Technical Note – n.002 ABRASME (July 2026)

The Impacts of the Expansion of Therapeutic Communities and Their Public Funding

Mental health care in Brazil has undergone significant transformations in recent decades, marked by the struggle of the Psychiatric Reform, which culminated in the passage of Law No. 10,216/2001. This legislation established the core directive of replacing the rights-violating model—based on long-term institutionalization and isolation—with a network of community-based, territorial care centered on citizenship. The creation of the Psychosocial Care Network (RAPS - *Rede de Atenção Psicossocial*), established by Ordinance GM/MS No. 3,088/2011, represented a structural breakthrough by organizing services such as Psychosocial Care Centers (CAPS), Therapeutic Residential Services, Reception Units, General Hospital Beds, and Street Outreach Teams (*Consultório na Rua*).

However, despite this robust legal and normative framework, the effective implementation of RAPS faces obstacles, mainly related to chronic underfunding, a lack of coordination between management levels, and the persistence of care models incompatible with human rights. The current scenario reveals a contradiction: while the public network of the Unified Health System (SUS) suffers from precariousness, there is a significant and concerning growth in public funding allocated to private institutions, particularly the so-called Therapeutic Communities (CTs). This technical note aims to analyze this context, highlight the negative impacts of this allocation of resources, and propose paths to effectively guarantee the right to mental health in the country.

The Chronic Underfunding of the Psychosocial Care Network (RAPS)

RAPS, designed as the backbone of mental health care in Brazil, faces challenges regarding its expansion and consolidation across the country, marked by an insufficiency of financial resources. Recent data indicates that federal transfers cover only between 30% and 40% of the actual operational cost of the services, shifting an unsustainable financial burden onto states and municipalities, many of which already face acute fiscal crises. This dynamic directly compromises service quality, infrastructure maintenance, and the retention of qualified professionals.

One of the most alarming indicators is the cumulative inflationary loss in the operational funding of CAPS. Since the creation of RAPS in 2011, federal transfers have failed to keep pace with inflation or rising operational costs, resulting in a real-term devaluation of over 90%. Although financial recomposition measures have been announced in recent years, these were ad hoc, insufficient, and failed to guarantee a continuous and automatic correction, which is essential for service sustainability. Consequently, many CAPS operate with reduced staff, limited hours, and a lack of basic supplies, hindering comprehensive care for users.

Furthermore, there has been an almost complete standstill in the authorization (*habilitação*) of

new network facilities over the past 5 years. Hundreds of municipal requests to open new CAPS, Reception Units, or other services remain stalled, preventing the expansion necessary to meet the growing demand for mental health care. Regarding strategic actions—such as addressing the implications of problematic substance use on the weakening of social bonds and the perpetuation of exclusion and vulnerability—there are no visible investments in inductive policies within the Ministry of Health aimed at expanding care networks for alcohol and other drugs tailored to this population.

