IOSR Journal of Business and Management (IOSR-JBM)
e-ISSN:2278-487X, p-ISSN: 2319-7668. Volume 26, Issue 2. Ser. 9 (February. 2024), PP 27-33
www.iosrjournals.org

The Humanization Of Mental Health: Advances And Challenges Of Psychiatric Institutionalization In Brazil

Gabriely Alice Tesser[1]; Mariléia Batista Fertig[2]
[1](Department Of Psychology, University Of Alto Vale Do Rio Do Peixe (Uniarp), Brazil)
[2](Department Of Psychology, University Of Alto Vale Do Rio Do Peixe (Uniarp), Brazil)

Abstract:
Background*: Madness and the measures taken to combat it have permeated the history of traditional psychiatry, which has been based on medication and hospitalization, and marked by isolation, torture, and incarceration as treatments for mental illness. In Brazil, psychiatric reform began in the 1970s and remains relevant today. This process advocated for the rights of individuals with mental disorders within the framework of human rights, while also proposing inclusive societal ethics regarding mental illness. To elucidate the advances achieved and the obstacles faced during the psychiatric reform journey, this research was conducted, with a focus on the struggle for humanized care for individuals with mental disorders.*
Materials and Methods*: Through a narrative literature review, the history of psychiatric institutionalization in Brazil and the legal aspects of psychiatric care were examined, based on a longitudinal analysis spanning the period from 1970 to 2023.*
Results*: In order to serve the psychiatric community with humanized treatments, the Psychosocial Care Network (RAPS) was established in 2011. This network provides services through Psychosocial Care Centers (CAPS), which offer care in partnership with Basic Health Units (UBS), Emergency Care Units (UPA), Mobile Emergency Care Services (SAMU), among others. These initiatives represent advancements in humanized treatment within Brazilian psychiatry.*
Conclusion: *The transformation of the psychiatric landscape to mental health care, driven by deinstitutionalization and the implementation of specific laws, has led to significant improvements in the treatment and support of affected individuals. This shift towards not only a more humanized approach but also a more holistic and inclusive one, is evident.*

Keywords*: humanization; mental health; psychiatric institutionalization; Brazil; psychiatric reform*

Date of Submission: 19-02-2024 Date of Acceptance: 29-02-2024

I. Introduction

Madness and measures to combat it have been central in the history of psychiatry, with asylums, isolation, torture, and incarceration as treatments for madness. Traditional psychiatry focuses solely on illness, disregarding the broader concepts of health and individual subjectivity, often aiming to conceal "abnormal" behaviors such as delusions, hallucinations, sadness, anxiety, and psychoses. Thus, its objective, through hospitalization and medication, is to eliminate the symptoms of madness, relying on psychiatric medication knowledge and the isolation of individuals with mental disorders (Cardozo; Monteiro, 2020). This restricted treatment approach is what psychiatric reform aimed to combat.

In Brazil, psychiatric reform began in the 1970s and remains relevant today, representing one of the most significant social and health advancements that aim to reclaim the human rights of individuals with mental disorders, while also fostering social bonds. The movement "claimed the rights of individuals with mental disorders within the framework of human rights; proposed an inclusive ethics for society regarding madness; and presented alternative community services" (Oliveira; Szapiro, 2021, p. 15).

According to the DSM V-TR (2023, p. 13), mental disorders can be defined as "a syndrome characterized by clinically significant disturbance in cognition, emotional regulation, or behavior of an individual [...]", which, depending on the severity of the disorder and/or its comorbidities, requires specialized, multidisciplinary treatment, often including patient hospitalization. Therefore, it is necessary to provide support to these individuals while simultaneously advancing scientifically in knowledge about disorders, their diagnostic identification, and intervention and treatment possibilities (DSM V-TR, 2023).

In this sense, the conception of the Unified Health System (SUS) in 1990 marks a significant shift in mental health treatment, branching out into other forms of treatment for mental illnesses through a set of care that replaced hospitalization in psychiatric hospitals, which, until then, was the only treatment method for mental disorders (Severo et al., 2020). Humanized treatment in psychiatry and multidisciplinary care for individuals with mental disorders in the Brazilian public health network is provided free of charge through Basic

Health Units and Services (UBS), Emergency Care Units (UPA), Psychosocial Care Centers (CAPS), and Psychiatric Wards in General Hospitals.

