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HISTORYCAL RESEARSH

Historical trajectory of the psychiatric reform in Portugal and in Brazil

Trajetória histórica da reforma psiquiátrica em Portugal e no Brasil
Trayectoria histórica de la reforma psiquiátrica en Portugal y Brasil

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Abstract

Background: Both in Portugal and in Brazil, psychiatric care require political, social, cultural, administrative and legal initiatives so as to positively transform the relationship between society and the mental patient.
Objective: To analyse the historical trajectory of the Psychiatric Reform in Portugal and in Brazil.
Methodology: Historical research. Written documents (Laws, Decree-Laws, reports) and articles published on the topic were used as primary sources for analysis, and two subcategories were created: Historical Trajectory of the Psychiatric Reform in Portugal and in Brazil, and Creation of the extra-hospital devices implemented in Portugal and in Brazil.
Results: Dehospitalisation and the creation of extra-hospital devices were a great challenge for both countries right from the beginning. This required the investment in human and economic resources with a view to reformulate a model considered to be outdated.
Conclusion: Both countries advocated for the dehospitalisation and the promotion of psychiatric care in primary healthcare settings, as they believed that this would be the best way to integrate people with mental disorders in society and rescue their social identity.

Keywords: history; mental health; psychiatric nursing; Portugal; Brazil.

Resumo

Contexto: Os cuidados psiquiátricos, quer no Brasil quer em Portugal, exigem iniciativas políticas, sociais, culturais, administrativas e jurídicas com a finalidade de transformarem positivamente a relação da sociedade com o doente mental.
Objetivo: Analisar a trajetória histórica da Reforma Psiquiátrica no Brasil e Portugal.
Metodologia: Investigação histórico. Utilizaram-se documentos escritos (Leis, Decretos-Lei, relatórios) como fontes primárias e artigos publicados sobre o tema para a análise, tendo-se construído duas subcategorias: Trajetória Histórica da Reforma Psiquiátrica em Portugal e no Brasil; e Criação dos dispositivos extra-hospitalares implantados em Portugal e no Brasil.
Resultados: A desospitalização e a criação de dispositivos extra-hospitalares foram, desde o seu início, um grande desafio nos dois países. Este exigiu o investimento em recursos económicos e humanos com o objetivo de reformular um modelo considerado ultrapassado.
Conclusão: Os dois países defenderam a desospitalização e a promoção dos cuidados psiquiátricos ao nível da saúde primária, acreditando que esta seria a melhor forma de integrar a pessoa com transtorno mental na sociedade e de resgatar a sua identidade social.

Palavras-chave: história; saúde mental; enfermagem psiquiátrica; Portugal; Brasil.

Resumen

Contexto: la atención psiquiátrica, tanto en Portugal como en Brasil, requiere un conjunto de iniciativas políticas, sociales, culturales, administrativas y jurídicas para cambiar positivamente la relación entre la sociedad y los enfermos mentales.
Objetivo: analizar la trayectoria histórica de la Reforma Psiquiátrica en Brasil y en Portugal.
Metodología: investigación histórica en la que se utilizaron documentos escritos (leyes, decretos leyes, informes) como fuentes primarias y, para el análisis, se utilizaron artículos publicados sobre el tema, formando así dos subcategorías: Trayectoria histórica de la Reforma Psiquiátrica en Portugal y en Brasil y Creación de los dispositivos extrahospitalarios implantados en Portugal y en Brasil.
Resultados: la desinstitucionalización y la creación de dispositivos extrahospitalarios fueron, desde el principio, un gran desafío en los dos países que requirió invertir en recursos económicos y humanos con el fin de reformular un modelo considerado obsoleto.
Conclusión: los dos países defendieron la desinstitucionalización y la promoción de la asistencia psiquiátrica en la atención primaria, creyendo que esta sería la mejor forma de integrar a la persona con trastorno mental en la sociedad y de rescatar su identidad social.

