



Psychosocial Care Network of a Brazilian Municipality: perceptions of mental health workers

Rede de atenção psicossocial de um município brasileiro: percepções de trabalhadores da saúde mental

Red de Atención Psicossocial de un Municipio Brasileño: Percepciones de Trabajadores de la Salud Mental

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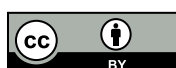
ABSTRACT

Objective: to understand the Psychosocial Care Network from the perspective of Mental Health workers. **Methods:** qualitative research was carried out in a Psychosocial Care Unit and a Psychosocial Care Center for alcohol and other drugs in a Brazilian municipality. 30 Mental Health workers were interviewed through semi-structured interviews. Data were analyzed using content analysis. **Results:** the interviewees pointed out the fragility of the Psychosocial Care Network, which is still under construction. This fact ends up interfering with work processes and causing harm to the user. It was emphasized that invisibility, stigma, overload of services, lack of investment in mental health services, and relevant public policies were presented as challenges encountered. The professionals' communication and engagement showed ambiguities, mentioning that the Multidisciplinary Residency in Health engagement and insertion contributes positively to the daily services. **Conclusion:** the importance of qualification in the mental health of healthcare workers is emphasized so that it is possible to circumvent the logic of technical and operative care in mental health. Considering the above, there is a need for management to promote and provide more permanent health education actions and the consequent (re)evaluation of care practices in the field of mental health. In this way, it is hoped that mental health care can be developed in a more humanized way and freedom for people with mental suffering and their families to promote the true social inclusion of these subjects in their community.

Descriptors: *Mental Health; Health Personnel; Health Services.*

RESUMO

Objetivo: compreender a Rede de Atenção Psicossocial na perspectiva dos trabalhadores da Saúde Mental. **Métodos:** pesquisa qualitativa realizada em uma Unidade de Atenção Psicossocial e em um Centro de Atenção Psicossocial álcool e outras drogas de um município brasileiro. Foram entrevistados 30 trabalhadores da Saúde Mental por meio de entrevista semiestruturada. Os dados foram analisados por meio de análise de conteúdo. **Resultados:** os entrevistados apontaram a fragilidade da Rede de Atenção Psicossocial, a qual ainda encontra-se em construção. Tal fato, acaba interferindo nos processos de trabalho e causam prejuízos ao usuário. Foi enfatizado a invisibilidade, o estigma, a sobrecarga dos serviços e a falta de investimentos nos serviços de saúde



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Received on: 06/17/2022

Accepted on: 08/18/2023

mental, bem como de políticas públicas pertinentes apresentaram-se como desafios enfrentados. A comunicação e o engajamento dos profissionais apresentaram ambiguidades, sendo referido que o engajamento e a inserção da Residência Multiprofissional em Saúde contribuem positivamente no cotidiano dos serviços. **Conclusão:** ressalta-se a importância da qualificação em saúde mental dos trabalhadores em saúde para que seja possível contornar a lógica de cuidado tecnicista e operativo em saúde mental. Frente a isso, há a necessidade de a gestão promover e disponibilizar mais ações de educação permanente em saúde e a consequente (re)avaliação das práticas de cuidado no âmbito da saúde mental. Espera-se que desta forma, possa-se desenvolver um cuidado em saúde mental de forma mais humanizada e em liberdade às pessoas em sofrimento mental e à sua família, no intuito de promover a real inclusão social destes sujeitos à sua comunidade.

Descritores: Saúde Mental; Pessoal da Saúde; Serviços de Saúde.

RESUMEN

Objetivo: Comprender la Red de Atención Psicosocial en la perspectiva de los trabajadores de la Salud Mental. **Métodos:** Investigación cualitativa realizada en una Unidad de Atención Psicosocial y en un Centro de Atención Psicosocial de alcohol y otras drogas de un municipio brasileño. Fueron entrevistados 30 trabajadores de la Salud Mental por medio de entrevista semiestructurada. Los datos fueron analizados por medio de análisis de contenido. **Resultados:** Los entrevistados indicaron la fragilidad de la Red de Atención Psicosocial, la cual aún se encuentra en construcción. Esto termina por intervenir en los procesos de trabajo y causan daño al usuario. Fue enfocada la invisibilidad, el estigma, la sobrecarga de los servicios y la falta de inversiones en los servicios de salud mental, como también de políticas públicas pertinentes se presentaron como retos enfrentados. La comunicación y el compromiso de los profesionales presentan ambigüedad, siendo referido que el compromiso y la inserción de la Residencia Multiprofesional en Salud contribuyen positivamente en el cotidiano de los servicios. **Conclusión:** Se enfoca la importancia de la calificación en salud mental de trabajadores en salud para que sea posible contornar la lógica de cuidado tecnicista y operativo en salud mental. Ante esto, hay la necesidad de la gestión promover y disponer más acciones de educación permanente en salud y la consecuente (re)evaluación de las prácticas de cuidado en el ámbito de la salud mental. Se espera que de esta manera más humanizada y en libertad a las personas en sufrimiento mental y a su familia, con la intención de promover la real inclusión social de estos sujetos a su comunidad.

