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Argumentum
Artigo

Mental health in ultra-neoliberal times

Saúde mental em tempos de ultraneoliberalismo

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Abstract: The process of worsening barbarism, permeated by conservatism, reactionism and facets of discrimination, has exposed not only how violence and hunger have intensified, but also amplified previously silent platforms related to psychological illness. The article discusses mental health in ultra-neoliberal times, which increasingly emerged with the rise of the extreme right in Brazil. Through theoretical reflection, with the use of secondary data, the study reveals a scene of necropolitics, potentiated daily in the mental health arena, and in its repercussions on society, in the face of the most voracious form capitalism.
Keywords: Mental Health. Ultra-neoliberalism Necropolitics.

Resumo: O processo de agudização da barbárie permeado pelo conservadorismo, reacionarismo e as faces da discriminação trouxeram à tona não somente a amplificação do cenário de violência e fome, mas também as plataformas antes silentes no que se refere ao adoecimento psíquico. O artigo objetiva tecer discussões acerca da saúde mental em tempos de ultraneoliberalismo, o qual emergiu de forma mais efetiva com a ascensão da extrema direita na realidade brasileira. Por meio de uma reflexão teórica, com o uso de dados secundários, o estudo vislumbra o cenário de necropolítica potencializado cotidianamente na arena da saúde mental e seus rebatimentos na sociedade, frente ao capitalismo em sua face mais voraz.
Palavras-chave: Saúde Mental. Ultraneoliberalismo. Necropolítica.

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Introduction

The capitalist system reveals hardships evidenced by expressions of the social question. The discussions involve the economy, social historicity, platforms, and the culture of recognition. The reality of human survival becomes evermore challenging. Hunger, violence, and lack of social protection stalk everyday life. There is a silent challenge, surrounded by taboos and prejudices, that spreads in the subject's subjectivity. That is, mental suffering, which was comprehensively exposed by the pandemic, and revealed itself as an urgent social issue within the scope of capitalist sociability.

The article discusses the reality of mental illness in times of worsening barbarism under ultra-neoliberalism, as evidenced in the Brazilian reality, as well as its repercussions on mental health policies in a situation of heightened necropolitics under the Bolsonaro government. Its methodology is theoretical reflection based on mixed focus research. This, according to Prates (2012), differs from purely quantitative or qualitative analyses, in that it considers characteristics of both types of research, with the linking of the data; sometimes taking a statistical or numerical perspective, and sometimes supporting qualitative arguments necessary for understanding the problem in question. Among the sources of secondary data that foster this mixed analysis are, reports from the World Health Organisation, the Pan-American Health Organisation, the Ministry of Health, and quantitative data from the Transparency Portal of the Federal Government and SIGA Brazil. SIGA is a system that includes information on federal budgeting and planning.

The study focuses on the contemporary capitalist system, the evident expressions of social issues, the silence around the discussion of mental illness, data on budgets in the health area, and the challenges in implementing a psychosocial care network that can effectively meet the demands of the Brazilian population. It provides criticism of the issue of mental health, with a view to considering the limits and possibilities that could put us on the path to a societal order. A daydream? Perhaps. But as Carlos Drummond de Andrade would say: "[...] I only have two hands and the feeling of the world".

Capitalism in times of heightened barbarism

The capitalist system today seems to have reached boiling point. The growth of the industrial reserve army, a subject discussed by Marx in the second half of the 19th century, exposes not only the current situation, but also the presence of something considered reality almost two centuries ago. Brazil's unemployment rate has worsened, data shows more than 14 million unemployed during the pandemic. Resulting in increasing in poverty and Brazil's return to the hunger map. Neri (2022) points out that in 2021, 62.9 million people were living with a per capita income of R$ 497.00 per month (US$ 99.40 at time of publication), representing around 30% of the Brazil's vulnerable population, this has caused food insecurity.

The hardships of capital are also reflected in the data for the expression of violence. Brazil ranks fifth globally for the highest number of femicides and ranks first among Latin American countries (Organização Panamericana de Saúde, 2022). The escalation of violence is amplified in all its aspects, every twenty-three minutes a young black man dies in Brazil. This is the aspect that the poor, black, and peripheral population feels first.

With the rise of the extreme right in Brazil, the discussion around human rights became associated with communism, a word distorted by of common sense and criminalisation bias and legitimised by the federal administration. For Marx (2015), communism must be considered as a real and necessary factor for the emancipation of man and is enhanced "[...] by the positive expression of overcome private property; first of all, as universal private property" (Marx, 2015, p. 341). Communism, therefore, represents the overcoming of self-alienation, whether in terms of family, religion or any other ideological devices existing within the aegis of the capitalist system. Such a situation may not yet be realised in crude communism, but certainly in its process of improvement through the search for effective human emancipation.

