

Psychosocial Care Network: Weaknesses and potentialities in the process of construction and articulation



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ABSTRACT

This study discusses the weaknesses and potentialities in the construction and articulation of the Psychosocial Care Network (RAPS) in the context of mental health in Brazil. The objective was to identify, based on the literature, the weaknesses and potentialities related to the process of construction and articulation of the RAPS. This

is an integrative literature review (IR), which consists of constructing a broad analysis of the literature, contributing to discussions on research methods and results, as well as reflections on carrying out new studies. The Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE)/PUBMED databases were consulted. Articles published between 2016 and 2023, in English and Portuguese, were included. Weaknesses include difficulties in articulating service points, stigma related to mental disorders and lack of human resources and investments. On the other hand, the potential highlights the importance of matrix support, multidisciplinary action, co-responsibility between professionals and the promotion of training. The study emphasizes the need to strengthen RAPS to provide comprehensive and continuous mental health care.

Keywords: Psychosocial Care Network, Mental health, Comprehensive Care, Matrix Support.

1 INTRODUCTION

The psychiatric reform movements that took place in several countries after the Second World War instigated reflection on asylum practices aimed at subjects in mental distress, on the reorientation of the care offered in health systems. The World Health Organization (WHO) and the Global Commission on Mental Health and Sustainable Development, through their recommendations, encourage countries to develop an integrated and territorialized network of mental health care, with the aim of replacing the asylum and asylum model. In this context, it was also recommended the closure of psychiatric hospitals and the strengthening of public policies in order to promote care in a network and in freedom, thus guaranteeing the mental health service as a human right (SAMPAIO; BISHOP JUNIOR, 2021).

In Brazil, psychiatric reform deepened with the creation of Psychosocial Care Centers (CAPS), which boosted the implementation of therapeutic residences and other devices in the late 1980s. It is worth noting that, during this period, it was in the process of developing the Unified Health System



(SUS), which served as the basis for the construction and articulation of mental health services in a network (CORRÊA, 2022).

Seen as a priority action of the National Mental Health Policy (PNSM), the Psychosocial Care Network (RAPS) was established within the SUS with the premise of a mental health care network. RAPS is a care network that aims to ensure that people with mental suffering or disorders and with needs resulting from the use of crack, alcohol and other drugs, provide comprehensive and humanized care (NOBREGA; SILVA; SENA, 2016).

It is of great value that care continues to concern itself with the integrality of the subject, reaching all dimensions of human life, capturing it in its totality. In addition, care should be organized into expanded networks, consisting of institutional components, such as CAPS and basic health units, among others, and include other community instances located in the territory, such as: family, local networks, represented by the residents' association, church, and intersectoral components, such as school, social assistance services, among others (BARBOSA; CAPONI; VERDI, 2016).

Taking into account the importance of knowing the processes of construction and articulation of network services for the continuity of territorial-based mental health care, it is intended to develop an integrative review in order to answer the following question: based on scientific productions, are there weaknesses in the processes of construction and articulation of the Psychosocial Care Network (RAPS)? If so, which ones?

The relevance of the study is based on the challenges and potentialities of RAPS with measures to strengthen the processes of construction and articulation of network services. The results of this study can strengthen the actions of the RAPS, in addition to encouraging professionals to continue training, for a more problem-solving RAPS.

The present study is justified by the author's interest and concern, because in view of her experience as an academic and professional, it was possible to note that the representativeness of the problem of the processes of construction and articulation of RAPS is an impacting factor in the daily routine of collective mental health care.

Thus, the objective of this study was to identify, based on the literature, the weaknesses and potentialities related to the process of construction and articulation of the RAPS.

2 METHODOLOGY

This is an integrative literature review (IR), which consists of the construction of a broad analysis of the literature, contributing to discussions on research methods and results, as well as reflections on the development of new studies. Its initial objective is to achieve a deep understanding of a given phenomenon based on previous studies (MENDES, SILVEIRA; GALVÃO, 2008). They



also affirm that the integrative review emerges as a methodology that adjusts the synthesis of knowledge and incorporates the applicability of significant study results into practice.

The following databases were consulted: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE)/PUBMED. Articles published between 2016 and 2023 in English and Portuguese languages were included. For data extraction, the format used by Ursi and Galvão (2006) was used as a basis, which includes the following items: identification of the original article, methodological characteristics and evaluation of the rigor of the study, the interventions measured and the results found. Thus, for the selection of studies, the following steps were followed: reading the titles of all the articles found; reading of the pre-selection abstracts, according to inclusion and exclusion criteria; reading, in full, the articles of the partial sample; exploration of the articles; codification of emerging and relevant content; and presentation of the results based on categories identified in the researched material. This selection was made with the help of another master's student from the master's class in health management.

