

EDITORIAL

Mental health, as a field of practical care, has been receiving important contributions since the 1970s. It has become known as preventive psychiatry, as a result of the denunciations of the abhorrent conditions of American psychiatric care, requiring urgent sanitary measures.

With the advent of preventive psychiatry, a new field has thus been outlined, in which therapy for mental health sicknesses acquires a new perspective. An alternative for the classic psychiatric model, this new therapy adopts not the sickness, but mental health as the object of its attention. It adopts the prevention of mental sicknesses as its objective. Even as this new model has influenced the formative manner in which professionals are educated and the organization of services in several nations, it has also generated various criticisms that extend from theoretical inconsistencies, to linearity in the health/nursing process, to the *medicalization* of our social order, to its low levels of resolution, among others.

The possibility of accomplishing the preventive actions makes knowledge of the etiology of the event that one intends to prevent a necessary prerequisite. Thus, by controlling certain factors, one can avoid undesired developments.

Another aspect refers to the very concept of mental health, determined by its various paths, multiple discussion themes, and practices. These insufficiencies do not impede that the mental health field becomes an area in which professionals develop actions for treatment.

Mental health has been the object of concern of innumerable protocols, presenting itself as the highlight of public policy and in the daily life of many institutions and people. One observes a growing concern expressed in research, symposiums, and studies that include factors related to mental suffering.

In the practice of care for many professionals, the consideration for possible factors related to psychic suffering is present. Though many interventions have the biomedical model as a focus, authorized by means of the advances in neuroscience, one also observes in conjuncture the incorporation of knowledge from other diverse areas of the strictly psychiatric field. Such knowledge takes into consideration the political phenomenon, socio-cultural values, and socio-historical relationships, to cite a few, with a focus on the person in his/her concrete and complex existence. Daily life, satisfaction at work, social participation, equality, leisure, all in all the quality of life becomes the makeup of the corollary of mental health. Thus, mental health has become necessarily the object of a interdisciplinary perspective.

Expressions of this manner of conceiving mental health are found in many studies, as those published here attest. This demonstrates the growing importance of this area and the necessity for producing original knowledge and practices through research.

Justly due to the reality that we are at the forefront of a new field, discussion, dialogue, and reflection about views and tendencies that are observed in the theoretical production and professional practice all receive fundamental importance. What is at play is much larger than the reorganization of opportunities for care or professional practices. Above all, we are faced with a redefinition of the object and objective of our care practices and of the necessary instruments involved in achieving said objectives.

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