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COVID-19: A STUDY OF THE STRATEGIES OF THE MULTIPROFESSIONAL TEAM FOR PSYCHOSOCIAL REHABILITATION IN A PSYCHOSOCIAL CARE CENTER

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Patricia Mudrey[1], Lara Simone Messias Floriano[2]

ABSTRACT

This research investigated the adaptation strategies of the multiprofessional team of the Psychosocial Care Center (CAPS II) for psychosocial rehabilitation during the COVID-19 pandemic. Using a qualitative approach and the dialectical critical method, a literature review and semi-structured interviews were conducted. The data were analyzed using the methodology of Bardin (1977), processed in the IRAMUTEQ software, and categorized for interpretation. The results showed that the CAPS team implemented strategies focused on psychosocial rehabilitation, highlighting the importance of innovative and adaptable practices in critical moments and in the continuous routine. The research highlighted the need for robust public policies that support these practices with adequate resources, continuous training, and an institutional environment that promotes creativity and flexibility. Incorporating reinvention into the daily practices of the CAPS, supported by public policies, can avoid setbacks and promote advances in mental health care, benefiting professionals and users. The research underlines the importance of these strategies and the need to discuss mental health and public policies aimed at the citizenship of people with mental health problems.

Keywords: COVID-19. Mental Health Service. Multiprofessional Team. Adaptation Strategies.

[1] Doctoral Nurse of the Graduate Program in Applied Social Sciences UEPG
State University of Ponta Grossa
E-mail: patymudrey@gmail.com
ORCID: https://orcid.org/0009-0000-0881-658X
LATTES: http://lattes.cnpq.br/3355879865411720
[2] Nurse and Psychologist, Adjunct Professor at the State University of Ponta Grossa (UEPG)
PhD in Sciences from the University of São Paulo (USP)
E-mail: larasmessias@gmail.com
ORCID: https://orcid.org/0000-0003-4801-2767
LATTES: http://lattes.cnpq.br/8103745365093367

Revista ARACÊ
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INTRODUCTION

When dealing with COVID-19, it is worth noting that it occurred from 2019 in China. In Brazil, this virus spread from 2020 onwards, resulting in the contamination and death of more than 700 thousand people (WHO, 2021). The services provided by the Psychosocial Care Center (CAPS) during the COVID-19 pandemic brought a series of challenges to everyone's mental health. The need to readjust mental health services to meet emerging needs was one of the main challenges. According to Figel et al. (2020, p. 2) the COVID-19 pandemic [...] culminated in the need to reorganize health care, including mental health, closely related to the impact on daily life and health.

It is worth noting that the Psychosocial Care Center is the specialized device for mental health care of severe and/or persistent cases. In this sense, this study aims to understand this reality in the city of Ponta Grossa/PR, observing the care strategies during the pandemic, as well as the demands of CAPS II.

Considering that the strategies are related to the methods developed to achieve a specific objective, in the context of CAPS II, these strategies are directed to meet the needs of their users with the objective of promoting psychosocial rehabilitation. Also according to the Municipal Health Foundation of Ponta Grossa/PR, CAPS II needed to change its care dynamics, since, before the pandemic, there were therapeutic groups, which due to the isolation measure, had to be interrupted, and the service started to be carried out through individual assistance via telephone, except in situations considered serious (Ponta Grossa, 2020).

Based on this assumption, one of the strategies used by the CAPS II multiprofessional team was to direct care within the territories of each user, enabling greater effectiveness in care.

Understanding the functions of the CAPS and the demands apprehended to them during the pandemic period, this research has the following general objectives: To investigate the adaptation strategies used by the multidisciplinary team at the Psychosocial Care Center II (CAPS II) due to the COVID-19 pandemic, for the psychosocial rehabilitation of mental health users.

In the context of health, the COVID-19 pandemic emerges, profoundly affecting the mental health of people around the world. Physical limitations, contact restrictions, and uncertainty about the future led to anxiety, depression, and other mental health problems. Some of the main factors contributing to the impact of COVID-19 on mental health include:

Revista ARACÊ
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changes in daily routine, loss of job or income, bereavement, loneliness, financial concerns, caregiver burden, among others (Floriano, 2021).

Data collection was carried out at CAPS II in Ponta Grossa/PR – which is a strategic point of care of the Psychosocial Care Network (RAPS). These are units that provide open and community health services, consisting of a multiprofessional team that works from an interdisciplinary perspective and provides care to people with suffering or mental disorders, in their territorial area, whether in crisis situations or in psychosocial rehabilitation processes. They are substitute services for the asylum model (Brasil, 2011).

Considering that the Psychosocial Care Centers are fundamental services in the process of the Brazilian Psychiatric Reform as strategic devices for the organization of the psychosocial care network in their territory. Users can arrive at the CAPS spontaneously or be referred by various public agencies. The treatment offered at the CAPS is based on the Singular Therapeutic Project (PTS), which consists of a personalized care plan, aiming to harmonize clinical care with initiatives of social inclusion and strengthening of relationships in the community (Guimarães, 2011).

