

ISRG Journal of Multidisciplinary Studies (ISRGJMS)



ISRG PUBLISHERS

Abbreviated Key Title: isrg j. multidiscip. Stud.

ISSN: 2584-0452 (Online)

Journal Homepage: <https://isrgpublishers.com/isrgjms/>

Volume – IV, Issue -II (February) 2026

Frequency: Monthly



Mental Health in Brazilian Public Health: Advances, Challenges, and Perspectives for Comprehensive Care

Cristiane de Castro Barcelos^{1*}, Juliana Aparecida Pereira Ribeiro², Ana Carla Mota Bastos³, Alana Araújo D'El Rei Conrado⁴, Elizangela Aparecida Luciano⁵, Henrique Wendling Sava⁶, José Roberval Ferreira de Oliveira⁷ & Hayder Egg Gomes⁸

Wagner de Aguiar Raupp Rua Joao Tobias 15 38401066. Affiliation: PHD in Public Health – Universidad de Ciencias Empresariales y Sociales

| Received: 12.02.2025 | Accepted: 15.02.2025 | Published: 21.02.2025

*Corresponding author: Cristiane de Castro Barcelos

Wagner de Aguiar Raupp Rua Joao Tobias 15 38401066. Affiliation: PHD in Public Health – Universidad de Ciencias Empresariales y Sociales

Abstract

Mental health care in Brazilian public health has undergone significant transformations driven by the Psychiatric Reform, which sought to overcome the historically dominant hospital-centered model and promote a psychosocial, community-based, and rights-oriented approach. This study aims to analyze the advances, challenges, and future perspectives of comprehensive mental health care within the Unified Health System (SUS), with particular emphasis on the role of the Psychiatric Reform and the Psychosocial Care Network (RAPS). This narrative literature review synthesized national and international studies published in the last five years, retrieved from the PubMed, SciELO, and LILACS databases. The analysis focused on mental health policies, service organization, care practices, and social determinants related to comprehensive mental health care in the Brazilian context. The findings indicate that important advances have been achieved, including the expansion of community-based services, especially Psychosocial Care Centers (CAPS), and the incorporation of mental health into primary care. However, persistent challenges remain, such as regional inequalities, underfunding, workforce precarization, and the continued reliance on psychiatric hospitalizations, particularly in cases related to substance use. Recent policy shifts that revalorize institutional and coercive practices pose additional risks to the consolidation of the psychosocial care model. The study concludes that strengthening comprehensive mental health care in Brazil requires reaffirming the ethical and political foundations of the Psychiatric Reform, expanding community-based services, investing in professional training, and reinforcing intersectoral and rights-based approaches. These strategies are essential to ensuring equitable, inclusive, and sustainable mental health care within the SUS.

Keywords: Mental health; Public health; Psychiatric Reform; Comprehensive care

Introduction

Mental health has increasingly been recognized as a central component of public health, given its close relationship with social, economic, and cultural determinants of health. In Brazil, mental health care has historically been shaped by a hospital-centered and exclusionary model, characterized by long-term institutionalization and the medicalization of social suffering. This model not only reinforced stigma and social isolation but also limited access to comprehensive and community-based care, particularly for populations in situations of social vulnerability (Ribeiro et al., 2022; Weber & Silva, 2025).

The Brazilian Psychiatric Reform emerged as a response to these limitations, proposing a profound transformation in mental health care grounded in human rights, social inclusion, and the deinstitutionalization of care. The reform advocated for the replacement of psychiatric hospitals with community-based services and for the integration of mental health into the broader health system, particularly through the Unified Health System (SUS). The creation of the Psychosocial Care Network (RAPS) and the expansion of Psychosocial Care Centers (CAPS) represent key milestones in this process, aiming to promote comprehensive, territorial, and continuous care (Brasil, 2015; Krefer & Oliveira, 2025).

Despite these advances, mental health care in Brazil continues to face significant challenges that threaten the consolidation of the psychosocial model. Structural underfunding, regional inequalities, workforce precarization, and policy shifts that reintroduce hospital-centered and coercive practices have been widely documented in recent years. Additionally, the persistence of psychiatric hospitalizations, recurrent readmissions, and involuntary interventions—particularly in cases related to substance use—reveals tensions between reform principles and everyday care practices (Melo et al., 2022; Gomes et al., 2025; Schulman, 2025).

