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IMPLEMENTATION OF IMPROVEMENTS IN MENTAL HEALTH CARE IN THE FAMILY HEALTH STRATEGY (FHS) OF THE MUNICIPALITY OF RIO BRANCO – ACRE

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ABSTRACT

Introduction: The purpose of this study is to implement improvements in mental health care in the Family Health Strategy of the Municipality of Rio Branco, Acre State, Brazil. Primary Health Care has as attributes access, integrality of care, longitudinality and coordination of care, establishing a relationship of bonding between the Family Health team of the territory where the family and community coverage is located, and triggering a process of mental health care, based on a logic centered on the subject and his subjectivity. The problem exposed focuses on the difficulty that the teams present in providing mental health care to people and family members in psychological distress in the territory covered by the Family Health Strategy. Objective: To analyze the improvement actions implemented in mental health care in the Family Health Strategy of the Municipality of Rio Branco/AC. Method: Improvement implementation study with a qualitative approach. The research scenario was the Municipality of Rio Branco/AC, in the context of Primary Health Care in the years 2022 and 2023, using the DMAIC method - Define, Measure, Analyze, Implement and Control for the construction of indicators and implementation of improvements through kaizen workshops held with the professionals participating in the study stages. This study was developed in eight Family Health teams composed of professionals from eight health segments, resulting in a research sample of 32 participants. Results and Discussion: Implementation of improvements in mental health care in the Family Health Strategy,

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through strategic actions developed by the Family Health teams in the kaizen workshops, with the survey of the possible causes of the problems, to understand and improve the process of monitoring people in psychic suffering in the Family Health Strategy, as well as the measurement of mental health activities, using the mental health indicators of the Municipal Health Plan of Rio Branco, built by the Key Performance Indicators tool: Percentage of mental health promotion strategies developed in the territory at the UBS; Percentage of activities carried out in a network in comprehensive mental health care for the most vulnerable audiences; Percentage of follow-up of people in psychological distress through (individual consultation, interconsultation or joint consultation) at the UBS; Percentage of group activities developed at the UBS with people in mental suffering who are chronically using benzodiazepines, antidepressants and mood stabilizers; Percentage of mental health care practices carried out by the family health team with the support of multiprofessional teams. The thematic analysis resulted in the elaboration of three themes: Paths, Bonds and Effective Communication, Information and Services and the Process: A New Look. Conclusion: This study presented relevant results for the health area, as it pointed to the need to have mental health indicators in Primary Health Care, to monitor the health actions developed by Family Health teams in mental health care. She also denounced the need for studies on this theme, as the literature points to time gaps related to quality indicators in mental health care in primary care, at the national and municipal levels.

Keywords: Mental Health. Primary Health Care. Quality Indicators in Health Care.

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INTRODUCTION

Primary Health Care (PHC), as the first level of health care in Brazil and based on the attributes of access, comprehensiveness of care, longitudinality and coordination of care, corresponds not only to the gateway to the Unified Health System (SUS), but also to the center of communication with the entire care network, including the Psychosocial Care Network (RAPS) (MERHY *et al*., 2020).

Through the Family Health Strategy (FHS), PHC implements micro-health policies and care networks, structuring lines of care in defense of collective health, equity in the provision of services, and the protagonism of workers and users. In the coverage territory, the FHS establishes the link between the Family Health teams (FHT) and the user, the family and the community (SANINE; SILVA, 2021).

With the implementation of the Psychiatric Reform in Brazil, based mainly on an anti-asylum movement aimed at guaranteeing fundamental rights and dignified treatment in the context of care for psychic suffering, the space covered by PHC rose to a powerful scenario of mental health care (LIMA *et al.*, 2016). The territorialization process carried out by the FHT provides a dynamic, fluid, living, pulsating movement of reactions and events of the daily life of families and the community, with the potential to trigger mental health care programs based on a logic centered on the subject and their subjectivity (MERHY, 2021).

In the promotion of mental health care, FHTs need instruments that can guide and assist in the management and provision of care. The development of management practices through strategies for planning actions to promote mental health and prevent diseases that may compromise the mental health of the family and the community; as well as the use of soft technologies that enable the understanding of psychic suffering from the context of the user, the family and the community (such as dialogue, bonding, welcoming, listening, continuity of care) are major challenges to the quality of mental health care in the primary care setting.

In these aspects, attention is drawn to a significant obstacle to the quality of mental health care in the FHS: the absence of mental health indicators in PHC, a gap in the management tools of the National Mental Health Policy (PNSM), whose effects radiate to municipal administrations. In the process of consolidating the RAPS, the PNSM experienced some setbacks, making it difficult to implement it in the existing spaces of the Brazilian territory. An example of this was the extinction, in 2019, of the Program for Improving Access and Quality in Primary Care (PMAQ-AB), which represented a strategic

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tool for monitoring mental health indicators and improving health indicators, expanding the scope of action of mental health care in PHC (SANINE; SILVA, 2021).

