REVISTA ENFERMAGEM ATUAL IN DERME

TRAJECTORY AND CHALLENGES OF THE BRAZILIAN PSYCHIATRIC REFORM: CONTEMPORARY REFLECTIONS

TRAYECTORIA Y LOS DESAFÍOS DE LA REFORMA PSIQUIÁTRICA BRASILEÑA: REFLEXIONES CONTEMPORÁNEAS

TRAJETÓRIA E OS DESAFIOS DA REFORMA PSIQUIÁTRICA BRASILEIRA: REFLEXÕES CONTEMPORÂNEAS

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The Brazilian Psychiatric Reform, officially initiated in the 1970 and 1980, was driven by a context of social and political effervescence, both nationally and internationally. Inspired by movements such as Italian Democratic Psychiatry and consolidated by the Caracas Declaration in 1990, the reform aimed to break away from the asylum-based model rooted in isolation and social exclusion. The enactment of Law 10.216 in 2001 represented a milestone, guaranteeing the rights of people with mental disorders and proposing a care model based on human dignity and social inclusion[1-2].

The challenges that led to the Psychiatric Reform reflect a past marked by abusive practices and a stigmatizing conception of mental illness. Institutions such as Hospício Pedro II, established in 1852, and similar facilities became synonymous with neglect and mistreatment. Until the mid-20th century, the psychiatric hospitalization model was supported by laws legitimizing social exclusion, treating individuals with mental disorders as threats to public order. This perspective, coupled with the abuse of psychotropic drugs and the chronicization of illness, had severe consequences such as overcrowding, segregation, and loss of patient autonomy[3].

In the 1970, social movements and mental health workers began organizing against abuses committed in psychiatric hospitals. Events such as the Bauru Congress in 1987 exposed these violations, leading to the creation of the National Anti-Asylum Movement, which adopted the slogan "For a society without asylums." It was during this period that the first initiatives for

REVISTA ENFERMAGEM ATUAL IN DERME

alternative services, such as Psychosocial Care Centers (CAPS) and Psychosocial Care Nuclei (NAPS), were introduced. These units proposed a community-based approach focused on comprehensive care and social reintegration, as opposed to the hospital-centric model[4].

The establishment of the Unified Health System (SUS) in 1988 strengthened the principles underpinning the Psychiatric Reform, such as universality, comprehensiveness, and decentralization of care. However, the reform's progress faced resistance, especially due to the historical predominance of psychiatric hospitals and challenges in implementing community care networks. The 1990 saw the expansion of CAPS and the definition of public policies aimed at deinstitutionalization, though limited funding and prioritization of psychiatric beds over substitute services remained significant obstacles[5-7].

The most important legal milestone of the Psychiatric Reform was Law 10.216/2001, which guaranteed the rights of people with mental disorders and established guidelines for the progressive replacement of asylums with community-based services. The law promoted a new understanding of mental illness, grounded in inclusion, respect, and social reintegration. However, subsequent legislative and administrative changes, such as Ordinance No. 3,588/2017, raised concerns by reintroducing elements of the hospital-centric model, undermining the progress achieved[8-9].

Recently, Ordinance No. 757/2023 reversed some of the directives that had been criticized, reaffirming commitment to the principles of the Psychiatric Reform and strengthening the Psychosocial Care Network (RAPS). This network, comprising services such as CAPS, Therapeutic Residences, and the Back Home Programs, aims to provide humane and coordinated care, addressing the diverse mental health needs of the population. Despite these advances, the reform still faces significant challenges, including insufficient funding, resistance from some administrators, and the stigma that persists around mental illness[10].

Brazil's experience in mental health is internationally recognized as an example of the fight for human rights and social inclusion. However, to consolidate the achievements of the Psychiatric Reform, it is necessary to intensify investments in professional training, ensure equitable access to services, and strengthen society's participation in social oversight. The fight for a society without asylums is not only a matter of public health but also an ethical and social commitment to individuals facing psychic suffering.

Finally, we hope this editorial serve as an invitation to reflection and action, reaffirming the importance of a car model that respects human dignity and promotes citizenship. The path is challenging, but the history of the Psychiatric Reform teaches us that social and political engagement can transform realities and ensure a fairer and more inclusive future for all.

REVISTA ENFERMAGEM ATUAL IN DERME

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