As barbarism becomes more acute, so expressions of the social issue are trivialised and seen as arising from a population that perpetuates its own incapacity. The foundations of conservatism were listed by Edmund Burke (1982), and they reinforce the thesis that to achieve something it is necessary to *seek*, with meritocracy as the starting point and achievements as the goal, in which man, in the generic sense, must exercise freedom in the search. All within legal prerogatives and limited to the perspective of becoming conservative, bourgeois, and guided by the normalisation of inequality. We forget, however, that in an unequal system, in terms of access to health, education, social security, social services and other protoforms of inclusion policies, there is no way to treat unequal people equally, as Aristotle said (2001).

As such, barbarism is not only reproduced, but is based on human daily life, on the spectacularising of life, a phenomenon that Debord (2007)) states is capable of perceiving appearances as statements, which are massified and conducted as being reality. They are characterised as pseudo-concrete elements. Social networks can carry this characterisation, with spectacularising expressed through messages, videos, and texts that promote the contemporary *fake news* industry.

In the process of spectacularising, some lives are considered more worthy, while others become ostracised or even subjected to the process of social death, as Agamben (2007) points out when portraying *homo sacer* as a generic man with a sacred life, biologically, which should not be eliminated by legal prerogatives. Based on these judgments, life becomes socially *killable*, for example, Agamben states that social deaths arise from the creation of ideological concentration camps, constructed daily and which can give rise, among other things, to prejudice, discrimination and, hate speech.

Homo sacer ceases to exist as a protagonist in the process of capitalist sociability. When opening the curtains on the theatre of life, it is assumed that man builds his own history, however, as Marx (2011b) said, he does not do it the way he might want, as there are issues from the past that impact the structure of present realities and past generations are present in the daily actions of the living.

The course of the building of the historical process depends on the human place within class society, as there are variables that may or may not be accessible to humans. The class struggle, territorial disputes, the legitimisation of violence, discrimination against and criminalisation of popular demands, among other issues, corroborate the historical-social practice in creating inequalities. In this context, writing one's own history is daring in the face of an exclusionary, alienating, and controlling system.

The result is reflected in necropolitics, which, according to Mbembe (2016), becomes evident when a government decides who deserves to live or not, who can have access to something or remain on the margins of society. These considerations are part of the Brazilian reality, mainly due to the emergence of the extreme right, nostalgic for the military dictatorship, and which demonises communism, feeds beliefs about meritocracy and the supremacy of the white race, and is intolerant to expressions of human diversity, whether through class, race, or gender.

For Lowy (2015, p. 663) "[...] the capitalist system, especially in periods of crisis, produces and reproduces phenomena such as fascism, racism, coups d'état and military dictatorships", demonstrating that the production and reproduction process is a strategic part of capital to further encourage inequality, mechanisms of intolerance, ideologies, the contemporary production of *fake ne*ws, and trigger authoritarian proposals.

In the Hegelian Reflections, Marx and Engels (1998) point out that civil society, and not the State, is the basis of all history. To make history, people must first satisfy their needs, such as food, clothing, housing, and health, as without satisfying the minimum there is no way to make history. Marx (2015) highlights that it is necessary to transform the world; however, for such a change to happen, it is necessary that the interpretation of the world is correct and coherent, based on its variables and historical, social, and economic contexts. That is, it is necessary to analyse reality through the lens of critical materialism, go beyond appearance, and overcome limits to truly capture the *real*.

During this process, neoliberalism enters the scene. According to Dadot and Laval (2016), this system extends far beyond solely economic policy, it is configured with far-reaching norms and extends to all aspects of everyday life, from social relations to work, and obeys the logic of capital as a prerogative. For Casara (2021), Brazil is already experiencing the hardships of ultra-neoliberalism, which appears as the ugliest face of the neoliberal model, because prior to being characterised as an ideology or new expression of economic policy, it likes to present itself as rational, responding to the process of restoring capital in the face of yet another crisis affecting human sociability.

Ultra-neoliberalism deconstructs the bases of social, political, civil, and fundamental rights with greater intensity. It amplifies the centrality in the market, creates symbolisms based on imaginary norms by which everything can be achieved without limits, including dictatorship, in the real and virtual world. It encourages the decline of ethical-political values in the name of 'progress', postulates democracy in a reductionist way or dismisses it, considers people only from the perspective of their utility, naturalises chaos, and trivialises life.

This political-economic perspective does not reflect a *minimal* State, as exactly the opposite occurs. Its strengthening leverages greater power for the market and asserts the position of the dominant elites, and it is at the heart of the de-civilization process (Casara, 2021).

