN in 2015, *Transforming Our World: The 2030 Agenda for Sustainable Development* (United Nations, 2015) is a guide to the actions of the international community in the coming years. It is also a plan of action for all people and the planet. The phrase that best defines the Agenda is 'people, planet, prosperity, peace and partnerships'. Its 17 objectives are: eradicate poverty; to end hunger; healthy life; quality education; gender equality; water and sanitation; renewable energy; decent work and economic growth; innovation and infrastructures; reduce inequalities; cities and communities; production and consumption; combat climate change; oceans, seas and marine resources; terrestrial ecosystems and biodiversity; peace and justice; and partnerships for development (Jowell, Zhou and Barry, 2017; Kraas et al., 2014).

Combining the MDGs and those resulting from Rio+20, Agenda 2030 and the SDGs inaugurate a new phase for the development of the planet, seeking to fully integrate all components of sustainable development and engaging all countries in the construction of a desired and socially planned future. However, in the face of a project of this magnitude it is worth highlighting that some fundamental points can be synthesized through the premise of 'mind the gaps' (Phelps and Silva, 2018), which are that the countries of the world have profound differences in the social and political characteristics, in social vulnerability, and the quality of social and economic policies. Also, there are substantial environmental risks, and a series of extreme events that are already under way, under pressure from climate change. So, our studies have been based on seeking to overcome these gaps, considering that this will only be possible through (1) the role of science, with

investments in research and the search for diagnoses and solutions; (2) social participation; and (3) construction of effective social policies.

With regard to combatting climate change, a good example is the National Plan for Adaptation to Climate Change (PNA) (Ordinance No. 150, May 2016), an instrument prepared by the Brazilian federal government in collaboration with civil society, the private sector and state governments, with the objective of promoting the reduction of national vulnerability to climate change, and managing risk associated with climate change. The adaptation strategy involves identifying the country's exposure to current and future impacts based on climate projections, identifying and analysing vulnerability to these potential impacts, and defining actions and guidelines that promote the adaptation of 11 specific sectors – namely, agriculture, water resources, food and nutrition security, biodiversity, cities, disaster risk management, industry and mining, infrastructure, vulnerable peoples and populations, health, and coastal areas (Brasil, 2016; Mpandeli et al., 2018; Salmoral and Yana, 2018; Ziegler, 2018). It is worth remembering that the planning and implementation of this plan occurred in the period from 2009 to 2016 (under the Lula and Dilma Rousseff governments in Brazil) and the first monitoring report was presented to society in 2017, in a very different political context from the time of its implementation.

Thus, the contribution of the authors of this chapter is centred on the fundamental aspect that the 17 objectives of the 2030 Agenda for Sustainable Development are much more than technical issues for a development model compatible with quality of social life and natural resources preservation. In reality, it is a communication to individuals and institutions on how we can build more just and fulfilling society for all. They are interrelated in their premises and have been addressed by the research theme of this study, which involves socio-environmental changes and implications of violence and the mental health of the population of specific regions in São Paulo state, Brazil, especially on the north seacoast and the Campinas-São Sebastião road axis.

These are diverse conservation areas, created for the management of water resources and conservation of Atlantic Forest areas. However, currently, they undergo intense processes of urbanisation and industrialisation with profound socio-environmental effects. For more than two decades, the authors have analysed these themes in their research. In this chapter, we present how the objectives of Agenda 2030 aim to improve both socio-environmental quality and the quality of life of the population of these study areas, especially with regard to improvement of mental health and reduction in violence.

2. ENVIRONMENTAL CHANGES, MENTAL HEALTH AND VIOLENCE: CONTRIBUTIONS TO THE SUSTAINABLE DEVELOPMENT GOALS (SDGS)

In 2015, the United Nations General Assembly with all member states of the United Nations adopted the 2030 Agenda for Sustainable Development (Kjaerulf et al., 2016). This Agenda, called *Transforming Our World: The 2030 Agenda for Sustainable Development*, contains 17 Sustainable Development Goals (SDGs), and 169 sub-targets (United Nations, 2015). Kjaerulf et al. (2016, p.863) emphasise that 'history has shown that setting visionary goals can help unite leaders and decision-makers with researchers and practitioners worldwide towards an overarching, common cause'.

