




Original Article

Potentials and challenges of Psychosocial Care Centers in the voice of health workers *

Potencialidades e desafios do Centro de Atenção Psicossocial na voz dos trabalhadores da saúde

Potencialidades y desafíos de los Centros de Atención Psicossocial en la voz de los trabajadores de la salud

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Abstract

Objective: to know the perception of health workers about the potentialities and challenges of the Psychosocial Care Center (CAPS). **Method:** qualitative study carried out with 24 health workers from a CAPS located in southern Brazil. The data were produced between August and October 2018 through an open interview and submitted to thematic content analysis. **Results:** the workers identified potentialities of the service such as structuring, effectiveness, quality of care and team interaction, which generate satisfaction. However, they reported disarticulations between the service and the Psychosocial Health Care Network (RAPS), in addition to the decrease in public investments and interference of the political environment in the management of services, which sometimes led to occupational illness. **Conclusion:** the health workers perceived the CAPS as a powerful and effective service; however, they identified weaknesses at the level of RAPS that culminated in overload of the service and illness of the workers.

Descriptors: Mental Health Services; Mental Health Assistance; Psychiatric Rehabilitation; Community Mental Health Services; Mental Health

Resumo

Objetivo: conhecer a percepção dos trabalhadores de saúde sobre as potencialidades e desafios do Centro

de Atenção Psicossocial (CAPS). **Método:** estudo qualitativo realizado com 24 trabalhadores de saúde de um CAPS localizado no Sul do Brasil. Os dados foram produzidos entre agosto e outubro de 2018 por meio da entrevista aberta e submetidos à análise temática de conteúdo. **Resultados:** os trabalhadores identificaram potencialidades do serviço como estruturação, efetividade, qualidade de atendimento e entrosamento da equipe, que geram satisfação. No entanto, relataram desarticulações entre o serviço e a Rede de Atenção Psicossocial à Saúde (RAPS), além da diminuição dos investimentos públicos e interferência da conjuntura política na gestão dos serviços, o que acarretava, por vezes, adoecimento laboral. **Conclusão:** os trabalhadores de saúde perceberam o CAPS como um serviço potente e efetivo; porém, identificaram fragilidades em nível de RAPS que culminavam em sobrecarga do serviço e adoecimento dos trabalhadores. **Descritores:** Serviços de Saúde Mental; Assistência à Saúde Mental; Reabilitação Psiquiátrica; Serviços Comunitários de Saúde Mental; Saúde Mental

Resumen

Objetivo: conocer la percepción de los trabajadores de la salud sobre las potencialidades y desafíos del Centro de Atención Psicossocial (CAPS). **Método:** estudio cualitativo realizado con 24 trabajadores de salud de un CAPS ubicado en el sur de Brasil. Los datos fueron producidos entre agosto y octubre de 2018 a través de entrevistas abiertas y sometidos a análisis de contenido temático. **Resultados:** los trabajadores identificaron potencialidades del servicio como estructuración, eficacia, calidad de la atención e integración del equipo que generan satisfacción. Sin embargo, relataron desarticulaciones entre el servicio y la Red de Atención Psicossocial en Salud (RAPS), además de la disminución de las inversiones públicas y la interferencia de la coyuntura política en la gestión de los servicios, que en ocasiones derivaron en enfermedades laborales. **Conclusión:** los trabajadores de la salud percibieron el CAPS como un servicio poderoso y eficaz; sin embargo, identificaron debilidades a nivel de RAPS que culminaron en sobrecarga del servicio y enfermedad de los trabajadores. **Descriptor:** Servicios de Salud Mental; Atención a la Salud Mental; Rehabilitación Psiquiátrica; Servicios Comunitarios de Salud Mental; Salud mental

Introduction

During the 1970s, there was, in Brazil, a mobilization of society and health workers against the paradigms related to the treatment of people with mental illness and their families, which gave rise to the anti-asylum movement. As a consequence, there were ruptures of some traditional forms of treatment of psychological distress (especially those that focused on disrespect for the autonomy and uniqueness of individuals). Based on these events, the Psychiatric Reform (PR) was triggered and the National Mental Health Policy (NMHP) was born, supported by Law 10,216/2001.¹

The movements for PR show dimensions of the social and political reality of Brazil, producing experiences for the autonomy and reintegration of users in favor of the acceptance of difference. Due to a set of challenges (such as the strength of the biomedical and hospital-

centered model), the implementation of the principles of PR has been a process marked by struggles and investments on the part of the health sector.² Despite the adversities, many advances are the result of this movement, such as the Psychosocial Care Network (RAPS).

