


EFFECTS OF THE COVID-19 PANDEMIC ON PSYCHOSOCIAL CARE CENTERS: A SYSTEMATIC REVIEW

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ABSTRACT

The pandemic was a challenge for the SUS, which reorganized itself to face the health crisis. The CAPS underwent changes in their functioning, such as meeting demands and needs that were not previously established. This systematic review aims to answer the question: what are the effects of the COVID-19 pandemic on CAPS? Empirical articles in Portuguese from 2020 to September 2023 were selected from three databases. We found 10 empirical articles that met the established criteria. Qualitative research carried out through semi-structured interviews in CAPS that serve the adult public predominated in 2022. The results were categorized into: a) Attendances in the pandemic: changes in profile and quantity; b) Operation of devices and adaptations in the face of COVID-19; and c) Going through the pandemic in work processes. The reduction in the number of procedures due to sanitary measures and intensification of demands stand out. Little has been explored about the intersectionalities between gender, class, or race. It is argued that the CAPS, despite being psychosocial care devices, since their establishment have not been able to break with the outpatient logic, intensifying in the pandemic. The overload of professionals was even greater due to the centrality of demands and changes in work processes, especially technological adaptations.

Keywords: Pandemic. CAPS. Mental health.

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INTRODUCTION

Addressing the issue of public policies, especially sectoral health policies in Brazil, is synonymous with challenge and constant need for investment. The Unified Health System (SUS) represents a great potential in its organizational form and principles, but it concentrates problems of all kinds in the execution of what it recommends. Although there is a great struggle around the defense of the SUS, one cannot close one's eyes to the complexity of the difficulties in all fields for the feasibility of its actions in daily life. In the face of crisis situations and other unpredictable situations, which are beyond the control of the population, this becomes even more complex.

The COVID-19 pandemic was a health crisis that exemplified this context of chaos, especially of a sociopolitical order (SARAIVA ET AL., 2021; ALMEIDA, 2021). The situation of calamity that followed the declaration of COVID-19 as a pandemic by the World Health Organization (WHO) in 2020 had as a background in Brazil a historical context of little investment in public policies, with direct attacks especially on the Unified Health System (SUS). The advent of the pandemic changed the functioning of the equipment of all public policies in the country at a time of fragility (COSTA & MENDES, 2021). In health, there was no possibility of interruption of the operation of network devices, as occurred in many other policies. Health equipment and workers had to take the front line in the fight, prevention, treatment, and control of the disease (SANTOS ET AL., 2021).

Many repercussions of the pandemic were faced by the SUS, such as social isolation, hiatus in the conduct of health promotion programs, the need to reduce face-to-face care in services that were not urgent and emergency, in addition to being the main responsible for the prevention and treatment of the disease. The mental health of a large part of the population was severely compromised, as there was an interruption in social life; socioeconomic repercussions, such as unemployment; irreversible sequelae in the health of some people; fear of contagion; death and bereavement, among many other risk factors for mental health (PAVANI ET AL., 2021; NOAL ET AL., 2021).

In the SUS, the scrapping, which already occurred before the pandemic, has become even more evident. The challenges encountered even before the pandemic were intensified with its advent, which was intensified by the state's mismanagement of the health crisis. One of these challenges is the strengthening of a Psychosocial Care Network (RAPS) committed to Psychiatric Reform. One of the devices that make up the RAPS are the Psychosocial Care Centers (CAPS), which had to respond in the midst of the chaos

with a rapid adaptation to changes in operating conditions, intensification of the use of technologies, and the reallocation of professionals to other levels of care (SANTOS ET AL., 2022; MATTOSO ET AL., 2022). The proposed article is a systematic review of the literature on the effects of the pandemic on CAPS and seeks to investigate the understanding of the impacts experienced and the strategies implemented to meet mental health demands (KALLAS ET AL., 2022; FONSECA ET AL., 2020; COSTA ET AL., 2020; ANDRADE ET AL., 2020). In this context, the trajectory outlined reinforces the continued importance of offering mental health care in line with the Anti-Asylum Struggle and highlights the need to understand and adapt these devices to face unpredictable challenges in the midst of dismantling (COSTA & MENDES, 2021).