The 17 SDGs are integrated and blend, in a balanced way, the three dimensions of sustainable development: economic, social and environmental. They work like a list of tasks to be fulfilled by governments, civil society and the private sector in a cooperative project for a sustainable world by 2030, aiming to stimulate actions in areas of crucial importance for humanity, represented by five keywords: people, planet, prosperity, peace and partnerships. Despite the integrative context of all SDGs, five of them will be fundamental to our analysis, namely: SDG 3: good health and well-being; SDG 5: gender equality; SDG 11: sustainable cities and communities; SDG 13: combatting climate change; and SDG 16: peace and justice.

Contextualising Our Theme: Mental Health and Violence in the Context of the Chosen SDGs

Mental health and the impact of violence are complex problems (Hannigan and Coffey, 2011) because of their magnitude in the contemporary world, the way they challenge and promote theoretical and methodological dilemmas, and in how they can be addressed and analysed. In addition, there is another point of great importance, which concerns the interdisciplinary character of the subject, and which is the most striking feature of the research we have done in the last decades. Recognising the complexity of the theme, we also highlight the need for multiple approaches. In our research, we have systematically devoted ourselves to analysing these connections, either through full reviews of the scientific literature or through case studies in the state of São Paulo (Seixas, Hoeffel et al., 2012; Seixas, Hoeffel, Botterill et al., 2014; Seixas, Renk et al., 2012; Seixas et al., 2016).

The study of mental health is very important to individuals and to the community because it is a critical determinant of physical health (*The Lancet*, 2016), and as such is grounded in a project to include mental health indicators in the next SDGs by 2030 (Mental Health Foundation, 2016; Thornicroft and Votruba, 2016). This fact has encouraged researchers to include the theme within the dimension of sustainability and public policy. Thornicroft and Votruba (2016) emphasize that this is a historic opportunity and should be centred on a global effort to reduce the impact of mental illness, regarding the role that such diseases represent for society within the global burden of disease, premature mortality, stigma, and human rights violations. Moreover, in most of the world's countries, most people with mental disorders are not treated properly, and about 3000 people die daily from suicide (ibid.).

Violence, for its part, has become a widespread problem faced by society, and it also has a substantial negative impact on health due to the resulting occurrence of physical and mental disorders. The issue of urban violence in both the national and international literature presents a wealth of analysis, allowing broad discussion and recognition of a significant concern (Adorno, 2002; Bellis et al., 2012; Brender and Muggah, 2012; Caddick and Porter, 2011; Diniz, Nahas and Moscovitch, 2013; Netto and Jelvez, 2007; Rosa et al., 2012; Silva, Valadares and Sousa, 2013; Souza and Lima, 2007; Zaluar, 2010; Zaluar and Barcellos, 2013).

Reichenheim et al. (2011) point out that violence and injuries have been significant causes of morbidity and mortality in Brazil since the 1980s. In 2007, they accounted for 12.5 per cent of all deaths, especially in young men (83.5 per cent). The pattern of violence in Brazil differs from other parts of the world, as most of the deaths in the country are

due to murder or traffic accidents, as opposed to most of the member countries of the World Health Organization (WHO), where 51 per cent of deaths from external causes are suicides and 11 per cent are due to civil war and conflict.

In Brazil, in 2007, there were 47 707 homicides and 38 419 traffic-related injuries and deaths, which together contribute 67 per cent of the total of 131 032 deaths from external causes. However, Brazil and other countries in Latin America there are similar figures in relation to domestic violence, which is an aspect that needs attention from society and from government because is a critical problem and has severe and permanent consequences for individuals, families and society (Guerrero et al., 2011; Reichenheim et al., 2011).

Reichenheim et al. also point out that insecurity is a feeling that is part of the way of life of Brazilians. According to the authors, this sentiment results from a combination of high crime rates, especially interpersonal violence, which cannot rely on an adequate police system as it is often ineffective and corrupt, and impunity in general. Other aspects such as the use of alcohol and illicit drugs, along with a large number of weapons in circulation, form the background for violence. Finally, insufficient and inadequate long-standing responses from public security and justice systems have helped to increase feelings of impunity and insecurity (ibid.).