Palabras clave: história; salud mental; enfermería psiquiátrica; Portugal; Brasil.

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Introduction

This study aims to analyse the historical trajectory of the Psychiatric Reform in Brazil and in Portugal. Despite the fact that they have different approaches on the dehospitalisation of people with mental disorders, both countries share the criticism towards the asylum model.

By the end of the 19th century, mental illness became a more prominent subject of attention and study, when the first psychiatric institutions were created with the purpose of caring for and/or isolating people with mental disorders. These institutions proliferated across different continents, namely Europe, where the prevailing thinking was the need to socially isolate these people so as to provide them and adequate treatment and protect the population from any intrinsic peculiarity of their own. Psychiatric hospitals were regarded as a solution to mental illness, although this treatment model started off under a lot of criticism (Alves, 2011).

The Psychiatric Reform is understood as a set of political, social, cultural, legal and administrative initiatives, with the purpose of transforming the relationship between society and mentally ill patients. This is a complex process that brings up the challenge of changing social practices with a new perspective on mentally ill patients. It covers the transformations not only in the institution and in the medical and psychiatric knowledge, but also in the social interventions with these people (Amarante, 1995).

In Portugal, the Psychiatric Reform began in 1960 with the *Lei de Saúde Mental* (Mental Health Act) no. 2118 of 1963, which launched the principles for the reform of the psychiatric care policy by establishing psychiatric services and Mental Healthcare Centres, aiming at the dehospitalisation and integration of patients with disorders in the community (Siqueira-Silva, Nunes, & Moraes, 2013).

Therefore, in Portugal, the treatment should not be of the full responsibility of the hospital seeing that there was a proposal to bring psychiatry and the community closer, reducing the segregation and isolation of mentally ill patients as much as possible. Social interaction begins being regarded as relevant for the recovery of the person with a mental illness, thus emerging the discourse of the connection between social inclusion and dehospitalisation (Alves, 2011).

In Brazil, the process of psychiatric reform began in late 1970s at a time of a crisis in the model of care centred on the psychiatric hospital and at a time when the social movements for the rights of people with mental disorders started to arise. The starting point of the crisis were the unexplained reports of ill-treatment in Brazilian psychiatric hospitals, which led to the mobilisation of several professionals and, consequently, to the Mental Health Workers' Movement (*Movimento dos Trabalhadores em Saúde Mental*) (Silva & Fonseca, 2005).

In 1989, the draft law by the congressman Paulo Delgado proposing the regulation of the rights of people with mental disorders and the phasing-out of asylums in the country was submitted to the National Congress. Several years later, Law 10.216 was approved on April 6th, 2001. This Law proposed a new direction for mental healthcare as only people in a situation of acute crisis should be hospitalised in a psychiatric hospital. This meant that all the others should receive an alternative treatment next to their families and preferably receive treatment in community services (Silva & Fonseca, 2005).

This period was characterised by two simultaneous movements: on the one hand, the construction of a mental healthcare network that would replace the hospitalisation-focused model, and, on the other, the supervision and the progressive and programmed reduction in the number of available psychiatric beds. It is in this period that the Brazilian Psychiatric Reform is characterized as an official policy of the Federal government (Gonçalves, 2001).

Even after the beginning of the reform, psychiatric hospitals continue to be the main form of treatment of people with mental disorders in Portugal. This is criticised by the healthcare professionals, seeing that the reform proposes the decentralisation of hospitals and focuses on outpatient care and on the figure of the physician rather than on a multi-professional team. Thus, it is clear that the proposal of a psychiatric reform in Portugal does not include the extinction of psychiatric hospitals, rather the decentralisation of care in the hospital, thus differentiating it from the model of reform implemented in Brazil.

