

**Historical conceptions of the construction of contemporary psychiatry:  
a theoretical reflection on transpandemic care***Concepciones históricas de la construcción de la psiquiatría contemporánea:  
una reflexión teórica sobre el cuidado transpandémico**Concepções históricas da construção da psiquiatria contemporânea:  
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**Abstract**

The aim was to analyze the historical context of ancient and current psychiatry and the repercussions in the pre and transpandemic period. This is a reflection study, with a descriptive and critical-reflexive character, based on Pinel's theory of "Moral Treatment" in the context of the treatment of patients in asylums that are considered alienated. For development, three categories were listed, such as Psychiatry and Pinel: history, Psychiatry in Brazil and COVID-19: mental health and the future of psychiatry. The changes arising from the pandemic context triggered several psychological shocks in the population that complied with the quarantine demand. It can be highlighted the increase in the level of stress, anxiety, depression (the latter increased by 25%, according to the most recent data from the World Health Organization), psychological trauma, anguish linked to grief and other fears related to death and unemployment. When we talk about the pandemic, the fear it brings increases levels of anxiety and stress in healthy individuals and intensifies the symptoms of those with pre-existing psychiatric disorders. Thus, even with the publication of some reports on local health care strategies, more comprehensive emergency guidelines for this pandemic scenario are still not known.

**Descriptors:** History; Psychiatry; COVID-19; Mental Disease; Psychiatric Reform.**Resumen**

El objetivo fue analizar el contexto histórico de la psiquiatría antigua y actual y las repercusiones en el período pre y transpandemia. Se trata de un estudio de reflexión, de carácter descriptivo y crítico-reflexivo, basado en la teoría del "Tratamiento Moral" de Pinel en el contexto del tratamiento de pacientes en asilos considerados alienados. Para el desarrollo, se enumeraron tres categorías, como: Psiquiatría y Pinel: historia, Psiquiatría en Brasil y COVID-19: salud mental y el futuro de la psiquiatría. Los cambios derivados del contexto de la pandemia desencadenaron varios choques psicológicos en la población que cumplió con la exigencia de la cuarentena. Se puede destacar el aumento del nivel de estrés, ansiedad, depresión (esta última aumentó un 25%, según los últimos datos de la Organización Mundial de la Salud), trauma psicológico, angustia ligada al duelo y otros miedos relacionados con la muerte y desempleo. Cuando hablamos de la pandemia, el miedo que trae aumenta los niveles de ansiedad y estrés en individuos sanos e intensifica los síntomas de aquellos con trastornos psiquiátricos preexistentes. Así, aún con la publicación de algunos informes sobre estrategias locales de atención en salud, aún no se conocen lineamientos de emergencia más integrales para este escenario de pandemia.

**Descriptorios:** Historia; Psiquiatría; COVID-19; Enfermedad Mental; Reforma Psiquiátrica.**Resumo**

Objetivou-se analisar o contexto histórico da psiquiatria antiga e atual e as repercussões no período pré e transpandêmico. Trata-se de um estudo de reflexão, de caráter descriptivo e crítico-reflexivo, baseado na teoria "Tratamento moral" de Pinel sob o contexto dos tratamentos dos doentes nos manicômios sendo considerados alienados. Para o desenvolvimento, foram elencadas três categorias, tais quais: Psiquiatria e Pinel: histórico, Psiquiatria no Brasil e COVID-19: saúde mental e futuro da psiquiatria. As mudanças originadas do contexto pandêmico desencadearam diversos abalos psicológicos na população que cumpriu com a demanda da quarentena. Podendo ressaltar, o aumento no nível de stress, ansiedade, depressão (os últimos aumentaram em 25%, segundo os dados mais recentes da Organização Mundial da Saúde), traumas psicológicos, angústias vinculadas ao luto e demais medos, relacionados a morte e desemprego. Quando falamos da pandemia, o medo que ela traz aumenta os níveis de ansiedade e estresse em indivíduos saudáveis e intensifica os sintomas daqueles com transtornos psiquiátricos pré-existentes. Dessa forma, mesmo com a publicação de alguns relatórios sobre estratégias locais de atenção à saúde, ainda não são conhecidas diretrizes de emergência mais abrangentes para esse cenário de pandemia.

