

NEW MENTAL HEALTH SERVICES AND THE REVOLVING DOOR PHENOMENON IN RIO GRANDE DO NORTE

NOVOS SERVIÇOS DE SAÚDE MENTAL E O FENÔMENO DA PORTA GIRATÓRIA NO RIO GRANDE DO NORTE

NUEVOS SERVICIOS DE SALUD MENTAL Y EL FENÓMENO DE LA PUERTA GIRATORIA EN RÍO GRANDE DO NORTE

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ABSTRACT

Objective: To evaluate the impact of the expansion of the mental health care network on the revolving door phenomenon in Rio Grande do Norte (RN). **Methods:** This was an exploratory and descriptive research study, performed in a public state reference hospital for psychiatric care. The subjects were 20 professionals from the hospital, that dealt in their daily work with the admissions and discharges of individuals with mental disorders who sought care at the institution that was the locus of the research. The instruments used were: a semistructured interview, direct observation and document analysis. **Results:** The expansion of the mental health network provided a reduction in the quantity of psychiatric readmissions in RN, as well as a decrease in demand for emergency care in the hospital where the research was conducted. **Conclusion:** It was found that, in addition to gradual reduction of rates of psychiatric readmissions in RN, the researched institution distributed users coming to the emergency department of the institution they used in a more organized manner, within the mental health network of the state, including within all the municipalities. This current research demonstrated that the Brazilian psychiatric reform has moved forward in RN and that it was possible to fight for and achieve favorable levels of reduction of psychiatric hospitalizations in the state.

Keywords: *Mental Health; Psychiatry; Hospitalization; Health Services Research.*

RESUMO

Objetivo: avaliar o impacto da expansão da rede de atenção à saúde mental no fenômeno porta giratória no Rio Grande do Norte (RN). **Métodos:** trata-se de pesquisa exploratória e descritiva, realizada em um hospital público referência estadual para o atendimento em Psiquiatria. Os sujeitos da pesquisa foram 20 profissionais do próprio hospital, que lidam em seu cotidiano de trabalho com as internações e altas dos indivíduos com transtorno mental que buscam atendimento na instituição locus da pesquisa. Os instrumentos utilizados foram: entrevista semiestruturada, observação direta e análise documental. **Resultados:** evidenciou-se que a expansão da rede de saúde mental proporcionou a redução do quantitativo de reinternações psiquiátricas no RN, bem como a diminuição na demanda por atendimento na urgência do hospital onde foi realizada a pesquisa. **Conclusão:** constatou-se que, além da redução gradativa dos índices de reinternações psiquiátricas no RN, a instituição pesquisada vem distribuindo de forma mais organizada, dentro da rede de saúde mental do estado, os usuários que chegam à urgência da instituição atuando, inclusive, junto aos municípios do interior. A presente pesquisa demonstrou que a reforma psiquiátrica brasileira vem avançando no RN e que é possível lutar e conquistar patamares favoráveis na redução de reinternações psiquiátricas no estado. **Palavras-chave:** *Saúde Mental; Psiquiatria; Internação Hospitalar; Pesquisa sobre Serviços de Saúde.*

RESUMEN

El objetivo del presente estudio fue evaluar el impacto de la ampliación de la red de atención de salud mental en el fenómeno puerta giratoria en el estado de Rio Grande do Norte (RN). Se trata de una investigación exploratoria descriptiva realizada en un hospital de referencia estatal en atención psiquiátrica. Los sujetos fueron 20 profesionales del hospital que tratan de las internaciones y altas de pacientes con trastornos mentales que acuden a la institución investigada. Los instrumentos utilizados fueron entrevistas semi-estructuradas, observación directa y análisis de documentos. Se ha demostrado que la expansión de los servicios de salud mental reduce la cantidad de reinternaciones psiquiátricas en RN y que disminuye la demanda de atención de urgencias. Además de la reducción gradual de las tasas de reinternaciones psiquiátricas en RN, la institución distribuye de forma más organizada a los pacientes que acuden a urgencias enviándolos a otros lugares dentro de la red de salud mental del estado, inclusive a municipios del interior. Esta investigación ha demostrado que la Reforma Psiquiátrica brasileña avanza en RN, que se puede luchar y conquistar niveles favorables en la reducción de reinternaciones psiquiátricas en el estado. **Palabras clave:** *Salud Mental; Psiquiatria; Hospitalización; Investigación sobre Servicios de la Salud.*

INTRODUCTION

To the extent that the asylum/hospital centric model has been deconstructed as absolute knowledge, the result of an epistemological and paradigmatic rupture raised by the Brazilian psychiatric reform, the emergence of services and territorial actions that potentiated the recovery of citizenship of the patient egressing from the psychiatric hospital occurred. Such devices have become fundamental for offering support, both to the individuals in the deinstitutionalization process, as well as to the new cases of individuals with diagnosed mental disorders in the community.

