


**THE PSYCHOSOCIAL CARE NETWORK (RAPS) OF SANTA ROSA – RS:
REFLECTIONS ON THE IMPLEMENTATION PROCESS**

**LA RED DE ATENCIÓN PSICOSOCIAL (RAPS) DE SANTA ROSA – RS:
REFLEXIONES SOBRE EL PROCESO DE IMPLEMENTACIÓN**

**A REDE DE ATENÇÃO PSICOSSOCIAL (RAPS) DE SANTA ROSA – RS:
REFLEXÕES SOBRE O PROCESSO DE IMPLANTAÇÃO**

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ABSTRACT

The concept of mental health has expanded a lot in recent decades, as well as public policies aimed at the care of patients with mental disorders. Legislation, regulations and services have developed and strengthened the care for people with mental suffering at the global, national and local levels. In 2011, based on a national ordinance, the RAPS – Psychosocial Care Network for people with suffering or mental disorders and with needs resulting from the use of crack, alcohol and other drugs, was established within the scope of the Unified Health System (SUS). In this context, a research was carried out with the main objective of understanding the process of structuring the Psychosocial Care Network (RAPS) of Santa Rosa/RS, through a case study, with the use of different data sources, such as document analysis, observation and reports of professional experience. Through a qualitative approach, the information obtained was worked in order to characterize the processes and the actors involved, reflecting and building inferences. It was identified that the Network implemented in Santa Rosa meant the expansion of services; improved intersectoral integration centered on the needs of users; and signals a significant improvement in the quality of mental health care. It is understood that it is still necessary to strengthen the structuring of the network; expand the process of integration of intersectoral policies; and to guarantee access to and quality of mental health care for all citizens. It is a

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journey that demands permanent care and constant actions from the public authorities and the population to guarantee rights and make citizenship effective.

Keywords: Enforcement of Rights. Mental health. Social Relations.

RESUMO

O conceito de saúde mental ampliou muito nas últimas décadas, assim como políticas públicas direcionadas ao atendimento de pacientes com transtornos mentais. Legislações, normativas e serviços se desenvolveram e fortaleceram o atendimento às pessoas com sofrimento mental em nível mundial, nacional e local. Em 2011, a partir de uma portaria nacional, foi instituída a RAPS – Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). Neste contexto, realizou-se uma pesquisa com o objetivo central de compreender o processo de estruturação da Rede de Atenção Psicossocial (RAPS) de Santa Rosa/RS, através de um estudo de caso, com a utilização de diferentes fontes de dados, como análise de documentos, observação e relatos de experiência profissional. Através de abordagem qualitativa, trabalhou-se as informações obtidas no sentido de caracterizar os processos e os atores envolvidos, refletindo e construindo inferências. Identificou-se que a Rede implantada em Santa Rosa significou a ampliação dos serviços; melhorou a integração intersetorial centrada na necessidade dos usuários; e sinaliza uma melhoria significativa na qualidade do cuidado em saúde mental. Entende-se que ainda se faz necessário fortalecer a estruturação da rede; ampliar o processo de integração das políticas intersetoriais; e garantir a todos os cidadãos o acesso e a qualidade do atendimento em saúde mental. Se trata de uma caminhada que demanda cuidados permanentes e ações constantes do poder público e da população para garantir direitos e efetivar cidadania.

Palavras-chave: Efetivação de Direitos. Saúde Mental. Relações Sociais.

RESUMEN

El concepto de salud mental es muy amplio en las últimas décadas, así como políticas públicas dirigidas a la atención de pacientes con trastornos mentales. Legislaciones, normativas y servicios se desarrollan y fortalecen la atención a las personas con sufrimiento mental en los niveles mundial, nacional y local. En 2011, a partir de una puerta nacional, se instituyó RAPS – Rede de Atenção Psicossocial para personas con sufrimento o transtorno mental y con necesidades adecuadas de uso de crack, alcohol y otras drogas, en el ámbito del Sistema Único de Salud (SUS). En este contexto, realizó una investigación con el objetivo central de comprender el proceso de estructuración de la Rede de Atención Psicossocial (RAPS) de Santa Rosa/RS, a través de un estudio de caso, con la utilización de diferentes fuentes de datos, como análisis de documentos, observación y relatos de experiencia profesional. Através de abordagem qualitativa, trabalhouse as informações obtidas no sentido de caracterizar os procesos y os atores envolvidos, refletindo e construindo inferências. Identificar que una Red implantada em Santa Rosa significa uma ampliação de los servicios; melhorou a integração intersetorial centrada na necessidade dos usuários; e sinaliza uma melhoria significativa na qualidade do cuidado em saúde mental. Entiendo-se que ainda se faz necessário fortalecer a estruturação da rede; ampliar el proceso de integración de las políticas intersetorias; e garantir a todos os cidadãos o acesso e a qualidade do atendimento em saúde mental. Se trata de una caminata que

exige cuidados permanentes y acciones constantes del poder público y de la población para garantizar los derechos y la eficacia de la ciudad.

