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The role of the Psychosocial Care Center in promoting citizenship and social reintegration for service users with mental disorders: a literature review

O papel do Centro de Atenção Psicossocial na promoção da cidadania e reinserção social de usuários com transtornos mentais: uma pesquisa bibliográfica

El papel del Centro de Atención Psicosocial en la promoción de la ciudadanía y la reinserción social de personas usuarias con trastornos mentales: una investigación bibliográfica

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Abstract: This article analyzes the role of the Psychosocial Care Center (CAPS) in the context of Brazilian mental health, investigating how this service works to promote citizenship and social reinsertion for people with mental disorders within the scope of the Unified Health System (SUS). It is characterized as qualitative literature research, of an exploratory and descriptive nature, guided by the perspective of Critical Social Psychology and the anti-asylum model. The investigation addresses the historical trajectory of deinstitutionalization following Law No. 10,216/2001 and presents the operational modalities of CAPS. Territorial care practices are analyzed, such as qualified reception and peripatetic clinic, highlighting the importance of transdisciplinarity and articulation in "living networks". Finally, daily obstacles are highlighted, such as persistent social stigma, the bureaucratization of routines, and gaps in intersectoral integration. It concludes that care in freedom requires continuously challenging asylum-like practices to guarantee the full right to citizenship.
Keywords: Psychosocial Care Center; Citizenship; Social Reinsertion; Mental Health; Unified Health System.

Resumo: O presente artigo analisa o papel do Centro de Atenção Psicossocial (CAPS) no contexto da saúde mental brasileira, investigando como esse dispositivo atua para promover a cidadania e a reinserção social de pessoas com transtornos mentais no âmbito do Sistema Único de Saúde (SUS). Caracteriza-se como uma pesquisa bibliográfica qualitativa, de caráter exploratório e descritivo, orientada pela perspectiva da Psicologia Social Crítica e do modelo antimanicomial. A investigação aborda a trajetória histórica da desinstitucionalização a partir da Lei nº 10.216/2001 e apresenta as modalidades operacionais dos CAPS. Analisam-se práticas territoriais de cuidado, como o acolhimento qualificado e a clínica peripatética, destacando-se a importância da transdisciplinaridade e da articulação em "redes vivas". Por fim, evidenciam-se os entraves enfrentados no cotidiano, como o estigma social persistente, a burocratização de rotinas e as falhas na articulação intersetorial. Conclui-se que o cuidado em liberdade exige tensionar continuamente práticas de manicomialização para garantir o direito pleno à cidadania.
Palavras-chave: Centro De Atenção Psicossocial; Cidadania; Reinserção Social; Saúde Mental; Sistema Único de Saúde.

Resumen: Este artículo analiza el papel del Centro de Atención Psicosocial (CAPS) en el contexto de la salud mental brasileña, investigando cómo este dispositivo actúa para promover la ciudadanía y la reinserción social de personas con trastornos mentales en el Sistema Único de Salud (SUS). Se caracteriza como una investigación bibliográfica cualitativa, de carácter

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

exploratorio y descriptivo, orientada por la Psicología Social Crítica y el modelo antimanicomial. La investigación aborda la trayectoria histórica de la desinstitucionalización a partir de la Ley n.º 10.216/2001 y presenta las modalidades operativas de los CAPS. Se analizan prácticas territoriales de cuidado, como la acogida cualificada y la clínica peripatética, destacando la importancia de la transdisciplinariedad y la articulación en "redes vivas". Finalmente, se evidencian obstáculos cotidianos como el estigma social persistente, la burocratización de las rutinas y las deficiencias de articulación intersectorial. Se concluye que el cuidado en libertad exige cuestionar continuamente las prácticas de manicomialización para garantizar el derecho pleno a la ciudadanía.
Palabras clave: Centro de Atención Psicosocial; Ciudadanía; Reinserción social; Salud mental; Sistema Único de Salud.

1. Introduction

Mental health occupies a central place in the public policies of the Brazilian Unified Health System (SUS) because of its direct impact on quality of life, the exercise of rights, and community participation. In Brazil, Psychosocial Care Centers (CAPS) are strategic territorial services guided by care in freedom, established in opposition to hospital-centered, segregating, and asylum-based practices. In addition to providing therapeutic and clinical support, CAPS coordinate the protection of rights, the rebuilding of emotional bonds, and the strengthening of service users' autonomy.