Descriptorios: Salud Mental; Personal de Salud; Servicios de Salud.

INTRODUCTION

The discussion about the need to humanize treatment for people suffering from mental disorders began in the 1970s when various sectors of Brazilian society and the community mobilized around re-democratization. The Psychiatric Reform movement in Brazil has made progress in deinstitutionalization in terms of the political-legal aspect. But there is still much to be done as for its pragmatics to overcome the old asylums in which the psychiatric institution was essentially asylum. To this end, it is believed that the building institutional (re)arrangements process is multifaceted and goes beyond the simple reorganization of assistance services and specialized know-how^(1,2).

The main milestone occurred with Law No. 10,216 in April 2001, which provides for the protection and rights of people with mental disorders, in which rights such as access to the best treatment in the health system are guaranteed, according to needs and received treatment, preferably in community mental health services⁽³⁾. Thus, we have a new care model arrangement, leaving aside the hospital-centric model for other territorial and decentralized alternatives⁽⁴⁾.

The following year, through Ordinance No. 336 of February 19, 2002, the Psychosocial Care Centers (CAPS) were established in the service modalities: CAPS I, CAPS II, and CAPS III, which are part of the care model in mental health⁽⁵⁾. In 2011, to improve specialized care, Ordinance No. 3,088 was instituted and, later, Ordinance No. 3,588 in 2017, which established the Psychosocial Care Network (RAPS) for people with suffering or mental disorders and, with needs resulting from the use of crack, alcohol and other drugs^(6,7). Furthermore, the creation of RAPS gave space to new services to replace the hospital-centric model⁽⁶⁾, encompassing new ways of working with the idea of organizational arrangements of services and strategies that seek to work with integrality and continuity of care, aiming to defragmentation of services. This new formation made it possible to guarantee an integral network articulation of healthcare points in the territories. This movement brought more qualified care through welcoming, continuous monitoring, and attention to emergencies⁽⁸⁾.

However, despite the advances resulting from the creation of RAPS, problems, and weaknesses still arise daily within the services. Some examples include the structural deficiency of community services, the lack of communication between network professionals, the lack of monitoring and evaluation of this network, and public mental health policy. It is also possible to observe the difference between the effectiveness of the work in the national scenario, as well

as the little intersectoral articulation, the territorial coverage by the services, and the absence of strategies designed to contribute to the reduction of the social vulnerability of individuals⁽⁹⁾.

RAPS is understood as a crucial challenge for mental health service workers and management. This challenge lies in how network service professionals understand and critically reflect the context of social and political changes experienced⁽¹⁰⁾.

It is understood that the challenges faced end up compromising the RAPS guidelines related to health promotion, which consist of expanding access to psychosocial care at its different levels of complexity and the guarantee of comprehensive and equitable health care. Furthermore, it harms the promotion of existing transformations in the social imagination and discursive practices about madness, the diversity of ways of existing, and difference itself⁽⁸⁾.

In this way, the present study is justified by the low production of research that presents the understanding of mental health workers about RAPS, considering that such information can contribute to facing challenges and strengthening it. Furthermore, it is justified by the authors' observation that took place during the experience in the research fields (a Psychosocial Care Unit and a Psychosocial Care Center for Alcohol and Other Drugs), in which the prevalence of the asylum model of mental health care can be seen.

Given the above, this research aimed to understand the Psychosocial Care Network from the perspective of mental health workers.

METHODS

It is a qualitative descriptive and exploratory research carried out in a Psychosocial Care Unit (UAP) in the hospital context and a CAPS II Alcohol and other Drugs (AD) in a municipality in the State of Rio Grande do Sul. The choice of research scenarios and participants occurred intentionally through the practical experiences of multidisciplinary residents in the fields mentioned above and by considering the set of characteristics that we intend to target with this research. The two services are part of different levels of care in the municipality's RAPS: secondary and tertiary.

