THE EVOLUTION OF PSYCHIATRIC HOSPITALS IN BRAZIL: AN EXPERIENCE REPORT

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ABSTRACT

This paper addresses the evolution of Brazilian psychiatric hospitals, from their origin during the colonial period to the challenges faced in contemporary times. The history of these institutions, marked by inhumane practices and the emergence of mental health policies, is contextualized. The problematization lies in the ineffectiveness of hospitals, influenced by

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the lack of integration between health policies and human rights, and by the persistence of a prison approach. The general objective of this work is to understand the applicable legislation and its implications in psychiatric hospitals, as well as to identify challenges and future perspectives. Its specific objectives are: a) To present the main sources for research on the subject; b) Discuss the need for specialized multidisciplinary teams and humanization in psychiatric hospital environments. To this end, it conducts a bibliographic and documentary review (technical pillar), under the Giftedean neoperspectivist paradigm (epistemological pillar) and hypothetical-deductive reasoning (logical pillar). The results highlight legal advances, such as the Psychiatric Reform Law and the Psychosocial Rehabilitation Assistance, but also point to challenges, such as overcrowding and lack of investment. In the discussion, the need for a more humanized and integrated approach is emphasized, in addition to the importance of deinstitutionalization and social reintegration. It is concluded that, in order to promote an effective transformation in the mental health care model, investments in public policies, professional training and strengthening of the psychosocial care network are necessary, ensuring respect for the rights and dignity of people with mental disorders.

Keywords: Psychiatric hospitals. HCTPs. Psychiatric reform. Experience report. Psychiatry.

INTRODUCTION

Psychiatry in Brazil, from the colonial period to the present day, reflects a significant evolution. During colonial Brazil, care for the mentally ill was precarious, predominantly provided by healers and religious. However, with the advancement of scientific knowledge and the influence of the French and Industrial Revolutions, especially in the late eighteenth and early nineteenth centuries, psychiatric care began to adopt a medical and state approach, culminating in the inauguration of the Hospice in Rio de Janeiro, which served as a model for other institutions (MIRANDA SÁ JR., 2007).

The evolution of psychiatric hospitals in Brazil reflects both advances and challenges. Inaugurated as part of the commemoration of the Coming of Age of Emperor Pedro II, the Hospice of Rio de Janeiro represented a modernization in the care of the mentally ill, but faced problems due to the lack of resources and the growing population served. Throughout the twentieth century, there were reform efforts, but the lack of specific drugs and the search for profit in social security assistance led to a division in the therapeutic approach, with a growing privatization of treatment (MIRANDA SÁ JR., 2007; CACTUS INSTITUTE, 2024).

Psychiatric Custody and Treatment Hospitals (HCTP) in Brazil reflect the diverse realities of psychiatric care, from public institutions to public-private partnerships. These hospitals, forged as prison hospitals, maintain their legal existence, facing challenges in relation to treatment and the quality of life of patients. The search for a more humanitarian and effective approach to psychiatric care continues to be a challenge in the country (JÚNIOR, 2023; MIRANDA SÁ JR., 2007).

Oliveira et al (2022) discuss the situation of people with mental disorders in conflict with the law in Brazil, focusing on the Psychiatric Custody and Treatment Hospitals (HCTP), which are institutions inserted in the prison system and considered an intersection between health and justice. Despite the advances of the Psychiatric Reform, these institutions and the people who are inserted in them remain stigmatized, with their human rights frequently violated. The text highlights the importance of advancing in this debate, raising questions to seek solutions that guarantee well-structured mental health care based on scientific evidence (SANTOS; WOULD; PINTO, 2015; SOARES FILHO; BUENO, 2016).

The Custody and Psychiatric Treatment Hospitals (HCTPs), despite being called "hospitals", are integrated into the security systems and inserted into the penitentiary system, under the management of the Penitentiary Administration Secretariats. Although intended for treatment and health care, these institutions are governed by criminal

legislation, resulting in an intervention model marked by contradictions (OLIVEIRA et al, 2022).

According to Soares Filho and Bueno (2016), this dichotomy between health policies and penal enforcement norms generates a predominantly judicial treatment, with little participation of health and social assistance services, disconnected from clinical evaluation and perpetuating the stigmatization of patients. This approach also leads to prolonged hospitalizations, loss of family ties, and inappropriate use of public resources that could be directed to more inclusive community services (OLIVEIRA et al, 2022).

Magalhães and Altoé (2020) investigate whether HCTPs adopt practices aligned with the principles of the Brazilian Psychiatric Reform. To exemplify this analysis, the authors present a clinical case of a patient followed during an internship in an HCTP. Although the principles and objectives of the Psychiatric Reform are not widely applied in the HCTPs, they observe the performance of some psychosocial actions in these institutions.

Reflecting on the changes in the process of the cessation of hazard examination in HCTPs, Magalhães and Altoé (2020) state that, previously, this examination was conducted by the Institute of Forensics and could result in the dishospitalization of patients. Now, called "Multiprofessional and Expert Examination of Psychosocial Care" (Empap), it is carried out in the patient's own unit, with the participation of the technical team. This change values the psychosocial perspective and expands the analysis beyond medical and judicial criteria. Although there have been advances, challenges still persist in the extra-hospital care network, and the invisibility of patients with mental disorders in conflict with the law persists (SANTOS; WOULD; PINTO, 2015; SOARES FILHO; BUENO, 2016).

The HCTP, although subject to pressures for its extinction, still remains a robust institution. Overcoming deinstitutionalization requires not only dehospitalization, but also the implementation of anti-asylum actions. All those involved, including users, health professionals, managers and society, must engage in this process. Existing public policies, such as Law 10.216/01 and the resolutions of the National Council of Justice, provide important guidelines, but their effectiveness depends on the support of the executive branches. In the field of mental health, disorder is the starting point for innovation, and although we do not have definitive answers, we seek to stimulate reflections on these questions (MAGALHÃES; ALTOÉ, 2020; OLIVEIRA et al, 2022).

For Santos, Farias and Pinto (2015), there is an urgent need to review the legal principles related to non-imputable asylums, especially considering the lack of integration of Law No. 12,160 with other legislation, which may compromise the achievement of the central objective of the Anti-Asylum Law: a society free of asylums, including the judiciary.

Despite some efforts, such as the PAI-PJ and Paili projects, which propose outpatient alternatives for people with mental disorders in conflict with the law, the Psychiatric Custody and Treatment Hospitals (HCTP) still persist as institutions that combine prison and health aspects, challenging the ideals of deinstitutionalization and humane treatment in mental health.