Considering the above, the theme "The humanization of mental health: advances and challenges of psychiatric institutionalization in Brazil" seeks to elucidate the progress made and the obstacles faced in the trajectory of psychiatric reform, emphasizing its struggle for humanized care for individuals with mental disorders as the focal issue. Considering the legal aspects guiding the topic, such as the pioneering law 10.216/2001, "which establishes norms regarding the rights of individuals with mental disorders and regulates the types of psychiatric hospitalizations," these aspects justify the importance of this study regarding mental health and its academic and scientific relevance in contributing to the perception of humanized treatment and its nuances since the beginning of psychiatric reform.

Through a narrative literature review, this article constitutes a basic, bibliographic, qualitative, and descriptive research, presenting psychiatric reform and its chronology, including the humanization of mental health in the SUS network and the implications of humanized treatment on the lives of individuals with mental disorders and their families.

II. Material And Methods

The present study adopted a narrative literature review approach to critically analyze the extensive range of studies related to the subject at hand. The research was conducted following the guidelines established by PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) to ensure transparency and methodological quality in the review process. Relevant articles were searched for in electronic databases such as PubMed, Scopus, and Web of Science, using a combination of specific search terms and Boolean operators. Studies published up to November 2023 were included, focusing on peer-reviewed articles, systematic reviews, and meta-analyses.

The selection of studies was independently conducted by two reviewers, with discrepancies resolved through consensus or arbitration by a third reviewer when necessary. Inclusion criteria were predefined based on the relevance of the content to the review objectives, while exclusion criteria were applied to ensure the quality and relevance of the selected studies. Data extraction was performed using a standardized form, covering information on study characteristics, methodology, results, and conclusions. Data analysis and synthesis were systematically conducted, employing an inductive approach to identify patterns, gaps, and trends in the reviewed literature.

III. Results

Historical Background

Initially, madness was equated with deadly diseases such as leprosy, which brought feelings of shame to families and posed a danger to society. Consequently, the mentally ill were segregated in leprosaria (Andrade, 2023). Later, the mad individual came to be perceived as a mystical figure who possessed the truth and was unafraid to express it to society. However, during the Renaissance period, the mad lost their mystical status and were instead viewed as threats to social order (Andrade, 2023).

During this time, madness was associated with demonic possession, leading individuals with mental disorders to undergo a practice called "trepanation," which involved "making one or more holes in the skull of the individual believed to be mentally ill, allowing evil spirits to leave their body" (Silva; Da Hora, 2022, n.p), often resulting in the individual's death (Deponti, 2023; Andrade, 2023).

In Brazil, negative perceptions of madness began with the arrival of the royal family. It was during this time that the Dom Pedro II, the first psychiatric hospital in Rio de Janeiro, was established. Its creation aimed at "social control and hygiene [...]. From that moment on, exclusion became more and more frequent, and Brazilian madness history was marked by asylum, segregation, and violence" (Deponti, 2023, p. 15). Hospitalization in Brazil was characterized by physical, psychological, sexual, and moral violence. There were no criteria for admission, and the age range varied from children to adults, who were all housed together, naked, thirsty, and hungry (Deponti, 2023). The perception of madness only began to change with the onset of psychiatric reform, a process characterized as being in a constant state of construction, transformation, and reflection (Andrade, 2023). Consequently, the psychiatric reform movement became known as a transformation of the psychiatric landscape, aiming to end isolation and segregation to facilitate the reintegration of people with mental disorders into society (Andrade, 2023).

Post-World War II (WWII) was a crucial period in shaping perceptions of the role of psychiatric hospitals and psychiatry. After WWII, society realized that the living conditions in psychiatric hospitals and Nazi camps were very similar, characterized by "an absolute absence of human dignity," as stated by Amarante (2007, p. 40, cited in Andrade, 2023, p. 19).

Franco Basaglia is the name credited with initiating the reform of global psychiatric care. Basaglia recognized the need for change after working for three years in a psychiatric hospital in Gorizia, Italy, which

operated without legal support and housed over 600 patients (Serapioni, 2019). According to Serapioni (2019, p. 1174), "the reality of the place was characterized by social degradation, marginalization, and poverty in which the patients were forced to live." Faced with this reality, Basaglia's first actions were to prohibit the use of electroshock therapy, remove bars from windows, and eliminate the use of straitjackets (Serapioni, 2019).