The Population, Variables, and Outcomes (PVO) strategies were used to define the subject descriptors of the Medical Subject Heading (MeSH) appropriate to the research question. Therefore, the question formulated was: based on scientific productions, are there weaknesses in the processes of construction and articulation of the Psychosocial Care Network (RAPS)? If so, which ones? The following descriptors and their combinations in Portuguese and English were used to search for the articles: "Psychiatric Reform", "Mental Health", "Psychosocial Care" (Chart 1)

Chart 1 – Subject descriptors, and their combinations, located in the MeSH for the correspondents of the research question according to the PVO strategy. Fortaleza, Ceará, Brazil, 2023.

Strategy Items	Corresponding	Mesh Descriptors
<i>Population</i>	Psychiatric Reform	<i>Psychiatric Reform</i>
<i>Variables</i>	Mental health	<i>Mental health</i>
<i>Outcomes</i>	Psychosocial Care	<i>Psychosocial care</i>

Source: Prepared by the authors, 2023.

Articles that addressed the objective of the study were included, available as full text free of charge, in all languages. Abstracts published in conference proceedings, letters to the editor, and professional opinions were excluded. The articles were analyzed qualitatively, since their interpretation was based on reading, categorization and registration. The PRISMA flowchart was used to demonstrate the process of identification, selection, eligibility and inclusion of studies.

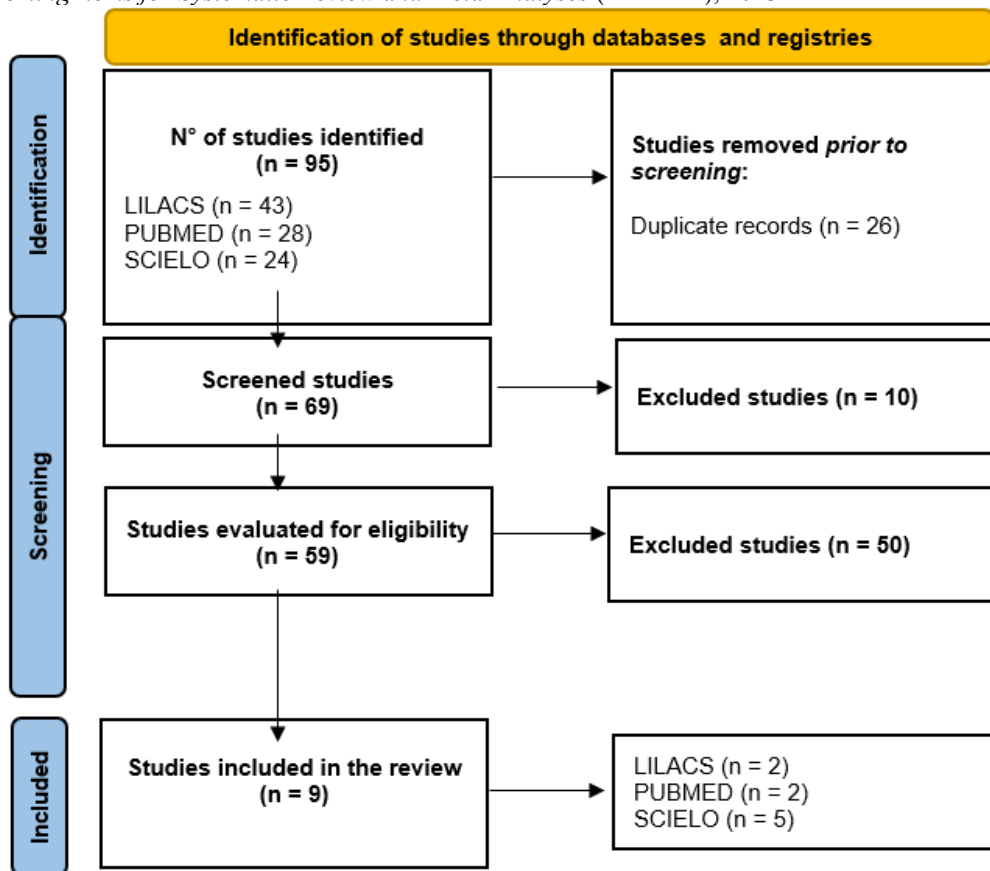


3 RESULTS AND DISCUSSION

3.1 GENERAL ASPECTS OF THE RESULTS

The initial search resulted in 95 articles, of which 43 came from LILACS, 28 from PubMed and 24 from SciELO. After the exclusion of 26 duplicate articles between the databases, 69 went through the screening process. Then, with the exclusion of 10 articles, 59 were evaluated for eligibility. Considering that 50 did not meet the inclusion criteria, 9 studies were included in the final sample, 2 from LILACS, 2 from PubMed and 5 from SciELO. Figure one shows the flowchart of the research steps.

