ABSTRACT

Objective: to analyze the processes of deinstitutionalization from the Network of Psychosocial Care in a municipality of the Metropolitan Region 2 of the State of Rio de Janeiro. Method: qualitative research, descriptive type, with professionals of the municipal and state public management, with data collection through document research. Subsequently, semi-structured interviews will be carried out, analyzed by the Content Analysis technique, in the Thematic Analysis modality. The ethical principles are in compliance with Resolution 466/2012 and the research project was approved by the Ethics Committee in Research nº of the CAAE: 69914416.4.0000.5243. Expected results: the closure of a macro-psychiatric hospital reaches not only the health area, but the neighboring municipalities. The financial resource allocated to the municipalities that receive these users back helps in structuring the network to accommodate them. The Regional Interagency Committees play an essential role in discussing the management of deinstitutionalization processes. It is hoped, that this study will be completed, to know how this process drives the implementation of RAPS in the different municipalities of the State of Rio de Janeiro, Brazil. Descriptors: Mental Health; Deinstitutionalization; Regionalization; Delivery of Health Care; Mental Health Services; Unified Health System.

RESUMO

Objetivo: analisar os processos de desinstitucionalização a partir da Rede de Atenção Psicossocial num município da região Metropolitana 2 do Estado do Rio de Janeiro. Método: pesquisa qualitativa, descritiva, com os profissionais da gestão pública municipal e estadal, com coleta de dados por meio de pesquisa em documentos. Posteriormente, serão realizadas entrevistas semiestruturadas, analisadas pela técnica de Análise de Conteúdo, na modalidade Análise Temática. Os princípios éticos estão em conformidade com a Resolução 466/2012 e o projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa sob o CAAE: 69914416.4.0000.5243. Resultados esperados: o fechamento de um hospital psiquiátrico atinge não somente a referida região de saúde, mas os municípios vizinhos. O recurso financeiro destinado aos municípios que recebem esses usuários de volta auxilia na estruturação da rede para acolhê-los. As Comissões Intergestores Regionais possuem papel essencial na discussão da gestão dos processos de desinstitucionalização. Espera-se, ao término deste estudo, conhecer como esse processo impulsiona a implantação da RAPS nos diferentes municípios do Estado do Rio de Janeiro, Brasil. Descriptors: Saúde mental; Desinstutucionalização; Regionalização; Assistência à Saúde; Serviços de Saúde Mental; Sistema Único de Saúde.

RESUMEN

Objetivo: analizar los procesos de desinstutucionalización a partir de la Red de Atención Psicosocial en un municipio de la región Metropolitana 2 del Estado de Río de Janeiro. Método: investigación cualitativa, tipo descriptivo, con los profesionales de la gestión pública municipal y estadal, con recolección de datos por medio de investigación en documentos. Posteriormente, se realizarán entrevistas semiestructuradas, analizadas por la técnica de Análisis de Contenido, en la modalidad Análisis Temático. Los principios éticos están en conformidad con la Resolución 466/2012 y el proyecto de investigación fue aprobado por el Comité de Ética en Investigación nº del CAAE: 69914416.4.0000.5243. Resultados esperados: el cierre de un hospital psiquiátrico alcanza no sólo la referida región de salud, sino los municipios vecinos. El recurso financiero destinado a los municipios que reciben estos usuarios de vuelta auxilia en la estructuración de la red para acogerlos. Las Comisiones Intergestores Regionales desempeñan un papel esencial en la discusión de la gestión de los procesos de desinstitucionalización. Se espera, al término de estudio, conocer cómo ese proceso impulsa la implantación de la RAPS en los diferentes municipios del Estado de Río de Janeiro, Brasil. Descriptores: Salud Mental; Desinstitucionalización; Regionalización; Prestación de Atención de Salud; Servicios de Salud Mental; Sistema Único de Salud.
INTRODUCTION

