

The New Brazilian Mental Health Policy and What Archeology has to do with it



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Abstract

The Brazilian mental health program comes from the Federal Law 10.216, also known as the Anti-Asylum Law and it has become a model for the whole world. Currently, however, this program is threatened by serious setbacks after the publication of the Ministry of Health's Technical Note No. 11/2019. These setbacks already started in the Michel Temer's government and were intensified in the current Government of Jair Bolsonaro, this Note that not only recapture the mental asylum's logic, but also authorizes the hospitalization of children and adolescents in psychiatric wards. But what does Archeology have to do with it? Since 2014 I have been tracing a path to an Archeology of Madness. Currently, in my PhD research, I focus my research in the material culture of the former Hospital Colônia de Barbacena (Minas Gerais, Brazil) and how the spatial distribution of a mental institution, together with all the materiality that composes it, can destroy the subjectivity of its inmates, making them dependent on the institution and also stigmatized by it. Therefore, Archeology shows itself not only as a possibility to create alternative narratives and to give visibility to socially marginalized groups, but also as an alert of the effects from the asylum's experience that is still far from an end in Brazil.

Keywords: Archeology of Madness; Hospital Colônia de Barbacena; Psychiatric Reform; Technical Note nº 11/2019; New Mental Health

Threats to the Brazilian Psychiatric Reform

After ten years of legal proceeding and political maneuvers, on April 6, 2001, the Federal Law 10.216 was sanctioned. Known as the Anti-Asylum Law, it "deals with the protection and rights of people with mental disorders and redirects the mental health care model". It establishes, among other things, that the patient has the right to a humane treatment, preferably in community mental health services, whose purpose is to reintegrate him into his social environment. Thereby, "hospitalization, in any of its modalities [1], is only indicated when the non-hospital resources are insufficient". In addition, the law determines how should be the treatment of a hospitalized patient, which in no way can resemble institutions with asylum characteristics.

Before the Law 10.216 was sanctioned, there were already some reports published by Brazilian newspapers, concerning some psychiatric institutions scattered throughout the country. Among them, it was the emblematic case of the Hospital Colônia de Barbacena [2], whose facilities were deplorable, lacked specialized professionals and, for some time, also suffered with absence of food and medication. The patients, in most cases lost all family and social ties, and their lives were reduced to space between the corridors and courtyards of the institution. The feared electroconvulsive therapy was often administered, and in many cases without the necessary preparation, leading to

many deaths. The hospital's inpatient community was composed by a range of different subjects whose peculiarities were not usually respected. Some of them did not even need psychiatric treatment: they were homosexuals, girls who lost their virginity before marriage and some pregnant women victims of sexual abuse.

The hospital is considered one of the largest psychiatric institutions in the state of Minas Gerais during the twentieth century, was also a repository of social problems. People socially marginalized for various reasons, were submitted to the institution as a way of maintaining the order and morality of the public and private media. The controversies around the Hospital Colônia had their peak in 1979. In that year, during his visit to Brazil, the Italian psychiatrist and leader of the anti-asylum struggle, Franco Basaglia, visited the hospital. This visit caused him such an impact, that he said at a press conference that felt like he was in a Nazi concentration camp. Since then, and with increasing pressure for a more humanized psychiatric treatment, a series of reformulations of public policies for mental health care have begun, culminating in the Law 10.216. Since the Law 10.216, it has begun a process of deinstitutionalisation, in which the patient starts to have his medical assistance outside the asylum's walls, enjoying freedom and interaction with the society.

To this end, the Psychosocial Care Network was established in 2011, which establishes free care centers for people with mental disorders, including the treatment for the harmful effects of the use of crack, alcohol and other drugs, guaranteeing to the patients humanized assistance, social inclusion and the exercise of their citizenship [3].

Recently, however, the advances brought by this psychiatric reform have been threatened by serious setbacks after the publication 2019 of the Ministry of Health's Technical Note No. 11/2019. Among other things, this Note provides an increase in the number of beds in psychiatric hospitals and decreases the amount of funds designated to the Psychosocial Care Network [4]. These setbacks started in the Government of Michel Temer and got more intense in the current Government of Jair de Bolsonaro after the publication of the Technical Note, that not only retake the asylum's, but also authorizes the hospitalization of children and adolescents in psychiatric wards, and approves the purchase of electroconvulsive devices financed by the Ministry of Health.