Figure 1 - Flowchart of the selection process of the primary studies included in the integrative review according to the *Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA)*, 2023.



Source: Prepared by the authors, 2023.

The years of publication ranged from 2016 to 2021, with 2018 accounting for the largest number of publications (n = 3). All studies were developed according to the qualitative approach. The results of the analyses of the studies selected in the review are summarized in Chart 2. The following information was collected: author/year, objective, type of study, weaknesses and potentialities.



Table 02 - Descriptive summary of the studies included in the integrative review, 2023.

Author/year	Objective	Type of study	Weaknesses	Potential
Quinderé <i>et al.</i> , 2013	To understand the actions of matrix support in mental health in primary care in the meeting between the teams of the psychosocial care centers and the FHS teams regarding the accessibility and resolvability of care.	Qualitative	<ul style="list-style-type: none"> • Insecurity in monitoring mental health cases on the part of professionals. <ul style="list-style-type: none"> • Idea of centralizing mental health care in the CAPS. • Little or no knowledge of some professionals about matrix support and how to implement it. 	<ul style="list-style-type: none"> • Recognition of professionals on the importance of welcoming and holism in care. • Joint home visit between the primary health care team and the specialized mental health support team.
Andrade Zeferino, Brandt Fialho, 2016	To know the articulation between the points of RAPS in the care of mental health crisis situations, from the point of view of its workers.	Descriptive exploratory with a qualitative approach.	<ul style="list-style-type: none"> • Haste in referral of cases from primary care to CAPS. 	<ul style="list-style-type: none"> • Construction of unique therapeutic projects. <ul style="list-style-type: none"> • Sharing of knowledge and experiences among professionals. • Recognition of professionals on the importance of matrix support. • Encounters between the services that make up the network.
Peres <i>et al.</i> , 2018	Know the limits and challenges of implementing RAPS	Qualitative	<ul style="list-style-type: none"> • Difficulty in articulating the services that make up the network. • Deficient dialogue between professionals. 	<ul style="list-style-type: none"> • Recognition of professionals on the importance of training all points of health care. • Recognition of the co-responsibility between the various professionals, points and knowledge.
Staff <i>et al.</i> , 2018	To understand the challenges faced by workers in the daily routine of psychosocial care, considering affective relationships, care management and interdisciplinarity.	Reflective Qualitative	<ul style="list-style-type: none"> • Vulnerability of workers subjected to fragile contractual ties. • Centralization of thought in the biomedical model. 	<ul style="list-style-type: none"> • Recognition of the relevance of teamwork in the context of care



Author/year	Objective	Type of study	Weaknesses	Potential
Brook <i>et al.</i> , 2018	To identify the contradictions of the Psychosocial Care Network (RAPS) directed to the care of adolescent crack users	Descriptive and exploratory with a qualitative approach	<ul style="list-style-type: none"> • Difficulty in articulating the services that make up the network. • Stigmatization related to drug use. • The population's lack of knowledge about the existence of a specialized service for chemical dependence. • Psychiatric hospital still appear as a point of reference in treatment. 	<ul style="list-style-type: none"> • Professionals' perception of the importance of articulation and sharing of care, as well as the appropriate structure for welcoming and meeting demands.
Lima, Guimarães, 2019	To discuss the modes of articulation of the Psychosocial Care Network of Natal/RN, considering the recursion that is established between them and the characteristics of continued care in the territory.	Field research, with a qualitative approach	<ul style="list-style-type: none"> • Pharmacological treatment as the first choice to the detriment of reception and other psychosocial support strategies. • Fragmentation of care and of the understanding of the line of care in psychosocial care. • Centralization of the medical-psychiatric specialty. • Difficulties in welcoming people in mental distress to the FHS. • Stigmatization fostered by a culture of asylums. • Know and do that involve matrix support. 	<ul style="list-style-type: none"> • Specific initiatives of group experiences involving professionals and users (workshops, forums and training). • Strategies formalized and instituted for the purpose of interlocution between the elements. • Adoption of measures to overcome bureaucratic barriers, lack of definition of care flows, and structural and operational difficulties (telephone contact, exchange of messages via internet application for smartphones, forums, meetings, and debates)
Mangini; Kocourek; Morsch, 2019	Describe and analyze the process of constitution of the	Qualitative and descriptive	<ul style="list-style-type: none"> • The small amount of human resources 	<ul style="list-style-type: none"> • Promotion of intersectoral networking meetings.



