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Editorial

Bridging Local Realities and Global Science: Psychiatric Education at 35 Years of Brazil's Sistema Único de Saúde

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Bridging Local Realities and Global Science: Psychiatric Education at 35 Years of Brazil's *Sistema Único de Saúde*

Short title: Psychiatry Education within the SUS: A 35-Year Perspective

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The *Sistema Único de Saúde* (SUS; Unified Health System) is celebrating 35 years of striving to provide, with universality, comprehensiveness, and equity, the right to health, even in the most remote corners of Brazilian territory. One of the world's most ambitious universal health systems — serving over 210 million people across a territory of continental dimensions and profound regional inequalities — it was established by the Federal Constitution of 1988 (1) and regulated by the Organic Health Laws 8.080/90 (2) and 8.142/90 (3).

A cornerstone of this commitment was the 'Psychiatric Reform', inspired by the Italian experience of Franco Basaglia and driven by the Anti-Asylum Movement (*Luta Antimanicomial*), which initiated a paradigm shift from a hospital-centric model of care to a community-based, interdisciplinary approach. Law 10.216/2001 (4) marks the legal framework for this transition, redirecting the model of care by prioritizing treatment in community-based services. However, the success of this ambitious reform is contingent not just on policy, but on the training of a psychiatric workforce equipped with the skills and values to thrive within this new paradigm.

This editorial argues that to truly fulfill the promise of the 'Psychiatric Reform' and the SUS, Brazil must bridge the gap between its excellent but often siloed postgraduate research programs and the on-the-ground realities of community-based mental health care. We will first outline the unique context of the SUS, then examine the current state of psychiatric training, and finally propose a series of reforms to better integrate the two, ensuring that academic excellence serves the goal of health equity.

The Unique Context of the SUS: The Promise and Reality of Community-Based Mental Health Care

For an international audience to appreciate the challenges of psychiatric education in Brazil, one must first understand the unique context of the SUS. In the pre-SUS era, mental health care in Brazil was centered around large psychiatric hospitals, often isolated from communities and families. The Psychiatric Reform sought to reverse this logic: rather than removing the person from their context, care should be centered on the individual situated within their family and community.

This person-centered, community-based, and territorially-oriented approach requires a reorganization of services. The Psychosocial Care Network (*Rede de Atenção Psicossocial* – RAPS), formalized by *Portaria* GM/MS No. 3,088/2011 (5,6), organizes mental health care not as a hierarchy but as an integrated network. Primary health care, implemented through the Family Health Strategy (*Estratégia Saúde da Família*), serves as the preferred entry point and coordinator of care, responsible for managing the majority of mental health needs at the community level. For more complex cases, Psychosocial Care Centers (*Centro de Atenção Psicossocial* – CAPS) serve as strategic points of specialized care for individuals with severe and persistent mental disorders. Connecting these levels, collaborative care arrangements (*apoio matricial*) enable mental health specialists—including psychiatrists—to support primary care teams, enhancing their capacity to manage mental health problems without necessarily referring patients to specialized services. The network also includes therapeutic residential services, transitional crisis units (*Unidades de Acolhimento*), psychiatric beds in general hospitals, and street outreach teams (*Consultório na Rua*). All these services operate through

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multiprofessional teams committed to deinstitutionalization and interdisciplinarity, providing care according to the intensity of need rather than a fixed hierarchy of complexity.

In a trajectory filled with obstacles, the daily consolidation of the SUS and mental health policies in Brazil face chronic underfunding, weaknesses in network coordination, resistance from the hospital-centric model that preceded the Reform, and the risk of setbacks. This creates a precarious system where the promise of the Psychiatric Reform is often undermined by the reality of scarce resources.

The Two Tiers of Psychiatric Training: Residency (*Lato Sensu*) and Postgraduate Research (*Stricto Sensu*)

Psychiatric training in Brazil is formally divided into two tracks. The first is *lato sensu* postgraduate training, which encompasses two distinct pathways: medical residency—a three-year program of intensive, supervised in-service training accredited by the National Medical Residency Commission (CNRM)—and specialization courses, which offer shorter, often less rigorous training. Both pathways can lead to professionals identifying as “specialists,” but residency remains the benchmark for comprehensive clinical formation, requiring full-time dedication and structured exposure to diverse clinical settings. The second track is *stricto sensu* postgraduate training, which comprises academic master’s and doctoral (PhD) degrees focused on developing research skills.

Brazilian *stricto sensu* programs in psychiatry contribute to the global scientific enterprise, producing research on the pathophysiology of mental disorders, clinical trials of pharmacological and psychosocial interventions, neuroimaging, genetics, and the development of novel therapeutic approaches. Beyond this international contribution, these programs also have a critical role in generating evidence directly relevant to the Brazilian context: epidemiological data on the mental health of the population, effectiveness studies of interventions adapted to local cultural realities, and evaluations of RAPS service models—research that can guide the planning and continuous improvement of public mental health policies.

