CONCEPTIONS OF HEALTH SERVICES MANAGERS ABOUT THE PSYCHOSOCIAL CARE NETWORK TO CRACK USERS

CONCEPÇÕES DE GESTORES DE SERVIÇOS DE SAÚDE SOBRE A REDE DE ATENÇÃO PSICOSSOCIAL A USUÁRIOS DE CRACK

CONCEPTOS DE LOS ADMINISTRADORES DE SERVICIOS DE SALUD SOBRE LA RED DE ATENCIÓN PSICOSOCIAL PARA USUARIOS DE CRACK

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ABSTRACT

Objective: the objective of this study was to understand the concept of health service managers about the psychosocial care network for crack users. *Methods:* qualitative research, evaluative type, using the Fourth Generation Evaluation reference. Alcohol and other drugs in a city in the state of Rio Grande do Sul, Brazil took place in a Psychosocial Care Center. Data collection took place between January and May 2013, based on interviews guided by the use of the hermeneutic-dialectic circle. *Results and Discussions:* managers revealed a concept of intersectoral network, recognizing the services of the psychosocial care network and the articulation between them. Also, they understood the importance of partnering with devices from other sectors of society. *Conclusions:* city managers have endeavored to establish a user-centered mental health policy, with intersectoral articulation, d efending the principles of the psychiatric reform and psychosocial care.

Keywords: Mental Health; Health Care Reform; Drug Users; Comprehensive Health Care; Health Services.

RESUMO

Objetivo: o objetivo deste estudo foi conhecer a concepção de gestores de serviços de saúde sobre a rede de atenção psicossocial a usuários de crack. *Métodos:* pesquisa qualitativa, do tipo avaliativa, com a utilização do referencial da Avaliação de Quarta Geração. Foi realizada em um Centro de Atenção Psicossocial álcool e outras Drogas de um município do Estado do Rio Grande do Sul, Brasil. A coleta de dados ocorreu entre janeiro e maio de 2013, a partir de entrevistas orientadas pela utilização do círculo hermenêutico-dialético. *Resultados e Discussões:* os gestores revelam uma concepção de rede intersetorial, reconhecendo os serviços da rede de atenção psicossocial e a articulação entre eles. Além disso, entendem a importância da parceria com dispositivos oriundos de outros setores da sociedade. *Conclusões:* os gestores do município têm se empenhado em constituir uma política de saúde mental centrada no usuário, com articulação intersetorial, defendendo os princípios da reforma psiquiátrica e da atenção psicossocial.

Palavras-chave: Saúde Mental; Reforma dos Serviços de Saúde; Usuários de Drogas; Assistência Integral à Saúde; Serviços de Saúde.

RESUMEN

Objetivo: el objetivo de este estudio fue comprender el concepto de los administradores de los servicios de salud sobre la red de atención psicosocial para usuarios de crack. Métodos: investigación cualitativa, tipo evaluativa, que utilizó el marco de referencia de la evaluación de cuarta generación. El estudio se llevó a cabo en un Centro de Atención Psicosocial alcohol y otras drogas de una ciudad del estado de Rio Grande do Sul, Brasil. La recogida de datos se efectuó entre enero y mayo de 2013, con entrevistas según la técnica del círculo hermenéutico-dialéctico. Resultados y debates: los administradores revelan un concepto de red intersectorial que reconoce los servicios de dicha red de atención y la articulación entre ellos. Además, entienden la importancia de asociarse con dispositivos de otros sectores de la sociedad. Conclusiones: los administradores de la ciudad se han esforzado por establecer una política de salud mental centrada en el usuario, con articulación intersectorial, defendiendo los principios de la reforma psiquiátrica y de la atención psicosocial.

Palabras clave: Salud Mental; Reforma de la Atención de Salud; Consumidores de Drogas; Atención Integral de Salud; Servicios de Salud.

INTRODUCTION

In recent decades, the knowledge and practices in the mental health area have shown important changes. With the consolidation of the worldwide psychiatric reform movement, the break with a tradition centered on the asylum model began to understand and defend that madness needs to be understood within a diversity of spaces, scenarios, and cultures.

