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Original Article

The work process in psychosocial care centers from a management perspective*

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Objective: to analyze the work process of the professionals of the Psychosocial Care Centers and to identify the aspects that can contribute to the production of health or illness of workers. **Method**: a qualitative research study carried out with the managers of eleven Psychosocial Care Centers in a large inland city of São Paulo. Data were collected through semi-structured audio-recorded interviews. For data analysis, Thematic Content Analysis was used. **Results**: from the analysis of the speeches, two thematic categories were identified: "Living work in the psychosocial care center: collective construction of a clinic of bonds and affections" and "Wear out and distress experienced through work". Workers' satisfaction with their work was evidenced related to the possibility of offering care based on the singularity of the cases. There were also reports of recognition hypotheses, bureaucratic work processes and mental overload. **Conclusion**: the greatest power of work in Psychosocial Care Centers is the intense network of existing interpersonal relationships. Therefore, the strengthening of this network is an important promoter of care between a multidisciplinary team and a device to be constantly developed.

Descriptors: Mental Health Services; Health Services Assessment; Community Mental Health Services.

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O processo de trabalho nos Centros de Atenção Psicossocial na perspectiva dos gestores

Objetivo: analisar o processo de trabalho dos profissionais dos Centros de Atenção Psicossocial e identificar os aspectos que possam contribuir na produção de saúde ou de adoecimento dos trabalhadores. **Método**: pesquisa de natureza qualitativa realizada com as gestoras de onze Centros de Atenção Psicossocial de um município de grande porte no interior de São Paulo. Os dados foram coletados por meio de entrevista semiestruturada audiogravada. Para a análise dos dados, utilizou-se a Análise de Conteúdo Temática. **Resultados**: da análise das falas foram identificadas duas categorias temáticas: "O Trabalho Vivo no Centro de Atenção Psicossocial: construção coletiva de uma clínica de laços e afetos" e "O desgaste e sofrimento experienciados por meio do trabalho". Evidenciaram-se sentimentos satisfação dos trabalhadores com seu trabalho, relacionados à possibilidade de ofertar cuidados a partir da singularidade dos casos. Também houve relatos de situações falta de reconhecimento, processos de trabalho burocratizados e sobrecarga mental. **Conclusão**: a maior potência do trabalho nos Centros de Atenção Psicossocial é a intensa rede de relações interpessoais existentes. Portanto, o fortalecimento dessa rede é um importante promotor de cuidado entre a equipe multiprofissional e um dispositivo a ser constantemente desenvolvido.

Descritores: Serviços de Saúde Mental; Avaliação de Serviços de Saúde; Serviços Comunitários de Saúde Mental.

El proceso de trabajo en los Centros de Atención Psicosocial desde la perspectiva de los directivos

Objetivo: analizar el proceso de trabajo de los profesionales de los Centros de Atención Psicosocial e identificar los aspectos que puedan contribuir a la producción de salud o enfermedad de los trabajadores. **Método**: investigación cualitativa realizada con los gerentes de once Centros de Atención Psicosocial de una gran ciudad del interior de São Paulo. Los datos fueron recolectados a través de entrevistas semiestructuradas grabadas en audio. Para el análisis de datos, se aplicó el Análisis de Contenido Temático. **Resultados**: a partir del análisis de los discursos, se identificaron dos categorías temáticas: "El Trabajo Vivo en el Centro de Atención Psicosocial: construcción colectiva de una clínica de vínculos y afectos" y "Desgaste y sufrimiento que se experimentan en función del trabajo". La satisfacción de los trabajadores con su trabajo se evidenció en relación con la posibilidad de brindar atención en función de la singularidad de los casos. También se han reportado hipótesis de reconocimiento, procesos de trabajo burocráticos y sobrecarga mental. **Conclusión**: el mayor poder del trabajo en los Centros de Atención Psicosocial es la intensa red de relaciones interpersonales existentes. Por tanto, el fortalecimiento de esta red es un importante impulsor de la atención entre el equipo multidisciplinario además de ser un dispositivo que debe desarrollarse de manera constante.

Descriptores: Servicios de Salud Mental; Evaluación de Servicios de Salud; Servicios Comunitarios de Salud Mental.