On the other hand, the authors (SANTOS; WOULD; PINTO, 2015) state that the discourse of dangerousness, based on the measure of security, continues to unilaterally privilege social security, without considering the advances in mental health and human rights policies. It is crucial to build a security policy that does not respond to violence with more institutionalized violence in HCTP, but prioritizes humanitarian treatment in Psychosocial Care Centers and other mental health devices. Criminal justice needs to recognize non-imputability, acquitting individuals and guaranteeing them specialized care, regardless of whether they are labeled as "criminal-madmen," in order to promote a more just and humane approach to those in conflict with the law and suffering from mental disorders.

That said, the following research problem questions arise: a) What are the main advances in Psychiatry in Brazil from the colonial phase to the present day?; b) How were the Brazilian psychiatric hospitals structured and how did they work? c) What are they, how many are there and how do the Brazilian HCTPs work?; d) What are the main challenges and future perspectives regarding the evolution of Brazilian psychiatric hospitals?.

The general objective of this work is to understand the applicable legislation and its implications in psychiatric hospitals, as well as to identify challenges and future perspectives. Its specific objectives are: a) To present the main sources for qualitative and quantitative research on the subject; b) Discuss the need for specialized multidisciplinary teams and humanization in psychiatric hospital environments.

This work was structured in 5 chapters. In this first one, dedicated to its Introduction, the following are presented: the theme, the contextualization, the problematization, the research problem-questions, the objectives, and the structure of the work. In the second chapter, its methodological foundation is presented, dividing it into three categories: epistemological pillar, logical pillar and technical pillar. The third chapter develops a review of Brazilian psychiatric hospitals, in five sub-themes: asylums, sanatoriums and psychiatric hospitals; evolution of the Brazilian mental health network; current structure and functioning of psychiatric hospitals; List of Brazilian psychiatric hospitals: where to find it?; and a reflection on the legislation applicable to Brazilian psychiatric hospitals. The fourth chapter

presents the conclusions and final considerations of the work. And then the references consulted are presented.

METHODOLOGICAL FOUNDATION

EPISTEMOLOGICAL PILLAR

Neoperspectivist Paradigm

The neo-perspectivist paradigm, proposed by Gifted (BREVIÁRIO, 2021; 2023), suggests the coexistence of two realities: one absolute and objective, and the other partial and subjective. This author postulates that all the answers to research questions already exist, however, we know them only partially and subjectively due to our imperfection (BREVIÁRIO, 2022; KÖCHE, 1997; PIAGET, 1973). The guiding questions of this work are: a) What are the main advances in Psychiatry in Brazil from the colonial phase to the present day?; b) How were the Brazilian psychiatric hospitals structured and how did they work? c) What are they, how many are there and how do the Brazilian HCTPs work?; d) What are the main challenges and future perspectives regarding the evolution of Brazilian psychiatric hospitals?. These questions illustrate the premise of the neo-perspectivist paradigm, highlighting that the answers already exist, but our understanding of them is limited by our human condition.

LOGICAL PILLAR: HYPOTHETICAL-DEDUCTIVE METHOD

The hypothetical-deductive method, according to Breviário (2022), aims to ensure a high degree of certainty and reliability in scientific investigation, following the precepts outlined by Karl Popper. This method, structured in three moments - problem, proposed solution and falsification tests - offers a rigorous approach to scientific research (DÉBORA et al, 2018; POPPER, 1972).

In this work, the guiding hypotheses were formulated from this perspective, addressing the evolution of Psychiatry in Brazil, the impacts of the Psychiatric Reform, the future of Psychiatric Custody and Treatment Hospitals (HCTPs) and the need to respect human rights. The hypotheses are as follows:

> a) Psychiatry in Brazil has evolved a lot, both qualitatively and quantitatively, which is reflected in the training of health professionals, in the growing humanization employed in psychiatric institutions and in the number of hospital units, beds, professionals and services provided.

b) The Psychiatric Reform brings many benefits to the mentally ill, but it also brings a great concern about how they will be adequately treated without psychiatric hospitals.

c) HCTPs are destined for an imminent end.

d) Mentally ill people are not criminals, delinquents, or dangerous to society.

e) Respect for human, civil, criminal, educational, professional, and religious rights must be the fundamental element for the human and integrated progress of Brazilian psychiatric hospitals.

Based on these hypotheses, deductive reasoning was applied, based on various sources, including the Bible and scientific publications, seeking to reach robust and integrated conclusions on the subject of Brazilian psychiatric hospitals (MARCONI; LAKATOS, 2003; 2007; 2008).

TECHNICAL PILLAR

Narrative Literature Review (RBN)

Narrative Literature Review (RBN), also known as Literature Search, is a fundamental technique that not only helps to define and solve known problems, but also makes it possible to explore new areas not yet completely understood. This approach allows for analysis from different perspectives, producing new conclusions and insights (BREVIÁRIO, 2021; SEVERINO, 2007). According to Rodrigues (2007), RBN offers means to explore new areas and solve already known problems, in addition to allowing a broader coverage of phenomena when the research problem requires the collection of data dispersed in space.

Unlike field research, RBN is based on the search for information in books and other publications, exploring data already available in previous records. This technique is particularly useful when the research problem requires the collection of data dispersed in space, as it allows a broader coverage of phenomena (MARCONI; LAKATOS, 2003; 2007; 2008). Gil (2010) points out that bibliographic research allows the researcher to cover a wider range of phenomena than those that could be investigated directly, providing a solid basis for the initial understanding of a theme.

However, it is important to consider that, as secondary sources, bibliographies may contain inaccurate data, requiring a critical and comparative analysis of different sources to ensure the reliability of the information. Following a work script that involves the exploration of sources, selective and analytical reading, preparation of cards and data analysis, RBN offers a solid basis for the initial understanding of a theme, enabling further deepening

through more advanced research techniques. This approach is especially useful for researchers seeking to understand complex and unknown issues, before engaging in more detailed investigations, such as case studies or action research (BREVIÁRIO, 2021; MARCONI; LAKATOS, 2003; 2007; 2008).

In this study, twenty bibliographic sources were consulted, including contributions from: Gil (1999; 2010); Breviary (2021; 2022; 2023); Rodrigues (2007); Severino (2007); Miranda Sá Jr. (2007); Magalhães and Altoé (2020); Soares Filho and Bueno (2016); Santos, Farias and Pinto (2015); Piaget (1973); Köche (1972); Marconi and Lakatos (2003; 2007; 2008); Oliveira et al (2022); Débora et al (2018); Popper (1972); Marques (2017). These authors provided a solid theoretical basis for the research, covering a variety of relevant topics, such as narrative literature review, hypothetical-deductive method, and neo-perspectivist paradigm, among others.

Narrative Documentary Review

Documentary Review, also known as documentary survey, is a research technique that aims to collect primary and secondary data indirectly, establishing a non-participant relationship between the researcher and the object investigated (GIL, 1999; 2010; BREVIÁRIO, 2021). According to Gil (1999), paper sources can provide data rich enough to avoid wasting time in field research, being essential for social investigations that rely heavily on documents. This technique utilizes different types of documents, such as statistical records, written institutional records, personal documents, and mass communications, to obtain a wide range of information relevant to social research.

