







CHARACTERISTICS OF MENTAL HEALTH HOSPITALIZATIONS IN RIO GRANDE DO SUL GENERAL HOSPITALS

CARACTERÍSTICAS DE INTERNAÇÕES EM SAÚDE MENTAL DE HOSPITAIS GERAIS DO RIO GRANDE DO SUL

CARACTERÍSTICAS DE LAS HOSPITALIZACIONES EN SALUD MENTAL EN HOSPITALES GENERALES DE RIO GRANDE DO SUL

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ABSTRACT

Objective: to characterize the mental health hospitalizations beds in the referral general hospitals of the 4th *Coordenadoria Regional de Saúde do Estado do Rio Grande do Sul*, during 2016. **Method:** it is a cross-sectional, retrospective study in which 1,391 hospitalizations in six referral hospitals in mental health were analyzed, including hospitalizations of people with mental and behavioral disorders, and also hospitalizations from the use of alcohol and other drugs. Data were collected in May and June 2017 and analyzed using statistics in the Statistical Package for the Social Sciences software. **Results:** most of the hospitalizations were of young adults, male, predominantly in the age group of 18 to 39 years old. The diagnosis regarding mental and behavioral disorders from the use of alcohol and other drugs was more prevalent. The municipality with the highest prevalence of hospitalization was *Cacequi*; the *Centros de Atenção Psicossocial Álcool e Drogas* was the center that most referred for hospitalization; voluntary hospitalizations were the most frequent ones, and the longest hospitalization was from 16 to 30 days. **Conclusion:** this characterization allowed knowing the important indicators for the mental health care network and may contribute to the planning of the managers of the municipalities in the coverage area and the general hospitals.

Keywords: Mental Health; Mental Health Services; Hospitalization.

RESUMO

Objetivo: caracterizar as internações realizadas em leitos em saúde mental dos hospitais gerais de referência da 4ª *Coordenadoria Regional de Saúde do Estado do Rio Grande do Sul*, durante o ano de 2016. **Método:** trata-se de estudo transversal, retrospectivo, no qual foram analisadas 1.391 internações em seis hospitais de referência em saúde mental, contemplando as internações de pessoas com transtornos mentais e comportamentais, bem como os decorrentes do uso de álcool e outras drogas. Os dados foram coletados nos meses de maio e junho de 2017 e analisados por meio de estatísticas no software *Statistical Package for the Social Sciences*. **Resultados:** constatou-se que as internações, em sua maioria, foram de jovens adultos, do sexo masculino, com predominância na faixa etária de 18 a 39 anos de idade. O diagnóstico referente aos transtornos mentais e comportamentais derivados do uso de álcool e outras drogas apresentou maior prevalência. O município que com a maior prevalência de internação foi *Cacequi*; o dispositivo que mais encaminhou para internação foram os *Centros de Atenção Psicossocial Álcool e Drogas*; as internações voluntárias foram as que mais ocorreram; e o mais longo tempo de duração foi o período de 16 a 30 dias. **Conclusão:** essa caracterização possibilitou o conhecimento de indicadores importantes para a rede de atenção em saúde mental e poderá contribuir no planejamento dos gestores dos municípios da área de abrangência e dos hospitais gerais.

Palavras-chave: Saúde Mental; Serviços de Saúde Mental; Hospitalização.

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RESUMEN

Objetivo: caracterizar las hospitalizaciones realizadas en camas de salud mental de los hospitales generales de referencia de la 4ta Coordinación Regional de Salud del Estado de Rio Grande do Sul, durante 2016.

Método: estudio transversal y retrospectivo en el cual se analizaron 1.391 hospitalizaciones en seis hospitales de referencia en salud mental, incluidas las hospitalizaciones de personas con trastornos mentales y comportamentales así como las derivadas del consumo de alcohol y otras drogas. Los datos se recogieron en mayo y junio de 2017 y se analizaron utilizando estadísticas del software Statistical Package for the Social Sciences. **Resultados:** se observó que las hospitalizaciones fueron principalmente de adultos jóvenes, hombres, con predominio del grupo de edad entre 18 y 39 años. El diagnóstico sobre trastornos mentales y comportamentales derivados del uso de alcohol y otras drogas fue el más frecuente. El municipio con mayor prevalencia de hospitalización fue Cacequi; los Centros de Atención Psicosocial de Alcohol y Drogas fueron los que indicaron más hospitalizaciones; las hospitalizaciones voluntarias fueron las más frecuentes y la duración más larga fue entre 16 y 30 días. **Conclusión:** esta caracterización permitió conocer importantes indicadores para la red de atención de salud mental y puede contribuir a la planificación de los gestores de los municipios en el área de alcance y de los hospitales generales.