Introduction

The Psychosocial Care Centers (CAPS) offer daily mental health care services that substitute the care model centered in the psychiatric hospitals. Such Centers have the strategic function of articulating mental health care and psychosocial rehabilitation. They promote community life and the autonomy of their users in the logic of territoriality. They were conceived from the Psychiatric Reform and regulated by the National Mental Health Policy, sanctioned by Law No. 10,216/2001[1-2].

The CAPS consolidated an expanded way of working with mental disorders, pointing to an epistemological break with the traditional psychiatric knowledge and practices. The dynamic process of mental health care presents new challenges, which require practices based on a new paradigm, open, not crystallized and in permanent construction, especially related to care in freedom[3-4].

Despite the advances, the design of substitute services does not individually guarantee the change of paradigms and the incorporation of a new care model. Therefore, it is necessary to consolidate articulation arrangements for networked care, within a regional and inter-federative project[5].

In addition to the structural impacts, mental health work is challenging for the professionals due to its complexity because, in addition to direct and emotional contact with the users, mental health work processes have the particularity of dealing with madness and situations of intense psychological distress.

Understanding the influence of work organization on mental health, wear out and illness of workers is essential, since the structures of the work process can lead to different forms of distress, illness and exclusion[6]. Researching the mental health work process allows knowing the peculiarities about the way in which the CAPS produces care and understanding how they interfere in the mental health of its workers.

This research aimed to analyze the work process of CAPS professionals and to identify the aspects that can contribute to the production of health or illness in the workers, from the management perspective. The analysis object is the CAPS workers' work process, based on the understanding that managers are able to reflect on the forms of professional organization and on the multiple relationships established with the various actors within these services.

Method

Type of study

This is a descriptive, exploratory and qualitative research study, seeking to understand perceptions and to value the meaning attributed by the research subjects to the researched fact[7].

Study scenario

The study was carried out through interviews with CAPS managers in a large inland city of São Paulo. The municipality in question has a total of eleven CAPS that offer assistance to users who have severe and persistent mental disorders (eight adult CAPS 'III', three alcohol and drug CAPS 'ad' and two children's and adolescent CAPS 'ij'), which are managed since the 1990s by the Municipal Health Secretariat in co-management with a private civil association, focused on therapeutic activities in the field of mental health.

The municipality and the association are pioneers in applying the principles of the Psychiatric Reform and have consolidated the mental health care network since the 1970s. In addition to the CAPS, the institution manages five Community Centers, two Work and Income Generation Workshops, five Therapeutic Residency Services, a Transitional Shelter, a Street Office and a Culture Point, all of these devices composing the Psychosocial Attention Network (*Rede de Atenção Psicossocial*, RAPS) of the Municipality. According to the 2020 activity report, the institution operates with around 842 active employees in these services. This set of resources generated a mean of 314,008,000 individual calls *per* year, and a mean of 26,167,000 calls *per* month, considering the last eight years (2013-2020).

The mental health institution hired and accredited to operate the mental health network of the municipality has a Medical Residency Program in Psychiatry, also offering internship fields for the Multiprofessional Residency in Mental Health that includes part of the graduates in the CAPS teams.

In order to preserve the participants' confidentiality as much as possible, it was decided not to mention the names of the city or the contracted institution.

Data sources

The participants were selected by convenience sample. Eight managers participated in the study. Three CAPS III managers did not participate: one declined the invitation and two were on vacation during data collection, which took place between August and October 2015.

All the participants were women, five managers of the CAPS 'III'; three from the CAPS 'ad' and two from the CAPS 'ij'. With regard to professional training, the group was composed by four psychologists, three occupational therapists and a nurse. Working time in the CAPS management varied between 1 and 12 years. The role of manager is achieved through a selection process, which meets the specific requirements for this role, with a workload of 36 hours *per* week. The employment contracts of the managers of other CAPS workers are based on the Consolidations of Labor Laws (*Consolidações das Leis do*

Trabalho, CLT), with work schedules of 20, 30 or 40 hours depending on the type of CAPS (I, II or III) and the professional category.

The data comes from interviews recorded with the participants' prior consent, which took place at their workplace, at a scheduled time and in a reserved environment.

