Being, living, and inhabiting the deinstitutionalization of brazilian mental health

The Brazilian Psychiatric Reform movement started in the 1970s and gained strength throughout the 1980s amid the country's re-democratization process and the Health Reform that gave rise to the Brazilian Unified Health System (SUS). The social participation of health workers, users, family members, researchers, the press, and other social actors in Mental Health/Public Policies was strategic in denouncing the violence of psychiatric hospitals and the commodification of mental illness by the "madness industry".

Law no 10.216/2001 is the achievement of these movements and is the legal framework of the Brazilian Psychiatric Reform. It ensured the civil and human rights of people with mental disabilities and guaranteed community care. The regulations produced in the decade following the publication of the Law express the deinstitutionalization principles and aim to achieve social transformations based on expanded clinical practice and life in freedom².

The diverse experiences and innovative psychosocial care practices inspired the formulation of Brazilian mental health policies in an ascending movement between the three branches of government. Within the scope of rescuing and ensuring the rights of individuals with mental disabilities, the housing devices, the right to the city, and the policy framework for social inclusion are required for the consolidation of citizenship and remain as the civilizational challenge for the transformation of the social place of mental disabilities³.

This issue of the Ciência e Saúde Coletiva Journal brings to the scientific debate the reflection on the right to the city-home and the appropriation of citizenship conditions for people with mental disabilities. "Living in freedom" carries with it the complexity of inhabiting the city, beyond the house, the production, and the exchange with the social value in use, the consolidation of identity processes, and belonging to a 'place'. In this sense, affirmative policies, services, and intersectoral devices that guarantee the sustainability of everyday practices developed in housing and therapeutic residential services and their inclusive strategies for the neighborhood, belonging, income and work generation, revived affections, and 'cultures' are in the social core of what we designate as the right to the city.

Dwelling and inhabiting consist of a range of macro and micro policy actions fundamental to the transmutation of the subjected-subject into the citizen-subject. The right to a home is also a space for shelter and a continent for the movement of occupation of existential urban networks. Although the starting point (asylum) and the arrival point (city-home) are clear, the path to be followed is traversed by the concrete and subjective pitfalls of the globalized world.

Rediscovering the neighborhood configures positive experiences, but also a return to a city facing the consequences of a pandemic, permeated by structural racism, class and gender discrimination, among several other historically constructed stigmas.

This thematic issue focuses on the challenges of deinstitutionalization reflected in the daily practices of the right to the city beyond the asylum logic.

We invite readers to reflect on the multiple local experiences and the interdisciplinary and intersectoral scientific paradigms of care in freedom from the Psychosocial Care Network (RAPS) and its devices such as the Psychosocial Care Centers (CAPS), the Therapeutic Residence Services (SRT), Social Centers and, the *Volta para Casa* (Back Home) Program (PVC), as part of the framework of internationally recognized Brazilian public policies that are suffering unprecedented threats and disruption.

The crossing between the asylum and the city in the 21st century continues to be a political dispute that calls for the democratic civilization process. Occupying the arenas of science, politics, and culture in favor of an "asylum-free society" and the continuity of the Psychiatric Reform is the call of our times.

Enjoy your reading!

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References

- 1. Brasil. Ministério da Saúde(MS). Lei nº 10.216, Lei da Reforma Psiquiátrica de 06 de abril de 2001. Diário Oficial da União; 6 abr.
- 2. Amarante P, coordenador. Loucos pela Vida: a trajetória da reforma psiquiátrica no Brasil. Rio de Janeiro: Fiocruz; 2001.
- 3. Venturini E. A Linha Curva. O espaço e o tempo da desinstitucionalização. Rio de Janeiro: Fiocruz; 2016.

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