

The current mental health policy, called Psychiatric Reform, is a complex process that got underway in the 1980s driven by the labor movement, users, user families, and civil society groups who questioned the hegemonic, repressive and segregating model in use at the time.

Based on the critique of the hospital-centered model, which was focused on mental illness and not on the person suffering from the disorder, the reform was part of an aspiration that the Brazilian population started to express for changes on the national scene in the political-institutional field of redemocratization in Brazil.

Psychiatric Reform always progressed along with Health Reform, a process for which big names of the likes of Sergio Arouca were the main spokespeople.

As a complex strategy involving various players, the Reform was not limited simply to closing asylums in Brazil, rather sought to reflect on and build a new care logic that proposed a shift from those who provided the treatment to the collective, i.e. everyone taking part the care strategy. Under the traditional model, the physician was responsible for the treatment, while other professionals had supporting, accessory roles. Their prescribed roles were basically the watch over, control or provide the medical prescriptions. Thus, these professionals were relegated to a secondary plane, with no participation in treatment procedure decision-making.

However, under the new paradigm of the Reform, the role of the team is more evident, bringing up all matters involving qualified professionals that make up the health teams.

The view of the traditional health care practices is limited to the individual field, focusing the disease on the body. This keeps stress factors from being assessed and, thus, leads to various forms of illness among the workers. This discussion is relevant from the moment it begins to conceive more inclusive health policies and strategies and, thus, it is essential to bring into the debate the care given to health professionals, especially technical ones who are on the 'front lines' and are more exposed to pathogenic factors.

At stake is the work relationship. When relationships are established in a hierarchical team, issues arise that directly reflect on the quality of the end product of the work. Thus, stress, harassment, and resistance to implement new care strategies reflect the conformations of the teams, with little or no democratic relationships among workers and, hence, compromising the team concept. Thus, the challenge will be to analyze how training, capacity building, and technical and institutional supervision may shed light on these situations. When a libertarian model of action is proposed for the health field, it is essential that the labor relationships and ties and the training and qualification strategies are also libertarian.

In this thematic issue, you can find studies on the health worker illnesses related stress factors present in the work process. The debate presented, which overarches more than one article, is how the different paths followed by health care professionals and the different forms of hiring influence the employee's political views. This discussion is presented in a study on health professionals at a CAPSi, but can be inferred for all health professionals.

So empowerment, democratic labor relations, and forms of hiring appear in the articles as factors that, directly or indirectly, affect the workers' health and mental health.

Thus, in this thematic issue of *Trabalho, Educação e Saúde - Mental Health* we can see how the discussions are relevant not only to health professionals, but also to managers and strategists, contributing to collective decisions and to providing care for the mental health of the Brazilian population.

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