The documents used in this technique are typified by Gil (1999) in four distinct categories, including statistical records, written institutional records, personal documents and mass communications. These documents provide essential data on socioeconomic, political, and cultural aspects of society, enabling a comprehensive understanding of the object of study. In addition, they allow the researcher to access historical and contemporary information efficiently, contributing significantly to the theoretical basis of the research (MARCONI; LAKATOS, 2003; 2007; 2008).

Thus, documentary surveys are fundamental for the theoretical foundation based on sources, providing primary and secondary data that enrich the understanding of the investigated theme. This technique enables a detailed and comprehensive analysis of social phenomena, contributing to the advancement of knowledge in various areas of knowledge (RODRIGUES, 2007).

As for the documentary sources, twenty-one official documents of the Brazilian government were used in this work, including laws and documents from official websites (BRASIL, 2001; 2002a; 2002b; 2003a; 2003b; 2004a; 2004b; 2004c; 2004d; 2005a; 2005b; 2005c; 2019a; 2019b; 2022; 2023a; 2023b; 2024; ARAÚJO, 2024; JUNIOR, 2023; CACTUS INSTITUTE, 2024). These materials provided concrete data and supported legal and political aspects addressed in the research.

PSYCHIATRIC HOSPITALS IN BRAZIL

ASYLUMS, SANATORIUMS AND PSYCHIATRIC HOSPITALS

The mental health scenario throughout history has been marked by different types of institutions aimed at the treatment of mental and chronic illnesses. Among these institutions, asylums, sanatoriums, and psychiatric hospitals stand out, each with its specific characteristics, similarities, and differences (OLIVEIRA et al, 2022).

Historically, asylums were places of internment for people with severe mental disorders, where they were often subjected to inhumane treatment and isolation practices. In contrast, sanatoriums emerged as treatment centers for chronic diseases, especially tuberculosis, offering specific care for patients with this condition. Psychiatric hospitals, on the other hand, are health institutions specialized in the treatment of severe mental disorders, offering a variety of therapeutic services and intensive care for patients (SOARES FILHO; BUENO, 2016).

With the advent of the Psychiatric Reform, a significant change occurred in the panorama of mental health services in Brazil. While asylums and sanatoriums were gradually deactivated due to inhumane practices and the need for a more humanized approach, psychiatric hospitals continued to exist, although with a renewed focus on community integration, reduction of hospitalization time and respect for patients' rights (BRASIL, 2002a; 2002b; 2003; 2004a; 2004b; 2004c; 2004d; 2005a; 2005b; 2005c; 2019; 2022; 2023a; 2023b; 2024).

In addition, another category of institution emerges in this context: the Psychiatric Custody and Treatment Hospitals (HCTP). These hospitals are intended for the treatment of people with mental disorders who have committed crimes, offering mental health care while complying with security measures determined by the courts. Thus, HCTPs differ from other Brazilian psychiatric hospitals in their specific function of combining psychiatric treatment with judicial security measures. Although some still pejoratively call them judicial asylums, they are not inhumane with the old asylums, where the mentally ill were disrespected, there were no therapeutic workshops and multidisciplinary teams as there are today, and they

were treated with electric shocks instead of medication (MAGALHÃES; ALTOÉ, 2020; SAINTS; WOULD; PINTO, 2015).

In summary, although they share the common goal of providing health care for specific groups of patients, asylums, sanatoriums, and psychiatric hospitals differ in their histories, therapeutic approaches, and treatment focuses. While asylums and sanatoriums have been gradually replaced by more humanized approaches, psychiatric hospitals and HCTPs continue to play an important role in the treatment and rehabilitation of people with mental disorders in Brazil (OLIVEIRA et al, 2022; MAGELLAN; ALTOÉ, 2020; BRAZIL, 2019).

EVOLUTION OF THE BRAZILIAN MENTAL HEALTH NETWORK

The mental health network in Brazil had its formal beginning with the creation of the first psychiatric hospital in 1841, the Hospício Pedro II, in Rio de Janeiro. Initially, these institutions were inspired by the European model, focusing on the segregation and control of patients with mental disorders (SOARES; WOULD; PINTO, 2015).

In the beginning, Brazilian mental health was marked by inhumane practices and precarious conditions in psychiatric hospitals. Patients were often subjected to cruel treatment, isolation, and neglect. The lack of public investment and social stigmatization contributed to the perpetuation of these conditions (SOARES FILHO; BUENO, 2016).

Throughout the twentieth century, several initiatives were taken to improve the mental health network in Brazil. The Psychiatric Reform, which began in the 1970s and was consolidated in the 2000s, represented an important milestone. This reform promoted deinstitutionalization, with the closure of asylums and the creation of community services, such as the Psychosocial Care Centers (CAPS) and the Therapeutic Residential Services (SRT). There was also a gradual increase in public and private investments in mental health, including the expansion of access to psychiatric drugs and therapies (MAGALHÃES; ALTOÉ, 2020)..

The Psychiatric Reform in Brazil represents a milestone in the mental health policy of the Unified Health System (SUS). This process aims to transform the care model, previously centered on psychiatric hospitals, to a more inclusive and community-based model (BRASIL, 2005a; 2005b; 2005c).

Criticism of the hospital-centered model (1978-2991), which predominated in the treatment of mental disorders, began to gain strength in 1978. During this period, movements and debates emerged that questioned the effectiveness and humanity of this model, driving the search for more humanized alternatives. From the 1990s onwards, the

implementation of the extra-hospital mental health network began (1992-2000). This involves the creation of Psychosocial Care Centers (CAPS), therapeutic residential services, and other forms of community care, aiming at the decentralization and humanization of care (BRASIL, 2003; 2005a; 2005b; 2005c; 2019; 2024).

The enactment of the National Mental Health Law (Law 10.216/2001) represented a significant advance in the process of Psychiatric Reform. This legislation reinforced the rights of users of mental health services and established guidelines for the deinstitutionalization and humanization of treatment. The III National Conference on Mental Health, held in 2001, was an important milestone in the consolidation of the Psychiatric Reform. In this event, users and family members had an active voice and contributed significantly to the formulation of policies and guidelines in the area of mental health (BRASIL, 2002a; 2002b; 2004b; 2024).

One of the central strategies of the Psychiatric Reform is the progressive reduction of the number of beds in psychiatric hospitals. This aims to promote the deinstitutionalization and treatment of patients in the community environment, favoring social reintegration and comprehensive care. The periodic evaluation of psychiatric hospitals has been an important tool to monitor the deinstitutionalization process and ensure the quality of care. This practice contributes to identifying good practices and challenges to be overcome in the mental health network. Therapeutic residences are one of the care modalities provided for by the Psychiatric Reform. They are collective residential spaces, where patients can live autonomously, receiving support and professional monitoring. These residences aim to promote the social reintegration and autonomy of users (BRASIL, 2005c; 2023a; 2023b).