Driven by Italian reformist ideology in the 1970s, the psychiatric reform movement was born as part of a process marked by ideals for strengthening a territorial network and for a change in the psychiatric paradigm supported by institutionalized care in closed institutions. The main objective of the reform was to show that doing asylum came from an ideology that saw its way of operationalization. Thus, not only it breaks with the perspective of the asylum paradigm, but a new conception of public policies is also required, together with the need to rethink services, relationships and people.[1]

In the isolation, the concept of mental health care, within the contemporary reform perspective, presupposes the importance of understanding the quality and power of patient participation within the rehabilitation proposals. This means that true rehabilitation creates care or treatment plans that respect differences, diversity and individual needs. It is a partnership, conducted in humanized atmospheres and in services that provide conditions for the patient to express and gain autonomy.[2-4]

In the Brazilian context, the changes introduced by the reformist world movements took place around the 1980s, with the participation of social movements articulated with the innovative perspective that it is possible to take care outside the walls of the asylum. In this sense, the idea of a connected service network was configured as one of the main tendencies to overcome the hospital-centered model. For example, the establishment of Psychosocial Care Centers (*Centros de Atenção Psicossocial-*CAPS), Community and Culture Centers (*Centros de Convivência e Cultura*), the opening of psychiatric beds in General Hospitals, the Offices on the street and the effective participation of primary care are essential in this context.[5]

These and other points of care are a *locus* of care for drug users, who until then had psychiatric hospitalization or assistance in large outpatient clinics as the only care options. However, it is still common to observe in the Brazilian context that these users suffer mainly due to the moralism and prejudice still attached to Brazilian culture, which sees, in the user, someone who cannot live in society.

Seeking a new perspective to overcome this issue, the Brazilian Mental Health Policy has been discussing the incorporation of the specificity of drug use within a community-based model. In this model, we highlight the lack of freedom of movement of the user through the city, but also that he has access to treatment in special and necessary cases, all within his community and not detached from his life context. Based on this, the Integrated Plan to Combat Crack and Other Drugs (*Plano Integrado de Enfrentamento ao Crack e Outras Drogas*) and the policy of the Psychosocial Care Network (*Rede de Atenção Psicossocial-*RAPS) was launched, through Decree 7179/2010 and Ordinance 3088/2011.[6,7]

Together with the premises of the National Health System that guarantees universality of access, equity of care and humanization, mental health care must be able to raise awareness of the different territories, cultures, and individuals that make up this territory. However, this Brazilian geographic reality with its diversity of cultures and inequalities is the responsibility of the municipality for national guidelines, and to establish policies based on local health needs.[8] This means that each Brazilian municipality has the autonomy to organize its care network, according to the real priorities within the regional health agenda.

Thus, the execution of actions that contemplate the individual drug user in its plurality requires an effort to integrate with other local social policies (education, social assistance, health, culture, justice, housing, etc.), and also is a challenge for municipal health managers. Thus, it is important to know the network concepts that involve management and the manager since they are important social actors and that their conceptions will guide the implementation of these guidelines in practice.

Therefore, this study aims to understand the concept of managers of mental health services about the care network for crack users. With this study, we expected to highlight relevant aspects for decision-making in the social policy that, although at this local level, contribute to rethinking regional and national political orientations.

METHODS

This is an excerpt from the *Avaliação qualitativa da rede de serviços em saúde mental para atendimento a usuários de crack* (ViaREDE), funded by the *Brazilian Ministry of Health* and the National Council for Scientific and Technological Development (*Conselho Nacional de Desenvolvimento Científico e Tecnológico-*CNPq). It has an evaluative nature of a case study type. The research used the theoretical and methodological reference of the Fourth Generation Assessment, carried out in a Brazilian municipality.[9]

The Fourth Generation assessment has a constructivist and responsive character. It is built through an interactive process and negotiation between interest groups, directly involved with the assessed object. As the individuals get involved with the evaluation process, they start to reflect and better understand their reality, expanding the possibilities of intervention.[9]

The participants of this study were seven health workers with the position of managers of mental health services in the studied city. These managers worked in the following services: specific Psychosocial Care Center (*Centro de Atenção Psicossocial*) for the care of drug users, Psychosocial Care Center for children and adolescents, Psychosocial Care Center for general psychiatric disorders, General Hospital of the Municipality and the Area Primary Care Technique. Also, the municipal mental health coordinator participated in the study.