Dardot and Laval (2016), reflect that:

> This is not a monocausal action (from ideology to the economy or vice versa), but of a multiplicity of heterogeneous processes that resulted, due to 'phenomena of coagulation, support, reciprocal reinforcement, cohesion, integration', it is this 'global effect' that is the implementation of a new governmental rationality (Dardot; Laval, 2016, p. 31).

These multiple processes develop in a way that involves the social, economic, historical, and cultural situation. It is a model that pulsates in the depths of capitalist sociability and reaches the human sphere through a fiction that promotes simplistic answers to complex problems. It advocates acceptance and conformity in the face of realities, acts to plasticise reality, and purveys the need for adaptation without deeper questioning.

We are witnessing a movement towards worsening barbarism, a path along which some lives matter and others are worthless. The trivialisation of life and the belief that State intervention through public policies is outdated issue is encouraged. As Marx (2011a) would say, where the capitalist mode of production prevails, the result that appears is limited to a large collection of merchandise. Thus, people are reified, objectified, oppressed, and excluded, and all eyes are turned to the god of the market, a situation that became even more evident during the Covid-19 pandemic, when Brazil recorded the second highest number of deaths globally with over 700,000, and an average of 135,000 cases daily (Organização Panamericana de Saúde, 2023). The unemployment situation worsened, emergency support was suspended, and millions of families returned to the hunger map.

The chaos opened wounds from another perspective, a silent epidemic affecting millions of people. At a time when lives were being lost, contempt for science was the order of the day, religious fundamentalism had rooted itself into political bases, the economy was collapsing, and contempt for death indicated the darker side of necropolitics, what could be so relevant?

With intense suffering, deeply ingrained in human subjectivity, and arising from historical, social, and cultural taboos, this was mental illness. A subject rarely raised, spoken of, or discussed, but which emerged from the hardships of capital and devastated the population to the core. The 21st century revealed this silent epidemic and highlighted the need to discuss mental health as a social issue.

Mental health and necropolitics

Once again, the curtains of capitalist sociability were opened and the pandemic tore away the veil of taboo on issues related to mental health, issues which had become appallingly evident in the lives of people already struggling to survive the coronavirus. What had been historically forgotten and culturally covered-up regarding psychological suffering was no longer sustainable. Social distancing appeased both minds and bodies confronted by a devastating increase in cases of depression, anxiety disorders, panic syndrome, and other mental health problems.

Good mental health is associated with the ability to connect, develop common activities in a productive way, and have quality of life (Organização Mundial de Saúde, 2022). It is important to criticise this concept, because when living in a capitalist, exclusionary, and oppressive sociability, how is it possible to develop all these potentials whilst maintaining mental health?

The spectre of unemployment, hunger, and violence in its most diverse forms, whether affecting children, adolescents, women, LGBTQI's, the elderly, the black population, or indigenous peoples, increased the scope of the struggle to fight back and survive. The situation worsened with the restriction and reduction of some services and healthcare considered non-essential. This can be analysed using the data in Technical Note Nº. 22 of

Monitora COVID/FIOCRUZ (Fundação Oswaldo Cruz, 2021) regarding healthcare for the period 01/01/2020 to 06/30/2021.

Table 1 - Service Groups in the pre-pandemic and pandemic periods.

Service Groups	2018/2019	2020/2021	%
Health promotion and prevention	450,744,591	291,524,710	-35,30%
Diagnostic procedures	1,419,336,493	1,236,482,184	-12,90%
Clinical procedures	2,037,133,703	1,481,019,025	-27,30%
Surgical procedures	68,625,495	31,928,491	-53,90%
Organ, tissue, and cell transplants	2,603,727	2,080,749	-20,10%
Medicines	1,456,778,458	1,696,439,964	16,50%
Orthoses, prosthetics, and special materials	10,602,061	11,684,178	10,20%
Complementary healthcare	51,218,779	43,717,994	-14,60%

Source: Fundação Oswaldo Cruz (2021).

The data shows that alongside the collapse of healthcare services related to cases of COVID-19, other services were blocked because they were not considered essential. According to the table, only services aimed at the acquisition and delivery of medicines, and orthoses, prosthetics, and the like, increased between 2020 and 2021. Other services, such as clinical, surgical, and health promotion actions, saw a drop in the number of procedures due to the need to suspend or reduce the services offered. This is all understood within the context of a global health emergency. There were, nonetheless, other fronts in health services that could not be implemented within the scope of the Unified Health System (Sistema Único de Saúde - SUS)

According to the WHO (Organização Mundial de Saúde 2022), in 2019, almost one billion people were living with some type of mental disorder, of which 14% were adolescents. Globally, suicide was the second largest cause of death among those aged 15 to 29, and in Brazil it was the third. Globally, there are more than 800,000 cases annually, and around 13,000 cases in Brazil (Suicide Worldwide in 2019: global health estimates, 2019).

