SUBJETIVIDADES
e-ISSN: 2359-0777
Universidade de Fortaleza
Theoretical Studies

Cultural Care in Psychosocial Care: Contributions to Anti-asylum Psychiatric Reform

Cuidados Culturais na Atenção Psicossocial: Contribuições à Reforma Psiquiátrica Antimanicomial

Cuidados Culturales en la Atención Psicosocial: Contribuciones a la Reforma Psiquiátrica Antimanicomial

Soins Culturels dans la Prise en Charge Psychosociale : Contributions à la Réforme Psychiatrique Anti-asile

10.5020/23590777.rs.v25i2.e16962

Magda Diniz Bezerra Dimenstein
Full Professor affiliated with the Graduate Program in Psychology at UFRN and Federal University of Delta do Parnaíba (UFDPar). National Council for Scientific and Technological Development (CNPq) PQ1-A Fellow. Works in the field of Public/Collective Health with an emphasis on Mental Health, Primary Care, and Psychosocial Care. BA in Psychology from Federal University of Pernambuco (UFPE; 1986), MA in Clinical Psychology from Pontifical Catholic University of Rio de Janeiro (PUC-Rio) (1994), and PhD in Mental Health from the Institute of Psychiatry at Federal University of Rio de Janeiro (1998). Completed postdoctoral training in Mental Health at Universidad de Alcalá, Spain (2010), and in Public Health at the Graduate Program in Public Health at Federal University of Ceará (UFC; 2018).

Ryanne Wenecha da Silva Gomes
BA in Psychology from UFDPar in 2023. MA in Psychology at the Graduate Program in Psychology at UFDPar (since 2023).

Ana Carolina Rios Simoni
BA in Psychology from Federal University of Rio Grande do Sul (UFRGS; 2002). Specialist in Clinical Care with an emphasis on Psychoanalysis from the Psychological Care Clinic at UFRGS (2005). MA (2007) and PhD (2012) in Education from the Graduate Program in Education at UFRGS.

Victor Hugo Belarmino Lima
BA, MA, and PhD in Psychology from UFRN. Completed postdoctoral training at UFRN (2023). Served as a substitute professor of Psychology at the Trairi Faculty of Health Sciences, UFRN from 2023 to 2025. Currently coordinates the Psychology program at Sucesso College and serves as a faculty member at the same institution. Also teaches at Santa Teresinha Catholic College. Collaborating researcher in the research group Modes of Subjectivation, Public Policies, and Contexts of Vulnerability (CNPq research group directory).

Brisana Índio do Brasil de Macêdo Silva
BA (2018) and MA (2020) in Psychology from the Federal University of Piauí. PhD student in Psychology at UFC (since 2020). Member of the Research and Intervention Center in Critical Psychology and Political Subjectivation. CNPq Knowledge Dissemination Support Fellow (Level 1A).

Leonardo Fernandes Martins
BA in Psychology from the Federal University of Juiz de Fora (UFJF). MA and PhD in Psychology from UFJF, with a CAPES Sandwich Scholarship for a research internship at the University of Kansas Medical Center (2017). Currently undertaking postdoctoral training at UFRN with a CNPq fellowship. Professor in the Department of Psychology at PUC-Rio. Permanent faculty member and MA/PhD supervisor in the Graduate Program in Clinical Psychology at PUC-Rio.

Jáder Ferreira Leite
BA in Psychology from the State University of Paraíba (1998), MA in Psychology from UFRN (2003), and PhD in Social Psychology from UFRN (2008). Completed postdoctoral training at the Community Psychology Center of UFC (2014) and at the Gender and Masculinities Study Group of UFPE (2020). Associate Professor II in the Department of Psychology at UFRN, with teaching and supervision activities at undergraduate and graduate levels.

Telmo Mota Ronzani

BA in Psychology from UFJF (1999), MA in Social Psychology from the Federal University of Minas Gerais (UFMG; 2002), and PhD in Health Sciences from the Federal University of São Paulo (2005). Completed postdoctoral training at the University of São Paulo and a postdoctoral fellowship at the UConn Health, University of Connecticut (2007) in the field of alcohol and other drugs. Also completed postdoctoral training in Psychology at UFRN. Currently Vice-Rector of UFJF (2024-2028) and Full Professor at UFJF.

João Paulo Sales Macedo

BA in Psychology (2004) from Santo Agostinho University Center as well as MA (2007) and PhD (2011) in Psychology from UFRN. Currently serves as Rector and Associate Professor III at UFDPar. Affiliated with the Graduate Programs in Psychology at UFDPar and UFC, supervising Master's and PhD students. CNPq Productivity Research Fellow (PQ-1D).

Abstract

The debate on cultural care in psychosocial care remains a gap within the Brazilian Psychiatric Reform process. Through an integrative review, this study aimed to analyze national bibliographic production addressing the relationship between cultural processes, psychological distress, and the provision of mental health care. The objective was to identify the extent to which Brazilian research engages with reflections on cultural care, understood as the need for the organization and delivery of psychosocial care to be grounded in a socially situated and culturally sensitive understanding of psychological distress, incorporating social markers of difference. A total of 14 publications were identified, including 7 theoretical and 7 empirical studies, published between 2013 and 2023. None of the mapped studies directly addresses cultural care in psychosocial care. Nevertheless, these studies contribute indirectly to the discussion by reinforcing the need for further advances in mental health deinstitutionalization, recognition of the cultural and subjective diversity of groups and populations, and investment in intercultural and intersubjective skills that enable the development of culturally competent mental health practices.

Keywords: cultural care, psychosocial care, anti-asylum, mental suffering, psychiatric reform.

