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Mental Health Activities in the Program of Family Health: Congruencies and Difficulties of Practicing the Principles of Psychiatric Reform and Health

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Nunes M, Jucá V, Valentim C. Ações de saúde mental no Programa Saúde da Familia: confluências e dissonâncias das práticas com os princípios das reformas psiquiátrica e sanitária. [Mental Health Activities in the Program of Family Health: Congruencies and Difficulties of Practicing the Principles of Psychiatric Reform and Health.] Cadernos de Saúde Pública (Río de Janeiro, Brasil) 2007 octubre; 23(10):2375-2384.

Objectives: To discuss linkages between the Psychiatric Reform and the Health Reform in Brazil by analyzing the practices of mental health care in the Family Health Program (PSF, in Portuguese).

Methodology: Qualitative: interviews and focus groups with health professionals from four health teams that form a unit of Family Health.

Results: The authors present the links and separations between health care practices within the mental health program of the Family Health Program. They found in the discourse concepts such as universality, comprehensiveness, decentralization and popular participation. However, respondents blame the lack of mental health practices on the health teams of the program. This is due to: 1) ignorance of the Psychiatric Reform and lack of mental health training for professionals in the PSF, 2) non-recognition or non-identification of mental health problems among the population, 3) lack of appropriate conditions for care in the PSF, including the lack of psychiatric medications, and 4) the absence of a mental health network. The few practices carried out with patients with mental disorders are inadequate; and consist of standard actions based on a biomedical model of hospital-centric health teams, which results in discriminatory actions and morally repressive character.

Conclusions: For the authors, it is necessary to revamp efforts toward a true cultural transformation and reform the practices of professionals in the mental health field. They cite, for example, the Qualis Project, coordinated by Lancetti Antonio in the city of Sao Paulo, where he stressed the importance of a true transfer between knowledge and practice within the family health team; the attitude that promotes experiences of responsible autonomy, rather than bonds of dependency; and, finally, the emphasis on what the author calls a libertarian and emancipatory pedagogy to counteract pre-conceived ideas.