

Advances in care for people with mental disorders after the Psychiatric Reform of April 6, 2001*Avances en la atención a personas con trastornos mentales tras la Reforma Psiquiátrica del 6 de abril de 2001**O avanço na assistência à pessoa com transtorno mental após a Reforma Psiquiátrica de 06 de abril de 2001***Richard Diego Felix Lage¹**

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Introduction: Mental illness began to gain prominence in the late nineteenth century, when the first psychiatric institutions emerged, whose objective was to care for and/or isolate the person with some type of mental disorder. Psychiatric hospitals were seen as a solution to madness, although this model of treatment was criticized early on¹. The Psychiatric Reform is understood as a set of political, social, cultural, administrative, and legal initiatives, which aim to transform society's relationship with the mentally ill, being a complex process of transformations in the institution and in medical-psychiatric knowledge². In Brazil, the process of psychiatric reform emerged in the late 1970s, with the emergence of social movements that fought for the rights of people with mental disorders.² In 1989, Deputy Paulo Delgado's Bill of Law, which proposes the regulation of the rights of people with mental disorders, and after several years, Law No. 10,216, on April 6, 2001, was enacted. mental health care, in which only people in situations of acute crisis should be admitted to a psychiatric hospital, so all others should receive alternative treatment, staying with their families and giving priority to treatment in community services³. The Psychiatric Reform is a complex political and social process, composed of different actors and institutions that affect the federal, state, municipal and civil society governments to demand new spaces, practices and relationships with madness.¹ The implementation of substitute services to psychiatric hospitals, called Psychosocial Care Centers (CAPS), where they are composed of an interdisciplinary team with psychologists, doctors, physiotherapists, social workers, art therapists, occupational therapists, nurses, among others, and care for people in distress severe and persistent psychic, in order to promote, through individual, group, family and community activities, the strengthening of civil rights, family and community support, facilitating the autonomy and social reintegration of the user and his family³. With the deinstitutionalization, users now have a mental health care network centered on the articulation of substitute services to the psychiatric hospital, the Psychosocial Care Network (RAPS) emerges, which in 2011 becomes part of the Unified Health System (SUS), with the Psychosocial Care Centers (CAPS I, II and III) and specifically aimed at children and adolescents (CAPSi) or users of alcohol, crack and other drugs (CAPSad); Basic Health Units (UBS); teams of the Family Health Strategy (ESF), street offices, therapeutic residences, among others.^{2,3} With this articulation, the patient has his individual therapeutic project and can help to decide what will be best for him, therefore, they are spaces where ways of thinking and acting in mental health can be expressed, consistent with the appreciation of the subject in mental illness, your life context and your demands and needs^{3,4}. From the reformulation of the mental health care model and the scale of the expansion of RAPS in Brazil that has been increasing in recent years, it is necessary to have a continuous evaluation to demonstrate the importance of overcoming traditional hospital-centric models and also for social participation.

Objective: Describe the advance in assistance to people with mental disorders, users of mental health after the Psychiatric Reform in Brazil.

Methodology: This study is a bibliographic review with a qualitative approach, with scientific production in the period from 2015 to 2019, covering the literature focused on the area of mental health on the Brazilian Psychiatric Reform. All articles used are available online on Google Scholar, on the SciELO Platform and on the LILACS Virtual Library, where the inclusion criteria were the production of knowledge published in



Portuguese language, between 2015 and 2019, with emphasis on publications from the last decade and research carried out in Brazil, with the keywords: Psychiatric Reform, Advances, Assistance, Mental Health. A total of 21 works were captured, of which only 13 were considered relevant and analyzed by categories, where the selection of works took place in three stages, respectively by key words, by title, by abstract and by reading of the full article.

Result: The selected articles based on the research objective, originated three discussion categories: 1- The context and historical analysis; 2- Processes, principles, and current issues; 3- Need for professional training. In the context and historical analysis, the insane were considered in direct relationship with the gods, where this religious ideology framed heretics, witches, sorcerers and had the bonfire as "treatment", and the institutionalization of insane people was found to be associated to political, economic, social, religious, and moral meanings, such as social exclusion⁵. Mental health care in Brazil took a new direction from the end of the 1970s, with the beginning of the Psychiatric Reform process, where there were several changes in the way of care and the need for teams to adapt to the new paradigm, and even so has been consolidating, achieving achievements and facing difficulties, as it has citizenship as its hard core and brings the psychosocial mode as a citizen perspective of care, when the devices were implemented with the objective of reversing the asylum paradigm, and recently, regulations have clearly shown a kickback project⁶. Therefore, the anti-asylum movement at the beginning in the mid-1980s, which understood as deinstitutionalization the deconstruction of practices and discourses that naturalize and reduce the experience of madness to the expression of mental illness, is still current and we run the risk of being carrying out only one process of de-hospitalization that has not subverted the asylum culture, promoting new practices of domination, stigmatization and perverse recognition⁷. Today, a panorama that has transformed public care in mental health in the country is approached, despite being part of the political and economic decisions of Brazilian governments, with moments in social policies and repercussions on the low funding of public policies, they present actions focused on the precariousness of work in the public and private sectors. 2- Processes, principles and current issues, the Brazilian Psychiatric Reform Law, Law No. 10216, deals with the rights of people in psychological distress and the reorientation of the care model, and throughout this period its potential to induce transformations and advances in the scenario is notorious. assistance in the country. There are changes in the profile of psychiatric hospitals with financial incentives for smaller ones, drastic reduction of SUS beds in psychiatric hospitals and the indication of 10 psychiatric hospitals for discreditation in the SUS based on the evaluations of the National Program for the Evaluation of the Hospital System (PNASH), where the transfer of federal financial incentive resources for the development of psychosocial rehabilitation strategies and calls for the strengthening of users and families is registered⁸. The need for innovations in care,