In the city of Rio Branco/AC, there is low adherence of the FHT in the follow-up of people in psychological distress in the coverage territory and the difficulty in developing actions to promote and prevent mental health. Planning tools are applied to manage health services, such as the Municipal Health Plan (PMS), structured by thematic axes of health care and composed of guidelines, objectives, goals, results and health indicators. However, the thematic axis "mental care", whose guideline is "Strengthening mental health care actions developed by the Care teams", is structured only by goals and results, and mental health indicators in PHC are not listed. In this context, the national indicator "Matrix Support to Primary Care teams" is used as a reference, whose guiding function is restricted to measuring the matrix support carried out by the Psychosocial Care Centers (CAPS) (SEMSA, 2021).

The problem exposed here focuses on the difficulty that the teams present in providing mental health care to people and family members in psychological suffering in the territory covered by the FHS. Thus, the process of implementing improvements in primary care in the field of mental health, such as the creation of indicators, development of management strategies and application of mental health care actions, can promote positive impacts on the mental health goals described in the Municipal Health Plan of Rio Branco/AC.

Therefore, the present study aims to implement improvements in mental health care actions in the Family Health Strategy of the Municipality of Rio Branco/AC, as well as in the monitoring tools of Family Health teams in mental health care practices for people in psychological suffering in the PHC coverage territory.

This article is an excerpt from the dissertation research entitled "Implementation of improvements in mental health care in the Family Health Strategy (FHS) of the Municipality of Rio Branco – Acre", presented at the Professional Master's Program in Nursing Care (MPEA) of the Fluminense Federal University (UFF).

METHODOLOGY

This is a study of implementation of improvements, using the qualitative approach, applying the stages of the DMAIC method (Define, Measure, Analyze, Improve and

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Control) for the development of the respective actions in mental health care in PHC in the municipality of Rio Branco/AC.

The acronym DMAIC indicates the sequence for the execution of an improvement project, comprising: *Define* , *Measure* , *Analyze* , *Improve* and *Control* , these being the five steps for solving complex problems with a focus on continuous improvement, using a combination of techniques and tools that encompass *Lean Six Sigma*, internationally recognized methodology to identify and implement improvements in the internal processes of a given company (NICOLETTI, 2022; SANDER *et al.*, 2021). The five steps of the DMAIC method implemented for this research were carried out as follows:

In the 1st stage (Define), the actions developed in the field of mental health in PHC by the researchers were identified, an integrative review was carried out with a survey of scientific evidence in the scientific databases and the creation of a *Key Performance Indicators* (*KPI).* The integrative review is a secondary design that provides the synthesis of knowledge and the incorporation of the applicability of the results of significant studies in practice (SOUZA; SILVA; CARVALHO, 2010). A KPI is composed of a series of key indicators that are measurable and provide information on the extent to which the strategic objectives imposed on an organization have been successfully achieved (DAMAYANTI; GHUFRONI; ADE, 2019).

The subsequent stages were carried out through three Kaizen Workshops with the research participants, lasting 4 hours each, in a Basic Health Unit (BHU) previously selected by lottery. According to Shang (2017), *Kaizen* can be considered a management philosophy that provides continuous improvement, and it is possible to apply different methods and solutions so that its concept is actually assimilated and practiced.

In the 2nd Stage (Measure), the 1st Workshop was held, which brought together the participants, with a presentation of the measurement of the indicator built with the KPI/SMART tool. The SWOT Matrix was applied to identify strengths, weaknesses, opportunities and threats (SWOT); later the GUT Matrix for prioritizing problem solving. The SWOT Matrix is a reflection exercise that helps to better understand the context in which the strategies are inserted, and an analysis can be applied in any type of scenario, working with internal environments (strengths, weaknesses) and external environments (opportunities and threats). And, through the GUT Matrix tool to assist in prioritizing problem solving, it is possible to classify each demand according to Severity, Urgency and Trend (and so we have the acronym GUT) (LABDGE/UFF 2023).

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In the 3rd Stage (Analyze), the professionals were brought together again in the 2nd Workshop, with the realization of a *Workshop* to put into practice the mapping of scientific evidence identified by the researchers, later the application of the FMEA (*Failure Mode and Effect Analysis*) tool and the elaboration of the 5W2H1S Action Plan by the participants. The Essential Toolkit for Quality Improvement: Analysis of Failure Modes and Effects (FMEA) is a tool for conducting a systematic and proactive analysis of a process in which damage may occur. In an FMEA, a team representing all areas of the process under review comes together to predict and record where, how, and to what extent the system may fail; then, team members with the appropriate expertise work together to develop improvements that are able to prevent these failures (*INSTITUTE FOR HEALTHCARE IMPROVEMENT,* 2023).