The relevance of this investigation rests on the need to understand how CAPS promote pathways to citizenship and social reintegration in everyday life. The research draws on Critical Social Psychology, rejecting purely biological or individualizing approaches to psychological distress and interpreting individuals and their health needs as historically and socially determined constructions. From this perspective, psychology professionals work to dismantle prejudice, coordinate support networks, and continuously defend the "right to have rights."

The research problem guiding this study asks: what difficulties and limitations hinder the implementation of care in freedom and the promotion of citizenship and social reintegration for CAPS service users in the current SUS context? The hypothesis is that CAPS face contradictions arising from the distance between anti-asylum legislation and the operational reality of services. Challenges such as social stigma, insufficient resources, and weaknesses in intersectoral integration partially limit social reintegration initiatives.

The general objective of this article is to analyze the challenges faced by CAPS in implementing care in freedom, promoting citizenship, and contributing to service users' social

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

reintegration within SUS. It thus seeks to identify the strategies and practices used by CAPS to promote citizenship and social reintegration; assess the importance of interdisciplinary work in strengthening the service's activities; and analyze the challenges and barriers faced by services in the social inclusion process.

The relevance of the article is justified by its social and scientific significance. Socially, it seeks to consolidate CAPS as spaces of welcoming care and guaranteed rights in response to the history of exclusion experienced by people in psychological distress. Scientifically, it contributes to psychology by highlighting contradictions and gaps in the network's operation, providing a basis for professional development and the improvement of public policies.

2. Methodology

This study is bibliographical and qualitative, with an exploratory character intended to broaden understanding of the concepts of citizenship, mental health, and social reintegration. It is also descriptive, as it aims to organize and present how CAPS are structured and operate within Brazilian mental health public policies. The approach was qualitative because it values critical interpretation of the texts analyzed, prioritizing depth of reflection over data quantification (Minayo, 2014).

The objective was to understand, through scientific literature and official documents, the role of Psychosocial Care Centers (CAPS) in promoting citizenship and social reintegration for service users with mental disorders, highlighting both the relevance of interdisciplinary work in this process and the difficulties encountered. According to Gil (2008), bibliographical research consists of analyzing previously published works, allowing researchers to deepen their knowledge of a topic through established theoretical frameworks. Marconi and Lakatos (2010) emphasize that this type of investigation is fundamental to identifying contributions, limitations, and gaps in academic and institutional discussions. The methodological choice is therefore justified because the analysis relied on documentary and theoretical sources rather than direct empirical observation.

The literature search was conducted in the PePSIC[3] academic database, selecting scientific articles, books, theses, dissertations, and documents published between 2011 and 2026. This time frame was defined as encompassing the enactment of Law No. 10,216/2001, a milestone in Brazilian Psychiatric Reform, through to more recent publications addressing

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

current mental health challenges. It should be emphasized that this time frame does not apply to classic works and theoretical foundations by key authors of Psychiatric Reform, such as Franco Basaglia and Paulo Amarante, whose inclusion is justified by their historical and conceptual value and their indispensable contribution to grounding the subject of study.

[3] Available at: https://pepsic.bvsalud.org/scielo.php

The following descriptors were used in the search: “CAPS,” “citizenship,” “social reintegration,” and “multidisciplinary work.” Inclusion criteria encompassed: (a) texts available in Portuguese; (b) publications directly discussing mental health public policies; (c) studies relating CAPS to social inclusion and interdisciplinarity; and (d) classic works and historical references on Psychiatric Reform and Psychosocial Care. Duplicate or incomplete works and those not centrally addressing the research objectives were excluded. To delimit the selection process more precisely, filters were applied relating to Brazilian scientific production, the Portuguese language, psychology, the humanities, and health sciences, as well as clear availability of texts for consultation and citation. The CAPS search initially identified 490 articles, of which 16 were selected after applying the established filters. The citizenship search found 3057 articles, with 18 included after applying the defined criteria. For social reintegration, 352 articles were identified, of which 9 remained after filtering. For multidisciplinary work, 666 articles were found, with 7 included after applying the criteria. In addition to these searches, the results were not directly added together because the same article could be identified through more than one search strategy, creating duplication among the results.

