

Mental Health Studies published in the last 25 years in the *Journal Ciência & Saúde Coletiva*

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Abstract *A systematic review of the 25-year Mental Health production of Journal Ciência & Saúde Coletiva was performed to identify whether this production had changed over time. We investigated whether these changes would have any relationship with the implementation of a new regulatory and legal framework for this field and the expansion of public services and the promotion of public funding agencies' investigation on the subject. A total of 278 original papers were analyzed from the following categories: sociocultural transformations related to madness and its approach; legislative changes; implantation, coverage range and operation of the network of substitute services; clinic/care developed in substitute services; the role and possibilities of primary care; drug use -related problems; mental health of children and adolescents; epidemiological studies/psychiatric categories; and others – which included ethnic-racial issues, violence, about the elderly population, suicide, bullying, and migration. A chronological relationship can be observed between the increase in publications and research notices and the expansion of services, not seemingly in the same way concerning care for people with alcohol and other drug problems.*

Key words *Mental health, Systematic review, Public health policy*

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Introduction

The international literature on the burden of mental illness in contemporary societies points to an unsettling mortality gap for people with mental disorders¹. Closing this gap was one of the United Nations' objectives of the millennium². To this end, governments are urged to reduce stigma, increase access to health services in general, and establish links to mental health services, in particular.

Care reform processes in Mental Health have been developed by countless western countries, under different rhythms, but with a prevailing direction: the inclusion of this field as an inescapable component of general health, the replacement of monovalent asylum hospitals by community services, and investment in patient recovery and combating stigma³.

The past 25 years have been the scene of significant institutional and political changes in Brazil. During this period, the country also advanced in its democratic process. A very young democracy in 1995, after seven presidential elections, Brazil today faces an unprecedented challenge. The Unified Health System (SUS) has faced financing and regional development crises since its inception but is, to this day, the primary health coverage of 75% of Brazilians⁴. Implementing a public Mental Health policy has been responsible for changes in sociocultural conceptions about madness, with the installation of new services and care model reforms⁵.

The Brazilian Psychiatric Reform had an essential advance in this period. Closing asylum beds, opening new community services, and approving the 10216 Law, which in 2001 guaranteed a legal framework for the process. However, there were also setbacks in that démarche after the institutional crisis that overthrew the President of the Republic in 2016⁶. Considering the period of analysis, we identified the main events regarding directing policies and promoting the development of science and technology, from which we aimed to verify the relationship between these events and publications.

In 2000, 2002, 2010, and 2011, ordinances that established the Therapeutic Residential Services (SRT), the Psychosocial Care Centers (CAPS) in different modalities, and the Psychosocial Care Network (RAPS) were enacted. Law 10216 was enacted in 2001 and provided for the protection and rights of people with mental disorders and redirected the mental health care model and organized the Third National Confer-

ence on Mental Health. Specifically, about drug policy, Law 11343, that establishes the National Drug Public Policy System (SISNAD), was approved in 2006. The Ordinance that created the Emergency Plan to Expand Access to Treatment and Prevention in Alcohol and other Drugs was enacted in 2009. Decree 7179 that establishes the Program to Combat Crack and Ordinance 2841 that regulates CAPS alcohol and other type-III drugs (CAPSad III) were enacted in 2010. In 2006, 2008, and 2009, public notices for the SUS Research Program (PPSUS) in Mental Health were published. Ordinances 1482/2016 and 3588/2017 were published as of 2016, and they include the Therapeutic Communities in the National Register of Health Facilities, and the specialized outpatient clinic, day hospital, psychiatric hospital and CAPS alcohol and other type IV drugs (CAPSad IV) at RAPS, respectively, besides Law 13840/2019 that reforms SISNAD and excludes harm reduction from the Drug Policy's guidelines.

