

EDITORIAL**Construction of Knowledge in Mental Health**

The National Mental Health Policy in Brazil¹ is recent, dating back to the first decade of the 21st century. It was created after years of struggle against the hospital-centered model of psychiatric care, in favor of care based on freedom, social inclusion, respect and autonomy of people with mental disorders.

Inspired by the psychiatric deinstitutionalization movement in Italy²⁻³, the anti-manicomial struggle occurred in Brazil during the 1990s, along with other democratic proposals for rights, in the context of redemocratization. At the time, it was a response to the exclusionary, violent and inhumane model of psychiatric hospitalizations, in search of alternatives of care in the community, driven by professionals, users, family members and society.

As a result of this social mobilization, still in the 1990s, there were several achievements, such as the prohibition of indefinite commitment in psychiatric institutionalization, violent methods, such as the use of electroshock, physical isolation and physical and chemical restraints.

On December 23, 2011, the Ordinance MS/GM 3,088 in Brazil¹ established the Psychosocial Care Network within the Scope of the Unified Health System (*Sistema Único de Saúde - SUS/Brazil*), providing for the creation, expansion and articulation of points of care for people in psychological distress or with mental disorder and needs arising from the use of alcohol and other drugs. Since this moment, it has been a social challenge to implement a model based on psychosocial rehabilitation, which advocates comprehensive, humanized care in the territory to the person in psychological distress, ensuring access to health and citizenship, in the conception of this person as a subject of rights inserted in the territory, in search of the exercise of their autonomy and independence.

In the last five years, the National Mental Health Policy¹ in Brazil has had several setbacks: a gradual reduction in funding for community-based health services, especially psychosocial care centers, throughout the country; and, lately, by the incorporation of therapeutic communities in psychosocial care network that can reproduce the hospital-centered exclusion model and the expansion of funding and resumption and stimulus of biological methods of care such as: electroconvulsive therapy and the institutionalization of care, such as hospitalization⁴.

These changes may favor the extinction of important care strategies, the impoverishment of actions developed in psychosocial care network and the depersonalization of care in freedom, with the clear distancing of the Mental Health Policy in Brazil anchored by Law 10.216/2001⁵.

The construction of psychosocial care network must be continuous and democratic, with the possibility of constant evaluations and criticisms, with social control and effective participation of civil society in discussions and decision-making. However, the current scenario has shown a need for alert to the changes that meet socioeconomic and political interests in the perspective of the return of hygienist logics of social exclusion, especially of people in conditions of vulnerability, disadvantages and social inequalities.

The impacts of the COVID-19 pandemic are also added to the reality of psychosocial care network, as they have required actions related to prevention and treatment of mental health problems caused by uncertainties, fears, stress, concerns, financial and social problems that the population is currently exposed to.

Thus, professionals in health and other areas of interest are called in the fight for care and citizenship of people in psychological distress, a movement of vigilance and resistance in the defense of the human rights of this population.

This special volume of REFACS on the *Construction of Knowledge in Mental Health* seeks to disseminate knowledge and practices of qualified care to people in psychological distress, as well as promoting mental health and prevention of illness, with a view to broadening the debate and sharing knowledge for contributions in the area.

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Good reading!

Érika Renata Trevisan

Occupational Therapist. Specialist in Mental Health Technologies. Master in Psychiatric Nursing. PhD in Health Care. Adjunct Professor, Department of Occupational Therapy at Universidade Federal do Triângulo Mineiro (UFTM), Uberaba, MG, Brazil.

Heloísa Cristina Figueiredo Frizzo

Occupational Therapist. Specialist in Health Informatics. Master of Medical Sciences. PhD in Science. Adjunct Professor, Department of Occupational Therapy at UFTM, Uberaba, MG, Brazil.

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