The intersection of violence with mental health can be analysed through its direct impacts, from analyses of post-traumatic stress in victims of violence (Cervantes, Schuelter-Trevisol and Jornada, 2013; Gomes, 2012; Miller, 2012; Stevens et al., 2013), or from analyses that prioritize violent, antisocial or risky behaviours, presence of childhood maltreatment, and the association of violence and mental co-morbidities (mainly schizophrenia and bipolar disorder) or abuse of psychoactive substances or alcohol (Fazel et al., 2009, 2010; Lim et al., 2012; Murray, Farrington and Eisner, 2009; Murray et al., 2010; Pera and Dailliet, 2005; Richard-Devanto, Olie and Gourevitch, 2008; Sands et al., 2012; Siever, 2008; Soyka, 2000; Swartz et al., 1998; Volavka and Swanson, 2010; Woodwart et al., 2000).

The importance of studying violence is present in the SDGs as defined for the 2030 Agenda, and aims to offer a real opportunity to achieve commitments on violence prevention, especially against women and children. As García-Moreno and Amin (2016) point out, this is the first time that a global development agenda has addressed all forms of violence against women and girls, as well as violence against children in general, and that it is an important objective and its reduction as a target for 2030 is fundamental to achieving sustainability.

Brief Scenario: Bom Jesus dos Perdões: Mental Health and Violence

Several municipalities in the state of São Paulo have faced significant environmental changes, allied to the lack of priority for the sustainability of natural resources, in favour of a model of economic development supported by megaprojects in areas of environmental conservation that foster social and technological risks (Seixas, Hoeffel et al., 2012; Seixas, Hoeffel and Barrett, 2018; Seixas, Hoeffel and Botterill et al. 2014; Seixas, Hoeffel and Renk et al., 2014; Seixas, Renk et al., 2012). The question that has guided these researchers is: 'How do environmental changes negatively impact the quality of life of the population, especially considering the data on mental health and violence?'

The region of our studies – São Paulo State North Coast and Bragantina Region

(Figure 11.1) – has a strong tourist vocation and a vast expansion of development projects along the D. Pedro I–Tamoios exporter road axis. With this, it suffers strong population pressure, generating intense impacts on the region’s natural resources, resulting from the construction of condominiums, hotels, inns and other types of structures that negatively alter the landscape and culture of these places (Seixas, Hoeffel et al., 2012; Seixas, Renk et al., 2012).

The natural areas required for tourism development are often privatised, thus opening doors to widespread real estate speculation, which, through the creation of new spaces, relegates the original environments to second place, forcing local populations to often change their homes and to change the professional activities that they developed traditionally. People can be expelled physically through pressure to sell their land and go elsewhere, often outside the local economy, or see their cultural habits become secondary, thus being induced to adopt new values brought in by tourists or by new residents (Hoeffel et al., 2010; Mendonça, 2006; Seixas, Hoeffel et al., 2012; Seixas, Renk et al., 2012; Suarez et al., 2009; Suarez et al., 2010).

To better understand the scope of our analysis, this chapter presents a brief overview of the problems related to the mental health situation and violence that occurs in the population of one of the municipalities analysed – Bom Jesus dos Perdões. It is worth mentioning that the research that consolidates the empirical basis of this chapter represents a long trajectory of authors’ research in this region (e.g., Seixas et al., 2016; Seixas, Hoeffel et al., 2014). A set of ten municipalities along the D. Pedro I–Tamoios exporter road axis was analysed on several aspects directly related to the SDGs of Agenda 2030. The municipality of Bom Jesus dos Perdões was used as a case study due to its historically atypical performance under several of the indicators such as SDG 3: good health and well-being; SDG 5: gender equality; SDG 11: sustainable cities and communities; SDG 16: peace and justice; and SDG 13: combatting climate change, already mentioned above.

We sought to select some indicators that have an intimate relationship between mental health and violence. For mental health, there are rates of two morbidities specially chosen and systematized from Chapter V of the *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)* ‘Mental and Behavioural Disorders’, since they are the most sensitive to social and environmental issues in the area of mental health for the period 1998 to 2016. These morbidities are mental and behavioural disorders due to abusive use of alcohol (Figure 11.2) and other psychoactive substances (Figure 11.3). With regard to violence, we were decided to analyse the data on domestic violence, sexual violence and other violence against children and adolescents from 2009 to 2016 (Figure 11.4). These selected periods correspond to the period available in the DATASUS system (System of Epidemiological Surveillance [SINAN], System of Ambulatory Care [SIASUS], and Violence and Accident Surveillance System [VIVA]), of the Brazilian Ministry of Health (Ministério da Saúde). The occurrence rates of the selected indicators were calculated for each 100 000 inhabitants, according to the recommendations of the World Health Organization (WHO), due to the international standardization.