Author/year	Objective	Type of study	Weaknesses	Potential
	intersectoral support network for the users of the		<p>available and the physical structure is incompatible with the number of users served.</p> <ul style="list-style-type: none"> • Scarcity of resources and investments for mental health policy. • Difficulty in articulating the services that make up the network. 	<ul style="list-style-type: none"> • Establishment of communication channels, exchange of information, knowledge and articulation of services.
Sampaio, Junior Bishop, 2021	To evaluate the structure and process of articulation of mental health care, focusing on the services that are part of the RAPS and other social and community devices.	Evaluative, with a qualitative approach	<ul style="list-style-type: none"> • CAPS overload and the existence of long waiting lines. • The absence of CAPS III to treat more complex situations. • Difficulty in articulating between services. • Reception of demands by family health teams. • Labeling of patients with the idea of dangerousness. 	<ul style="list-style-type: none"> • Joint case studies, systematic intersectoral meetings, shared consultations and specific matrix support actions. • Some cases of matrix support between NASF-AB, CAPS and family health teams; preventive and promotional strategies; • Longitudinal follow-up of cases by family health teams.
SILVA <i>et al</i> , 2021	To analyze the specialized mental health care in the city of Recife and its care regulation process	Descriptive and exploratory, with a qualitative approach	<ul style="list-style-type: none"> • Failures in the dialogue between Caps and UBS. • Matrix support is provided in a punctual and non-systematic manner due to the lack of professionals. • Distinction between access to psychiatric and psychological consultations. • Non-regulation of psychology consultations. 	<ul style="list-style-type: none"> • Recognition of professionals on the importance of matrix support and CAPS as a strategic point to consolidate mental health in the territories.

Source: Survey data, 2023.



3.2 WEAKNESSES IN THE PROCESSES OF CONSTRUCTION AND ARTICULATION OF RAPS

In general, the weaknesses of the RAPS identified in the studies are related to aspects involving the articulation between the services that make up the network, to issues involving stigma and the lack of adequate and continuous training of professionals.

The difficulty of articulation between the points of care was the main weakness found in the studies. Sampaio and Bispo Júnior (2021) emphasized that the lack of knowledge of care flows and the weaknesses of institutional communication mechanisms is an obstacle to the development of comprehensive and continuous care, also compromising the construction of a collective language recognized by health professionals and managers.

The RAPS is a set of actions and services articulated with the objective of ensuring the comprehensiveness of health care, as well as the articulation of health care points. From it, the idea of levels of complexity is overcome and points of care are thought of, since all points from Primary Health Care to the hospital are complex and have their technologies and specificities. It is important to highlight that RAPS is composed of the following components: Primary Health Care, Specialized Psychosocial Care, Urgency and Emergency Care, Transitional Residential Care, Hospital Care, Deinstitutionalization Strategies, and Psychosocial Rehabilitation (PERES et al., 2018).

Created as an organizational proposal for mental health services in the country, the RAPS aimed to integrate organized care based on the articulation of territorial-based services at the various levels and points of care of the SUS. It takes into account the shared and interdisciplinary accountability of cases as an element capable of influencing hierarchical, pyramidal and fragmented patterns and of promoting continuous flows of care in the appropriate technological spaces (SAMPAIO; BISHOP JUNIOR, 2021).

This mismatch in the articulation between the services may be linked to the ineffectiveness or lack of matrix support, which constitutes a technical-pedagogical support arrangement, which seeks to organize the work methodology beyond the hierarchy already adopted in the SUS. In a simplified way, it aims to expand mental health care, integrating generalist professionals and specialists as co-responsible for care (QUINDERÉ et al., 2013; AMARAL et al., 2018).

The results of the study by Quinderé et al. (2013), for example, showed the lack or little knowledge of UBS professionals about matrix support. Another problem is related to the lack of interest on the part of some professionals in implementing matrix support due to the complexity of cases of mental disorders. The impressions perceived by Andrade Zeferino and Brandt Fialho (2016) are similar to the findings of the previous study. These authors noted that the professionals of the UBS end up rushing and forwarding demands to the CAPS that could often be conducted in the units themselves.