In this context, the main objective of this study is to analyze the advances, challenges, and future perspectives of comprehensive mental health care within Brazilian public health, with particular emphasis on the Psychiatric Reform, the overcoming of the hospital-centered model, and the role of community-based services in strengthening comprehensive and rights-oriented care within the Unified Health System (SUS).

Methodology

This study is a narrative literature review, a methodological approach that allows the collection, analysis, and synthesis of scientific evidence on a specific topic. This strategy enables the integration of studies with different designs and methodological approaches, promoting a comprehensive, critical, and contextualized understanding of mental health care within the Brazilian public health system. The review focuses on the advances achieved, the challenges faced, and the future perspectives for the consolidation of comprehensive mental health care in the Unified Health System (SUS).

The guiding question of this review was: What are the main advances, challenges, and perspectives related to comprehensive mental health care in the context of Brazilian public health?

The literature search was conducted in the PubMed, SciELO, and LILACS databases, selected due to their relevance in the fields of public health, mental health, health policies, and collective health. These databases provide broad national and international coverage

of studies addressing mental health policies, service organization, psychosocial care, and the functioning of health systems, with particular emphasis on the Brazilian context.

Controlled descriptors and free-text terms were used in Portuguese, English, and Spanish, combined using the Boolean operators AND and OR. The main search terms included “mental health,” “public health,” “Unified Health System,” “psychosocial care,” “comprehensive care,” “mental health policy,” “Psychiatric Reform,” “Psychosocial Care Network,” and “Brazil.”

Studies published in the last five years were included if they addressed mental health care within public health systems, particularly focusing on the Brazilian SUS, the Psychiatric Reform, and the Psychosocial Care Network (RAPS). Both national and international studies were considered, provided they contributed to the understanding of comprehensive care models, service organization, intersectoral actions, and challenges related to access, continuity, and quality of mental health care.

Excluded from the review were duplicate studies, editorials, letters to the editor, opinion papers, experience reports, and publications that did not directly address mental health care in public health systems or that lacked relevance to the analysis of comprehensive care in the Brazilian context.

The analysis of the selected studies was conducted systematically, considering thematic relevance, methodological consistency, and contribution to the understanding of mental health care within the SUS. Data synthesis allowed the identification of recurring thematic categories, such as advances in mental health policies, structural and operational challenges of services, workforce and funding issues, and future perspectives for strengthening comprehensive, community-based, and rights-oriented mental health care in Brazilian public health.

Results and Discussion Section

The findings of this narrative review indicate that mental health care within Brazilian public health has undergone significant transformations as a result of the Psychiatric Reform, particularly regarding the progressive shift away from the hospital-centered model toward a psychosocial, community-based, and rights-oriented approach. The analyzed studies highlight substantial advances in the organization of mental health services and the expansion of territorial care strategies within the Unified Health System (SUS). However, they also reveal persistent structural, political, and operational challenges that hinder the full implementation of comprehensive mental health care. Based on a thematic analysis of the literature, this section discusses the main axes identified, addressing achievements in mental health policy, ongoing barriers to service integration and access, and future perspectives for strengthening comprehensive, community-based, and intersectoral mental health care in Brazil.

Advances of the Brazilian Psychiatric Reform and the Construction of the Psychosocial Care Model

The Brazilian Psychiatric Reform represents a paradigmatic shift in mental health care, grounded in the defense of human rights, social inclusion, and the replacement of asylum-based practices. This movement, consolidated through Law No. 10.216/2001, challenged the historical logic of segregation and medicalization that characterized psychiatric care in Brazil, proposing a psychosocial model centered on citizenship, autonomy, and community-based care (Ribeiro et al., 2022).