We believe that this study is justified as it addresses the historical trajectory of the models of action in the field of mental health in Portugal and in Brazil, thus providing a better understanding of the development of the Psychiatric Reform in these countries. In addition, the research with a historical approach

has been important for a thorough understanding of social-historical fact, thus promoting the development of education and research and, consequently, the organisation of healthcare, and offering other perspectives on people with mental illnesses and their treatment.

Methodology

Study with a historical perspective. The primary sources used were all written documents (Decrees, Laws and Ordinances) promulgated during the establishment of public policies on the issues of Mental Health in Portugal and in Brazil.

In the case of Portugal, the documents were extracted from the webpages of the Assembly of the Republic and the Directorate-General of Health, and the search was guided by the executive summary on mental health in Portugal of the Portuguese National Mental Health Plan. Other documents, which were also searched in the above-mentioned webpages, were cited in secondary sources. A total of 12 documents published between 1963 and 2006 were obtained, but only the ones cited in this article were used.

In relation to the Brazilian Psychiatric Reform, the primary sources were consulted on the webpage of the Brazilian Ministry of Health and consisted of ten documents published between 1991 and 2011. The documents selected for this article were those that focused on initiatives for the dehospitalisation and deinstitutionalisation of people with mental disorders.

The secondary sources consisted of master and doctoral dissertations, articles of scientific journals and books on the History of Portugal and Brazil, which were all found in public and virtual libraries of these countries.

The study included the three key stages recommended by the historical method: data collection; data critical analysis; and conclusions. Thus, after the stage of selection and classification of documentary sources, the quality and relevance of their information to our historiographical study were assessed. This process of source validation is called external criticism and internal criticism (Padilha, 2005). In this stage, the documents were examined in detail and compared with the secondary sources, and then grouped according to the chronology and the topic they addressed.

Later on, data were organised and analysed in the light of the theoretical-methodological referential. The set of political and social facts was also considered for the interpretation of historical data, which enabled an historical perspective based on the documentation selected. In view of the above, data reliability was assessed through the triangulation of the documentary sources.

Results and Discussion

Historical Trajectory of the Psychiatric Reform in Portugal and in Brazil

The beginning of the 20th century was marked as the period of the return of insanity to society and the launch of the process of deinstitutionalisation. The first attempts to implement the philosophies of community intervention, which granted insanity and its transformation an object of knowledge that medicine was responsible for treating, took place in the United States of America (USA) and in Europe (Alves, 2011).

These transformations took place at the same time as the Mental Health Policies evolved, which tended to consider the scientific and social advances. Based on these transformations, Europe, in particular, experienced two distinct movements: the first period, in which psychiatrics care were provided in large hospitals and remaining this way until mid-1960s; and subsequently, the period of deinstitutionalisation, with an international scope (Alves, 2011).

In Portugal, the criticisms to the existing asylum model and their forms of treatment of the mentally ill began in the early 1960s, characterising a political-revolutionary approach. The psychiatric hospitals, which had so far been centralising, began to be questioned and influenced by the ideas of Goffman and Foucault, among others, who stood for freedom, rights and better treatments (Siqueira-Silva, Nunes, & Moraes, 2013). These thinkers proposed changes in psychiatric care through their ideas, advocating an approach to the mentally ill with more dignity and more adequate therapeutic procedures. This movement was considered as the precursor of deinstitutionalisation. It was in this era of strong debate across Europe that the need to avoid the segregation and marginalisation of the mentally ill emerged in Portugal, and other forms of treatment

that would not withdraw them from social interaction and that would bring them closer to the community were sought (Hespanha, 2010).

Thus, the psychiatric reform officially began in Portugal in the 1960s, when the Mental Health Law no. 2118 of 1963 established the principles for the reform of the psychiatric care policy. This Law focused on the continuity of care, better access to services without discrimination, control and on the involvement of the community where the person with a mental disorder lives (Lei nº 2118 de 3 de Abril, 1963). In Brazil, the territoriality of primary healthcare is one of the basic assumptions for the development of the activities under the Family Health Programme (*Programa Saúde da Família*), which was proposed in 1994 as a reorientation strategy of the model of care based on the work of multidisciplinary teams in Basic Health Units (BHUs). In Portugal, these teams should be responsible for caring for a specific population, located within a defined area, through actions of health promotion, prevention, recovery and rehabilitation of diseases and their clinical condition (Pereira & Barcellos, 2006).