In 1971, Basaglia became the director of a psychiatric hospital in the province of Trieste, Italy, which had a population of approximately 1,200 patients, 800 of whom were there involuntarily. His initial actions aimed to reduce oppression against patients, ensuring their basic human rights. As a result, hospital departments were opened, and treatments involving violence were eliminated (Serapioni, 2019).

In Brazil, treatment for mental illness - referred to as "alienation" at the time - began in 1841 with the establishment of the country's first psychiatric hospital, Hospício Dom Pedro II, in Rio de Janeiro. The purpose of its construction was to "cleanse" society of "abnormal" behaviors for the time. The focus of treatment was on illness, and patients were subjected to degrading and human rights-violating treatment techniques such as electroshock therapy, insulin therapy, and straitjackets (De Assis, 2023), as traditional psychiatry at the time "reduced the subject to symptoms and diagnosis, ignoring other characteristics of the person" (Amarante, 2020, p.19).

A significant figure in changing this negative scenario for individuals with mental disorders in Brazil is psychiatrist Nise Magalhães da Silveira. She believed that through affectionate treatment, without the use of invasive methods but with the use of art therapy, there would be a greater possibility of reintegrating the individual into society. This approach proved true, as this treatment method improved the socialization of patients, who began to interact more with each other and, in some cases, with their families (Gomes; Leite Junior, 2022).

Consequently, the social reform process of psychiatric treatment in Brazil aims not only to change the way madness is treated but also to alter the way individuals with mental disorders are perceived and socialized with. Therefore, the Workers' Movement in Mental Health (MTSM), which took place in 1978, was the first to criticize and denounce the psychiatric system, both in terms of patient care and employee treatment (Moreira; Simioni, 2022).

Like the MTSM, the I National Conference on Mental Health, held in Brasília in 1987, and the II National Congress of Mental Health Workers, held in the state of São Paulo in the same year, were of great importance to the Psychiatric Reform Movement in Brazil. The II Congress was the driving force behind the slogan "For a society without asylums" and the establishment of the national day for the fight against psychiatric institutions, which takes place on May 18th (Moreira; Simioni, 2022).

One of the most important events in this Brazilian social process occurred in 1989 when there was an intervention in a psychiatric hospital in the city of Santos (SP), which was the subject of reports of violence against patients, resulting in numerous deaths. From then on, the dismantling of the asylum model based on psychiatric knowledge and traditional psychiatry treatment began (Amarante, 2020).

In 1990, the Unified Health System (SUS) was created based on Law No. 8,080/1990, which "establishes the conditions for the promotion, protection, and recovery of health, the organization, and operation of the corresponding services, and provides other provisions" (Brazil, 1990, preamble). Consequently, in 1992, the second National Mental Health Conference was held in Brasília, which established the restructuring of mental health care in Brazil, suggesting the replacement of the hospital-centric model with a network of services that includes mental health units, emergency departments, mental health care units through day hospitals, CAPS, among others. The final report of the II Conference establishes that these places should serve as a means of re-signification, functioning as ways to produce life and rescue the individuality of subjects (Brazil, 1996). Nearly 10 years after the II National Mental Health Conference, in 2001, the Senate approved Law No. 10,216/2001.

The humanization of mental health

According to Deponti (2023, p. 20), "mental health services stemming from psychiatric reform are the main recipients of individuals' suffering and reshapers of such suffering," as they work with qualified and empathetic listening, allowing for the assessment of risk situations and the demands brought by patients within the network.

In 2011, the Psychosocial Care Network (RAPS) was developed, operating according to guidelines that mainly encompass humanized treatment, respecting human rights, promoting users' autonomy, and combating stigma and prejudice (Brazil, 2011). It establishes that the first place for welcoming mental suffering arising from a disorder is Primary Health Care Units (PHCUs) (Farinhuk; Savaris; Franco, 2021).

PHCUs operate in the psychosocial scope, aiming to develop actions for mental health promotion and prevention, as well as assisting in reducing the negative impact on individuals' lives caused by mental illness (Cardozo; Monteiro, 2020). It is also the responsibility of PHCUs to clinically monitor individuals, providing both individual and family-oriented guidance (Amarante, 2020). The network also includes services provided by Community Centers and Culture, which strategically offer spaces for users to socialize and produce cultural

materials within society, increasingly integrating them into the community (Cardozo; Monteiro, 2020). These centers are innovative devices that propose alternative treatment options, directly assisting in the strategy of deinstitutionalization by transforming the relationship between society and users of mental health services (Amarante, 2020).