Palabras clave: Salud Mental; Servicios de Salud Mental; Hospitalización.

INTRODUCTION

The Psychiatric Reform in Brazil was based on the Italian movement driven mainly by Franco Basaglia, a psychiatrist who began the analysis and the transformation of knowledge, the treatment, and the psychiatric hospitalizations. This movement complaint the mistreatment, inhuman forms of the treatment of psychic suffering and the violence in all its specificities the individuals were subjected during hospitalizations in psychiatric hospitals. Also, the treatment on a territorial basis is prioritized, that is, outside hospitals with asylum and institutionalized ideologies, ensuring humanized and integral care with family insertion and without disruption to life in society.¹

In this context, the Brazilian Anti-asylum Fight emerged to endorse the objectives of the reform, highlighting the idea of defending human rights and rescuing citizenship of people with mental disorders. It was a broad, diverse and pluralistic movement based on a diverse spectrum of professionals, workers from mental health institutions, leaders of patients and their families, against the inhuman forms of treatment they were subjected to during the psychiatric hospitalizations.²

The Federal Law 10,216/2001 was approved in 2001 for the protection and rights of people with

mental disorders and redirected the mental health care model. Psychiatric hospitalization became part of the treatment, not as an entrance but a resource to be used when those offered by the network centers were unsuccessful and not necessarily in psychiatric hospitals, but in integral mental health beds in general hospitals.³

From the consolidation of this law, also known as the Psychiatric Reform Law, a Mental Health Policy was established at the national level to ensure the access and promotion of the rights of the person with a mental disorder, inciting care in substitute services to psychiatric hospitals through actions of different complexity levels.³

Thus, the mental health care was restructured, and the hospital-centered models should cease to be the base, gradually replaced by integral beds in mental health in general hospitals.³ These beds became part of the care assistance system of the person with a mental disorder in the territory, along with the services of the Rede de Atenção Psicossocial (RAPS).

RAPS (Ordinance 3,088 dated 12.23.2011) granted a care network for people with mental disorders and needs from the use of alcohol and other drugs, having several health services, including primary care, *Núcleo de Apoio à Saúde da Família* (NASF), emergency services, street assistance, among others.⁴ The integral beds of mental health are guaranteed in Law 10.216/2001, in its article 4, second paragraph, in which hospitalization should be structured to offer integral care to the patients who need it, including medical, social, psychological, occupational, leisure and other services.³

Resolution 562/20125 of the state of Rio Grande do Sul (RS) was approved by the *Comissão Intergestores Bipartite* (CIB), defining the organization and financing of hospital services for integral care for people with mental, behavioral and related disorders by the alcohol and other drug use in general hospitals. In the area covered by the 4th *Coordenadoria Regional de Saúde* (4^a CRS), there are 105 beds in mental health distributed in six general hospitals.

Knowing the characterization of psychiatric hospitalizations is considered important in order to encourage reflections and propositions to the managers of the municipalities of the 4th CRS, of the general hospitals, especially those involved in the study, of the *Coordenação da Política Regional de Saúde Mental*, of the scholars in the area, of the academic society, policy users and society in general. Therefore, this study aims to characterize the hospitalizations in the mental health

beds of the general hospitals of the 4th CRS in the state of *Rio Grande do Sul*, during 2016.

METHODOLOGY

This is a cross-sectional retrospective study held in six reference hospitals in the mental health area of the 4th CRS, which analyzed data on hospitalizations of mental and behavioral disorders, and those hospitalizations from the use of alcohol and other drugs during 2016, totaling 1,391 hospitalizations.