CAPS AND MENTAL HEALTH POLICY IN BRAZIL

The provision of public mental health services is an important guideline of the SUS, since it is based on the principle of comprehensiveness, offering attention and assistance to the most diverse health needs. The implementation of mental health equipment of a substitutive nature in the context of the SUS is related to the Anti-Asylum Struggle, which has as one of its achievements, in the scope of social policies, the Psychiatric Reform. This movement in favor of the humanization of mental health care seeks to break with the ineffective asylum and asylum models, in addition to annihilating human rights violations that occurred in these places (AMARANTE & NUNES, 2018; PASSOS, 2018).

The mental health equipment offered by the SUS is currently regulated by Law No. 10,216/2001 (BRASIL, 2001), an important milestone in legislation related to mental health care. The Law is based on the Psychiatric Reform movement and aims to promote deinstitutionalization, humanization in care and social reintegration. This law protects the fundamental rights of the people served, such as the right to treatment in freedom, humanization in care, respect for dignity and the reduction in involuntary hospitalizations. In addition, the legislation safeguards social participation through the creation of mental health councils and the holding of conferences, in which the population can contribute to the formulation and control of mental health policies (ZANARDO ET AL., 2017).

Law 10.216/2001 meets a policy of deinstitutionalization by legitimizing the Psychosocial Care Network (RAPS) as a substitute model for asylum practices. The RAPS is established through Ordinance 3.088/2011 (BRASIL, 2011) and consists of seven components, namely: 1) primary health care; 2) specialized psychosocial care; 3) urgent

and emergency care; 4) residential care of a transitory nature; 5) hospital care; 6) deinstitutionalization strategies; and 7) psychosocial rehabilitation. These components are composed and operationalized by points of attention, which are the types of services or resources offered. The logic of these devices is the integral and multidisciplinary promotion of health for people who are experiencing severe and persistent psychological suffering, prioritizing the maintenance of social life and social reintegration, aiming at the participation of SUS users, as well as the community (BRASIL, 2001; CRUZ ET AL., 2020).

For the functioning of RAPS, the articulation of these seven components is essential. This research has as its object of study the CAPS, the only point of care that constitutes the component of specialized psychosocial care. All points of care play an important role in psychosocial care, in the case of CAPS, the service is offered with care to different audiences in a territorialized way (VASCONCELLOS, 2010; LEAL & DELGADO, 2007).

The CAPS are intended to care for people who are going through severe and persistent psychological suffering. These devices are subdivided according to the public served: the CAPS is intended for the adult public in general; the Psychosocial Care Center - Alcohol and Drugs (CAPS AD) is intended for people over 16 years of age who have needs related to drug use; and the Child and Adolescent Psychosocial Care Center (CAPSi) is intended for children and adolescents up to the age of 18 who have a demand for severe and persistent psychological distress or up to the age of 16 who have a demand related to drug use (COUTO & DELGADO, 2015).

There is a territorial subdivision, structure, team composition and dynamics of the CAPS, which can be type I, II or III, depending on the number of people covered in the assigned territory. CAPS I are indicated for municipalities with a population of more than 20 thousand inhabitants and operate during business hours; the CAPS II are indicated for municipalities with a population of more than 70 thousand inhabitants and operate on weekdays during business hours, with optional operation until 9 pm; CAPS III are indicated for municipalities with a population of more than 200 thousand inhabitants and operate 24 hours a day and have up to 5 beds (BRASIL, 2002).

Ordinance 336/2002 (BRASIL, 2002) provides for the functioning of the CAPS and lists the activities that must be offered by the devices, such as: group care, individual care, therapeutic workshops, home visits and care, family care, community activities aimed at integration, intersectoral actions and matrix support. Entry into the CAPS is done through

an "open door", that is, anyone can seek the device for reception, at which time the inclusion of the person in the service is evaluated or the necessary referrals are made. In practice, referrals are not always made in an implied manner and, in many cases, the referral is delivered to the user, without network articulations to ensure follow-up (FRAZATTO, 2021). As it is part of the RAPS, the reception often occurs after a referral from another device in the network, however many of these referrals are made improperly, contributing to the overload of care in the CAPS (GONZAGA & NAKAMURA, 2015).