The study participants were mental health workers intentionally chosen to meet the research objectives. As inclusion criteria, workers working in the services mentioned during the data collection period for at least six months were considered. As exclusion criteria, professionals who were away from the workplace during the data collection period for some reason, whether due to medical leaves, licenses, or vacation periods.

Data were collected from August to September 2021 through a semi-structured interview. It was carried out by two previously trained residents in a private room at the health service face-to-face. The interviews were audio recorded with a notebook, lasting an average of 20 minutes, and were later transcribed in full manually. 30 mental health workers were interviewed. It is noteworthy that a professional declined the invitation.

Content analysis was used for the data analysis stage, which considers the context and empirical issues of the study data. The analysis was operationally organized into three stages: pre-analysis, exploration of the material, and treatment of the results obtained and interpretation⁽¹¹⁾.

It should be noted that the research followed all current ethical principles, and included knowledge and signing the Free and Informed Consent Form. Participants were identified with flower codenames. The research was approved by the Research Ethics Committee, under Certificate of Presentation of Ethical Appreciation nº 49775621.2.0000.5346 and opinion nº 4.897.477.

RESULTS

The following professional groups participated in the research: Nurses, Nursing Technicians, Assistance Agents, Psychologists, Psychology Interns, Recreationist, Social Workers, Resident Doctors, Physiotherapist, Damage Reducer, and Psychiatrist. Of these, 11 (36.7%) are male and 19 (63.3%) are female. The average length of service at the current workplace/internship is 111.8 months, with a minimum period of six and a maximum of 444 months. The average age of the subjects recorded is 44.8 years.

From the content analysis, three main categories arose; each one has two subcategories, which contain the themes that emerged most frequently in the interviewees' statements. The categories are organized as follows, 1) Diagnosis of the Psychosocial Care Network, with the subcategories: a network in the construction process, and the invisibility and stigma of mental health, 2) What management are we talking about? with the subcategories: overload of services and public policies, and 3) Work processes, with the subcategories: worker engagement and the importance of mental health worker training.

DIAGNOSIS OF THE PSYCHOSOCIAL CARE NETWORK

A network in the process of being built

Service professionals brought up in their speeches the fragility of RAPS, emphasizing that it has strengths and that it is being built. The role of management in the required investments for its strengthening stands out.

It has some weaknesses, and some weaknesses, it has strengths, but it is still being built day after day. (Chrysanthemum)

I see this network as something that doesn't work 100%, but it is what we have and it must be reinforced and invested more in it. It is under construction, you see there are a lot of cool things, but there is a lack of subsidies. (Rose)

It is noted that the fragility of the network is not a recent problem, interfering in the work process and causing harm to the user.

A little fragile. It's been a discussion for years. It's something that sometimes ends up being a detrimental point in the execution of the PTS [Singular Therapeutic Project], sometimes you rely on the network, the network often doesn't work, it can't handle it. (Azalea)

The invisibility and stigma of mental health

RAPS appears in several statements as something non-existent, absent in management debates, and still undervalued, without the necessary investment.

Nobody knows that there is a service network. This network is not seen, not looked at in this city by anyone. It's as if it were something that didn't require any investment. (Begonia)

The network is a very big challenge, because we talk about a network, and it seems like something very far from reality. It's often said that it happens, but I don't see it. I see it very punctually and very personal, it's very theoretical. (Camellia)

Furthermore, with the pandemic scenario, several resources were allocated to public emergency issues. In the municipality in question, the structure destined for the Therapeutic Residential Service (SRT) was destined for the COVID Center, thus losing a space destined for mental health, already harmed by the current pandemic.

The Residential was supposed to come out, but with the COVID-19 issues, it was left aside. Okay, it's a priority, but now that things are calming down, the Residential is waiting because the mental health issue is neglected concerning other policies. (Gerbera)

WHAT MANAGEMENT ARE WE TALKING ABOUT?

Overload of services

Overloading services is harmful to RAPS workers and users. With the absence of essential services for providing care, professional performance and the quality of care are weakened, as highlighted in the statements.

It is a large municipality with a lot of gaps. If the person is not in crisis to the point of being in a serious crisis, they fall into limbo on the network. (Hydrangea)

There is a lack of services that can be more welcoming to the family. Here we have a lot of patients and we can't handle it [welcoming the family]. (Iris)

The biggest problem I think is the vacancies, the limited number. Sometimes the patient needs a place to stay and there isn't one through the SUS [Unified Health System]. (Sunflower)

Furthermore, it is pointed out that existing services lack infrastructure and personnel, for the work to be carried out properly.