Abrasco's *Journal Ciência & Saúde Coletiva* has been consolidating its position in the field over this period and is today one of the most cited and referenced in the field of Brazilian Collective Health. Within this framework, we proposed the following guiding question for our systematic review: *Have there been any thematic and methodological changes in publications on Mental Health in the Journal Ciência & Saúde Coletiva over the past 25 years? If so, is it possible to establish any relationship between them and changes in regulatory and research incentive frameworks? How is Mental Health currently established in Brazilian Collective Health?*

Methods

The search for papers performed between February and March 2020 considered works published in the *Journal Ciência & Saúde Coletiva* between 1999 and March 2020. We employed a combination of Portuguese and English descriptors with Boolean operator 'OR', namely "CAPS or Centros de Atenção Psicossocial or Psychosocial Care Center"; "SM or Mental Health"; "Reforma Psiquiátrica or Psychiatric Reform"; "Reabilitação Psicossocial or Psychosocial Rehabilitation"; "Centros Comunitários de SM or Psychosocial Care Centers". A total of 585 papers were found in SciELO and 349 in PubMed, resulting in 934 papers, from which repeated works were excluded, leaving 329 papers. Then, we searched in the

magazine's table of contents. Another 32 papers were found for analysis, mostly related to violence, children and adolescent mental health, and drug use-related problems, totaling 361 works. In the third stage of the selection, a new screening aimed to exclude papers that did not answer the guiding questions. Thus, 83 manuscripts were removed, reaching a total of 278 papers. The 278 papers were read and systematized in a table containing identifying data: year of publication, name of the study, authors, institution, state of the institutions, study type, design, place of development of the research, primary findings, and conclusions. This systematization was carried out by the group of researchers and was validated online. Papers with issues about their classification were submitted to a new reading by more than one researcher until consensus (Figure 1). The data and analyses obtained are described below.

Results

Concerning specific mental health themes (Graph 1), works on epidemiological surveys of specific mental problems and addressing madness-related sociocultural changes and its approach totaled 51 and 48 papers, respectively. These manuscripts, added to the 43 papers that addressed, described, or evaluated the care provided in substitute services, were the main themes over these 25 years.

Next were the themes on the implantation and coverage range of the network of substitute services and those addressing the role and possibilities of mental health in Primary Care, with 28 works each on the issue. More specific and traditionally divided themes in the mental health field, such as Children and Adolescent Mental Health and Problems related to alcohol and other drugs, had 28 and 19 papers, respectively.

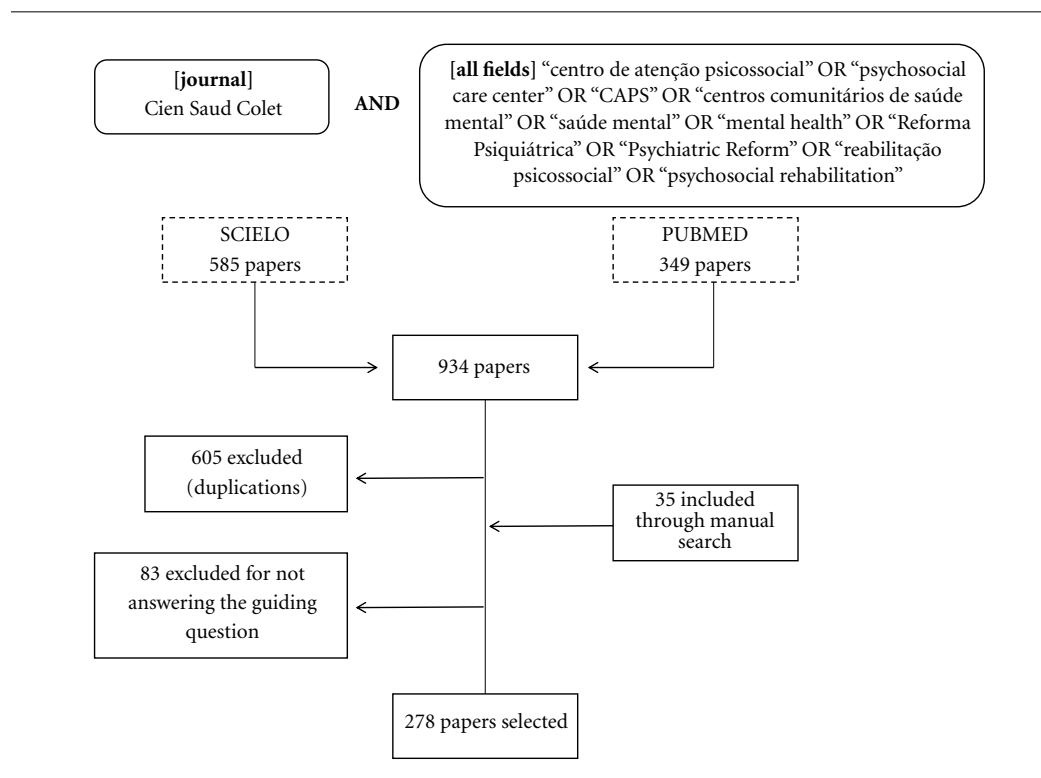
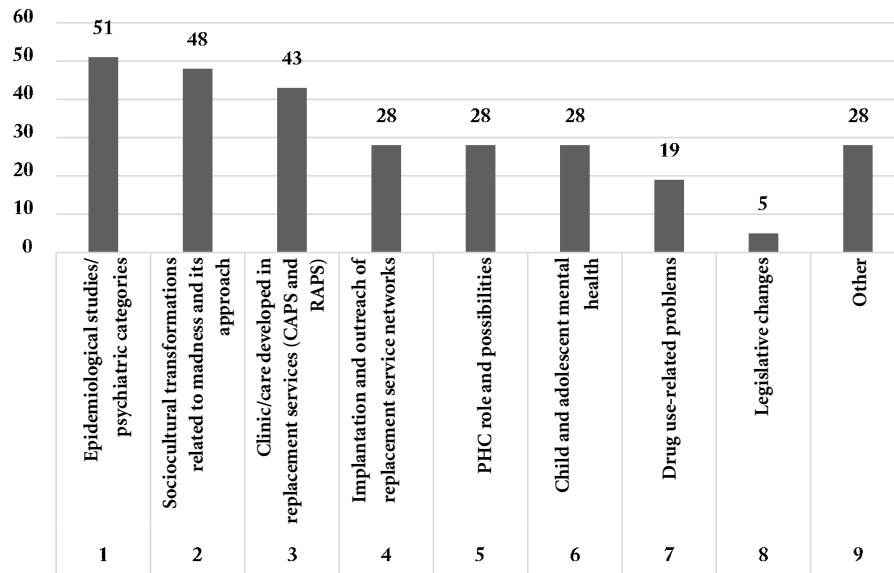