In the 4th Stage (Implementation), the plan for improvements in mental health care in PHC was put into practice. According to Bannach (2020), the 5W2H1S method consists of a spreadsheet that aims to answer eight fundamental questions for planning solutions. They are: What (what will be done?); Why (why will it be done?); Where (where will it be done?); When; Who (by whom will it be made?); How (how will it be done?); How much (how much will it cost?) and Show (show).

And, in the 5th Stage (Control), the third meeting of employees was held in the *Kaizen* Workshops, to monitor the implementation of eSF improvements by the 5W2H1S Action Plan; and to present the measurement of quality indicators three months after the implementation of the solutions built by the professionals of the PHC teams.

The information captured in the process of implementing the Kaizen Workshops was transcribed by the researchers, following stages of pre-analysis, exploration of the material, treatment, interpretation and elaboration of categories for thematic analysis (MINAYO; DESLANDES; GOMES, 2016).

The study sample consisted of 32 participants, health professionals from 8 Family Health teams, consisting of: 1 general practitioner, or Family and Community physician; 1 generalist nurse or specialist in Family Health; 1 nursing technician and 1 community health agent. For the selection of the FHTs and the research participants, the teams were initially selected, with the first inclusion criterion being those that received matrix support from the Family Health Support Centers (NASF) and the Multiprofessional Teams of Specialized Mental Health Care (EMAESM) and, subsequently, FHTs that did not receive matrix support, but belonged to health segments close to the territory of the Primary Care

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Reference Units (URAP) that have matrix support teams. Participants were chosen through a lottery to select 1 Family Health team from each selected URAP segment. With the participation of 1 physician, 1 nurse, 1 nursing technician and 1 community health agent, corresponding to 4 participants per FHT.

The study complied with the Guidelines and Regulatory Standards for Research Involving Human Beings of the National Health Council, under the terms of Resolution No. 466, of December 12, 2012 (BRASIL, 2012). The respective project was approved by the Research Ethics Committee of the Faculty of Medicine of the Fluminense Federal University (FMUFF), Opinion No. 6.050.041, CAAE 66.19022.4.00005243.

RESULTS

Mental health is a process of constant transformation, in a scenario experienced and marked by social and emotional vicissitudes. Implementing changes in a subjective and singular field shows that this line of care, idealized for many years by advocates who changed the practice of mental health care in Brazil, warms up the phases of a humanized and holistic view. Comprehensiveness in health has several paths of care and each trajectory needs to be welcoming and focused on the subject, respecting their subjectivity and their life process and experiences.

Primary Care has an important role in this context of family health construction, the results identified in this study present the essence of the Family Health Strategy in mental health care, as well as the planned actions and implementation of the actions developed and applied by the FHT in mental health according to the DMAIC methodology, A cycle whose five stages were agreed with collaborators of this study, for the implementation of improvements, structured at the moments of construction, evaluation and monitoring of the service, product and work process.

FIRST STEP – DEFINE

In the construction of the integrative review, the question was elaborated using the PICo strategy (P=Population, I=Phenomenon of interest, and Co=Context), which in this study corresponded to P= FHT professionals; I = Strategies and practices in mental health care; and Co=Primary Health Care (PHC), or Family Health Strategy (FHS), or Family Health Teams (FHT), culminating in the guiding question: What care strategies and

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practices do Family Health (FHT) teams use to monitor people in psychological distress in the PHC territory?

The searches were carried out in October 2023 in the Health Sciences databases *Medical Literature Analysis and Retrieval System Online* (MEDLINE) via PUBMED and Latin American and Caribbean Literature on Health Sciences (LILACS); in the virtual libraries *Scientific Electronic Library Online* (SciELO) and Virtual Health Library (VHL), the latter with publications from the Nursing Database (BDENF), *Spanish Bibliographic Index in Health Sciences* (IBECS), WHO IRIS and, alternatively, in the literature source of the Brazilian Digital Library of Theses and Dissertations (BDTD). The search was permeated by empirical, quantitative and qualitative primary studies of any design or methodology that focused on the descriptors of the research in the Portuguese language and their counterparts in the English and Spanish languages, combined with each other by the Boolean operators AND ("E") and OR ("OR"). In order to obtain the state of the art, no filter related to the period of publication was used. The process of selecting studies and synthesizing knowledge was based on *the Prisma Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA *Checklist*) Check List (PAGE *et al*., 2021).

For the survey, aiming at the organization into thematic categories, the data extraction considered objective; study design; practice/strategy/action performed; choke points and results/conclusion. And, aiming at the general objective of the research, the mention of mental health indicators in Primary Health Care was also recorded in the review, when present in the specimens of the sample obtained.