In the period between March 17 and 20, 2020, the city of Ponta Grossa approved Municipal Decrees No. 17,077/2020 and 17,144/2020, which determined the suspension of activities involving agglomeration of people as part of a set of restrictive measures to contain a pandemic. This included the suspension of classes in schools and colleges, the closure of commercial establishments classified as "non-essential", gyms and shops. This period was important for the municipality to be able to structure its health network, acquire adequate protective equipment for health professionals, and implement a telephone monitoring service for COVID-19 cases (Ponta Grossa, 2020).

In this way, health professionals sought to offer care through video calls, also known as telemedicine, thus maintaining mental health services, both for pandemic-related crises and for other situations. The challenge in question is related to the lack of equality in internet access by the Brazilian population (Fiocruz, 2020). Thus, a complexity arises in the provision of care at a distance, which results in an increase in crises, as it is not possible to identify the most specific care needs to prevent them. In addition, it hinders the construction of the Singular Therapeutic Project (STP) and compromises the adequate evaluation of the effectiveness of the proposed care strategies. Care that was previously provided in an equitable and personalized way is now restricted to brief moments of a video call, limiting itself to what a person with mental health conditions shares, rather than including the closer

Revista ARACÊ
ISSN: 2358-2472

observation and interaction that was previously practiced. This new format carries the risk of reinstitutionalization of care, in which actions can be reduced to the outpatient context, with a greater focus on hospitalization to deal with crises (Grandi, 2020).

Many mental health professionals have adopted telecare to continue providing therapeutic services in a monitored manner, ensuring continuity of care during social distancing. For Oliveira et al. (2021), it is important to consider the additional stress that the pandemic has caused for mental health professionals. They also need support in dealing with their own emotions while continuing to provide care to the community. Mental health staff played an essential role during the pandemic, providing emotional support, treatment, education, and resources to those who were facing challenges in their mental health due to that challenging period (Oliveira et al., 2021).

METHODOLOGY

To conduct this study according to the proposed objectives, it was chosen to adopt a qualitative, exploratory approach, using a semi-structured interview composed of ten open questions, complemented by the content analysis technique as methodological support.

As a data collection technique, a semi-structured interview was used, consisting of ten open questions, which contributed to answer the objectives of this research based on a script. In this way, the characteristic of this interview model makes it possible to discuss the research theme (Minayo, 2014). The interviews were conducted with the multidisciplinary team of CAPS II, located in the city of Ponta Grossa/PR, respecting the ethical aspects regarding voluntariness and the signing of the Informed Consent Form (ICF). For the delimitation of the research subjects, it is considered, based on Minayo (2014), the importance of determining the relevant group for the study and, at the same time, prioritizing the subjects

that hold the attributes that the researcher wants to know.

In this sense, the participants involved in the study were defined as municipal employees who are members of the multiprofessional team of the CAPS II unit, who have experienced the period before and during the COVID-19 pandemic, as active professionals. The total number of higher education employees who work at CAPS II in Ponta Grossa are 10 professionals from the following areas: four in psychology, two in physical education, two in occupational therapy, one in nursing and one in social work. The sample used for the research totaled six participants who work directly in the monitoring and construction of the

Revista ARACÊ
ISSN: 2358-2472

Singular Therapeutic Project (PTS) of CAPS II users, leaving out of the research four professionals with higher education by the exclusion criteria, namely: three civil servants who started their activities at CAPS II after the period of the COVID-19 pandemic and one civil servant who had leave from CAPS activities granted by the institution at the time of the pandemic, because he is a 60-year-old person (risk group).

The professionals interviewed were from the following areas: three psychologists, two physical education professionals and one occupational therapist, the form was applied for data collection, and the interview was recorded with the participant's authorization.

In the qualitative approach, there is no concern with the number of participants, because the universe of the research is not the subjects themselves, but their representations and knowledge.

Thus, the number of study participants was not previously established, the interviews were conducted with six higher education professionals from CAPS II in Ponta Grossa, totaling 100% of the sample, between the months of October and November 2023.

Thus, the non-probabilistic sample is considered, which are described by the absence of a known probability of selection for each element of the population. As highlighted by Mattar (1996), these samples are often chosen based on specific criteria, such as convenience, the researcher's judgment, or the participants' accessibility. The non-probabilistic approach is especially useful in contexts where the application of probabilistic methods is challenging, allowing flexibility in the selection of participants. However, Mattar (1996) warns that the representativeness and generalizability of the results obtained from non-probabilistic samples may be limited, requiring a careful analysis and a contextualized interpretation of the findings.

The confidentiality of the participants' names was preserved, and they were identified with the word 'Interviewee', followed by the number indicating the order of the interview (Interviewee 1, Interviewee 2 and so on).

DATA ANALYSIS

The data analysis occurred in two distinct moments, namely: first, the construction of the word cloud and the analysis of similarity was carried out with the help of the Textual Analysis software IRAMUTEQ (R Interface for Multidimensional Analysis of Texts and Questionnaires) and in the second moment, content analysis was used according to Bardin (Souza, et al., 2018).

