



Nursing team's performance at the Psychosocial Care Center for Alcohol and Drugs


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Objectives: to describe the insertion of the Nursing team in a Psychosocial Care Center for Alcohol and Drugs III. **Methodology:** a qualitative, descriptive research designed as a case study. Data collection used semi-structured interviews with nurses and nursing technicians. Data analysis was subsidized by Bardin's work. **Results:** the need for employment is a factor for the insertion of Nursing professionals in the service studied. Nursing care has individualized and contextualized planning in the reality of the subjects, contemplating and articulating the work of Nursing with the services of the territory. **Conclusion:** the role of the nursing team becomes fundamental to consolidate the Psychiatric Reform and the expansion of mental health services in the country, promoting and contributing to the reinsertion and maintenance of the people assisted in the territory, overcoming its old attribution of surveillance and control.

Descriptors: Psychiatric Nursing; Community Mental Health Services; Health Care; Social Support; Mental Health.

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Atuação da equipe de Enfermagem no Centro de Atenção Psicossocial Álcool e Drogas

Objetivos: descrever a inserção da equipe de Enfermagem em um Centro de Atenção Psicossocial Álcool e Drogas III. **Metodologia:** pesquisa qualitativa, descritiva e delineada como estudo de caso. A coleta de dados utilizou entrevista semiestruturada com enfermeiros e técnicos de Enfermagem. A análise de dados foi subsidiada pela obra de Bardin. **Resultados:** a necessidade de emprego é um fator de inserção dos profissionais de Enfermagem no serviço estudado. O cuidado de Enfermagem tem planejamento individualizado e contextualizado na realidade dos sujeitos, contemplando e articulando o trabalho de Enfermagem com os serviços do território. **Conclusão:** o papel da equipe de Enfermagem torna-se fundamental para consolidar a Reforma Psiquiátrica e a expansão do serviço de saúde mental no país, promovendo e contribuindo para a reinserção e manutenção das pessoas atendidas no território, superando sua antiga atribuição de vigilância e controle.

Descritores: Enfermagem Psiquiátrica; Serviços de Saúde Mental; Assistência à Saúde; Saúde Mental; Apoio Social; Equipe de Enfermagem.

El papel del equipo de Enfermería en el Centro de Atención Psicosocial

Objetivos: describir la inserción del equipo de enfermería en un Centro de Atención Psicosocial por Alcohol y Drogas III. **Metodología:** investigación cualitativa y descriptiva, diseñada como estudio de caso. Se colectó a los datos por medio de una entrevista semiestructurada con enfermeros y técnicos de enfermería. El análisis de los datos se basó en los trabajos de Bardin. **Resultados:** ante la ausencia de empleador y el factor de inserción de dos profesionales de enfermería, no se estudia el servicio. Es decir, el cuidado de enfermería tiene un plan individualizado y contextualizado para dos disciplinas, contemplando y articulando el trabajo de Enfermería como los servicios del territorio. **Conclusión:** el estudio muestra que el papel del equipo de enfermería es fundamental para consolidar la Reforma Psiquiátrica y expandir el servicio de salud mental en el país, promoviendo y contribuyendo para reinsertar y mantener en el territorio las personas que reciben atención, superando la antigua atribución de vigilancia y control.

Descriptores: Enfermería Psiquiátrica; Servicios Comunitarios de Salud Mental; Accesibilidad a los Servicios de Salud; Prestación de Atención de Salud; Salud Mental; Servicios de Salud Mental.

Introduction

The Psychosocial Care Centers for Alcohol and Other Drugs (CAPS AD) are part of the network that substitutes the psychiatric hospital, and are essential to the Psychiatric Reform. In the CAPS AD team, nursing works in the articulation between health and community services in the territory where it is located, providing comprehensive care, constituting a new paradigm for a psychosocial performance.