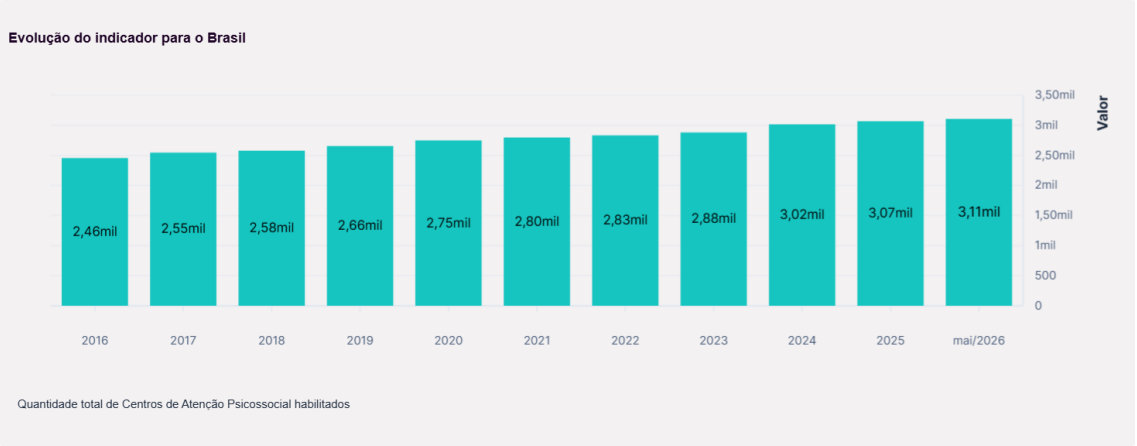
The shortage of specialized equipment clearly highlights the need to expand resources to guarantee the right to mental health for the population. As of May 2026, official data recorded 59 adult Reception Units (*Unidades de Acolhimento*) and 31 child and adolescent units across the entire national territory. These facilities—which operate in coordination with RAPS to provide comprehensive, multidisciplinary care in a temporary residential format—are crucial for holistic care in situations of severe vulnerability, promoting the restoration or building of community ties. To illustrate this underinvestment by comparison, in 2023 there were 49 adult and 26 youth units of this type, respectively. Considering that there are 5,571 municipalities in Brazil with a total population of 213,421,037, the total number of these facilities is negligible compared to the need for temporary shelter for individuals with problematic alcohol and drug use, particularly those experiencing homelessness or severe family breakdown.

As of May 2026, there are 3,107 Psychosocial Care Centers (CAPS) across all modalities nationwide. However, regarding care for problematic alcohol and drug users, there are only 336 CAPS AD II units (operating during the day on weekdays) and 171 CAPS AD III units (operating 24/7), distributed unevenly across the country. Similarly, there are only 347 Child and Adolescent CAPS (CAPS i). These facilities, essential for caring for children, adolescents, and acute crisis cases, leave severe gaps in care that force families into a desperate search for access to treatment, even when options are ineffective and violate human rights.

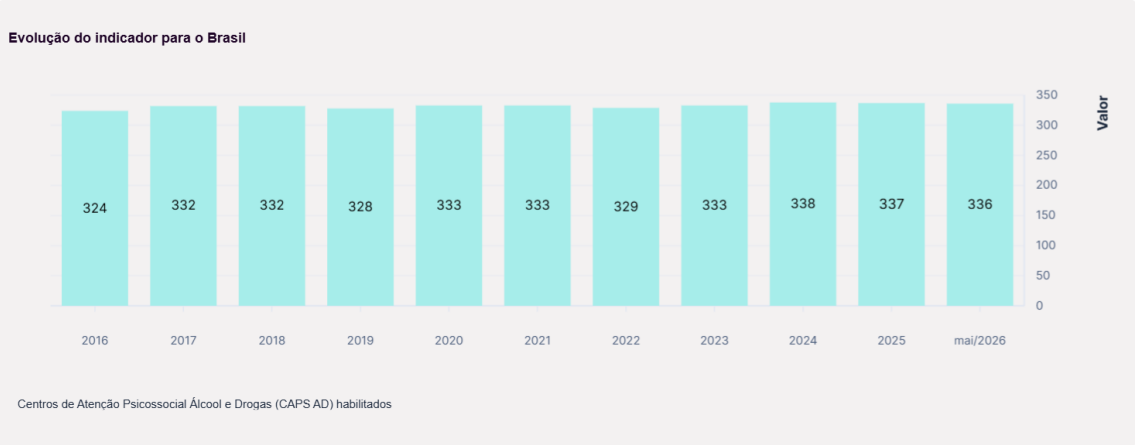
The linkage with Primary Care also remains fragile. Although the Family Health Strategy (ESF) is considered the preferred gateway and ideal space for longitudinal follow-up, integration between primary care teams and RAPS specialists is still nascent. Primary care professionals lack adequate mental health training, matrix support (*matriciamento*) processes face hurdles, and clear reference and counter-reference protocols are missing. This leads to fragmented care, an overload on CAPS with demands that could be addressed in primary care, and therapeutic abandonment by users unable to navigate the system.