Regarding Street Clinics, these are a treatment option also provided in PHCUs, consisting of a multidisciplinary team that operates outside the office, promoting health actions and care for both homeless people and those with mental disorders. According to a report from the Ministry of Health (Brazil, 2022), in 2022, Brazil had 172 Street Clinic teams operating in 117 different municipalities (Brazil, 2022).

The use of a family health service is one of the basic components of the Unified Health System (SUS). Thus, the Family Health Unit (FHU) is part of the multidisciplinary primary care team (Amarante, 2020). From the evolution of the FHU, the need to expand services was perceived, leading to the creation of the Family Health Support Center (NASF).

Therefore, the NASF becomes a multidisciplinary treatment option provided by PHCUs, with professionals specialized in family health who work in an integrated manner directly with families registered with SUS (Brazil, 2011). For medium-complexity disorders, RAPS encompasses treatment through Psychosocial Care Centers (CAPS), which have been operating humanized treatment since 1987 but expanded their services through ordinance no. 336 of 2002, offering more treatment modalities, considering the territorial area and the individuality of each patient (Deponti, 2023).

The ordinance provides for CAPS I, responsible for offering treatment in territories with a population ranging from 20 to 70 thousand inhabitants, operating 5 days a week with a multidisciplinary team and offering "group consultations, therapeutic workshops, home visits, community activities, and family care" (Deponti, 2023, p. 22). For territories with a population between 70 and 200 thousand inhabitants, CAPS II was created, offering the same services, but with extended hours, if necessary (Deponti, 2023). Deponti (2023) also points out that to serve populations exceeding 200 thousand, CAPS III was created, operating 24 hours a day. For territories with a population above 20 thousand that have a demand for mental health treatment for children and adolescents, CAPS II was created, which, in addition to the team mentioned by CAPS I, includes 1 neurologist or pediatrician.

To address severe disorders caused by alcohol and other drugs, the ordinance established the creation of CAPS AD II for cities with a population above 200 thousand and CAPS AD III operating 24 hours a day, 7 days a week, addressing adult and child and adolescent demand with social rehabilitation activities and family empowerment (Deponti, 2023). For high-complexity care, we have Emergency Care Units (UPAs), which provide emergency care in cases of psychiatric patients in crisis, i.e., with profound behavior disturbance (De Lima et al., 2023). According to Moraes and Preuss (2022), psychiatric occurrences represent 10% of emergency care in both general hospitals and emergency care units.

As a guideline for operation, UPAs provide 24-hour care with a team composed of professionals from various health areas who welcome the patient's demand, as well as their families, conduct triage to assess the degree of risk, stabilize and diagnose the patient, provide a resolutive service (Moraes; Preuss, 2022). It is recommended that the patient remain on-site for 24 hours for the best diagnosis to be made so that they can be subsequently referred to the most suitable location (Moraes; Preuss, 2022).

The third level of healthcare provision anticipates the SAMU, which constitutes a "prehospital care [...] aimed at organizing care flow and providing early, appropriate, rapid, and decisive assistance" (Machado et al., 2021b, p. 2). General hospitals specializing in mental health and psychiatry hospitalization play a fundamental role as support units for other services within the RAPS. To fulfill this function, they must have multidisciplinary teams that ensure the provision of comprehensive, humanized care aligned with the individual care plan of each patient (Brazil, 2022). In June 2022, the Ministry of Health recorded a total of 12,662 psychiatric beds accredited in the Unified Health System (SUS) (Brazil, 2022).

The alternative treatment through admission to psychiatric wards in psychiatric hospitals aims to be brief. Therefore, when it is perceived that the patient's demand exceeds what is available in psychiatric hospitals, a humanized treatment alternative is Therapeutic Residential Services (SRT) (Echebarrena; Silva, 2020). Although their goal is to accommodate patients with long-term hospitalization, they can serve as an alternative form of continuous treatment for patients with such a need (Echebarrena; Silva, 2020). In 2022, Brazil had 813 duly accredited SRTs (Brazil, 2022). The organizational structure of the RAPS should be designed to provide care both individually and in groups, by other points of the Mental Health Care Network (Brazil, 2022).

IV. Discussion

Advances and challenges of humanized treatment

Despite the progress in the care of the mentally ill, there is still a significant stigma and prejudice surrounding these individuals, which can influence the well-being of the affected individual, as discrimination can result in social isolation, thereby hindering access to mental health services provided by the Unified Health

System (SUS) and consequently impacting the individual's treatment, impeding their well-being (Costa, Sousa, Lopes, 2023).