Revista ARACÊ
ISSN: 2358-2472

Given the extensive textual volume in some researches, combined with the complexity and subjectivity of traditional qualitative methods, such as content analysis, lexicographic analysis software emerges as auxiliary tools to ensure greater methodological rigor (Santos et al., 2017).

It is important to note that the textual or lexicographic analysis software on the market does not perform data analysis by itself. They serve as instruments for organizing and helping to categorize the data obtained (Taquette, 2016).

By proposing the use of software, the objective is to facilitate and make the data processing process more efficient, considering that the manual method of treatment can result in the loss of information. In this context, the IRAMUTEQ Software stands out as a facilitator in the treatment of data for qualitative research. Using programming language, IRAMUTEQ performs lexical analysis of textual bodies that the researcher wishes to analyze. According to Almico and Faro (2014, p. 727), Iramuteq is "a computerized method for text analysis, which seeks to apprehend the structure and organization of discourse, informing the relationships between the lexical worlds most frequently enunciated by the subject".

Text analysis is considered a type of data analysis, derived from transcribed verbal materials (Nascimento-Schulze; Camargo, 2000). Through textual analysis, it is possible to examine documents, interviews, published works and various other textual materials, allowing inferences from propositions. IRAMUTEQ reads textual corpus, which must be formatted according to the specificity of the software, and this formatting must be made explicit for a clearer understanding.

The "textual corpus" is understood as the set of texts that the researcher intends to analyze and is constructed by him. In the same way, the "text" is the result of the researcher's choice in relation to what he intends to analyze. Each document, fragment of text or interview, separated by a command line, constitutes a text. Thus, a set of texts forms a textual corpus. As for the "text segment", its dimension is determined by the software itself, usually not exceeding three lines, but can be adjusted by the researcher (Bueno, 2018).

It is important to emphasize that "the use of software is not a method of data analysis, but a tool to process it" (Kami et al., 2016, p. 2). This is emphasized by Bauer and Gaskel (2002), who state that no software is capable of analyzing data qualitatively, and it is

Revista ARACÊ
ISSN: 2358-2472

incorrect to interpret it in this way. The responsibility falls on the researcher, who, with the help of the software, organizes and treats the data he intends to analyze.

As for IRAMUTEQ, it enables analyses of textual corpus, from basic lexicographic analyses, such as word frequency, to multivariate analyses, such as Descending Hierarchical Classification (DHC) and Similarity Analysis. In addition, it allows the graphic representation of the most expressive words in the textual corpus by means of the word cloud (Ramos; File; Amaral-Rosa, 2018).

The "word cloud," while simpler, is meaningful and visually appealing. Its representation is based on frequency calculation, where the most representative words are displayed in a larger font size, while the less representative ones have a smaller size. This analysis seeks to understand the keywords of a textual corpus. Thus, it can be seen that the IRAMUTEQ Software offers a variety of resources for textual analysis, becoming particularly relevant when dealing with large volumes of data. Because it is free and easy to use, it is believed that the software has a lot to contribute to the area of research in teaching. However, it is essential to emphasize that IRAMUTEQ is used exclusively for data processing, and the interpretation of these is the responsibility of the researcher (Bueno, 2018).

Through "similarity analysis", it is possible to infer the connections between the data. By creating a word tree, this analysis establishes central nodes in which it is possible to relate other stemmed words and establish connections based on their semantic roots. Similarity Analysis provides a visualization of the connections between shapes through a tree-like illustration, based on graph theory (Santos et al., 2017).

The software identifies the connection between words and builds the similarity tree that represents the structure of the textual corpus, making it possible to discern the strength of connection between words from the thickness of the graph, and the words with the highest number of connection with other elements are those with greater centrality (Ribeiro, Servo, 2019).

With this, the textual corpus was constituted through the transcription of the interviews for processing in the IRAMUTEQ software and the data were categorized by associating it with content analysis, to treat the results obtained and perform the interpretation.

Thus, in the second moment, the Content Analysis Technique was carried out, which refers to a "set of communication analysis techniques, which uses systematic and objective

Revista ARACÊ
ISSN: 2358-2472

procedures to describe the content of messages" (Bardin, 2011, p.42), focuses its intention on the inference of knowledge, and seeks to achieve a deep understanding of manifest meanings, relating semantic structures (signifiers) with sociological structures (meanings) (Minayo, 2014).

Content analysis is an interpretative method that deals with words, allowing the removal of inferences about the content of the communication of a text, related to its sociocultural context. This approach can be carried out quantitatively or qualitatively. While quantitative content analysis focuses on the frequencies of characteristics that are repeated throughout the text, the qualitative approach examines the presence or absence of a certain characteristic or set of characteristics in specific fragments of the text (Campos, 2004; Caregnato; Mutti, 2006).