Mental Health

In all countries of the world, the use and abuse of alcohol and psychoactive substances has become a severe public health problem that can result in detrimental effects for

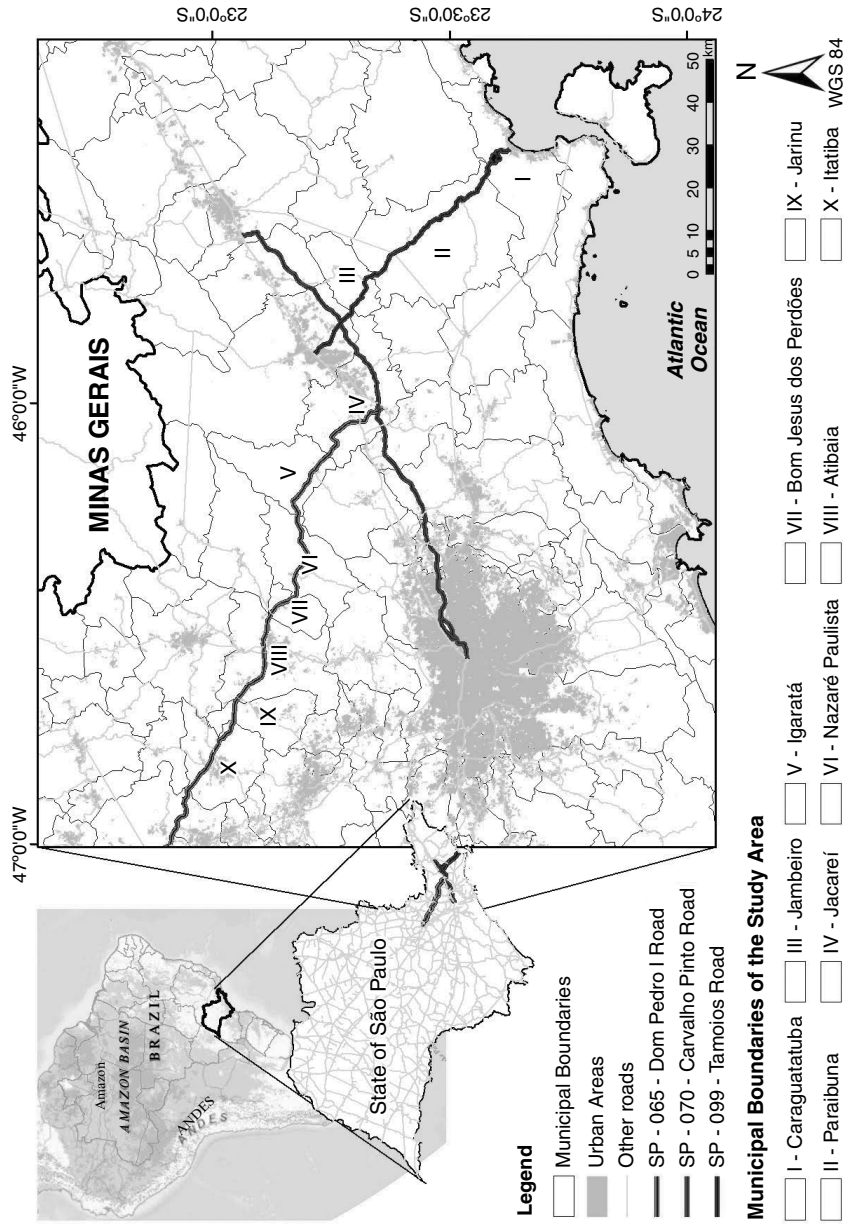


Figure 11.1 Location of study municipalities in the context of São Paulo state and Brazil in 2015

