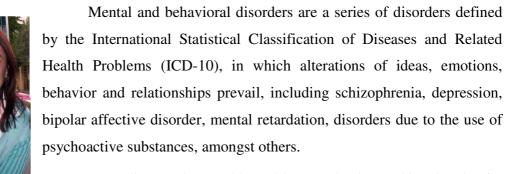


Editorial

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According to the World Health Organization, schizophrenia, for instance, follows a variable - chronic or recurrent - course, with residual symptoms and incomplete social recovery in two thirds of cases. Individuals with chronic schizophrenia constitute an important proportion of psychiatric hospitals' residents. In the case of depression, an episodic recurrent disorder, about 20% of the cases follows a chronic course without remission.

Mental and behavioral disorders are common among people who seek primary care services, being the most usual diagnoses depression, anxiety and disorders resulting from substance use.

The complexity, gravity and growing rise in psychiatric cases is a concern for those who think and execute mental health care, enhancing the search to innovate intervention perspectives in psychic suffering. In the past couple of decades, the psychiatric reform movement in Brazil has strongly influenced the redesigning of care institutions and treatment of psychic disorders. The progressive incorporation of the psychiatric reform was initially materialized in the Brazilian context through the Ministry of Health resolutions that since the 80's regulate the payment of new procedures, such as individual and group appointments carried out by professionals like nurses, psychologists and social workers; and also treatment therapeutic clinics, psychosocial care centers, day-hospitals, emergency and in

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hospitalization. These resolutions regulated and defined minimum patterns for the functioning of territorial mental health services in order to construct a diversified network of mental health care.

In 2010, the IV National Mental Health Conference took place in Brasília, with a call for intersectoral articulation, in order to "consolidate improvements and face challenges", reaffirming the directions of mental health policies by the Brazilian state. From the perspective of consolidating the psychiatric reform and embracing the challenges that represent health problems, such as drugs and many others that go beyond specific scientific knowledge in health, they aim to engage in other problems that are perpetuated and enhanced through the ways society is organized and reproduces itself.

It is in this scenario that I would like to present this issue of the journal, considering that scientific research and consequently its products materialized in articles, published in this space, can contribute to appoint reflections and routes for the highly complex context of mental health. Particularly in this issue, the SMAD Journal disseminates articles concerning elderly caregivers, chemical addiction (marijuana, tobacco and alcohol) and depression, including a study about the profile of mental health network users contributing to scientific thinking in the area of mental health and its context. Enjoy your reading.