Figure 1. Selection process for analyzing the reviewed articles.



Graph 1. Number of papers published by specific theme in the field of mental health (n = 278 papers).

The themes related to Mental Health in the prison system, Mental Health in supplementary health, Occupational Mental Health, structuring of health networks in other countries, ethnicity and skin color analysis in Mental Health, Mental Health research, and Elderly Mental Health, were considered as “others”.

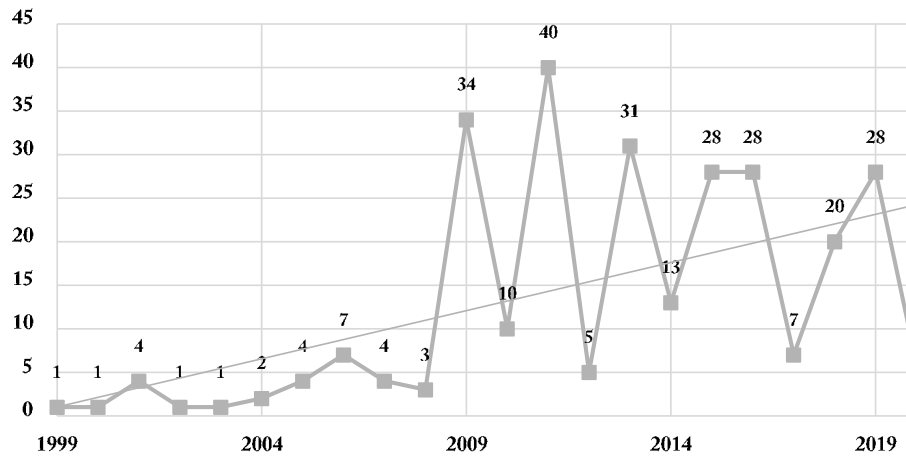
In its 25 years of existence, the Journal published 5,033 papers, and 2011 stood out as the year with the highest number of published works on Mental Health, with 40 (0.8% of the total), followed by 2009 and 2013, with 34 (0.7%) and 31 (0.6%) papers, respectively (Graph 2).

A substantial increase in publications in the Journal is observed as of 2009. That year alone had more publications than the previous ten years. This growth was not one-off, and 2009 seems to mark a change in Mental Health publications’ quantitative level. In the timeline shown in Figure 1, we can see the publications of funding notices from the Ministry of Health/CNPq Research Program for SUS (PPSUS) that prioritized Mental Health in 2006, 2008, and 2009, and the increased number of works may be related to this incentive to produce knowledge and, obviously, hugely expand services in those years, whose norms seem to reflect production peaks similarly⁵.

