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ORIGINAL ARTICLE

ANALYSIS OF THE WORK PROCESS OF AN ITINERANT MENTAL HEALTH TEAM

ANÁLISE DO PROCESSO DE TRABALHO DE UMA EQUIPE ITINERANTE DE SAÚDE MENTAL

ANÁLISIS DEL PROCESO DE TRABAJO DE UN EQUIPO ITINERANTE DE SALUD MENTAL

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ABSTRACT

Objective: to analyze the work process of a traveling Mental Health Team. ***Method:*** a qualitative study, a case study, carried out with three professionals from a traveling team of mental health in a city of Rio Grande do Sul, Brazil. The data were produced from participant observation of the team activities, 180 hours, and by the semi-structured interview. For the analysis of the interviews, the Thematic Content Analysis technique was used. ***Results:*** the work and organization involves the important work of the team, coordinator and professionals, the activities of debureaucratization and the dialogue and networking. Some advances have been identified in relation to intersectoral work with the Judiciary, but there is a need for greater clarity of the role of each member in health care. ***Conclusion:*** the analysis of the work process evidenced that the assistance innovation of the municipality made possible a greater contact with the mental health services, qualifying the care. ***Descriptors***: Mental Health; Health Care Reform; Public Policies; Drug Users.

RESUMO

Objetivo*:** analisar o processo de trabalho de uma Equipe Itinerante de Saúde Mental. ***Método*:** estudo qualitativo, tipo estudo de caso, realizado com três profissionais de uma Equipe Itinerante de Saúde Mental de um município do Rio Grande do Sul, Brasil. Os dados foram produzidos a partir de observação participante das atividades da equipe, 180 horas, e pela entrevista semiestruturada. Para a análise das entrevistas, utilizou-se a técnica de Análise de Conteúdo Temática. ***Resultados*:** o funcionamento e a organização envolvem a importante atuação da equipe, coordenador e profissionais, as atividades de desburocratização e o diálogo e articulação em rede. Identificaram-se alguns avanços em relação ao trabalho intersetorial com o Judiciário, mas há a necessidade de maior clareza do papel de cada membro no cuidado em saúde. ***Conclusão: a análise do processo de trabalho evidenciou que a inovação assistencial do município possibilitou maior contato com os serviços de saúde mental, qualificando o cuidado. ***Descritores*:** Saúde Mental; Reforma dos Serviços de Saúde; Políticas Públicas; Usuários de Drogas.

RESUMEN

Objetivo: analizar el proceso de trabajo de un equipo itinerante de salud mental. ***Método:*** estudio cualitativo, tipo estudio de caso, realizado con tres profesionales de un Equipo Itinerante de Salud Mental de un municipio de Rio Grande do Sul, Brasil. Los datos fueron producidos a partir de observación participante de las actividades del equipo, 180 horas, y por la entrevista semiestructurada. Para el análisis de las entrevistas, se utilizó la técnica de Análisis de Contenido Temático. ***Resultados:*** el funcionamiento y la organización involucran la importante actuación del equipo, coordinador y profesionales, las actividades de desburocratización y el diálogo y articulación en red. Se identificaron algunos avances en relación al trabajo intersectorial con el Poder Judicial, pero hay necesidad de mayor claridad del papel de cada miembro en el cuidado en salud. ***Conclusión:*** el análisis del proceso de trabajo evidenció que la innovación asistencial del municipio posibilitó mayor contacto con los servicios de salud mental, calificando el cuidado. ***Descriptores***: Salud Mental; Reforma de la Atención de Salud; Políticas Públicas; Consumidores de Drogas.

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INTRODUCTION

The Mental Health Itinerant Team is a proposal for care in the context of public psychosocial care policies implemented in 2013, in response to the growing number of mental health lawsuits in a municipality in the metropolitan region of Porto Alegre, Rio Grande do Sul (RS). The training of this team aims to articulate the health sector and the justice sector to meet the local demands of mental health judicialization and facilitate access to the care network of people with mental suffering.