In this sense, it can be seen that there is still the idea of centralizing mental health care in the CAPS (QUINDERÉ et al., 2013). This erroneous logic is preceded by health still based on the biomedical model, where the psychiatric physician seems to be the only one responsible for care and pharmacological treatment is seen as the first choice to the detriment of welcoming and other psychosocial support strategies (PESSOAL et al., 2018; LIMA, GUIMARÃES; 2019).

Another weakness that should be highlighted, mainly due to its severity, is the prejudice and stigmas surrounding mental disorders. Lima and Guimarães (2019), for example, consider that the stigmatization fostered by an asylum culture is still predominant. Sampaio and Bispo Júnior (2021) reported that patients are labeled with the idea of dangerousness, that is, those who pose a danger to the population. Ribeiro et al., (2018) expressed about the prejudice surrounding disorders involving drug use. These situations make it difficult for family health teams to welcome people in mental distress.

In turn, another point of weakness is related to the small amount of human resources available and the physical structure incompatible with demand. There is also a scarcity of resources and investments for mental health policy in the country (MANGINI; KOCOUREK; MORSCH, 2019). This situation generates vulnerability of workers, who are often subjected to fragile contractual ties, especially when outsourcing is used as a way of inserting health professionals. The overload on CAPS and the existence of long waiting lines are also difficulties related to problems with human resources and structural nature (SAMPAIO, BISPO JÚNIOR, 2021).

3.3 POTENTIALITIES IN THE PROCESSES OF CONSTRUCTION AND ARTICULATION OF RAPS

In the midst of the weaknesses, the studies were also concerned with showing the potential of RAPS in different contexts. If, on the one hand, there is still insecurity on the part of some professionals, on the other hand, although in the process of development, professionals recognize the importance of welcoming and holism in care, as expressed by Quinderé et al., (2013). The authors also express that in the reality of the place where they developed the research, the aim is to carry out a joint home visit between the basic health team and the support team specialized in mental health.

The strengthening of multiprofessional performance, as well as between the different specificities of care, contributes to the growth of matrix support. In addition, the sharing of knowledge and experiences among professionals enables the construction of unique therapeutic projects with a view to improving the efficacy and effectiveness of mental health care (ANDRADE ZEFERINO; BRANDT FIALHO, 2016; PERES et al., 2018; RIBEIRO et al., 2018). In this sense, it is worth highlighting the recognition of co-responsibility among the various professionals, points and knowledge (PERES et al., 2018; PESSOAL et al., 2018).



In view of what has been expressed, it is important to emphasize the importance of implementing training for the permanent and continuing education of health professionals who are part of the RAPS. Sampaio, Bispo Júnior (2021) reported that, although punctual, there are RAPS that are concerned with the promotion of moments that allow joint case studies, systematic intersectoral meetings, shared care, and specific matrix support actions. These actions, according to the authors, provide longitudinal follow-up of cases by family health teams.

Another important initiative is the inclusion of the population in group experiences with professionals, which can be developed through workshops, forums and training. In other words, strategies formalized and instituted for the purpose of interlocution between the elements. Finally, another potential perceived with the studies was the concern of the teams is the adoption of measures to overcome bureaucratic barriers, lack of definition of care flows, and structural and operational difficulties. In these cases, information technologies are shown as great allies, exemplified by: telephone contact, exchange of messages via internet application for smartphones (LIMA; GUIMARÃES, 2019).

4 FINAL THOUGHTS

Initially, this review made it possible to learn about the panorama of the weaknesses that still permeate the development of RAPS in Brazil. The evidence shows that the main difficulties are linked to knowledge, how to do it, the difficulty of interaction between the different points of care that involve the network, as well as the effective recognition of the roles of health professionals. Matrix support, in this sense, is an important ally in the implementation of actions. Therefore, it deserves to be encouraged.

In contrast to the weaknesses shown, it was also possible to highlight the potentialities that are realities that contribute to the strengthening of RAPS in the midst of so many challenges. The promotion of care in the context of multidisciplinary is a strong point for the effectiveness and efficacy of mental health promotion.

In this context, improving the spaces for interactions between the different areas of knowledge is the way to develop therapeutic plans based on comprehensiveness and holism. Another important point is the inclusion of the population in this process of promoting knowledge about mental health, changing thinking, as well as improving the approximation between service and users. It was also possible to observe that the use of information technologies can help to improve communication between service spaces and with the population.

Finally, it is hoped that the results of this work can broaden the view of the promotion of quality RAPS, seeking to overcome the challenges, promote health and, therefore, strengthen the SUS in our country.



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