We collected data between January and March 2013, through participant observation and the application of semi-structured interviews, using the Hermeneutic Dialectic Circle. The circle is hermeneutic because it has an interpretive character, making inferences and interventions. Also, it is dialectical because it allows people to reveal their points of view and can be presented to the constructions of others so that there is a product (synthesis) based on the diversity of opinions.[9]

The circle works as follows: an initial respondent R_1 who participates in an open interview to determine an initial construction for the focus of the research. He is asked and invited to build, describe and comment. At the end of the interview, the respondent is asked to indicate another respondent, called R_2.

The researcher analyzed the central themes, conceptions, ideas, values, concerns and questions proposed by R^1, formulating a construction called C_1. The second respondent (R_2) is interviewed and, if any construction addressed by R_1 is not covered by R_2, R_2 is invited to comment on it. R_2's interview produces information from R_2 and a critique of R_1's construction. The researcher concluded the second analysis resulting in C_2 as a more sophisticated and informed construction, and so on until the data collection is complete.

The method demanded that the analysis and data collection were parallel processes, one directing the other, based on the Constant Comparative Method.[10] After the data collection and the organization of the constructions of each group, the negotiation stage was carried out. The interviewees were gathered and the
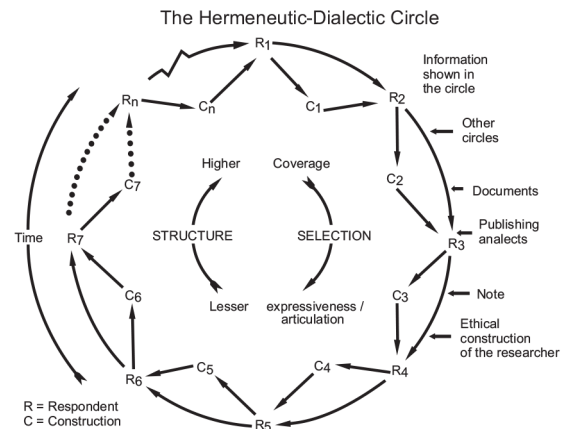

Figure 1 - The Hermeneutic-Dialectic Circle.
Source: Guba E, Lincoln Y. Fourth Generation Evaluation. Newbury ParkM CA: Sage; 1989. p.159.

provisional result of the data analysis was presented, so that they could have access to all the information and had the opportunity to modify it or affirm its credibility.[9]

After the negotiation of this provisional result, we incorporated the changes that emerged in the discussion, regrouping the final content, allowing the construction of thematic categories. This article shows the results related to the conception of a mental health care network.

The Research Ethics Committee of the *Universidade Federal do Rio Grande do Sul* (UFRGS), evaluated the project, receiving a favorable opinion on the execution (protocol 20157/2011). The National Research Ethics Council of the Brazilian Ministry of Health also evaluated the study, receiving a favorable opinion on its execution (opinion 337/2012).

The ethical practice requires that the interviews are informed to the individual and that they voluntarily agreed on participate, recorded in a specific document. Brazilian ethical standards guide researchers to present a document to the participants called "Free and Informed Consent Form". It summarizes the main guidelines of the ethical requirements (risks, benefits, possible research contributions, among others) and regulates the participation of the investigated person. To guarantee anonymity and confidentiality, the participants were identified with the letter "G", followed by the number in which they appeared in the interview. For example G3, G1.

As it is a participatory evaluation proposal, this could not be different since the methodology requires the group to participate in the entire process in an informed and voluntary manner.