This process has been marked by advances and setbacks over the years, and has been accompanied by the strengthening of a network of non-hospital mental health care in Brazil. This territorial network of care for mental disorders advocates a series of services, that must function in an articulated manner, to maximize autonomy and citizenship of the person in psychological distress, as well as to reduce the rate of primary hospitalizations and/or psychiatric readmissions

In the state of Rio Grande do Norte (RN), a network of mental health care has experienced an expansion process in the last three years. In 2009, the state presented a *Centro de Atenção Psicossocial* – (Center of Psychosocial Care, CAPS) – coverage equivalent to 0.69 CAPS for every 100,000 inhabitants. In the first half of 2010, this number increased to an indicator of 0.73, ending the year with a coverage of 0.83 CAPS/100,000 inhabitants. In the first half of 2012, this ratio was equivalent to 0.92 CAPS/100,000 residents. In other words, the state reached a parameter of CAPS coverage considered “good”, and for others considered “very good”. This ranks RN as the federal unit placing as seventh best in the national *ranking* of coverage by substitutive services in mental health.¹⁻⁴

In the state capital, the network of mental health care is currently constituted by: one CAPS II, two CAPS ad II, one CAPS III (created at the end of 2010), one CAPS i, two residential therapeutic services, one ambulatory clinic specializing in mental health, and, one ambulatory center of prevention and treatment of smoking, alcoholism and other addictions. With regard to hospital care, a 2007 document stated that the city of Natal had three hospitals specializing in psychiatric care, one of which was a state, one a philanthropic, and one that was in the private sector, in addition to implementation of ongoing care through psychiatric inpatient beds in a general hospital.⁵

With the recent creation of the CAPS III in Natal, it is expected that the network of mental health care in the municipality will have a greater ability to solve issues related to assistance for the psychiatric patient, impacting the reality of the revolving door within the state – a phenomenon characterized by a relapsing cycle of admission/discharge/readmission,⁶ and that is influenced by clinical, demographic, economic, cultural and political factors.⁷⁻¹⁰

In the metropolitan area, other initiatives have the potential to combat psychiatric readmissions and to facilitate the social rehabilitation of the mental health patient, maintaining their social environment, as much as possible, and reducing the participation of psychiatric hospital care in mental disorders. Actions such as the creation of the CAPS III, the participation of the Service in Mobile Emergency Care for psychiatric emergencies, the creation of the Detoxification Unit, and the regulation of the Project of Assisted Discharge (the latter two services implemented in the state referral hospital for care in psychiatric/mental health), promise to positively impact the revolving door in RN.

Considering the context of the restructuring of psychiatric care in the psychosocial paradigm and the expansion of distinguished mental health services at present in RN, this study sought to respond to the following question: what is the impact of the expansion of substitutive devices on the revolving door phenomenon in the reality of mental health care in RN?

Therefore, this study aimed to evaluate the impact of the new provisions of mental health care on the revolving door phenomenon in RN.

The intention of this study is not to exhaust the discussion with respect to the subject. It is hoped that our findings contribute to the advances of the Unified Health System and the Brazilian psychiatric reform, for the quality of mental health care and the reduction of psychiatric readmissions within the national scenario.

METHODS

This article was part of a master’s research entitled, “Psychiatric readmissions in Rio Grande do Norte: implications and impact of new strategies for mental health care”, conducted in 2011, which aimed to analyze the revolving door phenomenon in Rio Grande do Norte in light of the new strategies for mental health care implemented in the state.

It was a research study with an exploratory-descriptive focus, conducted in the *Hospital Colônia Dr. João Machado* (HJM), a service of medium size and medium complexity, and a reference for psychiatric care in the state of RN.

As a method of data collection, we used oral history in this study, which was chosen to emphasize a certain step or sector of life of a person or an organization, focusing on aspects experienced by the individual or social group, and that followed a pre-established script, partially focused on some topic.^{11,12}

Professionals working in HJM were enrolled as subjects of the research, which comprised a sample consisting of 20 professionals, including six psychiatrists, two psychologists, one occupational therapist, two social workers, and nine nursing technicians.