Palavras-chave: Efetivação de Direitos. Salud Mental. Relaciones Sociales.

INTRODUCTION

Mental health has a historical path traced nationally in the sense of guaranteeing, enforcing and expanding the rights of individuals with mental disorders. Over the years, the understanding of mental health has been significantly transformed, seeking to break with outdated conceptions that limited care to purely pharmacological or hospital-centered approaches. From a broader and more humanized perspective, public policies were developed that aim to promote mental health, prevent disorders, and guarantee the rights of people who experience these conditions.

In Brazil, the strengthening of the movement for psychiatric reform, which began in the 1980s, represents a milestone in the transformation of the mental health care model, with significant changes in the way care is structured and the understanding of the rights of people with psychological suffering. Inspired by similar movements that occurred in other countries, this reform was based on principles such as deinstitutionalization, comprehensive psychosocial care, and the promotion of the human rights of users of mental health services. The central objective of the reform was the replacement of asylums and psychiatric hospitals with community services based on social coexistence, community reintegration and respect for the autonomy of individuals, creating therapeutic spaces that favored the construction of new forms of subjectivation and citizenship.

This process gained legal support in the 2000s, with the enactment of Law 10.216/2001, which regulated the treatment in freedom for people with mental disorders and established guidelines that guaranteed dignified care without exclusion. From this legislation, mental health care began to have a territorialized and community approach, seeking to integrate users into society and the general health system, and promoting the development of therapeutic practices guided by the autonomy and citizenship of the subjects.

In this context, the creation of the Psychosocial Care Network (RAPS) in 2011 consolidated the principles of psychiatric reform by instituting an articulated network of devices aimed at the attention and comprehensive care of people with mental disorders or in psychological suffering. RAPS proposed an organization of services that included not only the Psychosocial Care Center (CAPS), but also basic health units, emergency rooms and community centers, among others, to ensure a diverse and multidisciplinary support network. This structure was designed to articulate the mental health sector with other

sectors, such as education, social assistance, justice and work, promoting expanded and integrated care that transcends the clinical space and is linked to the daily needs of users.

These transformations introduced in the conception of public policy and its legal contribution, especially with the psychiatric reform and the creation of the RAPS, generated significant changes in the field of mental health, both at the national and regional levels. This article seeks to portray how this process was in the municipality of Santa Rosa, based on the analysis of documents, observations of professional practice and information obtained in dialogues with the manager of the RAPS of the municipality. In these, special attention was paid to understanding the process of structuring the Psychosocial Care Network in the municipality of Santa Rosa/RS; to verify how the mental health care network is organized; know what equipment exists within RAPS; and to analyze the integration of RAPS with the intersectoral policies of the municipality of Santa Rosa.

In addition to this introduction and the final considerations, the text is structured in two more sections. The first of them addresses the process of structuring mental health policy in Brazil, with special attention to the transformations generated in the last two decades. In the second, it is evidenced how the process of structuring this sector in the municipality of Santa Rosa takes place, especially from the structuring of the RAPS.

The results of this study were released at the II International Forum on Social Work, promoted by the Federal University of Pampa (UNIPAMPA), on the campus of São Borja/RS, in December 2023. The findings were later published in the proceedings of the event, expanding the scope of the results and offering subsidies for future studies of public policies in the area of mental health.

THE STRUCTURING OF MENTAL HEALTH POLICY IN BRAZIL

Health has become one of the most important areas of discussion in the national and international scenario, at least since the twentieth century. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, far beyond the simple absence of disease. According to the Pan American Health Organization (PAHO) (2023), mental health can be defined as a state of well-being in which a person is able to realize their capabilities, cope with the common stresses of life, maintain productivity, and contribute to their community.

