

## Weaving the West Psychosocial Care Network of the municipality of São Paulo

*Tecendo a Rede de Atenção Psicossocial Oeste do município de São Paulo*

*Tejiendo la Red de Atención Psicossocial Oeste del Municipio de São Paulo*

Maria do Perpétuo Socorro de Sousa Nóbrega<sup>I</sup>, Alessandra Matheus Domingos<sup>II</sup>,  
Ana Stella de Azevedo Silveira<sup>III</sup>, Jussara Carvalho dos Santos<sup>IV</sup>

<sup>I</sup> Universidade de São Paulo, Escola de Enfermagem, Maternal-Child and Psychiatric Nursing Department. São Paulo, Brazil.

<sup>II</sup> Universidade de São Paulo, Escola de Enfermagem, Undergraduate Nursing. São Paulo, Brazil.

<sup>III</sup> Centro de Atenção Psicossocial Professor Luiz da Rocha Cerqueira, Nursing Management. São Paulo, Brazil.

<sup>IV</sup> Universidade de São Paulo, Escola de Enfermagem, PhD Interventions Program in Nursing. São Paulo, Brazil.

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### ABSTRACT

**Objective:** to understand how health service professionals involved in the care of users in psychic distress perceive the organization of the Psychosocial Care Network (RAPS - Rede de Atenção Psicossocial) in the western region of the city of São Paulo. **Method:** qualitative approach study conducted with 123 professionals with higher education who work in the care points of the network. A semi-structured interview was performed and data were submitted to the Alceste program for lexical analysis. **Results:** the network is in process of alignment with the mental health policy and the psychosocial rehabilitation strategy. However, the weaknesses in the work process of teams are related to deficits in human resources, structure, and communication, and to the limited appropriation of their guidelines. **Final considerations:** there are intense efforts of workers to weave the network, and barriers need to be overcome to support successful actions in mental health care in the territory. **Descriptors:** Mental Health Care; Mental Health Services; Integral Health Care; Mental Health; Health Policy.

### RESUMO

**Objetivo:** compreender como profissionais de serviços de saúde envolvidos no cuidado dos usuários em sofrimento psíquico percebem a organização da Rede de Atenção Psicossocial (RAPS) da região Oeste do Município de São Paulo. **Método:** abordagem qualitativa realizada com 123 profissionais de nível superior que atuam nos pontos de atenção da rede. Realizou-se entrevista semiestruturada e os dados foram submetidos ao programa Alceste com aplicação de análise léxica. **Resultados:** A rede está em processo de alinhamento com a política de saúde mental e estratégia de reabilitação psicossocial. No entanto, há fragilidades no processo de trabalho das equipes relacionadas ao déficit de recursos humanos, estruturais, de comunicação, e à apropriação limitada sobre suas diretrizes. **Considerações finais:** Compreendeu-se que há intensidade de esforços dos trabalhadores para tecer a rede e que é necessário superar barreiras para fomentar ações exitosas no cuidado em saúde mental no território.

**Descritores:** Assistência à Saúde Mental; Serviços de Saúde Mental; Assistência Integral à Saúde; Saúde Mental; Política de Saúde.

### RESUMEN

**Objetivo:** comprender como profesionales de servicios de salud involucrados en el cuidado de los usuarios en angustia psicológica perciben la organización de la Red de Atención Psicossocial (RAPS) de la región oeste del Municipio de São Paulo. **Método:** investigación de enfoque cualitativo realizada con 123 profesionales de nivel superior que actúan en los puntos de atención de la red. Se realizó una entrevista semiestruturada y los datos fueron sometidos al programa Alceste con aplicación de análisis léxico. **Resultados:** la red está en proceso de alineación con la política de salud mental y la estrategia

de rehabilitación psicosocial. Sin embargo, hay fragilidades en el proceso de trabajo de los equipos, relacionados con el déficit de recursos humanos, estructural, de comunicación, y la apropiación limitada sobre sus directrices. **Consideraciones finales:** hay intensidad de esfuerzos de los trabajadores para tejer la red y es necesario superar barreras para fomentar acciones exitosas en el cuidado en salud mental en el territorio.

**Descriptores:** Asistencia a la Salud Mental; Servicios de Salud Mental; Asistencia Integral a la Salud; Salud Mental; Política de Salud.