The area covered by the 4th CRS had 32 municipalities subdivided into two health regions: *Verdes Campos*, with 21 municipalities, and *Entre Rios*, with 11 municipalities, totaling a population of approximately 562,595 inhabitants⁶. Currently, the 4th CRS has 105 beds for mental health, distributed in six hospitals: *Hospital Universitário de Santa Maria* (HUSM) (30 beds, adults, both genders, according to the demand); *Hospital de Caridade de Santiago* (10 adult beds of both gender, according to the demand); *Hospital Nossa Senhora da Piedade* from *Nova Palma* (16 male adult beds); *Hospital Instituto Saúde e Vida de Cacequi* (10 male adult beds); *Hospital Santo Antônio de São Francisco de Assis* (14 male adult beds); and *Casa de Saúde de Santa Maria* (25 beds, 14 beds for women, 10 beds for men and one pediatric bed).

There are also some other characteristics in the hospitals such as *Casa de Saúde* is the only referral hospital for adolescents of both genders; HUSM does not receive mental and behavioral disorders patients from the use of alcohol and other drugs; *Hospital Nossa Senhora da Piedade* of *Nova Palma* does not receive compulsory hospitalization, and female beds are available in only three hospitals.

Data collection took place in May and June 2017 in a retrospective way, in two databases of hospitalizations in the mental health of the 4th CRS coverage area. The first database was available and authorized by the Coordinator of the *Política de Saúde Mental da 4ª CRS*, including the information/variables of hospitalizations of five referral hospitals in mental health: *Hospital de Caridade de Santiago*, *Hospital Nossa Senhora da Piedade* of *Nova Palma*, *Hospital Instituto Saúde e Vida* of *Cacequi*, *Hospital Santo Antônio de São Francisco de Assis* and *Casa de Saúde de Santa Maria*.

The second database was available and authorized by the coordinator of the HUSM *Unidade de Atenção Psicossocial* of the HUSM. The data of hospitalizations of this unit are not shared with the Coordination of the

Política de Saúde Mental Regional because according to information, they are monitored by the HUSM statistics department and are available to the community. Both databases were available through an authorization term signed by the respective coordinators.

The variables analyzed were: gender, age, municipality of origin/origin; diagnosis of hospitalization; the prevalence of hospitalizations by the hospital; length of stay; type of hospitalization (voluntary, involuntary and compulsory) and service that performed the referral. Soon after data collection, they were compiled and organized in Excel spreadsheets, and descriptive data analysis was applied in the Statistical Package for Social Sciences (SPSS) software version 21. Quantitative variables were described by means and standard deviation, and the qualitative variables were described by absolute (n) and relative (%) frequency. Results were presented in tables.

For the development of this study, the ethical aspects provided for in Resolution 466 of December 12, 2012, of the *Conselho Nacional de Saúde* (CNS) were observed, which defines the guidelines and regulatory standards for research involving human beings.⁷ Therefore, this study had the authorization for its implementation by the 4th CRS Mental Health Policy Coordination and participating hospitals, and it was also approved by the *Comitê de Ética em Pesquisa* (CEP) under number 2,054,343.

RESULTS

Data showed 1,391 hospitalizations in 2016, performed in the integral beds in the mental health of general hospitals of reference to the 4th CRS. By analyzing the variables, most hospitalizations (68%) had male patients (Table 1). The average age of hospitalized people was 40.7 (SD = 17.6).

The age group with the highest prevalence was 18 to 39 years old, with a percentage of 43%. The smallest age group was 60 years old or older, with only 9%. Most hospitalizations (63%) were between 19 and 59 years old. The highest prevalence of length of stay was 16 to 21 days, which represented 33% of hospitalizations; the smallest prevalence was over 90 days, with 1% (Table 1).

The municipalities with the highest percentage of hospitalizations were three of them using as population base for calculating of 10,000 inhabitants: *Cacequi*, with 67 hospitalizations per 10,000 inhabitants, followed by *São Pedro* (42/10,000 inhabitants) and *Ivorá* (37/10,000 inhabitants) (Table 2).