The concept of territory goes beyond the geographical designation because it considers the relationships built between people and stories, permeating the historical and social construct of the individual. It becomes necessary to know it, to use its resources, knowledge, and community potentialities⁽¹⁾.

Instituted by the Ordinance of the Ministry of Health No. 130/2012, CAPS AD III specifically: receives all age groups; accompanies users who have disorders resulting from the use of and dependence on psychoactive substances and/or in continuous clinical care; is located in municipalities with a population greater than 200,000 inhabitants, having beds for the observation of night reception, for a short time, in order to avoid hospital interactions, uninterruptedly, provided by a multidisciplinary team⁽²⁻³⁾.

The CAPS AD are community spaces that should be part of the daily life of users who abuse alcohol and other drugs, offering a clinic centered in the user, family and community, offering integral and equitable support in the face of the difficulties arising from the use of these substances⁽⁴⁻⁵⁾.

The CAPS AD works on the logic of harm reduction, acting under the perspective of autonomy, co-responsibility, integrality, equity, and singularity of the users, involving them in different social sectors, aiming to rescue the citizenship and the social role of these subjects⁽⁶⁾. Harm reduction has as its principle the integral offer of care, preventing and reducing damages related to the use of alcohol and other drugs, respecting the characteristics of the user, their choices and possibilities of including health habits while progressively reducing the abusive consumption of psychoactive substances⁽⁷⁾.

It is relevant the prevalence of therapeutic approaches, by a multiprofessional team that recognizes the singularity of the users, helping them in the process of minimization or cessation of drug use, as well as in the prevention of relapse or risky behaviors for this user, seeking his reinsertion and rehabilitation in society and in his family context, respecting the autonomy and the possible territorial obstacles, such as risks and vulnerabilities⁽⁵⁾.

Thus, the Psychosocial Care Network (PSCN) is fundamental, as its actions are circumscribed to the Unified Health Service (UHS) and the National Mental Health Policy,

appreciating integrality, equity, universality and social control, culminating in the development of the Singular Therapeutic Project (STP), which favors interdisciplinary care aimed at psychosocial rehabilitation⁽⁴⁾.

As an individualized care instrument for users of mental health services, the STP is an organizing and sustaining tool for users in the PSCN, who receive care based on co-responsibility and integrated management of actions in the territory⁽⁴⁾.

Nursing, in CAPS AD, should intend to provide comprehensive care, articulating itself in the PSCN for re-socialization. Nurses and nursing technicians have autonomy to monitor the responses, conflicts, and management, along with the multiprofessional team, facing social policies, ethical and historical aspects⁽⁴⁾. Thus, the research question is, "How do Nursing professionals insert themselves into CAPS AD?"

Objective

To describe the insertion of the Nursing team in a Psychosocial Care Center for Alcohol and Drugs III.

Methodology

Qualitative, descriptive, case study modality⁽⁸⁾, which investigates a phenomenon in the scenario from the everyday implications of social actors and their relationships. The scenario is a CAPS AD III, of Rio de Janeiro (RJ), in the Complexo do Alemão, implemented in 2014, a region that has a high rate of violence due to drug trafficking and the lowest Human Development Index (HDI) of the municipality⁽⁹⁾. Complexo do Alemão is a group of 13 favelas, located in the North Zone of Rio de Janeiro, with about 100,000 inhabitants.

The CAPS AD III under study was chosen because it is a 24-hour service that has a multiprofessional team composed of nurses, nursing technicians, occupational therapists, psychologists, general practitioner, psychiatrist, physical educator, pharmacist, music therapist, workshop workers, and pharmacists, in addition to the administrative team.

The participants were the professionals of the Nursing team of this service, four nurses and four Nursing technicians included by the criterion of acting in Nursing care at CAPS AD. The exclusion criterion was being on vacation or leave during the period of data collection, which occurred in March 2019. The methodological technique for data collection was the semi-structured interview, which was recorded, transcribed, and submitted to Bardin's Content Analysis⁽¹⁰⁾. The steps of pre-analysis, exploration of the material and treatment of the results were followed, which led to the categorization of the data, interpreted by their grouping by semantic similarity⁽¹⁰⁾.