**CORRESPONDING AUTHOR** Maria do Perpétuo Socorro de Sousa Nóbrega E-mail: perpetua.nobrega@usp.br

## INTRODUCTION

In the 1980s, the health reform triggered fundamental and concrete effects on Brazilian health policy, mainly with implementation of the Unified Health System (SUS – Sistema Único de Saúde), which produced instruments for the field of mental health and psychiatric reform<sup>(1)</sup>. In turn, the reform triggered discussions about disrespect for human rights, segregation of users with mental disorders, and provoked a social process against institutional violence and the commodification of mental illnesses. From this understanding, the National Mental Health Policy (PNSM – Política Nacional de Saúde Mental), with law number 10.216/2001<sup>(2)</sup> is based on the perspective of the model of care using resources offered in the community.

The health care network (RAS - Rede de Atenção à Saúde) was established by decree number 7.508/11, which is regulated by law 8.080/1990 that governs the organization of SUS in the country<sup>(3)</sup>. The RAS proposes the decentralization of a disjointed hierarchical model of inflexible care that is focused on system needs. Its premise is to address vulnerabilities, conditions or diseases affecting the population in order to guarantee health rights and reduce inequalities<sup>(4)</sup>. They are polyarchic organizations of important services that must relate horizontally, cooperatively and interdependently<sup>(5)</sup>.

RAS is composed of thematic networks, among which, the Psychosocial Care Network (RAPS - Rede de Atenção Psicossocial), which will be discussed in this study. The RAPS was instituted and regulated by Ministerial Ordinance 3.088/2011 with focus on care provision to users in mental distress or with mental disorders and needs arising from the use of crack, alcohol and other drugs. It should be broad, diversified, integrated, articulated and effective in its different points of attention, aiming at the rescue of citizenship and the process of social inclusion<sup>(6)</sup>.

In line with the PNSM, the RAPS is moving towards a model of community mental health care with the following components: basic health care; strategic psychosocial attention; urgency and emergency care; transitory residential care; hospital care; and institutionalization and psychosocial rehabilitation (PR) strategies. The RAPS acts from the perspective of care reorganization, and is anchored in the respect for human rights to guarantee users' autonomy and freedom, free movement in the territory, universal access and quality of services through the provision of integral and humanized care, with focus on demands, and by taking into account the social determinants of health. For the

success in this public policy, intersectoral articulation, use of community resources, and appropriation of territory are fundamental.

There are barriers in mental health care that undermine its solidification, such as the unstable articulation between health and social facilities, the implementation of PR in the practice of services and professionals, the difficulties of some services in meeting mental health demands, the insertion of mental health in Primary Health Care (PHC) and the distance from inclusive activities. Therefore, attention to the operation of RAPS enables the understanding of its potentialities and weaknesses in the perspective of the PNSM. Additionally, scientific productions about the size of the RAPS implementation in different regions are fundamental to accompany its materialization. It is expected that this study will guide actions that qualify mental health care, subsidize the assessment of RAPS dynamics, and support the discussion of a rising policy. The objective of this study is to understand how health care professionals involved in the care for users in mental distress perceive the organization of the RAPS Oeste de São Paulo (located in the western region of the city of São Paulo).

## METHOD

### Ethical aspects

The study was approved by the Research Ethics Committee (REC) of the School of Nursing of the University of São Paulo and by the REC of the Department of Health of the Municipality of São Paulo, according to resolution CNS/MS 446/12.

### Type of study

Field study of qualitative and descriptive nature, with empirical data worked in the light of the analytical category of the PNSM<sup>(2)</sup>. It was performed under the assumption that the care points of the RAPS Oeste of São Paulo offer mental health care in an interdependent and articulated way.