The ICD with the highest percentage of hospitalizations was ICD F10.2 (25%), referring to mental

Table 1 - Variables of hospitalizations held in the 4th CRS mental health reference beds, during 2016

Variables	Categories	n	%
Gender	Male	949	68
	Female	442	32
	Total	1391	100
Age	11 to 17	126	9
	18 to 29	320	23
	30 to 39	286	20
	40 to 49	290	21
	50 to 59	239	17
	60 or more	121	9
	Not informed	9	1
	Total	1391	100
Length of stay	0 to 7 days	133	10
	8 to 15 days	225	16
	16 to 21 days	456	33
	22 to 30 days	295	21
	31 to 60 days	198	14
	61 to 90 days	29	2
	>90 days	19	1
	Not informed	36	3
	Total	1391	100

Source: 2016 research data.

and behavioral disorders due to alcohol use with addiction syndrome, followed by ICD F19.2, indicating mental and behavioral disorders due to the use of multiple drugs (20%), and the ICD F20 - schizophrenia (10%). ICDs with 1% or less prevalence totaled 20% and uninformed ICDs, only 1% (Table 3).

The hospital with mental health beds with the highest percentage of hospitalizations was the HUSM, with 365 hospitalizations (26%), followed by the *Hospital Casa de Saúde* with 278 (20%). The hospital with the lowest percentage of hospitalizations was the Hospital de Caridade de Santiago with 168 hospitalizations (12%) (Table 4).

Two variables were shown by only five hospitals. The variables: "referral services" and "type of hospitalization" were not reported by the HUSM. The service with the highest percentage of referrals was the *Centro de Atenção Psicossocial Álcool e outras Drogas* (CAPS AD) with 28%, followed by the *Secretarias Municipais de Saúde* with 26% of referrals. The services with the lowest percentage were the *Centro de Atenção Psicossocial Infantil* (CAPS i), the *Central de Leitos da Secretaria Estadual de Saúde* and the *Unidades Básicas de Saúde* (UBS), all with 1% of referrals (Table 5).

Table 2 - Prevalence of municipalities of the hospitalizations in general hospitals with beds of mental health of the 4th CRS, during 2016, with population base per 10,000 inhabitants.

Municipality	n	Pop.	10.000
<i>Cacequi</i>	91	13.676	67
<i>São Pedro do Sul</i>	68	16.368	42
<i>Ivorá</i>	8	2.156	37
<i>Paraíso do Sul</i>	27	7.336	37
<i>São Francisco de Assis</i>	67	19.254	35
<i>Faxinal do Soturno</i>	21	6.672	31
<i>São Sepé</i>	67	23.798	28
<i>Nova Palma</i>	16	6.342	25
<i>São Vicente do Sul</i>	21	8.440	25
<i>Santa Maria</i>	640	261.031	25
<i>Silveira Martins</i>	6	2.449	24
<i>Santiago</i>	116	49.071	24
<i>Formigueiro</i>	16	7.014	23
<i>Jari</i>	8	3.575	22
<i>Itaara</i>	11	5.010	22
<i>Toropi</i>	6	2.952	20
<i>Agudo</i>	33	16.722	20
<i>Dilermando de Aguiar</i>	6	3.064	20
<i>Júlio de Castilhos</i>	37	19.579	19
<i>São Martinho</i>	6	3.201	19
<i>Pinhal Grande</i>	7	4.471	16
<i>São João do Polêsine</i>	4	2.635	15
<i>Vila Nova do Sul</i>	6	4.221	14
<i>Mata</i>	7	5.111	14
<i>Restinga Seca</i>	19	15.849	12
<i>Itacurubi</i>	4	3.441	12
<i>Jaguari</i>	13	11.473	11
<i>Unistalda</i>	2	2.450	8
<i>Nova Esperança do Sul</i>	3	4.671	6
<i>Dona Francisca</i>	2	3.401	6
Not informed	2	-	-
<i>Capão do Cipó</i>	1	3.104	3
From Other Coordinations	50	-	-
<i>Quevedos</i>	0	2.710	-
Total	1391	-	-

Source: 2016 research data.

The variable "type of hospitalization" was shown by only five general hospitals. The voluntary hospitalization had the highest percentage with 76% of the hospitalizations; the compulsory hospitalization had 23% of hospitalizations, and the involuntary hospitalization represented 1% of hospitalizations.