The RAPS brings together devices whose purpose is to create, expand and articulate points of health care for people with mental disorder or mental distress. The RAPS is formed by the following services: Basic Health Units (BHU), Street Clinic Teams, Community Centers, Mobile Emergency Care Service (SAMU) 192, 24-hour Emergency Care Units (ECA), Collection Units, Care Services in Residential Regime, specialized wards in general hospitals, reference hospital services and Therapeutic Residential Services of Psychosocial Care Centers (CAPS), the latter consisting of multidisciplinary teams that provide assistance to users in their territories.³

The CAPS are classified for their complexity and population coverage and are distinguished by the users served.⁴ The activities involve individual and collective actions focused on health promotion, expanded clinic and the promotion of autonomy and social inclusion.³ The performance of the CAPS strengthens the interlocution of the RAPS with the community devices, valuing the autonomy of users supported by the Unified Health System (SUS) through universal, comprehensive and qualified access to mental health services.⁵

Mental health legislation plays a crucial role in the community integration of people with mental disorders, in the coherence of mental health, in primary health care, in providing high quality care and in improving access to care at the community level.⁶ For this to be effective, we rely on the premise of interdisciplinary work,⁷ which highlights the role of health workers, which justifies the relevance of knowing their point of view on work. These actors are involved in the consolidation of the principles of PR and experience the daily life of the service in its facilities and limitations.

It is known that the implementation of the principles of PR is still a challenge for health workers, in part, due to the strength of the biomedical paradigm.⁸ The mental health worker needs to be involved in breaking this paradigm. This alignment points to new perspectives for the work he performs and challenges him to seek ways that value the existential and human dimensions. The health worker is an important actor in this process, as it is expected an ethical opening towards new practices that enable clinical therapy on psychological distress in the manner of inclusion, socialization and respect for the autonomy of the other.⁹

The national literature contains evidence related to the training and continuing education gaps of these workers. This was reinforced by an integrative literature review, which corroborated

that the production of mental health care needs to strengthen its look at the users in the territory, since the traditional clinic is strong in the work of workers. The study evidenced the need to discuss the practice in the CAPS, in addition to better understanding the demands of the work, so that there are subsidies capable of contributing to the confrontation of problems and promotion of changes.¹⁰

In view of the above, it is essential that the recognition of the possibilities and barriers of the CAPS includes the voice of the workers involved in the daily life of the service. The view of health workers can contribute to the identification of paths that lead to improvements in the effectiveness of services. Based on this context, the objective is to know the perception of health workers about the potential and challenges of CAPS.

Method

Qualitative study, conducted by a multicenter team that included researchers working in research groups focused on the areas of Mental Health, Public Health and Occupational Health. The scenario consisted of a CAPS located in the northwestern region of southern Brazil. This service was intended for the treatment of people in psychological distress. Participants were 24 workers who met the eligibility criteria to belong to the permanent staff of the CAPS. Those who were on vacation or any type of leave in the period in which the data were produced were excluded.

Data production was carried out between August and October 2018. The open interview technique was used, facilitated by an instrument developed by the researchers and composed of two parts: the first was aimed at the socio-occupational characterization of the respondents (sex, age, professional training, and time working in mental health); the second was composed of two open questions: How do you perceive your work in the CAPS? How do you perceive this service?

The interviews were scheduled according to the availability of the participants. They were conducted by the researchers of the study, previously trained in the research group itself, and performed in rooms where the deponents had the privacy, comfort and time necessary for their participation. The collection was conducted after reading and signing the Informed Consent Form (ICF). The audios were recorded, with the consent of the interviewees, for later transcription and analysis. They averaged 20 minutes in length. In the transcripts, the participants were identified by the letter W (of "worker"), followed by the ordinal number referring to the order of the interview.

Data analysis was performed by one of the researchers in this study, who has experience

in the treatment of qualitative data. The consensus was reached through the reading and critical analysis of the material analyzed by another researcher whose trajectory also includes the qualitative method. The analysis was made possible through the technique of thematic content analysis, which is developed in three stages: pre-analysis; exploration of the material; treatment of the data obtained and interpretation.¹¹

The pre-analysis consisted of the stage of recognition and organization of the empirical material.¹¹ The discursive responses were organized in a Microsoft Word 2010 text editor software file of approximately 20 pages. An exhaustive reading of the text and selection of the content pertinent to the objective of the research were performed.