One of the most significant advances of the reform has been the redefinition of mental health as a collective and social phenomenon, intrinsically connected to social determinants such as poverty, gender inequalities, labor relations, and family dynamics. Studies highlight how social vulnerability and structural inequalities intensify mental suffering, particularly among women and socially marginalized groups, reinforcing the need for integrated and intersectional care strategies (Matos & Albuquerque, 2023; Soares & Silva, 2025).

The consolidation of the psychosocial care model also promoted changes in professional practices and knowledge production. In primary care, especially within the Family Health Strategy (FHS), mental health has progressively been incorporated as part of comprehensive care, although not without tensions. Almeida et al. (2022) emphasize that professional practices remain marked by biomedical rationalities, despite advances in interdisciplinary and community-based approaches.

Despite these achievements, the literature indicates that the Psychiatric Reform is an unfinished process, constantly threatened by political and institutional setbacks. Policy reformulations observed between 2012 and 2022 reveal oscillations between community-based care and the revalorization of hospital-centered and coercive practices, evidencing the fragility of the reform in the face of broader political disputes (Krefer & Oliveira, 2025; Weber & Silva, 2025).

Overcoming the Hospital-Centered Model and the Expansion of Community-Based Mental Health Services

The shift away from the hospital-centered model constitutes one of the core principles of the Brazilian Psychiatric Reform. Historically, psychiatric hospitals functioned as spaces of social exclusion, reinforcing stigma and chronic institutionalization. The reform proposed a gradual reduction of psychiatric beds and the redirection of care toward territorial and community-based services (Brasil, 2015).

Empirical evidence demonstrates a gradual decline in long-term psychiatric hospitalizations in several Brazilian states, alongside an expansion of substitute services. However, this process has occurred unevenly across regions. Studies conducted in Piauí and Maranhão reveal persistent reliance on psychiatric hospitalizations, particularly for disorders related to substance use, indicating regional disparities in service availability and care models (Melo et al., 2022; Lacerda Neto, 2023).

Hospitalization patterns also reveal contradictions within the mental health care network. National data show that hospital admissions for mental and behavioral disorders remain significant, especially in contexts marked by social vulnerability and insufficient community resources (Gomes et al., 2025). Rehospitalizations and preventable deaths associated with alcohol abuse further expose the limits of a care model still centered on acute and fragmented interventions (Santana et al., 2022).

The persistence of involuntary and compulsory hospitalizations illustrates the tension between psychosocial principles and institutional practices. Legal and ethical debates surrounding forced hospitalization underscore the risk of reintroducing asylum-based logics under the guise of protection, particularly in drug-related care (Schulman, 2025; Weber & Silva, 2024). These findings reinforce the need to strengthen community services as true alternatives to psychiatric hospitalization.

The Role of the Psychosocial Care Network (RAPS) in Promoting Comprehensive Mental Health Care

The Psychosocial Care Network (RAPS) was designed as the organizational backbone of mental health care within the SUS, aiming to ensure continuity, territoriality, and integrality of care. Its structure integrates primary care, Psychosocial Care Centers (CAPS), emergency services, hospital care, and intersectoral actions (Brasil, 2015).

CAPS have emerged as strategic devices in this network, offering intensive, semi-intensive, and non-intensive care while fostering social reintegration and autonomy. Research highlights their role in reducing hospital admissions and supporting users and families through individualized therapeutic projects (Nascimento, 2025). Nonetheless, limitations related to infrastructure, staffing, and territorial coverage persist.

Primary care plays a fundamental role in the effectiveness of RAPS, particularly through the Family Health Strategy. Studies show that FHS teams are often the first point of contact for individuals experiencing mental distress, emphasizing the importance of matrix support and shared care. However, insufficient training and weak articulation with specialized services compromise comprehensive care (de Lima Júnior et al., 2022; Almeida et al., 2022).

Family participation constitutes another critical dimension of comprehensive care within RAPS. Pereira (2023) demonstrates that families often bear the burden of care, especially in contexts of recurrent hospitalizations, without adequate institutional support. This highlights the need for psychosocial care strategies that extend beyond clinical interventions and incorporate social protection and family-centered approaches.