In history, the guarantee of public policies based on the rights of individuals with mental disorders is very recent, having advanced, even if slowly, towards their

implementation, especially in the last three decades. In the nineteenth and early twentieth centuries, the way patients with mental disorders were treated was largely influenced by the prevailing perspectives and practices of the time, marked by strong traces of prejudice and exclusion (Fonte, 2012). According to the author, patients with mental illnesses were admitted to asylums or psychiatric hospitals, with often precarious treatment conditions. Practices such as physical restraint, social isolation, and aggressive therapies were commonly employed, with the aim of controlling and restricting patients' symptoms.

With the advancement of the twentieth century and the development of psychiatry and psychology, more humanized approaches emerged, such as psychotherapy and treatment based on the understanding of mental and emotional processes. Engel (2001, p. 175) points out that the 1920s "would mark the expansion and deepening of the influence of eugenic principles in the scope of Brazilian psychiatry, which, without breaking with organicist references, would increasingly be characterized by the presence of preventive perspectives".

In the mid-1960s, a national mobilization began that generated the first movement of mental health workers, with criticism of asylum internment and the commodification of madness, in which young doctors from the main psychiatric hospitals in the country were prevented from working in the institutions (Ministério da Saúde, n.a.). Soon after, there was the transformation of the asylum system and the expansion of mental health care outside hospitals, with denunciations of violence and ineffectiveness of abusive treatment based on the hospital-centric model, which excluded most of the population from treatment and transformed madness into a commodity. Through this mobilization, the National Movement of the Anti-Asylum Struggle (MNLA) was created (Source, 2012).

Even with criticism and movement to the contrary, in Brazil, until the 1980s, the form of care for patients with suffering and mental disorders was still predominant due to the bias of psychiatric hospitalization, with patients being removed from society, segregated and isolated to receive "care". In the 1990s, in the face of the country's redemocratization process and the creation of the SUS, there was the construction of the National Mental Health Policy that allowed psychiatric reform and the development of proposals to replace the hospital-centered model with a psychosocial care network. In this context, the Ministry of Health launched the first regulation that governed the new perspective of mental health care.

The enactment of Law No. 10,216/2001, which instituted the Brazilian psychiatric reform, changed the mode of treatment and interventionist perspectives with mental health patients. Before this period, the literature points out that there was no type of structuring, organization or willingness to care for people with mental illnesses as sick individuals who needed specialized care, and, after this moment, the mental health care model is redirected with territorialized equipment, which provides for the protection and rights of people with mental disorders, following the logic of the SUS, centered on care in the territorial region where the user lives, with multisectoral and multiprofessional resources, involving various knowledge, which resulted in the expansion of the psychosocial care network. Treatment began to emphasize recovery, social inclusion, and the active participation of patients in their own care process with a variety of therapeutic options available, including psychosocial therapies, medications, family and community support, psychosocial rehabilitation programs, and integrative approaches. The objective is to offer comprehensive, individualized and collective support to patients, promoting their recovery, quality of life and well-being (Albuquerque, 2019).

In 2011, based on Ordinance No. 3,088, the Ministry of Health established the Psychosocial Care Network for people with mental suffering or disorders and with needs resulting from the use of crack, alcohol and other drugs, within the scope of the Unified Health System, meeting the discussions fostered by the Psychiatric Reform that had occurred 10 years ago. RAPS has its guidelines based especially on continued care in a humanized, equitable and integral way by a multiprofessional team for people with suffering or mental disorders. It brings general and specific objectives that seek to encompass territorialized access and guarantee of care, strategically designed to provide a better quality of life to users (Brasil, 2011).

In the contemporary context, there is a growing weakening of people's mental health, as a result of the increase in responsibilities and socially imposed demands on daily life, the speed of change, increasingly volatile and scarce interpersonal relationships, generating an increase in social isolation, in addition to unbridled competition and the incessant search for happiness based on models sold instantly on social networks. To deal with this complex issue, it is essential to implement effective public policies that ensure the promotion of mental health and access to quality services. In this context, intersectorality emerges as a strategic approach, with the potential to promote a comprehensive response to the

increasingly present demands of mental health, with institutional decisions being directly linked to the planning and execution of public policies (Wanderley; Martinelli; Paz, 2020).

Mental health care within public health policy is a significant step in promoting equity, equal access to services, and strengthening the health system as a whole. This implies the availability of specialized services and resources, as well as an integrated approach that takes into account social, psychological, and environmental determinants. Thus, it is of paramount importance to promote strategic promotion through the realization of a territorial diagnosis for an effective and targeted approach. This diagnosis makes it possible to assess the resources available in a given region and identify gaps, providing data and evidence that support the demands and needs of the population. In this sense, Santos and Rigotto (2010) argue that it is necessary to go beyond the fragmented analysis of the territory and consider the constitutive elements of social life in their relationship with the geographical space and, in view of this, adopt methods that allow the identification of singularities and health and environmental problems, based on a territorial approach.