The exploration of the material consisted of the analysis itself, in which the empirical material was encoded in units of record (UR), which are words or groups of words that represent the meaning of a given textual extract. Coding enables categorization.¹¹ The chromatic technique was used, that is, one color was assigned to each UR. Then, the excerpts referring to each UR were organized in a new file of the text editor and organized by semantic affinity, giving rise to the categories and subcategories. The organization of UR into categories is detailed in Box 1:

Box 1 – Organization of categories from the Units of record. Ijuí, RS - Brazil.

Categories	Units of record
Potential of the Psychosocial Care Center in the voice of workers	Structuring of the service and the network; effectiveness; infrastructure; multidisciplinary care; individualized care; team interaction.
Disarticulations of the Psychosocial Care Center and the Psychosocial Care Network: challenges to be overcome	Disarticulations in the RAPS; overload; disarticulation with primary care; public investments; political interference.
The worker before the complexity of the service: between the potential of a satisfactory job and the challenges of a sick daily life	Complexity of work; job satisfaction; instigating/stimulating work; work illness.

Finally, at the stage of data processing and interpretation, the researchers focused on the results obtained and made the interpretations and inferences that led to the main conclusions.¹¹

The ethical aspects of research carried out with human beings recommended by the National Health Council were met, according to Resolutions number 466/2012 and number 510/2016. The research project was approved by the local research ethics committee under the Certificate of Presentation for Ethical Consideration 55073516.0.0000.5350, opinion 1.546.341, on May 16, 2016.

Results

Twenty-four health workers participated in this study. Individuals with a mean age in years of 46.2(±12.4) predominated. Regarding the time working in the CAPS, the mean in years was 7.6(±8.1). Regarding the other sociodemographic and labor information, these are described in absolute and relative frequencies in Table 1. There is a predominance of women, white and married. Most of them had specific training in Mental Health.

Table 1 – Sociodemographic and labor characteristics of CAPS health workers. Ijuí, RS, Brazil, 2022 (n=24)

Sociodemographic and labor characteristics	N
Sex	
Female	18 (75)
Male	6 (25)
Skin color	
White	22(92)
Brown	2 (8)
Marital status	
Married	18 (75)
Single/Divorced/Widowed	6 (25)
Professional education	
Social Worker	3 (12.5)
Physician	3 (12.5)
Nursing Technician/Assistant	3 (12.5)
Customer Service Agent	3 (12.5)
Psychologist	3 (12.5)
Nurse	2 (8.3)
Occupational therapist	1(4.1)
Workshop attendant	1(4.1)
Neuropsychopedagogue	1(4.1)
Plastic Artist	1(4.1)
Pharmacist	1(4.1)
Health Agent	1(4.1)
Psychology Intern	1(4.1)
Mental Health Training	
Yes	14 (58)
No	10 (42)

* Absolute and relative frequencies obtained through simple descriptive statistics.

Based on the process of thematic content analysis, the data are presented in three thematic categories: Potential of the Psychosocial Care Center in the voice of the workers; Disarticulations of the Psychosocial Care Center and the Psychosocial Care Network: challenges to

be overcome; and The health worker in view of the complexity of the service: between the potential of a satisfactory job and the challenges of a sick daily life.

Potential of the Psychosocial Care Center in the voice of workers

This category highlights aspects that, in the perception of health workers, characterize the potential of CAPS and RAPS. With regard to the potentialities, they emphasized the **structuring of the service and the network** that, for them, facilitated the work process and the effectiveness of psychosocial care:

Here in the municipality we have a network well-structured called RAPS and this is the result of many years of work. We seek to be qualifying the RAPS more and more. (W1)

There is a well-structured network, which works very well, and which is very important, such as hospitals, the CAPS, the whole structure. It's an excellent job for mental health treatment. (W11)

In addition, they highlighted the **effectiveness of work** as a potential in psychosocial care:

[...] it is a very effective work. We see a lot of positive results, maintenance, stability, patients who recover and get well and return to the service. Many who are chronic patients, but who keep well[...]. (W15)

Adequate infrastructure was signaled by health workers as a potential of the service. The availability of physical space and human resources was mentioned:

[...] it has a good physical structure, excellent nursing professionals, therapist, physicians, psychologists and technicians[...]. (W14)

[...] we have a good physical and work structure inside, we had a change of location in the last year, we are in good condition[...]. (W21)