The Back Home Program is an initiative that aims to promote the dehospitalization and social reintegration of patients admitted to psychiatric hospitals. Through this program, patients receive support to return to family and community life, ensuring the necessary follow-up for their reintegration. An important strategy of the Psychiatric Reform is the progressive reduction of the number of beds in large psychiatric hospitals. This measure seeks to decentralize care and promote the expansion of the psychosocial care network in the municipalities, strengthening community services (BRASIL, 2003; 2005a; 2005b; 2005c).

The municipality of Campina Grande, in Paraíba, is an example of success in the implementation of the Psychiatric Reform. Through an integrated and articulated policy between the various sectors of health and social assistance, the municipality was able to significantly reduce the number of beds in psychiatric hospitals and expand the offer of community services (OLIVEIRA et al, 2022; BRAZIL, 2005b; 2005c).

The judicial asylums represented a challenge for the Psychiatric Reform. These institutions, intended for the treatment of people with mental disorders in conflict with the law, often reproduce asylum practices and violate the human rights of patients. Overcoming this model requires the implementation of mental health policies in the prison and judicial systems, aiming to ensure adequate treatment and rehabilitation of patients (MAGALHÃES; ALTOÉ, 2020; SOARES FILHO; BUENO, 2016).

The progressive reduction in the number of beds in psychiatric hospitals is a complex challenge, which involves the construction of a psychosocial care network capable of meeting the demands of users. In the medium and long term, it is expected that this measure will contribute to the consolidation of a more humanized and inclusive care model, privileging the social reintegration and autonomy of patients (SANTOS; WOULD; PINTO, 2015; BRAZIL, 2023a; 2023b).

The construction of a mental health care network requires the articulation and integration of different services and equipment, aiming to ensure comprehensive and accessible care for users. The concepts of network, territory and autonomy are fundamental in this process, as they guide the organization and planning of mental health actions. The mental health care network must be built based on the needs and demands of users, taking into account the characteristics and peculiarities of each territory. The territorialization of services allows for a greater approximation between professionals and the community, favoring the identification and resolution of local problems (ARAÚJO, 2024).

The Psychosocial Care Centers (CAPS) are the main equipment of the Psychosocial Care Network (RAPS) of the Unified Health System (SUS). They offer care to people with psychological distress, mental disorders, and problems related to the use of alcohol, crack, and other substances, both in crisis situations and in psychosocial rehabilitation processes (CACTUS INSTITUTE, 2024; ARAÚJO, 2024).

The CAPS multiprofessional teams offer a variety of services, including psychotherapy, occupational therapy, neuropsychological rehabilitation, therapeutic activities, medication follow-up, and family and home care (INSTITUTO CACTUS, 2024). There are different types of CAPS, according to the definitions of the Ministry of Health:

1. **CAPS I:** Serves all age groups for severe and persistent mental disorders, including the use of psychoactive substances. It is present in cities and regions with at least 15 thousand inhabitants.
2. **CAPS II:** Similar to CAPS I, but serves cities and regions with at least 70 thousand inhabitants.

3. CAPS III: Offers up to 5 vacancies for night care and observation for people of all age groups with severe and persistent mental disorders, also serving cities and regions with at least 150 thousand inhabitants.

4. CAPS for children and adolescents: Intended for the care of children and adolescents with severe and persistent mental disorders, including the use of psychoactive substances, in cities and regions with at least 70 thousand inhabitants.

5. CAPS AD: Specialized in serving all age groups with alcohol and other drug use disorders, also in locations with at least 70 thousand inhabitants.

6. CAPS AD III: Offers 8 to 12 vacancies for night care and observation, operating 24 hours a day for people with alcohol and other drug use disorders, in cities and regions with at least 150 thousand inhabitants.

7. CAPS AD IV: Intended for the care of people with severe conditions and intense suffering resulting from the use of crack, alcohol and other drugs, with 24-hour operation, including holidays and weekends, in municipalities with more than 500,000 inhabitants and state capitals.

Based on the presentation by Dr. Helvécio Miranda Magalhães Júnior, Secretary of the Secretariat of Specialized Care of the Ministry of Health (SAES/MS), the Brazilian health system had, in December 2022, a total of 2,836 CAPS, with half of them being of the CAPS I type. The Northeast Region concentrated 35% of these CAPS, while only 285 were aimed at the child and adolescent population, with only 7 of them located in the North Region (INSTITUTO CACTUS, 2024; BRAZIL, 2024).

The Psychosocial Care Network (RAPS) works as an instrument dedicated to comprehensive mental health care, based on the principles of human rights, supported by evidence and guided by specific guidelines. This network is based on the National Mental Health Policy of the Ministry of Health, which aims to organize mental health actions throughout Brazil, covering prevention, promotion, assistance, care, rehabilitation and social reintegration activities. (CACTUS INSTITUTE, 2024; BRAZIL, 2024).

The inclusion of mental health in primary care is essential to ensure a comprehensive and preventive approach to mental health problems. The articulation between mental health services and the family health program (FHP) allows for the early identification of mental disorders, the longitudinal follow-up of cases and the promotion of actions to promote mental health in the community (BRASIL, 2003; 2005a; 2005b; 2005c).

The construction of a mental health care network for children and adolescents is a priority in mental health policy. This network should offer specialized and integrated

services, capable of meeting the specific needs of this age group, ensuring universal and equitable access to mental health care from early childhood to adolescence (BRASIL, 2005b; 2002; INSTITUTO CACTUS, 2024).

The Social Inclusion through Work Program (PIT) is an initiative that aims to promote the social and professional reintegration of people with mental disorders. Through this program, users receive support and monitoring to enter or return to the labor market, contributing to their autonomy and integration into society (INSTITUTO CACTUS, 2024; BRAZIL, 2005b).

The Centers for Coexistence and Culture (CCC) are spaces for coexistence and leisure for users of mental health services. These centers offer recreational, cultural, and educational activities, promoting socialization, strengthening community bonds, and empowering users (INSTITUTO CACTUS, 2024; BRAZIL, 2005c).

The active participation of family members and users of mental health services is essential for the success of the Psychiatric Reform. These actors should be recognized as protagonists in the process of planning, implementing and evaluating mental health policies and actions, ensuring a participatory and democratic approach in the construction of the care network (ARAÚJO, 2024). The policy of alcohol and other drugs in Brazil faces historical and structural challenges. For decades, there has been an omission on the part of public health in relation to the confrontation of the abusive use of psychoactive substances, resulting in a scenario of vulnerability and exclusion for users (OLIVEIRA et al, 2022; MAGELLAN; ALTOÉ, 2020).

