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# LEGISLATION AND MENTAL HEALTH: CHALLENGES FOR THE IMPLEMENTATION OF PSYCHOLOGICAL CARE IN PUBLIC HEALTH

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**ABSTRACT**
This research aimed to analyze the legal aspects related to mental health in Brazil, investigating how the current legislation guides the implementation of public policies aimed at psychological care in public health. Through a bibliographic methodology, books, scientific articles and official documents were examined, in addition to Law No. 10,216/2001, considered the milestone of psychiatric reform in the country. The results highlighted significant advances, such as the humanization of care and the creation of community devices such as CAPS, but also highlighted challenges, including insufficient funding, inequality in the distribution of services, and the persistence of social stigma. It was concluded that, despite the normative progress, the implementation of the principles of the legislation still faces barriers that require greater investment, intersectoral integration and strengthening of the care network, and it is essential to continue improving public policies to achieve a more inclusive and equitable mental health system.

**Keywords:** Mental Health. Legislation. Public health.

## INTRODUCTION

Mental health has been consolidated as an area of extreme importance in public policies, reflecting the growing understanding that psychological well-being is essential for the quality of life of individuals and for the development of societies. The World Health Organization (WHO) highlights that mental disorders are one of the leading causes of disability in the world, affecting millions of people in different socioeconomic contexts. In Brazil, this scenario has driven debates and initiatives aimed at the inclusion of psychological care in public health services, in order to ensure universal and equitable access to appropriate treatments (Fiorese; Martinez, 2016; Marques et al., 2021).

In this context, legislation plays a crucial role, serving as a basis for the formulation, regulation, and enforcement of mental health policies. Since the approval of Law No. 10,216/2001, which provides for the protection and rights of people with mental disorders, Brazil has advanced in the construction of a care model based on the decentralization and humanization of care. However, the effectiveness of these guidelines depends on multiple factors, including integration between the various levels of the health system, the training of trained professionals, and adequate financing of the proposed actions (Albino; Vidal; Pescada, 2022).

Thus, the objective of this research is to understand the main legal aspects that involve mental health care in Brazil, investigating how the current legislation has guided the implementation of public policies aimed at psychological care in public health. It also seeks to analyze the impact of these rules on the organization of services and the guarantee of rights to users of the system. To achieve this objective, a bibliographic research was carried out, based on the analysis of books, scientific articles, official documents and legislation related to mental health.

The relevance of this research lies in its contribution to the debate on the strengthening of mental health in the context of public health. By exploring the interrelationships between legislation and psychological care, the research offers subsidies for the improvement of public policies and for the promotion of a more inclusive, efficient and humanized health system.

## DEVELOPMENT

### LEGAL FRAMEWORK FOR MENTAL HEALTH IN BRAZIL: ADVANCES AND GAPS

Brazilian legislation on mental health has undergone important transformations over the decades, following social, cultural, and political changes. The most significant milestone in this process was the approval of Law No. 10,216/2001, known as the Psychiatric Reform

Law. This legislation consolidated a new model of psychosocial care, replacing the asylum system with a paradigm based on social inclusion and human rights (Schmidt et al., 2020).

Prior to Law No. 10,216, Brazil had a mental health model based on psychiatric hospitals, characterized by practices that often violated patients' rights. The psychiatric reform was driven by social movements, health professionals and patients' families who denounced the degrading conditions of these spaces. From this mobilization, legislation began to incorporate guidelines to humanize care and prioritize social reintegration (Fiorese; Martinez, 2016).

The law establishes that treatment should preferably take place in community services, such as Psychosocial Care Centers (CAPS), rather than psychiatric hospitals. This measure aimed to promote the autonomy of patients and reduce social isolation, which was a striking feature of the previous model. In addition, legal provisions were created to curb arbitrary involuntary hospitalizations (Fiorese; Martinez, 2016).

However, the implementation of the law faced numerous challenges. One of them was the resistance of some sectors that defended the hospital-centered model, claiming that deinstitutionalization could generate gaps in care. In addition, the transition process to the new model was uneven across regions of Brazil, reflecting structural and economic disparities (Marques et al., 2021).

