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Psychosocial care network: adequacy of roles and functions performed by professionals

Rede de atenção psicossocial: adequação dos papéis e funções desempenhados pelos profissionais

Red de atención psicosocial: adecuación de roles y funciones desempeñados por profesionales

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ABSTRACT

Objective: To verify the adequacy of the roles and functions performed by higher education professionals in the services of psychosocial care network in a Northeastern Brazilian capital.

Method: Cross-sectional, analytical study of quantitative approach. The sample was composed of 65 professionals from seven services of psychosocial care network in Natal, Rio Grande do Norte, Brazil. A questionnaire with closed and semi-open questions was used. The data were analyzed using SPSS version 20.0, with the chi-square test and the Fisher's exact test application. A significance level of 5 % (p<0,05) was adopted.

Results: Inadequacy regarding the care of family groups (52.3%), specialist training in mental health (69.2%, p=0.02), and working difficulties in services (87.7%) were detected.

Conclusion: The roles and functions carried out by professionals in the services surveyed are adequate, although coexisting with numerous difficulties.

Keywords: Mental health. Mental health services. Health manpower. Nursing. Professional role.

RESUMO

Objetivo: Verificar a adequação dos papéis e funções desempenhados pelos profissionais de nível superior nos serviços da rede de atenção psicossocial de uma capital do Nordeste brasileiro.

Método: Estudo analítico, transversal, de abordagem quantitativa. A amostra foi composta por 65 profissionais de sete serviços da rede de atenção psicossocial de Natal, Rio Grande do Norte, Brasil. Utilizou-se um questionário com perguntas fechadas e semiabertas. Os dados foram analisados através do SPSS versão 20.0, com aplicação dos testes Qui-quadrado e exato de Fisher. Adotou-se nível de significância de 5% (p<0.05).

Resultados: Detectou-se inadequação quanto ao atendimento aos grupos de familiares (52.3%), à formação especializada em saúde mental (69.2%; p=0,02) e às condições de trabalho nos serviços (87.7%).

Conclusão: Os papéis e as funções desenvolvidas pelos profissionais nos serviços pesquisados estavam condizentes com a proposta desses serviços, embora convivendo com inúmeras dificuldades.

Palavras-chave: Saúde mental. Serviços de saúde mental. Recursos humanos em saúde. Enfermagem. Papel profissional.

RESUMEN

Objetivo: verificar la adecuación de roles y funciones desempeñados por profesionales de nivel superior en los servicios de la red de atención psicosocial en una capital del noreste brasileño.

Método: estudio analítico, transversal y cuantitativo. La muestra se llevó a cabo con 65 profesionales de siete servicios de la red de atención psicosocial en Natal, Rio Grande do Norte, Brasil. Se utilizó una encuesta con preguntas cerradas y semiabiertas. Se analizaron los datos a través del SPSS versión 20.0, mediante la aplicación de las pruebas de chi-cuadrado y exacto de Fisher. Se ha adoptado nivel de significación del 5% (p< 0,05).

Resultados: Se detectó deficiencias en relación a la atención de los grupos familiares (52,3 %), la formación de especialistas en salud mental (69,2%, p=0,02) y las dificultades de trabajo en los servicios (87,7%).

Conclusión: los roles y las funciones llevadas a cabo por profesionales de los servicios encuestados son adecuados, aunque coexisten con numerosas dificultades.

Palabras clave: Salud mental. Servicios de salud mental. Recursos humanos en salud. Enfermería. Rol profesional.

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INTRODUCTION

The World Health Organization (WHO) states that mental disorders and the use and abuse of alcohol and drugs are the main reasons for disability and a major cause of morbidity in today's societies. Despite this reality, most countries spend less than 2% of healthcare resources on mental health, further aggravating this situation[1].

In Brazil, based on the process of the psychiatric reform, promoted by the Law No. 10.216/2001 and the institution of the National Mental Health Policy (NMHP), it is intended the transformation of the care models and management practices in mental health, valuing care for people with mental disorders, users of psychoactive substances and their families, through comprehensive and intersectoral actions, clinical follow-up and psychosocial rehabilitation[2].