The organization of the alcohol and other drug care network involves the articulation and integration of different services and equipment, aiming to offer comprehensive and humanized care to users. This network should cover everything from prevention and harm reduction to treatment and social reintegration of users, ensuring an equitable and universal approach to problems related to the consumption of psychoactive substances (SOARES FILHO; BUENO, 2016; BRAZIL, 2024).

However, Brazilian mental health still faces significant challenges. The lack of adequate resources, the poor distribution of services, the shortage of qualified professionals, and the persistent stigmatization are obstacles to be overcome. In addition, the country's economic and political crisis can negatively impact investments in mental health. Accessibility and equity in access to mental health services are important challenges to be faced by the Psychiatric Reform. It is necessary to ensure universal and equitable access to mental health care, especially for vulnerable groups and those in situations of greater social exclusion. The training of qualified human resources in mental health is

fundamental for the success of the Psychiatric Reform. It is necessary to invest in the training and updating of health professionals, ensuring a humanized, comprehensive, and evidence-based approach to user care (OLIVEIRA et al, 2022; ARAÚJO, 2024; JÚNIOR, 2023).

The cultural debate around mental health involves complex issues, such as the stigma and social exclusion of people with mental disorders, overcoming the value attributed to the hospital-centered model of care, and the role of the media in promoting a culture of respect and inclusion. The scientific debate in mental health is fundamental to guide care policies and practices. It is necessary to value the production of scientific knowledge in the area of mental health, ensuring an evidence-based approach and promoting the development of new strategies and effective interventions (INSTITUTO CACTUS, 2024).

Currently, the mental health network in Brazil is composed of a variety of services and initiatives, from CAPS to psychiatric hospitals and reception units. There have been significant advances in promoting social inclusion and respect for the human rights of people with mental disorders. However, regional disparities and structural challenges persist that limit the reach and quality of services (ARAÚJO, 2024; JÚNIOR, 2023).

Despite the challenges, there are promising prospects for the progress of mental health in Brazil. Growing awareness of the importance of mental health, the adoption of evidence-based approaches, and the participation of civil society are key to driving positive change. Continuous investments in prevention, treatment, and rehabilitation, together with inclusive public policies and an integrated approach to health, can contribute to a more effective and humanized mental health network in the country (BRASIL, 2019; 2023a; 2023b; 2024; JÚNIOR, 2023).

CURRENT STRUCTURE AND FUNCTIONING OF PSYCHIATRIC HOSPITALS

Brazilian psychiatric hospitals are structures intended for the treatment of severe mental disorders, offering hospitalization for patients who need intensive care. The structure of these hospitals can vary, but generally includes inpatient units, outpatient clinics, occupational therapy areas, doctors' offices, medication rooms, cafeterias, living areas, and administrative spaces (INSTITUTO CACTUS, 2024; OLIVEITA et al, 2022).

The functioning of Brazilian psychiatric hospitals is based on a multidisciplinary approach, with the aim of offering comprehensive care to patients. Patients are admitted through medical referral or in psychiatric emergency situations. After admission, they are evaluated by a multidisciplinary team to determine the appropriate treatment plan, which

may include medication, individual and group therapy, psychosocial interventions, and rehabilitation activities (BRASIL, 2019; CACTUS INSTITUTE, 2024).

The Psychiatric Custody and Treatment Hospitals (HCTP) are specific structures intended for the treatment of people with mental disorders who have committed crimes. In addition to providing mental health care, HCTPs have the additional function of complying with court-ordered security measures. Generally, these hospitals have a structure similar to that of traditional psychiatric hospitals, but with additional security measures, such as access control and monitoring (SANTOS; WOULD; PINTO, 2015; SOARES FILHO; BUENO, 2016; OLIVEIRA et al, 2022; MAGELLAN; ALTOÉ, 2020).

In the Brazilian legal system, article 26 of the Penal Code addresses the issue of the non-imputability of agents who commit unlawful acts without understanding the unlawful nature of the fact, whether due to mental illness or incomplete mental development. On the other hand, article 87 of the Penal Execution Law stipulates that penitentiaries are intended for those sentenced to imprisonment in a closed regime (ARAÚJO, 2024).

Further exploring the criminal legislation, in articles 99 and following of the Penal Execution Law, we find the provision of Custody and Psychiatric Treatment Hospitals for the treatment of non-imputable and semi-imputable. Such hospitals are used as a safety measure for those diagnosed with mental illness. The World Health Organization defines mental illness as morbid changes in mood or thinking, associated with deterioration in global functioning and/or expressive distress (ARAÚJO, 2024; SOARES FILHO; BUENO, 2016).

In 2011, a study was conducted by the Federal University of Brasília to geographically map the Custody Hospitals and Treatment Wards in Brazil. The result revealed the existence of twenty-three Custody Hospitals and three Psychiatric Treatment wards. However, this amount is considered negligible in view of the demand for adequate treatment for offenders and the overcrowding of penitentiaries (ARAÚJO, 2024; SAINTS; WOULD; PINTO, 2015).

Psychiatric Custody and Treatment Hospitals (HCTPs), in simple terms, represent a fusion between penitentiary institutions and psychiatric hospitals, intended for the treatment of non-imputable or semi-imputable individuals due to mental illnesses. The issue of HCTPs involves a dilemma between public safety and health policies. Despite the Psychiatric Reform, these hospitals have not advanced in terms of care for the mentally ill, which directly impacts the effectiveness of safety measures (ARAÚJO, 2024; (SANTOS; WOULD; PINTO, 2015; SOARES FILHO; BUENO, 2016).

According to data from the National Penitentiary Department, in 2010 there were only 30 HCTP units in operation, in addition to a psychiatric treatment ward. This covered approximately three thousand six hundred people, including the mentally ill and drug addicts.

The hospitals have two teams of professionals: one linked to the prison system (executioners, guards, etc.) and another from the health area (psychiatrists and psychologists). The question then arises as to which professional is best suited to lead the HCTPs. Currently, the responsibility lies with the professionals of the prison system. In view of these considerations, the question arises as to whether the security measure is the appropriate method of treatment for the mentally ill (ARAÚJO, 2024).

Brazilian psychiatric hospitals have multidisciplinary teams composed of professionals from different areas, including psychiatrists, psychologists, general practitioners, occupational therapists, physical educators, social workers, nutritionists, cooks, cleaners and security guards (SANTOS; WOULD; PINTO, 2015; SOARES FILHO; BUENO, 2016).