In the CAPS, which operate in the community, there was a need to implement changes in the functioning during the pandemic caused by COVID-19. The groups could no longer be conducted in person and the use of technologies was an essential factor for maintaining the service. There was an intensification of existing sufferings and the emergence of others, cooperating to increase the demand for CAPS (MATTOSO ET AL., 2022). Also, due to the emergency situation in health, in many locations the health professionals who were assigned to the CAPS had to be relocated to general hospitals, starting to work in the emergency rooms, in the wards, and in the Intensive Care Units.

Despite all this, in the midst of this scenario of chaos, many actions were taken and adaptations were tested by different CAPS modalities (KALLAS et al., 2022; FONSECA ET AL., 2020; COSTA ET AL., 2020; ANDRADE ET AL., 2020). The objective of this article is to make a systematic review of the literature based on the following question: what were the effects of the COVID-19 pandemic on Psychosocial Care Centers (CAPS)?

METHODOLOGY

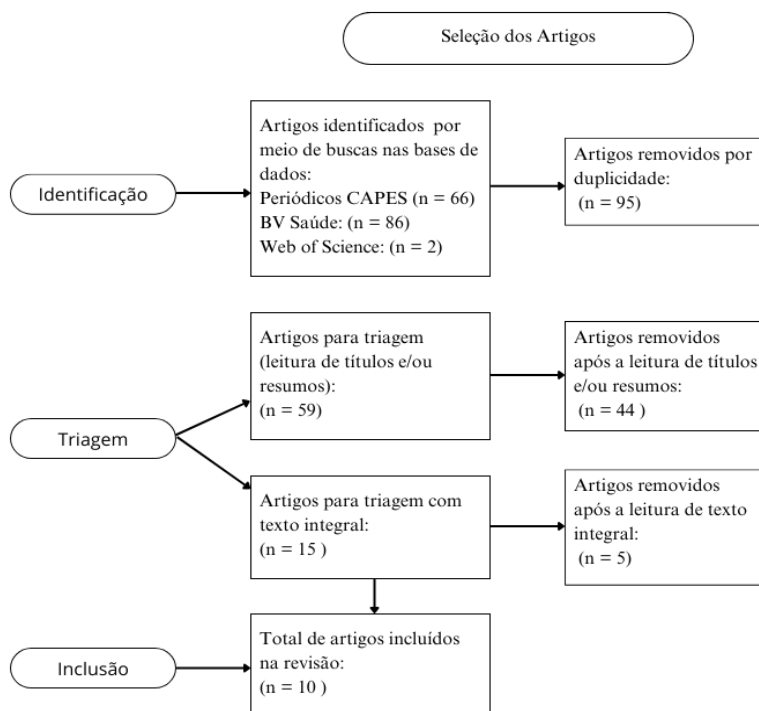
Literature review is a research method that gathers information about the state of the art of scientific research, aiming to answer specific research questions. Its relevance is linked to the collection and synthesis of information, practices or interventions that can be used in other research and even used with the intention of applicability in professional areas (SILVA & OTTA, 2014; ZOLTOWSKI ET AL., 2014). A systematic literature review (Cresswell, 2007) was carried out in September 2023, based on variations using the following Boolean terms and operators: [(CAPS OR Psychosocial Care Center] AND (Pandemic or COVID-19) AND Mental Health]. These descriptors were used from the search in the Health Sciences Descriptors (DeCS) index. The purpose of the distinct but close combinations is to find as many relevant productions as possible for the research.

The search consisted of the use of each of the combinations in the following databases: Virtual Health Library (VHL), CAPES Journal Platform and Web of Science, which are the main databases in the health area. The inclusion criteria were as follows: (a) empirical articles; (b) published from 2020, the beginning of the pandemic in the country, until the moment of collection (September 2023); (c) using the descriptors in the title and/or keywords; (d) published in Portuguese; (e) studies conducted in CAPS; (f) carried out during the pandemic. The exclusion criteria were as follows: (a) published only in any language other than Portuguese; (b) theses, dissertations, monographs, protocols, guides, guidelines, recommendations, instructions, bulletins, experience reports, essays, reviews, editorials, PREPRINT editions and books; (c) studies that were not conducted in CAPS; (d) that were not available for access on the pages; (e) studies carried out outside the pandemic period or that did not cover the effects of the pandemic on CAPS.

