



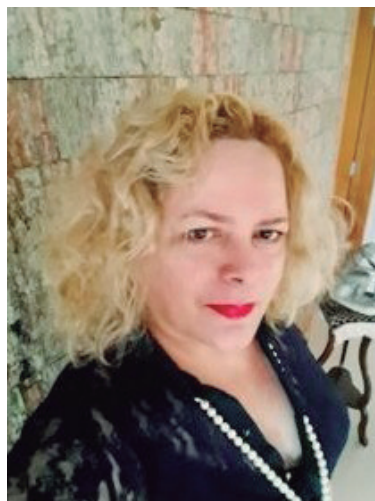
DOSSIÊ

THE RIGHT TO MENTAL HEALTH AND CARE IN FREEDOM: KNOWLEDGE AND PRACTICES

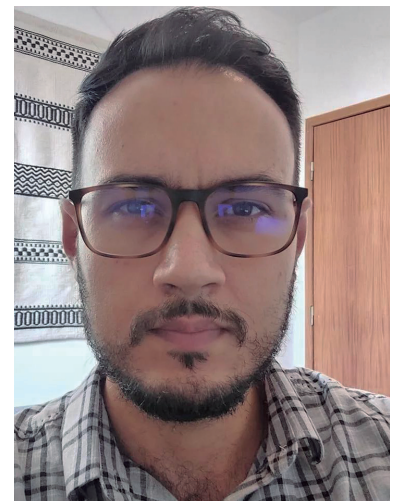
EDITORIAL



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The dossier ***The Right to Mental Health and Community-Based Care: Knowledge and Practices*** shares the experiences of researchers and professionals—both national and international—who work at universities and in different care settings. It focuses on community-based mental health care, prioritizing an expanded clinical approach and deinstitutionalization. It is a product of the third edition of the Fraco and Franca Basaglia School in Brazil, and the **Sixth International Franca and Franco Congress Basaglia School, held in Belém, Pará**, in May 2025, as part of a collaboration between Brazil and Italy, with inter-institutional partnerships involving the Department of Mental Health in Trieste, Italy; the University of São Paulo; UNIFESP; the Faculty of Science and Technology at the University of Brasília; and the Federal University of Pará, through the Graduate Program in Psychology at the Institute of Philosophy and Human Sciences, which hosted the event. In addition to bringing together professionals from various public policy sectors, the academic community, service users, and their families. The importance and legacy of this dossier consisted of honoring and disseminating knowledge related to scientific research in the form of established and recognized practices. Both within the Unified Health System (SUS) and in Italian institutions, such as the recognition that deinstitutionalization must be overcome and care reinvented within care settings committed to the freedom and dignity of people suffering from mental illness.

As Basaglia noted, we must understand that in care, the illness must be set aside in the interaction with the person. The Dossier has an international scope, as the texts it contains are characterized by cooperation between Brazil and Italy, facilitated by Trieste; they are also marked by their diversity, encompassing various academic genres: research articles, theoretical essays, and case studies.

The authors come from various regions of Brazil, and the book features thematic sections that explore technologies for inclusion, deinstitutionalization, and community-based care; strategies within the psychosocial rehabilitation model of Brazil's mental health policy; innovative mental health strategies; and the international person-centered paradigm, focusing on recovery and human rights.

We highlight Roberto Mezzina's description of Franco Basaglia's historical process in developing the paradigm of community-based mental health care, centered on freedom and human rights. In the essay titled "From Franco Basaglia to Community Mental Health: Toward a Paradigm Shift," we explore the principles that have become central to Brazilian policy;

Lemos and Pinheiro wrote ***Resistances of Body-Territories to the Project of Domination by the Nature-Culture Dyad as a Security Mechanism of Modernity***, a work characterized by theoretical breadth and a more radical political stance, as they refuse to address mental health in isolation from the material and symbolic conditions that produce suffering. The territory under focus is a specific, politically situated site of enunciation: the Amazon, viewed simultaneously as a body-territory and as an episteme. In this way, they illustrate the first-person experience of researchers/professors who connect their pedagogical practice with Quilombola, riverine, and family farmers, developing

ecofeminist and decolonial reflections—a rejection of the ethnocentrism that historically positions peripheral knowledge as “data to be explained” and metropolitan knowledge as “explanatory tools.”