The following table presents the types of professionals present in Brazilian psychiatric hospitals and their respective contributions:

Professional	Contributions
Hospital Managers	Responsible for the administration and management of psychiatric hospitals, ensuring the proper functioning and quality of the services provided.
Psychiatrists	They carry out the diagnosis, treatment and follow-up of patients with mental disorders, prescribing medications and conducting therapies.
Psychologists	They offer psychological support to patients, performing individual or group assessments, treatments, and therapies to promote emotional well-being.
General Practitioners	They work in basic health care, performing clinical evaluations, general monitoring of patients' health and referrals to specialists.
Occupational Therapists	They develop therapeutic and occupational activities to assist in social reintegration and in the improvement of patients' autonomy and skills.
Physical Educators	They design and coordinate physical activity and rehabilitation programs, promoting the physical and mental health of patients.
Social Workers	They provide social support to patients and their families, providing social assistance, guidance and referrals to benefits and external resources.
Nurses	Responsible for direct patient care, medication administration, clinical follow-up and assistance in general.
Speech-Language Pathologists	They perform evaluations and therapies for the diagnosis and treatment of communication, language and voice disorders, assisting in the rehabilitation of patients.
Nutritionists	Responsible for planning and monitoring the patients' diet, aiming at promoting health and improving quality of life.
Cooks	They prepare meals according to nutritional guidelines, ensuring an adequate and balanced diet for patients.

Cleaners	They clean and maintain the hygiene of the environments, contributing to a safe and comfortable environment for patients.
Guards	They ensure the safety of facilities and patients, preventing conflicts and ensuring the physical and emotional integrity of all.
Lawyers	Providing legal assistance to patients and handling legal issues
Prosecutors	They represent the State and monitor the legal proceedings involving patients.
General Service Assistants	They perform maintenance of building, electrical, plumbing, gardening, etc. services.

In short, Brazilian psychiatric hospitals are complex structures that require the collaboration of a multidisciplinary team to offer effective and humanized care to patients with mental disorders. Each professional plays an important role in promoting the health and well-being of patients, contributing to a therapeutic and safe environment (OLIVEIRA et al, 2022; ARAÚJO, 2024).

The report on the national inspection of Brazilian psychiatric hospitals (BRASIL, 2019) offers valuable contributions to the evolution of these institutions in the country. By highlighting various aspects related to the rights and conditions of patients, the report aims to promote significant changes and improvements in the mental health system. Some of the key contributions include: a) Emphasis on Patients' Rights; b) Identification of Problems and Deficiencies; c) Recommendations for Improvement; d) Promotion of Deinstitutionalization; e) Promotion of Public and Political Debate.

In summary, the report offers a comprehensive analysis of conditions and practices in Brazilian psychiatric hospitals, highlighting areas for improvement and providing recommendations to promote a more humanized and effective approach to the treatment of mental disorders. Their contributions are essential to drive the evolution of psychiatric hospitals and move towards a more just, inclusive, and respectful mental health system for human rights (BRASIL, 2019).

LIST OF BRAZILIAN PSYCHIATRIC HOSPITALS: WHERE TO FIND IT?

According to many documents consulted on official websites of the Brazilian government (BRASIL, 2001; 2002a; 2002b; 2003a; 2003b; 2004a; 2004b; 2004c; 2004d; 2005a; 2005b; 2005c; 2019a; 2019b; 2022; 2023a; 2023b; 2024), to find an updated list of Brazilian psychiatric hospitals, one can search for information in different sources, such as: a) Ministry of Health; b) State Health Secretariats; c) Regional Councils of Psychology and Medicine; d) Mental Health Associations and NGOs; e) Online or Library Research.

When seeking information on Brazilian psychiatric hospitals, it is important to check the date of update of the sources and seek information from multiple sources to obtain a

comprehensive and accurate view of the current situation (BRASIL, 2002a; 2002b; 2003; 2004a; 2004b; 2004c; 2004d; 2005a; 2005b; 2005c; 2019; 2022; 2023a; 2023b; 2024).

The National Registry of Health Establishments (CNES) is a system developed by the Brazilian Ministry of Health to record and maintain detailed information about health facilities across the country. The CNES is a fundamental tool for the planning, management, and evaluation of the Brazilian health system, providing essential data for the formulation of health policies, resource allocation, and monitoring of the supply of health services (BRASIL, 2024).

The CNES covers a wide range of health establishments, including hospitals, clinics, basic health units, specialty centers, laboratories, among others. Each establishment is identified by a unique number in the system, known as the CNES Code, which facilitates the tracking and reference of specific information about each health unit (BRASIL, 2019; 2024).

Some of the information recorded in the CNES includes:

1. **Location data:** Address, telephone, e-mail and geolocation of the health facility.
2. **Physical characteristics:** Type of establishment, number of beds, number of service rooms, physical structure, among others.
3. **Human resources:** Number and types of health professionals, including doctors, nurses, nursing technicians, among others.
4. **Services offered:** Medical specialties, procedures performed, availability of equipment, among others.
5. **Bonds and management:** Relationship with municipal, state or federal management bodies, responsible for administration and financing, among others.

The CNES is accessible through the CNES Web system, an online platform that allows health managers to register and update information at all levels of the health system. In addition, the CNES makes data available for public consultation through Tabnet, a data tabulation and visualization system that allows the analysis of information on health establishments throughout the country. In summary, the CNES is a crucial tool for the effective management of the Brazilian health system, providing accurate and up-to-date data on health facilities, which contributes to improving the quality and access to health services throughout the country (BRASIL, 2019; 2024).

In practice, public mental health services can be found in several ways:

1. Accessing **CNES Web** through the link <http://cnes2.datasus.gov.br/Mod_Ind_Unidade.asp? Status> to locate the nearest public services.

2. Accessing the **Vita Alere Institute's Mental Health Map** through the link <https:// republica.org/emnotas/conteudo/tudo-sobre-os-servicos-de-saude-mental-no-brasil/>. This map shows where and how to seek free psychology and psychiatry services.

In addition, this initiative, which had technical support from Google, offers a virtual map with contacts for online care and a face-to-face map with addresses of various types of mental health services, such as CAPS (Psychosocial Care Center), CAISM (Integrated Mental Health Care Center), psychiatric hospitals, NGOs and clinics linked to educational institutions (BRASIL, 2019; 2024). This platform also directs care according to the type of patient, whether for the general public, health professionals, or specific groups, such as people affected by the loss of family and friends due to Covid-19, the elderly, pregnant women, and adolescents (BRASIL, 2019; 2024).

To facilitate the search for help, the website provides an explanatory guide on how treatment with psychologists works, the role of psychiatrists, and in which situations it is recommended to seek a psychiatric hospital (BRASIL, 2019; 2024).