After analyzing the materials' relevance and compliance with the established criteria, 8 scientific articles and 4 books were selected and used to construct the theoretical framework. Selection was conducted clearly and specifically, considering each material's contribution to understanding the role of CAPS in promoting citizenship and social reintegration.

3. Development

Psychosocial Care Centers (CAPS) are strategic territorial and community-based health services forming part of the core services of the Unified Health System (SUS). Their creation and expansion are direct outcomes of the Brazilian Psychiatric Reform movement, a complex social, political, and epistemological process seeking to overcome the asylum model, centered

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

on psychiatric hospitals and segregation, in favor of a model based on care in freedom (Amarante, 2007). Historically, the traditional asylum model was characterized by exclusion, institutional violence, and human rights violations, treating madness as an object of social containment and the erasure of subjectivity rather than a health condition (Amarante, 2007).

The theoretical and practical critique of this paradigm is grounded in Franco Basaglia's contributions and the experience of Italian Democratic Psychiatry. In The Institution Denied, Basaglia (1985) reveals that psychiatric hospitals operate as mechanisms of social control and oppression, in which the asylum structure produces an “institutional illness” superimposed on the original psychological distress. Faced with this reality, Basaglia (2005) advocates the destruction of the psychiatric hospital as a site of institutionalization, arguing that true therapeutic action can occur only in freedom and within the social fabric. Deinstitutionalization therefore requires dismantling asylum-based knowledge and practices so that new forms of welcoming care and guaranteed rights can be created for people experiencing psychological distress.

In Brazil, the reform movement took decisive shape during redemocratization, driven by the Mental Health Workers' Movement (MTSM) and supported by milestones such as the First National Mental Health Conference and the Bauru Charter in 1987 (Amarante, 2007). This trajectory culminated in approval of the reform's legal framework: Federal Law No. 10,216, of April 6, 2001. This legislation provides for the protection and rights of people with mental disorders and redirects the care model, stipulating that psychiatric hospitalization should be used only as a last resort and prioritizing treatment in territorial community-based services (Brasil, 2001).

To implement and organize these guidelines within SUS, the Ministry of Health established CAPS as the coordinating and substitute service responsible for organizing territorial care and promoting psychosocial rehabilitation. To address different population needs and levels of complexity, CAPS are classified into distinct modalities defined by ministerial ordinances, notably Ordinance GM/MS No. 336/2002: CAPS I: intended for municipalities with populations between 20,000 and 70,000. CAPS II: for municipalities with populations between 70,000 and 200,000. CAPS III: the most complex modality, for municipalities with more than 200,000 inhabitants. It operates 24 hours a day, including holidays and weekends, and provides overnight accommodation beds, generally 8 to 12, for service users in crisis requiring intensive observation, replacing traditional hospitalization. CAPS i: specialized in

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

caring for children and adolescents. CAPS AD (Alcohol and Drugs): specialized in caring for service users with disorders arising from psychoactive substance use. CAPS AD III: combines specialization in alcohol and drugs with 24-hour operation and overnight accommodation beds, making it crucial for managing crises and withdrawal. Furthermore, to implement care in freedom, daily CAPS practices depart from the traditional outpatient or hospital model. Care is based on a set of dynamic therapeutic strategies guided by each service user's individual needs.

Among the service's fundamental practices, welcoming care stands out as the point of entry. For Moreira, Torrenté, and Jucá (2018), during mental health crises, welcoming care should ensure comprehensive attention and skilled listening. What is at stake is recognizing psychological distress as a subjective experience, considering its context of origin as well as the individual's singularity, potential, and way of life when providing care.