There is progress towards the implementation of the Psychosocial Care Network (RAPS), regulated by the Administrative Rule No. 3088/2011, through the adoption of strategic devices and services, such as the Psychosocial Care Center (CAPS), mental health outpatient clinic, therapeutic residential service, day hospitals, psychiatric beds in general hospitals, among others. In these services, the team work is predominantly composed of nurses, doctors, social workers, psychologists, occupational therapists, among others, who carry out actions and activities for the embracement, follow-up of the patients individually and in groups, as well as assistance to families[3].

Some studies[4-5] carried out in several regions of Brazil, regarding the work in CAPS and mental health clinics, revealed that there is great concern about the type of care provided in these places. The importance of quality and its contribution to the improvement of care and quality of life of the mental disorder sufferer and/or psychoactive substance user and their relatives is emphasized.

By keeping with the new service logic and the demands of the psychosocial paradigm, these professionals seek to reconfigure their methodological and conceptual bases, expanding actions and diversifying the arsenal of therapeutic activities developed. In this way, the roles and functions of these professionals continually change in terms of the mode of treatment and the therapeutic strategies adopted[6].

In mental health, the term "roles" corresponds to the specific professional practices of each category, regulated by the laws of professional practice, class councils, among others, thus, each professional has specific duties within the team, being subject to norms, rights, and duties. And "functions" include the social actions and various processes developed by professionals in order to reinsert the person with mental disorder and/or user of psychoactive substance in the family and society[7].

In this sense, the psychiatric nursing sought to adopt new theoretical and methodological references based on relationship and therapeutic communication[8], expanding its scope of actions to the psychosocial and community model through activities in groups, workshops, among others.

Although there have been considerable advances in the area of mental health in recent years, some gaps still persist with regard to the quality of services and professional practices in the psychosocial care network. In view of this, it is questioned: what is the adequacy of the roles and functions performed by the professionals of higher level in the substitutive mental health services?

Thus, the objective was to verify the adequacy of the roles and functions performed by higher-level professionals in the services of the psychosocial care network of a Brazilian Northeast capital.

METHOD

It is an analytical, cross-sectional, quantitative approach; carried out from March to August of 2013, in seven substitutive services of the psychosocial care network, linked to the city of Natal (RN), namely: in the five CAPS, two for alcohol and drug users (CAPSad II North and CAPSad III East), two for mental disorders care (CAPS II West and CAPS III East), and one for the infantile-juvenile clientele (CAPSi and ad); in the Mental Health Specialized Ambulatory, and in the Ambulatory of Prevention and Treatment of Tobacco, Alcoholism and other Drug Addictions (APTDA).

Eighty-seven higher-level professionals of the services surveyed composed the population. The sample, of convenience, was defined based on the inclusion criteria: readiness to respond to the instrument; proof of effective link with the institution through the approval in a public contest; minimum experience of six months and a minimum weekly working load of 20 hours in the service searched. There was a total of 65 professionals (five social workers, four physical educators, 17 nurses, five pharmacists, six nutritionists, 14 psychologists, six psychiatrists, eight professionals from other categories). Professionals who were on vacation, away, or on medical leave during the period of data collection were excluded.

An instrument was built and tested by the researchers of the Nursing School of Ribeirão Preto, Universidade de São Paulo (EERP – USP)[9]; composed of closed questions about the socioeconomic profile of the participants; followed by *Yes*, *No* or *Not applicable* questions, regarding the work and the activities carried out in the services; and four semi-open questions related to the policies, practices, and training of the professionals working in the mental health services analyzed, separately at another time, due to the complexity of the responses.

For the data collection stage, the coordinators of the services were contacted at first, informed about the details of the research, the insertion in the field, the collection instrument, among others. After this stage, the health professionals were contacted during their service shifts, considering the questions of spontaneity in participating,

inclusion and exclusion criteria, among others. At the time of delivery of the questionnaires, the objectives of the research were explained, as well as the general guidelines for completing the form for each participant, and they were also asked to read and sign the Free and Informed Consent Form. Considering the demands of activities, the majority of the participants scheduled the delivery according to their availability of time.