From the understanding of the discourse of the sample components, it was possible to extract two thematic categories: 1) health promotion strategies, being 1a) access to services and 1b) organization of work processes; 2) care practices.

The mapping of scientific evidence, in databases and in the literature, made it possible to identify the possibilities of care in mental health care in PHC, the management process of the National Mental Health Policy, as well as the implementation of the Psychosocial Care Network. This can be a great concern when we talk about monitoring the quality of the service provided in mental health care in PHC.

The integrative review phase made it possible to better understand the situational panorama of the monitoring of mental health actions carried out in PHC and RAPS, as well

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as revealed the importance of using indicators to measure the impacts caused on the target audience and their respective components of psychosocial support.

In the 2nd phase of the "Define" stage, a *Key Performance Indicators* (KPI) were created, which consisted of the elaboration of mental health indicators in PHC, starting with the search for guiding axes that pointed to the need to consider managerial and educational aspects in health and the strategies for monitoring people in the territory in psychic suffering.

During the search for the instruments used in the management of mental health in the municipality of Rio Branco, the PMS 2022-2025; the Annual Health Program (PAS); the Quarterly Report (RQ); the Annual Management Report (RAG) and the information systems related to PHC actions (E-GESTOR; G-MUS), with the information necessary for the process of monitoring health indicators by the information systems of the Municipal Health Department (SEMSA), systematized and forwarded to the database of the Ministry of Health (MS).

The tools for monitoring the actions developed by the Family Health (FHT) teams did not have mental health quality indicators to be monitored in PHC, only goals aimed at strengthening mental health promotion actions and prevention of mental illnesses in the Basic Health Units with their respective results, to achieve 100% UBS. However, even without these guidelines, which are pertinent and necessary for RAPS, it was observed that the municipality of Rio Branco has been developing its management strategies in mental health actions in PHC.

After analyzing the documents used in the process of mental health management in PHC, based on the collection of information in the research on mental health care management instruments at this level of care, at the national level and in the municipality of Rio Branco/AC, five indicators were constructed, as shown in Chart 1 below:

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Chart 1 - Mental Health Indicators in Primary Health Care/Creation of a KPI - Key Performance Indicators. Rio Branco, Acre, Brazil, 2023.

Municipal Health Plan (PMS) Rio Branco/AC (2022-2025):		Indicators:
Guideline	Strengthening of mental health care actions developed by Primary Care teams and by the services of the Psychosocial Care Network (RAPS).	1. Percentage of mental health promotion strategies developed in the territory at the UBS; 2. Percentage of activities carried out in a network in comprehensive mental health care for the most vulnerable audiences; 3. Percentage of follow-up of people in psychological distress through (individual consultation, interconsultation or joint consultation) at the UBS; 4. Percentage of group activities developed at the UBS with people in mental suffering who are chronically using benzodiazepines, antidepressants and mood stabilizers; 5. Percentage of mental health care practices carried out by the family health team with the support of multiprofessional teams.
Objective	Structuring the Psychosocial Care Network	
Axis	Mental Health in Primary Health Care	
Goal	Strengthen actions to promote mental health and prevent mental illness in basic health units. Range: 100%	

Source: from the authors (2023)

SECOND STAGE – MEASURING: IMPLEMENTATION OF KAIZEN WORKSHOPS (PART 1)

The kaizen workshops were held with 30 research collaborators, two of whom agreed to participate, but because they were on premium leave, they could not attend. The activities were developed in a room prepared with audio and image and, with the authorization of the participants, verbal and non-verbal expressions were captured and then transcribed, using the technique of Thematic Analysis, resulting in the elaboration of four main themes, which comprised: Effective Communication, Information and Services, Paths and Bonds and The Process: A New Look.

The production of this meeting culminated in the construction of the Prioritization Panel in the GUT Matrix, a structural scheme set up, as a result of the problems prioritized by the participants in the Kaizen Workshops.

The Prioritization Panel in the GUT MATRIX was applied through criteria structured by the tool itself with Severity, Urgency and Trend. The participants prioritized four problems among the 17 problems raised in the Matrix. The GUT markers were classified from 1 to 5, their critical grade.

THIRD STAGE – ANALYZE: IMPLEMENTATION OF KAIZEN WORKSHOPS (PART 2)

Starting the activities of the second meeting with the research collaborators, the next tool implemented in the Kaizen Workshops was the *workshop*, a space for theoretical and practical alignment, with group work, approaching scientific studies through a reading of

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support texts selected and extracted from the integrative review sample, to work in groups, with debates, discussions and alignment of best practices based on scientific evidence, culminating in the construction of the Action Plan: Mental Health in PHC.