Multiprofessional and individualized care was cited as a work enhancer in the CAPS, being considered by workers as fundamental for the effectiveness of the service:

[...] I think it has a very interesting attention, in the sense that it is a multidisciplinary work. There are several areas looking at the patient, so they put him in a position to have a broader psychosocial care[...]. (W15)

[...] it is a differentiated service, both in nursing and physicians. If the patient belongs to a person, he is still his patient, the physician knows him since he entered. (W18)

Finally, the workers highlighted the **team's relationship** as a potential of the service and as a facilitator in the organization of care and in interpersonal relationships:

[...] if a colleague cannot [perform the care], the other already goes and sees what the other is in need. No one leaves here without service[...]. (W17)

[...] we have a good relationship with most colleagues. We have a good bond. [...] The work is good[...]. (W21)

Therefore, this category indicates that health workers recognize the potential of the service. These are attached to physical/material (such as infrastructure), organizational and management elements (such as human resources, support services and multidisciplinary network), as well as human aspects (such as the profile of the care provided and interpersonal dynamics of the team), which helped to constitute an effective service in the perception of workers.

Disarticulations of the Psychosocial Care Center and the Psychosocial Care Network: challenges to be overcome

The second category shows the perception of health workers about the weaknesses of the CAPS. It should be noted that the deponents identified, in addition to the locus of the service, the **disarticulations of the RAPS:**

[...] A network I understand that should be constituted by us, that there should be a good relationship like other services, [but] we still do a very fragmented work. If within the service itself I end up trying to fragment the work process, I see that as a network we make an even greater fragmentation, which begins within a health department, ends up having a fragmentation of our work in relation to primary care units and other services[...]. (W6)

The weaknesses and disarticulations in the RAPS have its critical point, in the view of the deponents, in the mismatches between the CAPS and the primary care. For them, **the CAPS assumes demands that could be met in the primary care network**, which results in overload on the team:

[...] we end up attending to things that primary care should handle, so we should strengthen the network so that it does not overload the service[...]. (W2)

[...] primary care should deal with lighter and more moderate issues, so that we can deal with crises and more serious situations. Of course, thinking about the networks we also failed because we could not support primary care, sometimes primary care fails because we do not want to treat someone with mental disorder because it is difficult, there is no medication[...]. (W3)

Finally, the workers highlighted the **reduction of public investments in health** as a weakening factor of psychosocial care, highlighting the **interference of political issues:**

[...] in twenty years we have had substantial advances, but now I think it is a political moment of setback, of no investments[...]. (W12)

[...] we face a crisis both in the state and in Brazil that often do not arrive resources that we need and that could improve the services much more[...]. (W21)

This category, therefore, shows that health workers also perceive weaknesses in the CAPS.

These are largely related to factors external to the sector, related to the fragmentation of care provided in the RAPS, mismatches in the management of care in conjunction with primary care as well as issues in the political and economic sphere that contribute to the precariousness of public services.

The worker before the complexity of the service: between the potential of a satisfactory job and the challenges of a sick daily life

The last category gathers data that show potentialities and challenges related to the feelings of health workers as individuals inserted in the CAPS. The workers, first, recognized the **complexity of their work**, as shown by the statement:

The work developed in the CAPS has an important clinical and social differential. [...] I feel that it is an extremely complex and difficult job that mobilizes professionals, a very delicate world. (W12)

Within the complexity of working in the CAPS, the workers reported **job satisfaction** related to identification with the work space and feeling about the importance they represent for the lives of users:

We end up identifying with the space. Here is in a nice place. The colleagues, the patients end up demystifying the prejudice that everyone is crazy and in an outbreak, and we end up helping and welcoming people who are in psychological distress. (W9)
[...] I'm feeling very useful, because I see that there are a lot of people who need a good reception, [...] so I'm enjoying it. (W17)

In addition, the complexity of the service makes it **exciting and stimulating for workers**, as work is dynamic and full of challenges:

It's a very rich job from a clinical point of view. My field is psychology, it seems to be one of the most interesting clinics, most productive for the professional himself. It is the place where we learn the most and have many challenges [...]. (W15)
[...] these challenges that we encounter on a daily basis encourage us to study and learn more and more. [...] Here things are very dynamic, nothing is like the book, so it encourages us to study. I love it very much. I found myself here. (W16)