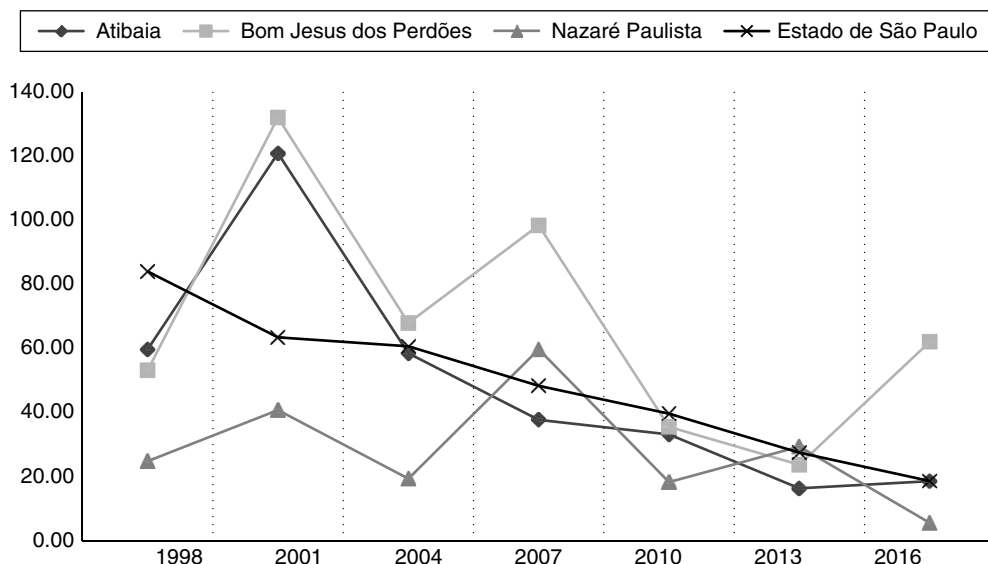
the family and social environment of the user, as well as high rates of morbidity and mortality, mainly when associated with psychiatric complications (Fernandes et al., 2017; Scheffer, Pasa and Almeida, 2010). Both of these groups of researchers point out that these disorders may be remarkably related to violent and criminal behaviours such as traffic accidents and family violence, especially for individuals with a history of aggression and medical and psychiatric complications (Fernandes et al., 2017; Scheffer et al., 2010, p. 533).

According to the *World Drug Report 2006* of the United Nations Office on Drugs and Crime (UNODC, 2006), it was estimated that in that year, 5 per cent of the world's population between 15 and 64 years of age has used illicit drugs at least once, accounting for approximately 200 million people. Among the licit substances, alcohol is the world's most consumed, followed by tobacco. These rates are growing significantly. In 2016, according to Lucchese et al. (2017), the ratio between the number of cases of illness and the number of inhabitants linked to the use and abuse of alcohol and illicit drugs corresponds to 5.4 per cent of the world population, approximately 243 million people, in the same age group (15–64). Of these, one in every 200 people in the world's adult population is a regular user of drugs or has drug use/addiction disorders, that is, approximately 27 million people.

In our study and considering the bases of the SDGs of Agenda 2030 we opted to analyse two categories of mental disorders: mental and behavioural disorders due to abusive use of alcohol, and mental and behavioural disorders due to abusive use of psychoactive substances, directly supported by SDG 3: good health and well-being, systematised from ICD-10 and compiled from the Brazilian Ministry of Health's SINAN/DATASUS for hospitalisation cases, presenting them as rates per 100 000 inhabitants according to the international standard (Figures 11.2 and 11.3, respectively). Over the years of research, it has been observed that among the ten municipalities chosen along the D. Pedro I–Tamoios exporter road axis, the Bom Jesus dos Perdões municipality has historically presented atypical behaviour when compared to the others. To illustrate this observation, in the figures we try to show these patterns, using the municipalities of Atibaia and Nazaré Paulista and the average of the state of São Paulo for the period 1998 to 2016, as references.