Below are data on Psychosocial Care Networks in Brazil (Source: Strategic Actions Secretariat / 2026, available at novasage.saude.gov.br, accessed July 2026):

1. Total Psychosocial Care Centers (CAPS) in Brazil through May 2026



2. Total Daytime Alcohol and Drug CAPS in Brazil through May 2026



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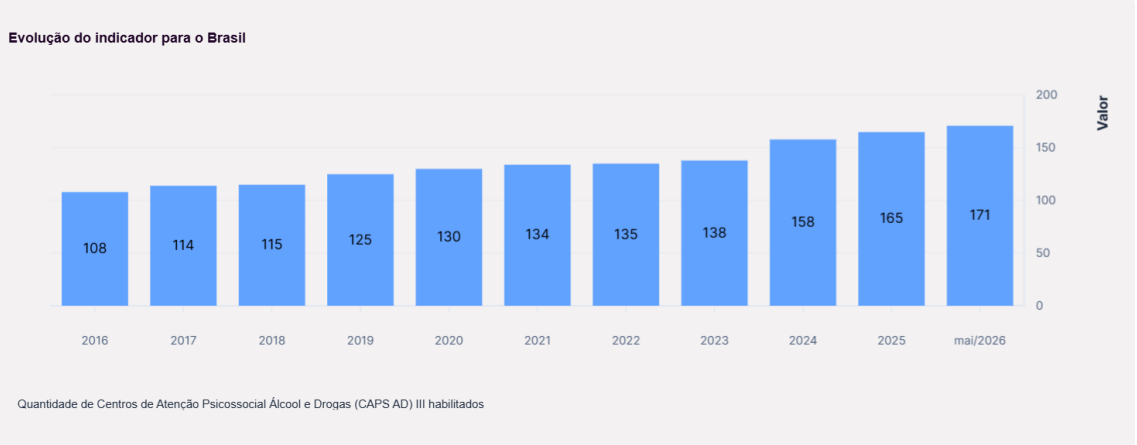
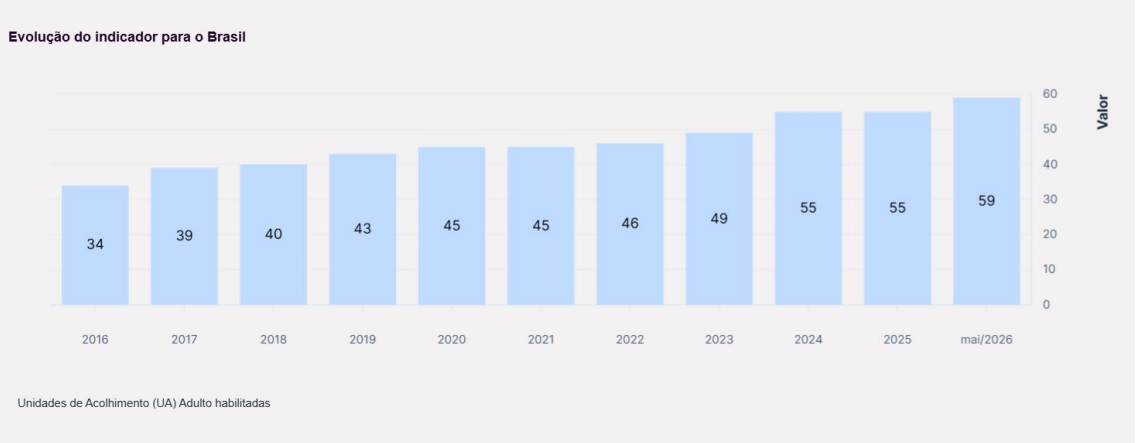
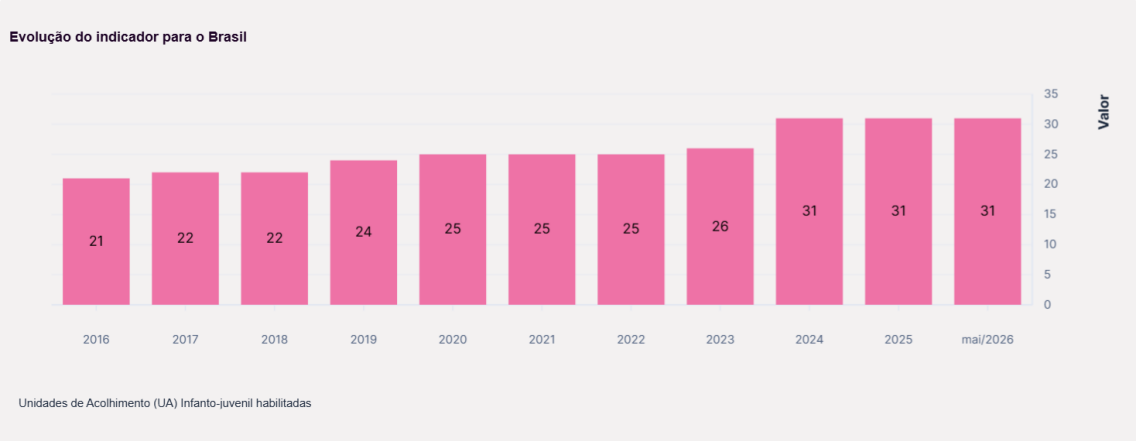
3. Total 24-Hour Alcohol and Drug CAPS in Brazil through May 2026