### Methodological procedures

#### Scenario of the study

All twenty-seven RAPS services from the Lapa, Perdizes, Leopoldina and Pinheiros health regions that are part of the Lapa-Pinheiros Health Technical Supervision, from the Regional Health Coordination of the City of São Paulo (designated by the coordinator in 2015) were enrolled for the study. Twenty-three services accepted to participate,

namely: 5 Centers of Psychosocial Care (CAPS) for adult, alcohol and drugs, and for children; 10 Basic Health Units (UBS); 2 teams of Family Health Care Centers (NASF); 2 of the street Doctor's Practice (CR); 2 Therapeutic Residential Services (SRT); 1 Living and Cooperative Center (CECCO); and 1 Emergency Room - Psychiatric Emergencies Sector (PS). The following services did not participate in the study: 4 UBS, 1 CAPS alcohol and drugs, 1 NASF and 1 SRT. The four services that refused to participate claimed there was no interest, being 1 CAPS alcohol and drugs and 3 UBS.

### Data source

Inclusion criteria were: professionals with higher education in the area of health, working in clinical practice/management, and who accepted the invitation. In the national registry of health establishments<sup>(6)</sup> were listed 263 professionals, of which 123 participated in the study. This amount met the recommended sample size, and professionals are identified by numbers, professional category and point of attention where they act.

### Collection and organization of data

It started after presentation of the study in all services and was conducted between September 2015 and July 2016. All participants signed the informed consent form. The production of empirical data was conducted with recorded semi-structured interviews<sup>(7)</sup> lasting 45 minutes, on average. The questions of the script were: How is this service organized and articulated with other services in the territory to meet mental health user's needs? How do you perceive the implementation and dynamics of the RAPS in this territory? What is your perception about the RAPS? Which factors do you consider facilitators to articulate the RAPS? Comment on mental health care under the logic of PR. Report some situation of your practice that demonstrates the strengths and weaknesses of the RAPS. Discuss the challenges to expand the RAPS work/assistance in this territory.

### Data analysis

This program was developed with the purpose of obtaining a statistical classification of simple statements through the chi-square test ( $\chi^2$ ) using the vocabulary distribution laws as basis of calculations for the lexical analysis of words in a set of texts, regardless of the origin of their production<sup>(8)</sup>. ALCESTE is a technique or methodology of analysis, and adaptable to several research domains<sup>(9)</sup>.

Each interview was defined as an Initial Context Unit (ICU) from which the fragmentation was performed by the program. Step A - the program recognizes ICUs by separating them into equal-sized text parts named Elementary Context Units (ECUs) that are segments of texts formed by linguistic statements. Then, the occurrences of words are grouped according to their roots, and the frequencies of these reduced forms are calculated. Step B - the data matrices are calculated and the ECUs are sorted. The set of ECUs is divided according to the frequency of similarity of the words. The program applies the descending hierarchical sort method

and generates the definitive classification. Step C - the dendrogram of the Descending Hierarchical Classification (DHC) is obtained. It indicates the relations between classes, and provides elements that allow the description of each class by lexical vocabulary and variables considered in the command lines. Step D - selection of the most recurrent ECUs of each class and contextualization of the most significant vocabulary of the classes<sup>(8-9)</sup>.