To preserve confidentiality, the managers were not identified. The excerpts of the managers' speeches were preserved and identified by color names, together with the CAPS modality (adult, alcohol and drugs or children and adolescents) of which they were part.

To design the research, the CAPS were visited to obtain *in loco* knowledge of the structure and dynamics of their work processes. Subsequently, a semi-structured script was prepared for the individual interview, with questions related to the health work process, including the relationships between the multiprofessional team members. The interviews were transcribed, totaling 60 pages and 8 hours of recording.

Data collection and organization

For data collection, a semi-structured interview script was used with guiding questions investigating the following: 1) How does the management of care and of the work process occur in the multiprofessional CAPS teams from a management perspective?; 2) Which are the main factors that trigger stress and suffering at work?; 3) Which are the main sources of professional achievements?; 4) How does the integration of the multidisciplinary team take place in the care of mental health patients?; and 5) What is the context of the mental health policy in the studied municipality and how can it influence the care provided?

Data analysis

Analysis of the empirical material took place through content analysis in its thematic modality. This modality proposes a decomposition of the discourse and identification of analysis units or representations groups to categorize the phenomena, from which it is possible to reconstruct meanings that present a deeper understanding of the studied group's reality[8].

After exhaustive readings, the speeches were gathered by cores of meanings. After the systematic grouping of these cores, two thematic categories were found, related to the work process in mental health: 1) Living work in the CAPS: collective construction of a clinic of bonds and affections; and 2) Wear out and distress experienced through work.

Ethical aspects

The research project was approved by the CEP under opinion No. 939,080. After clarification about the research objectives and preservation of their identities, all the participants signed the FICF.

Results and Discussion

The results of the discussions are presented jointly through the two thematic categories that emerged.

Living work in the CAPS: collective construction of a clinic of bonds and affections

In the managers' perception, CAPS workers identify and show pleasure with the work they perform. Although work presents requirements, the workers usually make an affective investment that culminates in care based on the affective bond with the users. *Of the 60 workers that I have today, I think that not even 10% [...] have a strong involvement with work. Everyone else has it, because I think there's no time not to have it here; people wouldn't stand it! [...] the team itself cannot cope with having a co-worker who does not invest much in being here [...]* (Green – CAPS ad).

Sharing during identification with the work process and peer recognition of the positive work results, such as reinsertion and rehabilitation, are powerful incentives for the workers and giv e meaning to work. *A member of the team welcomes the other member and I welcome the people. We try to take care of ourselves and try to look at what we are gaining, because this is a very difficult task in Mental Health; as we take care of very serious things, sometimes we cannot see* (Olive – CAPS ij); *We achieve a lot of things, a lot of things work out and that is what powers. So, we manage to put this on the scale, and I think that this motivates people to be here: there is a lot of affective bond with the users; we get very close to them* (Green – CAPS ad).

Access to the teams' Permanent Education strategies, in refresher courses, institutional clinical supervision and incentives for long-term courses, such as specializations, masters and doctorates, also contributes to recognition and motivation at work.

A study on pleasure and suffering at work carried out at a CAPS in southern Brazil, indicates the workers' satisfaction when talking about their job. Work is a source of pleasure, which can be identified in the positive effects on the users' treatments, with the feeling of "task performed" and in the partnership for organizing the activities. This is reflected in positive feelings about work, such as recognition, gratification and pride in what the worker produces[9].

According to the managers, the CAPS clinic has some peculiarities, as it is built on a daily basis. It is considered "an artisan clinic" due to the possibility of building and reconstructing the care dynamics. *I think that there is one thing that the CAPS makes possible, the artisan clinic: specific cases that require specific interventions, which you create!* (Green – CAPS ad)

This individual and collective "creation" can also be understood as a reflection of the mental health practice itself[4]. In this sense, these workers produce interventions that involve the complexity of the subjects in the handling of cases; the confrontation of uncertainties and conflicts and collective spaces for reflection on the professional practices, without protection bars, keys or walls in the relationship with the users[10]. This way, the CAPS are constituted as a space full of collective and experimental activities. However, they are not defined as a definitive identity, but in a process of permanent construction[6,11].