Mental health promotion was now being taken into account in Portugal, with an emphasis on individual or collective prevention interventions, thus combining therapeutic treatments and recovery interventions. The proposal was to engage the community in significant initiatives for the social integration of people with mental disorders, as psychiatric hospitals should not be the sole responsible for their treatment. Therefore, Law no. 2118 of April 3rd, 1963 established the Mental Healthcare Centres as fundamental units of mental health services (Lei nº 2118 de 3 de April, 1963), which would include a set of extra-hospital institutions, advocating a model of care intended to be more suitable to people with mental disorders (Alves, 2011). The Mental Health Law had little impact in Portugal, as it mobilized few professionals and, although there were outpatient services in the country, the treatment was still based on psychiatric hospitalisation (Alves, 2011).

The attempts to reform psychiatric care in Portugal occurred during a historical period marked by social and political movements with consequences to society and the health area in general. This was the end of a dictatorial regime which had prevailed for more than four decades and the start of a revolutionary process that would deeply transform the Portuguese society and influence the subsequent democratic normalisation (Hespanha, 2010).

With the Portuguese revolution on April 25th, 1974 and the resulting political crisis, the application of Decree-Law no. 413 of 1971 was compromised, especially regarding the provision of care to psychiatric patients in primary healthcare units. During this period, the need to democratise the access to mental healthcare within the Portuguese territory became evident, since the structures for this purpose were concentrated in the cities of Lisbon, Coimbra and Porto (Decreto-Lei nº 413 de 27 de Setembro, 1971). The Decree-Law no. 74 of 1984 resumed the discussions on integrating mental health in primary healthcare (Decreto-Lei nº 74 de 2 de Março, 1984). Successive laws were created in this period to bring psychiatry closer to the community through deinstitutionalisation and integration of care. The creation of a network of community services, along with the restructuring of the Municipal Mental Healthcare Centres and the creation of psychiatric units in the General Hospitals were once again projected (Alves, 2011).

It is important to emphasise that despite all of these Decrees and Laws, the integration of mental health in healthcare services only occurred in 1992 through Decree-Law no. 127 of July 3rd, 1992. This decree established the extinction of mental healthcare centres and transferred their activities to 24 central and district hospitals that were close to those centres (Decreto-Lei nº 127 de 03 de julho, 1992). Thus, from then on, almost all hospitals had psychiatric departments and psychiatric emergency services (Alves, 2011). The transformations in this period were similar to the model of psychiatric reform that was beginning in Brazil.

In Brazil, the care models replacing the hospitalocentric model emerged in a specific historical context. The psychiatric treatment adopted in western countries was based on the hospitalisation in insane asylums for an indefinite period. This practice lasted for many years until the adoption of the asylum model, proposed since the French Revolution, in which people who did not follow the normative thinking pattern should have a space free from social exclusion (Saraceno, 2001).

Although based on international models, particularly the Italian Democratic Psychiatry movement, the trajectory of the Brazilian Psychiatric Reform is marked by a strong political movement and the challenges of

a developing country (Delgado et al., 2007). Thus, the beginning of this process is contemporary, since it emerged from a political movement in the health field in the 1970s - the Sanitary Movement. This movement fought for changes in the models of care and management of health practices, collective health and equity in the provision of services, as well as for the leading role of professionals and users of the healthcare services in the processes of management and production of care technologies (Ministério da Saúde, 2005).