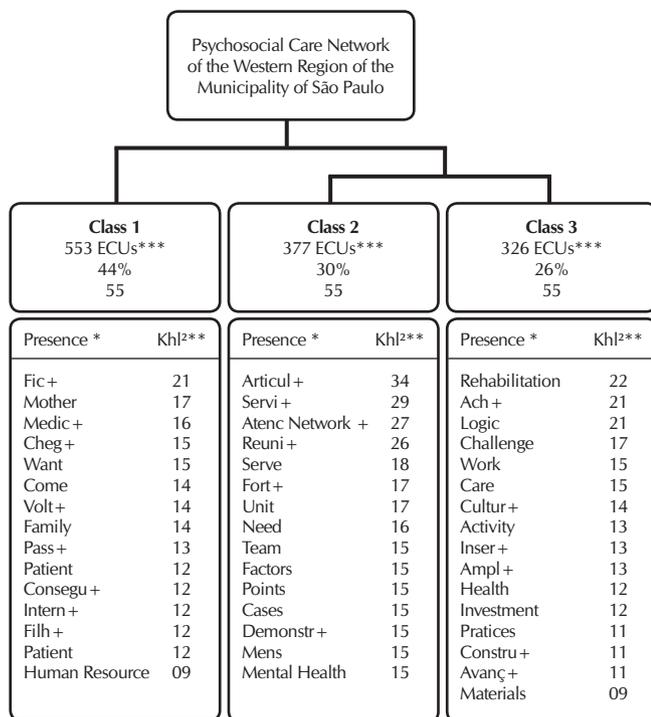
## RESULTS

The sample of 123 professionals was composed of 97 (78.9%) women and 26 (21.1%) men. The ages ranged between 27 and 66 years, with 37.4% aged between 27 and 40 years, and 62.6% over 40 years. Fifty-eight participants were married (47.2%), 38 were single (30.9%), 21 separated (17.1%), 5 were in a stable union (4.1%), and 1 widowed (0.8%). Heterogeneous sample in relation to training time, work time in mental health and time in the network points, with a predominance of UBS and CAPS professionals. Among them, there were 28 nurses (22.8%), 30 psychologists (24.4%), 25 physicians (20.3%), 13 occupational therapists (10.6%), 12 social workers (9.8%), 5 physiotherapists (4.1), and 10 classified as others (8.1% - dentists, pharmacists, nutritionists and speech therapists). Fifty-five professionals worked in UBS (55.5%), 43 in CAPS (24.5%), 6 in CECCO (4.9%), 8 in PS (6.5%), 4 in NASF (2%), 5 in CR (4%) and 2 in SRT (1.6%).

Of the study participants, 61 (50.4%) had graduated more than 20 years prior the time of study performance, 22 (18.2%) between 10 and 20 years earlier, and 25 between 5 and 10 years (20.7%). As for complementary training, 96 (86.5%) have a specialization degree. Forty-one professionals (36.3%) have worked in the mental health area for 1 to 10 years, 23 (20.4%) have worked between 10 to 20 years, and 38 (33.6%) for more than 20 years. Regarding the current working time, 29 professionals (23.6%) have been working for less than a year, 34 (27.6%) from 10 to 20 years, and 8 (6.5%) for more than 20 years. The most prevalent workload is 40 weekly hours, represented by 53 professionals (43.4%). One hundred and six participants (87.6%) perform the care function, 2 (1.7%) work in supervision, 13 (12.4%) work in management, and 2 did not respond.

### ALCESTE results

From the total corpus of the transcribed interviews, in the DHC, were considered 1,256 ECUs for analysis of the initially divided 9,246 ECUs. This amount is equivalent to 83% of the content submitted for analysis, which is considered good<sup>(8)</sup>. The analysis resulted in three classes, namely: Class 1 - The work process in the network components; Class 2 - The dynamics and perception about the RAPS; and Class 3- The psychosocial rehabilitation strategy. The dendrogram (Figure 1) graphically represents the groupings of the most significant and interrelated contents, and its cut-off point is 9. The corpus name was defined as the Psychosocial Care Network of the Western Region of the Municipality of São Paulo.



Source: Alceste database, 2016

Note: \*Fic+(Stay)/ Medic+(Medication)/ Cheg+(Arrive)/ Volt+(Return)/ Pass+(Pass)/ Consegu+(Achieve)/ Intern+(Hospitalization)/ Filh+(Child)/ Articul+(Articulation)/ Atenc+(Care)/ Reuni+(Meeting) / Fort+(Forte)/Demonstr+(Demonstration)/ Ach+(Find)/ Cultur+(Culture)/ Inser+(Insertion)/ Ampl+(Expansion)/ Constru+(Construction)/ Avanç+(Advance); \*\* Chi-square test; \*\*\* Elementary Context Units

**Figure 1** – Dendrogram resulting from the Descending Hierarchical Classification: graphical representation of the groupings of the most significant contents

**Class 1** – refers to the working process in the network components. The impact of terms such as structural, human and formation/training resources, and commitment to work in practice in RAPS components is demonstrated in its semantic vocabulary. It has the highest percentage of ECUs, representing the understanding and problems to weave the RAPS. The characteristic vocabulary and content emphasize the deficient aspects for full development of work, such as the lack of means of transportation for treatment continuity in home visits and to provide assistance in crisis/urgent situations. These are obstacles to the work of teams and the qualification of care proposed by the RAPS.

*A user came in saying he had taken rat poison and we could not remove him, calling SAMU [ambulance emergency service] was extremely complicated. (114; Nurse CAPS)*

*We do not have a car available every day. If I could, I'd visit every week. (84; Psychologist CAPS)*

There is shortage of structural resources, such as few beds in PS (emergency room) and lack of hospitalization beds in general hospitals. Professionals emphasize the repercussion on family suffering.

