



**Psychosocial Care Network: experience report in a multiprofessional residency program in Collective Health****Rede de Atenção Psicossocial: relato de experiência num programa de residência multiprofissional em Saúde Coletiva****Red de Atención Psicossocial: informe de experiencia de un programa de residencia multiprofesional en Salud Colectiva**

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**Objective:** to discuss the experience of working in a psychosocial care network through a Multiprofessional Residency Program in Collective Health. **Methods:** descriptive study, of the experience report type, carried out in the months of June and July 2022, focusing on management and planning, in the Psychosocial Care Centers of two municipalities in the interior of the state of Paraíba, PB, Brazil. The systematization of experiences was used under the guide of Oscar Jara Holiday, and meetings, daily record of experiences and observations. **Results:** among the strategies used in the services, the following stand out: encouraging the implementation of the Singular Therapeutic Project and Meetings with family members and users. There was low participation of the medical team in work processes and reduced family involvement in patient care. **Conclusion:** there was an encouragement to reflect on the work process, family insertion, health promotion and improvement in the quality of care, with a view to guaranteeing unique care for mental health users.

**Descriptors:** Mental health services; Family; Internship and residency; Public health.

**Objetivo:** discutir sobre a experiência de atuação em rede de atenção psicossocial através de um Programa de Residência Multiprofissional em Saúde Coletiva. **Método:** estudo descritivo, do tipo relato de experiência, realizado nos meses de junho e julho de 2022, com foco em gestão e planejamento, nos Centros de Atenção Psicossocial de dois municípios do interior da Paraíba. Utilizou-se a sistematização das experiências a luz de Oscar Jara Holiday, e reuniões, registro diário das experiências e observações. **Resultados:** dentre as estratégias trabalhadas nos serviços, destacaram-se: o incentivo à implementação do Projeto Terapêutico Singular e as Assembleias com familiares e usuários. Verificou-se baixa participação da equipe médica nos processos de trabalho e reduzida inserção familiar no cuidado ao paciente. **Conclusão:** houve estímulo a reflexão sobre o processo de trabalho, inserção familiar, promoção da saúde e melhora na qualidade de atendimento, com vistas a garantir o cuidado singular aos usuários de saúde mental.

**Descritores:** Serviços de saúde mental; Família; Internato e residência; Saúde pública.

**Objetivo:** discutir la experiencia laboral en una red de atención psicossocial a través de un Programa de Residencia Multiprofesional en Salud Colectiva. **Método:** estudio descriptivo, utilizando el enfoque de informe de experiencia, realizado durante los meses de junio y julio de 2022. El estudio se centró en la gestión y planificación de los Centros de Atención Psicossocial de dos municipios en el interior de Paraíba, PB, Brasil. Se utilizó la sistematización de las experiencias basada en la metodología de Oscar Jara Holiday, así como reuniones, registro diario de experiencias y observaciones. **Resultados:** Entre las estrategias desarrolladas en los servicios, se destacaron el fomento de la implementación del Proyecto Terapêutico Singular y las Assembleas con familiares y usuarios. Se observó una baja participación del equipo médico en los procesos de trabajo y una escasa participación de las familias en el cuidado de los pacientes. **Conclusión:** hubo el estímulo acerca de la reflexión sobre el proceso de trabajo, la inclusión de las familias, la promoción de la salud y la mejora de la calidad de la atención, con el objetivo de garantizar una atención individualizada a los usuarios de salud mental.

**Descritores:** Servicios de salud mental; Familia; Internado y residencia; Salud pública.

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## INTRODUCTION

**T**he Multiprofessional Residencies and Professional Health Residencies are a type of permanent education action, spread throughout the Brazilian territory, and aim to assist professional improvement, taking into account that undergraduate teaching favors the appropriation of the theoretical bases and residency programs prioritize performance as a professional and the application of knowledge in different instances. The residency program was created and enacted through Law No 9,394, in December 1996, and guided by the principles and guidelines of the Unified Health System (SUS), based on the local and regional needs and realities that cover the professions in the area. of health<sup>1</sup>.

The Multiprofessional Residency in Collective Health (RMSC), at the Escola de Saúde Pública da Paraíba (ESP-PB), seeks to train health care professionals with a focus on planning actions, care management and health education. Along with Institutional Support, residents act by offering support to municipalities in the planning process, helping the Health Regions in the organization and resolution of Priority Health Care Networks and carrying out permanent education and popular education actions in the spaces they pass through<sup>1</sup>.

