INTERDISCIPLINARITY: STRENGTHENING THE MENTAL HEALTH CARE NETWORK

INTERDISCIPLINARIDADE: FORTALECENDO A REDE DE CUIDADO EM SAÚDE MENTAL

ABSTRACT
Objective: to identify strategies that professionals develop in substitutive services using interdisciplinarity in their actions geared to mental health and psychosocial rehabilitation. Methodology: this was a qualitative approach study performed in the city of Campina Grande (PB) during the months of June and July of 2010, and involving nineteen professionals working at the Mental Health Care network. The instrument used for data collection was an interview recorded with the aid of two MP4 devices and subsequently transcribed in full and literal form. The empirical material was analyzed through the technique of Content Analysis type Thematic Category of Bardin. The study was carried out in accordance with ethical aspects for studies involving human subjects recommended by resolution 196/96 of the National Health Council and submitted to the Committee of Ethics in Research from the Federal University of Paraíba (UFPB), which, issued favorable opinion on 7/1/2010 under Protocol CEP/HULW No. 264/10. Results: the results suggested that these professionals use interdisciplinarity through networking, uniting efforts with the team, joining together in order to share knowledge and remedy deficiencies and doubts arising in the most difficult moments. Conclusion: the interdisciplinarity provided these professionals with a respectful view of the work of another, valuing it in all directions and allowing the construction of knowledge in shared ways. Descritores: psychosocial rehabilitation; mental health professionals; interdisciplinarity.

RESUMO
Objetivo: identificar estratégias que os profissionais desenvolvem nos serviços substitutivos, visando à interdisciplinaridade nas suas ações em saúde mental e reabilitação psicossocial. Metodologia: pesquisa de abordagem qualitativa, realizada no município de Campina Grande (PB), nos meses de junho e julho de 2010, envolvendo dezenove profissionais que atuam na rede de atenção a saúde mental. Como instrumento de coleta de dados, utilizou-se a entrevista, gravada com o auxílio de dois aparelhos MP4 e, posteriormente, transcrita na íntegra e de forma literal. O material empírico foi analisado pela técnica de Análise de Conteúdo tipo Categorial Temática de Bardin. A pesquisa foi desenvolvida de acordo com os seus aspectos éticos, envolvendo seres humanos recomendados pela Resolução 196/96 do Conselho Nacional de Saúde, submetida à apreciação do Comitê de Ética em Pesquisa da Universidade Federal da Paraíba (UFPB) que emitiu parecer favorável em 01/07/2010, segundo protocolo CEP/ HULW n° 264/10. Resultados: os resultados apontam que estes profissionais fazem uso da interdisciplinaridade para se articularem em rede, unindo-se em equipe, de forma a compartilhar os saberes e sanar as deficiências e dúvidas surgidas nos momentos mais difíceis. Conclusão: a interdisciplinaridade proporcionou a estes profissionais, uma visão respeitosa do trabalho do outro, valorizando-o em todos os sentidos, e permitindo a construção de saberes de formas compartilhadas. Descritores: reabilitação psicossocial; profissionais de saúde mental; interdisciplinaridade.

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**INTRODUCTION**

In the mid seventies, the first discussions about the Psychiatric Reform emerged in Brazil, which the objective was the inversion of the model. The focus was the deinstitutionalization and the inclusion, integrating the mentally ill people into the different places of the society. ¹

All these discussions and fights culminated in the approval of the Law nº 10.216/01, which establishes the rights of the mentally ill individual. This proposal became a landmark in the history of the Brazilian psychiatry, because it involved healthcare professionals, users and family members.²

In the field of Mental Health, in its historical or national policy, great advances occurred in Brazil. Along the years, the guidelines of the decentralization, regionalization, hierarchization of the service, and participation of the community, started to define a new structure in psychiatry.³ The organization of the network of attention towards these patients aims to include the user and to rescue the individual citizenship with a mental illness.⁴

The attendance network can be constituted by several assistance devices that enable the psychosocial attention to these patients, according to population criteria and demands of the cities.⁵ The flow of attention towards the mental health must be guided in a growing order, as its creation has the objective of directing the services, in a way it supports and guides a wide change in the public attendance and ease the access to the services in all the levels, assuring the respect of the rights and the freedom of all the patients.³

The Ministry of Health proposes a services network in a circular structure, in which the center or the first sphere corresponds to the CAPS. The Units of Basic Attention of the Strategy of Family Health (ESF) or traditional are in the sphere that surrounds the CAPS, in which it is also included the work, family, leisure, suburbs associations and emergency room. In the third and last sphere there are the general hospitals, the homes of coexistence, the specialized CAPS in Alcohol and drugs, infantile, the neighbors, Human Rights Institutes, and the program “Back Home”.³