**Descritores:** História; Psiquiatria; COVID-19; Doença Mental; Reforma Psiquiátrica.

## Introduction

Psychiatry has its origins in the European matrix, being a phenomenon classified as recent, just over two hundred years ago, which constitutes a medical specialty in charge of treating mental disorders. Thus, its foundational landmark was the work of the French physician, Philippe Pinel (1745-1827), who consolidated it as a medical specialty giving the name of alienism. In this way, alienism allows the incorporation of the insane, now understood as mentally alienated, treated and recovered. However, if this were not possible, they would have to be tutored, under special conditions, in a space called an asylum, which has become a place to observe, classify, treat, recover, isolate and repress these individuals, in the name of science and philanthropy<sup>1</sup>.

In addition, Philippe Pinel, a physician relevant to the changes in psychiatric perspectives, associated the treatment of madness through morality, which consisted of a routine with medications prescribed by doctors, leisure activities and work for the sick, removing the past view of injury or aggression suffered by patients<sup>2</sup>.

The history of psychiatry in Brazil has its first reports in the first half of the 19th century, when interventions by the State in relation to madness occur. Thus, the arrival of the Portuguese royal family aimed to urbanize the cities, and was responsible for removing people considered alienated from circulation. Thus, in 1841, D. Pedro II created a decree authorizing the creation of a hospital for the mentally ill, a fact that represents a milestone in the birth of psychiatry in the country. Such a signature represents the pressure exerted by a group of people and their specific interests<sup>3</sup>.

Thus, over the years, specifically during the Military Dictatorship (1964-1985), it was possible to build new asylums, aimed at financial interest, where, in addition to public asylums, a partnership with private hospitals was established. In April 1978, there was a crisis in the National Division of Mental Health (DINSam), considered the trigger for the Brazilian Psychiatric Reform movement, and a strike was held due to precarious working conditions, as well as excessive violence in asylums. However, in Brazil, the name psychiatric reform was established in 1989 with the objective of accompanying the Sanitary Movement and the Sanitary Reform, constituting the Unified Health System (SUS). From the psychiatric and health reforms, mental health care starts to be defended as a movement to transform society's relationship with the patient with mental suffering, in an emancipatory and integral logic<sup>4</sup>.

In addition, from the 8th National Health Conference in 1986, thematic discussions were held, such as Mental Health and, also, the holding of National Congresses of Mental Health Workers that raised questions about asylum practices, as was done by Pinel, enabling the emergence of criticism of asylums. Currently, Mental Health in Brazil is based on Law No. 10,216 of 2001 and other official documents, such as Law No. 10,708 of 2003 and Ordinance No. 3,088 of 2011. In addition, there is the presence of 2,209 Psychosocial Care Centers (CAPS), 34 reception units and 4,620 psychiatric beds in general

hospitals, which shows improvements in care for this population, both on a day-to-day basis and in more specific situations such as pandemics<sup>2</sup>.

In the context of outbreaks, epidemics, endemics and pandemics, the rate of people affected by problems related to mental health tends to grow exponentially. Furthermore, in many of these cases, the implications related to the psychosocial dimension tend to last longer than the infectious diseases themselves, generating enormous long-term consequences. This reality was experienced with the advent of the COVID-19 pandemic, triggered at the end of 2019. The insecurity of the future and the fear of the present were imposing factors in the population's mental illness. Thus, with the referral to the end of the pandemic, there is a need for mental care that was compromised during the current period of COVID-19<sup>5-7</sup>.

During the aforementioned period, especially in the first few months, one of the strategies to reduce the circulation of the virus in the territory was the recommendation of social isolation. Such a measure has caused many individuals to face social distancing, with the breaking of routines, and a transfer of social, work and study relationships to a virtual dynamic, limiting the options for outdoor leisure, in addition to the deprivation of habits such as playing sports in general<sup>8,9</sup>.

The changes arising from the pandemic context had important impacts on the mental health of the population. It can be noted, the increase in the level of stress, anxiety, depression (the latter increased by 25%, according to the most recent data from the World Health Organization), psychological trauma, anguish related to grief and other fears related to death and unemployment<sup>9,10</sup>.