To evaluate these solutions and the possible failures that could occur, the FMEA (*Failure Mode and Effect Analysis) tool was applied*, which seeks to detect failures in the product before its consolidation, analyzing the effects of failure in the execution of the solutions foreseen for each prioritized problem. The higher the score, the more critical the flaw and the more attention needs to be paid to it. Weights are assigned to each of the items, hierarchizing them. In the present case, the process or potential action of failure was detected: "Lack of understanding of the mental health care practices that can be developed in PHC".

The Kaizen Workshops were a rich space for the exchange of experiences in the best mental health practices that can be developed by the FHTs that participated in the research, aligning with the actions in mental health care formed during the *workshop*, capturing "Paths, Bonds and Effective Communication" for the construction of the Mental Health Action Plan in PHC – 5W2H1S.

FOURTH STAGE - IMPLEMENTATION OF IMPROVEMENTS: AT THE UBS

The fourth stage corresponded to the period of implementation of the actions agreed upon in the municipality of the study, through the Action Plan for Mental Health in Primary Health Care (5W2H1S), applied in the UBS by the entire Family Health team.

FIFTH STAGE – CONTROL: KAIZEN WORKSHOP III - MONITORING THE IMPLEMENTATION OF MENTAL HEALTH ACTIONS

The family health teams that participated in the research began to apply the action plan, with alignment meetings with their own team at the UBS of origin. An initial strategy, which enhanced the planning of the participating FHTs, promoting positive impacts on the work process, a point discussed with great intensity by the health teams, and elected as the first problem in the Action Plan, was the difficulty of effective communication of the team in the planning of health actions.

After putting into practice the Action Plan: Mental Health in Primary Health Care (5W2H1S), all participants were again brought together in the last Kaizen Workshop, in the

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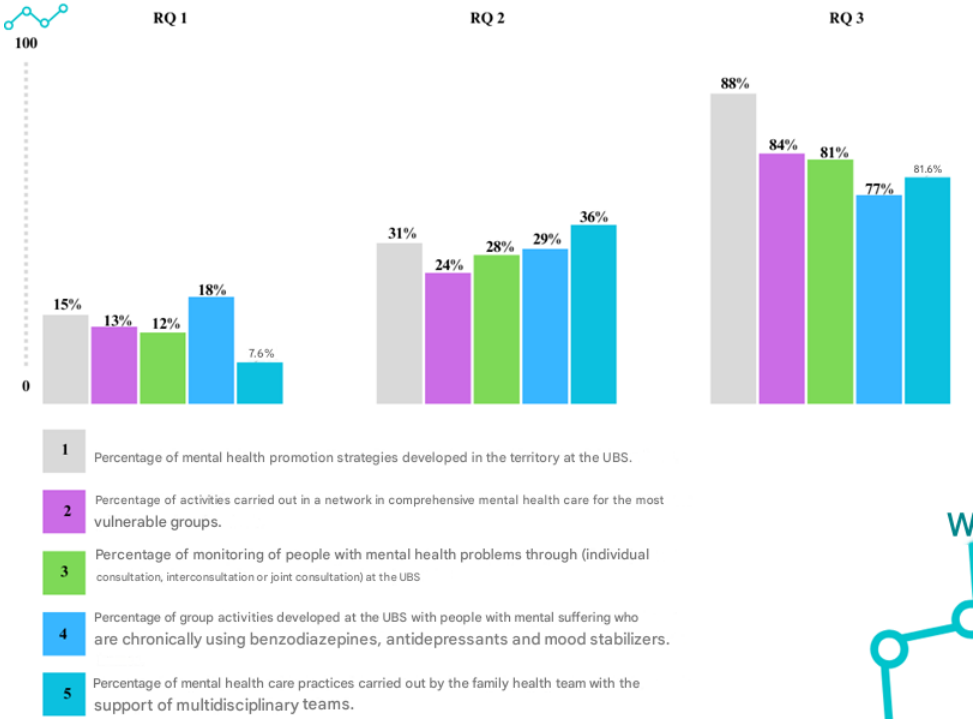
fifth stage of the DMAIC method. Initially, the measurement of quality indicators was presented, after the implementation of the Action Plan, with the results of the indicators, consolidated through the G-MUS program and the RQ of the Municipal Health Department of Rio Branco as an information base.

Graph 1 – Measurement of Mental Health indicators in Primary Health Care, in the control stage, Rio Branco, Acre, Brazil, 2023.



Source: from the authors (2023)

Regarding indicator 1: "Percentage of mental health promotion strategies developed in the territory of the UBS", which begins in RQ1, with 15% of the actions in column 1 carried out by the FHTs, the first action mentioned in column 1 of the table of indicators constructed in stage 1, on "Identifying the sociodemographic profile of the territory covered by the UBS", was listed by the FHT, to start the process of Mental Health actions in PHC. A common planning activity of the FHT work process, selected as necessary to guide the FHS. During the course of the actions, indicator 1 presented a projection of improvement in mental health promotion strategies of 88% in RQ3.