Thus, this form of exclusion can lead to feelings of anxiety and tension in social interactions for those utilizing CAPS services, as prejudice can trigger a certain apprehension about being identified as a service user and experiencing disrespect as a result (Pires et al., 2023). The emotional burden resulting from traumas exacerbates the worsening of the psychopathological condition due to experienced prejudice (Silva; Da Hora, 2022). Through this, it is possible to identify the continued existence, even today, of attempts to affirm the identity of the mentally ill, defining them as "bizarre," "dangerous," and "threatening," a perception that can also lead to social exclusion (Pires et al., 2023). Psychophobia is the term that defines prejudice directed towards people with mental disorders, and to combat it, April 12th was established as the "National Day to Confront Psychophobia" (Silva; Da Hora, 2022).

The importance of campaigns that elucidate mental disorders extends beyond sensitizing those who utter such discourse to the existence and identification of prejudice, but also to encouraging recognition by those affected by it, according to Silva and Da Hora (2022). Another approach to combating Psychophobia is represented by Senate Bill No. 74, of 2014. This project proposes modifications to Decree-Law No. 2,848, of December 7, 1940, which deals with the Penal Code, intending to classify as a crime act committed against people with disabilities or mental disorders. The proposal provides for penalties that can reach three years in prison for those who defame or slander individuals with mental disorders. It is worth noting that the project is still in the process of being processed in the Federal Senate and is authored by Senator Paulo Davim (Silva; Da Hora, 2022).

Regarding professionals, one of the current challenges is the need to abandon isolated work and adopt a teamwork approach. As a direct result, there is a decentralization of control over the case, with shared management among other members of the technical team of the service (Figueiredo, 2019).

Therefore, when evaluating the psychosocial care policy, focusing on Psychosocial Care Centers (CAPS) as its main component, it is possible to consider its success from the perspective of the implementation and rapid dissemination of these services. The regulation of these centers' dates to 1991, and currently, we have the presence of approximately 2,200 CAPS throughout the country (Brazil, 2022). Thus, it is possible to highlight that CAPS offers a form of treatment that moves towards the emancipation of the individual, since it is a place capable of producing recognition or discoveries of potentials and competencies in individuals using the service, who through exhibitions of artistic works, can be seen and respected as subjects producing art, and not just patients who consult and use medication. It is worth mentioning the positive perception of families who have individuals attending CAPS, as evident in the statement "I am very grateful to CAPS. It was a concrete gesture they made to us. My son has a healthy life. He is just like us" (Pires et al., 2023, p.13).

Another highly relevant service is the presence of therapeutic residences and sheltered homes. Although they are still relatively few, these facilities have already benefited more than four thousand people among the eight hundred therapeutic residences currently in operation (Brazil, 2022). Yet another successful aspect of the policy is the increase in the number of beneficiaries of the "Back Home" program, based on Federal Law No. 10,708/2003, establishing psychosocial rehabilitation assistance for patients with mental disorders leaving hospitalizations (Brazil, 2022). Data from the Ministry of Health (Brazil, 2022) indicate that on May 31, 2021, Ordinance No. 1,108/2021 adjusted the value of the benefit, setting it at R$ 500.00. The amount is intended directly for the beneficiaries, except if they are unable to personally carry out acts of civil life, in which case the benefit will be delivered to the patient's legal representative.

Furthermore, services are increasingly committed to the development of the psychosocial care network, integrating it essentially with primary health care. This integration plays a crucial role in maintaining network actions and promoting care in its various forms (Figueiredo, 2019). Therefore, mental health professionals can no longer act in isolation and must perform their functions in collaboration with other professionals, participating in intra and inter-team meetings, which are essential for realigning care with a common approach to various actions. In this context, the professional must make their experience more transparent and share their actions more widely, being accountable for their decisions and increasing the visibility of their work (Figueiredo, 2019).

Considering the above, it is possible to perceive that the field of mental health is a space where conflicts and discursive debates unfold dynamically, interacting and shaping political actions and economic interests. In this context, it is important to understand that the process of redefining work in the mental health field does not follow a linear path (Martins, 2019).