Another relevant point is that, although the law has advanced in the recognition of patients' rights, its practical application still faces limitations. There is a lack of clear inspection mechanisms to ensure that services respect established principles, such as the provision of humanized care and protection against abuse (Albino; Vidal; Pescada, 2022).

The legislation also lacks specific provisions to serve vulnerable populations, such as indigenous people, rural communities, and homeless people. These gaps make access to psychological care more difficult for these populations, who often face geographical, cultural, and economic barriers (Rodrigues; Pear tree; Martins, 2023).

Despite the achievements, mental health funding in Brazil is still insufficient to ensure the full implementation of Law No. 10,216. The scarcity of resources compromises the expansion and maintenance of the Psychosocial Care Network (RAPS), hindering the provision of adequate services in many locations (Marques et al., 2021).

Intersectoriality, provided for in the legislation as a fundamental principle, is also an aspect that needs to be strengthened. Collaboration between health, education, social care and justice is essential to ensure a comprehensive approach, but these sectors often operate in a fragmented manner. In short, the legal framework for mental health in Brazil

represents a significant advance in the recognition of the rights of people with mental disorders (Marques et al., 2021).

However, there are still important challenges that need to be overcome for the principles established in the legislation to translate into effective practices in the public health system (Marques et al., 2021).

## STRUCTURE AND ORGANIZATION OF THE PUBLIC MENTAL HEALTH SYSTEM

The Unified Health System (SUS) is the main structure responsible for operationalizing public mental health policies in Brazil. It organizes services in an articulated network, known as the Psychosocial Care Network (RAPS), which seeks to meet the needs of users in a comprehensive, humanized and decentralized way (Albino; Vidal; Pescada, 2022).

The RAPS is composed of different devices, with emphasis on the Psychosocial Care Centers (CAPS), the Therapeutic Residential Services (SRTs) and the Reception Units. Each of these services plays a specific role in mental health care, treating from mild cases to more serious situations (Fiorese; Martinez, 2016).

The CAPS, created by legislation, are considered the main axis of care. They offer outpatient support and ongoing follow-up to people with severe mental disorders. In addition, they promote social reintegration activities, such as workshops and therapeutic groups. The Basic Health Units (UBSs) also play a fundamental role, integrating the Family Health Strategy (ESF) to treat milder cases and carry out actions to prevent and promote mental health. This approach aims to bring services closer to communities, facilitating access to care (Marques et al., 2021).

However, the organization of the network faces significant challenges. CAPS coverage is still insufficient in many regions, especially in rural areas and on the outskirts of large cities. This generates an overload on existing services and limits the ability to meet demand (Lima; Gomes Filho, 2024).

Another problem is the lack of specialized professionals in the area of mental health. Although the legislation provides for multiprofessional teams, the training and qualification of these workers are not always adequate to the needs of the system. Integration between the different levels of care – primary, secondary and tertiary – is also a critical issue. There are often failures in the articulation between services, which hinders the continuity of care and compromises treatment results (Lima, 2024).

In addition, the financing of RAPS is a point of vulnerability. Resource allocation is not always enough to expand the network and ensure the quality of services. This reflects a

still limited prioritization of mental health in the public health budget. The organization of the system also depends on intersectoral collaboration, involving areas such as education, social assistance, and justice (Albino; Vidal; Pescada, 2022).

However, this integration is still incipient in many locations, making it difficult to take a holistic approach to the most complex cases. Despite the challenges, the structure of the SUS represents an important basis for the development of mental health in Brazil. The continuity of investments and the strengthening of management are essential to improve the organization and expand access to care (Lima; Domingues; Silva, 2024).

## IMPACTS OF LEGISLATION ON ENSURING ACCESS TO PSYCHOLOGICAL CARE

Brazilian mental health legislation has brought important advances in ensuring access to psychological care, especially by promoting the decentralization of care and the inclusion of community services. Law No. 10,216, in particular, established that access to mental health is a right of all and a duty of the State, ensuring universal and free care (Lima; Domingues Junior; Silva, 2024).