The Traveling Staff works with care guides for mental health services provided by the justice system to those family members and users who seek help. The care guide avoids opening lawsuits, which, often, prevent health care staff from assessing the real needs of the users and performing extended care. An important job demand of the itinerant team is the requests for treatment of drug users and the constant indications of compulsory hospitalizations from the judicial sector, the focus of this study.

The problem that drives this study is the increase in the processes of judicialization of health, which means that social and health issues, that should be answered and taken care of by the organs of traditional political powers, are being decided by the Judiciary Power. An explanation for the great legal activism is usually the insufficiency of laws to guarantee, the right to health, as well as the great disregard for public health, factors that contribute to the judiciary to act more actively as a promoter of access to health, which is a constitutional right.[1]

With regard to harmful drug use, many families have serious difficulties in accessing education and professional qualification programs, which could create expectations of a better future and lower rates of drug use.[2] In addition, the difficulty of access to services of health is great, being worse in areas of ruarais and reserves. The difficult access is related to the low coverage of the health services, as well as the experience of stigma and prejudice that drug users suffer in the network of care.[3-4]

In this sense, we perceive the challenges in the promotion of care and access to health foreseen in the Federal Constitution of 1988, which may result in an increase in the judicialization of health, since many families, when constantly exposed to social inequalities, end up experiencing some type of psychic suffering. Therefore, we believe that it is necessary to advance in traditional policies to avoid new processes of health judicialization. Thus, the experience of implementing a traveling mental health team can be a tool that facilitates the reversal of these processes and the insertion of users in the network of care.

The concept of roaming can be understood as the activities of care carried out in movement, in the encounter between the user and the professional in the life space of the subjects that demand listening and attention. These activities are aimed at people who do not adapt to the traditional model of care, such as people with schizophrenia, drug users, people who are raped, among others. The actions are proposed from the look at the delicate life stories and through walking along with the users and family, by the care network, in the pursuit of a better quality of life.[5-6]

The study team seeks to promote their care practices based on this understanding of roaming, in order to reduce the judicialization of mental health, promote care, according to the real needs of users and families, and carry out the necessary approximation and dialogue with the judicial sector, as part of the network of care.

OBJECTIVE

- To analyze the work process of a traveling Mental Health Team.

METHOD

A qualitative study, of the case study type, using the triangulation of methods and guided by the theoretical reference of the work process in health. Qualitative research responds to questions and particular questions of a level of reality that can not be quantified, using the universe of meanings, aspirations, beliefs, values, attitudes and culture.[7]

The case study is a methodological strategy, in research in the human sciences, that allows, the researcher, a deeper understanding of the phenomena studied, revealing nuances difficult to perceive and favoring a holistic view on real life events.[8] And the process of working in health happens in the act, the product is inseparable from the process of its formation. This process is carried out through technologies, the operant knowledge, which constitute the theoretical-conceptual instrument that bases the action in health to produce practices aimed at the object, individual or healthy / diseased groups with different needs.[9]

The study was carried out with a Mental Health Itinerant Team from a municipality in

the metropolitan region of Porto Alegre, Rio Grande do Sul. The team was composed of four health professionals, three psychologists and one workshop technician. The following exclusion criterion was used: being excluded for health leave and / or vacation during the period of data collection. One participant was excluded from the study.

Data were collected, using participant observation techniques and semi-structured interviews. During the months of July, August and September 2015, a participant observation was made to the team in the following activities: home visits; team meetings; discussions of cases in different areas of the network; writing reports sent to the Judiciary Power. All the observations were recorded in field diary, totaling 180 hours.

In the second half of September 2015, the semi-structured interview with the study participants was carried out. It was scheduled according to the availability of each participant and applied in a reserved room in the team's work institution. The semi-structured interview was composed of questions about the creation, operation and organization of the Itinerant Mental Health Team. All interviews were recorded and transcribed in full.