Resumo

O debate sobre Cuidados Culturais na Atenção Psicossocial é uma lacuna no processo da Reforma Psiquiátrica Brasileira. Através de revisão integrativa, este estudo objetivou analisar a produção bibliográfica nacional referente à relação entre processos culturais, sofrimento psíquico e oferta de cuidados em saúde mental. Buscou-se identificar em que medida a produção brasileira aproxima-se da reflexão sobre Cuidados Culturais, isto é, a necessidade de a organização e as ofertas de cuidado na Atenção Psicossocial se realizarem com base em uma leitura socialmente situada e culturalmente sensível em torno do sofrimento psíquico, incorporando os marcadores sociais da diferença. Identificaram-se 14 publicações, sendo sete estudos teóricos e sete empíricos, publicados entre os anos de 2013 e 2023. Nenhum dos estudos mapeados aborda diretamente a discussão sobre Cuidados Culturais na Atenção Psicossocial. Contudo, os textos contribuem indiretamente para a discussão, reforçando a necessidade de avanços na desinstitucionalização da saúde mental, no reconhecimento da diversidade cultural e subjetiva de grupos e populações, bem como no investimento em habilidades interculturais e intersubjetivas que abram possibilidades de construção de práticas de saúde mental culturalmente competentes.

Palavras-chave: *cuidados culturais, atenção psicossocial, antimanicomial, sofrimento psíquico, reforma psiquiátrica.*

Resumen

El debate sobre los cuidados culturales en la atención psicosocial constituye una laguna en el proceso de la Reforma Psiquiátrica Brasileña. A través de una revisión integradora, este estudio tuvo como objetivo analizar la producción bibliográfica nacional referente a la relación entre los procesos culturales, el sufrimiento psíquico y la oferta de cuidados en salud mental. Se buscó identificar en qué medida la producción brasileña se aproxima a la reflexión sobre los cuidados culturales, es decir, la necesidad de que la organización y las ofertas de cuidado en la atención psicosocial se desarrollen a partir de una lectura socialmente situada y culturalmente sensible del sufrimiento psíquico, incorporando los marcadores sociales de la diferencia. Se identificaron catorce publicaciones, de las cuales siete corresponden a estudios teóricos y siete a estudios empíricos, publicados entre los años 2013 y 2023. Ninguno de los estudios mapeados aborda directamente la discusión sobre los cuidados culturales en la atención psicosocial. No obstante, los textos contribuyen indirectamente a dicho debate, reforzando la necesidad de avanzar en la desinstitucionalización de la salud mental, en el reconocimiento de la diversidad cultural y subjetiva de grupos y poblaciones, así como en la inversión en habilidades interculturales e intersubjetivas que permitan la construcción de prácticas de salud mental culturalmente competentes.

Palabras clave: *cuidados culturales, atención psicosocial, antimanicomial, sufrimiento psíquico, reforma psiquiátrica.*

Résumé

Le débat sur les soins culturels dans les soins psychosociaux constitue une lacune dans le processus de la réforme psychiatrique brésilienne. Au moyen d'une revue intégrative, cette étude visait à analyser la production bibliographique nationale portant sur la relation entre les processus culturels, la souffrance psychique et l'offre de soins de santé mentale. Nous avons cherché à identifier dans quelle mesure la production brésilienne s'approche de la réflexion sur les soins culturels, c'est-à-dire la nécessité que l'organisation et les offres de soins psychosociaux soient réalisées à partir d'une lecture socialement située et culturellement sensible de la souffrance psychique, en intégrant les marqueurs sociaux de la différence. Au total, 14 publications ont été identifiées, dont sept études théoriques et sept empiriques, publiées entre les années 2013 et 2023. Aucune des études cartographiées n'aborde directement la discussion sur les soins culturels dans la prise en charge psychosociale. Cependant, les textes contribuent indirectement à la discussion, renforçant la nécessité de progrès dans la désinstitutionnalisation de la santé mentale, dans la reconnaissance de la diversité culturelle et subjective des groupes et des populations, ainsi que dans l'investissement dans des compétences interculturelles et intersubjectives qui ouvrent des possibilités pour la construction de pratiques de santé mentale culturellement compétentes.

Mots-clés : *soins culturels, soins psychosociaux, anti-asile, souffrance psychique, réforme psychiatrique.*

Within the field of *psychosocial care*, it is essential to consider the articulation between cultural processes, psychological distress, and the production of health care in order to intervene in diverse contexts based on multiple forms of knowledge. However, the debate on cultural care represents a significant gap in the Brazilian psychosocial care field. Although the Brazilian Psychiatric Reform (BPR) has a long trajectory of internationally recognized successful experiences (Amarante, 2020), major challenges persist in dismantling the hospital-centered, asylum-based care model that remains deeply rooted in society. Among these challenges is the effective implementation of culturally sensitive care.

During the 1990s, the anti-asylum movement and the BPR gained prominence in the Latin American context through the establishment of policies aimed at breaking with the psychiatric-asylum model, as well as through the implementation and expansion of a network of services to replace the asylum (Pérez et al., 2024). In 2001, amid intense contradictions and conceptual, ideological, and political disputes, the National Mental Health Policy (PNSM for short, in Portuguese) was proposed (Law No. 10,216/2001), in accordance with the principles of the Brazilian Unified Health System (SUS). The PNSM established new directions for service provision, particularly by setting guidelines for restructuring the asylum-based psychiatric care model toward community-based psychosocial care.

Since then, considerable efforts have been devoted to building and sustaining a network of services to replace psychiatric hospitals, organized in open settings and within individuals' spaces of sociability, guided by shared responsibility and continuity of territorial care. In 2011, despite numerous setbacks, this process culminated in the establishment of the Psychosocial Care Network (RAPS for short, in Portuguese), which formalized and ensured funding for multiple points of care as well as social and community-based services.