The subjects of this research had a mean age of 32.7 years, and a mean duration of 26.6 months of professional experience, that is,

they had worked for approximately two years and two months at the institutional *locus* of the research. Regarding the hospital sector in which they worked, we found the following: 55% performed their activities in the emergency department, 20% worked in the women's unit, and 25% worked both in the emergency department and in the women's and men's units and the infirmary for treatment of alcoholism and other drug addictions.

A semi-structured interview, direct observation, and consultation and analysis of the registration book of discharges and hospitalizations, corresponding to the period extending from 2008 until the first half of 2011, were used as instruments for collecting information, in order to understand recent data on the phenomenon in question.

For the analysis of the information collected, the technique of thematic analysis was used.¹² Therefore, the post-interview procedures adopted were divided into four stages, namely:

- transcription of the complete recordings;
- reading and conferencing on the material;
- sending the text to the interviewee for correction;
- thematic analysis.

In compliance with Resolution 196/96 of the National Health Council, this study was submitted for consideration to the Ethics in Research Committee of the *Universidade Federal do Rio Grande do Norte*, under protocol No. 019/11, receiving approval from this body on 15 June, 2011, by Opinion No. 216/2011 and CAAE 0021.0.051.000-11.

RESULTS

It should be clarified that the findings of this study reflected the interplay of the discourses of the research subjects and the numerical indices of psychiatric readmissions at HJM, as well as reflections of the scholars of the area with respect to the theme in question.

After collecting the information, it became evident in the discourse of the subjects that the expansion of the mental health network in RN impacted the revolving door in the state. Two aspects of this impact were viewed by the professionals: reducing the quantity of psychiatric readmissions to HJM, and the decrease in demand for emergency care at HJM.

Regarding the reduction of psychiatric readmissions in the institution, the comments from some of the research subjects included:

I guess that now I do not have that rate of many people bouncing back and forth. Some people almost never come back. A change, right? Of the CAPS (HEZE).

Some patients who always made their entrance through the emergency department and returned to

the hospital in a unit, they are making the entry through emergency and then are returning and following up with the CAPS. We're noticing who is having a decrease of this constant (MIRA).

Statistical data collected from the Service of Medical Care and Statistics of the *Hospital João Machado* (SAME/HJM) reflected this reality (Figure 1). Beforehand, the absence of the second half of 2009 was justified. During this period, the HJM experienced an interdiction, a fact that made the records of visits, hospitalizations and readmissions suddenly drop, thus compromising the veracity of the information relating to this semester.

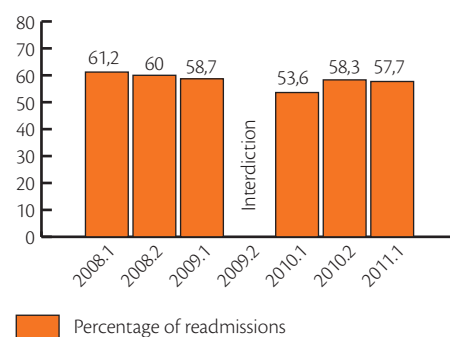


Figure 1 - Percentage of psychiatric readmissions in HJM. Source: SAME / HJM, 2011.

When comparing the percentages of psychiatric readmissions that occurred at HJM in the first half of 2008 and the second half of 2011, there was a reduction of 3.5% in relation to the incidence of the revolving door in RN.

The second important aspect encountered in the discourses of the subjects dealt with the decreased demand of patients in the emergency department of HJM. Such information is revealed in the statements below:

We already realize that the demand decreased slightly, mainly from the southern and eastern regions, to the emergency of João Machado, this we already perceive. Even cases that arrive there today, they are referred to the CAPS III. So, this also shows the impact that this service [CAPS III] has achieved (RÉGULUS).

Concerning the implementation of CAPS III on people, yes it has an impact. We perceive that there is a greater fluidity. It does not overload our service here, especially through the emergency department, because when the patient already has the discharge conditions, the physician provides her discharge, already with the referral to CAPS (ALGOL).

At that moment when the family is oriented by a psychiatrist, sometimes, even already on the phone or even the SAMU ambulance going to the residence, he makes that first attendance that answers that question and, thereafter, the patient can be referred to an ambulatory service or a CAPS. So, there is no need really for him to come back here to the hospital (AUVVA).