Data analysis was performed by the Thematic Content Analysis. First stage: "pre-analysis" - was carried out the floating and exhaustive reading of all the material collected during the research. Second stage: "exploration of the material" - was performed the analysis of the data separating, from the text, excerpts and fragments important for the study. They were distributed in topics and identified as information units. Then, all units of similar information were approached giving origin to sense units. From the approach and analytical work of the units of meaning, the analytical categories that guide the study emerged. In this article, the following categories will be addressed: Functioning and organization of the work of the itinerant team and intersectoral articulation: the relation of the itinerant team with the Judiciary Power. Finally, in the third step: "treatment of the inference / interpretation results" - an interpretive synthesis was carried out, from the treatment of the results obtained, which were submitted to complex or simple operations that allowed to highlight the study data.7

This study had the research project approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul, and was approved, in 2015, through the opinion number: 1,144,089. The study participants were identified with the letter T, of worker, for example, T01, T02, respecting their anonymity, and the data of the field diary were identified with the letter DC.

RESULTS AND DISCUSSION

♦ Working and organizing the work of the traveling team

The collective makes a difference in the organization of health work. This collective includes managers, workers, family members and users, who are truly responsible for changes in services, based on the look and participation in decision making. Therefore, care institutions should open spaces for the collective, because, in this way, it is possible to achieve better modes of health care.

In the Itinerant Team, the workers responsible for the work and organization of the work are three of the area of Psychology and a clerk. The work process of the team is directly related to the profile and the number of professionals that compose it, as well as the demands of work, the possibility of constructions of the collective and the availability of the network to perform the care of the users.

One of the strategies encountered by the team to organize the work is in the coordinating role. It is an activity performed by one of the psychologists and understands the breadth of work, from the coordinator's perspective. The following testimonies, highlight this tendency:

> *The role of coordination is a very important role that is to help the team think about the organization of the work [...] the coordination should already be of someone who has a greater intimacy with the service. (T01)*
>
> *There was no way you could not get involved in the rest of the process, because with two professionals for a lawsuit that was initially thought of in four [...] the judicialization of health is a reality that grows more and more, so it is a reality that grows and a team that did not follow the contrary, she had a decrease. (T01)*

T01 observes the importance of the work of the coordinator as what helps to think the work process and the care of the user and emphasizes the need of the coordinator to have knowledge of the activities proposed by the team due to the specificity of the actions developed in this service. In addition, it exposes a concrete difficulty in the work process, which is the incipient number of professionals in the team, making it difficult to respond to the judicial sector and, consequently, not to reduce the

judicialization of mental health processes in the municipality.

In the public health sector, the coordinator has a fundamental role, acting as an enlightening agent for the importance of teamwork and for the implementation of humanized care, integrality and promotion of social reintegration. Thus, in the current model of mental health care, this actor is valued and his role is of relevance for the consolidation of horizontalized, resolutive and integral care practices in mental health.[10]

In the Itinerant Team, the coordinator also notes the concern about the lack of professionals in the service, as it makes daily work difficult. In studies carried out with services of the mental health and collective health network, the lack of professionals was also pointed out and the reasons for this absence were: low pay; excessive work hours; high turnover and the need for support from local health management. [11-2]

These notes are part of the reality of many municipalities in the Brazilian context. However, obstacles have to be overcome, and the coordinator herself has brought her greater involvement in activities to enable service action. The commitment of the professional makes all the difference, but it is necessary to rediscuss, politically, ways of overcoming this shortage of workers.