which shows the predominance of traditional activities and the foundation of the hospital at the expense of innovative activities, based on interpersonal relationships, social reintegration, comprehensive care, autonomy, and citizenship, also, work overload was reported, the devaluation of wages, the lack of human and financial resources was brought up as aspects that hinder the performance⁹. However, the knowledge produced by the subjects in their experiences in mental health services must be incorporated, as it is necessary to establish, in the context of public mental health policy, a way of relationship capable of seriously considering the experiences of these people and, thus, attributing an epistemological status to the knowledge produced by them¹⁰. The context is the reality in cases of psychic crisis composes a complex and multifaceted context, permeated by social and historical elements that lead to the discussion about madness and health care, while contributing to the consolidation of an intervention in humanized psychiatric emergencies and articulated with the Brazilian Psychiatric Reform, ensuring social reinsertion and the rescue of citizenship for individuals in psychological distress¹¹. Important aspects in mental health must be relevant, as historically there is a scenario in Brazil in which care for people with mental disorders in crisis situations is marked by institutionalization, isolation, involuntary measures, and human rights violations, where many sometimes in asylums, psychiatric hospitals, and therapeutic communities, which are structures that serve to segregate, control, protect and produce stigma. According to information from the evaluation report of psychiatric hospitals within the SUS, 75% of psychiatric hospitals are private and provide care to SUS users and in private hospitals 35% of admissions last for more than a year, while in public hospitals this percentage is 47%¹². Studies show that the care practices developed in the CAPS have approaches, reflections, and some relevant subsidies regarding the quality of mental health care, that, although there are barriers and challenges in care, the multiple facets of care, pointed out by users of the CAPS, corroborate the ideals of the Psychiatric Reform and signal that the reorientation of the mental health care model is already present in the daily care practices¹³. 3- Need for professional training of nurses The Psychiatric Reform introduced multidisciplinary teamwork, however, it is necessary to think of nurses as a member of this team, with their function associated with carrying out a task shared between several individuals to allow exchanges and setting goals overcoming fragmentation, thus, the distancing of care from practices traditionally focused on the hospital becomes evident. The nurse who makes the first contact with the user, with exchanges of experiences, creation of bonds, activities beyond those of traditional psychiatry, such as: screening, home visits, team meetings, guidance to the patient and family, as they are moments for adherence to the treatment, establishing a link between professionals and the user¹⁴. Welcoming is a tool capable of promoting a bond between professionals and users, thus enabling the encouragement of self-care, understanding of the disease and proposed therapy, helping to universalize access, strengthen the



professional's work, qualifying health, humanizing practices, and stimulating actions to combat prejudice. It is essential that, nowadays, health professionals are included in the necessary updates and training, so that nurses can competently manage the health care management processes and monitor the changes that occur in the health system, due to the lack of training specific causes difficulties, creating barriers to the implementation of new health practices.¹⁵ In the academic field, it is essential to rethink and restructure professional training strategies. It is not true that it is only psychiatry that must review its formative processes. Many other professions show outdated skills, make use of ideological arguments and present serious technical deficiencies, which disqualifies practices and contributes to the perpetuation of moral treatment⁹. It was identified that nursing practices are still not in accordance with the post-psychiatric reform period, still prevailing the traditional activities of the hospital-centric model to the detriment of practices of valuing singularities, seeking social reintegration, autonomy, citizenship and interpersonal relationships, because factors make this practice difficult, such as lack of resources and time for more innovative activities, thus realizing that nursing still has a way to go in search of changes in mental health care¹³. The importance of qualification is because professionals with this knowledge transform their reality and make changes. If all professional nurses must have knowledge about acting in mental health,

health implantation. As well as we shall increase the fight with the management and policy formulation bodies, to establish independent monitoring and evaluation mechanisms of the RAPS and for access to information⁸.

Conclusion: It was concluded from the analyzed studies, which historically considered that the insane had a direct relationship with the gods, belonging to the field of the sacred and messenger of truths, where they were like witches and burned. The Brazilian Psychiatric Reform came to give dignity to people with mental illness, and it is still current and we run the risk of just carrying out a dehospitalization process that has not subverted the asylum culture, promoting new practices of domination, stigmatization and perverse recognitions and that, because it deals with the rights of people in psychological distress and the reorientation of the care model, it has been throughout this period having its notorious potential to induce transformations and advances in the country's care scenario, remembering that nurses make the first contact with the user, where there is exchange of experiences and creation of bonds, thus, it is essential that today, health professionals are inserted in the necessary updates and training, thus, we assess that the Psychiatric Reform has made important advances possible, especially to the rights historically denied to patients of mental disorder, but buy end a process that is still ongoing, fringed with challenges.

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