Before the psychiatric reform, the mental health scenario in Brazil was devastating, as hospitalisations were a common practice and the professionals were held responsible for providing care under terrible working conditions in an environment with an oppressive physical structure. In addition, there was the reality of social isolation and abuse in caring for people with mental disorders. To make matters worse, patients were denied the right to choose, since there was no other type of care available as an alternative to hospitalisation (Silva & Fonseca, 2005).

The Psychiatric Reform in Brazil was thus characterised by a complex political and social process consisting of various actors, institutions and forces of different origins which focused on different territories, the federal, state, and municipal governments, universities, markets, healthcare services, professional associations, associations of people with mental disorders along with their families, social movements and in the public opinion. Therefore, it involved a set of changes in practices, knowledge and cultural and social values, marked by dilemmas, tensions, conflicts and challenges (Ministério da Saúde, 2005).

It is worth noting that the reform of Mental Healthcare in Brazil began during a political, economic and social crisis under a military dictatorial regime that led to social inequality and low wages imposed on professionals, the intervention of trade unions, political repression and media censorship (Yasui, 1999).

The Social Movement for the rights of psychiatric patients in Brazil began in 1978 with the Mental Health Workers' Movement. This movement included the professionals of the sanitary movement, along with associations of family members, trade unionists, members of professional associations and people with various psychiatric readmissions. Thus, a movement began which was characterized by, on the one hand, the fight to denounce the violence, abuse and dehumanisation in asylums, the social isolation, the mercantilisation of insanity, the hegemony of a private network of care, and, on the other hand, the collective development of a critical view on the so-called psychiatric knowledge and the hospital-based model to assist people with mental disorders (Ministério da Saúde, 2005).

This period should be highlighted, especially the year of 1989, because of the draft law by congressman Paulo Delgado of the Workers' Party of the state of Minas Gerais (PT/MG), proposing the regulation of the rights of people with mental disorders and the phasing-out of asylums in Brazil. This draft law was considered the beginning of the fight of the Psychiatric Reform Movement in the legislative and normative fields. It is worth noting that this draft law was presented in a moment of discussion and promulgation of the Brazilian Federal Constitution of 1988, which defined the Unified Health System (*Sistema* Único *de Saúde*) as the healthcare model for the country. This system combined the Federal, State and Municipal spheres, under the social control of the Municipal Health Councils (Neto, 1997).

The creation of Federal Law 10.216 was an important instrument for the Brazilian Psychiatric Reform, even with little progress, as in the legal field the only existing legislation until then was the Decree 24.559 of 1934. The Law had the purpose of redirecting the model of psychiatric care in Brazil, foreseeing, among other rights, the access to the best treatment possible in the healthcare system in accordance with the patient's needs and the recovery by integration in the family, work and community. In addition, this law regulated the special care to long-term patients without discarding the possibility of punishment for involuntary and/or unnecessary hospitalisation (Luzio, 2003).

After 1992, the first laws on the progressive replacement of psychiatric beds by an integrated network of mental healthcare were approved in several Brazilian states thanks to the social movements inspired by the draft law authored by congressman Paulo Delgado. It was from this period on that the mental health policies of the Ministry of Health became more defined, accompanying the guidelines of the ongoing Psychiatric Reform in Brazil.

Creation of the extra-hospital devices implemented in Portugal and in Brazil

The creation of new extra-hospital devices in Portugal resulted from the need to integrate people with mental disorders into the community. This movement was characterised by a discontinuous process in which the hospital was the reference for treatment. This period covered the following four phases, which followed the main legislative changes and the respective organisation of healthcare: the sectorisation (1960s and 1970s); the integration in primary care (1980s); the hospital integration (1990s); and the reform in the sector (1998) (Alves, 2011).

It was after 1984 that the association of mental health and primary care was resumed and reviewed, along with the creation of a network of community services, the development of rehabilitation and deinstitutionalisation programmes of chronically ill patients, and the cooperation with private institutions. In this period, there was an attempt to reorganise mental health services across the country (Alves, 2011).