Regarding the profile of the worker to compose the itinerant team, T02 and T03 mention that there is no defined profile or specific competencies, which, in a way, articulates with the inherent precepts of the work, at the same time as it brings challenges to the constitution and organization of practices:

> *I think today has little distinction, we are in three, two psychologists and a clerk. I think in general we have the same attributions. (T02)*
>
> *I think my role comes a lot because of this, also very closely linked to the goals of the team itself [...]. I think it's a different thing that has been achieved and maybe I have an important role in the middle of that, so it is to try to bureaucratize the work of the team a little, well, you know. And, in fact, from what I heard people talking and how the itinerant was seen, is still very much seen as the team responsible for responding to the MP. It is the most bureaucratic work of mental health. (T03*)

One of the possible roles of the Workers of the Itinerant Team is precisely to think of ways of care that involve the services of reference. One of the highlights is the possibility of reducing the bureaucracy of care flows involving network care. T03, for example, observes that this transit through the network involves not only the co-responsibility of the actors in the care, but, also, the demystification of the team itself as one that serves only to respond to the interests of the Public Ministry.

From this perspective, interdisciplinary actions are proposed, such as: team meetings, discussion of cases with the referral service, and home visits in conjunction with the CAPS to contribute to the debureaucratization of judicial procedures:

> *It identifies which of the services will serve better, more integral according to the needs of the user, if it marks a meeting to discuss the case. This approach to the user will be based on what was discussed at this meeting, whether specifically with the itinerant team or exclusively with the CAPS team, but usually in this initial approach we try to prioritize the itinerant professional and a CAPS professional of reference. And then the idea is that with the approach of the service, the service can inform the itinerant whenever necessary for the judiciary to be informed. (T01)*
>
> *Some people from CAPS have told me that they perceive the itinerant of some time ago more articulated with the CAPS in the interventions, in the discussions of the cases. So I think this also comes in the sense that we are trying to bureaucratize these works a little bit, the moment you can get closer to the CAPS, to think along with them, you are not executing the care of that user in a workshop, is not that But you're together, you're thinking about the care. (T03*)

The movements developed by T03 are valuable for the practice of care, since the bureaucratization of the activities allows a greater approximation with the services of reference, the opening to the dialogue and the articulation, enabling the union of the professional of the itinerant team with the service of reference for think, together, the care for the user.

It is important to note that the tendency to reduce bureaucracy in care flows does not mean that the team does not need to standardize or schematize processes, but rather, has as a main reference, the potential for reinventing the ways of doing the care. These flows, these processes need to be flexible, to the point of permitting changes, but not rigid to the point of making the process. Care models need to be articulated with this inventive capacity, as well as sensitive to the fact that the bureaucratization of processes does not respond to the totality that surrounds the subject, the territory and their relations, and

can create barriers to the creation of a joint path of care.[13]

In this way, we understand that we can stimulate movements that enable the deconstruction of bureaucratic activities in the health field, since the complexity of human life does not fit into norms, standards, and ready-made care recipes. At the same time, the actions and flows that involve these activities require constant re-discussion by the reference teams in the care of the user.

T02 emphasizes the importance of networking, considering that the judicial demands and the clinical demands of the subject are crossed. Although she is aware that the team works more closely with the judiciary, with its specific needs, it also understands that it is necessary to sew care networks that take into account the clinical dimension of the process:

> *I think the more we can network, you know? Because I think that the itinerant does not propose to the care itself, I think the clinic happens and the therapeutic intervention happens, but it is not the initial proposal, the itinerant's initial proposal is to respond to the judicial demands. But we know, technically speaking, that any intervention in this sense is a technical intervention and somehow it can be therapeutic or even anti-therapeutic. So I think it's relevant that we can think of a clinic there in that performance, but so I feel that my demand, it is much more with the legal than with the user, so I respond to the legal. But, I feel that the user needs a care that will not be me that will continue this care, but I am much more relaxed to be doing this along with the service that will be responsible for this care and that user does not stay in the hand , in limbo, lost, in a little while without being able to seek a reference. (T02*)

It is worth remembering that the mental health management of the municipality under study created the Itinerant Team to make new work contracts with Justice, to reduce the judicialization of health and the number of requests for compulsory hospitalizations and to print new ways of looking at psychic suffering from this sector. I believe that there is care in this articulation, although it must be said that the continuity of the process will be in charge of the referral service to which the user will link.