The biggest difficulty is transportation, we really need transportation to continue and sometimes we can't get it. (Hibiscus)

When everyone can and is online, then the internet is not working with such a service. Ah, face to face, but there's no car to get around. (Lily)

There is a lot of demand for few people to provide flows for the demands. Sometimes there is a lack of people, there is a lack of money to invest, and sometimes it is a structure problem, too. (Rose)

Other statements show anguish on the part of workers, as they often do not have the necessary support to properly carry out their work.

Where are you going to refer it to? I think it's just a concept [RAPS] because the reality is different. And it's only the people who work who know. (Magnolia)

This is very frustrating because sometimes we do the work here, organize the treatment and the patient needs to go back to the network to continue the follow-up and there is no such thing. The network is very fragile here and this makes everyone's work difficult, and it is the patient who suffers. (Lavender)

Public policy

Concerning management, there is a lack of interest in investments in service structures, in logistics to promote comprehensive care and a lack of professionals to deal with demands and flows that do not occur due to obstacles that are listed by professionals:

It is misinformation and disinterest within the spheres of the three powers. Let's say more at the municipal level perhaps, because they are the ones who manage the funds. But this is disinterest, negligence. (Begonia)

We create the Plan, everything, but a lot depends on whether these ideas are aligned with management's ideas. We need a physical area, need staff to set up these services. (Gerbera)

It's very beautiful and it would be cool if it were as the theory suggests, because in practice there are many obstacles, perhaps even due to the great demand of the network. (Azalea)

WORK PROCESSES

Employee engagement

A relevant aspect highlighted in the speeches refers to the engagement of mental health workers in the construction of a powerful RAPS.

We, me, you are the ones who make the network... So, we have to fight every day. (Chrysanthemum)

The good part is the availability of the team. Now we have a good team, always ready to come, welcome, and join us. And the Health Units when we need it, we have good support. (Hibiscus)

You notice the work that other professionals did with the patients out there, and you say:

Damn! Even the way she articulates her speech is different, and I can notice that it is the action of the support network together, which is causing this change. (Daisy)

The engagement and insertion of the Multiprofessional Health Residency and the contribution to services are highlighted.

I think it's working, so much so that we hear the girls [multidisciplinary residents] talking, after discharge, how he is doing [the patient]. (Violet)

I think that communication between institutions is you [multiprofessional residents] who do a lot. (Anthurium)

Contrasting the previous statements, some workers report that there is a lack of engagement and communication for RAPS to happen.

Nowadays I still see a lot of failure in this, this failure of communication, especially between services. (Tulip)

Most of the time, when we receive a user, the treatment is somewhat at zero. I don't know if this is because care is very fragmented or if this is just because communication isn't that good. (Lantana)

Because when you want to exchange there is a huge difficulty. (Dahlia)

Importance of mental health worker training

The workers' qualification demands the search for personal improvement, as the service's commitment to offering permanent education. Commitment to humanized care must also be present in everyday life during work.

There is a great lack of commitment from professionals across the Network. The professional studies, and majors, but is not trained to work with humans out there. He is trained just to perform tasks, to perform a profession. (Honeysuckle)

So, these would be two points, the expansion of the service and permanent education and, the expansion of professionals. (Hydrangea)

Maybe... train professionals. (Myosotis)

Increase mental or personal investment if you qualify, more courses for us that we can take advantage of in Mental Health. (Rose)

DISCUSSION

RAPS, initially established through Ordinance No. 3,088 on December 23, 2011, is a thematic service that aims to create, expand, and articulate healthcare points for people with suffering or mental disorders and with needs arising from the use of crack, alcohol, and other drugs within the scope of the SUS. Its main guidelines are respect for human rights, promoting autonomy and freedom for mental health users, the promotion of equity and comprehensive health care based on a multidisciplinary approach, humanized care, and combating stigma and prejudice against people in mental distress⁽⁶⁾.

To guarantee its guidelines, it has services of different levels of complexity, the main ones being basic health units, community centers, psychosocial care centers, mobile emergency care service (SAMU), stabilization rooms, emergency care units (UPA), specialized wards in general hospitals, among others. This service network began to be modified in 2017 through Ordinance No. 3,588/17, which establishes the implementation of multidisciplinary teams for specialized mental health care and a CAPS AD, type IV, for municipalities with more than 500,000 inhabitants. Furthermore, it includes specialized reference units in general hospitals, day hospitals, and specialized psychiatric hospitals⁽⁷⁾.