The managers' speeches show that teamwork in the CAPS is fundamental to the work process, especially when relations are egalitarian and dialogical, including trust and solidarity. They emphasize that this complicity enhances work. *We have a lot of collective management space. I do not believe that it is possible to cope with the crisis, to cope with psychosocial rehabilitation if there is not much space for dialog, for communication among the team members, this is impossible! (...) So we have space for discussion every day, every day we have team meeting moments* (Olive – CAPS ij).

Establishing interpersonal relationships with the team is essential to work activity in mental health. Coexistence among workers, joint practices and dialog can be considered factors of protection and pleasure at work, so that they allow the word to spread[3,11].

Thus, spaces for collective exchange – such as team meetings held in the CAPS – are characterized as spaces in which workers can express themselves, listen, establish cooperation bonds and protection strategies with each other[12].

The singularities of the clinic in the CAPS – resulting from the bet on a care model based on the deinstitutionalization of madness – require clinical-institutional supervision and team meetings as important spaces for joint reflection on the practice. According to the managers, the help found in the involvement of the colleagues to cope with wear out, or in the resolution of demands, gives meaning to the questions posed in the routine of the service and in coping with stress and suffering.

For the managers, criticism and conflict also exist and are considered constructive for the assembling and growth of the team. Examples of conflicts are: different perspectives that hinder formulation of consensus in some cases, lack of "limits" by some colleagues, frantic work pace, lack of communication, or insufficient communication among the colleagues. There is always some conflict, where there is a conflict, there is crisis there is growth, there is a construction, what I identify is that the conflict is always a construction that challenges us, I cannot see a conflict that prevents, paralyzes or prevents anything (Indigo – CAPS ij).

The divergences between members of the multiprofessional teams make it difficult to formulate consensus, specifically with regard to the concept of crisis and hospitalization. That is why it is important to have exchange spaces for a collective construction of referrals when defining the course of the treatments.

Although all CAPS professionals have the same type of contract, some splits and tensions in the team were reported, especially between the multi professional technical team and the nursing team. These occurrences were attributed to the fact that the nursing team does not recognize itself as able to work with people in mental distress, which restricted their performance to meet the clinical and procedural needs. These issues were addressed by the literature and related to two reasons: 1) nursing education does not prepare to work in this area; and 2) the understanding of the profession regarding the concepts of nucleus and field impairs the understanding of the performance space among the nursing team professionals[13-15].

Conflicts between professionals are inherent to teamwork. Especially when betting on interdisciplinarity, in the co-construction of diagnoses and treatments. Health workers, through their living work, operate on the basis of strong connections with each other, in which the action of some complements the action of others. This dynamic and rich crossing of knowledge and practices, technologies and subjectivities, turns health actions into the producers of care[16].

The hospitalization and treatment of the patient were issues brought up by the managers, because they are processes which are still influenced by traditional psychiatry, which represent points of tension for the teams, generating situations of resistance because part of the professionals interpret hospitalization as a failure of the care strategy, mobilizing loss of meaning at work. The management of user' crises – despite generating tension in the team – is positively viewed, because it requires specific skills from each professional, diversify the service and attest to the result of teamwork. This is challenge for them: caring outside the mental hospital, facing crises with other responses than just hospitalization or over-medication.

Despite the RAPS being structured, crisis situations generate tension and reviews of the work with the integrality of the user when it occurs. This premise places deadlocks in the labor process, since the CAPS is a service that serves people in social vulnerability, which requires planning and articulation in the territory so that they are served as citizens with their rights respected.

Despite the hegemonic view regarding madness segregation, the CAPS encourage participation of the users in the community in which they live. For the managers, interdisciplinarity and intersectoriality are important points in the therapeutic process of psychosocial care, since breaking with the traditional psychiatric clinic requires

knowledge exchanges and the construction of a complex support network in the psychosocial care existing in the municipality. The inseparability between the clinic and social life appears as fundamental in the treatment of patients.

The challenge for the professionals who work in the CAPS is to constantly experience intense and polar sensations, such as those of power and impotence, building paradoxical situations within the collective, in which they demand themselves and the team professional positions and states of mind that are very difficult to maintain, particularly for those who offer their living work to enliven the meaning of life in others[6].