Grounded in expanded epistemological conceptions of mental suffering, care, and healing – focused on the production of knowledge and care practices committed to guaranteeing rights and citizenship (Sampaio & Bispo, 2021) – RAPS represents one of the most significant achievements of the BPR. Deinstitutionalization, understood as a political, ethical, and clinical process, constitutes its structuring principle, shifting the focus of care from a hospital-centered model to territorialized, singular, and inclusive care practices.

Inspired by the experience of Italian *Psichiatria Democratica*, deinstitutionalization is conceived as a "living utopia" (Fuganti, 2022), not as an idealized horizon but as a daily practice that recognizes the legitimacy of the experience of madness and its social value. This process entails reconfiguring the social contract of individuals experiencing psychological distress as citizens with rights, breaking with logics of exclusion and medicalization that delegitimize their existence.

This process also implies a paradigmatic inversion: rather than prioritizing the "cure" of mental illness, care becomes centered on the subject's existence-suffering, promoting their "subjective recovery" (Venturini, 2010, p. 143) and calling professionals, services, and territories to shared responsibility for comprehensive care. It thus represents an approach that combines emancipatory practices with the confrontation of structural inequalities that shape patterns of mental illness and care.

Some studies have been conducted to monitor the developments of the BPR, its advances, limits, and tensions, seeking to identify inconsistencies, fluctuations, and the extent to which responses to the social problem of madness have been achieved as well as the materialization of the emancipatory and libertarian perspectives of the anti-asylum struggle. In this context, contributions have emerged in different directions, offering important reflections relevant to *cultural care in psychosocial care*.

One of the most significant contributions addresses the effects of a psychiatric counter-reform aligned with private and philanthropic sector interests which, in times of ultra-neoliberalism, has fostered the resurgence of asylum-based logic. The

defunding of the PSNM, the precarization and dismantling of RAPS services (Lima & Guimarães, 2019), the presence of care gaps, and regional inequalities (Macedo et al., 2017) are among the numerous problems affecting the BPR process. These issues reflect inconsistencies in the reorientation of the care model in relation to the principles of the SUS and the PSNM (Fernandes & Oliveira, 2024).

Another important analytical strand focuses on the organization of services within RAPS and the daily work processes in mental health care, drawing attention to the updating of asylum-based logic both inside and outside health institutions as a mechanism of life management (Passos, 2023). A manicomial circuit of care (Nunes et al., 2022, p. 1) is thus produced through the continuous and often silent reinforcement of mechanisms of control, pathologization, stigmatization, and "psychopharmaceuticalization."

Within these critiques concerning the discontinuity of the theoretical-practical perspective of deinstitutionalization and the waning anti-asylum intentionality (Albrecht, 2022, p. 61) in the current BPR context, contributions have increasingly emphasized the need to radicalize an Anti-Asylum Psychiatric Reform (Borges & Almeida, 2021). Such a reform would require macro- and micropolitical shifts toward an antiracist, anticolonial psychosocial care model grounded in social justice and equity (David et al., 2024).

These critical perspectives have gained prominence in light of the exhaustion of theoretical-practical mental health approaches detached from the social world, which result in inequitable responses to the diversity of demands shaped by social life. Considering the ways in which inequality becomes visible through social markers of difference (gender, race, sexuality, origin, generation, bodily diversity, disability, among others) (Nardi et al., 2018, p. 6), the insufficiency and ineffectiveness of public mental health policies inevitably lead to reflection on culturally sensitive care in psychosocial care.

The perspective of cultural care in psychosocial care, as outlined in this study, is situated within the paradigm of the social determination of mental health, recognizing the inseparability of biological, psychological, and social dimensions in individual processes of illness (Viapiana et al., 2018). This approach emphasizes the centrality of psychosocial vulnerabilities rooted in territories, as well as the decisive influence of the availability, quality, and accessibility of health services on care trajectories (Dantas et al., 2020). It thus shifts the focus from psychological distress as a strictly individual phenomenon to its understanding as an expression of structural and contextual determinants shaping individuals' lives.

From this perspective, cultural care requires analyzing the impact of social markers of difference (e.g., social class, race/ethnicity, gender, sexuality, and generation) on the production of psychological distress. These markers constitute structuring dimensions that shape experiences of illness, influence access to services, and affect the ways individuals are cared for and provide care. Acting from a cultural care perspective therefore requires recognition of the cultural and subjective diversity of groups and populations, which is closely linked to systematic investment in intercultural and intersubjective skills. These competencies are essential for developing culturally sensitive mental health practices that are ethically committed to equity and social justice.

This understanding is particularly relevant as it confronts epistemologies and technologies that reproduce the epistemic enclosures of cultural Eurocentrism (Araújo, 2023, p. 43) and the power relations, hierarchies, and racism that have historically permeated and continue to permeate mental health and psychosocial care in Brazil (Benício & Barros, 2022, p. 62), denouncing their effects on health–disease–care processes. As such, it constitutes a critical strand of dialogue that is indispensable for the remodeling of mental health care delivery and management, without which the provision of cultural care in psychosocial care cannot be realized.

The production of culturally sensitive care does not depend solely on the cultural competence of individual workers, but also on the existence of organizational and political conditions that enable care provision to be structured according to territorial needs and demands, network-based work, and shared care to address local inequities. Consolidating the cultural care perspective further requires mobilizing processes for establishing guiding principles for practice in articulation with the social participation of users and culturally diverse groups, fostering meaningful learning from the individuals and populations served.

This article seeks to contribute to this perspective by offering a reflection based on Brazilian studies addressing the relationship between cultural processes, psychological distress, and the production of mental health care. It is argued that within the PSNM, confronting the colonial, racist, sexist, and universalist epistemic enclosures mentioned above, which hinder a socially situated and culturally sensitive understanding of psychological distress, remains a timid and incipient process in the Brazilian mental health public agenda, despite the legal recognition of care comprehensiveness and territorialization.

