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RESEARCH

POLITICIAN-IDEOLOGICAL FACTORS ASSOCIATED TO THE CHOICE OF THE CARE MODEL OF THE BRAZILIAN PSYCHIATRIC REFORM

FATORES POLÍTICO-IDEOLÓGICOS ASSOCIADOS À ESCOLHA DO MODELO DE ASSISTÊNCIA DA REFORMA PSIQUIÁTRICA BRASILEIRA

FACTORES POLÍTICO-IDEOLÓGICOS ASOCIADOS CON LA ELECCIÓN DEL MODELO DE ATENCIÓN DE LA REFORMA PSIQUIÁTRICA BRASILEÑA

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ABSTRACT

Historical study aimed to analyze factors associated with the choice of psychosocial care center as a structural service of psychiatric reform, according to the perception of advisors ahead of mental health in the period 1980-1990. A methodology of oral history was used. Data collection was conducted through interviews with subsequent thematic analysis. The discussion and analysis were focused on the mental health policies existing in the period and specific legislation. The results showed that the perception of the factors associated with choosing the replacement model was linked to the creation of a network of power relations partisan political character. A network of professionals in the mental health area involved with specific sectors of both the anti-asylum Struggle Movement and the Workers' Party, and access to the Ministry of Health. It is concluded that federal funding and policy choices were decisive for the choice of care model.

Keywords: Psychiatric Reform; Psychiatric/history; Mental Health Service; History.

RESUMO

Estudo histórico objetivou analisar fatores associados à escolha do centro de atenção psicossocial como serviço estruturante da reforma psiquiátrica, segundo percepção de assessores à frente da área de saúde mental no período 1980-1990. Utilizou-se Metodologia da História Oral. Coleta de dados realizada por meio de entrevistas com posterior análise temática. Discussão e análise focalizaram as políticas de saúde mental existentes no período e legislação específica. Resultados mostraram que a percepção sobre os fatores associados à escolha do modelo substitutivo esteve ligada à criação de rede de relações de poder de caráter político partidário. Rede constituída por profissionais da área de saúde mental envolvidos com setores específicos tanto do movimento de luta antimanicomial como do Partido dos Trabalhadores e com acesso ao Ministério da Saúde. Concluiu-se que o financiamento federal e escolhas políticas foram decisivos para escolha do modelo assistencial.

Palavras-chave: *Reforma Psiquiátrica; Psiquiatria/história; Serviços de Saúde Mental; História.*

RESUMEN

Estudio histórico llevado a cabo con el objetivo de analizar los factores asociados con la elección del centro de atención psicosocial como servicio estructural de la reforma psiquiátrica, según la percepción de los asesores al frente de la salud mental entre 1980 y1990. Se utilizó la metodología de la historia oral. La recogida de datos se realizó a través de entrevistas y luego se efectuó el análisis temático. La discusión y el análisis se centraron en las políticas de salud mental existentes en dicho período y en la legislación específica. Los resultados mostraron que la percepción de los factores asociados con la elección del modelo sustitutivo estaba vinculada a la creación de la red de relaciones de poder de carácter político partidario. En la red había profesionales de salud mental involucrados con sectores específicos tanto del Movimiento de Lucha Antimanicomial como del Partido de los Trabajadores, con acceso al Ministerio de Salud. Se concluye que los fondos federales y las decisiones políticas fueron fundamentales para la elección del modelo de atención.

Palabras clave: *Psiquiatrica Reforma; Psiquiatria/historia; Servicios de Salud Mental; História.*

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INTRODUCTION

The Brazilian psychiatric reform (RPB) is a historical movement of a political, social and economic character influenced by the ideology of dominant groups and it has the deinstitutionalization with the consequent deconstruction of the asylum and the paradigms that sustain it as its central proposal. It aims at the progressive replacement of asylums by community services, the use of new therapeutic practices, as well as the citizenship of the individual with mental disorder.[1]

The proposals of RPB began to be constituted between the decades of 1980 and 1990, mainly with the National Conferences of Mental Health (CNSM) and ministerial ordinances that led towards the policy in this thematic area. However, it was only after the enactment of Federal Law 10.216 in 2001[2] that mental health actions began to be regularized and ministerial ordinances emerged that, enabled the implementation of proposals to change the model of care through a specific legislation.[3]