Content analysis plays an important role in the extraction and interpretation of relevant information from the discourse of the professionals studied. This approach aims to identify and categorize the most prominent elements in the speeches, allowing an in-depth understanding of the topics covered. By categorizing the statements, it will be possible to discern trends, patterns and nuances in the professionals' discourse, revealing the main emphases, concerns or perspectives that emerge from the interview (Campos, 2004; Caregnato; Mutti, 2006).

Regarding content analysis, Minayo (2014) conceptualizes that it is a set of techniques that intend to understand and collect information about human behavior, enabling a varied application and having two functions: a) verification of hypotheses and/or questions and b) discovery of what is behind the manifested contents.

In this way, the three main phases of the content analysis method are pointed out, namely: a) pre-analysis, b) exploration of the material and c) treatment of results, inference and interpretation (Bardin, 1977).

The last phase of content analysis consists of the treatment and interpretation of the results, presenting relevant information and confrontation with the previously collected material, also indicating reflections for future analysis. Bardin (1977, p. 101) points out that "[...] the analyst, having at his disposal significant and faithful results, can then propose inferences and advance interpretations regarding the foreseen objectives – or that concern other unexpected discoveries".

The last phase of the organization comprises the treatment of the raw results and their interpretation. The objective of this stage is to highlight and condense the information

Revista ARACÊ
ISSN: 2358-2472

obtained in the analysis, using statistical treatment to ensure that the data are considered valid and meaningful (Bardin, 2011; Urquiza; Marques, 2016).

Bardin's analysis is a complex approach that requires dedication and time on the part of the researcher to understand the method. However, if it is conducted correctly, following a transparent process, it can constitute a high-quality tool in the analysis of texts and in the construction of inferences and results in qualitative research (Bardin, 2011; Urquiza; Marques, 2016).

RESULTS

The results will be presented in two aspects: characterization of the participating professionals and lexical analysis - word cloud method and similarity analysis (Bueno, 2018).

Regarding the characterization of the participants, of the six professionals interviewed, 50% were female and 50% male. Regarding the professional category, three psychologists, one occupational therapist and two physical education professionals were interviewed. The time of operation in the municipality ranged from 3 to 10 years. Regarding complementary training, all professionals with higher education reported having attended one or more postgraduate courses in the following areas: collective health, management, mental health and education.

By the word cloud method, which groups words and organizes them graphically according to their frequency, the word "attendance" was the one with the highest frequency in the corpus - 64 times, followed by the word "user" that appeared in the text - 48 times (Figure 1).

Revista ARACÊ
ISSN: 2358-2472

Figure 1 Word Cloud

Source: Prepared by the author, based on the IRAMUTEQ software, 2023.

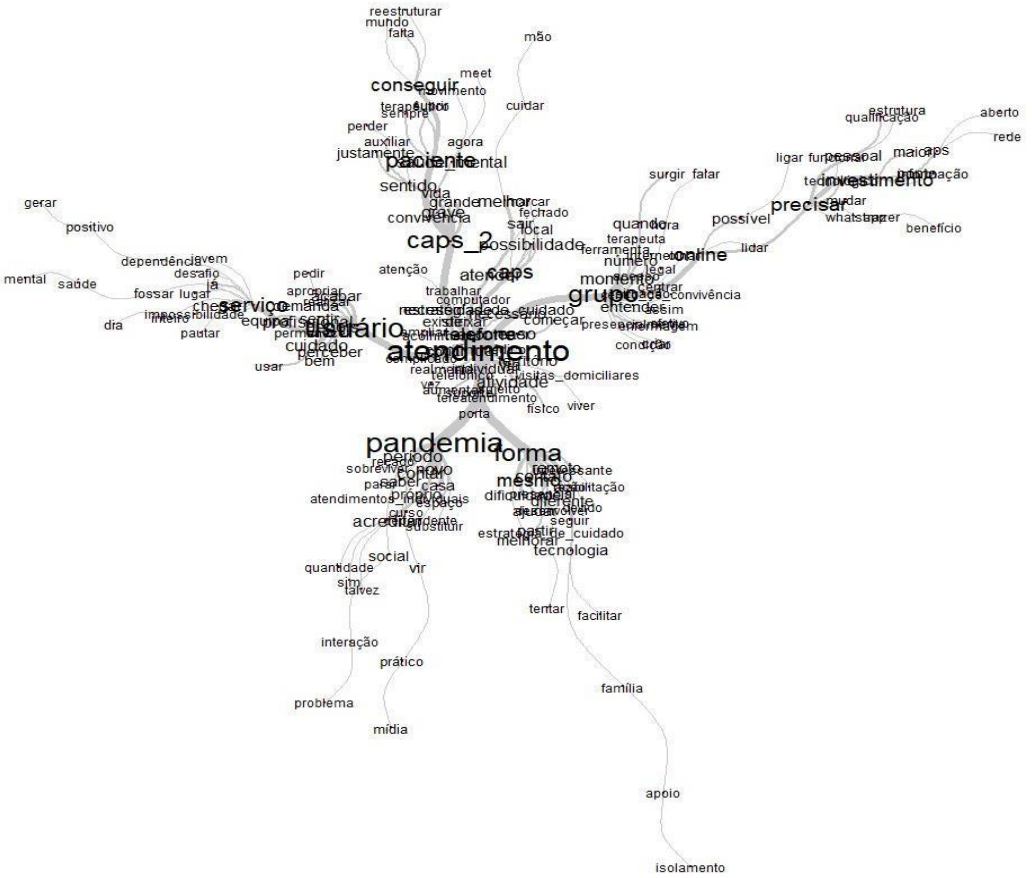
It is noted in the figure that the words are randomly positioned in such a way that the most frequent words appear larger than the others, thus demonstrating their prominence in the corpus of analysis of the research. For the purposes of this study, after the processing stages, the meanings of the words were interpreted through the professionals' speeches, so the word "care" had the meaning of care that is often synonymous with care strategy, corroborating Lopes et al. (2021).