Accordingly, the proposition of cultural care in psychosocial care gains relevance due to its conceptual and ethical-political intersection with the theoretical-practical perspective of deinstitutionalization, which involves the deconstruction and overcoming of modes of knowledge, forms of relationships and violent practices as well as institutions and apparatuses of asylum and objectification of subjects through psychiatric diagnosis (Braga, 2019, p. 199). It is also aligned with decolonial and antiracist critiques of the supposed universality of psychological distress in terms of its structure, presentation, and meaning, regardless of culture and individual singularities (Sevalho & Dias, 2022).

Therefore, this integrative literature review aimed to analyze Brazilian bibliographic production concerning the relationship between culture, psychological distress, and health care, as well as the problematization of interculturality within the BPR. The aim was to identify the extent to which national research engages with reflections on cultural care, understood as the need for a socially situated and culturally sensitive approach to psychological distress that incorporates social markers of difference, contributing to an expanded understanding of mental health needs and the adequacy of care provision in addressing the challenges of interculturality within RAPS.

Method

This study consisted of an integrative literature review addressing the relationship between culture, psychological distress, and health care. The objective was to examine how this discussion has been positioned within the Brazilian Psychiatric Reform (BPR) following the establishment of the Psychosocial Care Network (RAPS), as well as how issues of interculturality and multiculturality are addressed in studies on the post-RAPS BPR context. The review was conducted between February and April 2024 and followed the criteria proposed by the PRISMA protocol. The search was carried out through the online platform of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) Journals Portal.

Only Brazilian publications from 2011 to 2024 were considered, a period corresponding to the implementation of RAPS in Brazil. The search strategy involved combinations of the following keywords in Portuguese: *atenção psicossocial* AND *cultura*; *atenção psicossocial* AND *cuidados culturais*; *atenção psicossocial* AND *interculturalidade*; *atenção psicossocial* AND *multiculturalidade*; *saúde mental* AND *cultura*; *saúde mental* AND *cuidados culturais*; *saúde mental* AND *interculturalidade*; *saúde mental* AND *multiculturalidade*; *desinstitucionalização* AND *cultura*; *desinstitucionalização* AND *cuidados culturais*; *desinstitucionalização* AND *interculturalidade*; *desinstitucionalização* AND *multiculturalidade*; *reforma psiquiátrica* AND *cultura*; *reforma psiquiátrica* AND *cuidados culturais*; *reforma psiquiátrica* AND *interculturalidade*; and *reforma psiquiátrica* AND *multiculturalidade*.

Inclusion criteria were i) studies conducted in Brazil; ii) articles published in peer-reviewed scientific journals; iii) texts that addressed, directly or indirectly, the relationship between culture and mental health within the context of the BPR; and iv) full-text availability through the CAPES Journals Portal. Exclusion criteria were i) duplicate articles identified in the searches; ii) texts that did not align with the thematic scope of the study after title and abstract screening; iii) international studies or those without authors affiliated with Brazilian institutions; and iv) publications in the format of editorials, letters to the editor, reviews, dissertations, or theses.

All references were exported to the Zotero reference manager. Duplicate records were removed, and the final sample was subsequently analyzed. After full-text reading, the studies were organized according to title, year of publication, journal name, journal field of knowledge according to the Qualis/CAPES classification, type of study (theoretical or empirical), main concepts presented, theoretical framework, methodology (quantitative or qualitative), final conclusions, and contributions to the focus of the study.

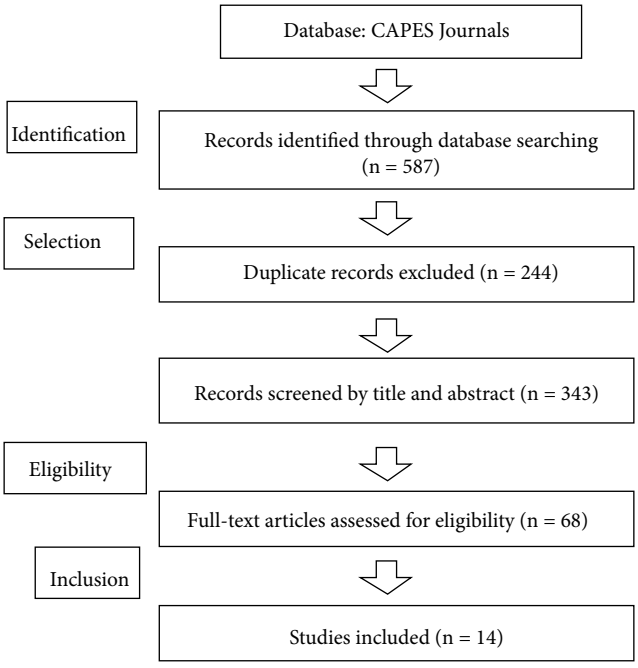
Data analysis was conducted through extensive reading and qualitative thematic analysis of the selected texts, following Souza (2019). This process comprised the following steps: data extraction, familiarization and thematic coding, identification and review of themes in light of the specialized literature, consolidation of themes, and presentation of the results.

Results

Initially, 587 articles were identified. After the removal of 244 duplicates, 343 titles and abstracts were screened. Of these, 68 articles were selected for full-text review. Most did not directly address the topic proposed in this study, resulting in the inclusion of 14 publications in the final sample (Figure 1).

Figure 1

Flow diagram of the study selection process.



The literature review resulted in 14 national publications, comprising 7 theoretical and 7 empirical studies, published between 2013 and 2023. According to the CAPES Journals Portal, the journals are distributed across the following fields: Public Health (n = 6), Psychology (n = 2), Public and Business Administration, Accounting, and Tourism (n = 1), Law (n = 1), Interdisciplinary Studies (n = 1), History (n = 1), Medicine II (n = 1), and Sociology (n = 1). From a methodological perspective, 13 studies adopted qualitative approaches, and 1 employed a mixed qualitative–quantitative methodology (Table 1).