However, the workers recognized that the weaknesses of the work and the network also impacted the way they related to work, interfering with their job satisfaction. The **illness of the CAPS workers** was reported by the deponents and attributed to work overload and work complexity, which can be identified as a challenge:

[...] we see that many [workers] get sick. This work is very difficult, we deal with

the suffering of others, and sometimes we have our own issues. [...]. (W2)
[...] I realize that the services have a lot of demand, few professionals and we see the illness of professionals [...]. (W3)
[...] support to the worker, the one who works with mental health. It is a difficult job; there is an important psychic attrition by the very object it deals with. There is a great lack of this support, investment in training, comfort environments [...]. (W12)

Therefore, the latter category shows that the subjectivity of the participants is an element related to the potentialities and challenges. Feelings of gratification and job satisfaction emerge from the potentialities. However, the weaknesses also cause pressure and distress on workers, signaling the risk of illness in the perception of them.

Discussion

The first analytical category evokes a set of potentialities that were identified by workers. These elements initially include the structuring of the service and the network, which contributes to the effectiveness of the work performed by the team.

The CAPS are strategic devices for the operationalization of the RAPS in Brazil. These sectors must be territorialized, that is, added to the physical and social space of those who attend it, in order to promote the reintegration of individuals in psychological distress to the community based on the resources that socialization itself provides.¹² Therefore, the CAPS are strategic services of the RAPS. The synergy obtained from such services and from other points of the network strengthens its potential in community assistance and makes its impact effective.

The policy of attention to the people in psychological distress includes dialogue between different points of the network, so that the individuals can effectively access the services in their territory. The articulation of the network can promote the constitution of a living and concrete set of references capable of welcoming the person in psychological distress.¹² Thus, the effectiveness of the CAPS work also happens thanks to the articulation of one of the RAPS that strengthens the access of users and their families.

The workers also highlighted the quality of the infrastructure as a potential of the CAPS added to the availability of a multidisciplinary team capable of providing individualized and effective care. These results differ from those found in other studies, in which mental health professionals and service users identified a shortage of physical, human and structural resources, which compromised the conduct of therapeutic projects.^{1,13} In this sense, this stands out as a

positive result of the study, considering that infrastructure (consisting of physical spaces, material and also human resources) is fundamental for the establishment of adequate working conditions, which strengthens the effectiveness of the service.

Multiprofessional and individualized care is cited by the interviewees as a potential of the service. Results of a study conducted with users of a CAPS showed that, in their perception, the service had as a differential the availability of professionals for qualified listening.¹³ This is considered a fundamental finding, because in this profile of multiprofessional and individualized care lies the differential of the CAPS in relation to other mental health services in force until the moment of its implementation. The CAPS is expected to strengthen this care model in the opposite direction to the biomedical paradigm and centered on the individuals and their needs.

The interaction between the team also qualifies this work, corroborating the issue that mental health care is enhanced based on collaborative work and accountability on the part of the workers who work in the network.¹ Therefore, the challenge of establishing mental health care strengthened by multiprofessionality requires communication and integrated work between the different actors, which facilitates the workflow and makes care more cohesive.

On the other hand, the second thematic category shows that health workers were not unanimous in their perceptions of work and services. Some identified disarticulations of the RAPS with fragmentation of work inside and outside the service. They also reported dissatisfaction with the fact that they often needed to assume demands that could be met in the primary care network.

A qualitative study conducted with workers of a CAPS showed similar results. The research participants perceived fragmentations and disarticulations of the RAPS, expressed in the difficulty of establishing for the users other reference points in addition to the CAPS. For this reason, the participants mentioned a process of “enCAPSulation” of the users. That is, the formation of a relationship of dependence of the persons in relation to the service, which weakened the conquest of autonomy in disagreement with what is recommended by the PR.¹⁴

In this line, it can be inferred that, if on the one hand the RAPS offers a set of services that can potentially welcome users in psychological distress in different situations or conditions, on the other hand this care process sometimes happens in a fragmented way so that the services cannot effectively support each other and users may suffer losses in access to this care.

Another challenge evidenced by health workers concerns the reduction of public

investments in mental health, which acts as a limiter of care resources, aggravated by political issues. Qualitative research showed that the precariousness of public funding in the CAPS emerged as an element causing moral distress among service workers. The participants of this study mentioned impacts on their professional well-being, such as low wages and lack of human resources, causing overload. They also mentioned the weakening of the care provided in the service, which led them to make use of improvisations in the face of lack of resources.¹⁵

It is known that the precariousness of economic and political investments in RAPS weakens advances in psychosocial care.¹⁴ Therefore, effecting psychosocial rehabilitation requires the mitigation of weaknesses and shortages of human, physical and structural resources¹ through the prioritization of mental health as a public policy.