The period between 1984 and 1990 was known for the development of a network of integrated services – the Mental Healthcare Centres - which were built in each geographical area with the responsibility of providing care from treatment to rehabilitation, and for the cooperation with private institutions. There is a difference when comparing to the Brazilian model, because in Portugal the healthcare services are shared with private organizations since the initial stage. However, there was still a predominance of the provision of hospital care to people with mental disorders in this period (Siqueira-Silva, Nunes & Moraes, 2013).

It was only in 1992 that mental health services were integrated into the general healthcare services. This resulted from the promulgation of Decree-Law no. 127, which established the end of the Mental Healthcare Centres and the Child and Juvenile Mental Healthcare Centres. The latter were integrated in the services of the general hospitals that would start to have, in their vast majority, psychiatric departments and emergencies. This integration resulted in what became known in the history of Portuguese psychiatry as the period in which there was a direct confrontation with the psychiatrists and their associations. This group considered these changes to be a step backwards as they believed that they would support the institutionalisation of people with mental disorders. However, the same group that opposed to the integration proposed by this Decree-Law also accepted that the major psychiatric hospitals would continue to exist (Siqueira-Silva, Nunes & Moraes, 2013).

Several laws were created, to ensure what professionals considered to be more important and adequate to care for mentally ill patients. However, this idea of decentralisation led to conflicts and did not go ahead. This idea was not widely spread among professionals, family members and patients. The intended associations did not lead to the desired decentralisation (Alves, 2011).

It was only in 1988, with the creation of the Mental Health Law no. 36/98, that the need to create a diversified network with articulated responses through inter-ministerial collaboration and the community social organisations was officialised, leading to a debate on the contradictions and weaknesses of the system. Therefore, a Committee was established to study the situation of Mental Health in Portugal (CESM), with the purpose of promoting a wide-ranging discussion on mental health in collaboration with the services and various professionals, in an attempt to draw up proposals to guide the policy and reform of the Mental Health Law (Siqueira-Silva, Nunes & Moraes, 2013).

The CESM presented, in 1998, the basic organizational principles that should be incorporated in all mental health services which, by means of sectorisation, and would be forwarded to services in primary healthcare, and would be ensured the responsibility to the care provided in each unit. The continuity of care was also highlighted. Care should be provided in the community with the typical diversity and coordination of the devices that would incorporate the network of services in each sector. To this end, psychiatric hospitalisation should be restructured and acute patients should be referred to the general hospitals. To facilitate the rehabilitation and deinstitutionalisation of patients with a long term illness, the establishment of devices was recommended. All of these actions called for the involvement of the healthcare professional with the patient, family and community (Alves, 2011).

Therefore, the integration of mental health services into the general health services would be essential to implement draft law no. 36/98, which assigned

the responsibility of caring for people with mental disorders to the community by means of service integration, thus removing that responsibility away from the hospital (Alves, 2011).

In Portugal, primary healthcare services have undergone constant structural organisations concerning the psychiatric field, and all attempts to bring about change have not been in vain and will not be necessarily weakened. The laws are major accomplishments that, if supported by other initiatives and interests, may contribute to the process of deinstitutionalisation of mentally ill patients. Family members contribute to and are an essential part of this process because they want the best for their relatives with mental disorders.

In Brazil, the initiatives to deconstruct the asylum model were carried out by health care professionals and others who disagreed with how the hospices operated, thus starting a political discussion and a movement that led to the Brazilian Psychiatric Reform (Amarante, 1995).

From the 1990s, the process of reduction of beds in psychiatric hospitals and of deinstitutionalisation of people with a long history of hospitalisation becomes a public policy in Brazil, and in 2002 it received a major boost with a series of regulations by the Ministry of Health that establish clear, effective and safe mechanisms for the reduction of psychiatric beds (Ministério da Saúde, 2005).