Mental health is multifactorial and cannot be reduced to a single isolated aspect. Suffering and mental illness are consequences of a complex interaction of several causes and conditions that are intertwined, and by acting on the various aspects that affect mental health, it is possible to provide an environment conducive to people's development and well-being. It is reiterated that mental health, in addition to being an individual and particular issue for each individual, governs all the decisions and attitudes that individuals make, both in relation to their private life and in the decision that involves others – the collective.

This implies demystifying stigmas and prejudices associated with mental illnesses and highlighting the importance of self-care, emotional well-being, and strategies to promote mental health in everyday life. In addition, it is essential to strengthen the intersectoral support network, as each device and actor involved plays a specific but integrated role in driving inclusive and effective mental health policies, involving an interdisciplinary and collaborative approach, where professionals from different areas, education, social assistance and health services in addition to other sectors work together to provide support and assistance appropriate to individual and collective needs.

The structuring of public policy in mental health must be permanently built and reviewed together with intersectoral health professionals, family members, users, academics and research groups, with the strengthening of social control. This implies creating spaces for participation and dialogue, where the community can express its

experiences, discuss politics from different perspectives and contribute to the construction of community solutions (Coelho, 2012). Affirming the equality of different people is the most important legacy of psychiatric reform. Mental health is a right of all people. Next, we seek to evidence how mental health care occurs in the specific space of the study, the city of Santa Rosa/RS.

MENTAL HEALTH IN THE TERRITORY: THE EXPERIENCE OF RAPS IN SANTA ROSA/RS

The area of mental health encompasses a set of knowledge, practices, and public policies aimed at the promotion, prevention, treatment, and rehabilitation of individuals with suffering or mental disorders. In recent decades, there has been significant progress in recognizing the importance of mental health as an essential component of people's well-being and quality of life.

Mental health is influenced by several factors, such as biological, psychological, social, and environmental. In this sense, public policies have been developed at different levels, from the global to the local level, with the objective of promoting equitable access to mental health services, strengthening the prevention of mental disorders, improving the quality of treatment and ensuring the social inclusion of people with suffering and/or mental illness. In this sense, the research is in line with the generation of information and subsidies for the management of the RAPS of Santa Rosa and other actors involved, in order to strengthen the structuring of the network, promote the effectiveness of intersectoral policies and, consequently, improve access and quality of mental health care for the local population.

The study of the experience of implementing RAPS in Santa Rosa was based on the analysis of documents, observation resulting from professional practice in the Network and information provided by the manager of the Psychosocial Care Network of the municipality of Santa Rosa. It was conducted based on a qualitative approach, seeking to highlight the institutional and organizational aspects of the Network, as well as its structures created to account for the services and guarantee the rights of the subjects served.

The municipality of Santa Rosa is located in the northwest of the state of Rio Grande do Sul and, unlike most Brazilian municipalities that have a Health Department, since 1995, it has created the Municipal Health Foundation (FUMSSAR). Created by Municipal Law No. 2,912/1995, FUMSSAR is directly linked to the Municipal Mayor, with legal personality

under public law, its own assets, administrative and financial autonomy. With this, the municipality assumed the full management of health services in its territory, based on the principles of universalization, decentralized management, social control and the effective participation of the population in the formulation of public policy in this area.

Until 2008, care for people demanding services in the area of mental health was integrated with other services, especially provided in the Basic Health Units, by the professionals allocated to them. From 2008, Santa Rosa began the organization of structures for mental health care with the hiring of psychology professionals, to work in the SUS, directly serving patients in the Basic Health Units. Soon after, the Family Health Support Center (NASF) was created, which began to include, in addition to the medical professional, the nurse and the nursing technician in the Basic Health Units (UBS), with the expansion of specialized psychiatric care in the territory (Brasil, 2010).

Also in 2008, Santa Rosa implemented the Psychosocial Care Center (CAPS), initially funded by the municipality, without federal funding. "The construction of the process of implementation of the Psychosocial Care Center – CAPS Novo Rumo is in line with the context of the national policies that emerged after the Psychiatric Reform Movement" (Fumssar, s/a, s/p). On the official website of the Municipal Health Foundation, it is also mentioned that "the objective of the service is to act as an articulator of the mental health care network of the municipality, promoting comprehensive care at the various levels of care" (Fumssar, s/a, s/p). In this sense, there is specialized care based on the humanization of mental health care with the maintenance of the ideals of caring in freedom and reducing the abyss of hierarchy in relationships, with the need to recognize the other as legitimate, in addition to producing encounters and care in this context.

