

EDITORIAL

Mental health and contemporaneity

Contemporary challenges, amplified by the post-COVID-19 pandemic context, profound socio-environmental transformations, and the urgency of intersectional policies, demand a broadened perspective on mental health. The S20 Declaration (2024) emphasizes that “physical, mental, environmental, and spiritual dimensions are intertwined, requiring a holistic approach”¹. Aligned with this principle, REFACS renews its commitment to promoting equity, intersectorality, and comprehensive care, maintaining an active dialogue between academic production and professional practice in public health.

Despite progress, a significant gap persists in addressing the multiple social determinants of mental health. Public policies and clinical practices still operate separately, without proper coordination with education, housing, work, and ecology. According to the National Mental Health Survey, anxiety and depressive disorders affect 15.5% and 7.3% of the Brazilian population, respectively, with marked regional heterogeneity².

The implementation of the Psychosocial Care Network (*Rede de Atenção Psicossocial - RAPS*) in 2011 was innovative in territorializing care through the Psychosocial Care Centers (*Centro de Atenção Psicossocial - CAPS*) and Primary Health Care (PHC); however, budget limitations and shortcomings in intersectoral coordination still compromise its effectiveness³. Therefore, it is urgent to deepen the analysis of cross-cutting aspects that link mental health to other public policies in a context marked by 21st century challenges.

Consolidating intersectoral practice means connecting mental health to the social and spatial determinants of illness. Recent studies on Child and Adolescent CAPS in Southeastern Brazil show that, although services maintain contact with different segments of the network, “strengths and weaknesses of intersectoral linkages” persist, limiting comprehensive care⁴⁻⁶.

In a study conducted in the city of São Paulo/SP, Brazil, only 63% of units had a mental health professional or actively participated in RAPS meetings, highlighting gaps in communication and matrix support⁷. Expanding the network alone does not guarantee integrated care; it is necessary to critically evaluate and improve its structure.

More than simply adding services, transversal management capable of incorporating robust indicators to support practices and policies is required. Indicator matrices that combine geographical (national, regional, local, individual) and temporal (entry, process, outcome) dimensions become essential tools to monitor performance and guide interventions within RAPS⁸⁻¹¹.

Intersectorality, in turn, must go beyond the health sector and engage with education, social protection, environment, and work. However, this progress depends on agenda convergence, adequate funding, and the training of professionals capable of working transdisciplinary and interprofessional, reflecting a contemporary and inclusive perspective on mental health care.

Nowadays, it is necessary for the academic community, managers, professionals, and users to strengthen transdisciplinary research and practice in mental health: developing longitudinal studies on the effects of intersectorality; fostering partnerships between health, education, social protection, and community movements; enhancing professional training with transversal competencies; and intensifying actions to combat stigma and promote collective well-being. REFACS remains open to submissions of manuscripts presenting innovative approaches, grounded in solid evidence and sensitive to current demands.

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Good reading!

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