In contrast to the information extracted from the discourses of the participants, we found that the SAME/HJM data showed an increase in the number of attendances at the emergency department of HJM (Figure 2).

We emphasize that the data related to the attendances at the HJM (shown in Figure 2) encompassed both the cases of admissions and readmissions and, therefore, even those who had only the entry through the emergency department were treated and referred to other services or even to their home.

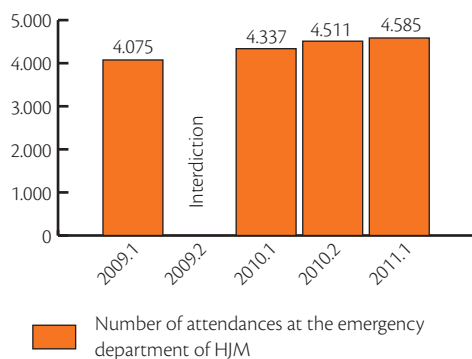


Figure 2 - Number of attendances at the emergency department of HJM. Source: SAME / HJM, 2011.

The indices shown in Figure 2 make evident the increase of 510 cases treated at the emergency department of HJM in the period extending from the first half of 2009 to the first half of 2011. This numerical finding concurred with what was found in the information collected from the study subjects, a fact that made us formulate some conjectures that will be exposed in the following section.

DISCUSSION

As it was possible to perceive, through the statements of the participants previously provided, some professionals have experienced a reduction in the quantity of psychiatric readmissions in their daily work at HJM. The testimonials of Ankaa, Heze and Mira corroborated data provided by SAME/HJM, where one could observe the decreasing rates of psychiatric readmissions in RN.¹³

As follows in Figure 1, the reduction of readmission rates occurred gradually. Despite the fact that the difference is small between one period and the other, with the exception of the first half of 2010, probably as a result of the remnants of the interdiction through which the hospital passed in the middle of 2009, the decline in the revolving door is noticeable in RN.

Making a comparison with another study involving the same issue,⁹ it was possible to perceive that reduction more clearly. In it, the authors reported that in the first half of 2007, readmissions to HJM corresponded to 64.27% of total admissions. Thus, based on the first half of 2007 and the first half of 2011 (provided in Chart 1), there was a reduction of 6.57% in terms of psychiatric readmissions in the state during the four and a half year period.

In this way, by analyzing the indices corresponding to 2007 and the first half of 2008, exposed by these authors,⁹ associated with indices revealed by our research and that covering the years 2008, 2009, 2010 and the first half of 2011, it was possible to visualize more clearly, and with greater scope, the reduction in terms of psychiatric readmissions, coming through the HJM in recent periods.

The contradiction between the statements of the participants and the data collected in the SAME/HJM was also detected, during the conduct of this research, with respect to the decrease in demand for emergency care at the HJM.

This inconsistency may be associated, in our view, with three factors: population growth within RN; the drug epidemic in the Brazilian scenario, reflecting the local situation, aggravated by the lack of comprehensive care beds; and, the lack of knowledge of the population about the current organizational logic of the mental health services.

In relation to the population increase in the state, IBGE data¹⁴ showed that in 2007, RN had 3,013,740 inhabitants; in 2010, that number increased to 3,168,027. Given estimates disclosed in a worldwide report¹⁵, in which one in four people will be affected by a mental disorder in a given stage of life, it can be deduced that if the population of a given geographical area increased, the probability of finding people with psychiatric problems in the region would also be increased. This hypothesis is relevant, principally if considered in association with the other factors listed above.

Regarding the drug epidemic in the Brazilian scenario, a study revealed¹⁶ the relationship between the occupation of psychiatric beds, the increased demand for care in psychiatry, and the configuration of a framework of "epidemic disease" linked to drug use, in particular, with crack.

Data of the SAME/HJM revealed considerable participation of chemical dependence in the statistics of attendances occurring at the institution in the years of 2008 and 2009. In 2008, there were 8,970 registered attendances at the emer-

gency department of the hospital, of which 1,422 were cases of alcoholism and 1,003 were users of other drugs, which represented a frequency of 28.63% of cases of chemical dependency in the care delivered in the emergency department of the institution. In 2009, of the 8,056 patients treated, 1,255 were diagnosed with alcoholism and 1,070 were classified as users of other types of drugs; such numerical indices amounted to a total of 28.86% of the visits.¹³