Indicator 2: "Percentage of activities carried out in a network in comprehensive mental health care for the most vulnerable audiences**",** with 13% in the RQ, if compared with indicator 3: "Percentage of follow-up of people in psychological distress through (individual, interconsultation or joint consultation) at the UBS", also shows a regular start of actions, with 12% of the activities carried out in RQ1, and that, in general, its actions are

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related to the follow-up strategy and therapeutic management carried out by the FHT, demonstrates the strengthening of mental health care in a community way, inserted in its therapeutic aspects.

Indicator 4: "Percentage of group activities developed at the UBS with people in mental suffering who are in chronic use of benzodiazepines, antidepressants and mood stabilizers.**",** started 18% of the actions carried out and its progression reached 77%. If compared with the other indicators, it showed a low performance of actions that are linked to priority groups such as the elderly, pregnant women, overweight and smoking, with harm reduction practices structured by the FHT.

Indicator 5: "Percentage of mental health care practices carried out by the family health team with the support of multiprofessional teams", presented 7.6% in RQ1, a fragile beginning, if compared to the aforementioned indicator 4, of 18% in RQ1, a more expressive initial assessment, portraying a context of people who make chronic use of psychotropic drugs. This indicator demonstrates, in its RQ3, a percentage of 77% in its last measurement, indicating the growing adherence of people who use these drugs and experience a new form of care, therapeutic, inclusive, collective, integrative.

Indicator 5, which starts in RQ1 with a percentage of 7.6%, ends the measurement cycle with 81.6%, portraying a panorama of powerful change for mental health care in PHC, carried out by the eSF, using the strengths of the territory and the mental health care points.

The use of the KIP tool to construct quality indicators in mental health proved to be very effective in the execution of management based on the monitoring and evaluation of measurable processes and results, balancing a structure of accessible indicators and quality of health care, capable of being used in planning with evaluation cycles of the actions implemented by the eSF.

DISCUSSION

Considering the results presented in the study, it was possible to identify the repercussions of the process of building the mental health action plan in PHC in the various dimensions of knowledge of these participants, sharing solutions and expectations related to the actions that were carried out in PHC with the support of some RAPS services. The scientific bases were also extremely important for the process of implementing the DMAIC, being fundamental to strengthen the strategies of the collaborators of this research.

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As already indicated, the Thematic Analysis resulted in three main categories of debate, which included: Paths, Bonds and Effective Communication; Information and Services; The Process: A New Look.

PATHS, LINKS AND EFFECTIVE COMMUNICATION

PHC, which is capable of promoting the resolution of health needs in its territory of coverage, in a process belonging to each movement experienced in the context of the user in the territory, weaves its care network considering its social and cultural conditions (MERHY, FEUERWERKER, 2016).

According to Slomp Junior, Merhy and Franco (2022), these actions focused on FHS practices may present planning gaps for the execution of prevention and family and community health promotion actions. The planning of actions needs to involve the entire eSF, with a comprehensive process, focused on the profile of the population, understanding its contexts and complexities. A contextualized care, which recognizes the singularity of the production of each existence and the specific circumstances of life in each territory, as a function of relationships that expand or constrain the power of lives

According to Soalheiro et al. (2023), it is up to the Family Health teams to have a set of practices and innovations that involve different methodologies: community circles and group actions, dialogic practices for sharing experiences, artistic and cultural activities, body practices, integrative practices and natural therapies, community gardens, cooperatives based on the solidarity economy, and others. Propositional actions should be problematized and brought to themes such as the medicalization of life, violence, suicide, intensive care, use of psychotropic drugs and intersectoral networks of psychosocial care.

In this sense, Pessina (2019) points out that analyzing the needs and desires of those who are the center of care corroborates a person-centered approach, producing shared care, enhancing the empowerment, autonomy of the subject, family and collectivity in their own therapeutic process; complemented with integrative practices of exercising citizenship, providing practices of social care for the individual, something very fragile in mental health care, notably in the care of the elderly.

PHC promotes combinations of multiple knowledge in health, from different professions, acting in the promotion of life, prevention of health problems in different times and territories. According to Merhy et al. (2020), the Basic Network has its structural design based on the bonds with the subject, the family and the collectivity, enhancing the effective

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communication of the mental health care network, in a longitudinal way, weaving the integrality of care, with light tools capable of promoting family health in the territory, improving vulnerable contexts, strengthening health care in the different territories where life is produced,

Sales *et al*. (2019) and Peruzzo *et al*. (2018) agree that, in the work process of the FHT, the reception, qualified listening, of the subject, family and collectivity are highlighted, in a multiprofessional work in the interface with other health care points in the territory and the health care network.