In order to verify the adequacy of the roles and functions of higher-level professionals in the services surveyed, some variables present in the instrument have been used: categorizing them as adequate (A) or inadequate (I), according to the assumptions expressed in the Brazilian psychiatric reform, in the National Mental Health Policy, in the Law No. 10.216/2001[10], in the Ordinance GM No. 336/2002[11], and Ordinance nº 175/2001 [12].

Analysis variables	Observation category
Specialization course in mental health	Adequate (A): when the professional presents a specialization course in mental health. Inadequate (I): when it does not contemplate the item above.
Experience in the mental health area	Adequate (A): when the professional presents at least two years of experience in the mental health area. Inadequate (I): when it does not contemplate the item above.
Professional training	Adequate (A): when the professional has at least two courses/updates in the year prior to the research. Inadequate (I): when it does not contemplate the item above.
Specialized individual care	Adequate (A): when the professional performs specialized individual care. Inadequate (I): when it does not contemplate the item above.
Caring for groups of carriers	Adequate (A): when the professional provides group care service to the users. Inadequate (I): when it does not contemplate the item above.
Family care	Adequate (A): when the professional provides care to the family. Inadequate (I): when it does not contemplate the item above.
Care to family groups	Adequate (A): when the professional performs group care service with family members. Inadequate (I): when it does not contemplate the item above.
Type of approach used with the family	Adequate (A): when the professional uses some type of approach in the family care. Inadequate (I): when it does not contemplate the item above.
Assistance from another professional in family care	Adequate (A): when the professional is assisted by at least one other higher level professional of the team in the family care. Inadequate (I): when it does not contemplate the item above.
Observation of the patient's behavior	Adequate (A): when the professional carries out observation of the patient's behavior. Inadequate (I): when it does not contemplate the item above.
Record the patient's observation on the chart	Adequate (A): when the professional records the patient's observation in the medical record. Inadequate (I): when it does not contemplate the item above.
Promotion of actions for patient autonomy	Adequate (A): when the professional takes actions to promote patient autonomy. Inadequate (I): when it does not contemplate the item above.
Record of the therapeutic conduct in medical records	Adequate (A): when the professional registers the therapeutic conduct in the medical record. Inadequate (I): when it does not contemplate the item above.
Difficulties of the Service (political, personal, financial, physical structure)	Adequate (A): when the professional mentions at most two of the four difficulties listed. Inadequate (I): when it does not contemplate the item above.

Chart 1 - Variables of adequacy of the roles and functions of health professionals in the substitutive services of mental health care

Source: Authors.

The data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 20.0, through descriptive and inferential statistics, with Chi-square and Fisher's Exact tests, when there were less than five cases. The level of significance was set at 5% (α=0.05).

The research was approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte, under the Opinion No. 217,808, CAAE: 10650612.8.1001.5537. All the participants were informed about the anonymity, confidentiality, objectives and purposes of the research, signing the Free and Informed Consent Term.

RESULTS

In general, the profile of the individuals surveyed was characterized by a majority of females (79%), in the age range of 36 to 55 years old (52%), workload of 40 hours per week (62%), graduation time from six to 15 years (57%), have been working in the mental health area for less than 10 years (72%), and in the institution surveyed five years or less (52%).

It was observed that 83% of the study sample consisted of professionals working in the CAPS and 17% in outpa-

Table 1 – Adequacy of the roles and functions of the professionals according to the type of service researched. Natal, RN, Brazil, 2014