Ordinance 336 of 2002[4] was an important reference for the development of the model because it defines the CAPS as a substitute and guiding service of the National Mental Health Policy (PNSM). It is specialized in the care of individuals with severe and persistent mental disorders, playing a central role in the current Psychosocial Care Network (RAPS) and considered a service capable of replacing the psychiatric hospital.[5]

The gradual decrease in beds in psychiatric hospitals has been occurring, maintained since the regulation and funding of the CAPS by the Ministry of Health (MS), from which there was an increase in the deployment of these services in several Brazilian municipalities. Some existing services such as mental health outpatient clinics and hospitals/day were replaced by the CAPS denomination since the federal government only financed this type of equipment in that period. Although this funding exists, the adherence to the proposal has been small and insufficient to meet the demand, especially CAPS III, a 24-hour service capable of accommodating acute and needy cases of intensive care, which is still far below the needs.[6,7]

The poor coverage of patients with mental disorders in primary health care[7,8], the chronification of patients in CAPS[9], the capsization of the care model[10] and the persistence of mental health practices[11] in these services are some of the problems accompanying the development of the current PNSM. It is observed that the proposal of psychiatric reform persists, but it is not materialized as desired and expressed in the National Conferences of Mental Health (CNSM).

According to the national literature and in the official discourse, the choice of the CAPS was due to the influence of innovative experiences regarding the new politics of SM that occurred in some Brazilian municipalities, such as Santos and São Paulo.[12]

It is considered that São Paulo and Santos models have entered a collision for the choice of the national model, being defined by the CAPS that is very close to Santos model. In the heart of the Anti-Manicomial Struggle Movement (MLAM), there was a dispute between this model defended by Santos and the "network model" with a gateway for the primary care defended by São Paulo.

In our opinion, the majority alliance in the MLAM around the project of power by Santos model was decisive, due to the streak occurring in the movement, and helping in the weakening of the struggle for RPB.

The purpose of this study was to analyze historical-political factors involved in this choice and to discuss its unofficial reasons, according to the opinion of central figures who defined it as health professionals who participated in the construction of the model when they were advisors or coordinators of mental health in these municipalities. It is the backstage of this dispute in the study, important to know what happens behind the scenes that determine the choice of health models as a rule, specifically Mental Health. This choice guided the psychiatric reform over the years and came to be spread and financed in a hegemonic way by the country, to the detriment of the dictates emanated from the National Conferences of Mental Health.

METHODOLOGY

This is a historical and qualitative study with the participation of consultants and coordinators of MS who were part of the municipal management from 1989 to 1992 in the cities of São Paulo and Santos, who had a prominent role in the design of RPB; and representatives of the Ministry of Health (MS), coordinators of the MS area from 1991 to 2001.

The Thematic Oral History Methodology[13] was used. Its foundation is not the historical truth traditionally established nor the truth about the facts, but the different readings that the subjects involved make of the historical process in which they were inserted. Their commitment is the elucidation or opinion of the narrator about some specific event. There was an interest in the opinion of the study collaborators involved with the local PSM and the MS regarding the development of each model and its influence on the choice of the CAPS model. In this methodology, the respondents are designated as collaborators of the study.[13]

The choice of the research collaborators was based on their effective participation in the construction of the innovative care models of MH in the municipalities of São Paulo and Santos in the period studied (1989-1992), and it privileged the subjects that determined the changes that occurred. The inclusion criterion defined were: to have participated in the coordination or advising of MH in the mentioned municipalities; To have participated in the coordination of MH of the MS during the period studied. There were no sample losses. All study collaborators were professionals in the mental health area who

defended the RPB. However, they defended different proposals for the construction of the new care model of MH: Santos collaborators believed in a single model (NAPS) to assist the entire demand of MH and those of São Paulo believed on the construction of a care network constituted by diversified services, with a gateway to primary care.

The technique of interviews recorded with the guiding questions was used to collect the data: how was your participation in the process of implantation of the innovative model of MH in the municipality when you were the municipal management? What was the influence of the model developed in your city for the consolidation of the National Mental Health Policy and the choice of the CAPS model? The interviews were transcribed and textualized, allowing the construction of individualized narratives.