The Psychosocial Care Centers (CAPS) are an example of how legislation has positively impacted access to care. These services aim to meet the demands of the local community by offering affordable and ongoing support. However, the unequal distribution of CAPS throughout the national territory is still a significant barrier (Albino; Vidal; Pescada, 2022).

Another positive impact was the inclusion of mental health in Primary Health Care (PHC), through the Family Health Strategy (ESF). This initiative brought psychological care closer to the most vulnerable populations, facilitating access in remote areas. However, the stigma associated with mental disorders continues to be one of the greatest obstacles to ensuring access (Lima; Domingues Junior; Gomes, 2023).

Despite legislative advances, many people still face prejudice, both in society and in health services themselves. The legislation also brought greater protection against involuntary hospitalizations, establishing strict criteria for their performance. This measure reduced the abuses practiced in the past, promoting a more ethical and respectful service (Fiorese; Martinez, 2016).

Although the law has driven important advances, marginalized populations, such as indigenous people, quilombolas, and homeless people, face specific difficulties in access. These populations are often not fully covered by public policies, evidencing a need for greater equity in the Lima et al. system, 2020).

Another significant impact of the legislation was the expansion of the role of psychologists in public health. The regulations encouraged the formation of multiprofessional teams, in which psychologists play an essential role. However, the availability of these professionals is still limited in many regions. Despite the achievements, it is necessary to advance in strengthening financing and expanding services so that access is guaranteed in an equitable and universal way. Legislation is an important basis, but its implementation depends on continuous and integrated efforts (Albino; Vidal; Pescada, 2022).

## FINAL CONSIDERATIONS

Mental health currently occupies a central position in debates on public health, recognized as an essential component for individual and collective well-being. The research on Legislation and mental health: challenges for the implementation of psychological care in public health allowed for a deeper understanding of the advances and limitations of the Brazilian system, evidencing the fundamental role of legislation in the consolidation of a more inclusive, equitable and humanized model.

The legal framework, especially Law No. 10,216/2001, represents a historic achievement in reformulating the care paradigm, breaking with asylum practices and placing psychosocial care and human rights at the center of care. However, despite this normative progress, the implementation of the guidelines faces barriers that compromise their effectiveness. Among these barriers are insufficient funding, inequality in the distribution of services, and the lack of intersectoral articulation, which highlights the need for improvements in the planning and execution of public policies. The organization of the Unified Health System (SUS) through the Psychosocial Care Network (RAPS) proved to be a significant advance in enabling the decentralization of services and the promotion of community care. However, gaps in network structuring and the lack of specialized professionals reveal that the potential of the model has not yet been fully realized. In addition, the difficulties in articulating between the different levels of care and the limited coverage in vulnerable areas reinforce regional inequalities, challenging the principles of universality and equity of the SUS.

Brazilian legislation has also had a positive impact on ensuring access to psychological care, establishing rights and regulating practices, such as involuntary hospitalizations, and promoting the strengthening of community services. However, the persistence of social stigma associated with mental disorders still limits the search for care, affecting the effectiveness of the system.

In addition, vulnerable groups, such as indigenous people, quilombolas, and homeless populations, continue to face particular difficulties in access, pointing to the need for more inclusive and culturally sensitive policies. Thus, the conclusion of the research reinforces that, although Brazil has advanced significantly in the field of mental health, there is a way to go for the principles enshrined in the legislation to be fully effective in practice.

Overcoming the challenges identified requires a continuous political and social commitment, with the expansion of investments, training of professionals, strengthening of the service network and the promotion of greater integration between the health sectors and other related areas.

Finally, the relevance of this research lies in its contribution to the understanding of the interrelations between legislation and mental health policies, highlighting not only the advances achieved, but also the persistent challenges. By offering a critical and detailed overview, the study hopes to foster reflections and subsidize initiatives that promote a more efficient, humanized, and inclusive health system, aligned with the needs and rights of the population.

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