Finally, the last category reveals that the potentialities and challenges are related to the subjectivity of workers, first mentioning the complexity of this service and how challenging their daily lives are.

The work process is developed in the conduct of mental health care based on interventions and assistance. In this sense, there is a need for health workers to be qualified to act with this diversity of user demands.¹⁶ The participants of this study are aware of the complexity that the work in the CAPS represents, which indicates their implication in this scenario.

In addition, they reported feelings of job satisfaction, recognizing their daily work as instigating and stimulating. This can be identified as a potentiality, as it shows that health workers identify with the content of their work.

It is known that job satisfaction is related to well-being indicators and the quality of care provided. A cross-sectional study conducted with 290 nurses from the public health network showed that 73.8% were satisfied with their work; in addition, it pointed out that satisfaction was linked to factors such as working conditions, work environment, social support and relations with management.¹⁷ In this sense, it can be considered that the satisfaction of the workers in this study is related to the strengthened potentialities in the CAPS, identified by them.

On the other hand, different perceptions coexisted in the voice of health workers. While some were stimulated and satisfied, others reported feelings of distress and risk of occupational illness due to the challenges related to the weaknesses of the CAPS.

In the context of mental health work, emphasis is placed on the constitution of an environment formed by different competencies and experiences of satisfaction.¹⁸ Workers need

to welcome users, since they are determinants in crises, form bonds and seek to resignify mental illness. However, it is important to emphasize the presence of labor tensions in the face of different experiences of workers. Mental health workers are exposed to psychosocial risks arising from work organization, characterized by high demand and complexity, which can lead to illness.¹⁹

A literature review study showed that health work in the CAPS is challenging, as these workers take on the task of producing mental health care from the perspective of the precepts of PR, although sometimes immersed in adversity. The work in the CAPS, in some situations, constitutes an important source of pleasure, fulfillment and satisfaction. However, the complexity of dealing with different situations involving madness, in addition to the daily challenges of professional practice, can cause suffering and stress to these workers.⁹

In line with these findings, a systematic review of the international literature showed that mental health workers who work in the community may be more vulnerable to mental illness compared to those who work in other contexts.²⁰ Often, dissatisfaction coupled with the lack of adequate structure at work makes them sick and cease to perform their role in the mental health service.²¹ Data regarding the mental health of CAPS health workers are also important, as they reflect a relevant element with regard to the intersection between work and the subjectivity of these subjects.

The reflection on the results confirms the complexity of this scenario of mental health production and the context of adversities and challenges, intersected by a set of potentialities. Amidst this space, the health workers confirm themselves as actors immersed in this complexity, involved in care and, at the same time, subjectively affected by the challenges of their daily work.

Regarding the limitations of this study, it should be noted that the interviews were conducted at the participants' workplace and during their work shift. Although the place and time were chosen by the workers, also considering the importance and safety of carrying out the study at the workplace, it should be noted that the conduct of the interviews was conditioned to the pressures of time and work demands, which may have contributed to interfere in their duration. However, it is considered that this limitation did not substantially impact the achievement of the research objectives.

Regarding the implications for nursing practice, it is believed that these findings can contribute to the management of the RAPS with regard to the possibilities of intervention in the

demands and needs of the services. The data brought by the deponents indicate points of special importance with regard to public investment. In addition, the results can support the implementation of actions that also enhance the mental health of the health workers who are in charge of these services. Listening actions that value the voice of workers can be important devices for promoting mental health as well as transforming the practice scenario.

Conclusion

Health workers identified potentialities such as the structuring of the service and the network, the effectiveness of the work, adequate infrastructure, multidisciplinary and individualized care and the interpersonal relationship of the workers that made up the team. They also identified challenges to be overcome, such as disarticulations between the service and the RAPS, with emphasis on primary care, in addition to the reduction of public investments and interference of the political conjuncture in the management of services.

Health workers understand the complexity of the work they perform and the scenario in which they work and perceive the CAPS as a powerful and effective service. If, on the one hand, they experience feelings of satisfaction and identification with work, which signal their potentialities, on the other hand they feel worn out and sometimes ill due to work overload and work complexity, highlighted by the challenges of their daily practice.

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