

Actors, Public Policy and Psychiatric Reform Institutions in Brazil

Policies enshrined in law and protected by the coercive power of the State signal to the social actors what should be done, what cannot be done and the nature of the rewards and punishments. In the field of policies, institutional constraints and incentives are ubiquitous. The inevitable question that arises when faced with the task of reflecting on Law 10.216/2001 is: Has it proven capable of creating institutional density in Brazil for psychiatric reform? Did it favor the transformation of mental health institutions in the wake of democratization and the broadening of social and civic rights?

The outcome of this edition makes it possible to reply that after ten years of legislation, public policy on mental health had a profound impact on the direction of the care model that emphasizes the individual, the family and the community rather than social isolation. It also brought about a marked reduction in the availability of beds in psychiatric hospitals.

The specific characteristics of Brazilian psychiatric reform are therefore quite relevant: 1) criticism of the asylum did not focus on improvements or humanization, but questioned the assumptions of psychiatry and condemned regulation and control strategies; 2) the questioning of psychiatric care cast doubt on the hospital-centered care model and proposed the development of territory-based services; 3) federal cooperation led to the creation of a psychosocial care network under decentralized municipal management. On the horizon of these changes an attempt was made to broaden clinic care and the non-stigmatizing representation of mental disturbances.

The central debate and the opinion article highlight the historical facts and the crucial intervention of the actors in this process. They reveal the tension between the utopian agenda and the challenges of a public policy. In the standpoints taken by the debaters, a marked convergence in the evaluation of successes in the choices and options for reform can be observed, even though it highlighted the need for adjustments in light of the new challenges ahead.

The collected works examine psychiatric reform predominantly as a public policy. The Brazilian municipality is presented as the key actor in the federal pact for the deployment of services on a territorial basis since the 1990s; the 'specific' policies or 'vertical programs' of the Ministry of Health, placing mental healthcare at central government level, are identified; mental healthcare in the subsystem of private healthcare plans is described and analyzed, revealing the unexpected contradiction of the sector in relation to the normative guidelines of Law 10.216/2001. The area of care for people who indulge in prejudicial use of alcohol and other drugs receives a review in recent developments in public policy; the field of work in mental health is addressed in the context of transformations associated with the deployment of alternative services to replace the classic psychiatric model to the reconfiguration of the object of intervention and practices.

The theme of psychiatry is visited as a field of knowledge and practice that seeks to establish new roles in contemporary society. Special criticism is also directed at the assumptions of the discourse of contemporary psychiatry, which seeks a new hegemony in the field of mental healthcare.

Care in community services and articulation between networks of primary care and mental health in areas of high social vulnerability are presented in the perspective of the evaluation.

Finally, the recognition that Brazil has adopted a model influenced by the European experience led to the interview that identifies the points of convergence, successes and the major challenges facing psychiatric reform.

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