The discussion was supported by the assumptions of the Psychiatric Reform.

The ethical aspects for research involving human beings were respected according to Resolution no. 466/12 of the National Health Council of Brazil. The anonymity of the participants was ensured through coding - Nurse (N1) and Nursing Technician (NT2) - followed by the cardinals according to the order of the interviews.

Results

Insertion of nursing professionals in CAPS AD

From the insertion in CAPS AD, a dichotomy is observed, because, while four professionals had previous experiences in mental health, four accepted the challenge due to the need of insertion in the labor market.

When entering the Post-Graduation programs, Multiprofessional Residency in Mental Health, the insertion occurs naturally, given the desire and the theoretical-practical investment in the area: *Initially, internal conflicts existed with regard to rehabilitation, questionings for having worked in long-stay institutions. I worked in deinstitutionalization, coordinating a psychiatric hospital. I had contact with the "Back Home Program", Therapeutic Residencies... I wanted another experience, when this invitation came up. It added knowledge, answered conflicts I had (N2); I've always been interested in mental health! I identified myself with this space (N1); I was already working in a therapeutic residence where patients were leaving hospitals... I thought I could experience what it would be like to work in a PSCC (NT1).*

However, other possibilities emerge as employment opportunities, and professionals interested in entering the labor market come to CAPS AD: *I work in this PSCC because this area appeared as an opportunity. My first experience. I have been here for seven months, enjoying this work (NT2); I was unemployed. I worked in the international area of a company outside Nursing. A colleague brought my resume to this PSCC (NT4); I was thinking of leaving mental health. The working conditions in the other hospital were bad. Then, I went back to work in another psychiatric hospital, with another format... I remained believing in this area (N4).*

Nursing Care in CAPS AD

The insertion in CAPS AD is influenced by previous experiences, which help Nursing to understand the community-based care model, reviewing its care practices in mental health: *When I worked in a psychiatric hospital, 20 years ago, the practice was focused on punishment, isolation. Today, we have another choice (NT3); What makes me like mental health is breaking paradigms, searching, confronting. Discovering possibilities, citizenship, and potentialities (N3); I like dealing with a world "beyond" the routine of "normal life", understanding that care goes beyond medication, curatives. Dealing with crisis,*

with mental health issues, understanding them inserted in the world (NT1).

Nursing care in CAPS AD is influenced by the social conditions in which users live, making it a challenge to provide individualized, subjective, integral care, free of judgment, as demonstrated by the participants: *We work with the vulnerable, marginalized population. Violence surrounds our daily lives, physically and mentally (N1); We work with them and we have to understand that they have mental disorders. That drugs, alcohol, are a part of the person's life! This makes it easier to understand them and makes us care for them (N3); Caring for them is complicated, it is necessary to understand their language, their behavior, to form bonds [...] they come from the streets, live precariously, under violence! There is instability on the street, drug use, violence, distrust. The difficulty was to understand what is aggressiveness, what is abandonment and asking for help (NT4).*

The next category emerges from the Nursing team's daily dealings with the service in its community immersibility in which users are seen as part of a population that lives in front of the territory.

Articulation of nursing work in CAPS AD and the services of the territory.