In this perspective, the change of care model, based on the psychosocial care, mode requires that there be network articulation to guarantee the integral care of the user. The Itinerant Team recognizes the need for articulation and seeks, in its daily practice, to develop new partnerships with the services responsible for the care, in the perspective of ensuring this continuity.

Changes in health actions require not only new or new tools and means of work, but above all, the articulated construction of care that demonstrates relationships between means and ends, bearing in mind the purpose of the work process, that must be guided by interdisciplinarity, completeness and intersubjectivity.[14]

The Itinerant Team has an important commitment to the judicial sector. However, it seems important to be co-responsible in guaranteeing the user's access to the network of care. This means that the staff worker is not only responsible for the referral itself, but, also, that he/she is responsible for the link and reception of the health demands in the destination service.

In this logic, the construction of care networks occurs in a complex way, since it requires the implantation of technologies that qualify the meetings between the different services, knowledge and territory. Thus, having more services and equipment does not guarantee care, since it is necessary to communicate among the devices that compose it, increasing the possibilities of shared care.[15]

Despite the advances in the constitution of new processes and flows to allow these articulations, the Itinerant Team also experiences some difficulties in the daily life. These include the great demand for bureaucratic service, the imprecise definition of a workflow and the lack of resources in the service, such as the absence of an administrative assistant, as shown in the lines and the fragment of the field diary, the follow:

> *So from the question of the technical handling of the case, you can see there in the process what he is asking for, what service I have to be triggering ... Besides all that is the technical work has the administrative work, which ends up stealing an important time, has the xerox, has many times to seek the process, have to take the process, have to go there and set time for the assessments of civil acts, you know? So this also ends up overwhelming the team. (T01)*
>
> *I do not think we have a well-organized flow [...]. Some things we have already been combining, but we are still reviewing, for example, now we have made a protocol book, receiving the processes and recording all the processes that come in. " (T02)*
>
> *It's a small team, so a person entering or leaving makes a lot of difference in the dynamics of the work [...] an administrative*

> *one makes a lot of difference, we really needed to have an administrative one in the traveling team. (T03)*
>
> *In the room, T03 is on the computer typing and T02 is restless, do not know what to do, because there is no more computer and at the same time says they need to stop to talk. She suggests arranging the files and setting the locations of things, she says she will do some xerox to help the girls, but she continues in the room questioning the need to organize things, to sit to see it. [...]. The girls come down with all their materials and begin to make xerox of the processes that will be delivered, they are running a lot, because the driver that will take her has arrived in the service. (A.D*)

The team stresses that administrative tasks take time even by the nature of this work. At many times, there is a qualified professional who could be on a home visit, at a staff meeting, conducting a listening, but is making copies of documents, for example. Workers perceive the need for better organization of the workflow, often plastered by the large circulation of court documents.

It is necessary a way of organizing the work process with a distinction between the different decision and execution flows and with the clear and precise definition of the division of labor as determinants of the link between the user and the institution, taking into account, the multiprofessional characteristics of teams. Thus, the organization of services does not only depend on internal issues inherent in the organization process of the teams, but, also, on the needs of the user, the family, the population and the meetings with the workers and the consequences of that process.16

Therefore, it is necessary that the staff of the Itinerant Team reinvent, daily, means of care that overcome the difficulties of the network. It is necessary, rather, to stop and rediscover their work process, as this will enable the improvement of activities, as well as the reduction of anxiety of the worker who needs a clear workflow. In this way, overcoming the large bureaucratic demands and the urgency of responding to the judicial sector is what is required of the team to improve the daily work of the service, as will be discussed in the next section.