The residency in question lasts for two years and is funded by the Brazilian Ministry of Health. It is held in the Alto Sertão Paraibano region, with the aim of training professionals who want to stay and strengthen the SUS in these regions. It takes place, as a priority, in three ceded cities: Catolé do Rocha (8<sup>th</sup> Health Region), Cajazeiras (9<sup>th</sup> Health Region) and Sousa (10<sup>th</sup> Health Region). But, as it is a residence focused on regional management, it seeks to strengthen the health of all the cities that make up each region. The vacancies for each professional vary with each public notice published<sup>1</sup>.

In the first year, the professionals are assigned to the Regional Health Managements, learning about the services and helping the municipalities in the region. However, in the second year, the multidisciplinary team goes through the five priority health networks: Chronic Diseases Care Network, Maternal-Infant Network, Care Network for Persons with Disabilities, Urgency and Emergency Network and Psychosocial Care Network. In addition, rotation can be carried out by professional nucleus, and even choose a city. At RMSC, the focus is not care, but health management and planning<sup>1</sup>.

Collective Health focuses on actions to promote health and prevent diseases and injuries, seeking an in-depth analysis of the context in which professionals work to develop care, education and management activities that are consistent with the reality of the population, qualifying care in health offered by SUS<sup>1</sup>.

Collective Health acts against the grain of traditional action, which starts from the understanding of the individual isolated from their socioeconomic, cultural, family and/or community context, so that the assistencialist and disjointed model that generates social dependents is a constant target of criticism, a since it treats individuals as mere patients who will need a totally passive treatment in the long term<sup>1</sup>.

The Psychosocial Care Network can be defined as a set of different services available in cities and communities, which, together, create a network to promote care for people with mental disorders and with issues resulting from the use of alcohol and drugs, as well as their families, in their different needs<sup>2</sup>.

The Psychosocial Care Center (CAPS) is a tool included in the RAPS and directly linked to the resolution of problems restricted to severe and persistent mental disorders, including the use of psychoactive substances, acting to contain them, and offering services such as: psychiatric consultation, psychological assistance, nursing consultation and nursing procedures, and therapeutic workshops, among others.

CAPS I receives patients on open demand or referred from a health unit with a referral form<sup>2,3</sup>. Thus, the present work aims to discuss the experience of working in a psychosocial care network through a Multiprofessional Residency Program in Collective Health.

## **METHODS**

This is an experience report, whose actions were developed during the fulfillment of the schedule of activities of the Multiprofessional Residency Program in Collective Health (RMSC), linked to the Escola de Saúde Pública da Paraíba (ESP-PB) in partnership with the Centro Universitário Santa Maria (UNISM) in the municipality of Cajazeiras, Paraíba, Brazil more specifically in the 8<sup>th</sup> Health Region – Catolé do Rocha, Paraíba, Brazil.

The multidisciplinary team of this group from the RMSC of the 8<sup>th</sup> Health Region was composed of a social worker, a nurse, a psychologist and a physical therapist. During the second year of residency, in 2022, the team went through several health services that make up the SUS Priority Health Care Networks. From this perspective, the reported experience was developed during the rotation of the Psychosocial Care Network (RAPS), in which residents were included in two CAPS in different municipalities.

The proposal of the performed interventions originated from the need of observed through the experiences in guaranteeing the right to citizenship of the mental health user; to guarantee the articulation of the service with the family in the subject's health process and their reintegration into the community based on a unique care.

The main themes addressed were: encouraging the implementation of the Singular Therapeutic Project (STP) and the importance of holding meetings with the families of these individuals. The strategies and resources used for the actions, in general, were a printed STP document, slideshow and conversation circles, and the actions were carried out in the spaces of the respective CAPS.

The method of systematization of experiences used was that of Oscar Jara Holiday (2006), which is a critical interpretation of the experience from its organization and reconstruction, in five stages<sup>4</sup>, described in Chart 1:

**Chart 1.** Systematization of experiences according to Oscar Jara Holiday<sup>4</sup>. Paraíba, Brazil, 2022.

Starting Point	Initial Questions	Retrieval of the Lived Process	Background Reflexion	Final Point
Rotation Intervention Project in the Psychosocial Care Network.	<ul style="list-style-type: none"> <li>- What is the role of the family in the care of individuals suffering from mental disorders?</li> <li>- How to include the family in actions to contribute as a user support network?</li> <li>- How to guarantee the user the right to autonomy in the production of health?</li> <li>- What is the importance of using the STP in the mental health service?</li> </ul>	<ul style="list-style-type: none"> <li>- Actions articulated in partnership with the State Coordination of the Psychosocial Care Network and both municipal services.</li> </ul>	<ul style="list-style-type: none"> <li>- The importance of management to reflect on how to guarantee the right of family life; the family's role in user care and treatment based on the uniqueness of each subject.</li> </ul>	Good adhesion and interaction of the target public of the actions and possibility of reflection on the right to citizenship for this user and relevance of the family's contribution in Mental Health Policies.