RESULTS AND DISCUSSIONS

The emphasis on the need for care involving different sectors of society gains the agenda of the IV National Conference on

Mental Health (*Conferência Nacional de Saúde Mental*, 4) in 2010, with the theme of Intersectoriality. This discussion contributed to the maturation of the conceptualization of the Psychosocial Care Network (*Rede de Atenção Psicossocial*-RAPS) aimed at the creation, expansion, and articulation of health care points for people with mental disorders, including those with needs from the use of crack, alcohol and other drugs, within the scope of the Unified Health System (Sistema Único de Saúde-SUS).[7,11]

This network in the municipality surveyed is composed of devices characteristic of the Psychosocial Care Network, such as components of Psychosocial Care (adult CAPS, CAPS childhood and adolescence and CAPS alcohol and other drugs), components of Primary Health Care (Basic Health Units, Family Health and Street Clinic Strategies), component of Urgency and Emergency Care (Emergency Care) and component of Hospital Care (Psychiatric beds in general hospital):

> *Besides to CAPS, we have the Hospital in the [...] municipality, the CAPS, which also has the detoxification unit. The Basic Health Units, as a health network, also provide this support, when the patient stabilizes, when he is discharged from the service.* (G2)

> *CAPS II also attends as long as we understand that it is accompanied by a mental disorder, we have a CAPS i and a CAPS AD. The street clinic [...] begins to compose a mental health service that will contribute to the referral of these users, with their approach on the street.* (G3)

Among these services, the office on the street is shown as the most recently implemented psychosocial care device in the city, recognized as a relevant service to address drug users in their territory. Also, the managers mentioned that the Psychosocial Care Centers (*Centros de Atenção Psicossocial*) also address the diversity of problems involving the user, avoiding a framework as if only the problems arising from the use of the drug were the responsibility or competence of specialized services, such as CAPS AD.

However, health services are not the only points of care in the care network for drug users in the municipality:

> *We have a network composed of other departments, the secretariat of assistance, the secretariat of education and other areas of culture. So we usually end up working together with the assistance, which is the Social Assistance Reference Centers (CRAS), the Specialized Social Assistance Reference Centers (CREAS), to be closely monitoring.* (G2)

Other devices outside the health sector assisting drug users are schools, CRAS, CREAS, education and culture departments and other sectors of civil society.

The articulation of these care units in the network seeks to provide users with the possibility of their social insertion, aiming at comprehensive care achieved, especially through intersectoral actions. In this sense, the articulation between managers of different services and sectors is necessary for the elaboration of guidelines, for agreeing on actions and for monitoring and evaluating the implementation of policies aimed at drug users.

In this case, the intersectoral network allows different possibilities to be built for the construction of real-life projects that address the needs of users.[12] Thus, it is not possible to care for drug users without a network involvement:

> *I think you have to have this network relationship, at least to help with the cases, a network with the government, with the hospital, with the neighborhood association. From these neighborhood association contacts, I'm going to get out of here and see what's going on. Do an activity outside, do a workshop outside the workplace. I go to the street, to meet the society, the community.* (G5)

The diversity of care devices in the territory is essential for the care of drug users, also involving aspects such as housing, work, and leisure. However, this conception again reinforces the need for articulation. Thus, from an operational point of view, it must occur from the involvement of the professional with actions in the territory, such as workshops inside and outside the services, contacts with community devices and relationships with civil society.

Networking proposal is still a challenge for Brazilian managers, especially because they are linked to the execution and inspection of public policies. This work requires their answers that ensure the fundamental rights of the citizen, especially in a context in which social exclusion is highlighted as in the case of assistance to drug users.[13]

For the managers, intersectoriality appears as one of the conceptions of the network of care to crack users in the municipality. However, the conception of the care network involving institutions and services is not limited to this formal domain of social policies, as it also refers to a network of relationships that people establish in their daily lives, in search of support to deal with vicissitudes of life:

> *The service network beyond public policies is a challenge that is posed when I speak of the care line. We can see the user's network, what he would benefit FROM accessing. [...] The population has its network, it has its mother's clubs, residents' associations, the local Church, we have to prioritize investments in the territories [...] the people is who does it.* (G1)