The methodological procedures for conducting the review were analyzed in the light of the PRISMA protocol (MOHER et al., 2015) based on the following steps: (1) definition of the search criteria; (2) selection of databases to be consulted; (3) choice of relevant keywords; (4) creation of combination variations for the most targeted query; (5) searching, organizing and tabulating the identified articles; (6) deletion of duplicates; (7) screening of productions based on the reading of the titles; (8) keywords and abstracts; (9) evaluation and inclusion of productions that met the established criteria; (10) critical analysis and reading of the selected articles; (11) interpretation and discussion of the results found.

The results of the research were systematized and the Excel software was used to exclude duplicate productions. The inclusion and exclusion criteria were applied to all manuscripts found, in order to select the articles for this review, as shown in Figure 1.

Figure 1 - Diagram of the Article Selection Process



Source: Prepared by the authors

In all, 154 manuscripts were found. After the duplicate deletion stage, 59 manuscripts remained for screening. It is noteworthy that although the combinations of keywords are very close to each other, they generated different results, even after the exclusion of duplicates.

Subsequently, the first screening of the remaining 59 manuscripts was carried out based on the reading of the titles, keywords, and abstracts, so that those that did not meet the inclusion criteria were excluded. After this screening, 44 manuscripts were eliminated, of which 12 were experience reports; five did not occur in the CAPS environment; two were in English and were research carried out in Europe; one was a rehearsal; four were editorials; two were narrative or integrative review; two were not available because they had not been found; seven were products of training (theses, dissertations or monographs); one was in PREPRINT; six were communicative documents (newsletters, guides, bulletins, recommendations, orientations or instructive); two were books. After the second stage of screening, which was the full reading of the text, five articles were excluded because they did not directly address the repercussions of the pandemic on the CAPS.

The conclusion of these careful selection stages resulted in 10 empirical articles that met all the inclusion criteria. Chart 1 summarizes the empirical articles found, detailing their characterization.

Table 1 - Characterization of empirical articles

Article Title	Year	Type of CAPS	Locality	Sample	Research Approach	Collection Method	Form of Analysis
The impact of the covid-19 pandemic on the mental health care of alcohol users in Psychosocial Care Centers (GERBALDO & ANTUNES, 2022).	2022	CAPS AD	National	Users	Quantitative	Desk Research	Comparative analysis
Profile of care in a Psychosocial Care Center during the COVID-19 pandemic: A retrospective analysis (BENATTO ET AL., 2022).	2022	CAPS III	Curitiba, PR	Users	Quantitative	Desk Research	Descriptive Analysis
Work process in mental health services in the Covid-19 pandemic: A qualitative study (GOMES ET AL., 2021).	2021	CAPS I	Carmópolis de Minas, MG	Professionals	Qualitative	Case Study	Minayo's Thematic Analysis
Doubly lethal: The psychic destruction of health professionals during the covid-19 pandemic (BARDY, 2022).	2022	CAPS AD	Municipality of SP	Professionals	Qualitative	Interviews and ethnographic narratives	Ethnographic Analysis
Mental Health, Intersectoral Articulations and University Support in Times of COVID-19 (RODRIGUES ET AL., 2020).	2020	CAPS	Northwest of RJ	Users and Professionals	Qualitative	Cutouts of Scenes from Everyday Situations	Cartographic Analysis
Repercussions of COVID-19 on the care and behavior of users of a Child and Adolescent Psychosocial Care Center (SILVA ET AL., 2023).	2023	CAPSi	Recife, PE	Caregivers of users	Qualitative	Semi-Structured Interview	Bardin Content Analysis