The actions developed were previously discussed and planned in a meeting with the field preceptors, with the State's RAPS technician, as well as with the multidisciplinary team of the RMSC, seeking to generate improvements for users and services.

## RESULTS

Throughout the month of June 2022, residents were placed in two different contexts to experience the rotation of the Psychosocial Care Network. The experience was vast, the reception and the bonds formed were crucial for the performance. Data were collected from medical records to understand service demands and how care flows were planned, as well as actions.

In addition, we participated in collective activities with day-users, carrying out educational activities, painting, arts and crafts, collages, singing, among others. From the analysis of the medical records and the experiences during the activities, an analysis was made on the insertion of the use of the STP in a Mental Health service, as a proposal for delivery at

the end of the rotation, both physical and virtual, for possible necessary changes, as well as the presentation through slides of how to use the instrument.

The following month, the next experience was at the second CAPS in the region, which was in the process of being reopened and, therefore, was not yet fully operational with users in the service. Residents were responsible, along with the service team, for planning the return flow of day-users, analyzing the medical records in detail, verifying whether they were still being properly monitored, with a recent consultation with the psychiatrist and with their medication up to date, or if they had abandoned treatment, and therefore, in this case, they could not immediately return to CAPS activities due to the risk of contagion. In addition, an active search could also be carried out through home visits.

In view of this, the director of CAPS, thinking along with the residents, brought the proposal to hold an Assembly with the users' families to inform them about the new functioning of the service. Residents started collecting data and, therefore, made calls inviting them to this moment, which was previously planned and organized together with the field preceptor.

During the Assembly, initially, the RMSC team was presented as well as the service, and then some integration dynamics were carried out. Subsequently, there was a moment for speeches to hear them about their demands and, afterwards, there was a dialogue about the return of the institution's activities. In the various actions, a good part of the services' multidisciplinary team actively participated in the meetings, including management representatives, such as the Municipal Health Secretary. In turn, the medical category did not participate.

## DISCUSSION

The Psychosocial Care Network (RAPS) was established in Brazil by Ordinance No. 3,088 of December 23, 2011, with the purpose of creating, expanding and articulating health care services for people in distress or suffering from mental disorders and with needs resulting from the use of psychoactive substances, within the scope of SUS<sup>2</sup>.

The guidelines RAPS include the respect for human rights, guarantee of autonomy and freedom of people; equity; fight against prejudice; guarantee of quality of care and comprehensive care; humanized care; activities that favor rehabilitation and social reintegration; among others. It consists of the following components: Primary Health Care, Specialized Psychosocial Care, Urgent and Emergency Care, Transitory Residential Care, Hospital Care, Deinstitutionalization Strategies and Psychosocial Rehabilitation<sup>2</sup>.

With regard to the Specialized Psychosocial Care component, the Psychosocial Care Centers (CAPS) are included, which are systematized into the following modalities: CAPS I, CAPS II and CAPS III, CAPS AD, CAPS AD III and CAPS i. These services fulfill the same function in public mental health care, diverging in only some characteristics. They primarily provide services to patients with severe and persistent mental disorders and with needs arising from the use of alcohol and other drugs, which may be in intensive, semi-intensive or non-intensive treatment<sup>4</sup>.

The 8<sup>th</sup> Health Region is under the support of CAPS I and CAPS AD. However, there was an absence of children's CAPS, in view of the high demand attended at the Specialized Center for Intellectual and Physical Rehabilitation (CER II) in the region. CAPS I is an outpatient daily care service, regulating the gateway to the care network, and includes the following activities: individual care, group care, care in therapeutic workshops, home visits, family care and community activities<sup>5</sup>.

Brazilian Law No. 10,216 of April 6, 2001 regards protection and rights of people in distress and suffering from mental disorders and redirects the mental health care model. This law, which became known as the Psychiatric Reform Law, was a breakthrough in the history of mental health in Brazil. Among the main aspects, there is the obligation of the user and their family to be informed about their rights and that all treatment must occur with the goal to achieving recovery through insertion in the family, at work and in the community. It is the responsibility of the State to promote this assistance to users, ensuring the proper participation of society and the family<sup>6</sup>.

The Brazilian National Humanization Policy (PNH), launched in 2003, aims to raise awareness of the way of promoting health, and guarantee the effective practice of the principles of the SUS in the services. The PNH brings as one of the principles: the development of protagonism and autonomy of users, being essential that the patient is active in their health process, signaling their wishes and needs and sharing responsibilities<sup>7</sup>.