Analysis variables		Institution searched				Total		
		CAPS		Outpatient clinics				
		n	%	n	%	N	%	p
Individual care	Adequate	54	100	11	100	65	100	-
	Inadequate	-	-	-	-	-	-	
Observation of patient's behavior	Adequate	50	92.6	11	100	61	93.8	1.00
	Inadequate	4	7.4	-	-	4	6.2	
Family care	Adequate	50	92.6	10	90.9	60	92.3	1.00
	Inadequate	4	7.4	1	9.1	5	7.7	
Working time in mental health	Adequate	47	87.0	11	100	58	89.2	0.59*
	Inadequate	7	13.0	-	-	7	10.8	
Record of the patient's observation on the chart	Adequate	48	88.8	9	81.8	57	87.7	0.61
	Inadequate	6	11.2	2	18.2	8	12.3	
Care in user's groups	Adequate	46	85.2	10	90.9	56	86.2	1.00
	Inadequate	8	14.8	1	9.1	9	13.8	
Record of the therapeutic conduct in medical records	Adequate	48	88.8	7	63.6	55	84.6	0.05
	Inadequate	6	11.2	4	36.4	10	15.4	
Promotion of actions for patient's autonomy	Adequate	46	85.2	9	81.8	55	84.6	0.67
	Inadequate	8	14.8	2	18.2	10	15.4	
Assistance from another professional in family care	Adequate	36	66.7	7	63.6	43	66.2	1.00
	Inadequate	18	33.3	4	36.4	22	33.8	
Capacitação profissional	Adequate	35	64.8	7	63.6	42	64.6	1.00
	Inadequate	19	35.2	4	36.4	23	35.4	
Type of approach used with the family	Adequate	29	53.7	8	72.7	37	56.9	0.32
	Inadequate	25	46.3	3	27.3	28	43.1	
Assistance to family groups	Adequate	27	50.0	4	36.4	31	47.7	0.51
	Inadequate	27	50.0	7	63.6	34	52.3	
Specialization course in mental health	Adequate	13	24.1	7	63.6	20	30.8	0.02
	Inadequate	41	75.9	4	36.4	45	69.2	
The service has some difficulties	Adequate	6	11.2	2	18.2	8	12.3	0.61
	Inadequate	48	88.8	9	81.8	57	87.7	

Source: Research data, 2014.
* Chi-square test.

tient clinics. There were three professional categories predominance: nurses (23%), doctors (21%), and psychologists (17%). Table 1 presents the data related to the adequacy of the roles and functions of the professionals according to the type of service researched, CAPS or mental health outpatient clinic.

There was evidence of adequacy in the roles and functions performed by professionals in most of the services surveyed. However, it should be highlighted that 50% of CAPS professionals and 63.6% of those surveyed in mental health outpatient clinics did not attend family groups. In addition, 75.9% of the CAPS professionals did not have a specialization course in the area of mental health, whereas in outpatient clinics this percentage was only 36.4%. This last finding showed a statistically significant difference (p=0.02), demonstrating that the professionals of the mental health outpatient clinics of Natal (RN) are better prepared than the professionals working in the CAPS.

A variable of this study, which can interfere greatly in the adequacy of the roles and functions of the professionals of the teams, is the difficulties in the mental health services, which revealed a general inadequacy index of 87.7%.

Table 2 presents the data related to the adequacy of the roles and the professionals' functions according to the type of professional researched, health area, or other area of knowledge, which include: art educator (01), social worker (05), art therapist (03), graduated in Languages (01), sociologist (01), totaling, coincidentally, 11 professionals, which equals the number of professionals that are present in the mental health outpatient clinics surveyed.

Table 2 - Adequacy of the roles and functions of the research participants according to the type of professional area. Natal, RN, Brazil, 2014

Analysis variables		Type of professional				Total		
		Health		Other areas				
		n	%	n	%	N	%	p
Specialized care	Adequate	54	100	11	100	65	100	-
	Inadequate	-	-	-	-	-	-	
Observation of patient's behavior	Adequate	50	92.6	11	100	61	93.8	1.00
	Inadequate	4	7.4	-	-	4	6.2	
Family care	Adequate	49	90.7	11	100	60	92.3	0.57*
	Inadequate	5	9.3	-	-	5	7.7	
Working time in mental health	Adequate	47	87.0	11	100	58	89.2	0.59*
	Inadequate	7	13.0	-	-	7	10.8	
Record of the patient's observation on the chart	Adequate	48	88.8	9	81.8	57	87.7	0.61
	Inadequate	6	11.2	2	18.2	8	12.3	
Care in user's groups	Adequate	45	83.3	11	100	56	86.2	0.33*
	Inadequate	9	16.7	-	-	9	13.8	
Record of the therapeutic conduct in medical records	Adequate	47	87.0	8	72.7	55	84.6	0.35
	Inadequate	7	13.0	3	27.3	10	15.4	
Promotion of actions for patient's autonomy	Adequate	47	87.0	8	72.7	55	84.6	0.35
	Inadequate	7	13.0	3	27.3	10	15.4	
Assistance from another professional in family care	Adequate	38	70.4	5	45.5	43	66.2	0.16*
	Inadequate	16	29.6	6	54.5	22	33.8	
Capacitação profissional	Adequate	34	63.0	8	72.7	42	64.6	0.29
	Inadequate	20	37.0	3	27.3	23	35.4	
Type of approach used with the family	Adequate	31	57.4	6	54.5	37	56.9	1.00*
	Inadequate	23	42.6	5	45.5	28	43.1	
Assistance to family groups	Adequate	26	48.1	5	45.5	31	47.7	1.00*
	Inadequate	28	51.9	6	54.5	34	52.3	
Specialization course in mental health	Adequate	15	27.8	5	45.5	20	30.8	0.29*
	Inadequate	39	72.2	6	54.5	45	69.2	
The service has some difficulties	Adequate	7	13.0	1	9.1	8	12.3	1.00
	Inadequate	47	87.0	10	90.9	57	87.7	