The collaborators were initially contacted by telephone and e-mail, later a recorded interview was scheduled at a date and place determined by them. After the interviews, they were transcribed and returned to the collaborators for the conference and signature of the Assignment Letter.[13]

After several readings of the narratives, texts were created, being possible to identify the singular aspects that marked each of them, organized and ordered their most significant, convergent and divergent contents. From this procedure, themes emerged that were apprehended by the frequency as they appeared in the text of the interviews, as by the expressive force of the events and opinions contained in them.[13]

Also, the documentary research of the official documents that existed during the studied period (laws, ordinances, conference reports, MS web site) was used, as a support for analysis of the document generated by the narratives.

The objectives and procedures of the research were informed to the collaborators, and the conference of the produced material was sent to all. The study was approved by the Research Ethics Committee of the Federal University of São Paulo (CEP opinion 1994/10) and obeyed national and international standards for human beings research.

RESULT AND DISCUSSION

Study collaborators were interviewed about the care models. Four of them were from SP, four from Santos and three from MS. Eleven narratives were created allowing the revelation of events, experiences, and versions that were not found in written and official documents.[13] The excerpts of the narratives were presented by the following acronyms: E1, E2, E3 and E4 (São Paulo); E5, E6, E7 and E8 (Santos) and E9, E10 and E11 (MS).

It is important to emphasize that Oral History has a relevant political function, since it commits to democracy, being a condition for its performance and with the right to know because it allows conveying varied opinions on present issues.[14]

The "network of power relationships" was highlighted among the themes emerging in the narratives, grouped into three topics related to each other, explaining their construction: the differences between São Paulo and Santos groups; the project of reproduction in Santos of the experience of deinstitutionalization of Trieste; and the trajectory of the collaborators of Santos and MS.

Disagreements between São Paulo and Santos group

In the municipal elections of 1988, the Workers´ Party (PT) in the municipalities of Santos and São Paulo was elected as mayors, and the construction of experiences considered innovative for PSM was begun. The proposals were implemented by professionals who were militants of the PT and the Movement of the Antimanicomial Struggle (MLAM). Although the movement had deinstitutionalization as a presupposition and guideline, there were different ways of understanding and establishing strategies for its implementation. There were already conflicts and disagreements between these two groups of MLAM militants before the elections.[15,16]

Therefore, the antagonistic ideological groups assumed the direction of the PSM in São Paulo municipalities. That is, those who experienced the Triestine experience and proposed the creation of a strong service to operate 24 hours, open doors and that would attend to all demand of MH in Santos. In SP, those who defended the proposals of transformation of the PSM based on the assumptions of Franco Basaglia, with the constitution of the integral network of MH community, with a gateway in primary care and the transformation of the manorial culture.[16]

> *The Bauru Congress is, in fact, going to actually take on another policy and another way of thinking about the issue of MH, but I think, more deeply to think about the question of psychiatric institution with various perspectives, and the perspective, let us say basaglian or triestine, represented by us, by my group (Santos) E7.*

> *In the MTSM, the MLA, there were discussions at an early stage about the movement´s relationships with the state and the insertion of its members within the governments. If you take the Report of the 1st Meeting of the MLA, you will find questions related to the relation of the movement with the State. We cannot forget that there are games of strength, of political relationships, and, consequently, of who has been occupying certain places !!! (São Paulo) E3.*

Although the differences between the two groups were already present in the MLAM, they were more clearly in the

proposals for the PSM of SP with the choice of one of the segments to implement the model. These divergences and choice, added to the positions of confrontation regarding the adherence of SP group to the exclusive propositions of the Italian Democratic Psychiatry and the marginality of the group in the debates and internal decisions of the PT that caused the isolation of this group from the debates and referrals to the PNSM at the end of the municipal administration of São Paulo in 1992. However, Santos group was established.

The fact that part of the group involved in the PSM of SP is from the wing considered more radical of the PT in the Municipal Directory, of which Luiza Erundina was the main representative, seems to be one of the factors related to its later isolation within the party when the management ends. This is because the more mediating wing, the articulation, starts to grow, as the entire PT group linked to Lula, who would later be elected to the presidency of the country.[17]

The association of these factors together with the paths taken by Santos group of intense rapprochement with prominent social actors in the MLAM and MS and the narrowing of their relationships with the members of the hegemony in the PT represented the opposition line to Luiza Erundina and allies help to understand the reasons for the isolation of São Paulo group.