This data is probably not accurate given the level of underreporting, which is particularly prevalent in cities with a higher rate of poverty and in small and more isolated municipalities which do not have resources and mechanisms for police investigation or the legal medical apparatus to respond to deaths that may be suspected suicides.

Data from the WHO (Organização Mundial de Saúde, 2022) indicates that during the pandemic there was an increase in psychological disorders of at least 25%, with an increase in depression and anxiety figures worldwide. Also, according to the WHO (Organização Mundial de Saúde, 2022), it is estimated that one in every eight people suffers from some type of mental disorder, an emerging issue for debate, as people in psychological distress live between 10 to 20 years less than those who do not have the framework.

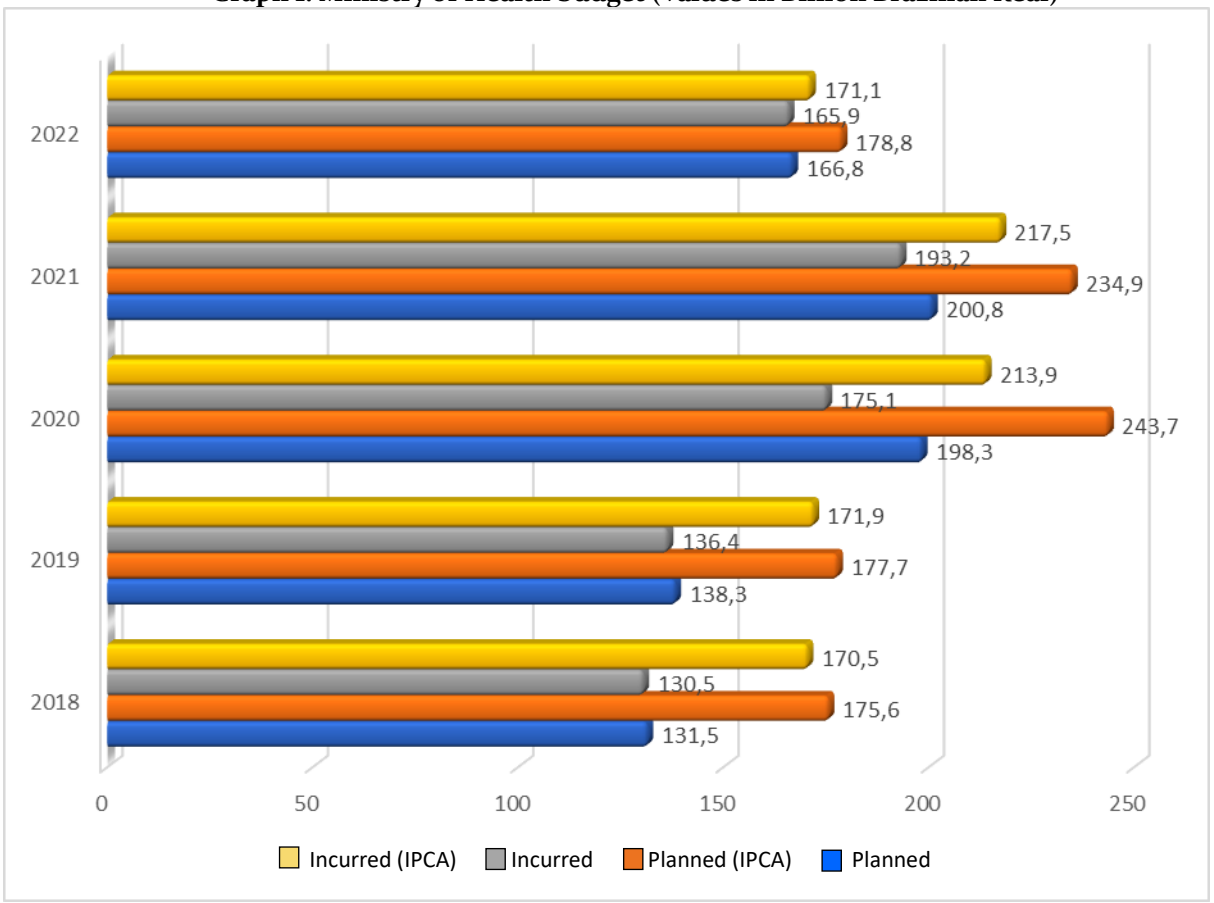
As a consequence of mental illness, people lose productivity, which for the capitalist system is a defining factor for unsustainability. Marx (2015) states that man acts on nature to produce what is relevant to meet his needs. The first challenge for those who find themselves suffering from mental illness involves exactly the process of human productivity in the sphere of survival demanded by the current system.