Source: Research data, 2014.
* Chi-square test.

It was observed that there were not many values differences in relation to the variables shown in table 1. Again, the roles and functions of the professionals were inadequate when attending to groups of family members (52.3%), and this percentage was higher among non-health professionals (54.5%).

Regarding the specific training for mental health work, health professionals (72.2%) had less specialized knowledge in the area than professionals in other areas (54.4%), but in this analysis, no significant statistic difference was found. The results regarding the existing work difficulties in substitute mental health services were inadequate both in the view of health professionals (87.0%), and professionals from other areas (90.9%).

DISCUSSION

The profile of the professionals in the mental healthcare network found was predominantly female, with a workload of 40 hours per week and a five-year experience in the institution, with an average time of 5 years. These results were observed in other studies[5,13].

It should be highlights that in the services that make up the RAPS there is a great turnover of professionals, considering the low adherence and demand for the area that reflects, in part, the prejudice on the part of some professionals, as well as the devaluation, the few investments of public policies, and the lack of working conditions. The training process is also added to all of this, with disciplines in mental health with insufficient theoretical-practical hours, or even the lack of articulation between the curriculum and the reality found in the health services[14-15].

Regarding the roles and functions, the findings found revealed an adequacy about the individual and group of patients care, with observation and record of the patient's behavior and therapeutic behaviors in the medical record. As for the family care, there was a level of inadequacy regarding the realization of family groups among the services and the professionals surveyed, demonstrating a fragility of the CAPS and of the outpatient mental health services in Natal/RN.

In the context of RAPS, the care provided in CAPS and in mental health outpatient clinics should include three types of care: Individual, with actions of orientation, medicament, psychotherapeutic; in groups, through operative group, psychotherapy, social support activities, therapeutic workshops performed by trained professionals, and home visits; and care to families, and community activities focusing on the integration of the mentally disordered person in the society[3-4,9].

Family groups provide opportunities for the exchange of experiences and the formation of bonds, providing adequate support and guidance to family members, considering them as coadjutants in the treatment, assisting them in understanding the mental illness and the present burden on the trajectory and experience of care to a family member, carrier of a mental disorder, marked by the feeling of physic, emotional, and psychological overload and wear[15-16]. In addition, the family groups are an important tool for the family/caregiver to learn about other family experiences and realize that they are not alone in the battle. It is a moment of exchange of knowledge, of listening, of exposure of feelings, doubts and anxieties generated by mental illness.

Despite the adequacy of the roles and functions of the professionals regarding the type of approach used in family care, it is pointed out that some professionals have outlined confusing, superficial answers, sometimes showing a lack of knowledge and suggesting that the work is done in an empirical way, without any scientific basis. In the current model of psychosocial care, the need and importance of family participation in the treatment and rehabilitation of the mentally ill person is understood, being it a fundamental tool for the satisfactory evolution of the user[17].

The work time of professionals in the area of mental health was considered adequate, but this experience in the area under study was not accompanied by improvements in professional training. It is observed that the absence of up-to-date scientific knowledge and the realization of technical and professional specialization courses in the area of mental health, mean that many professionals perpetuate the practices acquired in the work routine, subject to vices and permeated by the asylum model[18].