Therefore, the change in the history of psychiatry is remarkable, being currently related to the Unified Health System (SUS) aiming at a more social perspective and distancing itself from the aggression to which patients were subjected, according to Philippe Pinel's idea. Thus, the present study, based on the guiding question: "Were there changes in the perspective of psychiatric history in Brazil during the COVID-19 pandemic period?", aims to analyze the historical context of old and current psychiatry and the repercussions in the period pre and transpandemic.

## Methodology

The study presents itself as a reflection based on Pinel's "Moral treatment" theory in the context of the treatment of patients in asylums being considered alienated. Pinel makes a change in the perspective of treatment in a moral way, restructuring the spaces of asylums and the treatment of inmates, changing the idea of psychiatry. Such a descriptive and critical-reflective analysis highlights the history of psychiatry and its evolution until the period of the COVID-19 pandemic, emphasizing the changes based on the theorist's idea. A bibliographic search of articles published between the years 2017 and 2022 was carried out, in which they contained information linked to the descriptors "history, psychiatry, COVID-19 pandemic, mental illness, psychiatric reform", using the SciELO, Google



Scholar databases and official Federal Government websites. The search and selection of studies took place in April 2022.

## Results and Discussion

### Psychiatry and Pinel: history

Treated as alienated, individuals who had some mental disorder were considered dangerous and should stay away from society, whether in private rooms, jails or in charity hospitals<sup>9</sup>. This was a common scenario found in the world before the emergence of psychiatry, evidencing the lack of attention and care for people who had a mental disorder.

Over the course of European development and the advance of urbanization, there was an exponential growth in the urban population and, consequently, a large number of unemployed people living on the streets. Thus, a reorganization began, dividing the beggars between those who were considered valid, that is, they could work, and the invalids. With this achievement, countries began to adopt the practice of hospitalization in general hospitals, charities, which used measures such as imprisonment and forced labor. The admissions were made arbitrarily, requiring only a kidnapping authorization and, thus, they were deprived of their liberty<sup>1,10</sup>.

However, after the French Revolution (1789), the functionality of these general hospitals began to be questioned and, as a result, reforms took place in the functioning of these hospitalizations that changed perceptions on this issue. In this context, alienism (as a specialty that treats madness) emerged at the turn of the 18th century to the 19th century, with the French physician Philippe Pinel as its main developer<sup>1</sup>.

The emergence of this specialty served as a product for new paradigms in the treatment of these individuals and as a basis for what is currently found in contemporary psychiatry.

For Pinel, the clinical approach to patients with mental illnesses should start from symptoms to clinical conditions, in this way; the alienist should pay attention to gestures, behaviors and expressions, that is, what could be captured by the senses. He considered madness as an alteration of the functions of the nervous system, expressing a derangement in the intellectual functions<sup>1</sup>.

Another relevant point in Pinel's works is the importance that the treatment institution represents in the recovery of the insane, thus, he promoted the restructuring of spaces of hospitalization and creation of asylums, which would serve as a healing environment. As a result, the conditions of the place were considered relevant and deserved attention. Although measures such as isolation and straitjacket were still used, the changes provided by the Frenchman's ideas represented new paradigms for the approach to mental health at that time<sup>1</sup>.

In addition, Pinel also highlighted the importance of individual treatment, in which their particularities should be analyzed. Although he used physical means, he considered treatment based on moral causes to be of

greater importance<sup>1</sup>. With his works, ideas and actions, the Frenchman played an important role in the advancement of psychiatry, shaping new paths for an area that, at that time, was little talked about.

### Psychiatry in Brazil

In archaic times, emphasizing the colonial era, care for the sick in Brazil was totally precarious, being practically null. In this way, it is emphasized that most of the care was done by religious people in charity houses, healers, shamans, among other people without real medical training who tried to perform some type of treatment for the disease<sup>11,12</sup>. Not escaping from the aforementioned, the procedures performed with psychic patients were aimed at taking care of the symptoms they presented and not their real involvement.

Over the years and the emergence of the Industrial Revolution, a new work routine emerged with high demand; as a result, they felt the need to create a center for segregation and evolution of medical care for those with psychic illnesses. Thus, it started such a change with Pinel in France, and it expanded throughout the western world, with the determined values of the time. Thus, with the arrival of the court to Rio de Janeiro, Emperor Dom Pedro II built a hospice in the city that served the French model<sup>11,13</sup>.