According to the WHO World Mental Health Report (Organização Mundial de Saúde, 2022), there are gaps in information and research regarding mental health globally, and that on average countries invest 2% of their public health budget on mental health. Around 70% of this is allocated to psychiatric hospitals, indicating that the hospital-centric vision is the preferred intervention. The report also shows that half of the global population lives in countries where there is one psychiatric medical professional for every 200,000 inhabitants or more, and that the availability of medication for treatment, especially psychotropic drugs, is limited.

Data from Medical Demography of Brazil expressed by Scheffer et al. (2018) shows that Brazil has 10,396 psychiatric medical professionals, which represents 5.01 professionals per 100,000 inhabitants with the highest concentration in the Southeast, with 53.4% of psychiatric doctors, followed by the South with 24.1 %: the Northeast with 12.6%, the Central-West region with 7.8% and lastly the North with 2.1% of professionals. In the case of the North region, the rate of specialists per 100,000 inhabitants is between 0.69 and 1.62 professionals. The data reflects the lack of balance in the distribution in Brazil. Compared with 35 other countries, Brazil is in third to last place in the rate of psychiatrists per population, only ahead of Turkey and Mexico. Switzerland, Finland, Norway, and Sweden occupy the first places.

One challenge of ultra-neoliberalism is the resourcing of public policies. Regarding the allocation for health, data from SIGA Brasil is important, it holds data on the federal budget through the Integrated Financial Administration System (SIAFI) in conjunction with other federal government plan and budget platforms, which show the following data:

Graph 1: Ministry of Health budget (Values in Billion Brazilian Real)



Source: SIGA Brasil ([2023]). Produced by the authors.

The graph shows, in billions, the resources allocated to public health over the last five years. The increase in 2020 and 2021 refers to the pandemic period, the 2022 data shows that expenditure had already fallen to near pre-pandemic levels. The index for 2018 shows R$ 131.5 billion, increasing to R$ 166.8 billion in 2022. When adjusted for the Broad Consumer Price Index (Índice de Preços ao Consumidor Amplo, IPCA) this shows incurred expenditure of R$ 170.5 billion in 2018 R$ 171.1 billion in 2022, which highlights the cut in health resources after 2021, especially in expenses incurred. This reduction occurred despite Brazil having recorded around 700,000 deaths from COVID-19 between March 2020 and March 2023, with an average of around 4,400 deaths per week; and presents a picture of 87.9% of people with at least one dose of the vaccine, falling to 81.4% of people with the entire vaccination schedule (Pan American Health Organisation, 2023).

A key milestone in the dismantling of rights was the austerity policy introduced by the Temer Government in Constitutional Amendment 95, known as the Fiscal Adjustment Policy, which established a spending ceiling and froze public expenditure for up to twenty years. The measure envisioned greater market rationality, amplified by encouraging competition and the defunding of social policies by reducing primary expenses. Furthermore, it restricts resources and makes it impossible for the State to fulfil obligations set out in the 1988 Federal Constitution, as such it is a neoliberal plan that eliminates the State as the guarantor of the minimum social rights (Menezes; Moretti; Reis, 2019). In synthesis, the Unified Health System, which was already suffering from underfunding, is now dealing with defunding, which was leveraged by a *war budget* based on the economic and fiscal measures adopted by ultra-neoliberalism and which operate in an overwhelming way.

Regarding mental health, the Transparency Portal (2022) and SIGA Brasil do not hold accurate data, because there is no way to separate the budget and resources applied within the specific scope of the policy. In July 2022, in a hearing reported by the human rights commission of the Federal Council, scientists criticised what they called a *blackout* in mental health data, given the lack of transparency in the management and presentation of data, as well as in the provision of resources to therapeutic communities (TCs), (Souza, 2022).

According to Technical Note No. 21 of the Institute of Applied Economic Research (IPEA) (2017), there are 1963 therapeutic communities in Brazil, which together have more than 83,000 treatment locations. The largest number of institutions is found in the Southeast region of the country, with 41.64%, followed by the South, with 26.36%; the Northeast with 16.51%; the Central-West with 8.82% and the North region in last place with 6.67% of communities. Around 78.8% of the units have shared rooms that house 4 to 6 people; 80% are for men, 15% for both sexes and 4% for women. Other relevant data refers to sexual diversity, around 90.9% of therapeutic communities stated that they welcome homosexuals, 51.6% serve the transvestite population and 43.6% say they offer places to transgender people (Community Profile Brazilian Therapeutics, 2017). The data reflects the low rates of inclusion when the subject involves expressions of sexuality, especially gender identities. Another evaluation shows the communities' sources of financing, as shown below:

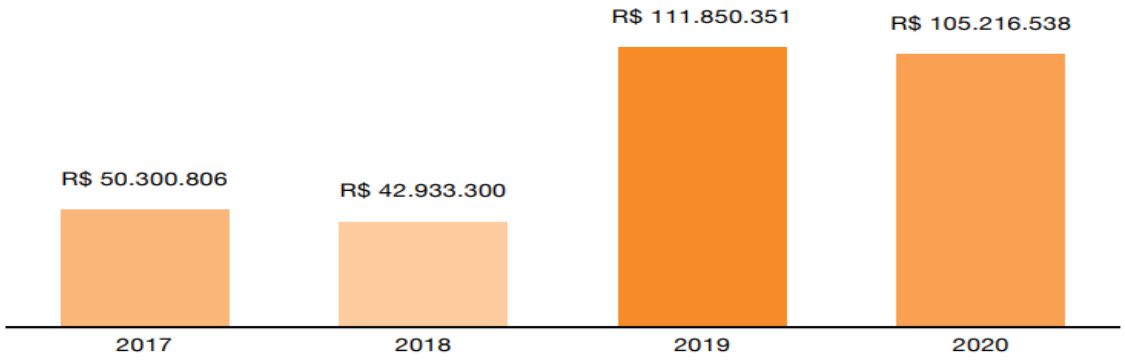
Table 2: Source of Funding for Therapeutic Communities (TC's)

SOURCE OF FINANCING	% OF TC'S RECEIVING
Donations from individual supporters	75.4
Voluntary contribution from clients and/or their families	66.6
Donations from churches and other religious bodies	63.5
Client payments	46
Resources of the TC or directed by them	44.7
Fund raising from parties, bingo, or lotteries	42
Municipal government funding	41.1
Donations from private national entities	33.9
Production and sale of products made in the TC's	32.4
State government funding	27.8
Federal government funding	24.1
Donations from private international entities	6.1

Source: Profile of Brazilian Therapeutic Communities (2017).

The data show that of the institutions surveyed by IPEA in the Profile of Brazilian Therapeutic Communities (Perfil das Comunidades Terapêuticas Brasileiras, 2017), 24.1% receive funding from the federal government, 27.8% from state governments and 41.1% from the municipalities, this is the portion of resources allocated to Brazilian mental healthcare that are directed to therapeutic communities, this can also be evidenced with data from Conectas Human Rights and the Brazilian Centre for Analysis and Planning (Centro Brasileiro de Análise e Defesa, 2020).

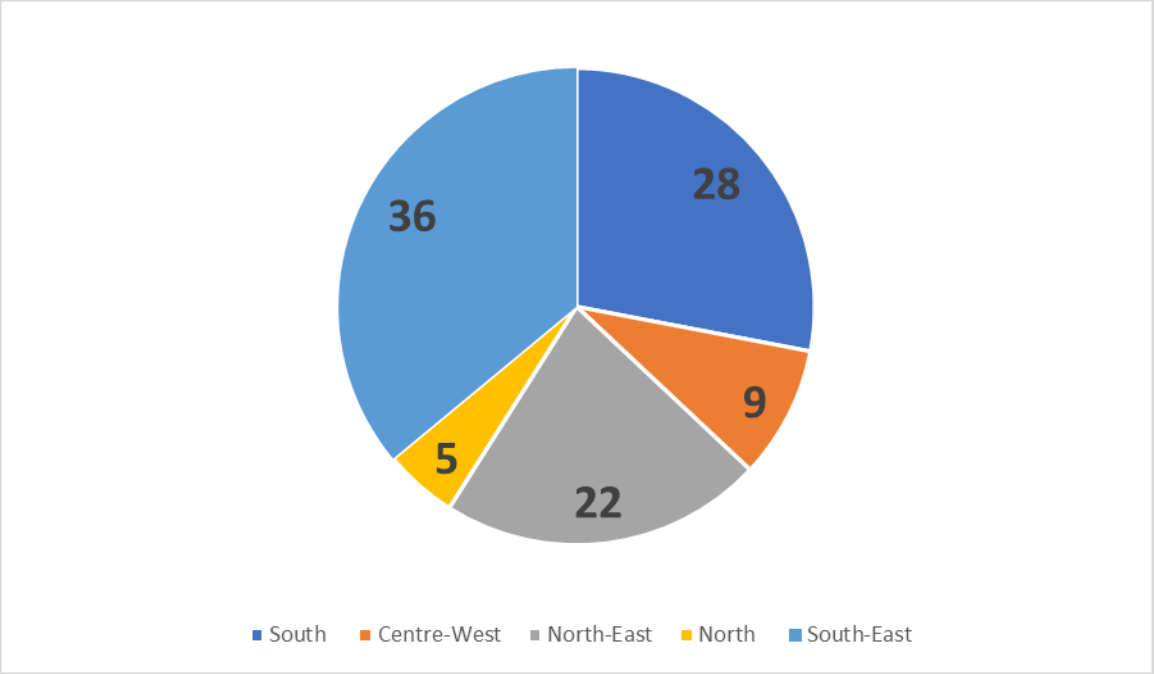
Graph 2: Federal financing of Therapeutic Communities



Source: Report on Public Financing of Therapeutic Communities 2017-2020 from the Brazilian Centre for Analysis and Planning (2020).