The networks constitute complex and resistant relations. The important thing is to be attentive to its interactions between the different biopsychosocial sectors.⁴

According to the size of the city, the network of psychosocial attention is structured distinctly, considering the local reality. The CAPS can be type I, II, III, Alcohol and Drugs (CAPSAD) and Infant-Juvenile (CAPSI). The policy of attention to alcohol and other drugs provides the constitution of a network that articulates the CAPAd with the beds for hospitalization in general hospitals (for detoxification and other treatments). In the logical of damage reduction, the treatment must be supported by the reality of each case, what does not mean withdrawal in all the situations. The actions of mental health in the basic attention can be organized through the Nucleus of Support to Family Health (NASF), according to Ordinance GM nº154, from January 24, 2008, which recommends that each NASF has at least one professional of the area to perform the actions of matrix-processing, which aim to enhance the ESF.⁵

The Therapeutic Homes, also called Residential Therapeutic Services (SRTs) are houses located in the urban area, designed for the housing of people with severe mental illness, discharged from psychiatric hospitals or custody hospitals, people who lost the family and social bonds; besides street dwellers with severe mental illness, when inserted in therapeutic projects followed in CAPS. The number of users in each therapeutic home can vary from an only individual, to a small group. These places must account with professional support which is sensitive to the demands and needs of each one, and they must be linked to the CAPS or to another outpatient service.³

The new network of mental health enables the professionals to assist people, who are under psychic suffering, in a way to guarantee a space where the social relations are established, with the exercise of citizenship and life production. For years, this assistance happened in a shy way, being necessary some advances and practice transformations. However, its improvement contributed towards the ministerial proposal of services of the present therapeutic homes.⁶

The program “Back Home” aims to assure assistance outside the hospital unit to people who have mental illness, and who have gone through a long period of hospitalization, in order to provide monitoring and social integration. As part of the program, the patient receives a rehabilitation-aid. The benefit is valid for a year, and it is possible to renew it.³

It is fundamental to have in mind, the integration of the attendance service in health with the community reality. Data such as, population, network of basic attention in health, education services, public and private...
institutions, and other social institutions are highly important points. For this to happen it is needed that the teams are willing to integrate and participate, in an interdisciplinary way, in the community social life.²

The interdisciplinary must not be confused with the simple information exchange. It is a method in which the intensity of the actual relations of the subjects within the same project generates mechanisms of interdependence and reciprocal connections. It differentiates from the multidisciplinarity, due to the fact that it represents an execution of subjects which do not have common aims, not having approximation or cooperation between the knowledge. In the health context, we can understand the interdisciplinarity as a way of approach to some situations or problems, through the integration and articulation of different knowledge, through the benefited person and their practices, generating an intervention, leveling knowledge and the power relations, valuing knowledge and the attributions of each professional category.⁷

The modifications in the process of mental health work started to consider the necessity of some changes in the division of this collective work. The activity, called interdisciplinary, presupposes the coexistence of specific technical actions of each professional, as well as the execution of some common actions, tending to the leveling of the power relations.⁸

Based on the above considerations, this research proves its high importance, as investigating the possible practices of social inclusion which are being developed in the healthcare services represents a prime paradigm element of the psychiatric reform adopted in the country, besides being an extremely challenging theme in the mental health field.

Contextualizing this statement, this scientific type paper intended to identify some strategies developed by the professionals, aiming the interdisciplinarity, corroborating for the improvement of the quality of assistance in mental health.

METHODOLOGICAL COURSE

We used the qualitative approach as a guide of the object extraction and the empirical-theoretical analysis, considering that its object involves the subjectivity of a social group. The research was developed in the city of Campina Grande/PR/Brazil, in June and July, 2010, involving 19 professionals who perform in the network of attention to mental health, intentionally chosen.

As a data collection instrument, it was used the interview, recorded with two MP4 devices and, afterwards, fully and literally transcribed.

The empirical material was analyzed through the technique of content analysis thematic categorical-type of Bardin, in which the theme is a unit of signification that is disconnected, naturally, from the text under analysis, according to the theory which is a base for the reading. It corresponds to a group of techniques of communication analysis, which uses systematic procedures and objectives of description of the messages content. This happens in a careful way, with many observable aspects, but that collaborate a lot in revealing the contents of its documents.⁹

In accordance with the technique, we proceeded to the constitution of the corpus, through the interviews, transcribed with absolute fidelity; initial and exhausting reading of the interview texts, cutting and carrying out a general synthesis.