Graph 3 resulted from grouping published works by type of study reported by the researchers. Most of the analyzed studies are qualitative. The 123 qualitative studies analyzed represent almost 45% of all published works on Mental Health, followed by quantitative studies, with 76 (27%) in all. Only nine (3%) studies applied qualitative-quantitative methods, 42 (15%) were review papers, and 28 (10%) were classified as theoretical or opinion papers.

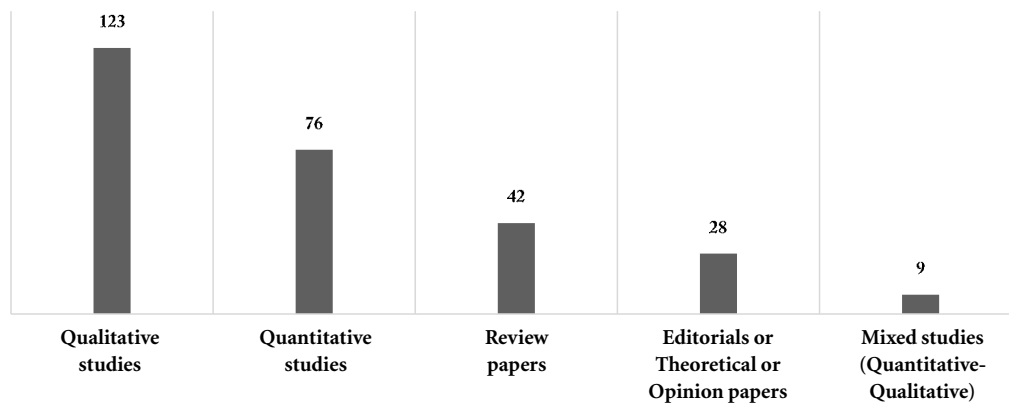
Graph 4 analyzed the region of origin of the authors of the published works. Many works had more than one author and more than one institution involved. On the other hand, since papers with authors of exclusive international origin were removed from this analysis, the total number we see in the table is less than the total number of papers read in this review. Thus, the figure in the Graph is the number of national institutions by region involved in the publication of the works evaluated.

Therefore, authors from institutions in the Southeast were cited 159 times in the studies evaluated, or 58% of citations. Northeastern Institutions ranked second, with 20% of citations, followed by the South Region, with 18%. Mid-western Institutions were cited 3% of the time,



Graph 2. Number of papers on Mental Health-related topics published per year (n = 278 papers).

* The six papers considered in 2020 correspond to those published until March.



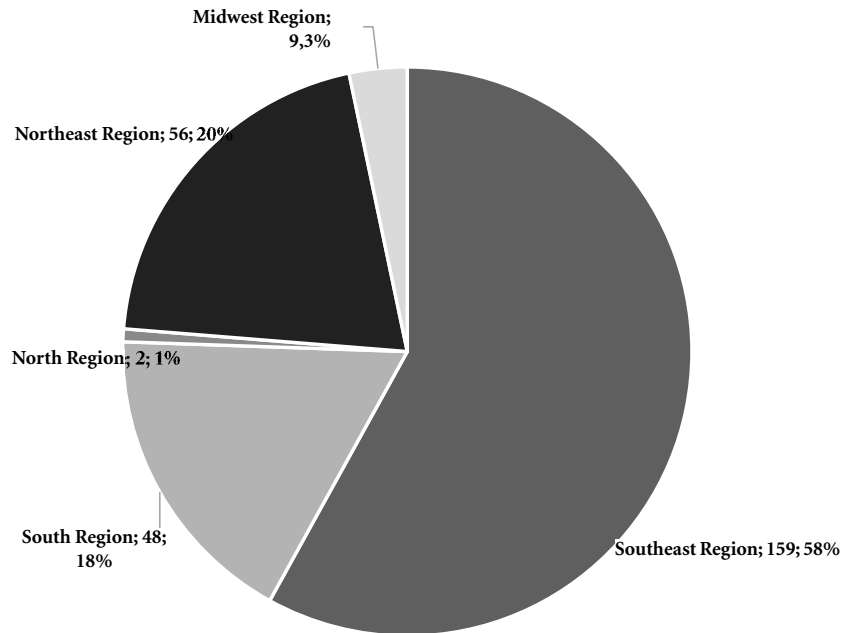
Graph 3. Number of papers published according to the type/modality of study (n = 278 papers).

and those from the North Region, only 1%. All the Institutions listed as the origin of authors were public, and most were Brazilian public universities. Of the 278 studies, 28 were authored by researchers from other countries (Mexico, Colombia, Canada, England, Israel, Spain, Argentina, Australia, and Portugal), either alone or in co-authorship with Brazilian authors.