Masini and Goulart present the paper “Mutual Aid Groups in Mental Health: An Analysis Through the Theory of Subjectivity”; Maynardes, Pellá, Santos, and Stefanello discuss “Perceptions of Therapeutic Listening as a Tool for Mental Health Care”; Malcher focuses on the unique therapeutic project through a multidimensional model: considering the individual, daily life, and environmental contexts;

In his text, Paolo Borghi explores the work of families and the burden of caring for people with severe mental illness, taking readers to Trieste—to the heart of the experience that inspired not only the Brazilian Psychiatric Reform but also deinstitutionalization movements around the world. In his account of his experience, Borghi presents the origins, development, and structure of the program for working with family members of people suffering from severe mental distress – started in 1987 is still considered an international benchmark today. The text reconstructs with historical accuracy and clinical depth, the evolution of psychiatric approaches to families: from the exclusion of family members in the medical-biological model - who considered them, at worst, as hereditary carriers of the disorder or as the cause of their relatives’ illness—through the ambivalent view of the psychoanalytic model, which recognized the importance of family relationships, but separated them from the therapeutic process-to contemporary psychoeducational interventions and the systemic-relational model. In this process, the family transitions from being the object of suspicion to an active participant in care—a transformation that is, in itself, a chapter in the history of deinstitutionalization.

The program described by Borghi is organized into three complementary dimensions: the psychoeducational, the psychotherapeutic, and the solidarity network, which involves expanding social networks, establishing self-help groups, and actively combating isolation. The articulation of these three dimensions supports a broader understanding of care through an approach that is both psychological and political, aimed to restore the social bonds of both service users and their families—who also suffer, also isolate themselves, and need care.

The set of texts in this dossier offers a glimpse, through innovative practices and critical theoretical frameworks, of the contradictions that characterize the field of public mental health in contemporary Brazil. If the Psychiatric Reform has brought about undeniable historic changes—the gradual replacement of institutional beds with community-based services, the consolidation of Psychosocial Care Centers (CAPS), the creation of therapeutic residences, and the legal recognition of the rights of people with mental health issues—recent years have seen these gains eroded.

We emphasize that the third edition of the Fraco and Franca Basaglia School in Brazil, and the **Sixth International Franca and Franco Basaglia School Congress, held in Belém, Pará, in May 2025**, were strategic in focusing on general mental health processes from the perspective of northern Brazil—and especially the Amazon region, which was the focus of the Congress described here.

RAPS coverage in the North is structurally inadequate: according to data from the Ministry of Health, the region has one of the lowest rates of CAPS per capita in the country. Many medium-sized municipalities lack any specialized psychosocial care facilities; the vastness of the territory, the scattered population, logistical difficulties, and the unreliable state of transportation infrastructure, in particular, pose challenges that policies formulated in the metropolitan centers of the Southeast often fail to consider.

Mental health professionals working in various riverine regions of State of Pará, or Amazonas face an entirely different reality from those described in national manuals and guidelines, which tend to reflect other contexts.

The presence of Indigenous peoples and traditional communities-riverine communities, Quilombola communities, and floodplain populations-adds a dimension of irreducible complexity that requires care policies to incorporate worldviews, healing practices, and ways of understanding suffering that do not fall within the diagnostic categories of Western psychiatry.

Despite the tortuous paths caused by various attacks on Brazilian mental health policies and care services across the country, we believe that the current paradigm—based on the principles of comprehensive care, equity, and respect for the human rights of those suffering from mental distress—is now firmly established. We believe that organized civil society will not allow any setbacks.

In this issue, we present a respectful dialogue with different forms of knowledge—which implies breaking away from the epistemological ethnocentrism that still shapes much of professional training and clinical practice. With this aim, we present Volume 18/2026, which brings together voices and writings in support of strengthening and continuing mental health reform, based on a reinvented clinical approach that prioritizes the recognition of the individual, diversity, the local context, and ontologically grounded care as inalienable pillars.

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