Wear out and distress experienced through work

In the analyzed narratives, working in the CAPS is also difficult, as it requires dedication and because involvement with the suffering of other people can generate distress in the worker. They point out the lack of external recognition as exhausting and highlight that distress can go unnoticed, as work has certain charm and many workers engage in militancy for mental health and redefine work in this field as a mission; however, it is pointed out that the setbacks in the mental health policies can negatively interfere with the maintenance of militancy. *I had not discovered this index of distress in workers before my experience in children's CAPS (...) it went unnoticed to me until a while ago, you know? As it is an enchanting practice, the playful practice of handicrafts involving the whole issue of art production, you think that this is fulfilling and suddenly you look with a magnifying glass and see that it is not* (Indigo – CAPS ij); *Dealing with the clinic is also very painful. We take care of very serious things; we have to do very serious procedures* (Olive – CAPS ij).

The managers reported that the team needs to be multipurpose and that the CAPS have an excess of users, with complex cases and this represents an increase in work, generating tension when deciding which actions to prioritize, due to the number of tasks and to the lack of personnel and time, considering the different workloads of the professionals' contracts.

This context produces tension, and hinders communication and the promotion of spaces for group reflection. The managers assess that the responsibility for a large number and multiplicity of demands often hinders the necessary dedication to psychosocial rehabilitation work, work is restricted to emergency measures for crises, which generates frustration being a potential source of distress. *I find it strange that I tell you repeatedly that it is a stressful job, because I like my job a lot, so it seems paradoxical, because I am a very energetic person. It is paradoxical even if, on the one hand, we celebrate very small achievement by the users, the team is warned that they cannot expect much [...] the team knows that they can lose a patient, they know that they have to ask themselves what happened, but you know that you can't control it [...], but it is a care model that, if you see it, it is a lot, it is a lot* (Gray – CAPS III).

Mental health work creates particular challenges due to the idiosyncrasies of this area. There are reports of situations of tiredness, sadness, exhaustion, inability to welcome the other, as well as strained and paranoid relationships in the teams' interactions. The difficulty of communication among the workers can generate fragmented practices and difficulties to develop care in a shared manner. Another factor related to the teams' distress is the turnover of professionals – which generates discontinuity in the care actions – due to the break in the professional-patient and professional-team bonds. These bonds are essential for care production[6,11]. High turnover also appeared as an effect of precarious contracts and low wages paid.

Another important question voiced by the managers was the impact of bureaucracy on the labor process, mainly the filling out of an instrument for recording the actions, called the Registry of Outpatient Health Actions (*Registro das Ações Ambulatoriais de Saúde*, RAAS) and its effects on work. In the municipality in question, the RAAS has a conformation of compliance with quantitative goals for paying funds transfers. According to the interviewees, despite being a powerful management tool, it is an additional activity and makes care more bureaucratic. The RAAS standardizes the procedures in similar organizational care structures, disregarding the authenticity and uniqueness of work. Based on this instrument, work in the CAPS is reduced to the mere execution of procedures and its function as a health structure that prioritizes sociability in the provision of care becomes invisible. This process based on quantitative criteria was considered perverse and sickening, as the performance assessment based on quantitative metrics disregards investment in care quality. *Because the proposal of the goals and the RASS of organizing the actions comes as a proposal of management instrument in the municipality, it has the role of the condition to pay or not, and this condition is always quantitative and not qualitative, it is perverse, it is bad, because it leaves us in a situation where whatever we do is not enough, in which we have to make a goal, and meet goals or we do not get paid, and put this in the salary account I think this is extremely serious and violent towards the workers* (Green – CAPS ad); *(...), so we are threatened because of this, insecure, oh we have to do so much... so you think all the time "is everything alright?! You are forgetting to fill in…", [...] who did not do, I try to take it easy with him in relation to this, because I think that the whole work process is already very heavy (*Cyan – CAPS ad).

Another issue pointed out in the interviews was the insecurity experienced by the professionals in face of the possibility of the agreement between the Municipal Health Secretariat and the contracted institution that manages the CAPS not being renewed. This intermediation situation

generated sadness, discouragement and anguish among the professionals. There were even reports of workers leaving because of this situation.