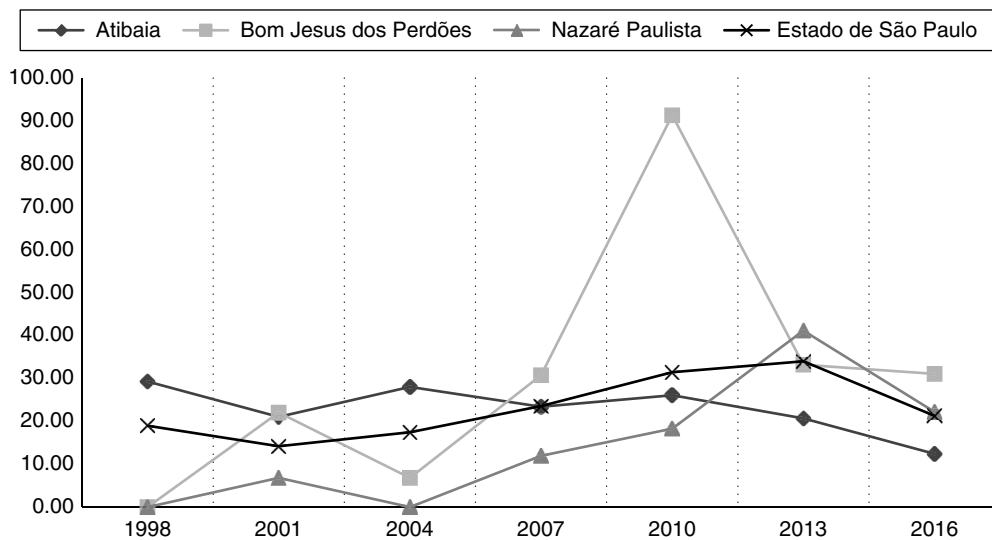
Observing Figure 11.2 – Mental and behavioural disorders due to abusive use of alcohol – what can be highlighted is that the average of the state of São Paulo for the analysed period presented a marked decline in rates per 100 000, since in the initial year it was 84.05 (1998) and in the last analysed year (2016) it was 18.6. The municipality of Nazaré Paulista begins the period with 24.80, peaks in 2001 at 40.79, and, from then on, maintains a dramatic decrease to 5.54 (2016). In Atibaia, some differentiated elements were observed: in 1998, its rate was 59.73, in 2001 there was a significant peak of 120.96, and from then on, a steady decrease until arriving in the last analysed year (2016) at a rate of 18.57. The municipality of Bom Jesus, on the other hand, presents four critical aspects – namely: a sharp peak in 2001 (132.14) from a rate in 1998 of 53.18; a substantial drop in 2004 to 67.97; a significant increase in 2007 (98.45); ending the analysed period (2016) with a higher rate than the others, of 62.11, showing its growth.

In Figure 11.3 – Mental and behavioural disorders due to abusive use of psychoactive substances – it was observed that the municipality studied again shows atypical behaviour compared to the average of the state and the two other districts analysed. In 2010, it presented a very significant evolutionary peak of 91.33 per 100 000, compared in the same year to Atibaia (26.07), Nazaré Paulista (18.28) and the state average (31.44). In the



Source: Brasil, Ministério da Saúde, DATASUS/SINAN (2018).

Figure 11.2 Mental and behavioural disorders due to abusive use of alcohol



Source: Brasil, Ministério da Saúde, DATASUS/SINAN (2018).

Figure 11.3 Mental and behavioural disorders due to abusive use of psychoactive substances

last year considered (2016), the same municipality is also above all others, 31.05, against Atibaia (12.4), Nazaré Paulista (22.17) and the state average (21.24).

Violence

In 2005, the Secretariat of Surveillance of the Brazilian Ministry recognised violence as a severe public health problem (Brasil, 2005). The report emphasizes that the recognition of violence as a public health problem does not exclude the fact that it is also ‘the result of a complex interaction of several factors, which may be individual, social, economic, cultural, among others’ (Brasil, 2005, p. 6). The authors emphasized that the approach to violence must be interdisciplinary, based on theoretical and methodological advances in science, and on overcoming social inequalities, seeking to articulate public safety, health and social development, as well as confronting it by the various actors and sectors of society and the state, and supported by a broad debate with society.