The network of relationships can differ according to the types of associations that characterize them. Thus, social associations involve religion, community, youth, sports, women, health and education, and information groups. Political associations include

trade unions, professional associations, and political parties. The new political organizations cover the environment, peace, animal rights and groups that defend collective rights and citizenship.[14]

The emphasis of these relationships fostered by managers, and possibly by services (workers) falls above all on social associations. This reveals the relevance of this type of relationship to meet the needs of users, but at the same time, it shows the need to advance in expanding the ways of associating with the devices and people of this network, seeking associations in the political sphere and new organizations.

In the construction of social networks, the individual establishes exchange relationships with his family and with other people, composing an expanded and diversified social network. These elements constitute a conception of a network linked also to the user's relationship networks, which, despite being guided by the policy regulations, must be evaluated, built, enhanced or even weakened, depending on the case, in the care processes in services, and especially from the professional-user relationship.[15]

This does not exempt managers from being responsible for the organization of network devices without considering the user relationship networks. This is because it is still frequent to observe that even when accessing specialized services for treatment, the users find difficulties in the continuity of care since they access parallel networks that are not always part of the formal itinerary of the service.[16] Understanding the offer of psychosocial care services through public policies capable of being operated in a dynamic and flexible enough way to absorb the user's movements in the network and the relationships triggered to solve their difficulties or problems are very important.

In this sense, there is a drawing outlined by managers as fundamental for the consolidation of public policy, which is the meeting of agreement mechanisms between the managers of different services responsible for the care of drug users. In the municipality of this study, the solution was to build a flow protocol, where the responsibility of each one in this process is clear:

> We created together and instituted a protocol of flows in the area of mental health. So, several institutions signed this protocol because partnerships were built. [...] The Public Ministry signed this protocol [...]. We called the hospital, we called SAMU for discussion. It is what we are proposing to do in the possibility of this shared care because to think about the network is to think about shared care. (G1)

More than providing systematic meetings to discuss problems related to network services, the protocol of flows for mental health care mentioned by managers was agreed between institutions from different sectors of society (CAPS AD, CAPS adult and child, Primary Care, General Hospital of the municipality, Emergency Room, Mobile Emergency Service, Public Ministry, etc.).

This protocol describes the role of each service, highlighting the regulatory function of CAPS in caring for users of mental health. According to the document, this care is guided according to the psychosocial care model and in the offer of disease prevention, health promotion, treatment, and social reintegration actions.

Therefore, the conception of managers meets the construction of public policy focused on the needs of the user. When the initiative by the managers was to constitute a proposal linked to the current premises of the national mental health policy, it is evident the institutional commitment of the researched management with the prerogatives of care in freedom and the valorization of SUS as a State policy.

CONCLUSION

This study allowed knowing some conceptions that guide health managers in making decisions about the construction of an agenda that enables them to qualify and expand mental health care. In this perspective, the expanded conception can perceive the importance and relevance of the operationalization of diversified strategies that allow the organization of the network based on local needs.

Intersectorality appeared as a guideline that seeks to articulate social equipment, other health care units, the partnership with other public services and civil society among the fundamental characteristics that guide managers in formulating policies to consolidate a policy that respects the premises that founded the Brazilian national health system and the psychiatric reform as an unfolding of this movement.

According to them, pursuing intersectorality is not only an initiative but a co-responsibility. Thus, in the case of the phenomenon of drug use, the intersectoral composition aligns a political discourse and inaugurates a philosophy of care centered on the individual, that is, focused on his need and his lived reality.

The broader understanding of managers, dialoguing with current trends in the psychosocial area of an innovative character reveals a certain health commitment to highlighting the importance of care in freedom, free from prejudices and moralizing issues, which segregate and oppress the individual.

Even if the research brings results from local reality, it can contribute to guide the practices and knowledge in the psychiatric reform area since the movement has become one of the most relevant worldwide flags of the struggle for the construction of a more dignified, inclusive and sensitive society.

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