In April 2012, the Technical Area of Mental Health of FUMSSAR implemented a Harm Reduction Team funded by the Health Department of the State of Rio Grande do Sul (Fumssar, s/a). In 2013, the qualification of a CAPS AD – Alcohol and Other Drugs was submitted to the Ministry of Health, being officially qualified by Ordinance No. 789, of June 17, 2015 (Fumssar, s/a). With these structures, it made it possible to consolidate and expand the teams, with the hiring of a social worker, occupational therapist, psychologist, becoming part of a multiprofessional team with the possibility of expanding the services.

In 2021, through an ordinance of the Ministry of Health, the CAPS Novo Rumo has an adjustment in the classification of establishments in the CNES, going from size I to size

II (Brasil, 2002). As a way of organizing federal funding, Ordinance No. 336/GM/MS, of 2002, describes the minimum team for the operation of type II Psychosocial Care Centers.

Regarding the organization of the mental health care network in the municipality of Santa Rosa, in view of the creation of management in 2022, through complementary law No. 177, RAPS emerges to articulate all mental health services and intersectorally (Santa Rosa, 2022), because until then the municipality had mental health services, but which sometimes did not articulate with each other, through the CAPS, the psychiatric beds, the therapeutic communities, each one working in its particularities, in a fragmented way, with no joint work. Until then, the CAPS were linked to the primary care board, which also includes the municipal pharmacy and 18 UBS, among other services. From then on, mental health management is structured, making the services in this field move from primary care to the complementary network. Within primary care, there would be the health units, the NASF and the street clinic. With the creation of the RAPS management, the idea is to broaden this view, so that there is someone who looks at these services and thinks about them in an integrated and articulated way.

The Ministry of Health proposed the organization of mental health care through lines of care, which are strategies that seek to articulate actions and services in an integrated and continuous way, aiming at comprehensive care and guaranteeing the rights of people in mental suffering (Brasil, n.a.). Along with the mental health services available in the territory, there is a Care Line to think about prevention and intervention strategies in mental health, which gives the guideline for care. Fumssar's mental health care line is composed of a nurse, psychologist, social worker, doctor and a nursing technician. The idea is a professional from each area of knowledge, from different points – from primary care, CER, CAPS, so that each one brings their own perspective and, based on that, builds this therapeutic itinerary.

The line of care serves to guide and delineate how the subject enters and where he transits within the services. In view of this, the flowchart has been established, in which the patient enters via the UBS, which is the gateway to the SUS, where the service's technical team makes the initial reception and fills out the assessment instrument in mental health, for children, adolescents and adults, which stratifies the risk and analyzes which is the reference service to attend to them, according to your demand and need. Through the mental health care line and the suicide prevention committee, training and qualification are proposed for the local network and services so that they can have a broader view to be able

to identify the patient's demand for mental health and which service they should be inserted.

Santa Rosa has psychiatric beds in a general hospital, adults and juveniles, and a therapeutic residential with capacity for 10 users, and is currently at its maximum capacity, with patients within what the legislation says of having long psychiatric hospitalizations, not having family and social support (Brasil, 2011). To compose the network, there are also urgent and emergency services, which are the SAMU, the UPA and the stabilization room within the hospital, which is for urgent and emergency cases in the case of a crisis or psychiatric emergency. These devices refer CAPS for treatment follow-up. The RAPS of Santa Rosa has mental health equipment articulated with primary care, through the UBS, the CAPS II and the CAPS AD, the hospital beds, the therapeutic communities, the therapeutic residential and the urgent and emergency services – UPA and SAMU, in addition to the stabilization room in the crisis frames.

In the first half of 2023, the municipality, with the articulation of RAPS and support from CAPS II, established the structuring of a CAPS for children and adolescents, for specialized care for the mental health needs of the young population, through a team trained for child and adolescent care, capable of offering a qualified response to the demands of a public in a situation of mental illness and that requires specific approaches and instructions, adapted to the cognitive, emotional and social development of this age group. The CAPS ij does not yet have funding and qualification by the Ministry of Health, however, the service takes place, with its own funding by FUMSSAR.