Psychosocial Care Center: daily work and articulation with the network in the pandemic (SILVANO ET AL., 2022).	2022	CAPS I	Not Informed	Professionals	Qualitative	Participant Observation and Semi-Structured Interview	Categorical Thematic Content Analysis
The life experience of mental health workers during the coronavirus pandemic (SANTOS ET AL., 2022).	2022	CAPS AD e CAPS II	Interior de SP	Professionals	Qualitative	Life Narrative	Content Analysis in the Minayo Thematic Modality
"Social Issue", sexual division of labor and mental health in the pandemic (MATOS & ALBUQUERQUE, 2023).	2023	CAPS II	Aracati, CE	Users	Qualitative	Semi-Structured Interview	Content Analysis
Repercussions of COVID-19 on the mental health of workers in psychosocial care centers (KANTORSKI ET AL., 2023).	2023	CAPS	Pelotas, RS	Professionals	Quantitative	PHQ-9 GHQ-12 Questionnaires	Cluster Analysis

Source: Prepared by the authors.

RESULTS AND DISCUSSION

The results will be presented and discussed, first, through the characterization of the articles found. Subsequently, with the results of the main contents found in the articles, three categories were elaborated that were discussed, namely: 1) Attendances in the pandemic: changes in profile and quantity; 2) Operation of devices and adaptations in the face of COVID-19; and 3) Going through the pandemic in work processes.

Regarding the characterization of the research that made up the corpus of the review, 10 empirical studies were analyzed. One article was published in 2020, one in 2021, five in 2022, and three in 2023, demonstrating growth over time, especially in the year 2022. Regarding the sample, in three of the articles, the sample was composed only of service users; in five, the sample was composed only of service professionals; In one article, the sample was composed of the users' caregivers and in another, the sample was composed of both users and professionals.

The articles dealt with research that took place in the three types of CAPS: two took place in CAPS AD; one occurred in CAPSi; six in adult CAPS and one occurred in CAPS II and CAPS AD. The territorial distribution of research applications was more pronounced in

the regions: Southeast, with four articles; Northeast, with two articles; South, with two articles. No article resulting from the research was found that was applied in the North or Midwest regions. One of the articles deals with a national study and another does not identify the exact location within Brazil. The qualitative nature was found in seven articles, being predominant, while the data collection methods were documentary research, case study, interviews and ethnographic narratives, cutouts of scenes of everyday situations, semi-structured interviews, participant observation, life narrative and application of validated questionnaires.

CATEGORY 1 - CARE IN THE PANDEMIC: CHANGES IN PROFILE AND QUANTITY

This category is composed of a group of studies that reveals characteristics about the pandemic period in relation to the number of consultations recorded and the profile of care in the CAPS. A national study pointed to a significant reduction in the number of procedures and/or care recorded in the CAPS (GERBALDO & ANTUNES, 2022). This reduction was not the result of better mental health conditions, but rather of the sanitary conditions necessary to manage the contagion of the pandemic, which intensified vulnerabilities and, consequently, psychological suffering (SILVANO ET AL., 2022).

Regarding the profile of the services, there was an increase in self-extermination attempts (BENATTO ET AL., 2022; SILVANO ET AL., 2022) and in disorders resulting from alcohol and other drug abuse (BENATTO ET AL., 2022; SILVANO ET AL., 2022; GOMES ET AL., 2021). Regarding the demands of CAPS users, there are reports of increased anxiety and depressive symptoms (SILVANO ET AL., 2022; SILVA ET AL., 2023), while among children and adolescents, agitation, irritability, and changes in eating patterns were also noted (SILVA ET AL., 2023).

The sexual division of labor in the pandemic was an element that revealed a reality of expanding gender oppression. The women referred to the CAPS stated an increase in responsibilities for domestic activities and took care of a family member. The experience of domestic violence was present in the daily lives of almost half of these women during the pandemic, whose demand for starting follow-up at the CAPS was, in general, the risk of suicide (MATOS & ALBUQUERQUE, 2023).