> *The fact that we have coordinated the PSM of SP and not other people; The fact that the Secretary of Health was Eduardo Jorge, and later Carlos Neder, and not another person; The fact that we do not blindly reproduce what the Italian organs wanted; A field of political dispute of national expression was opened (São Paulo) E1.*

> *Thinking of the people who were in the MS, the space we had was always reduced and very collision. We gained space in the National Reform Commission, which I chaired here in São Paulo, for over a year. However, the space of the city of SP was very difficult under the conditions that they gave us. I think other municipalities had more proximity, such as Campinas, Santos and Belo Horizonte (São Paulo) E2.*

The issues mentioned about the group of the PSM of SP did not occur in isolation, and what is perceived in the narratives of the collaborators is that a network of power relationships was woven, involving two other municipalities of São Paulo: Santos and Campinas. In these two municipalities, PT managers were elected who had connections with outstanding professionals of the Sanitary Movement, who had an affinity with the mentors of Santos proposal.

> *There was a political dispute between the social actors of the municipalities. Of course, everyone wanted to be SP Health Secretary, not from Campinas, nor from Santos, but from the largest city in Brazil, because they would radiate if they had the political conditions for it, for the whole of Brazil, not only for MH but in everything. All the transformations that occurred in SP Health were questioned by the managers of the PT of Santos and Campinas (São Paulo) E1.*

These events give clues to the context that highlights the network of power relationships mentioned in the narratives and with two fundamental characteristics: the personal and ideological affinities as to the care model MH to be followed and that guides the practical and political actions in that area, with strong Italian influence; And party participation by affiliation or sympathizer to the PT, which will enable its members to join the spaces of power in the sphere of federal government policy since 2001, also from PT.

> *Thinking of Paulo Delgado Law in the MLAM, and in these laws here in SP, these militants wrote and presented these laws, so it is not anyone who could be in the structures of power, and the figures begin to appear. I keep thinking that this thing of the political game, of who occupies what place and at what moment, has relation with the conduction of all that happened. If you take the federal law, you realize this influence (São Paulo) E3.*

Besides the issues discussed on the MLAM, the ruptures within the PT and the different ways of understanding the proposals of the PSM, there was still the issue of political dispute and hegemony that are inherent in the operation of Brazilian politics. It is important to mention that even among those who call themselves as "left" and defend the causes of the excluded and marginalized (like the crazy ones) there is no purism, idealism and only good intentions. When power, especially political, comes into play, it ends up overshadowing some more ingrained idealisms and overlaps. Agreements, articulations, and concessions previously unimaginable are usually made to maintain it.

> *The point is that we must recognize that there is a bias and not throw away the other that we also saw from another perspective. I think Santos' experience must have been very cool, like many others throughout Brazil, as in the city of SP. Now, as it is defined what is better, which is the best, it reminds us again of the political game and the places that are occupied by who, under what conditions and in what moments ... (São Paulo) E3.*

It is observed that the isolation of SP group and the official denial of PSM's experience in Erundina management involved

several issues mentioned in the narratives: the conflicts/disagreements with Santos group, the political articulations they had managed to raise to power spaces in the State and partisan machinery; The fact that SP group did not divulge such experience, but mainly because they did not accept the way of doing PT policy18 that was being built and acquired new contours when they took power in the federal sphere from 2001.

It is important to emphasize that the idealizers and working professionals of the two models were involved with the Movement of the Antimanicomial Struggle and engaged to prevail their model. Santos network made an approximation with those who were in the federal government, and it was only in 2001, when the Workers' Party (PT) assumed the federal government, that the CAPS model was implemented and made viable by the funding received similar to Santos NAPS. The political choice was based on the definition of the leaderships of the RPB movement, and it was observed that there was political party alignment in the conduct of the choice of the coordinator of MH, who was the leader of Santos model. The militants of São Paulo model were dissidents and were no longer members of the PT or criticized those who came to federal power.