It is understood that the implementation and incorporation of these services in RAPS have no scientific basis, in addition to the fact that the modification in the ordinance rescues psychiatric hospitals in the Brazilian scenario. From this, it is understood that, despite the progress achieved with the Brazilian Psychiatric Reform, there are still relevant political challenges to be faced, which only becomes possible through the institution of a policy that is truly centered on the real needs of the population, and instruments that are based on human rights⁽¹²⁾. In line with this assumption, the research results highlight a network under construction, bringing its weaknesses and potential.

An effective network depends on the link formation established between workers, users, and services, as well as with management, councils, and others. To this end, strategies and methods must be directed to articulate actions, practices, and knowledge of all actors to promote comprehensive, resolute, and humanized health care⁽¹³⁾.

Some of the aspects mentioned in the speeches were focused on the need to expand and create new services, considering the functioning of the services that make up RAPS. Some interviewees had already been part of the mental health field long before the creation of Ordinance No. 3,088/11. This aspect shows the need for a change in thinking, as they worked in a different context of mental health policies and services, that is, their professional work is still under construction. The construction of RAPS, in turn, depends on qualified people able to deal with the subjectivity and complexity of psychological suffering⁽¹⁴⁾.

The complexity of mental health has historically been disregarded by society as a whole. Treated as madness; people were despised, socially isolated, and animalized. However, even with the advances achieved, the repercussions of society's view were permeated into legal and formal assistance instruments, allowing us to say that madness exceeds the level of physical illness being considered a social evil^(14,15).

In other words, a whole stigma was being constructed and socially structured towards mental health, making it invisible and subjugated. In this way, we need to move forward to break down barriers to the exclusion of people who are still treated inappropriately, unseen⁽¹⁶⁾, in a network that is also invisible.

Because of the isolation resulting from the COVID-19 pandemic, mental health was placed at the center of the international debate, reinforcing the importance of seeking direction in the paths taken in Psychiatric Reform to

guarantee the rights and needs of the population⁽¹⁷⁾. However, the invisibility of RAPS seems to have intensified with the pandemic, and mental health services have been facing damages and losses in guaranteeing comprehensive assistance to users. Examples of such difficulties and discontinuity in work are exemplified as the dispersion of users, irregular use of medications or non-use of them, treatment abandonment, crisis situations, inadequate management of the crisis, relapses to drug use, and use of the constant emergency⁽¹⁸⁾.

Stigma is a relevant aspect to be worked on in health services and with the population in general, as debating it can contribute to co-responsibility and demystification of mental health care. Evidence shows that people may stop seeking a health service to avoid being labeled by a mental health diagnosis, leading to serious future problems by not seeking immediate help⁽¹⁹⁾.

Management is essential for services to function and for care to be provided appropriately. The survey results show that there are gaps in the services needed for the network to function. It can be exemplified by the number of inhabitants of the municipality in question that there is a low territorial coverage, lack of CAPS III since it is a service for municipalities with a population of more than 200,000 inhabitants, being an outpatient and continuous service, lasting 24 hours/day, even though implementation is possible under Ordinance No. 336, of February 19, 2002⁽⁵⁾.

Another service with impaired functioning due to its physical structure in the municipality is a community center, a public unit aimed at including people with mental disorders and people who use alcohol and other drugs, creating a social space for this part of the community. The SRT with housing inserted in the community welcomes people with long periods of hospitalization (two years or more), those people leaving psychiatric hospitals and custodial hospitals, among others. The SRT is part of the deinstitutionalization strategy in RAPS, being an instrument for recovering citizenship⁽²⁰⁾, not to mention the overload of patients on existing services.

Furthermore, it is worth highlighting the necessary infrastructure for comprehensive care, aiming at the importance of matrix support, care in the territory, and home visits, besides services restricted to specialized services only. Moreover, intersectorality comes as a strategy to achieve network standards, expanding health care to encompass education, justice, social assistance, security, and others⁽²¹⁾.

A study carried out in a Brazilian municipality shows that there are not enough physical, technological, human, and financial resources for coordinated work in the three types of care⁽²²⁾, inferring similarity with the difficulties mentioned in the testimonies of research participants. According to a study carried out with coordinators of the Family Health Strategy (ESF), it shows that CAPS is still seen as the primary place of care for people with psychological distress, and this service is identified as the main point of care in the network. Considering the current mental health policy, care must be focused on the territory, with CAPS being strategic points of care in the network. However, what we observed was a strong narrowing of vision, leaving aside other devices and resources that could be used in the territory itself⁽²³⁾.