CAPS thus cease to be merely spaces and become the primary settings for interventions. Direct intervention in service users' everyday lives requires dismantling the physical boundaries of the health facility. In this regard, Lancetti (2016) formulates the concept of the “peripatetic clinic,” indicating that therapeutic action should take place on the move, through streets, neighborhoods, and everyday spaces, so that care is produced where individuals live, circulate, and establish relationships. These territorial activities aim to enable social reintegration, making it essential to understand the specificity of this concept in public policy: as the Ministry of Justice (2011) points out, “insertion” must be distinguished from “integration.” Whereas integration presupposes passive adaptation to prevailing social norms, social reintegration is a more substantial process, presupposing that individuals have at some point lost their condition of belonging and require specific strategies to rebuild social ties and autonomy (Brasil, 2011).

The complexity of psychological distress and the demands of social reintegration make interdisciplinary work central to sustaining CAPS practices. Multiprofessional work requires overcoming fragmented knowledge and collectively constructing therapeutic proposals. In this context, Oliveira and Szapiro (2020) explain that the expanded clinic advocates individualized clinical practice, treating each case as unique while engaging with and critically incorporating other knowledge and guidelines, addressing issues such as therapeutic bonds, problem-solving capacity, and accountability (Bonfada et al., 2012). Broadening clinical practice shifts the exclusive focus from symptoms to individuals in their socio-affective entirety, requiring both the team and service users to take responsibility for planning and delivering care.

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

Beyond teams' internal integration, strengthening CAPS activities depends on coordination with other health and territorial care services. Technical knowledge of psychosocial clinical care and network operation is fundamental to coordination and integration among services, whether in general health or mental health specifically (Vieira et al., 2020). Following this premise, health services' commitment to the population would be to provide the best possible outcome, seeking to meet service users' needs even when no ready-made solution exists, developing one jointly with services in the care network, whether in primary care or elsewhere (Vieira et al., 2020). This relational and intersectoral dynamic is sustained through everyday encounters. Such coordination occurs through “living networks” formed by different people in everyday life (Merhy et al., 2014). The concept reinforces that mental health care extends beyond the system's formal and bureaucratic flows and is produced through real, affective, and operational connections among workers, service users, families, and community support networks.

Despite advances in the regulatory and conceptual framework guiding the psychosocial model, implementing care in freedom and promoting citizenship through CAPS face severe limitations and barriers in the current SUS context.

Discussion of citizenship and human rights in mental health is linked to recognition of individuals' political dignity. From Hannah Arendt's perspective, analyzed by Mellegari and Ramos (2011), citizenship is expressed fundamentally through the guarantee of the “right to have rights” and individuals' inclusion in a public space where their voices and existence have visibility and value. However, in social structures marked by inequality, fully exercising citizenship becomes a contested field. As Fleury (2018) discusses, relationships among capitalism, democracy, and citizenship generate profound contradictions in social policies, requiring ongoing resistance to secure minimum social rights and prevent the deterioration of public care. In sociology, law, and public policy, “citizenship” and “social reintegration” are pillars for understanding the relationship between individuals and society. Although often used in different contexts, they are deeply interdependent. Citizenship can be understood as full membership in a political community, while social reintegration refers to the process through which individuals emerging from systems of exclusion seek to regain this status. For Marshall (1967, cited in Fleury, 2018), citizenship is a status granted to full members of a community, whose historical development occurred in three dimensions:

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

1. Civil rights: achieved in the eighteenth century, these concern individual freedoms, including freedom of expression and movement and the rights to property and justice.
2. Political rights: consolidated in the nineteenth century, these guarantee the right to participate in the exercise of political power, including voting and standing for election.
3. Social rights: emerging in the twentieth century, these ensure participation in collective wealth, guaranteeing minimum standards of well-being, including health, education, and social security.

In everyday service provision, a major social obstacle to users' reintegration is the persistence of prejudice and stigma associated with mental disorders. A study on stigma related to “madness” stated that, despite investment in a national mental health policy, cultural changes do not occur in society as an immediate response to legislative changes; therefore, the effects of new mental health practices on service users' lives remain insufficiently understood (Nunes; Torrenté, 2009, cited in Souza et al., 2011). According to this study, difficulties even arise in identifying which relational dimensions should receive the greatest effort to help destigmatize mental disorders and their consequences (Nunes; Torrenté, 2009, cited in Souza et al., 2011).