The implementation of the CAPS model was slow and lacking in mental health care in the country. Attempts were made to solve the gap, mainly in primary care, with the creation of the Family Health Care Centers (NASFs) and support Matrix. These mechanisms also failed to account for the problems and coverage required for MH care, and only in 2011, with Ordinance 3.088, RAPS[5] was created, now with a network proposal like the model proposed for the city of São Paulo in the management of Luiza Erundina. This RAPS has also started slowly and is not fully structured in the country.

Reproduction in Santos of the experience of deinstitutionalization of Trieste

Especially after the lectures by Franco Basaglia in Brazil, several Brazilian professionals and students started to train in the experience of MH of Trieste, among them two collaborators of this study. When they returned to Brazil, they began to show what they had experienced in the Triestine experience and to fight for changes in the care of people with mental disorders in Brazil, such as they witnessed in Trieste.

> *I believe that the Trieste experience needed to make sense out of Trieste because there was strong political conflict in Italy after Basaglia's 180 law was approved. The Italian Liberal Party had the MS in hand, Basaglia had already passed away, but his disciples and breeding Basaglian conception remained. [...]. However, that was not how it happened here, first Trieste needed to bring a very large political force, and the PT had won in several cities, so the people saw it as a great possibility of intervention. David Capistrano, who was Secretary of Health under the government of Telma de Souza, was the Communist Party and connected to the European Communist Party, and he made some alliances. Tykanori had taken an internship in Trieste as a student, so he was a person who could make the bridge with the Trieste people, but already within a political negotiation that existed, of making Santos a model (São Paulo) E1.*

For this collaborator, in the construction of the Santos PSM, there was the intention previously agreed with his Italian mentors and organizations to reproduce the experience of Trieste in Brazil. From this personal belief, he makes forceful statements about the existence of a network of power relationships, which, in his opinion, was woven by the collaborators of Santos who were directly involved with the Triestine proposal and its followers and their reproduction in the city of Santos.

> *In 1988, David Capistrano arrived in Santos as a Secretary of Health and came from Bauru. Tykanori too, because they worked there together (Santos) E6.*

When Telma de Souza won the Santos municipal elections in 1988, David Capistrano went to the Health Department and took Tykanori to advise him on MH. He took the intervention at the Anchieta Health Clinic and later the coordination of MH in the municipality. In an article published in 2009, Tykanori stated that the understanding of the revolutionary aspects of Trieste's experience of the deinstitutionalization promoted by Basaglia unleashed the idea of being able to reproduce in Brazil a similar experience to the implantation of SUS in Santos.[19]

The dependence and influence of the experiences of some countries favored importation within the various disciplinary fields, ideologies and knowledge produced, specifically in the USA and Italy.[20]

> *I went to a meeting in Santos, made by the Italian Cooperation on Citizenship and Territory, already in the nineties, where it was said that in Santos it was becoming territorial, when the first experience, including the Italian Cooperation, was in SP. Due to this counterpropaganda and the support of the Trieste task force and the funding of the Mario Negri Institute of Italy, the capscentrist model gradually became hegemonizing the official PSM and destroying the possibilities of planning the local MH systems (São Paulo) E1.*

> *I remember this discussion, Santos was present all the time as a model in the discussions, because shortly before*

I arrived here, there was a seminar, which was through the Italian Cooperation in Brazil, and in Santos there was some of this help by the bonds of Santos' staff with Rotelli, Basaglia of Trieste, Fernanda Nicácio and Tykanori,... (MS) E9.

Some collaborators from the study participated as trainees of the Triestine experiment in the 1980s and had contact with Franco Rotelli, who assumed the direction of the Triestine experiment after the death of Basaglia. The Franco Rotelli Association was created in his honor in 1991 In Santos.[21]

Another important promoter of the Triestine experience and the Italian deinstitutionalization was the psychiatrist Benedetto Saraceno, who was director of the Laboratory of Epidemiology and Social Psychiatry of Mario Negri Institute of Milan for 10 years. He was a director of the WHO's Department of Mental Health and Substance Abuse and helped to organize the Caracas Conference, having worked in several Latin American countries as an advisor to PAHO. He is considered a generous collaborator of MS Brazil since 1992 and a prominent participant of the II and III CNSM.[22]

To the present day, Saraceno maintains interlocution with members of the MLAM, with professors of the area of mental health in several Brazilian universities and with members of the MH area of the MS.[23]

Imagine, the Secretary of Health became Mayor, and I think there was some competition, something of power there within the local politics, because locals came from outside, although they took care of local politics. It must have had all of that, but we from the MH did not follow it, but today, looking back, I realize that David Capistrano's government was being mined and had, to complete the PT split. The PT divided, one party stayed with Telma and the other with David, and in my opinion, this was the cause of the loss of the elections (Santos) E6.