Each category was subsequently analyzed to observe possible trends and changes over the years. Below, we discuss the results obtained from each of them, specifically.

Sociocultural transformations related to madness and its approach

We could say that the sanction of the so-called Mental Health Law marks the onset of



Graph 4. Number of national institutions involved by papers published according to the authors' institutional origin (Geographic Region).

bibliographic production in this field. In 2001, publications had an annual mean of two papers until 2008, with an emphasis on citizenship^{7,8}, the social movement and militancy in Mental Health^{9,10}, changes in care and clinical practice^{11,12}, Mental Health Workers' Health^{13,14}, representations in the media¹⁵, and transformations in Education¹⁶. In 2009, papers addressed the Psychiatric Reform, bringing counterpoints between the asylum model and Mental Health's biological conceptions. Topics such as citizenship, social support networks, and territorial care were discussed, emphasizing the relevance of implementing substitute services and legislation to redirect the care model¹⁷⁻²⁰. Social participation appears as a theme related to health policies' construction, pointing to the need to overcome challenges related to representativeness, legitimacy, and participation²¹.

The 2011-2013 period concentrates half of the publications in this category (22 papers), emphasizing the participation of users in the development of research in Mental Health²²⁻²⁴

and policies and practices^{25,26}. The strategy of Autonomous Medication Management (GAM) and recovery emerge²⁷. From 2014 to 2019, studies reflected on the advances in the care model and society concerning Mental Health, pointing out essential setbacks in public policies in recent years. The need to expand studies on family relationships, housing and income conditions, the right to health, and work is highlighted^{28,29}.

Legislative changes

The first publications referring to this category are from 2009 and address advances in the implementation of Mental Health policies and social participation as a strategy for the construction of reform³⁰, and the need to advance Law 10.216 in line with SUS principles and guidelines³¹. The interface between Mental Health and Justice, within the Judiciary and care for offenders, is addressed in 2014³², and, in 2016, papers discussed harm reduction taken as an ethical, clinical, and political paradigm, based on the drugs policy³³ and pointed to a gradual change of normative models regarding drug problems,

overcoming the psychiatric view towards the psychosocial model³⁴.

Implementation, coverage range, and operation of the network of substitute services

From 2001 to 2009, address difficulties in the implementation of Mental Health in the daily life of services and living with practices characteristic of nursing homes, reviving the perspective of workers on the production of practices in services^{35,36}. Some papers have evaluated the Mental Health network of regions and municipalities, discussing municipalization, the relevance of management, team training, and social participation^{37,38}. Approximately 40% of the papers on this axis were published in 2011, and among them are discussions on job satisfaction in Mental Health and its relationships with internal and external issues³⁹, the role of psychiatry in psychiatric reform⁴⁰, the importance of infrastructure and staff in CAPS⁴¹, particularities of the network's functioning of the network from an NGO⁴² and the relevance of articulation between federal entities. Another 40% are comprised between 2013 and 2019. Several points are discussed in this period, such as moral distress of workers⁴³, consolidation of a network of specialized services in the SUS for autists⁴⁴, and low state coordination of CAPS, producing discrepant coverage and functioning between the different municipalities⁴⁵. We have evaluative research, on access to services due to drug problems⁴⁶ and local RAPS⁴⁷, indicating that evaluations of Mental Health services should transcend the comparison with the hospital-centric model⁴⁸, found a centrality of CAPS-ad in the drug user care network. From a historical perspective, Almeida and Campos⁴⁹ addressed the relationship between municipal political changes, the establishment of the SUS and attention to mental health issues, emphasizing social movements, workers, users, and relatives. The works are critical to the structuring of the work process in the psychosocial care network. The theoretical framework was that of the Brazilian Psychiatric Reform and advocacy for free care, and the researchers critically reflected on how this network was being built. Recognition of the power of the substitute network and the expanded access thereof is recurrent. However, the difficulties identified are structurally based, such as insufficient human resources or lack of professional training. Research has also added new challenges, while CAPS are seen as a significant advance. Stigma, prejudice, and guardianship are still identified, and asylum practices persist in substitute services⁵⁰⁻⁵⁵.