It is worth mentioning that in this period the asylums acted with grotesque treatments, such as the practice of lobotomy, shocks and physical aggression, which removed the dignity of individuals. It is also worth noting that everyone who was different from the majority was considered crazy, this includes LGBTQIA+ people, blacks and Indians, political activists, alcoholics, single mothers, undocumented and poor people, in other words all those who were excluded and unwanted by the population<sup>13,15,18</sup>.

In order to change the current traumatic reality, anti-asylum discourses began, which evolved into plans for a psychiatric reform, which aimed to return with the dignity of people who had some type of mental disorder. As a result, following the evolved idea of Franco Basaglia, based on the proposal of transforming culture through the social reintegration of the insane, a doctor named Nise da Silveira protested against events that occurred in hospices, such as, for example, the lock-up, aggressiveness, overcrowding, lack of humanization and hygiene<sup>16,19</sup>.

In addition, the aforementioned doctor developed activities related to occupational therapy, which were of great value to schizophrenic patients. With this, Nise called on the academy and health professionals to take a new look at mental health, based on human, social and integral care<sup>17</sup>.

In addition, when we refer to the Psychiatric Reform, we must report on its change project, which was presented in 1989 and approved only after 12 years, when it was sanctioned as Law No. Anti-Asylum Law and Paulo Delgado Law. This event caused the closure of several asylums in the country, the transformation of the mental health care model and the institution of a psychosocial care network for mental health care in freedom<sup>17</sup>.



After all, all the events in order to improve care were extremely important and made that nowadays individuals affected by some mental disorder are able to receive free support, since treatments are currently funded by the SUS (Unified Health System). Finally, it should be noted that in modern Brazil there are programs such as the Psychosocial Care Network (Raps), the Psychosocial Care Center (Caps) and the Residential Therapeutic Services (SRT), in addition to medications that are also offered by the government. , these have the objective of caring for patients in a humanized way, giving reception, with total gratuity<sup>17</sup>.

### COVID-19: mental health and the future of psychiatry

Although infectious diseases have emerged at various times in history, in recent years globalization has facilitated the spread of pathological agents, resulting in pandemics across the world. This has increased the complexity of containing infections, which have had an important political, economic and psychosocial impact, leading to urgent public health challenges.<sup>2-6</sup> HIV, Ebola, Zika and H1N1, among other diseases, are recent examples<sup>1</sup>.

The coronavirus (COVID-19), identified in China in late 2019, has a high potential for contagion, and its incidence has increased exponentially. Its widespread transmission has been recognized by the World Health Organization (WHO) as a pandemic. Dubious or even false information about factors related to the transmission of the virus, the incubation period, its geographic reach, the number of infected people and the real mortality rate led to insecurity and fear in the population. The situation was exacerbated due to insufficient control measures and the lack of effective therapeutic mechanisms<sup>6,8,9</sup>. These uncertainties have consequences in several sectors, with direct implications for the daily life and mental health of the population.

This scenario raises several questions, such as: Is there a fear/stress pandemic concomitant with the COVID-19 pandemic? How can we assess this phenomenon?

To understand the psychological and psychiatric repercussions of a pandemic, the emotions involved, such as fear and anger, must be considered and observed. Fear is an adaptive animal defense mechanism that is critical for survival and involves several biological processes in preparation for a response to potentially threatening events. However, when it is chronic or disproportionate, it becomes harmful and can be an essential component in the development of various psychiatric disorders. In a pandemic, fear increases anxiety and stress levels in healthy individuals and intensifies symptoms in those with pre-existing psychiatric disorders. During epidemics, the number of people whose mental health is affected tends to be greater than the number of people affected by the infection. Past tragedies have shown that the implications for mental health can last longer and be more prevalent than the epidemic itself, and that the psychosocial and economic impacts can be incalculable if we consider their resonance in different contexts<sup>8,13,20</sup>.

As the economic costs associated with mental disorders are high, improving mental health treatment strategies can lead to gains in both physical health and the economic sector. In addition to a concrete fear of death, the COVID-19 pandemic has implications for other spheres: family organization, closure of schools, businesses and public places, changes in work routines, isolation, leading to feelings of helplessness and abandonment. In addition, it can increase insecurity due to the economic and social repercussions of this large-scale tragedy.