The valorization of singularities carried out through therapeutic workshops, is a process that promotes autonomy and protagonism, allowing individuals facing mental health challenges to express their perceptions of themselves and the environment around them. In this context, workshops play an essential role both as a resource in clinical treatment and in facilitating psychosocial rehabilitation. Artistic and expressive manifestations provide insights into the current state of health of the individual and their prospects for

reintegrating into daily life after discharge. Thus, the use of art as a therapeutic tool in mental health care involves a process aimed at valuing the subjectivity of the individuals involved (Ramos et al., 2022).

Considering the above, the importance of the family's articulation with professionals who assist the mentally ill is evident, as well as the articulation of a network composed of a multidisciplinary team, which contributes to the reduction of stigma regarding psychiatric treatment and assists in the positive conception of the identity of individuals affected by cognitive dysfunction. These connections trigger a transformation in how the individual sees themselves and, simultaneously, generate a process of constructing an alternative representation of mental illness that goes beyond stigmatization and the deficit-based view commonly found in society (Pires et al., 2023).

V. Conclusion

The post-World War II period was a significant stage in the perception of the functioning of psychiatric hospitals and psychiatry, as society began to compare Nazi fields to psychiatric hospitals, reporting that both places showed an absolute absence of human dignity.

Initiating the process of global psychiatric reform, the name Franco Basaglia emerged as very important, as his work in psychiatric hospitals in Italy caught the attention of the World Health Organization, leading it to recognize and endorse his treatment approach, developing various programs aimed at training social and health professionals using Basaglia's team and treatment methods as examples. In Brazil, a prominent figure in the humanization process of psychiatric treatment is Nise Magalhães da Silveira, a psychiatrist who did not employ traditional psychiatric methods, but rather personal principles based on affection and care for the mentally ill.

With the possibility of humanized treatment, the psychiatric reform process began in 1970. After several demands and conferences, in 1990, the Unified Health System (SUS) was created, guaranteeing physical and mental health treatments that promote quality of life and uphold the human rights of individuals with cognitive dysfunction. The creation of SUS was a major driver for the enactment of Law No. 10,216/2001, also known as the Psychiatric Reform Law, which provides for the protection and rights of individuals with mental disorders. From this law, the work involving the mental health of individuals was redirected, and multidisciplinary work became indispensable, leading to the creation of the Psychosocial Care Network (RAPS), which aims not only to provide comprehensive and humanized care to people with mental disorders but also to their families, valuing the participation of users and their families in the care process, allowing relatives to play a fundamental and active role in the care of the mentally ill, assuming the role of psychosocial resocialization of the individual together with the free services provided by SUS.

At the end of the study, it is possible to perceive the change brought about by psychiatric reform, considering that before the movement occurred, individuals showing any behavior deemed abnormal were interned, medicated, and forgotten. From the change in the scenario to the promotion of the mental health of individuals, one can perceive the creation of various services proposing treatments based on affection, acceptance, and, above all, the guarantee of basic human rights inherent to all human beings.

Substitute services for psychiatric hospitals allow individuals with mental disorders to live in society, have their freedom, their subjectivity, and the possibility of developing skills that enable them to be seen as more than just their illness. Even though there is still discrimination and stigma from society and health professionals today, the active fight by network users, families, workers in the field, and society is something that must always be on the agenda and seek advances in future research. Therefore, there is still much to research and elucidate on the subject, as information, knowledge, and, above all, respect for human beings will always be something to strive for in a more just and conscious society of its role.

.

References

[1]. Amarante, P. D. C. (Coord.). (2020). Autobiografia De Um Movimento: Quatro Décadas De Reforma Psiquiátrica No Brasil (1976-2016). Rio De Janeiro: Capes. Https://Www.Arca.Fiocruz.Br/Handle/Icict/42940

[2]. Andrade, M. T. M. (2023). Entre Avanços E Recuos: A História Da Reforma Psiquiátrica [Trabalho De Conclusão De Curso, Universidade Federal De Campina Grande]. Http://Dspace.Sti.Ufcg.Edu.Br:8080/Xmlui/Handle/Riufcg/31041

[3]. Associação Americana De Psiquiatria. (2023). Manual Diagnóstico E Estatístico De Transtornos Mentais - Dsm-5-Tr: Texto Revisado. Porto Alegre: Grupo A. Https://Integrada.Minhabiblioteca.Com.Br/Reader/Books/9786558820949/Epubcfi/6/2[%3bvnd.Vst.Idref%3dcapa.Xhtml]!/4/4/2%4051:17

