



ABSTRACT FORM

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Title of the contribution/Titolo del contributo	A model of community mental health: Home care and intensive support for psychiatric crisis management		
Objectives/Obiettivi	to implement a mobile team assisting at home.		

**Contents-text/Contenuto-testo:
Max. 400 parole/words**

In the last decades the World Psychiatric Reform, has presented several actions in the mental health care model, which prioritize the social inclusion, citizenship and autonomy of people with mental sufferings, deconstructing the concept of normality, this thin line when broken is called crisis by psychiatry. Seeking for a new praxis of cares which have began in the international context, home services for people with mental suffering, called Teams of Crisis. It is important to highlight that the service of the Teams of Crisis in Latin America are almost non-existent; The approaches to home interventions are not systematic and most do not allow people to recover their autonomy and manage their crisis. There is an urgent need for conducting participatory research involving Good Practices.

Mental health policies deserve special attention from the public sectors in our country. The difficulty of articulation with the community and other social public policies are challenges in the deinstitutionalization process. At the end of 2018, we have began to prepare a pilot research project, the Team of Crisis, aiming implementing a mobile team assisting at home. This project will have three stages: First stage: It will be

exploratory aiming Mapping Psychosocial Care Centers, prioritizing the micro-region of Campinas. Second stage: Planning and action: in partnership with the Civil Society organization of Campinas taking in consideration their expertise in home care with people who are victims of social violence, and with the Mental Health Network of Campinas. Formation of the Team of Crisis, theoretical training of the team. Step Three: Team Implementation. Due to the complexity of the researched theme and the researcher's participation in it, the qualitative action research methodology was chosen.

This research is justified by the need to study new substitutive practices, not exclusionary in mental health, through new devices that transcend the traditional practices. It should also be considered that amongst the teams that support the crises of people with mental suffering, many are still stuck in the paradigm of illness and social control. Through training courses and the involvement of professionals and users, it is expected to reach a major challenge, which is linked to a paradigm shift, once the Brazilian mental health policy is in setback.