During the Ebola outbreak, for example, fear-related behaviors had an individual and collective epidemiological impact during all phases of the event, increasing the rates of suffering and psychiatric symptoms in the population, which contributed to the increase in indirect mortality from other causes that does not ebola. Currently, the ease of access to communication technologies and the transmission of sensational, inaccurate or false information can increase harmful social reactions such as anger and aggressive behavior<sup>14,15,20</sup>.

COVID-19 diagnostic, tracking, monitoring and containment measures have been established in several countries. However, there are still no accurate epidemiological data on the psychiatric implications related to the disease or its impact on public health. A Chinese study provided some insights in this regard. Approximately half of respondents rated the psychological impact of the epidemic as moderate to severe, and about 1/3 reported moderate to severe anxiety. Similar data were reported in Japan, where the economic impact was also dramatic<sup>7,12,16</sup>.

Another study reported that patients infected with COVID-19 (or suspected of being infected) may experience intense emotional and behavioral reactions, such as fear, boredom, loneliness, anxiety, insomnia or anger, as has been reported in similar situations in the past. Such conditions can develop into disorders, whether depressive, anxiety (including panic attacks and post-traumatic stress), psychotic or paranoid, and can even lead to suicide. These manifestations may be especially prevalent in quarantined patients, whose psychological distress tends to be greater. In addition, even among patients with common flu symptoms, stress and fear due to the similarity of conditions can generate mental distress and worsen psychiatric symptoms. Although the rate of confirmed versus suspected cases of COVID-19 is relatively low, most cases are considered asymptomatic or mild, and the disease has a relatively low mortality rate, the psychiatric implications can be significantly high, overwhelming emergency services and the health system as a whole<sup>12-17,19</sup>.

In conjunction with actions to help infected and quarantined patients, strategies must be developed aimed at the general population and specific groups, including health professionals directly exposed to the pathogen and with high stress rates. Although some protocols for physicians have been established, most health professionals working in isolation units and hospitals are not trained to provide mental health care during pandemics, nor do they receive specialized care. Previous studies have reported high rates of anxiety and stress



symptoms, as well as mental disorders such as post-traumatic stress disorder, in this population (especially among nurses and physicians), which reinforces the need for care<sup>12</sup>.

Other specific groups are especially vulnerable in pandemics: the elderly, the immunocompromised, patients with previous clinical and psychiatric conditions, family members of infected patients and residents of high-incidence areas. In these groups, social rejection, discrimination and even xenophobia are frequent<sup>12,18</sup>.

Providing psychological care is an essential component of assistance for populations that are victims of emergencies and disasters, but there are no effective universal protocols or guidelines for psychosocial support practices. Although some reports on local mental health care strategies have been published, no more comprehensive emergency guidelines for these scenarios are known, as previous evidence refers only to specific situations<sup>1,12,18</sup>.

In Brazil, a large developing country with marked social disparity, low levels of education and a humanitarian-cooperative culture, there are no parameters to estimate the impact of this phenomenon on the mental health or behavior of the population. It will be possible to implement effective preventive and emergency actions, aimed at the psychiatric implications of this biological pandemic in broad spheres of society?

Specifically for this new COVID-19 scenario, it is suggested that three main factors be considered when developing mental health strategies: 1) multidisciplinary mental health teams (including psychiatrists, psychiatric nurses, psychologists and other mental health professionals); 2) clear communication involving regular and accurate updates on the COVID-19 outbreak; and 3) establishment of secure psychological counseling services (eg, via electronic devices or applications). Finally, it is extremely necessary to implement public mental health policies in conjunction with epidemic and pandemic response strategies before, during and after the event. Mental health professionals such as psychologists, psychiatrists and social workers must be on the front lines and play a leadership role in emergency planning and management teams. Assistance protocols, such as those used in disaster situations, must cover areas relevant to the

individual and collective mental health of the population<sup>1,12,14,18</sup>.

### Final Considerations

The currently dated psychiatry is of European origin and is based on studies by the French physician Philippe Pinel, whose important work in this area of mental health was to treat patients for morality through alienism. Such a method sees madness as an alteration of the nervous system functions that causes derangements in the intellectual functions of the affected individual. In this way, Pinel sought to restructure the spaces of asylums, bringing new paradigms regarding treatment, having his studies as a basis for contemporary psychiatry.