Another finding is the overlapping of cases of chemical dependency in relation to other psychiatric disorders. Making a comparison between the levels of care for drug users – legal or illegal – and based on the diagnosis of schizophrenia, a type of disorder that requires more psychiatric care, it was perceived that in the HJM, in the years 2008 and 2009, the mean attendance for schizophrenia was 27.02% in 2008, and 28.23% in 2009. These data revealed that the participation of chemical dependency overshadowed schizophrenia in 1.61% of the treatments performed in the emergency department of HJM in 2008. In 2009, this difference was reduced, but there was still chemical dependency with a frequency of 0.63% of the cases.¹³

Departing from these indices, we perceived the representativeness of chemical dependency next to the demand in the emergency department of HJM, in view of the increase of 0.23% of the visits by alcoholics and drug addicts, on the one hand, and the reduction of 0.98% of visits for schizophrenia, on the other.

The fact that RN did not possess structures of care outside the hospital for chemically dependent individuals that operate 24 hours, such as the example of the CAPSad III already provided and regulated by the Ministry of Health, added to the aforementioned findings. Such an aggravating factor was approached by one of the subjects of the research:

The problem of drugs does not occur during business hours. It does not occur Monday through Friday from 8 to 5, it does not. It happens at night, its going to happen on the weekend, and this patient will resort to going where? The CAPSad [CAPS II] will be closed, you know? He is going to resort to coming here. At the hospital we are here (ARCTURUS).

Arcturus expressed a problem faced by both the mental health services, including his own HJM, such as the patients and families who seek care specific to drug addicts. Research¹⁷ identified the deficit of structures for welcoming nocturnal patients using a comprehensive bed format, which adds more difficulty to the territory's emergency psychiatric care. In this sense, the dichotomy marked by the emergency care and the level of support required by the frameworks of chemical dependence, faced with the fragility of the community devices of care against the specifics of the drug users may be related to the increase of users seeking care at HJM, as evidenced in this study.

Another factor to be considered, and which may justify the data expressed in Figure 2, is the misinformation of the people about the way the network functions. In spite of the population's significant lack of knowledge about the organizational logic of the services, the referral and the gateway to mental health interventions should be the CAPS and not the psychiatric hospital. Another point of consideration is the attachment that patients and families have to the old ways of dealing with mental disorders, which causes them to initially seek care in hospital institutions.

When comparing Graphs 1 and 2, the question is: if the demand for emergency care in the HJM is increasing, how is the reduction in rates of psychiatric readmissions in the institution justified?

This question can be elucidated starting from the perception that, currently, the distribution of users in the mental health network has been developed with more efficiency and effectiveness. In their statements, we encountered the reports from the research subjects associating new assistive devices for better organization and distribution of users within the network of mental health care.

The finding that psychiatric readmissions were reduced in the state, despite the increase in demand for emergency care at the HJM, indicated that the network services were helping to resolve issues. Certainly, this did not occur to the extent that users and professionals wanted, but it was believed that, with the support of new substitutive devices, the linking of users within the network of mental health care occurred in a more organized manner, which led to a reduction in psychiatric readmissions.

CONCLUSION

The expansion of psychosocial care options was perceived as promoting the gradual reduction, although very slowly, of the rates of psychiatric readmissions in RN.

It is also stressed that the HJM has distributed the users that come to the emergency department of the institution, in a more organized format within the state mental health network, even within in the municipalities of the interior. This fact can be confirmed from the perception that, despite the increase in demand for emergency care at the HJM, a large part of these care recipients do not result in psychiatric hospitalization. However, it is known that this is not yet the form necessary for the optimization of the flow of users within the mental health network.

In synthesis, the current research demonstrated that the expansion of the mental health network was fundamental to the reduction of psychiatric readmissions. However, one must consider that the mental health teams are not solely responsible for the perpetuation of the phenomenon of the revolving door. Social and psychological aspects such as the emotional,

political and cultural transformation of both workers and the users and families, as well as the context and the struggles of society in general, influenced the phenomenon of psychiatric hospitalizations and readmissions.

Finally, this study demonstrated that Brazilian psychiatric reform has advanced in RN and that it was possible to fight for and achieve favorable levels of reduction in psychiatric readmissions in the state. Therefore, it is necessary to face the challenges that now present themselves within mental health in our federal unit as the springboard that will instigate the search for answers and alternatives within the network of mental health care. To recede is not permitted. We must move forward by daily achievements of the dream of a society without asylums, as proposed in 1992 in the CNSM II, and ratified in 2010, in the CNSM IV, the first intersectoral.

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