Regarding the integration of RAPS with intersectoral policies in the municipality of Santa Rosa, it is verified that it still needs to improve, but that it has already expanded a lot since November/22, as intersectoral meetings have been held, with the participation of the departments of education, social development, guardianship council, hospital, among other components that integrate and interact with the network, as the Public Prosecutor's Office and the Judiciary.

Before the municipal structural constitution, the services were fragmented, with the UBS and CAPS on one side and the hospital on the other side, for example, and they constitute a single network. The alignment of the referral and counter-referral flow is essential for patients to be directed to different care devices, ensuring that interventions are consistent with the development of individual potentialities and with the effective resolution

of the demands presented. When this flow is compromised, follow-up follow-up becomes less effective, limiting the benefits to the user.

Currently, a care model based on an integrated and collaborative network, with a focus on specialized care, is expanding. This model seeks to overcome the practice of simple referrals of demands, promoting, instead, a joint work between the services and professionals involved, ensuring an interdisciplinary and coordinated approach in all phases of care.

In this sense, "mental health actions must take place in a network in the logic of comprehensiveness at all levels of health care, articulating with other social policies" (Clemente *et al*, 2015, p. 301). Intersectorally, when the door to communication and dialogue is opened, reflections, participation, closer contacts are provoked and in consonance, the improvement of referrals, since when demands that are not a priority arrive, those who need care no longer have access.

The structuring of a network of mental health services is quite complex and requires careful planning, articulation and integration among the various actors involved. It is essential to consider local particularities and demands, as well as the guidelines established by public policies. It is essential to promote the active participation of users, family members, health professionals and other community agents, in order to ensure the effectiveness and quality of the services provided. The construction and strengthening of the Psychosocial Care Network requires a continuous commitment and constant improvement of the practices and strategies adopted, with a focus on promoting mental health and respect for human rights. Only in this way will it be possible to offer comprehensive, welcoming and inclusive care to people with suffering or mental disorders, contributing to the construction of a more just and equitable society.

CONCLUSION

When analyzing the development of the Psychosocial Care Network of Santa Rosa, it is possible to observe the trajectory of construction and extension of mental health services in the municipality. Over the years, Santa Rosa has advanced in the organization of its mental health network, seeking to integrate the various services and promote intersectoral articulation. The hiring of psychologists to work in the Basic Health Units, the creation of the Family Health Support Center (NASF) and the implementation of the Psychosocial Care Center (CAPS) were important steps in this process.

The creation of the RAPS management in 2022 shows the municipality's commitment to promoting an integrated and articulated vision of mental health services. From this new structure, it seeks to overcome fragmentation and promote joint action, considering the complexity and specific needs of each user. The mental health care line and the suicide prevention committee are important strategies to guide care and intervention in this field. Through these initiatives, training and qualification are proposed for the professionals of the network, aiming to expand the understanding and identification of mental health demands, as well as to direct patients to the appropriate services.

With regard to mental health care equipment, the municipality has a comprehensive articulation, involving both primary care through Basic Health Units (UBS), as well as Psychosocial Care Centers (CAPS), hospital beds, therapeutic communities, therapeutic residences and urgent and emergency services. This diversity of devices allows for an approach at different levels of complexity, ensuring an effective response to user needs.

The integration of RAPS with intersectoral policies is a challenge that has been faced in Santa Rosa. The holding of intersectoral meetings and the creation of communication channels contributed to improving the flow of referrals and the joint work between the different sectors involved. The opening of dialogue and the strengthening of matrix support are fundamental for the construction of a more integrated and effective network. However, although intersectoral meetings have been held and communication channels have been created, it is necessary to move forward in order to deepen and consolidate this interaction. It is essential to expand spaces for discussion and articulation involving representatives from different areas, aiming at building a shared view of the importance of mental health and joint responsibility in promoting the psychosocial well-being of the population.

Finally, it is essential to promote the participation and protagonism of users and their families in the planning and implementation of intersectoral policies. This active participation allows policies and services to be more appropriate to the real needs of the population, ensuring the effectiveness and sustainability of the actions developed. The expansion and joint accountability of intersectoral mental health policies in Santa Rosa requires the strengthening of dialogue, the expansion of partnerships, the development of effective mechanisms for joint work, the strengthening of matrix support, the exchange of knowledge and the participation of users and their families. By moving in this direction, it will be possible to build a more integrated, effective and responsible network, capable of promoting mental health and well-being in a comprehensive and sustainable way.

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