The articulations of CAPS AD with the network emerged as part of the mental health care process in which Nursing professionals are involved: *The facilities found in PSCC are in the network partners who perform articulation regarding the matricialization, discussion of patients' cases (NT1); Without these partnerships [with other devices], we would not achieve an integral care, to arrange shelter, clinical care, hospitalization, complex procedures... Street clinics, shelters, interacting with the network devices (N1).*

It is observed that it is important for the Nursing team to conduct home visits, recognizing it as fundamental to identify factors that may hinder or facilitate therapeutic care, fostering the insertion of the professional in the territory: *Home visits are fundamental for us to get closer to life, to the possibilities. It is a form of relationship with the PSCC (NT1); We perform territorial monitoring of those who have difficulty moving in the territory (N4).*

The Nursing team demonstrates knowledge of the strategic points of attention to mental health users with which the CAPS AD team should articulate: *We approach the Residents' Association, Non-Governmental Organizations that work with the drug project, churches and institutions. We participate in meetings, forums that are held in the unit. We invite these leaders to work together, facilitating the work. Working in a network, with these actors in the territory (NT3); We always make a link with the Street Offices or the Family Clinics in the territory (N1); The territory has the [Commerce Social Service] SESC, the Guardianship Council, the shelter, the Casa Viva, there is the church, which is in order to propose activities (N4).*

Discussion

Acting in the territory is a way to rescue knowledge, potential and resources, building, collectively, the therapeutic design. The territory, in the mental health field, is seen not as a geographical area, but as people, institutions, networks, and scenarios where life and relationships exist^(1,11).

Until the mid-twentieth century, in Brazil, Psychiatric Nursing exercised a coercive, excluding care, based on isolation and medical diagnosis, culminating in technical and scientific backwardness of the practices when compared, for example, to those of Canada and the United States, where new theoretical and methodological approaches to nursing care in the area emerged⁽¹²⁾.

There are current reflections in the rejection of Psychiatry by professionals, requiring an emotional preparation for care. The teaching about the knowledge of Mental Health and Psychiatry, in the graduation courses or high school level, are not enough to awaken the interest and the desire of the students⁽¹³⁾. Teaching still persists in fragmenting knowledge, distancing the integral concept of health and the interconnection between the knowledge.

The clientele of CAPS AD, at times, reveals situations of violence towards themselves and the team, demanding preparation to deal with these events⁽¹⁴⁾. In view of this, the nursing staff of the studied CAPS AD has organized itself, understanding the responsibility and the sensitivity to others' suffering, putting such issues in vogue so that the therapeutic care is established⁽¹³⁾.

The professionals expose that it is up to CAPS AD to provide intensive, semi-intensive and non-intensive care, community-based, individualized, performing therapeutic monitoring and social reintegration through access to work, leisure, civil rights and strengthening family ties and, to do so, the network must articulate itself to the territory, health services, community leaders and other social actors.

With the existence of CAPS AD, there is a transformation that has overcome the obstacles arising from the history of care in Psychiatry for people who use and abuse alcohol and other drugs. The nursing professionals understand the psychological suffering and its unfolding in social relations, and consider themselves essential to build an interaction with this clientele, supporting the reinsertion and social permanence, affirming that hospitalization is the last option. They associate what they develop in CAPS AD with PSCN, however, without having sufficient theoretical knowledge about public mental health policies, which may be related to the transitional process of the mental health model or to the deficits in the training of the professionals.

The Psychiatric Reform is a political and social process in which people, institutions and territories work to transform practices, knowledge, cultural and social values, bringing knowledge, everyday life, interpersonal relationships as support for the advancement of the process⁽¹⁴⁾.

The reports of the participants demonstrate the process of articulation of the CAPS AD service with the territory and its consideration for the assistance provided to the community. One comes across the conflict among nursing professionals regarding their understanding, knowledge, and practice directed toward liberating, integral, multidisciplinary, and contractual care, aimed at psychosocial rehabilitation. They point to an investment in psychosocial care in their strategies to remain on the CAPS AD team, relating to the territory.

However, the mode of insertion of the professional in the studied CAPS AD, the absence of specialization in Mental Health and frustrating experiences in other devices contribute to the deficiency that the participants had when expressing their work and their interactional relationship with the territorial services. Studies indicated the insufficiency in the training of the Nursing team as an obstacle to the establishment of links with the user and the community, therefore, with the PSCN^(4,14-18).