[4]. Brasil, Ministério Da Saúde. (2022). Dados Da Rede De Atenção Psicossocial (Caps) No Sistema Único De Saúde (Sus). Brasília, Df: Secretaria De Atenção Primária Da Saúde. Https://Www.Gov.Br/Saude/Pt-Br/Acesso-A-Informacao/Acoes-E-Programas/Caps/Raps/Arquivos/Dados-Da-Rede-De-Atencao-Psicossocial-Raps.Pdf

[5]. Brasil. (1990). Lei Nº 8.080, De 19 De Setembro De 1990. Dispõe Sobre As Condições Para A Promoção, Proteção E Recuperação Da Saúde, A Organização E O Funcionamento Dos Serviços Correspondentes E Dá Outras Providências. Planalto. Https://Www.Planalto.Gov.Br/Ccivil_03/Leis/L8080.Htm

[6]. Brasil. (2001). Lei Nº 10.216, De 6 De Abril De 2001. Dispõe Sobre A Proteção E Os Direitos Das Pessoas Portadoras De Transtornos Mentais E Redireciona O Modelo Assistencial Em Saúde Mental. Planalto. Https://Www.Planalto.Gov.Br/Ccivil_03/Leis/Leis_2001/L10216.Htm
[7]. Brasil, Ministério Da Saúde. (2011). Portaria Nº 3.088, De 23 De Dezembro De 2011. Institui A Rede De Atenção Psicossocial Para Pessoas Com Sofrimento Ou Transtorno Mental E Com Necessidades Decorrentes Do Uso De Crack, Álcool E Outras Drogas, No Âmbito Do Sistema Único De Saúde (Sus). Brasília, Df: Ministério Da Saúde. Https://Bvsms.Saude.Gov.Br/Bvs/Saudelegis/Gm/2011/Prt3088_23_12_2011_Rep.Html
[8]. Brasil, Ministério Da Saúde. (1996). Relatório Final Da X Conferência Nacional De Saúde. Brasília, Df: Ministério Da Saúde. Https://Conselho.Saude.Gov.Br/Images/Relatorio_10.Pdf
[9]. Cardozo, T. B., & Monteiro, R. A. P. (2019). Da Psiquiatria Tradicional À Reforma Psiquiátrica: O Ambulatório De Saúde Mental Como Serviço De Tratamento. Revista Psicologia E Saúde, 12(2), 138-145. Https://Pssa.Ucdb.Br/Pssa/Article/View/768
[10]. Costa, L. S., Sousa, M. V. R., & Lopes, J. G. S. D. (2023). Desafios Dos Usuários Dos Serviços De Saúde Mental: Reflexões Sobre Políticas Públicas, Família E Sociedade. Universidade Potiguar. Https://Repositorio.Animaeducacao.Com.Br/Handle/Anima/36429
[11]. De Assis, T. S. (2023). Nise: O Coração Da Loucura O Processo De Humanização Das Técnicas Psiquiátricas A Partir Da Obra Cinematográfica [Resumo]. In Anais Do Seminário Tecnologias Aplicadas A Educação E Saúde (Pp. 138-145). Https://Itacarezinho.Uneb.Br/Index.Php/Staes/Article/View/17381
[12]. Deponti, N. R. (2023). Os Impactos Da Contrarreforma Psiquiátrica Na Atuação Do Psicólogo Nos Centros De Atenção Psicossocial [Dissertação De Pós-Graduação, Universidade Federal De Santa Maria]. Https://Repositorio.Ufsm.Br/Handle/1/29870
[13]. Echebarrena, R. C., & Da Silva, P. R. F. (2020). Leitos De Saúde Mental Em Hospitais Gerais: O Caso Do Rio De Janeiro. Saúde Em Debate, 44(Especial 3), 223-234. Https://Www.Scielo.Br/J/Sdeb/A/Ccy4zzqxzhfs9rfqrxmlcdg/
[14]. Farinhuk, P. S., Savaris, L. E., & Franco, R. S. (2021). Mental Disorder And Psychic Suffering: Social Representations Of Primary Health Care Professionals. Research, Society And Development, 10(3), E24010313267. Https://Rsdjournal.Org/Index.Php/Rsd/Article/View/13267