Regarding the context of psychiatry in Brazil, it can be observed that people with mental illnesses were isolated at home, or wandered through the streets of the country. To try to transform this reality, D. Pedro II created the first hospital to admit these people, which was based in part on the study of the French doctor Pinel.

However, admissions were made arbitrarily, in which patients were deprived of their liberty, having their particularities disrespected and suffering violations such as lobotomy, shocks and physical aggression. In the current history of contemporary psychiatry, the Psychiatric Reform Law No. 10 216/2001 is in force, establishing a new model of treatment for mental disorders in Brazil and prohibiting asylums.

Based on this, the central question of the study is because changes have occurred in the perspective of the psychiatric history of Brazil in the period of the COVID-19 pandemic, since the coronavirus has brought uncertainties with direct implications for the daily life and mental health of the population. Thus, when we talk about the pandemic, the fear it brings increases levels of anxiety and stress in healthy individuals and intensifies the symptoms of those with pre-existing psychiatric disorders.

Thus, even with the publication of some reports on local health care strategies, more comprehensive emergency guidelines for this pandemic scenario are still not known. Therefore, measures should be implemented that aim to increase multidisciplinary mental health teams, encourage clear communication involving regular and accurate updates on the COVID-19 outbreak, and establish safe psychological counseling services.

### References

1. Teixeira MO. Pinel e o nascimento do alienismo. Estudos e Pesquisas em Psicologia [Internet]. 2019 [acesso em 24 abr 2022];19(2). Disponível em: <https://www.e-publicacoes.uerj.br/index.php/revispsi/article/view/44288/30186>
2. Ministério da Saúde (BR). Centro Cultural do Ministério da Saúde. Hospício [Internet]. Brasília (DF): MS; 2022 [acesso em 24 abr 2022]. Disponível em: <http://www.ccms.saude.gov.br/hebospicio/text/bio-pinel.php>
3. Yasui S, Barzaghi N. História, Memória e Luta: A construção da Reforma Psiquiátrica no Brasil [Internet]. Convención Internacional de Salud, Cuba Salud, 2018 [acesso em 24 abr 2022]. Disponível em: <http://convencionalsalud2018.sld.cu/index.php/convencionalsalud/2018/paper/viewFile/792/895>
4. Lage RDF, Dumarde LTL, Pereira LS, Dumarde AL, Dumarde CLS, Colaro IG, Silva MV, Silva MV, Teixeira EMP, Lopes CKM. O avanço na assistência à pessoa com transtorno mental após a Reforma Psiquiátrica de 06 de abril de 2001. Glob Acad Nurs. 2021;2(Sup.1):e123. <https://dx.doi.org/10.5935/2675-5602.20200123>