Management processes involve various methods and spaces of communication, such as telephone use, visits to other services, and team meetings, which corroborates the results found. From this, it can be reflected that democratic management is beyond a political choice, a need in which management processes coordinate a line of care through communicative actions capable of free production⁽²⁴⁾.

Furthermore, when it comes to promoting comprehensive care, it is relevant that mental health workers can be engaged in longitudinal care, working intersectorally⁽²⁵⁾. For a network to be implemented where there is effective participation of all those involved, professionals must reflect critically and understand social changes and current policies⁽²⁶⁾. Given this, for a resolute RAPS, which encompasses comprehensive care, mental health must be a management priority and not be forgotten.

The results show the importance of a multidisciplinary team inserted in the services, demonstrating the residents' engagement and interest in communication between RAPS services, and exemplifying how this working relationship occurs. The integration between the service teams and the multidisciplinary residency team enhances the rapprochement between different fields of knowledge. It is understood as a type of collective work built through a reciprocal relationship, i.e., a two-way street, between multiple technical interventions, besides the interactions of professionals from different areas⁽²⁶⁾.

The fragility of the integration of RAPS workers and services stood out among the results, especially about effective communication. Communication between professionals is relevant to formulating a more effective PTS. Therefore, when users are evaluated and referred correctly, there is greater adherence and motivation in treatment, causing other services in the network to be activated, diverting the focus only from specialized services⁽²⁷⁾.

Given this, it is evident that the Multiprofessional Residency contributes to favoring communication and articulation of RAPS, together with other teams of residents allocated in other fields, as contacts with other services, creating ties

in the network where they did not exist or were weakened. Through phone calls and even institutional visits, links are formed, and bonds strengthened, providing a higher referral to the network user. The study points out that despite the challenges associated with the stigma of madness, the difficulty in consolidating care that surpasses asylum institutions, and that teams continue, the Residency provides intersectoral actions, encouraging social participation in the territory⁽²⁸⁾.

Another point to be discussed is the qualification of professionals given their training in mental health, in addition to the services' commitment to providing permanent education for their workers. These processes mentioned above should be structured based on a problematization of the professionals involved in the team about their work process. It contributes to permanent education being carried out to transform professional practices, followed by the work organization, contributing to the needs of the population mentioned above, sectoral management, and social control in health^(29,30).

Permanent education comes with the logic of being decentralizing, growing, and transdisciplinary. Therefore, this form of approach provides institutional democratization and development through learning and teaching capacity, in addition to coping through a creative way of analyzing health situation of working in matrix teams, thus improving the quality of health care, constituting technical practices with a critical, ethical and humanistic vision^(27,30).

There is a strong focus on the training and qualification of professionals. In this way, it is clear how much this scope is needed in the focus of education, besides technical and operational work, where they have the possibility of continuing this approach, making the team's work process safe and humanized. Finally, as a limitation of the present study, the fact that the research took place in a single municipality is cited.

FINAL CONSIDERATIONS

The results showed that the municipality's RAPS is under construction and is assessed as fragile, as well as public policies and municipal management. The speeches point to the invisibility and stigma historically associated with mental health. However, the communication and engagement of professionals had ambiguous opinions. The insertion of the Multiprofessional Residency in Health is highlighted as an aspect that favors communication and articulation of the network.

It is expected, with the results of this research, the strengthening of RAPS and the social support network expansion, such as coexistence spaces and associations that offer support to families and users, besides the places restricted to CAPS. Furthermore, the constant re-evaluation of practices in the mental health field to provide humanized care and freedom to people with mental suffering and their families to promote a true social inclusion of these subjects in their community.

INTEREST CONFLICTS

The authors state that there were no conflicts of interest in carrying out this study.

CONTRIBUTIONS

Juliane Rigo, Priscila de Melo Zubiaurre, Cleci Raquel Antonio, and Daiana Foggiano de Siqueira contributed to the preparation and design of the study; acquisition, analysis, and interpretation of data and writing of the manuscript. **Daiana Cristina Wickert** and **Marcelo da Rosa Maia** contributed to the preparation and design of the study and review of the manuscript.

FUNDING

There is no financing.

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How to cite: Rigo J, Wickert DC, Zubiaurre PM, Antonio CR, Maia MR, Siqueira DF. Psychosocial Care Network of a Brazilian Municipality: perceptions of mental health workers. Rev Bras Promoç Saúde. 2023;36:13864.