Table 1

Characteristics of the studies included in the integrative review

Author/year	Title	Journal	Field of knowledge	Study type	Theoretical framework	Methodology and analytical axis
Costa & Braga (2013)	A culturally sensitive clinic oriented to popular culture in the care of severe psychological distress	*Fractal: Revista de Psicologia*	Psychology	Theoretical	Public/collective health and Paulo Freire's popular education	Conceptual analysis; Axis 3
Galvanese et al. (2013)	Art, culture, and care in psychosocial care centers	*Revista de Saúde Pública*	Public Health	Empirical	Public/collective health	Qualitative; Axis 1
Galvanese et al. (2016)	Art, mental health, and public care: traces of a culture of care in the history of the city of São Paulo	*História, Ciências, Saúde – Manguinhos*	History	Empirical	Public/collective health	Qualitative; Axis 1
Grama et al. (2016)	CONNECT – A measure of continuity of care in mental health services: cross-cultural adaptation and scale reliability	*Jornal Brasileiro de Psiquiatria*	Medicine II	Empirical	Not reported	Qualitative/ Quantitative; Axis 2
Mecca & Pinto (2017)	**The construction of the social memory of artistic productions in post–psychiatric reform mental health in Brazil**	***Revista Internacional Interdisciplinar INTERthesis***	**Interdisciplinary**	**Theoretical**	**Public/collective health**	**Conceptual analysis; Axis 1**

Amarante & Torre (2017)	Madness and cultural diversity: innovation and rupture in art and culture experiences of the Psychiatric Reform and the mental health field in Brazil	*Interface (Botucatu)*	Public Health	Theoretical	Public/collective health and sociocultural dimension	Conceptual analysis; Axis 1
Amarante & Torre (2018)	"Back to the city, Mr. Citizen!" – Psychiatric reform and social participation: from institutional isolation to the anti-asylum movement	*Revista de Administração Pública*	Public and Business Administration, Accounting, and Tourism	Theoretical	Public/collective health	Conceptual analysis; Axis 1
Dimenstein et al. (2018)	Mental health and psychosocial care: regionalization and comprehensive care management in the SUS	*Salud & Sociedad*	Public Health	Empirical	Public/collective health and the Colombian anthropologist Escobar	Qualitative; Axis 3
Menezes & Murta (2018)	Cultural adaptation of evidence-based preventive mental health interventions	*Psico-USF*	Psychology	Theoretical	Evidence-based mental health	Conceptual analysis; Axis 2
Cardozo et al. (2019)	Educational–communicative action in the relationship between social workers, families, and users: comprehensiveness in mental health care	*Saúde e Sociedade*	Public Health	Theoretical	Paulo Freire's educational action and Jürgen Habermas's communicative action	Conceptual analysis; Axis 3
Veronese (2020)	Solidarity economy, mental health, and art/culture: promoting the political rationality of the commons	*Polis*	Sociology	Empirical	Public/collective health and ethnography	Qualitative; Axis 1
Erazo-Chavez et al. (2021)	Cross-cultural adaptation of the Recovery Self-Assessment RSA-R Family/ Brazil: evidence of content-based validity	*Ciência & Saúde Coletiva*	Public Health	Empirical	Not reported	Qualitative; Axis 2
Honorato et al. (2022)	Toward anti-asylum training on the streets: screens, knowledge, cultures, and care	*Interface (Botucatu)*	Public Health	Empirical	Public/collective health and Institutional Analysis	Qualitative; Axis 1
Henriques (2023)	The white-asylumization of Brazilian mental health policy	*Argumentum*	Law	Theoretical	Socio-historical/ Fanonian studies	Conceptual analysis; Axis 3

The analysis of the material showed that national studies focusing on the relationship between culture, psychological distress, and health care, as well as on the problematization of interculturality and multiculturality within the scope of the BPR, remain scarce. The mapped literature is organized around three main axes: i) the role of art and culture in the deinstitutionalization of madness; ii) challenges related to the cross-cultural adaptation and validation of mental health assessment instruments; and iii) comprehensiveness in mental health care, traditional knowledge, popular culture, and racism in health.

Axis 1: The role of art and culture in the deinstitutionalization of madness

The first axis encompasses half of the included articles (n = 7) and brings together studies focused on what Amarante (2011) termed the cultural dimension of the BPR process. This dimension refers to the set of interventions and strategies aimed at transforming the place of madness in the social imaginary (p. 3), which has historically been associated with dangerousness, violence, maladjustment, and an alleged inability to establish social and symbolic relationships.

Throughout the BPR process, it has been recognized that transforming mental health services and care practices is insufficient without also transforming the social position of individuals labeled as "mad," their concrete living conditions, and without expanding levels of autonomy, sociability, and social inclusion for people experiencing psychological distress. For this reason, the Psychiatric Reform process has been marked by a large contingent of artistic and cultural initiatives aimed at promoting transformations in the social imaginary and in discursive practices concerning madness, diversity, and difference (Amarante & Nunes, 2018, p. 2071).

The studies included in this first axis present arguments and experiences aligned with this perspective, emphasizing culture as a powerful tool for transforming the social place of madness, particularly through experiences produced by those who live with psychological distress, medicalization, discrimination, and stigma. These studies highlight the importance of encouraging the participation of users and family members in the anti-asylum movement, recognizing such involvement as fundamental to the BPR process. They also stress the need for broader articulation with other social movements linked to human rights, access to land, housing, and work as well as the development of cultural practices and policies within the field of mental health.