Four professionals highlighted the workshops, the therapeutic relationship, the interdisciplinary work, and the home visits as strategies used by CAPS AD in establishing the territorial bond. When performing territorial activities, Nursing puts itself in movement, establishing links with the user's networks. These should be expanded to sectors and services, systematically, articulating the work of CAPS AD with the territory.

Thus, dealing with the network and the bond with this type of clientele is challenging, because, besides the psychological suffering, daily life is permeated by violence and criminality and, thus, the work must be supported by solid foundations⁽¹⁹⁾.

The speeches demonstrate the Nursing perception of psychosocial care, highlighting the CAPS AD as a place where the therapeutic relationship occurs, promoting interaction with the social world of the user. The bond of belonging, participation, and integration of the user is affirmed, as proposed by Ordinance No. 3088/11, in which the concept of citizenship is an element of psychosocial rehabilitation.

The monitoring of users of CAPS AD in other health and community services is important in promoting mental health. The professionals highlight the Basic Health Units (BHU), such as the Family Health Clinic, the Street Clinics, and other community institutions: neighborhood associations, churches, and Non-Governmental Organizations (NGOs).

Identifying the existence of risk and protection factors to the user's condition in the territory, using community resources as strategies to the therapeutic process, is fundamental to care. Care focused on needs and diversification of strategies is a guideline for the functioning of PSCN⁽²⁾. Nursing has an important role in contributing to the user's reinsertion into daily and community activities, as facilitators of psychosocial rehabilitation^(17,20).

Another highlight refers to the stigmatization of people who abuse alcohol and other drugs and the fear towards users with mental disorders. In society, ways of categorizing people are determined, and those who do not fit into the proposed categories are socially excluded⁽¹⁹⁾.

Even so, Nursing adopts strategies for coping, using resources for care, such as articulation with the territory, carrying out daily activities, aggregating users and the community, deconstructing ideas that corroborate isolation and the users' lack of social belonging.

Participants emphasize respect for uniqueness, adapting schedules and modalities of activities through agreements and co-responsibility, which is part of autonomy, therapeutic communication, and the exercise of citizenship.

In CAPS AD, qualified active listening is used and its importance is understood as a tool for care and apprehension of psychological suffering, based on personal experience, valuing the needs of users⁽²¹⁾. The interaction between Nursing and the user is the central axis, and the quality of this interaction reflects in the designated psychosocial care.

On the other hand, it was observed that some referred that active listening would be performed by Nursing, given only the multidisciplinary context of CAPS AD, and not as a care tool belonging to the profession. This is not true, since the theory of nursing, such as the Person to Person Relationship, developed by Joyce Travelbee, refers to the establishment of active listening through empathy and acceptance of the user as he is, and should not exercise pre-judgment.

Nurses should not think of the patient as such, but as humans who need help and care at one time and who, at other times, can offer assistance⁽²²⁾.

By complying with the psychosocial model and Law 10,216, crisis care should be managed exclusively in the PSCN devices, and the CAPS AD, as centralizers, are crucial in directing cases. The demands of users are the drivers of the actions established in the territory, underpinning the integrated health plan⁽²³⁻²⁴⁾.

This leads to the reflection that, although PSCN has CAPS AD as the axis of the network, the professionals still refer to the crisis as an event not contemplated by the service, outside the confined space.

The integrality addresses the plurality of conceptions within the logic of care, considering what is experienced in the practical realm of health care. From this perspective, integrality and health care are intersectorial tasks, articulated with the levels of health care, governmental and non-governmental sectors, in the guarantee of health protection as a social right⁽²⁵⁾.

The integral action to health constitutes the axis of the public policy of access to health, universality, equity⁽²⁶⁾. From the perspective of integrality, the interaction between the PSCN and other health services is determinant. Thus, nursing care is connected to the actions of the network, to society, according to the needs of the user.