Table 3 - Percentage of ICDs of hospitalizations in the 4th CRS mental health reference beds, during 2016

ICD	ICD meaning	n	%
F 10.2	Mental and behavioral disorders due to alcohol use Addiction syndrome	355	25
F 19.2	Mental and Behavioral Disorder Due to Multiple Drug Use and Other Psychoactive Substance Use Addiction Syndrome	279	20
F 20	Schizophrenia	134	10
F 29	Schizophrenia with schizotypic disorders and delusional disorders	83	6
F 09	Unspecified organic or symptomatic mental disorder	56	4
F 31.2	Bipolar affective disorder, a current manic episode with psychotic symptoms	37	3
F 32	Depressive episodes	27	2
F 31.9	Unspecified bipolar affective disorder	26	2
F 32.2	A severe depressive episode without psychotic symptoms	26	2
F19	Mental and behavioral disorders due to psychoactive substance use	26	2
F 31	Bipolar affective disorder	24	2
F 60.3	Personality disorder with emotional instability	23	2
-	Uninformed ICDs	7	1
-	ICDs with 1% or <	274	20
Total		1391	100

Source: 2016 research data.

Table 4 - Percentage of hospitalizations in general hospitals with mental health beds of the 4th CRS, during 2016

Total hospitalizations in 2016	n	%
Hospital Universitário de Santa Maria	365	26
Hospital Casa de Saúde - Santa Maria	278	20
Hospital Instituto de Saúde e Educação Vida de Ca-cequi	212	15
Hospital Santo Antônio - São Francisco de Assis	206	15
Hospital Nossa senhora da Piedade de Nova Palma	168	12
Hospital de caridade de Santiago	158	11
Not informed	4	1
Total	1391	100

Source: 2016 research data.

DISCUSSION

This study showed that most patients of 1,391 hospitalizations were male (68%) in the integral beds in the mental health of the 4th CRS general referral hospitals during 2016. The male predominance is also found in other research on psychiatric hospitalizations. A study that characterized detox-related psychiatric hospitalizations in a public hospital in the state of Paraná found that most hospitalized people were male (79%).⁸

The predominance of male population was also found in research conducted with users with mental disorders associated with the use of substances hospitalized in a psychiatric inpatient

Table 5 - Percentage of services that send hospitalizations to the 4th CRS mental health referral beds, during 2016

Services	n	%
CAPS AD	284	28
Secretarias Municipais de Saúde	264	26
Estratégia Saúde da Família	236	23
Unidade de Pronto-Atendimento	117	11
De Outros Hospitais	26	2
Prontos-Atendimentos	26	2
Outros dispositivos da RAPS	25	2
CAPS	18	2
NI Not Informed	12	1
CAPS i	7	1
Central de Leitos SES	6	1
UBS - Unidade Básica de Saúde	5	1
Total	1026	100

Source: 2016 research data.

unit in the state of Ceará (95.1%).⁹ Beds available for mental health hospitalizations in the general hospitals of the 4th CRS are mostly male beds, and such organization may influence the prevalence of male patients in the hospitalizations.

Even the specificity in male gender of the 4th CRS, there are other two research also cited this predominance. According to the authors, this correlation between males and drug use may be due to the interaction factor and social affirmation for males. This is because men feel more need to expand

social relationships, seek new sensations, relieve annoyances, and improve self-esteem and sexual performance through drug use. In addition to socialization through drugs, men also value exposure behaviors, overcoming risks, family financial provision, and expression of power. According to the author, these related factors are important in understanding why so many young men are involved in illegal drugs.^{10,11}

The average age of hospitalized people was 40.7 (SD = 17.6) years old. A study in the state of *Paraná* that identified the profile of hospitalizations in psychiatric units of a general hospital found that the average age of hospitalized people was 41.5 years old,¹² very similar to the average found in this study.

The most prevalent age group was 18 to 29 years old, with a percentage of 23%. According to the data collection in the State Health Plan of RS from 2016 to 2019, the highest prevalence of people hospitalized in psychiatric beds is in the age group of 20 and 59 years old.⁶ A study conducted in 2011 found that the predominant age of psychiatric hospitalizations was from 30 to 49 years old.¹² In this study, most patients (90%) were up to 59 years old, and 35% of them were under 30 years old.