In psychiatry, a highly competitive academic field, the Universidade Federal do Rio de Janeiro (UFRJ) established Brazil’s first postgraduate

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program in Psychiatry and Mental Health, a pioneering initiative that paved the way for subsequent programs. Today, several of these programs have achieved the highest rating (note 7) from CAPES, the federal agency responsible for evaluating graduate education—including Psychiatry at the Faculdade de Medicina da Universidade de São Paulo (FMUSP), Mental Health at the Faculdade de Medicina de Ribeirão Preto (FMRP-USP), and Psychiatry and Behavioral Sciences at the Universidade Federal do Rio Grande do Sul (UFRGS). Here, mentees are guided by leading researchers recognized both nationally and internationally, benefitting from free education at these public universities and an interdisciplinary approach that brings together physicians, psychologists, nurses, physical educators, pharmacologists, among many others, forming networks and partnerships within a scientific community with common goals aimed at comprehensive care. The existence of these centers of excellence is a testament to the strength of Brazilian academia, but it also raises a critical question: is this academic excellence being effectively leveraged to strengthen the public health system?

Bridging the Gaps: From Academic Excellence to Public Health Impact

Despite the strengths of Brazilian psychiatric training, a significant disconnect persists between academic culture and the needs of the public health system, manifesting in three key areas.

First, clinical training remains largely hospital-centric. Although community-based rotations exist in most programs, they are often marginalized—disconnected from the academic core, rarely integrated into research activities, and frequently perceived by residents as lower-prestige experiences. Bridging this gap requires not only curricular adjustments, but a cultural shift that values community mental health as a legitimate field of academic inquiry and clinical excellence.

Second, research often fails to address pressing local needs. Although Brazilian programs produce internationally recognized science, the development of care protocols and intervention methodologies adapted to the local context is limited by chronic underfunding. Brazil's research funding integrates federal agencies—CAPES (Ministry of Education) and CNPq (Ministry of Science and Technology)—with state-level foundations such as

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FAPESP, FAPERJ, and FAPEMIG (7), yet this multi-layered structure remains insufficiently resourced. The resulting inadequate salaries and precarious working conditions drive psychiatrists toward the private sector. The brain drain to the global North—with an estimated 6,700 scientists having emigrated in recent years (8)—compounds the challenge, making the integration of Latin America into a multipolar scientific system all the more urgent.

Third, training opportunities are geographically concentrated in the South and Southeast—which hold 76% of all psychiatry residency positions (9)—creating a vicious cycle where regions with the greatest mental health needs have the fewest professionals. A national strategy to create high-quality programs in the North and Northeast is essential for equitable distribution of psychiatric expertise.

Addressing these gaps requires concerted action from universities, government, and funding agencies—preparing not only skilled clinicians and researchers, but future leaders equipped to develop, implement, and evaluate evidence-based mental health policies within the SUS. A concrete policy lever would be for CAPES to incorporate local health impact—such as SUS-relevant research, service implementation projects, and community partnerships—as a weighted criterion in program evaluations, alongside international publication metrics. To ensure academic excellence translates into better care, residency and postgraduate programs should also track outcomes—service use, CAPS/RAPS performance indicators, and follow-up of alumni career paths—to evaluate whether training models improve access, continuity, and quality of mental health care within the SUS.

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A Call for Action for a More Integrated and Equitable Future

Postgraduate education in psychiatry, which is indispensable for excellence in mental health within the SUS, acts as a bridge between academia and the service network. It requires ever-greater integration into the system, representing a persistent effort to reduce the existing discrepancies between academic output and the daily demands of healthcare in Brazil.

The promise of the Psychiatric Reform and the *Sistema Único de Saúde* can only be fully realized with a psychiatric workforce that is trained to meet its goals. Brazil has a strong foundation of clinical and academic excellence in

psychiatry, but the current system of training is not yet fully aligned with the principles of community-based, equitable, and interdisciplinary care. Bridging the gap between the worlds of academic psychiatry and public service is the central challenge for the next generation of psychiatric educators.

The future of mental health care in Brazil will depend not just on new treatments or technologies, but on our ability to train a new generation of psychiatrists who are not just skilled clinicians and researchers, but also committed and effective leaders in the public health system. It is a challenge that we must meet with creativity, courage, and a renewed commitment to the constitutional principle of health as a right for all—the same principle that, 35 years ago, gave birth to one of the world's most ambitious experiments in universal healthcare.

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