The study by Amarante and Torre (2018) contextualizes the exclusion of madness and of individuals labeled as mad from social life and urban circulation, which restricts access to multiple rights, including culture. The authors address cultural rights and the promotion of cultural citizenship, understanding culture as a collective public asset rather than mere entertainment. The cultural movement within the BPR offers a strong critique of such exclusion, positioning itself as a powerful driver of political transformation and a source of social innovation for public policies aimed at redefining the right to urban spaces.

The article also addresses cultural colonization, understood as the imposition of dominant cultural models upon diverse cultures and socially diverse and marginalized groups. In this context, culture assumes a role of resistance, as individuals and communities challenge standards imposed by mainstream media and struggle for the expression of their own ideas and perspectives. The authors advocate for the preservation of memory, values, and cultural heritage, particularly of traditional communities and ethnic groups, and argue that art and culture have played a significant role in the social repositioning of madness and diversity, fostering their integration into urban life and democratic processes.

In prior research, Amarante and Torre (2017) indicate that one of the main innovations in the BPR over recent decades has been the emergence of a new field of artistic and cultural experiences characterized by the pursuit of autonomy by people experiencing psychological distress. These initiatives involve cultural interventions in the city, resulting in the production of cultural goods and values. Veronese (2020) corroborates this perspective, emphasizing the relevance of collaborative economic practices, the solidarity economy, and the promotion of autonomy through artistic and cultural expression within the BPR context. The author highlights the importance of user-led cultural production, product commercialization as a source of income, and the achievement of greater autonomy.

The study by Mecca and Pinto (2017) underscores the importance of culture as a fundamental social right and highlights the valorization of cultural diversity in mental health through the contributions of artistic and cultural groups that emerged either through funding policies of the Ministry of Culture or through resources from CAPS. The authors argue for the preservation of the social memory of these experiences, which contribute in two key ways to overcoming barriers, prejudice, and entrenched meanings associated with madness and individuals labeled as mad: they both create dispositifs to dynamize notions of madness and empower experiences through intersectoral collaboration with culture (p. 88) and function as strategies of resistance in the sphere of subjectivity production and of opening fissures within culture (p. 88).

Galvanese et al. (2016) investigated artistic and cultural practices in the production of mental health care, highlighting challenges related to caring through art and culture, incorporating artistic activities into urban spaces of coexistence, and overcoming a reductionist view of the relationship between mental health and art limited to therapeutic utility. Galvanese et al. (2013) further emphasize that the development of playful and cultural activities capable of producing care from a psychosocial rehabilitation perspective depends on health professionals' access to cultural assets and creative processes, recognition of these activities as part of coordinated team-based work, and the acknowledgment of all participants as genuine producers of culture.

Along similar lines, Honorato et al. (2022) argue that anti-asylum care in freedom involves coexistence with difference and diversity, and that confronting segregation, exclusion, and discrimination affecting people in psychological distress must occur within urban spaces and the everyday life of cities. The authors express particular concern with professional training and question whether it is possible to teach care in an anti-asylum, freedom-based framework. They argue that a concrete possibility emerges when the understanding of Psychiatric Reform transcends the boundaries of services and assistance and advances into territorial interventions, culture, and spaces where life unfolds – when anti-asylum care encounters the street and its diverse ways of knowing, doing, and educating (p. 2).

Overall, the authors conceive culture as a powerful strategy for fostering new life possibilities and diverse forms of social inclusion. Through cultural initiatives, it becomes possible to promote the subjective repositioning of individuals as well as to challenge traditional academic and professional training models. Culture thus represents a dual investment for mental health: it offers alternative modes of care while simultaneously proposing a new paradigm for professional education.

Axis 2: Challenges in the cross-cultural adaptation and validation of mental health assessment instruments

The second axis comprises three studies that highlight concerns regarding the appropriateness of mental health assessment tools and the construction of quality-of-care indicators across different cultural contexts. One such tool is

CONNECT, originally developed in the United States (Ware et al., 2003) to assess continuity of care in mental health services and designed for individuals with severe mental disorders. According to Grama et al. (2016), this instrument can support the development of actions and contribute to advances in the Brazilian Psychiatric Reform (BPR). Their study reveals the difficulties inherent in the cross-cultural adaptation of scales, particularly in ensuring adequate reliability values and satisfactory performance in diverse cultural settings.

Additional challenges were identified by Erazo-Chavez et al. (2021), who described the qualitative component of the cross-cultural adaptation process and presented evidence of content-based validity for the Recovery Self-Assessment (RSA-R) Family/Brazil version. This instrument was originally developed in the United States and is one of the most widely used scales in mental health services across several countries, as it assesses family members' participation in shared decision-making processes alongside care teams.

The authors indicate that, due to socioeconomic and cultural differences between Brazil and the United States, the cross-cultural adaptation of the RSA-R Family/Brazil faced four main challenges: i) autonomy in completing the instrument, which led to the decision to administer the questionnaire in an interview format; ii) the large number of items and the language used in the original version, which required advanced literacy skills, making it necessary to reduce the textual length of items and, with the support of a popular educator, adapt them to more accessible language; iii) the adaptation of the five-point agreement response scale, which involved creating simpler words for each scale point and incorporating visual elements; and iv) the adaptation of the concept of recovery, translated as "recuperação," following consensus achieved in a focus group with family members.

Menezes and Murta (2018), in their studies on the cultural adaptation of evidence-based preventive mental health interventions using the Planned Intervention Adaptation (PIA) Protocol, the Strengthening Families Program Adaptation Model (SFP_Ad), and ADAPT-ITT, identified four challenges associated with adopting international programs: i) the high cost of acquiring materials and licenses for international interventions, including translation expenses; ii) the need for systematic, methodologically rigorous adaptation guided by specific models, which makes the process resource-intensive; iii) the formation of teams composed of culturally competent professionals, researchers skilled in qualitative and quantitative methods, trained personnel to deliver the interventions, and community members who will receive the programs; and iv) the understanding that, without adequate cultural adaptation, outcomes may reinforce colonialist practices, waste time and financial resources, and cause harm to communities through culturally insensitive interventions that ignore local context and identity while imposing external customs and beliefs.