Based on the Analysis of Similarity or Similarities (Figure 2), which makes it possible to locate co-occurrences between words, indicating their connections (Marchand & Ratinaud, 2012), it is observed that the term "care" organizes different forms of its understanding, being strongly related to the words "pandemic", "CAPS 2", "group", "online", "investment", "user", "service".

In addition, elements related to the mental health treatment of the population assisted by CAPS II are highlighted, which, despite a lower co-occurrence, the terms "estratégia_de_adapatação", "structure", "care" stand out and give meaning to the terms mentioned above. It is noteworthy that 5394 words were part of this analysis.

Revista ARACÊ
ISSN: 2358-2472

Figure 2 Similarity Analysis



Source: Prepared by the author, based on the IRAMUTEQ software, 2023.

DISCUSSION

In this chapter, an in-depth analysis of the results obtained by both the word cloud and the similarity analysis was carried out, revealing significant insights into the essential themes that emerged in this study. The words that appeared with the most significance were: "care", "user", "pandemic", "group", "online", "CAPS_2", "service", "investment", "strategy" and "care" reveal the fundamental pillars of this discussion, shedding light on the complexities of the mental health care scenario. The convergence between the visual representation of the word cloud and the patterns identified by the similarity analysis promises to provide a more holistic and rich understanding of these interconnected topics, outlining promising paths to improve care practices, especially considering the challenges posed by the pandemic and the increasing demands for adaptation.

This chapter shows the perspective of CAPS II health professionals who worked during the pandemic. The face-to-face interview took place on a day and time stipulated by the CAPS professionals in order not to hinder the flow and provision of service. After the

Revista ARACÊ
ISSN: 2358-2472

presentations, they were asked if there was a need for adaptation strategies for mental health care at CAPS II after the pandemic, as shown in the following statements:

> [...] we need to rethink other estratégias_de_cuidado all this change certainly served to question ourselves as professionals in the sense of thinking about what needed to be improved, what needed to change (Interviewee 1).
> The CAPS_2 had to reinvent itself in the form of care, review some practices that we did before, have new estratégias_de_cuidado if the pandemic had anything positive, it was to review the practice of the CAPS_2 itself (Interviewee 2).
> [...] The most serious cases were attended individually here in the CAPS_2 itself. So we did a job of organizing new estratégias_de_cuidado in the service and the CAPS_2 did not close during the pandemic and then we replaced that personal contact that was weekly with telephone contacts (Interviewee 3).
> Some very specific cases we asked to come in person, more serious, more delicate cases, but it was a moment that required this atenção_individual, because there was no way to do group activities at that time. The pandemic was a moment that broke our foundations (Interviewee 4).
> [...] there was difficulty in being able to adapt to the needs of that moment, so the impossibility of meeting patients in person brought a lot of difficulty to a service that is based precisely on these meetings that took place mainly within the therapeutic groups (Interviewee 5).
> [...] the importance of the media, this also came to light and we tried to learn to deal with technology and do these practices from there [...] (Interviewee 6).

The COVID-19 pandemic demanded the reorganization of health services, highlighting the need to structure mental health care to ensure the continuity of treatment provided to users facing mental disorders. In addition, it is important to consider the stressful reality caused by the feelings generated during the period of social isolation, increasing the possibility of aggravation for those with pre-existing disorders and the emergence of new cases (Lopes et al., 2021).

The domain of care provided by mental health services, marked by subjectivity, is guided by elements such as coordination, planning and monitoring, involvement with the community, surveillance, and case management. In the face of the new pandemic context, the need arose to reorganize work processes and reconfigure the flow of information to the CAPS community (Barbosa et al., 2020).

As Barbosa et al. (2020) point out, this context triggered a series of reflections on the vitality of psychosocial care, considering it as a biological element intrinsic to all beings. The chaos that arose with the pandemic added to other preexisting factors that caused mental suffering, factors that already existed, but were often neglected, stigmatized and forgotten by society.

In Specialized Care, the outpatient services and the Psychosocial Care Centers (CAPS) remained mostly in operation, adopting measures to minimize the presence of

Revista ARACÊ
ISSN: 2358-2472

people in the risk group. Efforts were made to avoid crowding in therapeutic activities, prioritizing individual care whenever possible and, preferably, carried out at a distance, using communication by electronic means (Fingel et al., 2020).