*We cannot get support from a psychiatric hospital, there must be hospitalization or a dialogue with the hospital to do a job together. (116; Nurse CAPS)*

*Families are the ones who suffer and need to deal with the crisis at home, we have few places and demand has increased. (095; Doctor PS)*

Some professionals mentioned the human resources deficit that make the scheduling of consultations difficult and result in greater time between visits. They criticize the workload, double employment, voluntary layoff and turnover of workers.

*They come in today and in two, three months, you and the user lose touch, there is need for more professionals. (022; Nurse UBS)*

*It should be full-time, users leave. (078; Pharmaceutical CAPS)*

There is difficulty to keep users when they are referred to another service. Professionals mention unqualified referrals without real need that cause the exhaustion of users and teams. In the logic of work in the RAPS, there must be commitment to sustain users at any point.

*The user comes in and starts to talk, sometimes we make referrals to the UBS, they say it is not there and the user comes back. (026; Psychologist NASF)*

*If we had been better trained, we'd be able to spot a problem before making referrals. (022; Nurse UBS)*

The difficulty to deal with mental health needs is observed especially in PHC. The lack of experience in the area leads to fragmented care based on specialties.

*When users need to take medication, they go straight to the psychiatrist, I see isolated cases. I cannot monitor fully. (028; Nurse UBS)*

On the other hand, they highlight potentiated factors in the work process, the availability and effort to provide adequate and effective service to users, incessant attempts to build work strategies that strengthen the bonding between user-professional-service, referrals and reception sustained in case discussion, and the frequent articulation and communication between services aimed at strengthening the network.

*It did not work, we go to the Public Ministry, we are creative to find a solution, we do not give in. (011; AS. CAPS)*

*We make referrals, evaluate, contact other services, schools, day care centers, to learn more about the case and give resolution. (018; Nurse CAPS)*

They mention problems related to human and structural resources, high user demand, low professional qualification in the mental health field, and the professional-user bond. In addition, there is their daily routine and situations that impede the progress of actions. Professionals feel their hands are tied

when they need material resources to follow users' therapeutic plan.

*There is lack of human resources, it could be a lot more. (072; Psychologist CAPS)*

*The network is fragile by lack of human resources and training of those working in UBS. (104; Doctor CAPS)*

**Class 2-** represents the dynamics and perception about the RAPS. In its vocabulary, there are many verbs demonstrating how professionals understand the RAPS and how it has been built. The need for appropriation of the ordinance guidelines stands out, and how the work dynamics can be affected by the communication process between the different points of attention.

*The challenge of implementing public policies by resource, management, quality of workers' understanding in face of the strategies. (115; Psychologist CAPS)*

*There is no clarification of what it is. The thing was instituted and we were not communicated, enlightened, nor trained. (057; Dentist UBS)*

In the attempt of device integration and work articulation, the services of monthly forums and meetings that compose the RAPS stand out as strong points.

*Specific meetings and forums, we receive users and contact the service that made the referral to discuss the case. (123; Occupational therapist. CECCO)*

*Through calls, referrals and counter-referrals, meetings and forum. (118; Psychologist UBS)*

However, even with these attempts at integration, professionals mention difficulties in working in articulation because of the lack of communication, which reinforces the isolation between the service team itself, and between teams from other points of attention.

*Often there is no articulation, only the CAPS or the hospital have knowledge of the history. (046; Physiotherapist UBS)*

*The services are isolated, without regular joint actions. Each CAPS remains in its corner, the UBS stays here and the RAPS should be more integrated. In my point of view, the articulation is faulty. (075; Occupational therapist UBS)*

**Class 3-** has the singular content of demonstrating the professionals' understanding of the PR strategy process and its application by the RAPS components in the studied territory.