Axis 3: Comprehensiveness in mental health care, traditional knowledge, popular culture, and racism in health

The third axis brings together four studies that address issues related to the comprehensiveness of mental health care, traditional knowledge, popular culture, and racism in health. Cardozo et al. (2019) reflect on the potential of human relationships in mental health care through the integration of Paulo Freire's educational action approach and Jürgen Habermas's theory of communicative action. The authors propose a theoretical construct termed "educational–communicative action" within psychosocial care, aimed at promoting emancipatory and anti-asylum care through listening, dialogue, language, culture, horizontality, and education.

Educational–communicative action can foster the creation of dialogical spaces that allow professionals to recognize and understand the cultural aspects of each family, thereby strengthening bonds and expanding possibilities for mental health care in freedom. According to the authors, culture plays a fundamental role in expressing a way of being in the world, one that reveals vulnerabilities and potentials for empowerment and the exercise of mental health care (Cardozo et al., 2019, p. 171). In this sense, the text emphasizes the ethical–political dimension of care, valuing diversity and promoting horizontal relationships between users and workers, making care practices more responsive to people's needs and cultural contexts.

Along similar lines, Costa and Braga (2013) argue that it is essential to rethink the cultural and existential place of individuals facing severe psychological distress. Beyond combating stigma, they advocate transforming substitute mental health services into environments conducive to historical reconstruction and social inclusion. The authors propose approaches to caring for severe psychological distress grounded in sensibility and popular culture, which they view as a strategic resource for the deinstitutionalization of madness.

Their study is guided by Paulo Freire's Popular Education perspective, which involves working with each individual's life project, drawing on their potentials and health-oriented aspirations, and using symbols from popular culture. The authors also highlight the need for services to recognize the active role of people in distress, encourage dialogue among different forms of knowledge, without hierarchical superiority or exclusion of difference, and incorporate clinical resources derived from popular culture. The study emphasizes that severe psychological distress results from individuals' difficulty in finding culturally meaningful forms of expression, thus requiring care approaches sensitive to integrating these subjects into the world through cultural transformations that enable the emergence of individual singularities.

Henriques (2023) introduces the concept of "white-asylumization," understood as a mechanism of social control and institutionalization that disproportionately affects Black populations. The author examines its relationship with the historical mandatory confinement of these populations in psychiatric hospitals and/or carceral institutions, as well as its manifestations within the PNSM and clinical care practices. Drawing on the work of Black psychiatrist and philosopher Frantz Fanon, Henriques argues that colonial violence structures asylum ideology as a moral line of care for Black and peripheral populations (Henriques, 2023, pp. 226-228). According to the author, dismantling the "colonial, racist, and asylum-based constraints" produced by whiteness is essential. This requires building an anti-asylum, antiracist, and antiprohibitionist Black interprofessional practice capable of implementing anti-ableist, antiracist, antisexist, and anti-LGBTQIA+ actions that promote deinstitutionalization and reordering positions of power and decision-making at all levels of the PNSM and RAPS. Henriques further emphasizes that the situation of Indigenous peoples and Afro-Brazilian religious communities is even more severe, as psychosocial care constructed within an anti–white-asylum logic has been largely neglected and their cultural belonging systematically disregarded.

The study by Dimenstein et al. (2018) on mental health in primary health care (PHC) engages directly with these discussions by problematizing regionalization and comprehensiveness of care based on findings from the National Program for Improving Access and Quality of Primary Care (PMAQ). The authors draw attention to regional inequalities in service availability, physical infrastructure, and qualified human resources, highlighting the existence of care gaps across the country. They also note substantial regional variation in population health needs, morbidity and mortality profiles, demographic dynamics, and patterns of territorial occupation.

Nevertheless, the authors identified weaknesses in teams' capacity to respond adequately to different cultural and territorial realities. Two PHC attributes emerged as particularly fragile: community orientation and cultural competence. Both relate to teams' knowledge of populations' living and working contexts, their diverse health needs shaped by ethnic and cultural characteristics and conceptions of health and illness as well as the need to offer singular therapeutic strategies aligned with the diversity of mental health demands. Together, these attributes underscore the centrality of culture, individual singularities, and social contexts as indispensable components of mental health care.

Discussion

The analysis of the selected material indicated that national studies approach, to varying degrees, the problematization initially proposed in this study. Cultural care in psychosocial care is understood to be grounded in a multidimensional and historical perspective, as well as in the recognition that subjects and subjectivities are socially and culturally constituted. This analytical lens is particularly prominent in studies within Axes 1 and 3. Such a perspective maintains that "it is not possible to provide health care without relating it to other elements beyond biological ones, such as historical, social, political, economic, religious, and cultural factors" (Raymundo, 2013, p. 218).

Psychological distress is also understood as a matter of inequality, oppression, intolerance, and the marginalization of subjects and populations (Basaglia, 1979). Studies in the first axis adopt this line of analysis, emphasizing not only the potentialities of individuals labeled as "mad" and the value of their experiences, but also processes of social emancipation, the guarantee of rights, and the expansion of autonomy and social inclusion, elements that are fundamental to deinstitutionalization and to an anti-asylum psychiatric reform.

Moreover, authors across all three axes appear to share the understanding that the adequacy of health care results from the interweaving of multiple dimensions and involves listening to needs and employing singular, culturally sensitive, congruent, and competent care technologies, going beyond preformulated technical responses. This is particularly evident in the concerns raised by authors in Axis 2 regarding the use of culturally decontextualized assessment tools, and in studies within Axis 3 addressing racism, access barriers, and the lack of adequacy in service organization and care provision in relation to territories, cultures, beliefs, and worldviews.