In its organizational process, the FHS promotes the implementation of micro-health policies, and health care networks, such as the Psychosocial Care Network, a fundamental component for structuring the mental health care line. Fostered from the Psychiatric Reform in Brazil, a contemporary process that emerged in the midst of the "health movement" in the 1970s, which culminated in the enactment of Law No. 10,216 of April 6, 2002, which provides for the protection and rights of people with mental disorders and redirects the mental health care model (SANINE; SILVA, 2021).

INFORMATION AND SERVICES

According to Sunderji (2018), indicators are defined as population-based measures that allow quantifying the quality of a specific aspect of care, comparing it to evidence-based criteria. Primary Health Care is an essential mental health care point for the monitoring of people in psychological suffering in the territory (SLOMP JUNIOR; MERHY; FRANCO, 2022). In this context, the *Key Performance Indicators tool* is composed of a series of key indicators that are measurable and provide information on the extent to which the strategic objectives imposed on an organization have been successfully achieved.

According to Salgado and Fortes (2021), the 2001 National Plan for the Inclusion of Mental Health Actions in Primary Care describes the mental health indicators in the National Mental Health Policy (Attention to crisis situations; Qualification of group care; Networking; Management of the Caps; Continuing education; Singularization of attention; Attention to people with intellectual disabilities; and Use of medication) within the scope of the Psychiatric Reform with the creation of the Psychosocial Care Network (RAPS).

The recognition that FHTs may present attitudes and behaviors that reinforce the stigmatization of people in psychological distress or that care should be provided by professionals specialized in mental health may be related to the lack of information about

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the care process, as well as something about the social context experienced by each individual. However, in a survey carried out by Carrara (2023), the majority of Community Health Agents (CHAs) agreed that people with psychological distress need to be monitored by PHC, a perspective expanded by the provision of information, capable of producing knowledge, generating possibilities for changes in professional practices and in the bonds between team and users.

The Program for Improving Access and Quality in Primary Care (PMAQ-AB), developed from 2011 to 2019, was a strategic tool for monitoring mental health indicators built in the National Plan for the Inclusion of Mental Health Actions in Primary Care, as well as for the improvement of health indicators, expanding its scope of action in PHC (SANINE; SILVA, 2021).

According to the Ministry of Health, the PMAQ-AB program encouraged municipal managers and PHC teams to improve the quality of services through evaluation cycles composed of the stages of adherence and agreement of commitments and self-evaluation with the degree of performance achieved by the FHT in the PMAQ-AB (BRASIL, 2015). After the extinction of the program, a new financing model for the cost of Primary Health Care was established within the scope of the SUS, the Previne Brasil Program, instituted by Ordinance No. 2,979/2019 (BRASIL, 2019).

According to the Program in force, in an analysis of the Ministry of Health's technical support instruments, after the extinction of the PMAQ-AB, it was not possible to identify instruments at the national level that relate mental health indicators to PHC (BRASIL, 2022). This corroborates the challenges of the municipality of Rio Branco in monitoring the quality of mental health services in PHC, which, in turn, need ministerial instruments that are a reference for the construction of some strategic tools to monitor the actions of the Family Health teams.

In 2022, the Previne Brasil program made changes in the structure of the indicators. Ordinance GM/SM No. 102, of January 20, 2022, amends Ordinance GM/MS No. 3,222, of December 10, 2019, which provides for payment indicators for performance. Aiming at monitoring only seven performance indicators related to Prenatal Care, Women's Health, Children's Health, and Chronic Conditions (BRASIL, 2022). The implementation design of the Previne Brasil program has a very different panorama, compared to the period of the PMAQ-AB program, which presented in its follow-up and monitoring structure the indicators of all health programs developed by Primary Care.

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Regarding the monitoring of mental health actions in PHC, the project entitled "Implementation of the Mental Health care line in PHC for the organization of the Network", which uses the Health Care Planning (PAS) methodology, in health regions of the Federative Units (triennium 2021-2023), is a management strategy capable of strengthening the role of PHC in the organization of the Health Care Network (RAS) in the SUS, an implementation process planned for the next stages of Planifica SUS (BRASIL, 2022).

In the Municipal Health Plan (PMS) of the municipality of Rio Branco, there are actions structured according to health indicators at the national level, the Previne Brasil program, restricted to the monitoring of a set of performance indicators only to meet the strategic actions already mentioned. A program for managing PHC actions that does not have mental health indicators in PHC in its structure, to be implemented and monitored in mental health management instruments in PHC (SEMSA, 2021).

In the context of technical management of mental health in Primary Care and in the Psychosocial Care Network of the municipality of Rio Branco, the problem situation was the absence of quality indicators in the Municipal Health Plan (PMS) from 2022 to 2025, to measure the actions carried out by the FHT in mental health, according to the action described: "Strengthen actions to promote mental health and prevent mental illness in basic health units", according to the goal of 100% of basic health units (UBS) (SEMSA, 2021). The actions of the PMS in the Mental Health axis do not have detailed and structured quality indicators in their structure, with the capacity to measure the quality of the actions developed to strengthen mental health in PHC.