Clinic/care developed in the substitute services (CAPS and RAPS)

Consensus points shift from a psychiatric view to a psychosocial model, requiring an even greater range of actions than other countries. RAPS' lack of structure, the good results of multidisciplinary matrix support as an integration model between CAPS and PHC units (UBS) are central aspects in most of these studies. The prevalence of psychological distress in teams and relatives were also addressed. One paper published in 2006 points out difficulties in the implementation of the clinic of substitute services. Some studies focused on living with nursing home practices and new types of chronicity⁵⁶⁻⁵⁸. Care strategies⁵⁹ and focus on gender dimension^{42,60-63} are addressed in later years. More than half of the publications related to this axis occurred between 2011 and 2015. Among the contents, an association between the increasing expansion of CAPS and psychosocial care in Primary Care was observed, with declining hospitalization rates in some periods and regions, pointing to the relevance of the articulation between services, households, and communities⁶⁴. The lack of consensus among social movements, workers, and formulators was debated, and proposals for the participation of many actors were pointed out. The need to build an alliance between users and professionals, but also between users and academia to horizontalize care, strengthening the fight against stigma, formulating consensus on good practices, and denouncing the growing life medicalization are some reflections^{42,62,65-67}.

The need for social support and the relevance of CAPS for the inclusion process were aspects recognized in the clinic, emphasizing family intervention^{68,69}. The ambiguity seen in households and services in the support vs. guardianship was also brought up^{70,71}. Some works addressed Therapeutic Monitoring and group work in the CAPS. The discussions considered the territorial care model aiming at comprehensiveness⁷²⁻⁷⁴. Papers warned about the adaptation of offers to the singularities of the demands and sociocultural experiences of users⁷⁵⁻⁷⁷. The need for more significant investment in research, policy formulation, and implementation of care for older adults⁷⁸ was emphasized. The training of professionals and the conditions for exercising qualified actions in substitute services were also addressed⁷⁹⁻⁸¹. The importance of strategies to support relatives in the RAPS was pointed out, recommending continuing education^{82,83}, reiterating the relevance of evaluating services based on user satisfaction.

The role and possibilities of Primary Care (PHC)

The first work was published in 2001, pointing out the biomedical logic reproduced by professionals and relatives, and reinforced by the insufficient local public Mental Health system⁸⁴. Subsequent publications only resumed eight years later. The relationship between CAPS and the Family Health Program/Family Health Strategy (PSF/ESF) was a recurring theme in the papers, discussing comprehensive care, network articulation, difficulties in developing care in Mental Health in PHC, the Community Health Worker's role in Mental Health cases, and overcoming of the biomedical model⁸⁵⁻⁹⁰.

Youth Mental Health in PHC has also been the subject of studies showing difficulties in recognizing, evaluating, treating, and referring situations⁹¹⁻⁹³. Assessing prevalence and consumption pattern of psychiatric drugs in the PSF unit revealed the PHC's relevance in improving access and rational use of medicines⁹⁴. The Multidisciplinary Matrix Support was necessary for implementing and qualifying psychosocial care⁹⁵⁻¹⁰². In the 2015-2016 biennium, studies recognize PHC's potential for monitoring Mental Health, favored by the population's link. However, they observe persistent collective and singularized care practices concomitantly with the maintenance of the biomedical logic¹⁰³⁻¹⁰⁵. Connections between the clinic and the social and cultural context for Mental Health interventions in PHC were identified¹⁰⁶. The theme of support networks is prevalent from 2018 to 2020, pointing to the prevention and monitoring of people with Common Mental Disorders¹⁰⁷, support for Mental Health users¹⁰⁸, the role of NASF in UBS⁹⁸, and Multidisciplinary Matrix Support¹⁰⁹.