The graph shows the increase in government funding for TC's by region. When comparing 2017/18 with the period 2019/20, there is an increase of more than 100% in the resources allocated to these services, this is relevant as these resources are no longer directed to other arms of the Psychosocial Care Network under the responsibility of the State.

Graph 3: Percentage of resources paid to TCs by region



Source: Report on Public Financing of Therapeutic Communities 2017-2020 from the Brazilian Centre for Analysis and Planning (2020).

The highest concentration of public financial resources for TCs is found in the Southeast region with 36%, while the lowest is the North, with just 5%. In addition to this funding there are further resources, resulting from parliamentary amendments, for the purchase of vehicles, training of technical teams of professionals, maintenance of buildings and materials, and purchasing resources for use in professional courses (Centro Brasileiro de Análise e Planejamento, 2020).

According to Passos *et al*. (2020), TCs work is based on a tripod of work, discipline, and spirituality. Most communities impose the basic religion adopted by the institution as part of the treatment, while work is based on unpaid activities imposed as 'occupational therapy'. People in recovery are, however, carrying out work with none of the usual labour guarantees and replacing the hiring of workers. This violates law 10. 216/2001, a law which provides for the rights of people with a mental health disorder and steers the mental healthcare model.

Regarding the use of religion as a platform for intervention in recovery, Ribeiro and Minayo (2015) state that this is controversial. |Managers of these services believe that when chemical dependency is viewed as a sin to be renounced, clients develop the potential to exit their dependency through austerity and religious experiences imposed daily. In a further negative analysis, the imposition of participation in religious activities violates freedom of belief. There is also institutional violence through conversion rites, submission to moral principles, and discrimination on grounds of sexual and gender identity.

In addition, isolation from the family and other forms of sociability, sexual abstinence, and the *moral* behaviour of a religious person are demanded. Given the isolation of TCs there is also a decline in access to education and more precarious access to health services. Daily experiences are linked to discipline, 'occupational therapy', and religious activities, which could be viewed as a violation of human rights.

Regarding religions, Marx (2010) called them the 'opium of the people', in that they have the potential to anesthetise and dominate the individual as the protagonist of their own history. It develops non-being from 'being'. The concept, alone, of religion being used specifically for the treatment of drug addicts is challenging, and there is a lack of research confirming the scientific evidence that abstinence linked to the impositions of religiosity in TCs demonstrates significant improvements in treatment. There is fierce criticism, from various perspectives, of the process of rights violations.

Despite criticism of the TC model, and in accordance with Ministry of Health Ordinance 3,088 of 2011, which established the Psychosocial Care Network (Rede de Atenção Psicossocial - RAPS) for those suffering mental health issues due to the abuse of alcohol and other drugs, these institutions have become part of the Unified Health System network, offering residential services to the adult population for up to nine months (Brasil, 2011). The inclusion of TCs into RAPS indicates one of the most perverse aspects of ultra-neoliberalism by channelling State resources to organisations that deliver services of a hygienist and segregating nature, including religious conversion.

Following criticism regarding the *blackout* of information on mental health, the Ministry of Health presented, through the Secretariat of Primary Healthcare (SAPS), a report titled 'Data from the Psychosocial Care Network in the Unified Health System', containing the following information: Brazil currently has 2,836 Psychosocial Care Centres (CAPS), distributed across 1,910 municipalities. According to the report, the states of Mato Grosso and Rondônia do not have 24-hour care services and the states of Acre, Roraima and Tocantins do not have Psychosocial Care Centres for children and adolescents (CAPSi); other data shows the distribution of CAPS by region: the Northeast and South have the largest number of services, with an average of 1.70 CAPS per 100,000 inhabitants in the Northeast and 1.52 in the South; The regions with the lowest concentration of CAPS are the Central-West with 1.01 CAPS per 100,000 inhabitants and the North with 0.97. The three states with the lowest number of care centres are Amazonas, with 0.59 CAPS per 100,000 inhabitants, Amapá with 0.57 and the Federal District with 0.42 (Brasil, 2022).