Furthermore, psychosocial care services themselves face internal institutional limitations that compromise their capacity for inclusion. For Lancetti (2016), a major obstacle for CAPS is their self-centeredness and limited openness to the territory. This can translate into rigid eligibility requirements for treatment or inflexible routines, making access very difficult. This bureaucratic stance strips CAPS of their community character, bringing them closer to closed outpatient dynamics.

Finally, the integration challenges of the Psychosocial Care Network (Vieira et al., 2020) and difficulties in intersectoral coordination show that social reintegration cannot be carried out by the health sector alone. These bottlenecks become even more complex when addressing populations facing extreme vulnerability and institutionalization, as in the model of care for people with mental disorders in conflict with the law (Brasil, 2011). Understanding and analyzing these structural, cultural, and organizational limitations affecting everyday CAPS work is indispensable to strengthening interdisciplinary work, overcoming access barriers, and ensuring that care in freedom becomes an effective practice of social transformation and guaranteed rights within SUS.

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

4. Final considerations

The literature analysis shows that understanding the work of Psychosocial Care Centers (CAPS) requires situating them within the historical and political trajectory of Brazilian Psychiatric Reform. The consolidation of Federal Law No. 10,216/2001 and regulation of CAPS modalities established the regulatory framework for "care in freedom," decentralizing care and making the territory the primary locus of intervention.

The promotion of citizenship clearly faces structural barriers imposed by the social contradictions of contemporary capitalism (Fleury, 2018). At the microinstitutional level, significant obstacles persist: enduring social stigma and prejudice (Nunes; Torrenté, 2009, cited in Souza et al., 2011), bureaucratic rigidity and the self-centeredness of some CAPS (Lancetti, 2016), and weaknesses in intersectoral coordination and care for vulnerable populations (Vieira et al., 2020).

Therefore, strategies such as skilled welcoming care during crises (Moreira; Torrenté; Jucá, 2018) and the "peripatetic clinic" (Lancetti, 2016) seek to break through institutional walls to operate directly where service users' lives unfold. For this practice to rebuild autonomy rather than merely produce passive integration (Brasil, 2011), teamwork must operate from a transdisciplinary perspective. Sustaining care requires an expanded and individualized clinical approach (Oliveira; Szapiro, 2020; Bonfada et al., 2012), integrated into the health network (Vieira et al., 2020) and woven through everyday "living networks" of affection and community ties (Merhy et al., 2014).

References

AMARANTE, Paulo (coord.). Loucos pela vida: a trajetória da reforma psiquiátrica no Brasil. [Mad about life: the trajectory of psychiatric reform in Brazil.] 2. ed. Rio de Janeiro: Editora Fiocruz, 2007.

BASAGLIA, Franco. A instituição negada: relato de um hospital psiquiátrico. [The institution denied: report from a psychiatric hospital.] 3. ed. Rio de Janeiro: Graal, 1985.

BASAGLIA, Franco. A destruição do Hospital Psiquiátrico como lugar de institucionalização. [The destruction of the psychiatric hospital as a site of institutionalization.] In: BASAGLIA, Franco. Escritos selecionados em saúde mental e reforma psiquiátrica. [Selected writings on mental health and psychiatric reform.] Rio de Janeiro: Garamond, 2005. p. 23-34.

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

BONFADA, Diego et al. A integralidade da atenção à saúde como eixo da organização tecnológica nos serviços. [Comprehensiveness of health care as the axis of technological organization in services.] Ciência & Saúde Coletiva, Rio de Janeiro, v. 17, n. 2, p. 555-560, 2012. DOI: https://doi.org/10.1590/S1413-81232012000200028.

BRASIL. [Law No. 10,216, of April 6, 2001]. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. [Provides for the protection and rights of people with mental disorders and redirects the mental health care model.] Diário Oficial da União: seção 1, Brasília, DF, ano 138, n. 69, p. 2-3, 9 abr. 2001.

BRASIL. Ministério da Justiça. Secretaria Nacional de Justiça. Modelo de atenção às pessoas com transtorno mental em conflito com a lei. [Model of care for people with mental disorders in conflict with the law.] Brasília, DF: Ministério da Justiça, 2011.