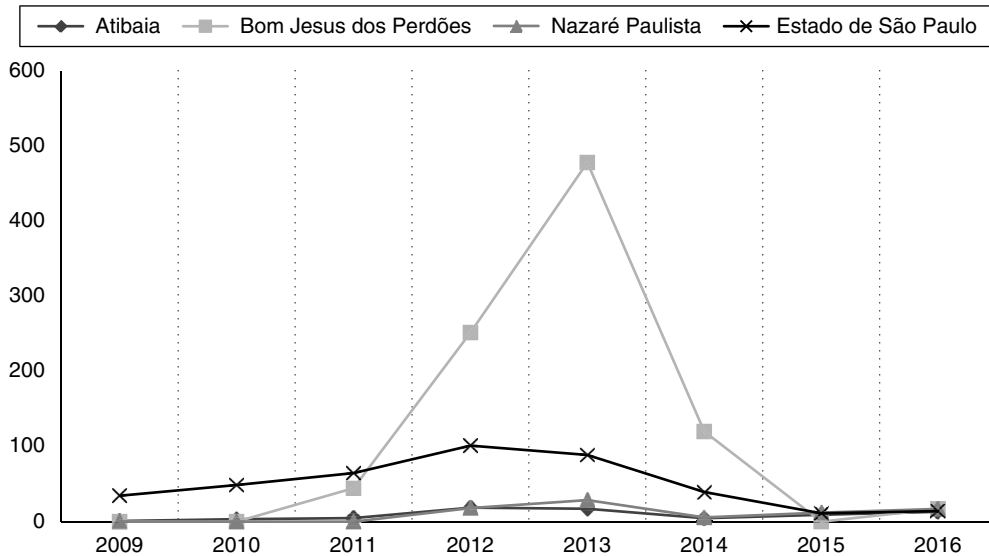
In order to analyse violence in the context of the SDGs, it was decided to use the rates for 100 000 inhabitants of Bom Jesus dos Perdões Municipality between 2009 and 2016 for domestic violence, violence and other violence against children and adolescents. This category is directly related to the goals of Agenda 2030 (SDG 5: gender equality) and associated with the two groups of mental health analysed previously, and allowed us to understand the dynamics of the region of the study adequately.

Data for this analysis was collected from the Violence and Accident Surveillance System (VIVA), created by the Brazilian Ministry of Health in 2006. Given the complexity and magnitude of the violence in the national territory, it is worth emphasising essential aspects. In the period from 2006 to 2008, surveillance was implemented in referral centres (referral centres for violence, sexually transmissible disease/AIDS, specialised outpatient clinics, maternity hospitals, among others). As of 2009, VIVA became part of the Notification Aggravation Information System, integrating the Compulsory Notification List into Sentinel Units. In 2011, the notification of domestic violence, sexual violence and other violence for all health services was universalised, including it in the list of diseases and diseases of compulsory information that are registered in SINAN, and in 2014 it was mandated that cases of sexual violence and attempted suicide should be reported immediately (within 24 hours) to the municipal health departments. The Ministerial Ordinance in force that deals with the compulsory notification of interpersonal and self-inflicted violence in public and private health services was consolidated in 2017.

In Figure 11.4, Bom Jesus dos Perdões data are systematised, following the same comparison criteria, with the municipalities of Atibaia and Nazaré Paulista and the average of the state of São Paulo. What is striking is the primacy of Bom Jesus dos Perdões in the most significant number of cases, especially in the years 2012, 2013 and 2014.

3. CONTRIBUTIONS TO THE OBJECTIVES OF AGENDA 2030 AND EXPERIENCES IN RESEARCH AND HIGHER EDUCATION

The rates presented above should be analysed together with the historical context and other aspects of the reality studied. In this sense, the data shown on mental disorders and



Source: Brasil, Ministério da Saúde, VIVA (2018).

Figure 11.4 Domestic violence, sexual violence and other violence against children and adolescents

violence serve to clarify that their impacts on the community may be impeding the full achievement of the SDGs for the region of the D. Pedro I–Tamoios exporter road axis.

In our view, all 17 SDGs are fundamental to achieving sustainability and a good quality of life. However, here we will highlight five of them: SDG 3: good health and well-being; SDG 5: gender equality; SDG 11: sustainable cities and communities; SDG 13: combatting climate change; and SDG 16: peace and justice. This choice is because the region of our study has undergone significant changes – environmental, economic and demographic – and has tended to worsen due to the shift in the profiles of the state and federal governments from January 2019, which are quite conservative, to say the least, especially about environmental issues.

As we have already described in more detail in other work (Seixas et al., 2019), Bom Jesus dos Perdões is a municipality in the state of São Paulo with an intense religious tradition and natural attractions that give it recognition in both the tourist and religious circuits (Prefeitura Bom Jesus dos Perdões, 2018). It covers an area of 109 km², with an estimated population of 24 023 inhabitants in 2017 and a population density of 181.87 inhabitants/km² in 2010 (IBGE, 2018), with significant urban and especially industrial growth occurring alongside D. Pedro I highway (SP-65) (ibid.).