Based on an updated query carried out on CNES Web (BRASIL, 2024), it is found that there are 416,744 health establishments in Brazil, classified into 26 categories, as shown in the following table:

Code	Description	Total
000	OTHER	1.134
001	BASIC HEALTH UNIT	47.785
002	HEALTH MANAGEMENT CENTER	6.885
003	REGULATION CENTER	1.907
004	SUPPLY CENTER	1.183
005	TRANSPLANT CENTER	49
006	HOSPITAL	6.619
007	NORMAL OBSTETRIC AND NEONATAL CARE CENTER	130
008	EMERGENCY CARE	5.916
009	PHARMACY	15.127
010	HEMATOLOGICAL AND/OR HEMOTHERAPY CARE UNIT	751
011	TELEHEALTH CENTER	192
012	HOME CARE UNIT	1.175

013	CHICKEN OF PREVENTING DOENCAS AND AGGRAVATIONS AND PROMOCAO DA SAUDE	4.800
014	HEALTH SUPPORT HOUSES	787
015	REHABILITATION UNIT	12.035
016	AMBULANT	264.997
017	PSYCHOSOCIAL CARE UNIT	4.224
018	DIAGNOSTIC SUPPORT UNIT	31.071
019	SPECIAL THERAPIES UNIT	2.870
020	DENTAL PROSTHESIS LABORATORY	2.111
021	ZOONOSE SURVEILLANCE UNIT	1.768
022	LABORATORIO DE SAUDE PUBLICA	1.133
023	REFERENCE CENTER FOR WORKERS' HEALTH	380
024	SERVICO DE VERIFICACAO DE OBITO	73
025	IMMUNIZATION CENTER	1.642
TOTAL		416.744

The Inspection Report (BRASIL, 2019), published by the Federal Council of Psychology, characterized the hospital services specialized in Psychiatry in Brazil. The report presented is the result of the National Inspection carried out in December 2018, covering 40 Psychiatric Hospitals in seventeen states, distributed in the five regions of the country. This initiative was conducted in an interinstitutional manner, involving the National Mechanism for Preventing and Combating Torture (MNPCT), the National Council of the Public Prosecutor's Office (CNMP), the Public Ministry of Labor (MPT) and the Federal Council of Psychology (CFP).

According to CNES Web, among the 6,619 hospitals currently in Brazil, 5,377 (81.3%) of them are general hospitals and 1,024 (15.5%) are specialized hospitals, and only 104 are psychiatric hospitals, housing a set of 28,650 existing psychiatric beds and 16,042 managed/financed by the SUS, of which 3,092 are state and 25,558 are municipal. This reduction in the number of beds is a consequence of the strategy implemented since the beginning of the Psychiatric Reform in 2001, which seeks to progressively reduce the dependence on beds in psychiatric hospitals, while strengthening and expanding the extra-hospital network, including Psychosocial Care Centers (CAPs), Therapeutic Residential Services (SRTs), mental health beds in general hospitals, and mental health initiatives in primary care (BRASIL, 2019; 2024).

With regard to investments in mental health in 2023, the Secretariat of Specialized Health Care of the Ministry of Health reports an investment of R$32.4 million between March and May of the same year. This investment enabled the creation of 27 CAPS, 10 of which were CAPS I and 7 were CAPS children's and adolescents, along with the installation

of four reception units, 55 SRTs and 159 new beds in general hospitals (BRASIL, 2019; 2024).

According to the National Penitentiary Department, the current Brazilian prison population is 644,305 prisoners, of which 616,930 (95.75%) are male and 27,375 (0.0425%) are female. Since there are a total of 481,835 vacancies, there are 162,470 prisoners more than the maximum capacity allowed, that is, prison overcrowding; despite this, in 6 FUs there is a surplus of vacancies, while in the remaining 20 FUs there is a deficit; São Paulo concentrates 187,267 (29%) of the national prison population. To get an idea of how costly managing this entire population is to the treasury, in December 2023 alone, the Brazilian prison system cost a total of R$2,103,514245.67 to the public coffers, of which R$1,451,093,845.68 were spent on personnel and R$652,420,399.99 spent on other expenses; the average cost of the prisoner per Federative Unit was R$3,000.83 (in the month) (BRASIL, 2022; 2023a; 2023b).

In December 2022, there were 27 HCTPs in Brazil, including 11 male, 1 female and 15 mixed; there was a population of 1,869 prisoners/interns compulsorily to comply with security measures, among which 1,747 men and 142 women, all determined by the State Court (BRASIL, 2022). However, the number of HCTPs grew to 32 in 2023, which currently house about 4.7 thousand people, including those who meet the criteria for improper acquittal (JÚNIOR, 2023). On June 30, 2023, there were 2,121 prisoners on security measures (internment) (BRASIL, 2023a), and on December 31, 2023, this population rose to 2,314 (BRASIL, 2022; 2023a; 2023b).

The Anti-Asylum Law (Law No. 10.216/2001) provides for the closure of judicial asylums in Brazil, which will impact all Brazilian HCTPs. The deadline for the extinction of these hospitals was established by Resolution No. 487 of the National Council of Justice (CNJ), signed by Minister Rosa Weber in February this year. This measure implies the release of inmates from judicial asylums next year, who will receive outpatient care by multiprofessional teams through the Unified Health System (SUS) (JÚNIOR, 2023; OLIVEIRA et al, 2022).

To ensure psychiatric treatment after the closure of judicial asylums, the CNJ resolution provides for the use of "Psychosocial Care Networks (Raps)". These networks consist of a variety of mental health care services and equipment, including Psychosocial Care Centers (CAPS), Therapeutic Residential Services (SRT), Coexistence and Culture Centers, Reception Units (UAs) and comprehensive care beds in general hospitals. These resources are distributed at different levels of health care, from Primary Care to General

Hospital Care, and include deinstitutionalization and psychosocial rehabilitation strategies (JÚNIOR, 2023; ARAÚJO, 2024).

A REFLECTION ON THE LEGISLATION APPLICABLE TO BRAZILIAN PSYCHIATRIC HOSPITALS

The legislation applicable to Brazilian psychiatric hospitals is an extremely important topic, as it regulates the rules and guidelines that guide the operation of these institutions and the treatment of people with mental disorders. In this context, it is essential to understand the laws and regulations that govern this specific field of mental health in Brazil (MAGALHÃES; ALTOÉ, 2020; BRAZIL, 2019; CACTUS INSTITUTE, 2024).

First, the Psychiatric Reform Law (Law 10.216/2001) stands out, which represents a milestone in the country's mental health policy. This law establishes the principles and guidelines for the promotion of comprehensive care for people with mental disorders, advocating the progressive replacement of psychiatric hospitals by community services and respect for the human rights of patients. It establishes the rights and protection of people with mental disorders in Brazil, in addition to redesigning the mental health care model. This law represents a milestone in the protection of the rights of people with mental disorders in Brazil, promoting a more humanized and inclusive approach to mental health care (BRASIL, 2001).

Law No. 10,708/2003 (BRASIL, 2003a) instituted psychosocial rehabilitation assistance for patients affected by mental disorders who have been hospitalized. Let us see the main contributions of this legislation: a) Psychosocial Rehabilitation Assistance; b) "Back Home" Program; c) Amount and Duration of the Benefit; d) Requirements for Obtaining the Benefit; e) Continued Mental Health Care; f) Suspension and Interruption of the Benefit; g) Budgetary Resources and Regulation.