The report's data reveals a lack of investment in and the marginalisation of mental health in Brazil. The number of CAPS does not cover even half of the existing municipalities, only 1,910 of the 5,568 municipalities plus the Federal District and the State District of Fernando de Noronha (Belandi, 2022). The breakdown by region also presents challenges, as the North and Central-West regions have the lowest number of mental health services in the network.

In Brazil, there are only 224 multidisciplinary teams providing specialised mental health care, this is an emergent framework for meeting population demand. This paucity is distributed by region, in the North only the state of Pará has a team, the Centre-West has two, one in Goiás and the other in Mato Grosso do Sul, only in the South and Southeast regions are there teams distributed in all States (Brasil, 2022).

Regarding the coverage of mental health beds in general hospitals, the states of Amapá, Amazonas, Maranhão, Mato Grosso, Roraima and Rondônia do not have any initiatives with proposals for spaces. The states of Pará, Rondônia and Roraima have no specialised psychiatric beds (Brasil, 2022).

This data indicates the potential achievement of necropolitics within mental health, undermined, as it is, by ultra-neoliberalism in Brazil. From an economic perspective, this model does not conform to the idea of the Minimum State, in this case the State acts forcefully and directs the flow that exacerbates barbarism at every step, including targeting mental health in the dismantling of public policies. The situation is characterised by neoliberal rationale, which, according to Casara (2021), exposes the deepest hardships of the capitalist system and encourages the naturalisation of absurdity and chaos amid barbarism as part of the everyday.

Mental healthcare is not just a contribution to civil society. But history is, apparently, being rewritten by other determinants, given that mental healthcare as a right remains inaccessible to the majority of the population. Regarding the confronting of psychological suffering and mental illness, there is an historical gap between rights and access.

There are many questions and few answers in the face of an ultra-neoliberalism that not only leads to, but also naturalises, barbarism. Mental illness involves expressions of the social question that demand interventions and the inclusion of those with mental illnesses. This requires the implementation and monitoring of public policies which have suffered year-on-year cuts, including the implementation of necropolitics which has been leveraged with greater vigour under the recent extreme right government. This is evidenced by Bolsonarism, which dictated meritocratic standards, demonised the poor, black and peripheral population, and encouraged the genocide of indigenous people and other population groups including those struggling to survive mental illness.

According to Marx and Engels (1998), the revolution takes place in the context of practice, in materiality and not in discourse. It is urgent that the fight for adequate mental health policies spreads across the community, as it is an emerging issue, amply revealed by the Covid-19 pandemic. As Marx said, philosophers in the past were concerned with considering the reality of the world, now it is time to transform it.

Final considerations

The hardships leveraged by the oppressive and exclusionary capitalist system indicate that the boiling point has been reached. Necropolitics have not only been introduced but legitimised at the hands of the extreme right, who took power in Brazil under Bolsonaro. These hardships have not been eliminated with the recent election and inauguration of a progressive government. Expressions of the social issue have emerged and have been silenced by denialism and conservatism, fuelled by contemporary reactionism.

There are lives that matter and others that are worthless. The idea of *homo sacer* expressed by Agamben (2007) no longer makes sense, as lives become *killable*, physically, and not just socially or symbolically. An unhealthy daydream yearns for militarism and wishes to eliminate minorities to guarantee the privilege of the elites. The various forms of violence are revealed, but little is said about the psychological illness that plagues millions, most of whom do not have access to a network of psychosocial care services consistent with that recommended in public policies.

The root of the problem echoes the Brazilian historical process. Issues related to mental health are shrouded in ostracism, discrimination, and almost absolute silence within the scope of policies that for centuries kept people in asylum institutions as a hygienist solution. The capitalist boiling point no longer allows the issue to be hidden. Debate is necessary to develop intervention strategies to contain this silent epidemic. It should, however, be emphasised that mental issues are not solely linked to psychiatric pathologies, but also to expressions of the social issue that emerge in this exclusionary and increasingly violent capitalist system, enhanced by a neoliberal rationality.

Marx (2006) portrayed how discrimination, inequality and oppression increase psychological suffering, even triggering suicide. Illness is not new, and the capitalist system encourages these more serious triggers. Overload, unhealthy relationships, the objectification of man, the reduction of the labour force to merchandise, surplus value, gender inequality, and poverty due to sex or colour, are all conditions that raise the likelihood of depression, panic syndrome, and anxiety disorders, among other psychiatric disorders widespread in the daily life of the population.

It is not enough to expose that resources do not meet the demands of mental healthcare in Brazil. It is necessary to resist, and to enhance the constant search for the right to have rights, for confrontations and possibilities in the face of the established capitalist order. We must fight, because as Thiago de Mello (2006) said: "I know we have to dream. A field without dew dries up the brow of those who don't dream."

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