

The challenge of production of knowledge on the Brazilian psychiatric reform process

Several issues related to the field of psychosocial care are included in this issue, which celebrates the 20 years of decisive contribution of *Ciência & Saúde Coletiva* Journal to the production of knowledge about public health in Brazil. There are diversified topics including the profile of inmates of psychiatric hospitals in the process of deinstitutionalization and an ethnographic study of discharged patients. It also covers the dispensing of medication in Psychosocial Care Centers (CAPS) and the construction of care networks in the country. Other aspects include liaising with family members, clinical medicine in mental health institutions and reviews about mental health in primary care and care networks for drug users. Seemingly so heterogeneous, they are all part of the same repository of ‘riddles’ of psychiatric reform.

In the well-known adage of Wittgenstein “the riddle does not exist,” it is because if a question can be put at all, then it can also be answered. Psychiatric reform, and its practical implementation in Brazil and in public policy – which we refer to as psychosocial care – has had immense difficulties in exploiting and broadening its treasure trove of ‘riddles.’ There are barriers that limit the production of knowledge in this field due to the fragility in terms of structure and process of the network of mental health services of the Unified Health System (SUS). This may also be due to the limited availability of *stricto sensu* post-graduate programs in this area or the lack of an agenda of research priorities created under the aegis of public policy in mental health. The funding policy of research in Brazil favors areas that are already consolidated (such as biomedicine and epidemiology), and is extremely restrictive to the development of new issues.

A profound change has taken place in mental health in Brazil with the replacement of the hospital-centered paradigm by the community service units dotted around the country, which are intersectorial in concept and are based on the ethics of social inclusion and user autonomy. There are over 2,200 CAPS in the country, with a marked migration to small cities of the interior. With greater or lesser technical training, all of the 37,000 family health teams are faced on a day-to-day basis with the concrete demands of people with mental suffering. Mental disorders are of such an epidemiological magnitude that they have made mental health one of the main points of the strategic agenda of the World Health Organization. It is an immense empirical field for the production of urgent and requisite knowledge that can tackle new challenges, question barriers to access and train professionals of the Unified Health System (SUS) in mental health. They can also implement effective operating parameters for new methods (such as street attendance booths, economic solidarity programs, therapeutic internships, assertive care teams in the area) and other topics. Research in the Brazilian scientific literature reveals the marked reduction in issues of psychosocial care when compared with the vigor of scientific production on biomedical research (psychiatry, neuroscience), and epidemiology and public health. It is a crucial challenge to be tackled in order to ensure the qualification and sustainability of the public mental health network.

It is important for public policy in mental health to engage actively in dialogue with the graduate and research institutions and the management and workers of SUS service networks in order to create an agenda of research priorities in psychosocial care, building bridges between the university and the services. The production and dissemination of knowledge in a joint process with workers, users and family members should become an essential strategic component of psychiatric reform.

Pedro Gabriel Godinho Delgado
Universidade Federal do Rio de Janeiro