BRASIL. Ministério da Saúde. Ordinance No. 336, of February 19, 2002. Estabelece as modalidades de serviços dos Centros de Atenção Psicossocial (CAPS). [Establishes service modalities for Psychosocial Care Centers (CAPS).] Diário Oficial da União: seção 1, Brasília, DF, 20 fev. 2002. Available at: https://patriciamagno.com.br/wp-content/uploads/2015/09/Portaria-Ministerial-336-19-de-fevereiro-de-2002.pdf . Accessed: September 15, 2026.

FLEURY, Sonia. Capitalismo, democracia, cidadania – contradições e insurgências. [Capitalism, democracy, citizenship – contradictions and insurgencies.] Saúde em Debate, Rio de Janeiro, v. 42, n. esp. 3, p. 108-124, 2018. Available at: https://www.scielo.br/j/sdeb/a/ntGj7pCwDCdsS7spgymPMQf/?lang=pt. Accessed: September 5, 2026.

GIL, Antonio Carlos. Como elaborar projetos de pesquisa. [How to develop research projects.] 4. ed. São Paulo: Atlas, 2008.

LANCETTI, Antonio. Clínica peripatética. [Peripatetic clinical practice.] São Paulo: Hucitec, 2016.

MARCONI, Marina de Andrade; LAKATOS, Eva Maria. Fundamentos de metodologia científica. [Foundations of scientific methodology.] 7. ed. São Paulo: Atlas, 2010.

MELLEGARI, Iara Lucia; RAMOS, Cesar Augusto. Direitos humanos e dignidade política da cidadania em Hannah Arendt. [Human rights and the political dignity of citizenship in Hannah Arendt.] Princípios: Revista de Filosofia, Natal, v. 18, n. 29, p. 149-178, 2011.

MERHY, Emerson Elias et al. Redes vivas: multiplicidades girando as existências, sinais da rua. Implicações para a produção do cuidado e a produção do conhecimento em saúde. [Living networks: multiplicities revolving around existences, signs from the street. Implications for producing care and health knowledge.] Divulgação em Saúde para o Debate, Londrina, n. 52, p. 153-164, 2014. Available at: https://pesquisa.bvsalud.org/portal/resource/pt/lil-774076. Accessed: September 5, 2026.

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Ano VII, v.1 2026 | submissão: 24/10/2026 | aceito: 31/10/2026 | publicação: 05/11/2026

MINAYO, Maria Cecília de Souza. O desafio do conhecimento: pesquisa qualitativa em saúde. [The challenge of knowledge: qualitative research in health.] 14. ed. São Paulo: Hucitec, 2014.

MOREIRA, Cássia do Carmo; TORRENTÉ, Maurice de O. N. de; JUCÁ, Vládia Jamile dos Santos. Análise do processo de acolhimento em um centro de atenção psicossocial infantojuvenil: considerações de uma investigação etnográfica. [Analysis of the welcoming-care process at a child and adolescent psychosocial care center: considerations from an ethnographic investigation.] Interface - Comunicação, Saúde, Educação, Botucatu, v. 22, n. 67, p. 1123-1134, 2018. DOI: https://doi.org/10.1590/1807-57622017.0500.

OLIVEIRA, Eduarda; SZAPIRO, Ana. Porque a reforma psiquiátrica é possível. [Why psychiatric reform is possible.] Saúde em Debate, Rio de Janeiro, v. 44, n. esp. 3, p. 15-20, 2020. DOI: https://doi.org/10.1590/0103-11042020E302.

SOUZA, Flávia Mitkiewicz de; VALENCIA, Eliecer; DAHL, Catarina; CAVALCANTI, Maria Tavares. A violência urbana e suas consequências em um centro de atenção psicossocial na zona norte do município do Rio de Janeiro. [Urban violence and its consequences at a psychosocial care center in northern Rio de Janeiro.] Saúde e Sociedade, São Paulo, v. 20, n. 2, p. 466-477, 2011. DOI: https://doi.org/10.1590/S0104-12902011000200009.

VIEIRA, Suélen Maria et al. Rede de atenção psicossocial: os desafios da articulação e integração. [Psychosocial care network: the challenges of coordination and integration.] Revista Psicologia Política, Florianópolis, v. 20, n. 47, p. 76-86, 2020. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1519-549X2020000100007. Accessed: September 5, 2026.

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