The Psychiatric Reform, which began in the 1970s, is a constant process which needs to be reaffirmed daily in the performance of mental health devices, in management, in the academic environment, in dealing with users with mental disorders, intra and intersectoral. Marcos and achievements in this period were: the approval of Law No. 10.216, of April 6, 2001\(^1\),\(^2\), which provides for the protection and rights of persons with mental disorders and redirects the mental health care model; Ordinance No. 336, of February 19, 2002,\(^3\),\(^4\) which defines and establishes guidelines for the functioning of the Psychosocial Care Centers; the Homeward Program\(^5\), for financial incentives for long-term graduates, created by the Ministry of Health, instituted by Law No. 10,708, of July 31, 2003, and the establishment of the Psychosocial Care Network (PCN) by GM / MS Ordinance No. 3088, dated December 23, 2011, republished on May 21, 2013.\(^6\)

The increase in the coverage of the Psychosocial Care Center (CPSA) and its place as a computer in the mental health and care network; the institution of the Reception Units (RU) and the Child and Youth Reception Units (YRU); the proposal for deinstitutionalization and Mental Health Maturity in Primary Care are important advances, but there are still many challenges for the consolidation of practices and care that illustrate mental health within the context of the Reform.

Psychiatric hospitals still play a major role\(^7\),\(^8\) in many situations where, for example, the CPSA is exhausted, or the user is at risk or exposes others to such situations, thus, justifying; an internment focused on social issues. The walls still often, gain protection, and are seen as a unique resource at a given moment and context, both for professionals, for family members and even for users who are in crisis and / or situations of vulnerability. It reinforces, the importance of expanding CPSA type III, a more strengthened and articulated network to receive and not collect, a greater interface with basic care and the radical adoption of the deinstitutionalization perspective.\(^8\)

A deinstitutionalization responsible, for people who came from long psychiatric hospitalizations.\(^9\),\(^10\),\(^1\) Although there has been significant reduction of beds throughout the national territory, some regions and States have a large number of psychiatric beds, such as Rio de Janeiro. The reflection of this process of disabling psychiatric beds and the evaluation of the question of psychiatric beds in a general hospital, thinking about ways of expansion and analyzing the efficiency of their occupation, are extremely important fronts in the process. Deinstitutionalization is a focus of attention in mental health, and should focus, mainly, on long-term users.

OBJECTIVE

- To analyze the implementation of the Psychosocial Care Network from the closure of a psychiatric hospital in the metropolitan region 2 of Rio de Janeiro, Brazil.

METHOD

Qualitative research, descriptive type, with the professionals who developed management function at the municipal or state level involved in the process of deinstitutionalization. The inclusion criteria are: being a professional of the public sphere of health involved in the closing process of the Hospital Bonaparte Colônia. Exclusion criteria: professionals who no longer work in the State of Rio de Janeiro, RJ, Brazil, or who are on vacation during the period of the research. The research scenario will be a municipality in the metropolitan region 2 of the State of Rio de Janeiro, where a process of deinstitutionalization of a macro psychiatric hospital was developed.

Data collection will take place through a semi-structured interview, with actors from the process of deinstitutionalization experienced in the municipality. For the analysis, the data will be grouped and, later, categorized in the perspective of the technique of Content Analysis, in the Thematic Analysis modality.

To ensure ethical principles, these professionals will have their identities preserved with the adoption of codenames. Ethical principles shall be respected, in accordance with Resolution 466/2012. The research project was approved by the Research Ethics Committee of the Federal Fluminense University under number of CAAE: 69914416.4.0000.5243.

EXPECTED RESULTS

With the closure of a macro-psychiatric hospital, located in the Metropolitan II region, the impact reaches not only the health region, but also around it, due to the large number of patients institutionalized in the locality, belonging to neighboring municipalities. With the financial resource allocated to the municipalities that receive these users back, it is possible to further structure the network
to accommodate them. The Regional Interagency Committees play an essential role in the management-level discussion and regional work to guide the deinstitutionalization process, reaching the implementation of PCN.

With this study, it is expected to know the process of deinstitutionalization in a municipality, from the implementation of RAPS and to know factors that facilitate and impede the implementation of PCN in a medium-sized municipality.

REFERENCES


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Corresponding Address
Alice Medeiros Lima
Universidade Federal Fluminense
Escola de Enfermagem
Rua Dr. Celestino, 74
Bairro Centro
CEP: 24020-091 – Niterói (RJ), Brazil