Structural, Political, and Care-Related Challenges in the Consolidation of Comprehensive Mental Health Care

Despite the institutionalization of the psychosocial model, multiple challenges hinder the consolidation of comprehensive mental health care in Brazil. Structural problems such as underfunding, workforce precarization, and insufficient service coverage directly affect care quality and accessibility (Pezzotti & Silva, 2025).

Political and normative changes in recent years have intensified these challenges. Policy shifts that reintroduce psychiatric hospitals and therapeutic communities into the mental health care network threaten the principles of the Psychiatric Reform, signaling a potential rollback of rights-based approaches (Krefer & Oliveira, 2025; Weber & Silva, 2025).

Work processes within mental health services also reveal contradictions between policy discourse and daily practice. Research conducted in psychiatric inpatient units shows that workers often operate under institutional logics that prioritize control and medication, limiting the implementation of psychosocial care principles (El Jundi et al., 2025).

Additionally, social inequalities exacerbate mental health vulnerabilities and challenge the effectiveness of care networks. Gender-based inequalities, intensified during and after the COVID-19 pandemic, disproportionately affect women's mental health, revealing the need for intersectional and socially sensitive care strategies (Matos & Albuquerque, 2023; Soares & Silva, 2025).

Perspectives for Strengthening Comprehensive Mental Health Care within the Unified Health System (SUS)

Future perspectives for mental health care in Brazil depend on reaffirming the ethical, political, and technical foundations of the

Psychiatric Reform. Strengthening community-based services, expanding CAPS coverage, and reinforcing primary care integration are essential to reducing reliance on hospital-centered interventions (Brasil, 2015; Ribeiro et al., 2022).

Professional education and permanent training emerge as strategic axes for change. Developing competencies aligned with psychosocial care, interdisciplinarity, and territorial action is crucial to transforming care practices and overcoming biomedical hegemonies (Almeida et al., 2022; Pezzotti & Silva, 2025).

Intersectoral action also represents a key perspective for comprehensive care. Mental health cannot be addressed in isolation from social policies related to housing, employment, education, and social assistance. Strengthening these articulations is fundamental to addressing the social determinants of mental suffering (Nascimento, 2025; Pereira, 2023).

Finally, the defense of human rights and social participation must remain central to mental health policy. Ensuring user and family involvement, resisting coercive practices, and safeguarding the principles of freedom and dignity are indispensable for the consolidation of a truly comprehensive and democratic mental health care model within the SUS (Schulman, 2025; Weber & Silva, 2024).

Conclusion

The findings of this narrative review demonstrate that mental health care in Brazilian public health has been profoundly shaped by the Psychiatric Reform, which established a psychosocial, community-based, and rights-oriented model as an alternative to the historically dominant hospital-centered approach. Significant advances have been achieved through the expansion of community services, particularly the Psychosocial Care Network (RAPS), and the incorporation of mental health into primary care, reinforcing the principles of comprehensive care within the Unified Health System (SUS).

Despite these advances, the review highlights persistent structural, political, and organizational challenges that limit the full consolidation of comprehensive mental health care. Regional inequalities, underfunding, workforce precarization, and the continued reliance on psychiatric hospitalizations, especially in cases related to substance use, reveal contradictions between policy guidelines and care practices. Moreover, recent policy shifts that revalorize institutional and coercive approaches pose risks to the achievements of the Psychiatric Reform.

The analysis also underscores the central role of social determinants in shaping mental health outcomes, particularly gender inequalities, family burden, and social vulnerability. These factors reinforce the need for intersectoral strategies that extend beyond the health sector, integrating social protection, education, employment, and community participation as essential components of mental health care.

In conclusion, strengthening comprehensive mental health care in Brazil requires the reaffirmation of the ethical and political foundations of the Psychiatric Reform, continuous investment in community-based services, and the qualification of professional practices aligned with psychosocial principles. The defense of human rights, user autonomy, and social participation remains fundamental to ensuring that mental health care within the SUS advances toward a more equitable, inclusive, and democratic model of care.