This high rate of hospitalizations of young people may be linked to the diagnoses that showed the highest prevalence, in which 25% were due to mental and behavioral disorders due to alcohol use with dependence syndrome, 20% were due to mental and behavioral disorders due to multiple drug use and 10% were due to schizophrenia. The two most prevalent diagnoses are related to the use of alcohol and other drugs.

According to a survey by the *Instituto Brasileiro de Geografia e Estatísticas* (IBGE) conducted in 2013 in Brazil, 24% of the population surveyed consumed alcohol once or more during the week, with a higher prevalence in the South, followed by the Midwest. Also, the IBGE study showed that in the age group of 18 to 39 years old, there is a percentage of 55.6% of individuals who drink alcohol once or more during the week, and 41.7% of participants started this practice between 18 and 24 years old.¹³ In this study, with 43% of people aged 18 to 39 years old, the regional data are not far from those of other studies.

The major demand of the 4th CRS was mental or behavioral disorders hospitalizations from the use of alcohol and other drugs. Schizophrenia was the third most prevalent diagnosis. Although one of the six hospitals with referral beds in mental health provides 30 beds only for mental disorders, for adults of both genders, this was not the ICD with the highest flow.

A study conducted in the city of *Campinas*, State of *São Paulo*, with people with mental disorders that aimed to verify the socio-demographic and clinical variables related to the hospitalization process showed that 30% of people had a mood disorder, 19.1% had schizophrenia, and 7.3% of

hospitalized people were due to psychoactive substance use.¹⁴ Based on this research, there were only 7.3% of hospitalizations due to psychoactive substance use in 2003, unlike the findings by Silva *et al.*¹², who showed that the prevalent group of psychiatric hospitalizations was of mental and behavioral disorders due to the use of psychoactive substances (47.5%), followed by schizophrenia (41.3%). These recent data are similar to this study, which showed that 45% of hospitalizations are due to mental or behavioral disorders from the use of alcohol and other drugs.

The highest prevalence in the length of stay was recorded from 16 to 30 days (54%). This percentage is equal to the data found in a study by Silva *et al.*¹², which also found 54% of hospitalizations with a treatment period of 16 to 30 days. Law 148, of January 12, 2012, defines the functioning and qualification rules of the mental health referral hospital service, indicating in its article 3 that the referral hospital service for the care of people with mental illness and suffering and with health needs from the use of alcohol, crack and other drugs will build its technical project considering short-term hospitalizations, until the clinical stability of the user, respecting the specificities of each case.¹⁵

Then, the law guides to a humanized care, respecting the user's adaptation to treatment, but indicating that it is of short duration. It is a topic that arouses many reflections, as there are professionals who believe in the recovery of the user if it was long, often exceeding months of hospitalization.¹⁵ In this investigation, 17% of hospitalizations remained for 31 days or more, having hospitalizations of 90 days or more.

Regarding the municipalities of the origin of hospitalizations in the reference hospitals in the 4th CRS mental health, during 2016, the municipalities with the highest prevalence were: *Cacequi*, *São Pedro* and *Ivorá*. This high percentage reveals the referral to other RAPS services, which could be performed more effectively and resolutely in primary care, with the support of other services, such as therapeutic workshops (Resolution CIB/RS 404/2011), *Núcleo de Apoio à Atenção Básica* (NAABs) (Resolution CIB/RS 403/2011), harm reduction compositions (State Ordinance 503/2014) and the *Núcleo de Apoio à Saúde da Família* (NASFs) (MS Ordinance/GM 154 of 01/24/08).⁶

Law nº 10.216/2001 prioritizes hospitalization as a last resource when the other resources are not successful, and care should be performed primarily in the territory.³ All the municipalities mentioned have primary care teams. *Cacequi* also has NASF, NAAB, and OT, and *São Pedro* has a harm reduction composition and one (1) CAPS II, so matrix support, continuing education, shared care, case management, and creative group activities can be carried out in these territories to strengthen community spaces for the promotion of mental health, as well as the expansion and qualification of care.⁶

Analyzing the percentage of hospitalizations performed in hospitals during 2016, although mental and behavioral disorders due to alcohol and drug use were the most prevalent, the hospital with the highest flow of hospitalizations was the HUSM (26%), which admits only users with mental disorders.