Drug use-related problems

The number of papers on this topic (19) is small compared to the total (278), corresponding to 6.8% of all works. The publications are sparse, with 1-3 papers published on the theme annually and periods without any publication. No increase was noted in publications related to the federal government's investment in the *Crack, é possível vencer* ("Crack, we can win this") program¹¹⁰. Several studies maintain a stigmatizing view of this population, with a psychiatric approach. The perspective of Harm Reduction, consolidated as a strategy in the international scenario, barely visible in the national government's initiatives, was the subject of only one work¹¹¹ that highlights the assurance of human rights and the social inclusion of drug users while advancing in the

attention of policymakers. Several studies point out difficulties in measuring results, scope, and effectiveness of Harm Reduction, suggesting an investment in evaluations. A study takes up the historical process of the Brazilian Alcohol and Other Drugs Policy, given the political, social, and clinical cross-linkages, pointing to the need for financing and monitoring actions¹¹². Other studies also considered specific and discontinued preventive actions¹¹³⁻¹¹⁷. Problems related to various psychoactive substances were analyzed: alcohol abuse¹¹⁸, tobacco use, and psychotropic drugs¹¹³, marijuana¹¹⁹, and injectable drugs¹²⁰. The importance of early detection and its association with sociodemographic factors to guide prevention strategies¹²¹ was highlighted. Changes in professionals' approach, greater adherence to interactive methodologies, and fostering intersectorality between health and education were also underscored^{122,123}.

Child and Adolescent Mental Health

The number of publications on Child and Adolescent Mental Health begins to grow in 2010. The theme is approached from a diverse range of aspects, mostly related to violence suffered by children and adolescents^{53,124-129}, characterization of young offenders, the conditions of the correctional institutions (MSE)^{112,130-132}, Mental Health policies and type of treatment provided by substitute services^{33,133-137}. Studies that highlight the need for suicide prevention stand out from 2000 to 2010. The importance of investing in teacher training is underscored¹²⁷. Violence is discussed again in the 2011-2015 period, emphasizing discussions of developmental factors and Mental Health, the need for attention to maternal mental health, family conflicts, and socioeconomic insecurity^{128,138,139}.

Another reiterated aspect was young offenders' Mental Health, recognizing the weakness of responsible institutions, denouncing the upholding of the asylum logic in MSE institution¹³⁰, and the high prevalence of mental disorders in this audience¹¹². One study on bullying¹⁴⁰ and another on the construction of a territorial care network¹³³ was identified. Tszesnioski et al.¹³³ identified that children had stronger ties with community health workers and daycare professionals than Mental Health services. The most significant number of studies on Mental Health policies geared to children and adolescents are found in the 2016-2020 period, pointing to advances and reinforcing the need for more considerable investments regarding the effectiveness of services and access to information and care¹³⁴⁻¹³⁷.

Some papers addressed children who suffered sexual violence¹²⁹, while others associated violence, bullying, and psychoactive substance use among adolescents⁵³. Young offenders are again addressed, with a low supply of treatment in CAPSad and CAPSi¹³¹, and the Mental Health demands of this audience¹³². Another theme was how children and adolescents experience psychosocial crises, underscoring the need for CAPSi to provide elaborative spaces¹⁴¹. There was also one survey on maternal social and emotional conditions, the low level of education influencing the difficulties in bonding with the baby¹²¹. And finally, one paper addressed Autistic Spectrum Disorders and SUS services' limitations to deal with this demand¹³⁵.

Epidemiological studies / psychiatric categories

Most of the studies were descriptive, measuring mental disorders' prevalence, although each one worked with specific audiences or in unique contexts. Another part presented quantitative research on different health conditions, violence rates, quality of life, supply and use of health services, and drew simple association relationships. There has been more research on the prevalence of mental disorders in older adults¹⁴²⁻¹⁴⁷, in health professionals¹⁴⁸⁻¹⁵¹, and institutionalized people¹⁵²⁻¹⁵⁴, publications that grew as of 2009. Some addressed the exposure of children to situations of violence^{155,156}, the prevalence of psychiatric disorders in PHC health professionals¹⁴⁸, and oral health conditions in residents of Therapeutic Home Services¹⁵⁷. The themes were repeated between 2011 and 2015, such as Mental Health of health professionals¹⁴⁹⁻¹⁵¹ or the prevalence of mental disorders in institutionalized people^{153,158}. The range of themes was quite diverse, and the originality and scope of many studies was low. This category grew quantitatively as of 2016 and may point to the relative ease of publishing quantitative studies in the Journal.

Others

It is a group with very diverse themes that point to the need for more considerable investments in research, as is the case of the relationships between Mental Health and ethnic-racial and gender issues⁶⁰, and the relationship between living conditions in the favelas and Mental Health¹⁵⁹, which are two themes that were repeated, showing that the academic community already recognized their importance. Scientific research in Mental Health begins to be thematically addressed in the analysis of the Ministry of Health's investment in research and development¹⁶⁰.