In this way, the deinstitutionalisation of people with a long history of psychiatric hospitalisation has progressed significantly, especially through the implementation of safe mechanisms to reduce the number of beds in the country by the Ministry of Health and the expansion of services replacing the psychiatric hospitals, such as the following health programmes and actions: the National Hospital System Assessment Program/Psychiatry (PNASH/Psychiatry); and the expansion of services such as the Psychosocial Community Centres (CAPS) and the Therapeutic Residence Services (SRT) (Ministério da Saúde, 2005).

The PNASH aimed to inspect every psychiatric hospital in the country and the beds in the psychiatric wards of general hospitals, thus shutting down a large number of beds that did not meet with the minimum requirements for quality health care or respect for the human rights (Ministério da Saúde, 2005).

The CAPS were open community services that aimed to improve the quality of the care provided to people with mental disorders so that psychiatric hospitalisation could be avoided. The SRT aimed to take in individuals referred to dehospitalisation and were spaces for resocialisation after discharge from psychiatric hospitals. The SRT should be located in urban areas, and had a key role in the deinstitutionalisation of individuals hospitalised over long periods of time in psychiatric hospitals (Amarante, 1995).

These initiatives have enabled the reduction of thousands of psychiatric beds in the country and the shutting down of psychiatric hospitals. Thus, from the beginning of the 1980s, a complex series of events unfolds all over Brazil, especially in the states of the Federation which had elected democratic governments. Although at different paces throughout the many regions of the country, the reduction of the number of psychiatric beds became a reality in all Brazilian states, and this was often the process which triggered the Reform process (Ministério da Saúde, 2005).

This established a period of changes in healthcare and, consequently, the reorientation of the care model, particularly when new substitutive services were created. Initially, these services were an alternative to an asylum, such as the Psychosocial Community Centres and the Community Centre in the city of São Paulo, and the Psychosocial Community Units in the city of Santos. These initiatives were expected to become a substitute for psychiatric hospitals (Amarante, 1995).

After the creation of the substitutive services in Brazil, many changes had to gradually take place in the relationships between the professionals and the object of their work, since the patient was now more important than the illness. The need emerged to assess and integrate a new way to provide care to people with mental disorders, as well as a new process of organisation of specialised and non-specialised mental healthcare services, which also were part of the healthcare network.

The commitment of the healthcare professionals to promoting the health and life of people with mental disorders, along with the expansion of the mental healthcare network, are essential to the development and success of deinstitutionalisation, as patients have the right to receive care based on the principles of integrality, universality, equity and decentralisation. People with mental disorders carry with them the

weight of the stigma of periculosity and of the need to be excluded from the community, which results in their institutionalisation and isolation, that is, the denial of citizenship to this share of the population (Terra, Ribas, Sarturi, & Erdmann, 2006).

The process of deinstitutionalisation cannot be understood as a mere transfer of a patient from a psychiatric hospital to an extra-hospital device, but rather as a construction of new knowledge and care practices, scientific instruments and codes of reference, hoping to bring meaning and socialisation to the patients' lives. It is therefore a process that is translated into the daily life of the services through care practices based on psychosocial care and on those new care devices (Rezende-Alves, 2012).

Conclusion

This study contributed to better understand the historical trajectory of the Psychiatric Reform in Brazil and in Portugal and the factors that triggered the creation of extra-hospital devices in the mental health area.

This study highlighted that there was a significant reduction in the number of psychiatric beds and the shutting down of several hospitals in Brazil after the creation of the extra-hospital devices. In Portugal, the traditional model is still consuming most of the resources and is criticised for the hegemony of the psychiatric hospitals in most areas of the country, with the dehospitalisation being a slow and incomplete process.

We also observed that mental health in Portugal lagged behind the European evolution at a conceptual, organisational and therapeutic level. Brazil was already influenced by the Italian model, and its process of reform was integrated in a context of social and political struggle.

We realised that both countries advocate the dehospitalisation and a type of assistance based on primary care, where people with mental disorders will have the best possible integration in society and their social identities rescued.

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