The number of beds for mental health care is determined by the number of inhabitants. According to Ordinance GM/MS 148/2012, the distribution of hospital beds for the care of people with suffering or mental disorder and in need of health due to the use of alcohol and other drugs must observe the parameter of one (1) bed for every 23,000 inhabitants.¹² The area covered by the 4th CRS has a population of approximately 562,595 inhabitants.⁶ Thus, only 24 beds are needed to ensure what the ordinance defines, but currently, the area has 105 beds in general hospitals, that is, there are 81 more beds than required, and there is no need for further contracting.

The advent of Ordinance 148/2012 and subsequent ones ensures integral and resolute care to hospitalized people, to initiate or continue treatment. By adapting to this decree, the State through Resolution CIB/RS 562/12, redefined the form of organization and financing of hospital services for comprehensive care with mental and behavioral disorders and needs arising from the use of alcohol and other drugs in general hospitals.⁵

The main change adopted is the exclusion of the distinction of beds in the categories “psychiatric beds” and “clinical beds for alcohol and other drugs” for beds of integral mental health care.¹⁶ This reflects the need for a new organization of services within the RAPS that address the perspective of psychosocial care.

The services that had hospitalizations in the mental health beds of the 4th CRS during 2016 showed that CAPS AD had a higher prevalence of referrals (28%), unlike the study conducted in *Paraná*, which reported that *Centro de Atenção Psicossocial* (CAPS) were classified in fourth place (17.1%).¹² In contrast to the reality of hospitalizations of the 4th CRS, CAPS use hospitalization as one of the main tools for the treatment of mental and behavioral disorders from drug use before the inclusion in RAPS services and centers, reflecting the fragmentation of care across the territory.

Most of the hospitalizations were voluntary (76%), in line with the *Paraná* study, which found 63.3% of hospitalizations of a voluntary nature.¹² Despite the variables: “referral services” and “ICD of hospitalizations” had a common characteristic, the correlation with the use of alcohol and other drugs, compulsory hospitalization, widely used in these events, was not the most indicated in 2016 in the region.

According to current legislation, any hospitalization will only be indicated when extra-hospital resources are insufficient. These occur in three ways: voluntary, which happens when

there is express consent of the patient; involuntary, when there is no consent from the patient, requested by third parties, and must be reported to the *Ministério Público Estadual*; and compulsory, which is determined by court order.³

When hospitalization is used for the treatment of mental and behavioral disorders caused by the use of alcohol and other drugs must be offered based on the harm reduction policy. From this perspective, abstinence cannot represent a single goal to be achieved. It is also necessary to understand that when it comes to taking care of human lives, they are made of singularities, respecting the different possibilities and choices.¹⁷

When people are seen in their entirety, the focus of health care goes beyond alcohol and other drug use, and there is a life history of being respected. Thus, it is up to the psychosocial care network to assist people and their specificities, guiding the services and programs that they can access in guaranteeing their citizenship and autonomy, strengthening them to be the actors of their history.

CONCLUSION

The characterization of the hospitalizations held in mental health in general hospitals referrals of the 4th CRS during 2016, allowed to know the important indicators, possibilities, and limitations for the mental health care network. Most of the hospitalizations were of young adults, male, in the predominant age group was from 18 to 39 years old. The most prevalent diagnosis was related to mental and behavioral disorders from the use of alcohol and other drugs. The city with the highest prevalence of hospitalization in mental health was *Cacequi*, the center with most referrals for hospitalization was CAPS ADs, voluntary hospitalizations were the most frequent and the longest duration was from 16 to 30 days.

Thus, it is important to contribute to the planning of the managers of the municipalities in the area covered by this coordination and of the general hospitals with integral beds in mental health, with the support of the *Política Regional de Saúde Mental*, aiming at the qualification of mental health care, promoting integral and qualified care, as well as producing scientific knowledge on the theme in the region and having the premise of serving as a reference for new studies.

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