References

1. Almeida, D. L., Alvim, R. G., Cota, A. L. S., & da Silva Pereira, T. (2022). Saberes em saúde mental e a prática profissional na estratégia saúde da família. *Interfaces Científicas – Humanas e Sociais*, 9(3), 27–42.
2. Brasil. Ministério da Saúde. (2015). *Saúde mental no SUS: Os Centros de Atenção Psicossocial*. Ministério da Saúde.
3. de Lima Júnior, J. C. C., Santos, S. M. S., da Silva, K. T., Pinheiro, E. L. T., Lima, A. E. T., Pinheiro, S. L. F., ... Cavalcante, E. G. R. (2022). Perfil sociodemográfico e clínico de usuários assistidos por uma Estratégia Saúde da Família. *Research, Society and Development*, 11(13), e06111335071.
4. El Jundi, N. C., et al. (2025). Saúde mental e processos de trabalho em uma unidade de internação psiquiátrica: Uma pesquisa-intervenção com trabalhadores. *Revista Psicologia, Diversidade e Saúde*, 14, e6086.
5. Gomes, B. M. C., Oliveira, C. D. R. A., Dias, A. K., & Pereira, K. A. (2025). Perfil de internações por transtornos mentais e comportamentais no Brasil. *Revista Multidisciplinar do Nordeste Mineiro*, 7(1), 1–17.
6. Krefer, L. T., & Oliveira, W. F. (2025). Reformulações na política nacional de saúde mental: Análise de dados de assistência no período de 2012 a 2022. *Ciência & Saúde Coletiva*, 30, e13372023.
7. Lacerda Neto, J. C. (2023). *Internações hospitalares por transtornos mentais e comportamentos devido ao uso de substâncias psicoativas no estado do Maranhão* [Monografia ou dissertação não publicada].
8. Matos, R. A., & Albuquerque, C. S. (2023). “Questão social”, divisão sexual do trabalho e saúde mental na pandemia. *Revista Katálysis*, 26(1), 43–53.
9. Melo, F. C. P., Oliveira, A. S. S., Oliveira, A. K. S., Melo Júnior, E. B., Campelo, L. L. C. R., Ibiapina, A. R. S., & França, L. C. (2022). Análise das internações psiquiátricas pelo SUS no Piauí, Brasil, de 2008 a 2020. *Cogitare Enfermagem*, 27, e81576.
10. Nascimento, K. L. (2025). *Nos bastidores do cuidado: O trabalho do(a) assistente social no CAPS AD de Araguari-MG* (Trabalho de Conclusão de Curso, Serviço Social). Instituição de Ensino Superior, Araguari, MG.
11. Pereira, J. J. M. (2023). *Desafios das famílias frente às reinternações psiquiátricas de um familiar adoecido* (Tese de Doutorado). Universidade de São Paulo.
12. Pezzotti, L. G. G., & Silva, D. A. (2025). Desafios para integralidade no cuidado em saúde mental. In *Cuidado integral em saúde: Perspectivas interdisciplinares, políticas públicas e inovações* (pp. 69–83). Editora Científica Digital.
13. Ribeiro, Í. A. P., et al. (2022). Reforma psiquiátrica, políticas públicas e movimentos sociais em saúde mental no Brasil: Análise reflexiva. *Edição XXII*, 36.
14. Santana, C. J., et al. (2022). Reinternações e óbitos decorrentes de complicações associadas ao abuso de álcool. *Revista da Rede de Enfermagem do Nordeste (Rev Rene)*, 23(1), 13.
15. Schulman, G. (2025). *Internação forçada, saúde mental e drogas: É possível internar contra a vontade?* Editora Foco.
16. Soares, F. B., & Silva, P. C. (2025). Desigualdades de

gênero e problemas de saúde mental das mulheres como faces da mesma moeda no Brasil: Implicações pós-Covid-19. *Trayectorias Humanas Trascontinentales*, (14).

17. Weber, C. A. T., & da Silva, A. G. (2024). Internação involuntária, um direito à saúde e à vida. *Debates em Psiquiatria*, 14, 1–6.
18. Weber, C. A. T., & Silva, A. G. (2025). Saúde mental no Brasil: Desafios para as políticas públicas e legislação. *Debates em Psiquiatria*, 15, 1–11.