In addition, the Mental Health Law, Law No. 13.819 (BRASIL, 2019b), reinforces the Brazilian State's commitment to promoting mental health and guaranteeing the rights of people with mental disorders. This law establishes guidelines for the organization of the psychosocial care network, the prevention and treatment of mental disorders, and the protection of the rights of users of mental health services. It has brought a series of significant contributions to the promotion of rights and the improvement of mental health care in Brazil. Below are some of the key contributions of this legislation:

1. **Promotion of Mental Health as a Fundamental Right:** The Law reinforces mental health as a fundamental right of the human person, establishing public

policies to prevent mental illness, promote quality of life, and ensure universal access to mental health services.

2. Guarantee of the Autonomy and Dignity of People with Mental Disorders: The legislation emphasizes respect for the autonomy and dignity of people with mental disorders, ensuring them the right to active participation in the decision-making process about their treatment and care.

3. Prevention and Promotion of Mental Health: The Law establishes actions and strategies for the prevention of mental disorders and the promotion of mental health, including educational campaigns, training of health professionals, and the promotion of healthy environments.

4. Strengthening the Psychosocial Care Network (RAPS): The legislation strengthens the Psychosocial Care Network (RAPS), determining the articulation between the different points of mental health care, such as the Psychosocial Care Centers (CAPS), the Therapeutic Residential Services (SRT) and the Coexistence and Culture Centers.

5. Protection of the Rights of Persons with Mental Disorders in Hospitalization Situations: The Law establishes measures to protect the rights of people with mental disorders in hospitalization, guaranteeing them access to information, legal assistance, and monitoring by their family members or legal representatives.

6. Incentive to Deinstitutionalization and Social Reintegration: The legislation encourages the deinstitutionalization of people with mental disorders, promoting their social reintegration through planned discharge programs and assisted psychosocial rehabilitation.

7. Inspection and Social Control: The Law provides for mechanisms for inspection and social control over the implementation of mental health policies, including the creation of monitoring committees and the strengthening of health councils.

In the specific scope of psychiatric hospitals, the legislation determines minimum standards of quality and safety in patient care. This includes the need for adequate physical structure, a qualified multiprofessional team, and respect for patients' rights, such as the right to privacy, dignity, and autonomy (BRASIL, 2019b; CACTUS INSTITUTE, 2024).

Another important aspect of the legislation applicable to psychiatric hospitals is the regulation of the operation of Psychiatric Custody and Treatment Hospitals (HCTP). These institutions, intended for the treatment of people with mental disorders in conflict with the

law, must follow specific standards of safety and care, ensuring adequate treatment and respecting the rights of patients, even in the face of the legal circumstances that led them to hospitalization (BRASIL, 2019b; ARAÚJO, 2024).

However, despite the existence of comprehensive and detailed legislation, there are still challenges in enforcing the rights of people with mental disorders in Brazilian psychiatric hospitals. Overcrowding, lack of investment in infrastructure and human resources, and the persistence of asylum practices are some of the problems that compromise the quality of care and the guarantee of patients' rights (BRASIL, 2019b; OLIVEIRA et al, 2022).

Given this scenario, it is essential that there is a continuous effort on the part of the State, civil society and mental health professionals to ensure compliance with current legislation and promote an effective transformation in the mental health care model in Brazil. This requires investments in public mental health policies, training of professionals, and the strengthening of the psychosocial care network, aiming to ensure the right to health and dignity of people with mental disorders (SOARES FILHO; BUENO, 2016; SAINTS; WOULD; PINTO, 2015; BRAZIL, 2019b; CACTUS INSTITUTE, 2024).

CONCLUSIONS AND FINAL CONSIDERATIONS

CONCLUSIONS

Currently, facing the challenges presented by hospitals is a complex task, because, despite their ineffectiveness, they find legal support for their existence. To mitigate this ineffectiveness, it is crucial that there is a significant increase in the financial investment destined to the Psychiatric Custody and Treatment Hospitals, together with the implementation of the Psychiatric Reform. In this way, in addition to punishing the crimes committed, patients would be treated with dignity and seen as human beings in search of recovery.

It is extremely important that the mentally ill are perceived as individuals with rights and dignity, even in the face of the limitations of the HCTPs. After all, the purpose of resocialization of the individual must also be considered in the application of the security measure. Otherwise, there is a risk that the patient, upon returning to society after the end of the security measure, may commit crimes again if he has not received adequate treatment during the period of hospitalization.

The findings of this research offer a comprehensive and chronological view of the evolution of Brazilian psychiatric hospitals, highlighting from the colonial period to contemporary challenges. By addressing historical aspects, such as the transition from religious to medical care, the inauguration of the Hospice in Rio de Janeiro and the

advances brought about by the Psychiatric Reform, the text highlights the complexity of this process and the multiple actors involved. In addition, the analysis of pertinent laws, such as the Psychiatric Reform Law, Law No. 10,708/2003 and the Mental Health Law, offers an overview of the policies and guidelines that guide the functioning of psychiatric hospitals and the treatment of mental disorders in Brazil. This historical and legal contextualization is crucial to understand not only the advances made, but also the persistent challenges, such as overcrowding and lack of investment, highlighting the continued importance of public policies, professional training, and strengthening of the psychosocial care network to ensure respect for the rights and dignity of people with mental disorders.

This research contributes significantly to the understanding of the laws and policies that govern Brazilian psychiatric hospitals, highlighting both the advances and the challenges faced in this field. Key contributions include a comprehensive analysis of relevant laws, such as the Psychiatric Reform Law, the Psychosocial Rehabilitation Assistance Law, and the Mental Health Law, providing a bird's-eye view of the legal guidelines guiding the treatment of mental disorders in Brazil. In addition, this research highlights the importance of humanizing mental health care and promoting the dignity and rights of patients, pointing to the need for investments in public policies and practices that favor deinstitutionalization and social reintegration.

FINAL CONSIDERATIONS

The theoretical and methodological limitations of this research include the predominance of a descriptive approach and the lack of a more in-depth critical analysis of mental health policies and practices in the Brazilian context. Despite the diversity of sources used, such as laws, academic articles and institutional reports, there is a gap in relation to the incorporation of multidisciplinary perspectives and practical experiences of professionals and users of mental health services. In addition, the absence of quantitative data and statistical analyses limits the complete understanding of the impact of policies and practices on Brazilian psychiatric hospitals, making it difficult to identify trends and patterns over time.

For future research, a more interdisciplinary and participatory approach is suggested, incorporating different perspectives, such as the experience of users of mental health services, for a more complete understanding of the challenges and opportunities in the transformation of the mental health care model in Brazil. Additionally, conducting longitudinal studies and quantitative analyses could provide additional insights into trends and the impacts of mental health policies over time.

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