♦ Inter-sectoral articulation: the relationship of the traveling team with the Judiciary Power

Care actions for users of alcohol, crack and other drugs require constant articulation and dialogue with the different care network services. It is necessary to have the construction, at the municipal and regional levels, of cross-sectional and intersectoral flows, that allows access to the care of these people, in different points of the care network.[2]

Care requires networking, from a set of devices with complementary functions, but without watertight roles or bureaucratic flows. On the contrary, networks are driven from the user's health needs and from the construction of an individual project that will define the movements of the attention network.[2]

Thus, users' life needs transcend what is offered by the health sector, requiring intersectoral network work, because it is not possible to carry out integral actions only in a specific sector or service. Thus, intersectoral actions require, healthcare professionals, to know, for example, the social assistance network, the school network, the informal networks in each territory, the judicial network, the latter being a reference for the work of the Itinerant Team, since that the team is responsible for responding to mental health judicial processes.

Thus, the relationship of the Itinerant Team to the mental health network has improved, as the teams are able to understand the work proposal of this service and welcome the demands of Justice together, as shown in the statements below:

> *The network is able to better understand the role of the itinerant to work in this growing power is welcoming the colleague [...] the deadline is not the period that the itinerant put, but the judicial, and if this is a collective challenge , mental health has to take care of this term, so that no unpleasant outcome occurs. (T01)*
>
> *I think the teams welcome us, I think they are willing, sometimes we feel that people are willing, but they are not so much because they are full of work [...] the process is urgent, sometimes we have who do this role that is a bit annoying with the teams say "have this deadline, but the legal is charging" is as if we had to pass on this charge, this is a bit annoying, but the teams respond in some way. (T02)*
>
> *It's also complicated to deal with deadlines like that. And then we also have to be aware of the CAPS in terms of deadlines and [...] what will happen from the beginning of the process also varies a lot with the next request, so the evaluation for hospitalization is always the more trash than you think so, because most of them come with an immediate, urgent, urgent, 24-hour deadline, that is the most difficult to articulate. (T03*)

In this sense, the Itinerant Team has been able to create a channel of communication

with the services of reference and these are managing to meet the judicial demands of mental health together. Because CAPS is the reference in the continuity of care, this work together makes all the difference in this construction.

In a study carried out in the area of mental health, CAPS ad is perceived as a mediator of hospitalizations and care is based on the treatment / rehabilitation of young drug users. In addition, it was identified the need for more prevention and promotion activities as an important strategy in attention to drug users and in the rapprochement with their families.[17] In this way, it is necessary to expand the therapeutic activities of the service, with the CAPS, the construction of life projects, care based on rights and citizenship, and harm reduction practices.[3,18]

Therefore, the Itinerant Team needs to work together with the CAPS ad and to prevent the role of this service in the network from being mediated only in order to carry out an internment, since the deadlines for responding to legal proceedings are short, demanding, from the Itinerant Team, quick movements that prevent professionals from getting to know the situation and the context of the user and the family, identifying their needs to intervene and to issue more concrete answers in terms of caution.

In this sense, providing extended care requires time, a time that concerns the user, the traveling team, the referral services and the entire network of care. Securing inter-sectoral actions and articulations with other realities are limited when a more urgent demand, imposed by a particular department or sector, is encountered in this process, as is the case with the Judiciary.

The deadlines established by the Judiciary also make it difficult for professionals to print the care mark on the responses issued to the judicial sector:

> *I think reconciling these two things is great ... it's the big challenge and it's great source of stress for the team to understand the care thing that is so unique with the pressure that is real that the judiciary demands. One day, last Tuesday, seven cases were filed with 24-hour deadlines and of these seven three were compulsory and one of us responded "at the very moment we are writing this response and that CAPS AD is carrying out the home visit to ascertain the situation of the user ", tomorrow we will forward the opinion of the team. (T01)*

> *Our relationship with the legal is different here because we also print our reports and our responses to the care clinic [...] These are small things that make a difference, so it seems to me that it is the care and it is this way because you are also printing the care that you are planning for the user in the response that you are doing to the legal. But, I think you can not always get past this, especially in those who respond as quickly as possible to give some feedback. (T03)*

In this case, the role of the team, as part of the psychosocial care network, is to establish a dialogue with the Judiciary, deconstructing the treatment of hospitalization as the only possible path, and triggering the mental and intersectoral health network to promote care for the patient and his family. It should be noted that compulsory hospitalizations, when carried out in an indiscriminate manner, run the risk of not contemplating the singularities of the people, denying life stories, desires, and other social and health situations that constitute the main problem. Therefore, they can be characterized as a reductionist form of attention, without exerting the therapeutic function.