This collaborator had an intense participation with Santos PSM, becoming the coordinator of the first NAPS in the city. Because he participated in both negotiations, he could perceive the investment made in that proposal, especially the financial one in the first management. It is observed that the relationships between Santos group and the international organizations mentioned, as well as the diffusers of the Triestine experience, were intrinsically related factors, associated with the strength and visibility of Santos experience.

In Santos, there was a big investment of money from 89 to 93, but this from the Ministry, at the federal and state levels. In 93, the faucet had to be closed, and there began the internal difficulties, and we perceived it clearly (Santos) E6.

However, this condition changed a bit in the second management, with the departure of Telma de Sousa and the election of David Capistrano as Mayor. In this election in Santos, there were also internal differences in the PT; the reduction of health investments occurred related to the internal problems of the PT.

The Triestine experience had a strong ideological content, giving true militancy and personal donation to the professional activity. The fact that these professionals remain very attached to what Basaglia said is a difficulty in thinking about politics outside of this immediate reference to its presuppositions.[24]

It is verified that the Triestine experience was the one that most influenced the movement of struggle for the Brazilian psychiatric reform and in many contexts, the issue of militancy presented similar characteristics to what happened in Trieste, especially in the period of the innovative experiences of São Paulo, and Santos occurred, mentioned in this study.

The Santos group and the Ministry of Health

The narratives of Santos' collaborators do not refer to the network of power relationships mentioned by SP group. However, they reveal an interesting trajectory, since they began to develop activities at the invitation of the MS as consultants and advisors or in activities related to the PNSM, being delineated in several Brazilian municipalities, always with the PT management.

After leaving Santos, I went through several articulations, initially in 1997 in work in Santo André developing other extension and teaching work, which at that moment was also starting the construction of the local network of MH (Santos) E4.

The first exit was in 97 that I went to work in Santo André in the Secretariat of Community Action thinking about policies for people with disabilities. [...] In 2001, I was the coordinator of MH of the Sapopemba region, under the government of Martha Suplicy, in SP. [...] Later, I began to supervise the CAPS and to follow in Guarulhos the implantation of some CAPS. [...] Then, I was invited to coordinate MH in São Bernardo, where I stayed for a year... I continued to be a consultant to MS and went to two psychiatric hospitals in Salvador (Santos) E5.

I participated in two parallel experiences with Campinas: one was Campina Grande, which I did an intervention in another hospice to close it by the MS, a horrible thing. In São Vicente, I was the coordinator of MH, and it was when I worked with Arthur Chioro, who is now

the Secretary of Health of SB do Campo. [...]. Moreover, this group went to Santos, he is very different, because it is the people of Trieste, of the Italian Democratic Psychiatry, and more radical in that idea that it is necessary to replace the asylum. Moreover, a group was formed among them [...]. There is a tribe and where we go, we carry these people. [...] then it is always so, where we are called the others (Santos) E6.

I left the government in Santos in 1997, I went to work in the PS here and did some consulting. I spent 10 years doing my doctorate at Unicamp, and I finished in 2000. Then I went to SP in Martha's government in 2003-2004 ... (Santos) E8.

It is observed that exactly with the tribe of friends and ideologues of Santos experience, the trajectory of the collaborators of Santos developed and entered the spaces of Brazilian politics through the connection with the PT. It was the PT´s new way of doing politics.

Amaral´s study of PT's internal transformations (1995-2006) mentions his journey towards the center of the political sphere, his de-ideologization of the political program, the greater emphasis on electoral disputes, the professionalization of party structure, and the empowerment of leaders in their bases.[25]

Thus, the party wing that came to power was exactly the one that, had presented more moderate characteristics and opened the way for negotiations and flexibility of positions with Parliament since the Erundina administration[17], unimaginable when referring to the party's initial history. It was adopted the line of making politics like all other parties that were in power, to leave aside the beliefs and ideological principles for the maintenance of power.