Through the statements extracted from the interviews, it is stated that there was a need for adaptation strategies due to the advent of the pandemic, according to Magrini, Homercher, Vieira, (2020) thinking about the reality experienced in a pandemic requires changes in work processes, generating many uncertainties and challenges for mental health workers. Like the CAPS, being a mental health service, it was necessary to adapt and look for ways to face the challenges to ensure the continuity of some care.

From the study carried out, it can be seen that the pandemic has changed not only the daily life but also changes in the way of care and functioning at CAPS II in Ponta Grossa/PR. The pandemic affects both professionals and users who need the CAPS service.

Thus, the presence of the words: "Care" and "User" highlight the emphasis on care and suggest the implementation of adaptation strategies. This could include looking for ways to address specific mental health-related challenges during the pandemic.

As evidenced by the statements of the CAPS professionals in their interviews, who indicated the need for adaptation strategies for mental health care, the next question to be discussed aims to investigate, based on the experience of these professionals, which adaptation strategies were implemented by the team to ensure the continuity of care, keeping the focus on the objective of the extra-hospital service, which is the psychosocial rehabilitation of the user. Demonstrated in the following statements:

> In our team, we called initially, weekly, then we started calling patients every two weeks to follow up. We continued to attend to new cases, with reception based on telephone contact and as the pandemic spread, we understood that it would be long-lasting, we started to do group consultations online (Interviewee 1).
> [...} the patients who had more difficulty being able to follow it is clear that a large portion, even due to the conditions of not having internet, of not having access, continued to receive care by telephone, but a portion of patients started to attend via online service in weekly meetings due to COVID. There were online groups made via MEET, but it needed more tools and investment in technology even though most users did not have access to the internet that ended up making it somewhat difficult. We did not have time nor did the government have time to resolve these issues (Interviewee 2).
> [...] But the main service provided during the pandemic that was not performed was service through technological means, such as the telephone and computer. Which did not exist before, precisely because of the possibility of the user coming to the CAPS_2 [...] I myself was reticent about online service and I saw how much it works, how much it makes it easier for people, so they are investments. But we don't have the structure [...] (Interviewee 3).

Revista ARACÊ
ISSN: 2358-2472

> Atendimentos_individuais by phone, so the phone was for messages, not today, today it is a tool, it is a practice that came to light in the pandemic and we continue to use it [...] remote service via telephone ended up expanding, leaving the sensitive team to do this service, the visitas_domiciliares and the estratégias_de_cuidado of thinking about the user appropriating the activities of their territory [...] (Interviewee 4).
> So we did a job of organizing new estratégias_de_cuidado in the service and the CAPS_2 did not close during the pandemic and then we replaced that personal contact that was weekly with telephone contacts (Interviewee 5).
> Telephone calls were the main point that changed and now we continue to provide calls by phone, sometimes guidance in an emergency situation, but teleservice did not do it before. Now we are sending messages from the CAPS_2 via WhatsApp, the technological contact we experienced in the pandemic, which was the great benefit that the pandemic brought us, showed us that we would need to have investment [...] it is evident the need to invest in technologies, such as electronic medical records, in the construction of online media that can transmit information, psychoeducation to users without demanding hours of work invested by the professional who may be performing another activity is just to multiply your speech within these media to several users, such as recording videos, for example (Interviewee 6).

The World Health Organization (WHO) has established the essential services that could maintain their operations during the COVID-19 pandemic. Among them are the Mental Health services, which, in the national reality, are integrated into the Psychosocial Care Network. One of these services is the CAPS, responsible for providing comprehensive and interdisciplinary care to people who face challenges in their mental health (Barbosa et al., 2020; Cruz et al., 2020).

In a study conducted by Fingel et al. (2020) in Paraná, a reorganization was observed in sanitary aspects and in the management of mental health care. Regarding the changes in the work processes throughout the Psychosocial Care Network, in order to avoid possible aggravations due to the suspension of group activities, the therapeutic interventions were conducted virtually.

During the COVID-19 pandemic, the mental health team had to face important challenges to adapt its services and continue to serve users effectively, as evidenced by the speech segments shown above. One of the most significant changes was the transition to remote care through video calls or phone calls (Celuppi et al., 2021).

This allowed mental health professionals to continue offering support to users without the need for face-to-face meetings, decreasing the risk of spreading the virus. The mental health team incorporated technologies and online platforms to facilitate communication and follow-up of users (Celuppi et al., 2021).

On this topic, it is highlighted that the main purpose of technology is to improve the efficiency of human activities in several areas. To achieve this goal, technology creates a

Revista ARACÊ
ISSN: 2358-2472

variety of objects to meet the demands or improvements of existing objects, making them more resilient while improving production by reducing the time or cost involved. It can be affirmed, therefore, that technological work is intentional and rational, involving both theoretical and practical reasoning, systematic and specialized knowledge (Gonçalves; Machado, 2013).