With regard to the inclusion of culture as a fundamental component of psychosocial care, studies in Axis 3 are more closely aligned with the proposal advanced in this article to conceive bodies, subjectivities, suffering, and care as culturally constituted. According to Hennigen and Guareschi (2006, p. 58), the subject comes to be understood as constituted by culture, which is taken as a social practice that, by forging meanings, produces truth effects and institutes ways of living, being, understanding, and explaining oneself and the world.

In this way, the studies make visible health inequalities and the cultural distance between services, professionals, and users, which are shaped by social markers of difference such as gender, race/ethnicity, sexuality, social class, and region. These aspects are directly related to psychosocial care practice, the health–disease–care process, health inequities, inequalities in care provision and access, and the limited effectiveness and resolvability of health practices.

Accordingly, these studies warn that sustaining the anti-asylum struggle and its ethical–political force, as well as reordering psychosocial care from an emancipatory perspective, requires culturally sensitive strategies attuned to the characteristics of territories and populations. If the audacity inaugurated by the anti-asylum movement was to promote an

intervention in culture in order to create spaces and possibilities for accommodating difference (Abou-Yd, 2007, p. 54), the paths taken thus far indicate that continued struggle is necessary to prevent the anti-asylum psychiatric reform process from becoming entrenched in reformist perspectives.

For Vasconcelos (2012, p. 16), addressing current fragilities depends on the extent to which we advance in contextual analyses and evaluations of economic, political, and social processes that stimulate or may generate setbacks in the consolidation of social, health, and mental health policies, i.e., in understanding the structural limits present in peripheral countries such as Brazil, alongside analyses of the micropolitics of professional practices and the political-institutional strategies required for the paradigmatic and operational transformation of BPR.

Moving further, our proposition is to emphasize the ethical–political challenge of constructing a theoretical and technological framework for the PNSM grounded in concrete subjects, forged in and through culture, in diverse and unequal ways as effects of social markers of difference. We argue that achieving effective and culturally competent therapeutic interventions requires professionals to develop specific practical skills to deal with small and large alterities within clinical practice (Seabra et al., 2023, p. 4).

Such skills include, for example, the ability to analyze the influence of culture on psychological distress using a theoretical–conceptual tool for analyzing systems and categories of classification that organize social life, enabling the understanding of systems of inequality and the production of asymmetries (Melo et al., 2020, p. 1065), particularly with regard to the health–disease–care process, as proposed by the perspective of social markers of difference and their intersections.

Thus, the proposal of cultural care in psychosocial care challenges naturalistic discourses on psychological distress by assuming the sociocultural weaving of illness processes and their diversity, as categories of differentiation intersect in the everyday experiences of individuals and populations.

Final Considerations

Literature review initially revealed that national production articulating cultural care, interculturality, deinstitutionalization, and psychiatric reform remains limited. It is possible that such discussions are embedded within the extensive national literature on mental health, particularly in studies addressing difficulties in implementing expanded clinical approaches and comprehensive care. Second, it became evident that the problematization of cultural care in psychosocial care remains limited both in national studies and within the PNSM itself, constituting a significant gap in the BPR process.

Notably, none of the studies directly addresses cultural care in psychosocial care — a notion that should not be conflated with the cultural dimension of BPR, but rather refers to the ethical–political dimension of the anti-asylum struggle, which demands differentiated and context-sensitive responses to mental health needs. Cultural care is associated with an understanding of social determination processes, the effects of social markers of difference on the production of psychological distress, and the organization and provision of care that is sensitive to culturally diverse needs and demands identified within territories.

Nevertheless, the mapped studies contribute to reinforcing the need for advances in mental health deinstitutionalization, recognition of the cultural and subjective diversity of groups and populations, and investment in workers' intercultural and intersubjective skills, thereby opening possibilities for the construction of culturally competent mental health practices.

In sum, although the discussion of cultural care in psychosocial care is tangentially addressed in several studies, this review indicates that sustaining the revolutionary features of the anti-asylum psychiatric reform — one that embraces difference — depends on shifting away from universalist and abstract reference points regarding subjects, psychological distress, and practices of mental health care and management. Such hegemonic frameworks reduce alterity, inequality, and asymmetry to mere abstractions, thereby weakening the transformative potential of BPR.

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How to cite:

Dimenstein, M. D. B., Gomes, R. W. S., Simoni, A. C. R., Lima, V. H. B., Silva, B. I. B. M., Martins, L. F., Ronzani, T. M., & Macedo, J. P. (2025). Cultural Care in Psychosocial Care: Contributions to Anti-asylum Psychiatric Reform. *Revista Subjetividades, 25*(2), e16962. https://doi.org/10.5020/23590777.rs.v25i2.e16962

Correspondence address:

Magda Diniz Bezerra Dimenstein
E-mail: magda.dimenstein@ufrn.br

Ryanne Wenecha da Silva Gomes
E-mail: ryannewenecha@hotmail.com

Ana Carolina Rios Simoni
E-mail: carolina.rios@ufrn.br

Victor Hugo Belarmino Lima
E-mail: victorbelarmino1992@gmail.com

Brisana Índio do Brasil de Macêdo Silva
E-mail: brisanaindio@gmail.com

Leonardo Fernandes Martins
E-mail: leomartinsjf@gmail.com

Jáder Ferreira Leite
E-mail: jaderfleite@gmail.com

Telmo Mota Ronzani
E-mail: tm.ronzani@gmail.com

João Paulo Sales Macedo
E-mail: jpmacedo@ufdpar.edu.br

Received on: *05/23/2024.*
Accepted on: *08/13/2025.*