It was observed that it was precisely with this wing of the PT that the group of Santos seized its trajectory and came to power. The network of relationships created by the Santos group enabled them to travel through several cities where there were companions/partners of Santos experience and who were developing activities in the public service in PT managements, such as Santo André, Guarulhos, Diadema, São Bernardo do Campo, São Paulo and Campinas, as seen in the previous speeches.

From Ordinance 224 (1992), there was a political line to put more technical requirement and not let the thing loose, and it put the possibility of CAPS/NAPS. There was my and Willians´ participation in this ordinance (Santos) E8.

This study shows that, since there are no management positions for members of courses or tenders for management positions, they are always filled throughout Brazilian history by practices that respond to partisan and clientelist interests.[26]

Therefore, the existence of the network of power relationships in the MS is part of the Brazilian politics issue. The references made to this network with the MS deserve special mention because it involved the participation of professionals from the public health area and MH who were political militants of the MLAM and militants of the PT in positions and activities with the MS, which determined the direction of the Current PNSM.

The government of Collor, with all the disarray, also occurred the possibility of starting something in MH. It has been possible for these people to be here and somehow go digging a space to make some change at a time when there is a weakness of the policy in total, I think (MS) E9.

For Koda, starting in 1985, several meetings of MH coordinators and conferences began to occur with the entry of the MTSM militants into positions of leadership of state and municipal health programs, and in 1987 the I CNSM took place.[27]

Undeniably, the presence of these social actors in MS was important differential for the inclusion of MH as an area to be thought and transformed in the country's public policy scenario. However, it turns out that the network of power relationships in the MS, which will extend to the group of Santos, enabled them to develop direct advisory or consulting activities for the area of MH in the MS. This network involved some sanitarians who were in positions of power in the MS and gave support to the interest groups and political-ideological affinity in the MH area.

The law proposed by Deputy Paulo Delgado was a moment that marked the difference, since it had already been in Parliament since 89, with a construction that also came from Bauru and had the own personnel working in Santos as actors (MS) E9.

We first made this meeting in Santos, it was important, and we approached in the book "Mental Health in Local Health Systems." [...] What happened Santos? It was exactly organized by PAHO and MS with the support of the city of Santos, with a group of technicians and some users, to discuss the deployment in Brazil of the recommendations of the Caracas Conference. [...] After the political definition from the meeting in Santos, we decided to hold a technical meeting, a technical seminar in Brasilia, with successful experiences in progress, substituting the psychiatric hospital (MS) E10.

The event in Santos was sponsored by the Mental Health Coordination (CORSAM) and Pan American Health Organi-

zation (PAHO), organized by the Santos City Council and Italian Cooperation in Brazil, with the involvement of the State Health Department of São Paulo. The purpose was to build a reference book/instrument for the policy to be adopted in Brazil and for the daily work in the area. In it, it was disclosed the PSM of the MS and presented the need for diversification of the therapeutic resources for the care of the patients with mental disorders, their financing and the directing to the municipalities of the MH issues.[28]

> *There are Paulo Delgado, Pedro Gabriel; Paulo made the federal law, who is Pedro Gabriel´s brother, who was in management and who could use the power to make history, in fact, to make the great transformation. So, I think there was recognition for the things that worked, but that there would be a lot more, a lot more to do. I think there is still a serious problem in the issue of financing, the lack of money (Santos) E6.*

The narratives of the MS collaborators show the involvement of the international organizations in the construction of the PSM in Brazil and the relationship of proximity that they established with Santos group. It is believed that the network of power relationships involving Santos, MS and international organizations, especially the Italian ones, determined the direction of the current PNSM.

