ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)

ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Arts Humanit Soc Sci

ISSN: 2583-7672 (Online)

Journal homepage: https://isrgpublishers.com/isrgjahss

Volume– IV Issue -I (January - February) 2026

Frequency: Bimonthly

Mental Health as a Structuring Axis of Primary Care: Limits and Potentials of the Psychosocial Care Network (RAPS)

Tatiana Amorim Guimarães[1], Andrea Gonçalves Dias[2], Samuel Ribeiro Martins[1], Sheila Erika Ferro Ramalho Nobre[1], Siglia Sousa de Franca[1], Marcela Drumond Abuhid[1], Joana Darc Ferreira de Araújo[1], Dr. Mario Angelo Cenedesi Júnior[1*]

[1] Universidad de Ciencias Empresariales y Sociales (UCES), Argentina.

[2] Universidade Federal de Uberlândia (UFU).

| **Received:** 15.01.2026 | **Accepted:** 19.01.2026 | **Published:** 24.01.2026

***Corresponding author:** Dr. Mario Angelo Cenedesi Júnior

Universidad de Ciencias Empresariales y Sociales (UCES), Argentina.

Abstract

Mental health has increasingly been recognized as a central dimension of comprehensive health care and a strategic axis of Primary Care systems. In contexts marked by social vulnerability, epidemiological transitions, and the intensification of psychosocial suffering, Primary Care plays a key role in early identification, longitudinal follow-up, and coordination of mental health care within health networks. The Psychosocial Care Network (RAPS), implemented in Brazil as part of the Psychiatric Reform, represents an institutional arrangement aimed at replacing asylum-based models with territorial, community-based, and rights-oriented care. This article discusses mental health as a structuring axis of Primary Care, analyzing the limits and potentials of RAPS in responding to contemporary mental health needs. The analysis highlights the strengths of Primary Care, such as proximity to daily life, continuity of care, and interdisciplinary work, as well as the role of matrix support in fostering shared responsibility between generalist and specialized services. At the same time, persistent challenges are examined, including underfunding, workforce precarization, insufficient training, fragmentation of care, and political disputes surrounding mental health policies. The findings suggest that strengthening mental health within Primary Care requires sustained investment, intersectoral articulation, professional qualification, and the reaffirmation of care in freedom as an ethical and political commitment. Mental health is thus reaffirmed as inseparable from citizenship, social inclusion, and the right to health.

Keywords: Mental health; Primary Care; Psychosocial Care Network; Health systems; Psychiatric reform.

DOI: 10.5281/zenodo.18358621

Introduction

The incorporation of mental health as a constitutive dimension of health care represents one of the most significant transformations in the field of public health policies in recent decades. Moving beyond models centered exclusively on psychiatric hospitalization and hospital-based logic, mental health care has come to be understood as a shared responsibility among different points of the health system, with Primary Care standing out as the preferred entry point and a privileged space for continuous care.

In the Brazilian context, the Psychiatric Reform and the construction of the Psychosocial Care Network (Rede de Atenção Psicossocial – RAPS) constitute fundamental milestones in this process. RAPS was conceived as a territorialized, community-based, and intersectoral network, guided by the defense of human rights, deinstitutionalization, and the production of care in freedom. Within this arrangement, Primary Care assumes a strategic role in the early identification of psychological distress, longitudinal follow-up, and articulation with other network devices.

However, the consolidation of mental health as a structuring axis of Primary Care faces important limits, related both to structural weaknesses of the health system and to political, ideological, and institutional disputes. Work overload among teams, insufficient specific training, fragmentation of care, and the persistence of medicalizing practices hinder the effective integration of mental health into everyday care within the territories.

Given this scenario, it becomes necessary to critically analyze the potentials and limits of RAPS, considering the role of Primary Care in the production of mental health care. This essay proposes an in-depth reflection on the centrality of mental health in Primary Care, discussing the challenges for its operationalization and the possibilities for strengthening RAPS as a strategy for comprehensive, territorial, and community-based care.

Methodology

This is an academic essay of a theoretical and reflective nature, grounded in national and international literature on mental health, Primary Care, Psychiatric Reform, and Health Care Networks. The text was developed based on a critical analysis of normative frameworks, scientific production, and theoretical references from Collective Health, Social Psychology, and Social Psychiatry. References are presented exclusively at the end of the article, without direct citations throughout the text, as proposed.

Development

1. Mental health and Primary Care: conceptual and political foundations

The inclusion of mental health in Primary Care is based on the recognition that psychological distress is a constitutive part of the living conditions of populations and manifests itself in ways that are inseparable from social, cultural, and economic determinants. Anxiety, depression, work-related suffering, violence, and problematic substance use permeate everyday life in territories and require responses that go beyond specialized and episodic interventions.

Primary Care, due to its proximity to people's daily lives, presents a unique potential for mental health care. Longitudinal bonds, knowledge of the territory, and multiprofessional practice favor expanded approaches centered on qualified listening, welcoming, and the shared construction of therapeutic projects. In this sense, mental health ceases to be an isolated field and becomes integrated into comprehensive health care.

From a political standpoint, this integration directly dialogues with the principles of the Brazilian Psychiatric Reform, which proposes the replacement of the asylum-based model with a territorial network of care. Primary Care thus assumes a strategic function in sustaining care in freedom, avoiding unnecessary hospitalizations and promoting actions aimed at mental health promotion and prevention of harm.