*There is lack of participation of those treated in CAPS and of territorial resources for its occurrence in a more effective manner. We see territories with scarce resources, places without workshop activities. (086; Doctor CAPS)*

*We have little relationship with other secretariats; culture, work, and sports could form a network. We have a*

*reasonably close relationship with health personnel and social services too. (055; Psychologist CAPS)*

*There is lack of greater integration with CECCO. We've tried, but I think this is something that needs to be worked a bit more. (065; Doctor CAPS)*

Professionals have listed barriers to PR, such as lack of structural resources, difficulty in articulating with other equipment in the territory, with society itself, the issue of housing deficit for wide assistance and care, and social inclusion activities, such as cultural and leisure activities.

*We articulate with other actors in the territory and get lots of 'no'. It is necessary to sensitize the population to open doors to something, I think the staff is raw, there should be more work with the community. (070; Psychologist UBS)*

*We have a lot of trouble with the lack of material, we improvise by using waste materials, and this affects the relationships and inclusion of users. (111; Psychologist CECCO)*

*The expansion of the therapeutic residence (TR) and the discussion about housing, we have many weaknesses, users have no financial resources and need support to live. (113; Psychologist CAPS)*

Even with the faced barriers, professionals cite some factors that enhance PR, such as the possibility of articulation with social and cultural equipment, territorial and service infrastructure.

*Public defenders are in the position of defending, with them it is always very easy, they always understand. Another thing was the partnership with a local culture institution, which was very cool and permeable. (017; Psychologist CAPS)*

*We have very good social reintegration work, it's a routine thing. I think compared to other regions of São Paulo, we are doing well, we have all the structures here. (065; Doctor CAPS)*

The commitment of professionals with application of the PR strategy in RAPS is noteworthy. This is explained by actions taken in services daily routine.

*There is a strong presence in CECCO, we have partnerships with many services. With solidarity economy, we sell works made by users in the territory, in the markets we organize. (107; Psychologist CECCO)*

There is a clear effort to take actions in the logic of PR strategy and in facing the barriers that compromise this important axis of RAPS.

## DISCUSSION

There are some weaknesses that make it difficult to promote mental health care in its entirety. The work process as execution of human actions uses instruments or tasks to transform the object of work and workers themselves<sup>(10)</sup>. It is developed by using soft, soft-hard and hard technologies.

In this study, soft technologies are represented by daily relational actions through the dialogue between teams forming the network, in the articulation between them, in the professional-user bonding and in the articulation between devices. The soft-hard technology is established in assistance strategies that promote social inclusion actions and in the structured knowledge of the clinic and therapeutics. Lastly, the hard technology is portrayed in the number of beds for crisis care in psychiatric emergencies and the general hospital, in the means of transport for development of actions in the territory and treatment follow-up.

Some technologies are compromised. In the soft type, there are some unnecessary referrals of users to another service and lack of communication between professionals to articulate decision making and the best conduct. Still in this technology, there is shortage of human resources to meet users' demand in the network devices.

Particularly in soft-hard/hard technologies, emerges the structural resources deficit, with precarious basic materials for the network operation, such as means of transport, number of beds for urgency/emergency and hospitalization in a general hospital to serve serious and acute cases. In addition, the inability of professionals to deal with mental health cases, especially in PHC, is a major challenge to be overcome in order to extend mental health care<sup>(11)</sup>.

The use of these technologies is essential for the concretization and strengthening of networking, since it is impracticable if there is no effective communication and use of strategies according to the uniqueness of care. Without the necessary conditions to enable the work process in the RAPS components, mental health care is compromised and does not correspond to the logic of horizontal, cooperative and interdependent work. Failures in the work process compromise the success of implementation and articulation, and weaken the Unified Health System as a consequence.

For replacing the hegemonic model by an integrated network model, the RAS works with the perspective of articulating different levels and points of attention that act interdependently to meet the needs in the health-disease process of users. To this end, there must be articulation between these levels, shared decision-making and integrated work, both multi-professional and interdisciplinary<sup>(5)</sup>.

From this perspective, attempts of shared decision-making are conducted at meetings of teams and between services, and in regional forums in the RAPS Oeste. However, there are barriers to achieve the agreements negotiated in these meetings because of conflicts between teams, lack of investment in joint work, unstable link between services and self-centered teams, revealing poor sewing and some frays in this net.