[15]. Figueiredo, A. C. (2019). Uma Breve Revisão Da Reforma Psiquiátrica No Brasil E Sua Relação Com A Psicanálise E A Psicologia. Revista Psicologia Política, 19(44), 78-87. Http://Pepsic.Bvsalud.Org/Scielo.Php?Script=Sci_Arttext&Pid=S1519-549x2019000100009&Lng=Pt&Nrm=Iso
[16]. Gomes, L. B., & Leite Junior, F. F. (2022). Nise Da Silveira: Arte, Ciência E Saúde Mental. Revista Interfaces: Saúde, Humanas E Tecnologia, 10(3), 1512–1520. Https://Interfaces.Unileao.Edu.Br/Index.Php/Revista-Interfaces/Article/View/1019
[17]. Machado, D. M., Et Al. (2021). Psychiatric Emergency Service In Federal District: Interdisciplinarity, Pioneering Spirit And Innovation. Revista Brasileira De Enfermagem, 74(4), E20190519. Https://Www.Scielo.Br/J/Reben/A/6ss7jm7qdwnfts6nfbjxjkd/
[18]. Martins, R. C. A. (2019). Reformas Psiquiátricas E O Processo De Ressignificação Do Trabalho De Saúde Mental. Revista Do Nufen, 11(2), 96-116. Http://Pepsic.Bvsalud.Org/Scielo.Php?Pid=S2175-25912019000200007&Script=Sci_Arttext
[19]. Moraes, P. H., & Preuss, L. T. (2022). A Atuação Da Psicologia Entre Uma Upa 24h E O Samu 192. Cadernos De Psicologias, (3). Https://Cadernosdepsicologias.Crppr.Org.Br/A-Atuacao-Da-Psicologia-Entre-Uma-Upa-24h-E-O-Samu-192/#:~:Text=Nos%20casos%20de%20crise%20em,Na%20central%20de%20regula%C3%A7%C3%A3o%20m%C3%A9dica
[20]. Moreira, R. E. A., & Simioni, R. L. (2023). Arte, Direito E Psicologia Na Trajetória De Nise Da Silveira E Seus Reflexos Na Luta Antimanicomial. Ratio Juris. Revista Eletrônica Da Graduação Da Faculdade De Direito Do Sul De Minas, 5(2), 23-40. Https://Www.Fdsm.Edu.Br/Revistagraduacao/Index.Php/Revistagraduacao/Article/View/184
[21]. Oliveira, E., & Szapiro, A. (2021). Porque A Reforma Psiquiátrica É Possível. Saúde Em Debate, 44, 15-20. Https://Www.Scielo.Br/J/Sdeb/A/Mbbtxqfd5grtz953cy7xbsm/
[22]. Pires, R. R., Et Al. (2023). Mental Health Care And The Political Participation Of Users And Families In The Resignification Of Stigma On Mental Disorders. Physis: Revista De Saúde Coletiva, 33, E33038. Https://Www.Scielo.Br/J/Physis/A/Myzrcy8mgpbhp3hdnxgfpmd/
[23]. Ramos, W. T., Et Al. (2022). Possibilities Of Action Of A Team Of Multiprofessional Residents In Mental Health Within A Psychiatric Hospital: Experience Report. Research, Society And Development, 11(7), E8711729642.
[24]. Sampaio, M. L., & Bispo Júnior, J. P. (2021). Rede De Atenção Psicossocial: Avaliação Da Estrutura E Do Processo De Articulação Do Cuidado Em Saúde Mental. Cadernos De Saúde Pública, 37(3), E00042620. Https://Www.Scielo.Br/J/Csp/A/N9dzbdsjmnc4w9b4jsbvfzj/#
[25]. Serapioni, M. (2019). Franco Basaglia: Biografia De Um Revolucionário. História, Ciências, Saúde-Manguinhos, 26(4), 1169–1187. Https://Www.Scielo.Br/J/Hcsm/A/Xyft7t59w8czhwxy3tsglvc/
[26]. Severo, F. M. D., Et Al. (2020). Retratos Da Reforma Psiquiátrica Brasileira. Saúde Em Debate, 44(Spe3), 9–14. Https://Www.Scielo.Br/J/Sdeb/A/M5cfylfyrczgqnp5jtdngzc/
[27]. Silva, A. C. F., & Da Hora, V. L. A. (2022). Psicofobia: Enfrentando Os Transtornos Mentais E O Preconceito No Brasil. Caderno Discente, 6(1). Https://Revistas.Esuda.Edu.Br/Index.Php/Discente/Article/View/826