According to Hoëffel et al. (2010), this municipality is peculiar in its exclusion, not justified, from a vital conservation unit, the Cantareira System Environmental Protected Area (Cantareira System EPA). This EPA was created in 1998 with the objective of maintaining and improving water quality mainly in the municipalities around Cantareira System reservoirs, which supply the São Paulo Metropolitan Region (São Paulo, 2000) and regulate the flow of water to the Metropolitan Region of Campinas.

Bom Jesus dos Perdões is located in an industrial area alongside the D. Pedro I highway that passes through the municipal area, and has caused urban and industrial expansion and several environmental problems. These municipalities also present an ecological richness and biodiversity that must be preserved, a fact that reinforces the need for sustainable measures and its inclusion in the Cantareira System EPA (Seixas et al., 2018).

Given this scenario, our contribution to achieving sustainable development in the region goes beyond the analysis of the rates presented, and contributes to understanding the dynamics that choreographs these rates, with a view to achieving health and human well-being and the construction of policies to solving these issues. In this way, the SDGs with the greatest synergy with our theme are those of SDG 3: To ensure a healthy life and promote well-being for all, in all ages; SDG 5: Achieve gender equality and empower all women and girls; SDG 11: Make cities and human settlements inclusive, secure, resilient and sustainable; and SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels (PNUD, 2015)

The goals and targets set out in Table 11.1 represent in our view an ambitious proposal to change a complex set of environmental, social and economic problems in a region that

Table 11.1 Summary of the chosen goals and targets for the analysis

Goal	Target	Statement
3	3.4	By 2030, to reduce premature mortality from non-communicable diseases (NCDs) by one-third through prevention and treatment, and to promote mental health and well-being
	3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
5	5.1	To end all forms of discrimination against all women and girls everywhere
	5.2	Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation
	5.2.c	Adopt and strengthen sound policies and applicable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
11	11.3	By 2030, to increase inclusive and sustainable urbanization and the capacity for participatory, integrated and sustainable management of human settlements in all countries
	11.6	By 2030, reduce the per capita negative environmental impact of cities, including paying special attention to air quality, municipal and other waste management
	11.6.a	Support positive economic, social and environmental relations between urban, peri-urban and rural areas, strengthening national and regional development planning
16	16.1	Significantly reduce all forms of violence and related death rates, everywhere
	16.6	Develop effective, accountable and transparent institutions at all levels
	16.6.b	Promote and enforce non-discriminatory laws and policies for sustainable development

Source: Based on PNUD (2015).

ends up converging in a complex context of mental disorders and violence, mainly against women and girls. The choice of these categories is related to the synergy they have, and that when contemplated by a research agenda and interaction with local governance will contribute to improving the quality of life of the population of the region and at the same time to sustainable development.

It is worth emphasizing, once again, that Agenda 2030 objectives, and especially those focused on this work and highlighted in Table 11.1 above, have a scope that goes beyond essentially technical aspects, but point to a development model that seeks to bring together in a single proposal the maintenance of quality of life and conservation of natural resources.

4. FINAL CONSIDERATIONS

As highlighted in this chapter, the 17 SDGs of Agenda 2030 bring together the three dimensions of sustainable development – namely, economic, social and environmental. These dimensions and objectives are integral to the presentation of this chapter, which involves in the current analysis questions about sustainability, mental health and violence in a region of relevant importance for the state of São Paulo and Brazil, but which in its ongoing process of expansion and economic development has presented socio-environmental severe issues.

It is hoped that these analyses on the SDGs of Agenda 2030, on the study area of this work, the D. Pedro I–Tamoios exporter road axis, may determine, through the results of research and teaching activities in higher education institutions, reflections, proposals for action and the implementation of projects that allow changes and improvements in relation to regional sustainability and quality of life, as well as opportunities to reach effective commitments that focus on the prevention of violence against women and children and a positive change with regard to mental health data.

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NOTES

1. See <https://archive.ipcc.ch/>. Accessed 22 February 2021.
2. Accessed 1 March 2021 at <https://www.un.org/millenniumgoals/pdf/A/%20Life%20of%20Dignity%20for%20All.pdf>.

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