Most professionals have worked in the mental health area for more than five years and experienced the establishment of the ordinance. Nevertheless, knowledge about the RAPS principles and guidelines has not been fully incorporated yet, demonstrating the need to deepen the assumptions of this policy for its incorporation and implementation in the territory. Many professionals have not received any guidance and do not understand the new process, which is justified by the fact that the policy is recent and challenging. The turnover of

professionals associated with the high demand of users results in many difficulties in the dynamics of care in a broader way.

Network professionals, especially in PHC, mention the need to refer users to other institutions for continuity of treatment. As one of the gateways to the health network, PHC plays a fundamental role in this organization by acting in the coordination of horizontal care among the network care points<sup>(12)</sup>. Professionals working in this field must receive support and supervision from specialists<sup>(13)</sup>, because only with this articulation it will be possible to meet the needs of mental health outside the spaces of specialty.

The precipitated referral of users to specialized services such as CAPS is explained by insecurity and inability to handle mental health cases, even with low complexity users<sup>(14)</sup>, and by the lack of professionals listening to people's needs<sup>(16)</sup>. Sharing or asking for help in specific situations should be preceded by case discussion between teams, which excludes the possibility of professionals withdrawing themselves from the process, and making users go back and forth between services<sup>(15)</sup>.

The lack of preparation in mental health by PHC actors compromises the integral care and may result in unskilled referrals to specialized services, with the risk of resulting in lack of responsibility for the user and fragmentation of care<sup>(16)</sup>. Thus, it is necessary to transform the academic and continuous training of these teams, and approximate PHC and specialized services to enrich the framework that supports mental health actions in this scenario in order to be able to meet the demands of the territory. Based on this principle, the process of formation and continuing education must be in accordance with the principles of the current PNSM and with the guidelines for the RAPS operation.

Hospital beds in a general hospital ward are included in the PNSM. Despite this orientation, there is lack of beds in the west region and it is necessary to negotiate agreements with other health networks of the municipality for providing beds to serve the population. Likewise, the few beds to handle the crisis in emergency/psychiatric emergency cases stand out. Since psychiatric emergency services are extremely sensitive to network dynamics, poor availability of psychiatric inpatient beds and excessive user demand for services can lead to increased user turnover in emergencies, and diagnostic errors, excessive referral to full hospitalization, and increased readmissions<sup>(17)</sup>.

Despite the ordinance guidelines, intersectoral actions have not advanced sufficiently. There is no health agency that is self-sufficient in the production of care and capable of responding to the population demands for provision of continuous and integral care<sup>(18)</sup>. Thus, partnerships with institutions outside the health field, such as cultural and leisure spaces should be further explored and valued to consolidate the psychosocial rehabilitation strategy axis. Building actions that propitiate or strengthen the (re)insertion of mental disorder users in community life is key by adopting measures towards their valorization as citizens of rights<sup>(19)</sup>.

The RAPS Oeste advances gradually and there are several challenges regarding its expansion and materialization. From the technical point of view, the vulnerabilities lie in the communication difficulties between the points, in the flows to conduct the referrals and in discussion of cases. To ensure equity in network care, these processes need to be built and/or reviewed.

### Limitation of the study

The restriction of the reading of a given health coordination and its specificities is recognized as a limitation of this study.

### Contributions to mental health public policies

Although restricted to a health region, this study presents magnitude by offering elements to understand how this important public policy has been constituted. In addition, it offers a perspective of the implementation and dynamics of the RAPS, an understanding of its potentialities, and the challenges the health coordination must value and overcome. From another perspective, this study contributes to open discussion about other RAPS.

### FINAL CONSIDERATIONS

The study shows that the components of the RAPS Oeste seek to offer mental health care in an interdependent and articulated way. However, there are many challenges to overcome in this

network. Despite the weaknesses, the network is weaved in the paths taken by users and in the activation of several mechanisms to meet their needs. There are intense efforts to sustain it, and professionals portray the dynamics of operation, the forms of articulation among its components, the difficulties and potentialities, the perspectives for its expansion, and the strategies that provide care in mental health. To overcome difficulties that impact the weaving of the network, the tendency to believe that by establishing a policy, it is already ready, should be avoided. Only with the commitment of professionals and users it is possible to escape stagnation and maintain the effectiveness of its guidelines. Studies in other RAPS should be conducted to strengthen the PNSM. There is intention to advance to other health networks of the municipality of São Paulo.

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