We also found a paper on the construction of evaluative indicators of healthcare policies for older adults who are victims of accidents and violence¹⁶¹. Two papers addressed Occupational Mental Health^{162,163}. In 2011, we identified a set of papers that analyzed the Psychiatric Reform in the global¹⁶⁴ and Brazilian context, the Brazilian Mental Health policies and their implementation process, the obstacles, challenges, and achievements inherent to them¹⁶⁵⁻¹⁷¹.

Discussions about research methodology in Mental Health¹⁷² were also published, ranging from the use of narratives¹⁷³ in Mental Health research on the relationship between research and clinic¹⁷⁴, from the adoption of interview techniques coherent with the Psychiatric Reform idea¹⁷⁵ to ethnographic approaches¹⁷⁶. Also noteworthy is a paper addressing the participation of Mental Health users in psychopathology education²⁴.

Some papers addressed Mental Health work within socio-environmental disasters^{177,178}, work on social determinants of Mental Health in the favelas¹⁵⁹, the provision of Mental Health services for supplementary health¹⁷⁹, religiosity and Mental Health¹⁸⁰, penal system and Mental Health³², surveillance of occupational health and Mental Health¹⁸¹, and social representation of the community therapist in the SUS¹⁸². Mental Health work in disasters is discussed again¹⁸³ from 2016 to 2020. Papers addressed Mental Health and depression in the elderly population^{184,185}, while others discussed racial issues¹⁸⁶, social mobility and mental disorders in adults¹⁸⁷, and Mental Health interventions in migrants exposed to violence in their countries of origin¹⁸⁸.

Discussion

We can affirm that the establishment of public Mental Health policy, and the monitoring of services of RAPS in particular, including the obstacles of community assistance in determining factors such as stigma and discrimination, has been a growing theme in recent years, notably since 2009, which points to Mental Health as a productive area in Collective Health. Research notices, and the robust expansion of services experienced since 2003, may have impacted the growth of these publications. Some themes emerge as more contemporary concerns (race, gender) and, surprisingly, others seem not to have followed the growing induction of public policies, at least within Public Health, such as the

theme of care for people with drug problems, although specific terms have not been included in the searches. The slight increase in quantitative studies in recent years may be reflecting a particular bias in the Journal's selection, and it is worth asking whether the number of these studies has increased or it has been more comfortable for them to cross the increasingly demanding barrier of peer review in an increasingly competitive environment such as that of Brazilian Public Health publications. Regarding the themes prioritized by international entities such as the WHO, the publications of *Journal Ciência & Saúde Coletiva* still seem to be linked to the Brazilian and Latin American scene. Issues such as the mortality gap, implementation studies, and large-scale assessments remain absent from publications. On the other hand, themes that could be indigenous and of interest to the world scenario, such as the relationship between social inequality and care barriers, Mental Health in situations of violence, relationships between Mental Health, Indigenous Health, and Ecology, for example, are absent in the publications studied.

Conclusions

The period studied allows us to monitor the birth and development of a field of study based on the changes brought about by the 1988 Constitution. The foundation of the Unified Health System and all its conceptual and legislative apparatus enabled transformation processes. Our study allowed us to follow the paradigmatic transition process of knowledge of Mental and Collective Health in Brazil.

We identified the multidisciplinary and intersectoral characteristics of the field, involving different disciplines to reflect on the same object, deconstructing a particular psychiatric view of mental illness, influencing changes in legislation, institutions, and society. It is interesting to realize that, at first, the texts point to the potential of the field based on re-democratization. It is as if a thematic and methodological range has been opening up over the years, showing its complexity, following the theoretical production dialogues with this new reality as new services and new practices were developed, reflecting both the difficulties and the undeniable advances achieved. It is interesting to note that the user's voice has gained more relevance in this process, showing that the structuring of Brazilian Mental and Collective Health is closely related to the social sphere, citizenship, the confrontation of inequalities, prejudice and, ultimately, political and democracy issues.

Collaborations

RO Campos, DVD Santos, AV Diaz, B Emerich, T Trape, CAP Gama, CEM Amaral, RE Poderoso, AL Ferrer, L Miranda, MB Pereira and LT Surjus participated equally in all study stages: design, review, analysis of results, and review of the final version.

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