5. Shigemura J, Ursano RJ, Morganstein JC, Kurosawa M, Benedek DM. J. COVID-19: consequências da saúde mental da população. *Psychiatry and Clinical Neurosciences*. 2020. <https://doi.org/10.1111/pcn.12988>
6. Ministério da Saúde (BR). Ministério da Saúde regulamenta medidas de isolamento e quarentena [Internet]. Brasília (DF): MS; 2020 [acesso em 24 abr 2022]. Disponível em: <https://www.gov.br/pt-br/noticias/saude-e-vigilancia-sanitaria/2020/03/ministerio-da-saude-regulamenta-medidas-de-isolamento-e-quarentena>
7. Vieira JM, Granja P. COVID 19: uma pandemia de saúde mental. *Saúde & Tecnologia* [Internet]. 2020 [acesso em 24 abr 2022];24:05-10. Disponível em: [https://repositorio.ipl.pt/bitstream/10400.21/13208/1/COVID-19\\_uma%20pandemia%20de%20sa%c3%bade%20mental.pdf](https://repositorio.ipl.pt/bitstream/10400.21/13208/1/COVID-19_uma%20pandemia%20de%20sa%c3%bade%20mental.pdf)
8. Fundação Oswaldo Cruz (BR). Depressão, ansiedade e estresse aumentam durante a pandemia [Internet]. Brasília (DF): Fiocruz.br; 2020 [acesso em 24 abr 2022]. Disponível em: <https://www.fiocruzbrasilia.fiocruz.br/depressao-ansiedade-e-estresse-aumentam-durante-a-pandemia/>
9. Oda AMGR, Dalgalarondo P. O início da assistência aos alienados no Brasil ou importância e necessidade de estudar a história da psiquiatria. *Rev. Latinoam. Psicopat. Fund* [Internet]. 2004 [acesso em 24 abr 2022];7(1). Disponível em: <https://www.scielo.br/j/rlpf/a/kKkby7Ln9Tr5FQqwrS4cm7S/?format=pdf&lang=pt>
10. Figueirêdo MLR, Delevati DM, Tavares MG. Entre loucos e manicômios: história da loucura e a reforma psiquiátrica no Brasil. *UNIT-Alagoas* [Internet]. 2014 [acesso em 24 abr 2022];2(2):121-136. Disponível em: <https://periodicos.set.edu.br/fitshumanas/article/view/1797>
11. Ornell F, Schuch JB, Sordi AO, Kessler FHP. Pandemia De Medo E Covid-19: Impacto Na Saúde Mental E Possíveis Estratégias. *Debates em psiquiatria - Abr-Jun 2020*. <http://dx.doi.org/10.25118/2236-918X-10-2-2>
12. Miranda-Sá Jr. LS. Breve histórico da psiquiatria no Brasil: do período colonial à atualidade. *Revista de psiquiatria do Rio Grande do Sul. Rev.Psiquiatr.* 2007;29(2):156-158. <https://doi.org/10.1590/S0101-81082007000200005>
13. Pena MP, pereira LSD, Azevedo DL, Barbosa ALJ, Gomes CAA, Silva CF, Soares CLG. Hospital colônia de Barbacena: fatores de risco e adoecimento em espaço psiquiátrico. *Universo Belo Horizonte* [Internet]. 2018 [acesso em 24 abr 2022];1(3). Disponível em: <http://www.revista.universo.edu.br/index.php?journal=3universobelo Horizonte3&page=article&op=view&path%5B%5D=6582>
14. Dias A. Fontes clínicas, história da loucura e história da psiquiatria: uma revisão historiográfica. *Tempos Históricos*. 2021;25(1). <https://doi.org/10.36449/rth.v25i1.21029>
15. Bolfe JS, Rosa LS. Desrespeito aos direitos humanos nos manicômios brasileiros no início do século XX e aplicabilidade da lei antimanicomial. *II CBPSI* [Internet]. 2018 [acesso em 24 abr 2022];:325-332. Disponível em: <https://cbpsi.fae.emnuvens.com.br/cbpsi/article/viewFile/73/72>
16. Philippart KS, Shiraishi LS, Ribeiro LD, Tauyr LV, Guardia Júnior MT, Campos NES. Reflexos sociais e metodológicos na evolução da neurologia e a atual situação desta área médica no Brasil. *EASN* [Internet]. 2021 [acesso em 24 abr 2022];1. Disponível em: <https://www.periodicojs.com.br/index.php/easn/article/view/196>
17. Ministério da Saúde (BR). 20 anos da Reforma Psiquiátrica no Brasil: 18/5 – Dia Nacional da Luta Antimanicomial [Internet]. Brasília (DF): MS; 2021 [acesso em 24 abr 2022]. Disponível em: <https://bvsm.sau.gov.br/20-anos-da-reforma-psiquiatrica-no-brasil-18-5-dia-nacional-da-luta-antimanicomial/#footer>
18. Mezza M, Torrenté MON. A Reforma Psiquiátrica Brasileira como luta pelo reconhecimento e progresso moral. *A Reforma Psiquiátrica Brasileira como luta pelo reconhecimento e progresso moral*. 2020;44(Spe.3):235-249. DOI 10.1590/0103-11042020e320
19. Lima AA, Holanda AF. História da psiquiatria no Brasil: uma revisão da produção historiográfica (2004-2009). *Revista Estudos e Pesquisas em Psicologia*. 2010;10(2). <https://doi.org/10.12957/epp.2010.8983>
20. Cairo JVF, Freitas THD, Francisco MTR, Lima ALR, Silva LA, Marta CB. Enfermagem em saúde mental: a assistência em um cenário de mudanças. *Glob Acad Nurs*. 2020;1(3):e56. <https://dx.doi.org/10.5935/2675-5602.20200056>