4. Total Adult Reception Units (UA) in Brazil through May 2026



5. Total Child and Adolescent Reception Units (UA) in Brazil through May 2026.



The Expansion of Funding for Therapeutic Communities: A Political Choice Contrary to Human Rights

In direct contrast to the dismantling of RAPS, recent years have seen a consistent movement toward expanding public funding allocated to Therapeutic Communities (CTs). These institutions—predominantly private, philanthropic, or faith-based—operate in conflict with the principles of the Psychiatric Reform, Brazilian legislation regarding the Unified Health System (SUS), and international human rights standards. Instead of promoting autonomy, social inclusion, and community-based care in freedom, CTs continuously reproduce practices of segregation, institutional violence, disciplinary control, and the moralization of psychological suffering, as evidenced by numerous official reports (available at abrasme.org.br/inspecoes). They have even been reported by LGBTQIA+ organizations in Brazil for engaging in illegal "conversion therapy" practices. Furthermore, the admission of children and adolescents into these facilities is subject to resolutions by the National Council for the Protection of Children and Adolescents prohibiting such practices. Nevertheless, these institutionalizations persist through court-ordered involuntary commitments, lacking state intervention to enforce protections and uphold these rights.

Funding for these entities occurs through various mechanisms, including state and municipal

health funds and call-for-proposals (*editais*) from the Ministry of Social Development. The latter now features a dedicated administrative structure solely serving the funding of these private entities, distorting public policy principles that should prioritize the public interest and the funding of national health and social assistance systems. This massive public investment ignores repeated reports of human rights violations committed within these institutions. Reports published by oversight bodies—such as the Federal Council of Psychology (CFP), the National Mechanism for the Prevention and Combat of Torture (MNPCT), the Federal Public Prosecutor's Office (MPF), the Ministry of Labor and Employment (MTE), and civil society organizations—document systematic patterns of abuse.

Among the most common violations are: unlawful deprivation of liberty (where users are held against their will without court orders); physical and psychological punishment (such as forced fasting, cold showers, and public humiliation); forced, uncompensated labor (constituting conditions analogous to modern slavery); severe medical neglect (lack of physicians, psychologists, and medication); precarious hygiene, food, and housing conditions; and prohibitions on family contact. In 2024, four CTs were added to the MTE's "Dirty List" of slave labor, leading to the rescue of 94 individuals subjected to these degrading conditions.

Despite this overwhelming and widely publicized evidence, the Brazilian State continues not only to fund but also to accredit and legitimize these institutions. Official justifications frequently cite the "reach" (*capilaridade*) of CTs and their alleged capacity to reach vulnerable populations, particularly users of alcohol and other drugs. However, this argument ignores the fact that the efficacy of mental health care is not measured by the quantity of beds offered, but by the ethical, technical, and human quality of the service provided. Funding institutions that violate fundamental rights represents a grave failure by the State to fulfill its duty to protect and promote health, in direct violation of Law No. 10,216/2001 and international human rights treaties signed by Brazil.