The actions are structured by the guideline "Strengthening mental health care actions, developed by Primary Care teams and by the services of the Psychosocial Care Network (RAPS)", using a planning matrix with goals and actions agreed to be developed in the period from 2022 to 2025 (SEMSA, 2021).

When the focus is on Primary Health Care, the Municipal Health Plan does not clearly present which indicators are used to measure the actions carried out by the FHT. The document describes: "Goal: Strengthen actions to promote mental health and prevent mental illness in Basic Health Units". Malik and Schiesari (2018) warn about the need to develop more specific indicators capable of reliably translating the reality and complexity of health, pointing out, when necessary, aspects of greater interest to a given reality.

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To monitor the RAPS services and other health services that the municipality of Rio Branco manages, planning tools are applied, such as the Municipal Health Plan (PMS), structured by thematic health care axes and composed of guidelines, objectives, goals, results and health indicators. The thematic axis of mental care is composed of the guideline "Strengthening mental health care actions developed by Care teams", including only goals and results in its structure, not composing mental health indicators in PHC (SEMSA, 2021).

The indicators constructed in the research were strategic to monitor the process of implementation of the actions carried out by the FHT for people who need mental health care in the territory of coverage, as well as a managerial view of the reach of mental health indicators in PHC, built with the KPI tool, to measure quality indicators related to actions to promote mental health; prevention of mental disorders and follow-up of users in psychological distress in Primary Health Care.

THE PROCESS: A NEW LOOK

Regarding the redirection of the mental health care model, in 2001 an action plan for mental health in Primary Care (PHC) was constructed, which describes individual and collective actions already developed by it in the community and in health units, considering a therapeutic device in health that promotes collective actions that stimulate care, listening and the formation of bonds. Salgado and Fortes (2021) note that mental health actions can be carried out through therapeutic gymnastics, walking groups, crisis mediation, community resource mobilization, creation of a local health council, waiting room groups, pregnant women, adolescents, hypertensive and elderly people, various workshops, community gardens (vegetables and herbal medicines) and community care that can be carried out at the UBS.

In the therapeutic practices carried out by the FHTs in the community, there are elements that can contribute to the health care process. Matrix support is a tool used by mental health teams for PHC, capable of promoting training and supervision of therapeutic interventions carried out by FHTs. Matrix support is an arrangement in the organization of the services of the reference teams, a process of sharing knowledge, through technical-pedagogical support from the matrix reference teams (SLOMP JUNIOR; MERHY; FRANCO, 2022).

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With regard to mental health teams, the General Coordination of Mental Health of the Ministry of Health (CGSM) - DAPE/SAS/MS, in order to reduce the deficiency of multiprofessional mental health teams, developed a series of documents on the articulation between mental health and primary care in 2001. The main guidelines for this articulation are: Matrix mental health support to the teams of the extinct Family Health Program (PSF): increase in the teams' problem-solving capacity; prioritization of mental health in the training of Primary Care teams; follow-up and evaluation actions of mental health actions in PHC (BRASIL, 2015).

The focus should be on the quality of care provided by health teams; on local care needs/socioeconomic and historical-cultural factors; on confronting dismantling by the State (DIMENSTEIN *et al.*, 2023; SALGADO and FORTES, 2021); as well as in the harmony between PHC structuring and improvement in mental health care. There is a need to adapt to today's psychiatric ideas, so that the FHS understands mental health care as a priority, along with other demands that are already so (such as hypertension, diabetes, pregnancy and others) (SANINE; SILVA, 2021).

CONCLUSION

This study presented relevant results for the health area, as it pointed to the need to have mental health indicators in Primary Health Care, to monitor the health actions developed by Family Health teams in mental health care. She also denounced the need for studies on this theme, as the literature points to time gaps related to quality indicators in mental health care in primary care, at the national and municipal levels.

In view of the challenges to monitor mental health care in PHC in the municipality of Rio Branco/AC, strategies related to the process of implementing the stages of Planifica SUS in the PHC Mental Health axis were identified in the management instruments. The documents analyzed so far provide us with little information about mental health indicators in PHC used in the national context.

The discussion on mental health care in PHC fosters reflective spaces between health teams and the community, mobilizing initiatives that can favor the strengthening of care practices for people in psychological suffering in health services in the territory of Primary Health Care in the municipality of Rio Branco. The construction of quality indicators provided the measurement of the actions developed by the Family Health teams in mental health in PHC.

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Despite the already established potential of Primary Health Care services as a level of care with greater capacity for the diagnosis and follow-up of mental health cases, this scenario is worrisome, especially in the North region, when considering the shortcomings, also, in relation to the other points of the Psychosocial Care Network.

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