This fact does not constitute a particularity of Natal (RN), being present in several other Brazilian states[5,13,17], revealing that, despite the advances obtained with the psychiatric reform and the National Mental Health Policy, it is still necessary to overcome several obstacles, mainly related to the practices of professionals working in the psychosocial care network.

A study carried out with nurses with mental health experience in Australia revealed that among the factors that encouraged them to stay in the current health service were the flexibility of the service for taking courses and the opportunity to be absent for study purposes, showing the importance of training in the professional development plans of these nurses[8].

The professionals of the health teams, not only in the area of mental health, but in other areas, require actions of training and permanent education; providing the develo-

pment of quality professional practices, with the renewal of knowledge and the discussion of issues such as the professional-user relationship, the development of teamwork, the deepening of theoretical/technical knowledge, and the creation of care spaces for professionals[18].

In this sense, the adoption of the National Policy on Continuing Education in Health (NPCEH), as the guiding axis of the training and qualification process among the different healthcare settings, strengthens the ideal of interdisciplinary work among undergraduate courses. Also added is the Law of Guidelines and Bases of National Education (LDB) and the National Curricular Guidelines for undergraduate courses in health (nursing, medicine, psychology, social work, among others), which have promoted changes in the scope of training, with actions aimed at the flexibilization of curricula and the reformulation of pedagogical projects, recommending a teaching style that contributes to the development of technical, scientific, and cultural skills and competences of the subjects to act in their social reality[18-19].

It is understood that, in this way, the work processes in mental health will be transformed, with the formation of critical and reflective professionals, in order to consolidate the principles proposed by the Psychiatric Reform, focusing on the real needs of the patient with mental disorder and/or user of psychoactive substances and their relatives.

In this process of transformation of the roles and functions of mental health teams, in the context of the Psychiatric Reform, there is the possibility of collective case discussions, the elaboration of the project of an interdisciplinary and strategic character for the user (Unique Therapeutic Project), in a collective decision-making about the case, as well as the adoption of cross-cutting actions among health teams at various levels of the Healthcare Network[20].

Particular attention is drawn to a variable identified in this study that can greatly interfere with the adequacy of the roles and functions of the professionals of the Natal/RN substitution services teams: the working conditions in these services that are permeated by financial difficulties, lack of materials, input, human resources, infrastructure, among others. These results are similar to those of other Brazilian studies that detected the dissatisfaction of mental health teams, related to the scarcity of materials and equipment, small and/or inadequate spaces for the development of activities, lack of financial and human resources[5,13,16].

There are, in the Brazilian reality, many challenges to be faced in the field of mental health. Initially, there is the issue of service infrastructure, many of which do not have their own physical structure, most of which are adapted in rented houses, without the privacy and physical conditions to adequately serve users and their families. With regard to the teams, it is still necessary to solve the lack of preparation, the low salaries, the devaluation and the prejudice of some professionals that prevent the advance of the psychiatric reform. At the macrostructural level, policies are needed for the adequacy of the psychosocial care network in relation to the great demand of users, articulation with the basic attention, and increase of the dialogue with the managers.

CONCLUSION

The present research evidenced that most of the professionals who work in the mental health teams of the services surveyed adequately perform the individual and group care activities with the users, even with less than 10 years In the mental health area.

The main activities were observation, registration of conduits and promotion of the user's autonomy. However, the care offered to family groups and specialized training in mental health were inadequate to the roles and functions developed by professionals in these services, although experiencing in their daily routines numerous difficulties for the development of their professional practices, directly impacting the these services.

It should be noted that the lack of specialized training in mental health could lead to the replication of professional practices that go against the principles of the Psychiatric Reform, as well as making professionals feel unsafe and scientifically grounded to develop their actions.

The limitations of the study include the refusal of a small portion to participate in the research or the not delivery of the questionnaire, besides some limitations in the research instrument itself regarding the specificities of the activities developed by professionals.

Furthermore, it is expected that this study will contribute to the advances of the substitutive services in mental health and to psychiatric nursing itself, in order to stimulate discussions about the roles and functions performed by professionals working in mental health teams. It is necessary, despite the importance of the teamwork that each professional knows his or her category responsibilities and, for this, information becomes essential, as well as technical and humanistic training in the area.

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