The research was developed according to its ethical aspects, involving human beings recommended by the resolution 196/96 of the National Health Council. Because of the type of study it is, the research was submitted to the appreciation of the Ethic Committee in Research of the Universidade Federal da Paraíba (UFPB) which approved it on 01/07/2010, under protocol CEP/HULW n°264/10.

RESULTS AND DISCUSSION

- Identification of the Professional with the Mental Health

The interdisciplinary work became one of the huge advances in the psychiatric reform all over the world, due to the fact that it provides integrality in the assistance to people who are psychiatrically suffering, in a way it shares knowledge and it solves the deficiencies and doubts when it is most needed. For Pinho,¹⁰ the interdisciplinary team needs some time to plan and perform the objectives, tasks and roles, leadership and decision-making, communication and conflict resolution follow-up.

It is important that the professionals who act in mental health establish affective and professional bonds with these users, making them feel really listened and cared for. This way, the patients realize that those who listen to them are really worried about their problem, as well as willing and committed to
The professional profile of the psychosocial attention focus on favoring the building of a network of active and dynamic subjects.10

The interviewed professionals reported in many moments that this easiness of developing social inclusion practices in the city of Campina Grande occurs due to the connection of the professionals, the acquired experience, and the pleasure of working in this field, as we can see in the following speeches:

The speeches revealed that this is a way of performing in mental health. A professional profile which is totally contrary to the psychiatric model. It is a team work, in which the interdisciplinarity enables some advances in the daily practices, because they improve their professional behavior, also creating satisfaction with the recovery of the users along the proposed treatment. The interviewed professionals showed that they perform in mental health, because they identify with it, because they are committed and have willpower to make the psychiatric reform to happen. Especially the experience, knowledge and the professional practice have been essential for the effectiveness of the articulation of the network care, highlighted in the following category.

**Interdisciplinary team performance**

It’s the team work we perform […] we talk […] we’re always in a team […] the only thing that still […] we are united, […] because we work with the interdisciplinarity, with the multidisciplinarity, then I think it’s the easiness we have. (E. 04)

The own team work, […] it’s not a unit one, the own group, the institutions support, when we search for it, when you go to work there, in the case of health at school, […] the sources to whom we direct and the support that is given to us, this opens a great range, which helps to move on very much. (E. 11)

In this perspective, it was seen that the mental health performance enables the building of complex, plural, intersectoral professional and with a lot of transversal knowledge. It is as if the involved aspects of knowledge were broaden in such a way to make it difficult to delimit its boundaries and limits.11−12 We visualize that this interdisciplinarity also has happened with the education professionals, enabling the intersectionality of the care.

The CAPS present extreme experiences of internal democracy, because they articulate knowledge of several subjects within an interdisciplinary team, placing them in service of solving personal, groups and social problems, determiners and determined by thought alterations, affectivity and behavior. This articulation, is not only directed outside the service, but also, towards the mental health promotion of the assistance professionals themselves, reducing the strict work division and the distances between who knows it and who does it, who cares and who is cared.12−13

A factor which can have been an influence in this professional profile of the city is explained by the history of these teams, which approved 99%

[...]

**FINAL CONSIDERATIONS**

With the performance of this paper, it was observed that some progress was found in the speeches of the interviewed technicians,
concerning the interdisciplinarity, revealing that many of them are available to work in a team, searching for learning and collaborating with the proposed treatment, understanding this way, the process of the psychiatric reform and the consolidation of ideas that are still under construction with this new paradigm.

The team was welcoming, receptive and open to collaborate with this study. According to our perception, these professionals perform in mental health because they enjoy their job, identify with this field, and fulfill themselves with the art of caring the other.

So, we realize that enjoying what you do is an important prerogative in order to work in mental health. Working as a team, aiming the interdisciplinarity is fundamental, as this diversity enables contributions of all these authors and elements that favor the concretization of inclusive practices and efficient models, which serve for the psychosocial rehabilitation they need.

The interdisciplinary work favors a two-way practice, considering the interactions and permanent, simultaneous and necessary exchanges for the confrontation of the necessities emanated from people who are psychically suffering, something that enables the creation of cooperation, reciprocity and shared responsibilities, both individual and collective.

The research offered support to a wider knowledge about the proposed theme, highlighting, finally, that the organization of the mental health care network, concerning the inclusive practices which favor the integrity and interdisciplinarity, is fundamental so that the guidelines of the psychiatric reform are completely reached, and offer greater chances of canalizing the existing social resources, improving its use and identifying the necessity of other resources. This way it is possible that the psychic disorders patients become stronger and protagonists of their treatment.

Considering these advances, it is concluded that it is a must of every healthcare professional to disseminate the progresses which are happening with the advent of the psychiatric reform, evidenced through the practices that the teams of the mental health care network are developing, even then there are obstacles to be overcome.

REFERENCES