Individualized care allows nurses to be empathetic, congruent, transform interaction into a qualified encounter, using light technology⁽²⁷⁾.

However, the participants emphasized the importance of listening in CAPS AD, but did not appropriate this technology as a work tool, believing that they use it empirically and on demand. It is known that listening in mental health nursing is paramount, because it is the way one develops what is being said, approaching and binding the user, as well as encouraging him, through body expressions, to keep saying, stimulating them to say. Through qualified, active listening, the user is directed and linked to the treatment due to its reception and treatment, making it more resolute. It is a fundamental tool for the organization, planning, direction, and treatment of the user, with more resoluteness⁽²⁸⁾. To this end, Travelbee emphasized his need and sensitivity in providing active listening.

The home visit was highlighted by the participants as crucial to psychosocial rehabilitation. It also has advantages as a care technology, as long as it brings comfort, tranquility, develops territorial recognition, adds value to self-care, co-management, and autonomy, establishing a link between nursing, users, and family⁽²⁹⁾.

Nursing care in mental health invests in the subject, seeking social resources to meet their demands, stimulating self-management and mediating their autonomy. The actions are dialogued, negotiated, and built with the user, the family, the team, the health network, and the territory⁽³⁰⁾.

In the expanded perspective of mental health, it is impossible to think of it in isolation from the concept of territory, since it represents, simultaneously, the problem of users about the resources to face it, as they designate the reciprocal determinations of space and power, involving the relationship, as a process of social construction, considering the particularities of peripheral or global territories.

The territory, in its complexity as a space and process, can enhance the relationship between service, culture, and care production, instigating investment in

constructions based on the demands of the subjects⁽¹⁾. The autonomy of the subject is encouraged, according to the extracted speeches, highlighting users as capable of understanding and exercising self-care and decision.

Conclusion

The Brazilian PSCN is a resource under construction in which Nursing is inserted, interweaving its competencies and skills that make up its specific knowledge, developing its multi and interdisciplinary capacity for the elaboration of the work.

The findings allow us to understand that the participants have been appropriating the expanded concept of mental health when they emphasize the meaning of territory and social welcoming as determinants of psychosocial rehabilitation.

The nursing team of the studied CAPS AD demonstrates skills acquired and understood during their theoretical and practical immersion in the daily life of the service, such as active listening and the person-to-person relationship, among other strategies of epistemological mastery.

The axis user, unit and professional becomes primordial for the joint therapeutic construction, destining, to the user, the self-management of care under the supervision of the reference team.

The articulation between the devices of the network, human relationships, and the territory becomes essential for the new public policies in mental health to be inclusive, coherent, and equitable. Thus, it is verified that nursing makes advances in the network feasible, acting effectively, promoting integral care to users.

Faced with the team's perception of the world in which the user is inserted and its influence on Nursing care, the research participants revealed articulation strategies with the services that make up the territory.

This network of services and links becomes essential for the foundation of an expanded and rehabilitative articulation. Such articulations in the territory occur according to the participation of social actors in which availability and cooperation in the process are characteristic aspects of the multiprofessional team in which Nursing establishes itself as an important conductor in the combinations and management of care.

Study limitations

The limitations of this study are due to the fragility of the number of professionals working at the time of data collection. Thus, there was an approximation of the daily activities of the service, performed by the researcher, in order to promote data robustness.

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Study concept and design: Ingrid Gomes Metello. **Obtaining data:** Ingrid Gomes Metello. **Data analysis and interpretation:** Ingrid Gomes Metello, Tatiana Marques dos Santos, Rosa Gomes dos Santos Ferreira, Thuany Cristine Santos da Silva. **Drafting the manuscript:** Maria Angélica de Almeida Peres, Tatiana Marques dos Santos, Rosa Gomes dos Santos Ferreira, Thuany Cristine Santos da Silva. **Critical review of the**

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