From the guidelines of the PNH, the importance of developing the Expanded Clinic is also highlighted, which is a tool that considers the singularity of the subject, understanding them beyond the organic approach, prioritizing the dialogue between the team, family, user and society, in order to enable shared decisions in the health-disease process, committed to the users' autonomy and health<sup>7</sup>.

With that being said, given the experiences in the services, it was found that, no matter how humanized the team is, the biomedical view of the subject is still present, discarding their uniqueness, desires and needs. It was also noticed that most of the activities did not have a prior

individualized planning. This occurs due to the lack of team meetings to discuss cases, and many activities did not have a therapeutic focus, in addition to infantilizing the subject, disregarding their potential. The need for more extra-mural activities was also verified.

The insertion of the family of the user in the treatment was another weakness. From this perspective, thinking about the importance of integrating and articulating family and service and prioritizing the patient's autonomy in their health process, actions were developed to encourage the implementation of the Singular Therapeutic Project (PTS) and meetings with family members.

The action in the first service was about the importance of using the PTS, which is an instrument that includes a set of proposals and therapeutic behaviors articulated in an interdisciplinary team, together with the user and their family, to outline intervention strategies aimed at their real needs and goals.

This instrument has four steps. The first concerns the Definition of Diagnostic Hypotheses (pertinent questions of the case), the second deals with the Definition of Goals (needs, objectives and actions); the third stage contemplates the Division of Responsibilities (agreements, articulations, role of the family and professional of the team responsible for the case); and, finally, there is the Reassessment stage (treatment progress, necessary changes and evolutions)<sup>8</sup>. Residents presented the document and its stages and delivered the product, seeking to raise awareness of its importance within a mental health service, thinking about the subject's evolution and social reintegration, and respecting their wishes and goals.

At the end of the RAPS rotation, residents experienced another reality far removed from the previous one in the second service visited, given that the space was in the process of being reinstalled locally. The proposal for action in this environment was to hold Assemblies more frequently with users and family members, to insert the family in the subject's care process, bring them closer to the users and reaffirm its importance as a support network for that individual.

The Assemblies are a modality offered among the therapeutic resources, and represent a space for coexistence and discussion of issues related to the service. It is a resource that produces autonomy and an important institutional instrument, as it helps the team to be aware of how the user is in other spaces beyond the institution<sup>9</sup>.

With this in mind, the residents invited the family members of the day-users to participate in an Assembly in order to monitor how the users were during the peak of the COVID-19 pandemic, in addition to informing them about the return of activities, norms,

guidelines and operation of the service, security measures, due to the pandemic and make them aware once again about the role of the family in this process<sup>9</sup>.

The treatment of mental health users must be fully articulated with the family and community. It is essential that these subjects have a strengthened support network for their improvement and evolution, and for that, it is also necessary to take care of the family.

In addition, it is necessary to ensure that these individuals participate in community activities and that they increasingly progress and are able to be reintegrated into society. Therefore, the actions exposed in this work aimed to propose new strategies to improve the service, sensitizing the team to enable the participation of the subject and the family in their health process, thus guaranteeing their basic rights.

## CONCLUSION

The actions carried out were intended to generate a more sensitive look at the way the service is managed, looking to articulate means that would enable an offer of qualified and resolute care, focusing on the real needs of users, moving away from the organic approach and merely passive treatment.

It is important to guarantee to these individuals their basic rights, such as participating in their health process, together with their family and, thus, guaranteeing family life, taking into account that it is a primordial part of treatment, generating autonomy for them and permeating actions and activities with appropriate goals and objectives for each case.

The Collective Health Residency program was very important, as it operates in the logic of offering support to health services in the Alto Sertão Paraibano region, based on that keen eye on the part of the multidisciplinary teams of residents who propose interventions to broaden the perspectives of models of management and planning of services with actions that will strengthen the quality of care offered to the population.

From the interventions with the teams, it is expected that they reflect on the complexity of mental health care and the importance of developing articulations and the use of specific instruments, such as the STP, in an expanded clinical view, for the improvement of the service.

Throughout the rotation and its activities, productive and relevant actions were developed, that, if put into practice, will certainly add a lot to these environments. And, at the very least, generate reflection in the team on the work process, thinking about how to get out of automatic mode and propose new strategies that may be improving activities.



This, considering that the interventions of the residences are never intended to increase the workload, but rather to help in new ideas for the improvement of services and a qualified assistance to the population, thus strengthening the network and the SUS in its entirety.

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**Caroline Silva Fernandes de Sousa** contributed to the design, collection and analysis of data and writing. **Adalia Lacerda Nitão Sobrinho** participated in the design of the study. **Ana Elza Oliveira de Mendonça** collaborated in the revision. **Fernanda Prudêncio da Silva** and **Leilane Cristina Oliveira Pereira** contributed to the design, data collection and analysis, and revision.

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