Social and Economic Impacts of Resource Misallocation

The political decision to prioritize funding for CTs over RAPS generates severe consequences for both society and public finance. From a social standpoint, it perpetuates an exclusionary, stigmatizing, and ineffective care model that isolates individuals from family and community life, hindering their social reintegration. Victims of these violations, often already in situations of extreme vulnerability, suffer twice: first from psychological distress or substance use, and second from institutionalized violence within CTs.

From an economic perspective, this constitutes a clear drain on public resources. In 2019, the Ministry of Citizenship (then responsible for the Therapeutic Communities program) allocated over R$ 81 million. By 2022, this figure reached R$ 134 million, an increase of 65%. Starting in 2023, under the renamed Ministry of Social Development, the allocations were: 2024 Budget:

R$ 162,794,121 approved in the Annual Budget Law, and 2025 Budget: R$ 177.7 million. In addition, parliamentary amendments (*emendas parlamentares*) direct funds that lack transparency for exact accounting, but are estimated to be more than double the annual investments explicitly designated for these facilities. (Some of these data can be reviewed at frentedasaudemental.com.br/raio-x-das-comunidades-terapeuticas).

The funds invested in CTs could instead be used to expand and upgrade RAPS—creating more 24-hour CAPS beds, increasing the number of dignified Reception Units, strengthening Street Outreach Teams, and improving infrastructure in general hospitals. Every real spent on an institution that violates human rights is a real not invested in evidence-based solutions that respect human dignity. Moreover, the social costs of human rights violations—including lawsuits, compensation, and medical/psychological treatment for the aftermath of abuse—are ultimately borne by the State itself, creating a vicious cycle of waste.

Another critical aspect is the impact on mental health workers. The deterioration of RAPS leads to occupational overload, burnout, and high staff turnover, whereas the CT sector often operates with unqualified, voluntary, or underpaid labor lacking proper technical supervision. This discourages specialized training and weakens the construction of a workforce committed to the principles of the SUS. Compounding this issue is the absence of a regular inspection and monitoring mechanism, making it possible for these facilities—labeled as "reception centers" but advertised to society as "treatment" centers—to open without restrictions regarding their practices.

In light of the above, it is clear that the current mental health funding model in Brazil is distorted and requires urgent correction. It is impossible to reconcile the defense of the SUS and the Psychiatric Reform with the continuous flow of public funds to institutions that deny their ethical and legal foundations. To guarantee an effective right to mental health, it is necessary to break away from this logic and concentrate efforts on strengthening the public network.

Strategic Recommendations by ABRASME:

1. **Immediate Reallocation of Resources:** Execute a progressive and total defunding of public federal, state, and municipal funds allocated to Therapeutic Communities. The saved resources must be immediately reallocated to strengthen RAPS, with absolute priority given to creating and maintaining 24-hour services, expanding Reception Units with dignified standards, opening Child and Adolescent CAPS, and expanding Street Outreach Teams.
2. **Urgent Financial Recomposition of RAPS:** Establish an emergency plan for the financial recomposition of CAPS and other network facilities, ensuring the Federal Government covers at least 70–80% of operational costs, with automatic annual

adjustments based on official inflation indices. This must include settling overdue fund transfers and streamlining resource transfer procedures.

3. **Suspension and De-accreditation of Non-Compliant CTs:** Implement a national program for rigorous inspection of all CTs funded by public resources. Institutions showing signs of human rights violations, forced labor, unlawful detention, or inadequate conditions must have their public funding immediately suspended and be de-accredited. Rescued users must be transitioned to RAPS services with appropriate support.
4. **Decisive Action:** Stop funding outdated and rights-violating models and invest in guaranteeing the right to mental health by strengthening our public, free, universal, and high-quality network. Only through these measures will it be possible to honor the legacy of the Psychiatric Reform—recognized by the World Health Organization as a global benchmark for community care—and ensure that every Brazilian citizen has the Right to Mental Health in the country.

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July 2026

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