Historical cut

# May 18th – Anti-Asylum Fight DayPsychiatric reform and anti-asylum fight: there is nothing to fear

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"More beautiful than a bird's song is its flight,
For not every song comes from joy,
But every flight comes from freedom." (Mário Quintana)

The concept of health has long since exceeded the common sense of no disease; we have long since accepted the current concept of health as physical, psychological, and social well-being. And, despite our troubles, we may celebrate important advances in health, mainly regarding mental health.

When focusing on interventions in the field of mental health, we aim much more than the mere remission of symptoms. We try to go beyond it by promoting higher life quality, even in complex cases, when remission becomes impossible. Promoting health, improving the adaptation of the suffering being, helping them cope with their disabilities, favoring their autonomy, and "building" citizenship are important actions in our activity as healthcare practitioners. The complexity of the human being, as well as of the concept of health, asserts interdisciplinary work as ideal.

For approximately 30 years, along with the country's re-democratization, significant social movements have been emerging, unleashing what we call Psychiatric Reform and Anti-Asylum Fight. Despite some criticism from colleagues who feared losing their hegemony in mental health care, the movement has arrived somewhat late in Brazil when compared to European and North American countries; but it has been developing spectacularly.

There are still enormous challenges regarding service qualification and integration. We can, however, celebrate the closing of large, specialized psychiatric hospitals instinctively aiming to forge new residents, favoring social exclusion.

Consolidating a psychosocial care network unquestionably favors inclusive policies over exclusionary ones. It should be acknowledged that the psychiatric reform movement has never been against admission in cases of disorders in actual need of that radical action. Quite the contrary, it advocates that such practice should take place inside a general hospital, removing the stigma, reducing the time of social exclusion, and disfavoring the patient to become a resident.

Hospital is not housing, in any medical specialty. Therefore, we reject all social exclusion motivated by a mental disorder. Patients becoming residents is the very failure of science in mitigating those people's disabilities and promoting their attainable social inclusion.

In three decades, we have implemented health equipment reinforcing actual care to mentally disabled users within their territory. Social inclusion and health promotion are basic precepts of any proper care.

The implementation and qualification of equipment in psychosocial care networks such as the Centers for Psychosocial Care (CAPS), in all facilities—therapeutic residences, shelters, and community centers—, besides intersectoral approaches, always aim at the social inclusion of patients, as well as the remission of symptoms, whenever possible.

Hence, there is a lot of work ahead of us. And we know exclusion and problem denying do not make the challenge of solving or alleviating them any easier. Therefore, let us step up the fight for the mentally disabled to have dignified, valued help, and let us hope there will be no more residents in the so-called mental asylums in the near future.

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