> *I went to Santos several times, and we made a support group for the experience of Santos, in the sense of creating services also here in RJ, bringing people from Santos to report the experience, reinforce it. Rotelli was here in a debate that we organized precisely to draw attention to the need to support the experience of Santos that had begun that year. I went there several times, and I supported, we participated, and I always considered that it was decisive that Telma and David made the intervention in the psychiatric hospital – the Anchieta – and from there, they created services that are the NAPS, being services according to the Italian model of Trieste. […] It was an important experience. At the time, the staff of Santos, David organized a major international event with the Italians, we all went there (MS) 11.*

The presence of Santos group is often linked to the social actors involved with the PSM that was being built in the country. The presence of intellectuals involved in the Basaglian tradition confirms the support received by international organizations to this model during its implantation.

> *But the approval of the federal law, some external factors also helped, because you had PAHO's International Year of Health, the WHO at that time was quite empowered, there was Saraceno, and it was the Year of Mental Health, so there was a whole visibility of this issue, and this also helped a bit to push the issue of law. However, even within the Ministry until the last moment, there were "comings and goings" on the issue of law. Of course, PAHO's role in the 1990s was important, and it was not repeated, and I think it was very important for the international advisors to come. […] I think that the federal law came by sewing what could be kept (MS) E9.*

It is observed that the changes in the MH area had a strong connection with the public policy context and how it is developed in Brazil. The recommendations of international organizations such as PAHO/WHO mentioned are an example of this, as they have also had a great influence on the whole transformation process for the MH. The presence of Saraceno in PAHO is believed to be one of the factors related to the growth of the influence of the Italian model and Santos experience in conducting the PNSM and the election of the CAPS model.

> *[…]at that time Serra was planning and already glimpsing the possibility of candidacy in 2001, he will clearly try to make a different alliance. He brings David Capistrano to the cabinet and sewing an alliance on the left, at least with some areas, and Pedro is appointed by David and by the social movement. Finally, Pedro is indicated to assume the coordination (MS) E9.*

What happened with the MS area, especially during the period covered by this study (1989-1996), does not differ from the functioning of national public policy, that is, people with whom they had political-partisan-ideological connections occupy positions of trust in the elected government spheres. Moreover, this happened in SP and Santos.

> *However, before the construction of these ordinances, including a seminar that was done in Santos for the people here, I was not there yet; they spent a week there immersed… I remember this discussion and that Santos was present the whole time as a model in the discussions, because shortly before I arrived here, there was a seminar, which was through the Italian Cooperation in Brazil, and in Santos there was a little of this help because of the ties to the Santos staff with Rotelli, with the Basaglia of Trieste, with Fernanda Nicácio and Tykanori,… (MS) E9.*

Undeniably, these narratives confirm the greater penetration of the Santista group with the MS and the influence of the Triestine model by its Santos version. In the perception of

the collaborators of SP, there was the isolation and exclusion of their group in the process of construction of the PNSM and the experience of São Paulo was excluded from the official history, as if it did not exist.

As the structuring axis of the PNSM, CAPS proved to be ineffective for the implementation of RPB overtimes, so much that there was a change in the official discourse with the diffusion of the RAPS model, a network involving several services and very similar to the depredated model of São Paulo. It should be noted that RAPS is the new way of naming what was idealized and partially done in São Paulo/SP in the 1989-1992 administration, but that personal and political vanity left in limbo and delayed the consolidation of RPB in at least 15 years.

It was found that personal and political party interests crossed the real needs of those involved in MH care. The effective consolidation of RPB has to be fought, definitely well located in I and II CNSM.

The ideological-political bias of the interviewees was a limitation of the study. It is important to know the history of decisions on public policies, in this case, those of MH, to know the interests that are not put in the direction of intervening to improve them.

CONSIDERATIONS

Through the narratives of the collaborators, it was verified that one of the significant factors for the choice of the CAPS model was the creation of the "network of power relationships" by members of Santos group together with PTs involved with the Sanitary Reform and the construction of SUS, as well as rulers, academics, and leaders of the MLAM. There was reciprocal support from the technicians related to the Triestine experience who were in positions in PAHO/WHO/Italian Cooperation in MS. The fact that there were so many supporters enabled the PSM assumptions of Santos experience having more visibility and influence on the behavior of the PNSM. In an inverse process, São Paulo group was unable to participate in the process of construction of the PNSM. However, it was isolated and distant from the referrals that were made, since they believed that it was from local realities and needs that this should be planned and performed. After so many years of CAPS as the structuring axis of RPB, the leaders concluded that the network care model in the MS is what should prevail.

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