The increase in compulsory hospitalizations, the entrapment and eugenic cleaning of the streets, the financing of therapeutic communities, and the decrease in investment with Psychosocial Care Centers III are characteristic of the delicate moment, whose political and economic interests are not articulated with the principles of psychiatric reform. The pressures of health professionals and other areas of care and media, opposed to reform, favor government strategies that refer to imprisonment, as if this *modus operandi* were capable of overcoming drug abuse.[19]

In a study that problematized the compulsory hospitalization of children and adolescents, we identified practices of care and protective hospitalizations, used as techniques of control, punishment and increased social vulnerability of children and adolescents. In hospitalization records the main symptom is drug addiction and poverty, and referral to the Judiciary are predominant in these processes. The hospitalizations are used as techniques of public order, organization and hygiene of poverty. There are children and adolescents hospitalized for presenting "behavioral disorders" and not psychic disorder.[20] The mismatch between users' needs and needs and the expectations and demands of a society and mental health system, based on a "fixation" logic, contributed to mistrust and stigma.[21]

The mental health network has been able to establish links with the judiciary that enable, health professionals, to print the care

clinic through their technical advice. An opinion that demands to analyze the complexity of the situation that involves the user, not only the fulfillment of specific demands imposed by the judicial sector. Thus, the bet on new arrangements should, *a priori*, be based on the establishment of a network of talks with Justice, so that the urgent needs of this sector can be printed, as well as the exercise of the complexity of care brought by health.

In this sense, the exercise of intersectoral articulation depends on the negotiating capacity of the itinerant team with the other points of the network, in a broad process of recognition of their potential to "go beyond" a proposal of care, as well as, the technical limits of action in each situation.

We understand that the judicial sector is also a gateway in the search for treatment and care of individuals and families. Justice, as a network care device, in this sense, "stresses" the health sector to promote the necessary therapy to the user. It is clear that it is interesting that there is some provocation of the network when the Justice establishes deadlines for answers, because it gives more movement to the health sector, not letting it fall into inertia.

However, the deadlines established by the court make it difficult for the team to print the expanded way of taking care of their technical opinions and the applicability of the therapy in practice, causing stress to the professional. Therefore, agility does not mean slowness, but, it can not be a hurry either, because you run the risk of losing the essence of care that could be a brand, a differential of that team.

Therefore, the improvement of the communication process between the itinerant team and the judiciary, to qualify the network, work is burning, as workers expose:

> *And they are two services that have their attributions, but I think now has reached a point that the secretariat itself sees this need to sit and resume, so this will be placed as a priority because if you do not put as a priority will never be left that time to sit down. (T01)*

> *The idea is for it to be a punctual meeting, the initial idea and this punctual meeting I think you can think of some things like that, even the idea of a more systematic meeting, as needed. But, I think that this meeting is to understand some things of the legal procedures, all this for me is very new and I think that for colleagues is not something that comes so, so much of our mental health practice that is already given away. (T02)*

> *I think we still face several difficulties in relation to the legal itself although we have made progress, several advances in this sense, in the legal know we still have several things that we could think better. Why, this ends up in the care of the user that in some way, for example, why, that this case opened directly as a process, why not a guide before, why, what has already arrived with a compulsory hospitalization process for that person? Why it was not a guide before, that also makes a lot of difference in the way you will get to the request is very different it has a greater weight. (T03*)

The traveling team was able to reflect on the importance of improving the communication channel with the judicial sector, with a view to changing the care model that provides for extended and free care. In addition, the dialogue, as a work tool, will make it possible to qualify the professional activities of the team by solving doubts and uncertainties, and will achieve closer approximation between these two sectors.