Results can only be achieved through efficient planning and the use of tools. Technology is not only limited to the production of physical machines and tools, but also organizes and systematizes activities. This last aspect is related to studies that seek to transform the way health is produced in Brazil, highlighting the structuring and management of work processes in a variety of establishments that offer health services (Gonçalves; Machado, 2013).

A survey conducted in the United States in the first four months of the pandemic, conducted by Sorkin et al. (2020), revealed an increase in the use of digital tools in the area of mental health. Given this scenario, it is feasible to ponder on the benefits provided by technology in mental health care. During the period of strict isolation, the support of these tools allowed those who have access to seek help in acute moments of stress or crisis.

Additionally, when returning to a national perspective and considering the use of technology, many professionals faced challenges when trying to maintain continuity of care in a virtual way. This is due to the fact that several CAPS units do not have the necessary technological resources or face a lack of investment and maintenance of the equipment already available. This reality shows that, even with the advances resulting from the Psychiatric Reform in the country, investments in mental health do not seem to receive priority, despite the growing awareness of the psychic suffering present in a significant portion of society (Souza et al., 2020). Corroborating with some segments of speech that indicated the need for investment.

Certainly, the use of technology and virtual tools was highlighted as the main approach adopted by CAPS professionals, and is also supported by published studies that transcend the national reality (Lopes et al., 2021).

Despite the possibility of challenges, such as difficulties in accessing electronic devices, paranoia of some users in relation to technology, lack of access to the internet, and distrust of information transmitted virtually, the richness and relevance of this medium for the continuity of the therapeutic relationship cannot be denied (Lopes et al., 2021).

Revista ARACÊ
ISSN: 2358-2472

Figel (2020), in turn, points out that the application of technological resources presented positive and negative aspects. Advantages include the ability to maintain contact with users, even in the face of social distancing and isolation, ensuring that those in non-face-to-face care received follow-up on their needs.

However, some disadvantages are related to the access difficulties faced by users who do not have a satisfactory internet connection or phone. In addition, some users show low adherence to these modalities, often due to difficulties in using these devices or the lack of privacy in their homes, which prevents them from openly discussing confidential or personal issues. Cultural issues, such as living in rural areas and/or not giving importance to the use of technological devices, also contribute to the resistance of these users to use technology for health care (Figel, 2020).

These experiences are extremely important for the construction of effective strategies in mental health care, aiming to ensure access to a larger portion of the population. Reducing access barriers is essential not only during pandemic periods, as ensuring mental health care is a protective factor against various psychopathologies. In addition, it can act as a preventive measure against suicide, considering that some risk factors for suicide become more evident during the pandemic, such as the worsening of mental disorders, unemployment, financial difficulties, domestic violence, increased alcohol consumption, social isolation, and loneliness. This reality highlights the importance of planning prevention actions (Figel et al., 2020).

From these objectifications, it is verified that the care during the pandemic brought a new look from the team to mental health care, observing the need to adapt and the possibility of new approaches in mental health. The following is another adaptation strategy highlighted by the team when dealing with the challenges of the pandemic.

> Remote service via telephone ended up expanding, leaving the sensitive team to do this service, the visitas_domiciliares and estratégias_de_cuidado of thinking about the user appropriating the activities of his territory, the things that happen in his territory, and that he has long stopped using, and now because of the pandemic of not being able to travel but that he could do some things in the region where he lives, which is networking, because in a certain way it ended up centralizing care in the CAPS_2 (Interviewee 1).
> [...] the estratégia_de_cuidado in the territory I think has a different potential, going to the subject's house, feeling what is happening there is something that needs to continue and think of how to further optimize this estratégia_de_cuidado, this service technology [...] so this helped to think about how to develop saúde_mental care in the territory to think about a different way of acting in the CAPS_2 (Interviewee 2).
> [...] the service became more home-based for cases that were necessary where telephone contact or online group could not handle it (Interviewee 3).

Revista ARACÊ
ISSN: 2358-2472

> We couldn't stop everything, but we chose to do the services in the territory and it was an opportunity that we had to broaden this view of doing things there in the place where the subject was. Of course, taking care of the details, with protective equipment [...] so this helped to think about how to develop saúde_mental care in the territory, to think about a different way of acting in the CAPS_2 (Interviewee 4).
> Before the pandemic, basically, if you think about estratégia_de_cuidado, they were the same ones we use today. However, today we think much more about the patient in the sense that he has this autonomy because during the pandemic the patient was not left unattended and it was realized that even at home they were able to continue their lives because they are not dependent on the CAPS_2 (Interviewee 5).
> This changed our view with the pandemic, because before we had this idea that patients always needed the CAPS_2, but no, they can only give direction [...] being portas_abertas, [...]. With this, I believe that it was necessary to think about the psychosocial rehabilitation of the user. He felt comfortable here, we felt comfortable because he was close to our eyes [...]. But then, we were creating the estratégias_de_cuidado, managing with the users, but we didn't think so much about the issue of Reabilitação_psicossocial (Interviewee 6).

