

PSYCHIATRIC DEINSTITUTIONALIZATION IN BRAZIL: THE ROLE OF THERAPEUTIC RESIDENCES AND THE IMPORTANCE OF THE FAMILY HEALTH STRATEGY

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Abstract: The Brazilian Psychiatric Reform is a movement that seeks to transform the mental health care model, promoting the deinstitutionalization and social inclusion of people with mental disorders. In this context, Therapeutic Residences represent an alternative to psychiatric institutionalization, offering residential support for individuals who face these disorders and need family or community support, aiming for their social reintegration. This experience report seeks, therefore, to share the experience of a team from the Family Health Strategy in the city of Rio de Janeiro-RJ after one year of monitoring residents of a Therapeutic Residence.

Keywords: “Therapeutic Residential Service in Mental Health”, “Health Services Reform”, “Deinstitutionalization”, “Psychiatric Rehabilitation” and “Primary Health Care”.

Contextualization

Deinstitutionalization actions in Brazil needed to articulate a proposal for people with mental disorders who were ineligible for psychiatric hospitalization, but without family support or any other support that could guarantee the social insertion of these individuals. To this end, based on the dialogues of the II National Conference on Mental Health (in 1992) and, after some successful experiences

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in the 90s, subsidies were generated for the elaboration of Ordinance No. 106/2000, of the Ministry of Health (MS), which introduces the Therapeutic Residential Service (SRT) (or Therapeutic Residence - RT) within the scope of the Unified Health System (SUS) with the aim of ensuring assistance to those people, who were previously institutionalized in psychiatric units, in their process (sometimes complex) of reintegration into society (Brazil, 2000).

RTs are, therefore, an alternative to institutionalization and are a tool for people who do not have adequate support in the community to guarantee adequate living space, such as family and friends, which often occurs after years of hospitalization . in psychiatric hospitals (Brazil, 2003; Castro *et al* , 2021). Among the states that have RT, the state of Rio de Janeiro has the largest number, being the capital with a total of 100 units maintained by the city hall, which house around almost 600 people in the year 2024 (Rio de Janeiro City Hall January, 2024).

Goal

Share the experience of a team from the Family Health Strategy in the city of Rio de Janeiro-RJ after one year of monitoring residents of a Therapeutic Residence: Challenges and Learning.

Experience report

The RTs These are houses located in the urban space, with no physical link to hospital units, planned to respond to the housing needs of their inhabitants and constitute the beginning of the psychosocial rehabilitation process of their users (Brasil, 2004). RTs must be monitored by the Psychosocial Care Center (CAPS) or outpatient clinics specialized in mental health and also, if possible, by the family health team (eSF) responsible for the territory of the residence. It is important to establish a collaborative relationship with CAPS and eSF and define roles and responsibilities for each team.



Amid the challenge and complexity of mental disorders, a team from the Family Health Strategy (ESF) in the city of Rio de Janeiro-RJ has been monitoring the residents of a therapeutic residence for a year. The home has six residents who face different mental health disorders, such as schizophrenia and mental retardation. During this period, home visits and consultations were carried out at the health unit itself. In addition to mental health issues, clinical issues were addressed, such as the management of diabetes and the active search for women to undergo preventive examinations. During this period, efforts have been made to promote integrated care with various challenges and invaluable learning experiences for the ESF team.

The routine of regular home visits allows the team to understand the environment and needs of each resident and establishes a significant bond, necessary for the longitudinal segment. Care at the health unit, in turn, is used as a tool to contribute to the socialization of residents so that they can express themselves in the community and seek health support like other FHS users. The role of PHC encompasses disease prevention and we highlight the participation of RT women in the Pink October campaign, where they underwent the oncotic Pap smear test (preventive) for the first time and this process revealed a significant clinical finding and enabled the necessary follow-up to the health of one of these women.

On the other hand, there are challenges to be highlighted, such as: the initial failure of communication between the eSF and the CAPS responsible about their roles; the inexperience of the eSF with this care proposal; and the turnover of RT technical professionals. Continuous efforts from all professionals are essential for the consolidation of RT.

Learnings and Critical Analysis

Housing is a constitutional right for every Brazilian citizen and it would be no different for those with mental disorders (Brazil, 1988). In this sense, RTs are not precisely or only health services,



but spaces for living, linked to the psychosocial care network of each municipality.

It is, therefore, up to PHC, especially the eSF , to understand its role in the scope of mental health care for RT residents. With integrality and longitudinality as essential attributes, PHC is responsible for providing comprehensive and continuous monitoring, promoting the physical and emotional well-being of individuals, as well as health promotion and disease prevention.

The team's inexperience and the challenges faced in this first year of contact were the necessary encouragement to review their role and formulate more assertive strategies. By establishing solid bonds over time, the team can better understand individual needs and offer personalized support, aiming for residents' recovery and autonomy.

Final considerations

In recent years, the Municipal Secretariat of Rio de Janeiro has made significant progress in the process of deinstitutionalization of psychiatric patients, introducing the CAPS and SRT care network as a new model of care, and culminating in the closure of the city's last two large psychiatric hospitals. , in accordance with the principles of the Brazilian Psychiatric Reform (Rio de Janeiro City Hall, 2023).

It is important to highlight that despite progress in the deinstitutionalization of psychiatric patients in Brazil, there is still a significant historical delay that needs to be overcome, given that, while in the USA and European countries this movement began in the 1950s through reforms psychiatric disorders (Soares and Silva, 2019), national implementation became a formal reality of the SUS only in the 2000s, which reflects the need for discussion and relevance of the topic.



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