However, the effective implementation of these principles requires profound changes in work processes. The biomedical logic, centered on complaint and prescription, still predominates in many services, limiting the incorporation of psychosocial practices. The consolidation of mental health in Primary Care therefore depends on cultural, institutional, and educational transformations.

2. RAPS as a care strategy: potentials and possibilities

The Psychosocial Care Network was conceived to ensure comprehensive care for people experiencing mental distress, articulating different devices such as Primary Care, Psychosocial Care Centers, emergency services, residential facilities, and intersectoral actions. Its main potential lies in the proposal of territorial, continuous, and person-centered care.

Within Primary Care, RAPS enables the construction of shared care flows, in which teams act in an integrated manner with specialized services. Matrix support in mental health emerges as a central tool in this process, promoting knowledge exchange, strengthening teams, and shared responsibility for users' care.

Another potential of RAPS lies in the expansion of the concept of care, which comes to include health promotion actions, psychosocial rehabilitation, and social inclusion. Articulation with social assistance, education, labor, and cultural policies broadens intervention possibilities and contributes to addressing the multiple dimensions of psychological distress.

Furthermore, RAPS strengthens the human rights perspective in mental health by recognizing users as subjects of rights and protagonists of their life projects. This approach challenges authoritarian and exclusionary practices, promoting respect for autonomy, diversity, and the singularity of experiences of suffering.

3. Structural limits and contemporary challenges of RAPS

Despite its potentials, RAPS faces significant limits that compromise its consolidation. Insufficient funding, precarious health work conditions, and policy discontinuity weaken the network and hinder articulation among different points of care. These limits directly impact the capacity of Primary Care to assume mental health as a structuring axis of care.

Professional training constitutes another central challenge. Many Primary Care workers report insecurity when dealing with mental health demands, associating them exclusively with the specialized field. The absence of permanent training processes and spaces for supervision and institutional support reinforces excessive referrals and care fragmentation.

In recent years, political disputes surrounding the mental health care model have also placed tension on RAPS. The strengthening of hospital-centered approaches and the valorization of therapeutic communities to the detriment of community-based services

DOI: 10.5281/zenodo.18358621

represent setbacks in relation to the principles of the Psychiatric Reform and place the logic of care in freedom at risk.

Finally, the growing complexity of mental health demands, intensified by social, economic, and health crises, requires more robust and integrated responses. Primary Care, in isolation, cannot respond to these demands without the effective strengthening of the network and political commitment to mental health as a public health priority.

Conclusion

Mental health as a structuring axis of Primary Care represents an ethical, political, and technical commitment to the construction of comprehensive, territorial, and person-centered care. RAPS, as a care organization strategy, offers important potentials for the production of more humane and effective responses to psychological distress.

However, the structural, institutional, and political limits that persist indicate that the consolidation of this proposal is far from being fully achieved. Strengthening RAPS depends on sustained investment, the valorization of health work, and the reaffirmation of the principles of the Psychiatric Reform as guiding elements of public policies.

It is concluded that advancing the integration between mental health and Primary Care requires confronting complex and persistent challenges. This is a continuous process that demands political commitment, social participation, and the unwavering defense of care in freedom as a fundamental condition for the production of health and citizenship.

References

1. Amarante, P. (2007). Mental health and psychosocial care. Rio de Janeiro: Editora Fiocruz.
2. Brazil. Ministry of Health. (2011). Ordinance No. 3,088, of December 23, 2011. Establishes the Psychosocial Care Network. Brasília: Ministry of Health.
3. Campos, G. W. S., & Domitti, A. C. (2007). Matrix support and reference team: a methodology for the management of interdisciplinary work in health. Cadernos de Saúde Pública, 23(2), 399–407.
4. Costa-Rosa, A. (2013). Psychosocial care beyond psychiatric reform. São Paulo: Editora Unesp.
5. de Almeida, P. A., de Almeida, L. Y., Vesga-Varela, A. L., et al. (2025). Mental health nursing consultations in Brazilian primary care: analysis of proposed competencies for advanced practice nurses. *BMC Primary Care*, *26*, 66. https://doi.org/10.1186/s12875-025-02761-w
6. Eshriqui, I., de Almeida, L. Y., de Mendonça, J. M. T., et al. (2025). The effect of an intervention for organizing primary mental health care in Brazil: a study based on routine process indicators. *BMC Primary Care*, *26*, 56. https://doi.org/10.1186/s12875-025-02735-y
7. Fleury, S., & Ouverney, A. M. (2012). Health policy: a social policy. Rio de Janeiro: Editora Fiocruz.
8. Kim, J., Cole, P., Rosenberg, S., Morris, M., & Feinberg, R. (2025). Integrated Behavioral Health Services and psychosocial symptoms in children. *JAMA Network Open*. doi:10.1001/jamanetworkopen.2025.32020
9. Onocko-Campos, R. T., & Furtado, J. P. (2008). Narratives: use in qualitative health research. Revista de Saúde Pública, 42(6), 1090–1096.
10. Perceived need and help-seeking for psychosocial support among health and social care professionals: a systematic review and meta-analysis. (2025). *BMC Health Services Research*, *25*, 1455. https://doi.org/10.1186/s12913-025-13214-6
11. Santos, G., & Soares, M. R. S. (2025). Health Education and the Psychosocial Care Network: professionals' perceptions of RAPS and mental health care in Primary Care. *Revista Interdisciplinar de Saúde e Educação*, *6*(1). https://doi.org/10.56344/2675-4827.v6n1a2025.5

DOI: 10.5281/zenodo.18358621