With the implementation of the Psychiatric Reform, the provision of mental health care began to follow the psychosocial paradigm, incorporating the subject and its various dimensions within its socio-community context as crucial elements. In addition, individuals in situations of mental suffering began to be approached differently with regard to health care (Sampaio & Junior, 2021).

Therefore, the current scenario of mental health care allows the exploration of new approaches when dealing with the subject who experiences a rupture with institutionalization. Through these innovative approaches, professionals have the opportunity to get involved in an impactful way, being affected and affecting, since mental health care encompasses the subjective integrality of the being. In this context, it is essential, especially in the face of challenges such as those experienced in the COVID-19 pandemic, to promote a more robust structuring in communication between health services, in addition to more substantial investments, both psychological and social, to ensure effective guarantees in the treatment of CAPS users (Barbosa et al., 2020).

The concept of territory in mental health represents a fundamental approach in the construction of more humanized and integrative practices. It transcends the idea of delimited physical space to incorporate the complexity of the interactions between the subject, his social relations and the environment around him. The notion of territory proposes a broader and contextualized understanding of mental health demands, recognizing that social, cultural, and environmental factors play an important role in mental health. Authors such as Paulo Amarante and Franco Basaglia highlight the importance of considering the territory as a dynamic and relational space, where psychosocial rehabilitation becomes possible by integrating the subject into his or her socio-community

Revista ARACÊ
ISSN: 2358-2472

context. This perspective challenges the traditional institution-centered approach, promoting more inclusive, participatory practices capable of meeting the unique needs of users, thus contributing to a significant transformation in the field of mental health (Yasui, Luzio, Amarante, 2018).

Corroborating the analysis presented and aligning it with the understanding of the movement of the CAPS II team in the face of the COVID-19 pandemic, it is pertinent to resort to the conception of the meaning of life proposed by the Austrian physician Viktor Frankl. At a time when extraordinary challenges require innovative responses, the search for meaning becomes a vital compass. In his approach, he highlights that the meaning of life is found in conscious choices, in the attitude towards adversity and in the search for deeper purposes, even in extreme circumstances (Pereira, 2007).

The meaning of life is unique to each individual and can be discovered in any circumstance, regardless of external conditions. By identifying a deeper purpose, people are able to face challenges with greater resilience, achieving a more fulfilled sense

of satisfaction and fulfillment. For Frankl, this ability to consciously choose the response in the face of adversity confers dignity and purpose, even in the midst of suffering (Pereira, 2007).

The reinvention of strategies for the continuity of territorial care and the use of soft technologies for health production during crises represent an intense human investment, assuming the role of driving effective changes in favor of the subject. A preliminary analysis of the pandemic and its impacts on the socioeconomic and cultural spheres, especially on the trajectories of our users and their families, highlights the need to act in the territory, strengthening communication with other health services and public policies. Coexistence alleviates suffering, enables the singular and collective construction of different ways of living and reinforces the position of the CAPS as a reference of care and reception for users and family members.

CONCLUSION

Regarding the relationship between adaptation strategies due to the COVID-19 pandemic, used by the multidisciplinary team in the care of CAPS II users, the study participants expressed consensus regarding the evidence that the care at CAPS II in Ponta Grossa during the pandemic required new care strategies for welcoming, individual and

Revista ARACÊ
ISSN: 2358-2472

group care. It also showed the need for investment and support in technological structure to improve user assistance.

Such strategies represent activities triggered by the people themselves, bringing meaning to the subject's life. The adaptation strategies applied by CAPS II in Ponta Grossa are care technologies that can be incorporated into the day-to-day work in mental health. At the Psychosocial Care Center (CAPS II), in particular, there are a variety of activities in progress. The nature of these activities is shaped by the skill, knowledge, and willingness of the professionals involved.

Restructuring and reinventing care are actions that confer social and humanitarian meaning to the user, even in crisis situations. It is essential to ensure the continuity of treatment and care, either through the use of technology or through the implementation of other strategies that strengthen the Psychosocial Care Network.

In summary, in view of the challenging scenario imposed by the COVID-19 pandemic, this study thoroughly explored the strategies adopted by the multiprofessional team in the context of the Psychosocial Care Center of Ponta Grossa (CAPS II) to promote psychosocial rehabilitation. The analysis of the practices revealed not only the resilience and adaptability of the team in the face of exceptional circumstances, but also the importance of the service in the continuity of mental health care. The strategies addressed, whether in the use of technologies for virtual care, in the active search through telephone contacts, or in the reorganization of work processes, show the dedication and responsiveness of the team in ensuring assistance to users at a time of intensification of psychosocial demands.

The ability of CAPS II professionals to reinvent themselves during the pandemic underscores the importance of innovative and adaptable practices not only in critical moments, such as a pandemic, but as an integral part of a continuous approach. The need for constant reinvention reflects the team's commitment to continuous improvement and the ability to respond to the emerging demands of the community's mental health. However, for this dynamic of reinvention to be sustainable in the long term and not be conditioned only to crisis situations, it is vital that it be supported by public policies.

Revista ARACÊ
ISSN: 2358-2472

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