And what does Archeology have to do with it?

In 2014, during the master's degree, I began my immersion in the subject of madness, under the guidance of Professor Andrés Zarankin. At that time, I researched the former Hospital of Neuro-Child Psychiatry of Belo Horizonte (Minas Gerais, Brazil) and made a reading of its spatiality through Archeology of Architecture. Following the same line of research and interested in obtaining more knowledge about the story of madness in the state of Minas Gerais. In the scope of the PHD, since 2016 I have dedicated myself to research the former Hospital Colônia de Barbacena. Although this research is still ongoing, until this moment I could realize some important aspects about that psychiatric institution: institutional objects such as uniforms, beds, mugs, plates and spoons favored the homogenization of the heterogeneous mass of patients. In the face of a universe of standardized objects, the exercise of subjectivity was almost entirely restricted creating a mortification of the "I" - so common in the so-called total institutions [5].

Another aspect concerns the spatial distribution of the Hospital Colônia. With pavilions mostly composed by corridors where the dormitories, toilets and dining room were located, besides that there was also an internal courtyard, many patients had their lives summarized in enclosed spaces with constant vigilance. Oblivious to the outside world by the institution walls, these people were deprived of moving freely and, gradually, unlearned how to live in society, becoming dependent on this institutional logic. Through its practices, organization and materiality, the Hospital Colônia was far from providing effective treatment to its patients. After all, according to Dejours [6], health can be defined as the freedom to "have the means to trace a personal and original path towards physical, psychic and social well-being." Given that the asylum environment denies the

subject the possibility to act with freedom of choice and alterity (after all, society and the science have established that he does not know what he is doing) such institution does not promote health; on the contrary, it only tends to standardize its patients, inserting them into a rigid routine, nullifying their former social references, in order to homogenize them, to control deviant behaviors and to cover them up with normative actions. As Wickert [7] points out, "behind a hospitalization, there is beneficial treatment and punishment, that is, the subject starts being taken care of and punished for being different" - especially if we think that the mental patient carries the disease's label for the rest of his life as a social stigma. In this way, the asylum presents itself as a maintainer of the mental illness, since it prevents the subject from creating his own path to bear and deal with his frustrations, dreams and desires and therefore achieve his well-being [7].

Conclusion

González-Ruibal [8], characterizing the recent past as "supermodernity", argues that an archeology of this period is a "archaeology of us who are alive, for sure (no other archaeology can claim that), but is also, more than any other, the archaeology of trauma, emotion and intimate involvement" [8]. Faced with the imminent return of the former asylum logic witnessed in Brazil, it is important to bring narratives referring to institutions such as the Hospital Colônia de Barbacena, because encourages different ways of thinking about today and tomorrow. According to Thiesen [9], when it comes to a temporality and context so close to ours, Archeology "can have an important role to disentangle the recent past, showing the drama, the traumas and, why not, the solutions for our daily life". In this way, Archeology can present itself as "an original critical voice in the field of the social sciences" [8]. And in times of setbacks, making archeology becomes a political act [10-13].

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References

1. They are Centers of Psychosocial Care, Residential Therapeutic Services, Centers of Interaction and Culture, Unit of Reception, and beds of integral attention in General Hospitals.
2. According to Goffman (1974) Total institutions are places of residence and work where a large number of individuals with a similar situation, are separated from society for some time, living a closed and formally administered life.
3. Brasília. Ordinance nº 3.088, of 23 December 2011.
4. Currently, in the former Sector A functions the Psychiatric Hospital Center of Barbacena - a public institution that belongs to Hospital Foundation of the State of Minas, in Portuguese FHEMIG, and which

offers treatments according to the current legislation on care and assistance to people with mental disorders. In the old Sector B, now functions the Regional Hospital of, that also belongs to FHEMIG, which offers emergency services, and the Museum of Madness, inaugurated in 1996, whose exhibition rescues and tells the story of the former Hospital Colônia.

5. They are Centers of Psychosocial Care, Residential Therapeutic Services, Centers of Interaction and Culture, Unit of Reception, and beds of integral attention in General Hospitals.
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