This precariousness of bonds and the consequent loss of stability was very present in the managers' statements and was considered potentially sickening, both for the managers and for the other professionals of their team. *The workers suffered a great impact. Last year was very difficult, first a fantasy of death [...], but thinking that you will lose your job, that you will not get your salary – we have children to support – that you are not valued, that you are not recognized?! Who does not expect someone else's recognition?!* (Gray – CAPS III).

For the managers, the worker's identity has been constituted by the pro-psychiatric reform activism, which would make it possible to redefine wear out. However, they recognize that there are those who believe that this struggle has not generated the desired social changes, and that this perspective contributes to a feeling of helplessness and discouragement. *In fact, with the political changes that were happening according to some government interests, we started to lose a lot of breath and started to go through a very tiring work process. Because, I think, in addition to this complexity of the CAPS, right? The mental health worker really owns this identity of being the reformer, right? And of politically fighting for these issues to come up. Reflecting on it and transforming it into work* (Fuchsia – CAPS III).

An integrative review study related to the labor process carried out in Brazilian CAPS centers found that deficient professional qualification, precarious employment contracts and low wages are among the factors that discourage the professionals, which culminates in the decrease in the ability to expand discussions to improve the assistance[17].

In the interviews, the need for a space or strategy for the care of the CAPS workers' health was mentioned, which should offer support to deal with challenging situations. They believe that the scarcity of spaces to discuss the team' distresses makes it difficult for the workers to listen and welcome the users.

It is pointed out that the CAPS receive students from undergraduate courses and Multiprofessional Residency Programs in Health; this relationship between teaching and service can be better explored as an instrument to deal with challenging situations, having a potential to build other possibilities for action and coping of the workers, since it contributes ideas discussed in academic supervision spaces and from a multiplicity of perspectives.

The political context of the municipality reflects the national political circumstances of weakening of the public policies and dismantling in the mental health area, and contributes to illness in the professionals. As a way of resisting these threats, the managers emphasized the importance of strengthening the teams through spaces for conversation and reflection. This process contributes to greater involvement, recognition and belonging to work, which are fundamental aspects for coping with stress and wear out and enable cohesion of the process and empowerment of the workers.

The interviews indicate that working in the CAPS requires dedication, involvement with the users' suffering and a struggle for the deinstitutionalization of madness, which demands great efforts from the workers. The social stigma and the neglect by the public authorities and society in welcoming users with mental disorders produce a vicious circle that contributes to a feeling of helplessness, since they are the embodiment of the very mental asylum against which they propose to work.

To deal with distress, the workers make use of individual defense mechanisms and/or collective strategies, which arise from cooperation among the colleagues, modifying or minimizing the perception of the reality that makes them suffer. However, these strategies can also hide the perception of the workers' distress, so that factors that produce suffering are often undercover[18].

The study limitations include the difficulty in generalizing the results, since the characteristics of each service and territory are unique, and listening to the workers in the condition of managers, which shows only a perspective of the imbricated relationships in the work process.

Despite the limitations, it is expected that the results of this study can serve as a reference for other research studies, contributing to the praxis related to the mental health work process in the CAPS.

Conclusion

The managers' speeches evidenced the CAPS workers' feeling of pleasure with their work and with the possibility of offering care based on the singularity of the cases, which makes it possible to perform it collectively and creatively.

The ability to create and build "the artisan clinic" is another peculiarity of the work in the CAPS centers. The exercise of creativity and health production during living work in action is a factor of satisfaction and preservation of the professionals' health in the care practice. Thus, the artisan clinic can be considered as a protective factor against mental distress in the encounter between worker and user, based on singular ways of producing care.

Another potentiality of work consists in the exchanges among team workers, which must be constantly strengthened. Spaces for exchanges and sharing contribute to the analysis of the work processes, allowing workers to identify sickening situations for both workers and users. In addition, they enable a collective construction of strategies to face the asylum logic that

insists on updating itself not only in the relationships with the users, but among the workers themselves.

Mental health work brings complexity to the work situations, as it is not a binary logic of pleasure or suffering. This characteristic is the richness of the work which, at the same time, makes it so challenging. Therefore, investments are needed that focus on the health of users, but also of workers. Care devices for workers, such as listening spaces, sharing and support for the teams, professional appreciation and permanent education strategies are strategies to cope with the stress and suffering of CAPS professionals.

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