In fact, the creation of the Itinerant Team comes as a bet of changing model, of breaking orders and compliments of legal deadlines without reflection of the real needs and desires of those who suffer the action, the user. Thus, T03 points out the need for dialogues to review the opening of lawsuits before the issuance of Referral Guides and the direct request for compulsory hospitalization.

The judicialization in health can be avoided through communication between professionals responsible for these demands and the prioritization of collective actions. And, in order to reduce the judiciary, there is a need for dialogue among the community, public administrators, such as health care, the Public Prosecutor's Office, the Judiciary, public defenders and lawyers. In relation to the Public Prosecutor's Office, it is advisable to use the Terms of Adjustment of Conduct that allow a greater commitment of the State to be notified, without the opening of legal proceedings.[22]

Therefore, municipal mental health management needs to advance in communication with the judiciary, hold systematic meetings and constant dialogues to progress in new ways of care that take into account the needs of life and the desires of users. This is because the bet is that care should be exercised, in an extended way, not restricted only to objective judicial responses, but that values and contemplates questions of life that, in themselves, are complex.

Finally, the organization of health work is related to many dimensions. The dialogue itself with the network and the judiciary, as one of these dimensions, already implies an entire organization depending on the results of these talks. In this way, the actors involved in the construction of expanded mental health care projects, should develop communication skills, deep analysis, listening, so as not to run the risk of performing old practices in new models that are more related to the segregation line , psychiatrisation and the penalization of life.23

In this way, intersectoral actions are a node that permeates the health sector and require, of all the actors involved, the constant reflection and search for new modes of interventions that are shared. Making mental health and providing care outside the commonly institutional spaces, prerogatives of the psychiatric reform movement, permeate this complex organization of work, the limits between rigidity and flexibility in actions, uncertainties of practice, health system management mechanisms and care processes, among others. Such complexity can not be reduced to a menu of actions in which there is no conversation, dialogue, and building partnerships among all the actors involved in this care to the user.

CONCLUSION

The results of the study indicate that the processes of operation and organization of the work of the itinerant team involves the important performance of the coordinator in the management of the work of the team. It also involves de-bureaucratising activities.

Due to their nature, large volume of court documents, there is an investment in spaces for dialogue, discussion, articulations and interventions in conjunction with reference services, such as the CAPS, in order to qualify care, with regard to judicial and clinical demands. There is an opening of the itinerant team to build the care with the network, being responsible not only for the referral, but the connection of the user with the services, seeking that the network fulfills its role and that there is a continuity of care.

In the work process of the Itinerant team, the main difficulty was the lack of human resources, both to deal with administrative issues, and care actions in the territory, both activities considered fundamental in the work of the team. The greater involvement in bureaucratic activities creates a nuisance in the professionals, who could be optimizing new work processes in the territory.

In relation to intersectoral activities, we highlight the actions carried out with the mental health network, with greater openness of the network professionals with the traveling team, a greater understanding of the importance of reducing the judicialization of health and with the care of users. However, there is a need for greater dialogue with the judiciary, since health teams have difficulty carrying out care actions due to the deadlines established by the courts. Thus, the itinerant team recognizes the advances in relation to working with the Judiciary, which is a gateway for users and families, but highlights the need for greater contact and clarity of the role of each member in health care.

Finally, the training of the traveling mental health team is a novelty in the scenario of public health policies, a bold invention of work to meet the specific demands of the municipality. There were no ready or instituted models to be followed. The functioning and organization of activities were built, through limits and potentialities, both within the team and also with the health and intersectoral network, seeking to reduce the mental health judicialization and reducing the indiscriminate use of compulsory hospitalizations in drug and family care.

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