Racial issues are mentioned in only half of the articles surveyed (GERBALDO & ANTUNES, 2022; BARDY, 2022; MATOS & ALBUQUERQUE, 2023; SANTOS ET AL., 2022; KANTORSKI ET AL., 2023), most of the time only as a characterization of the

sample, without discussions and articulations of this variable with others. In the national study conducted by Gerbaldo and Antunes (2022), negligence in filling out the CAPS reception forms is problematized, since they contain an item on race/color that is informed in a way that is less than expected, making it difficult to analyze this item. This research corroborates other more general findings, which found negligence in information on race/color in the population affected by COVID-19 (SANTOS ET AL., 2022), including difficulty in asking the race/color item, in addition to the difficulty in recognizing the importance of this item by professionals (SILVEIRA ET AL., 2021). Race is considered a social determinant of health and, therefore, scientific research in health should contain this analysis, both because it is scientifically relevant and because of the social commitment to equity in health (SANTOS ET AL., 2022).

Socioeconomic aspects such as class were little explored in the articles found, however, there are findings on the precariousness of income with situations of unemployment and exploitation of labor during the pandemic, which contributed to the increase in psychological suffering (MATOS & ALBUQUERQUE, 2023). Class is an intersectionality of extreme relevance for the analysis of the effects of COVID-19, since it deals with a reality that was very different, including access to health (FLEURY & MENEZES, 2020).

In the studies found, only one occurs in a CAPSi and the sample is made up of caregivers (Silva et al., 2023). This emptying in relation to the human development processes of childhood/adolescence is consistent with the historical late inclusion of this public in the agendas of public policies (COUTO & DELGADO, 2015). It is essential that childhood and adolescence are understood as a process of human development and not as a "transition phase", so that their discourses and subjective processes are validated (MAUCH ET AL., 2022). This understanding provides more effective attention to mental health demands and evokes social participation, in addition to being rooted in the Anti-Asylum Struggle, understanding children and adolescents as subjects of rights (BRAGA & D'OLIVEIRA, 2019; FERNANDES ET AL., 2020).

CATEGORY 2 - OPERATION OF DEVICES AND ADAPTATIONS IN THE FACE OF COVID-19

This category brought together studies that point to various dimensions of the functioning of the CAPS and the adaptations necessary to maintain their functioning during

the pandemic period. COVID prevention actions, such as distancing, interrupted therapeutic actions and interprofessional strategies and intersectoral actions (SILVANO ET AL., 2022). There was difficulty in maintaining care at CAPS during the pandemic, especially due to the suspension of face-to-face groups by Technical Note No. 12/2020 (BRASIL, 2020), which is pointed out in two studies (GERBALDO & ANTUNES, 2022; SILVANO ET AL., 2022). Matrix support actions had to be interrupted and profoundly changed in some devices, as well as the day service (GOMES ET AL., 2021).

Studies have shown that many CAPS have started to function only with shelters, crisis care, and/or home visits, prioritizing suicide risk demands (GERBALDO & ANTUNES, 2022; BENATTO ET AL., 2022; GOMES ET AL., 2021; RODRIGUES ET AL., 2020). Technologies were allies in maintaining care in some CAPS, which, despite the difficulties of access and training for use, followed up with users by telephone, while another offered online care to the community (GOMES ET AL., 2021; RODRIGUES ET AL., 2020).

Studies have pointed out that there has been an upsurge in paradigms that have not yet been overcome that emphasize abstinence and long-term hospitalizations (SENA & RODRIGUES, 2021; SILVANO ET AL., 2022). The prohibitionist vision was strengthened and made possible by a moment of public calamity. Policies in this sense attack and weaken the very principles of the SUS of integrality and community participation. However, practices based on punitive or individualizing personal beliefs were being valued and promoted, not only in the field of mental health, but also in other psychosocial spheres, and could contribute to the worsening of health inequality (SIMONI & CABRAL, 2023).

The studies showed that the receptions at the CAPS were made by spontaneous demand, without referral from the network and absorbed demands such as prescription renewals (BENATTO ET AL., 2022; GOMES ET AL., 2021). By itself, spontaneous demand could represent greater user activity in their own territory. However, it is hypothesized that this fact occurs due to the appropriation of the RAPS devices by the users or the overload of other levels of care in making the necessary referrals.

As a consequence of this political plot and the challenges of a health crisis, in order to remain in operation, the CAPS assumed a model similar to the outpatient one, deconstructing the substitutive logic and psychosocial and community care for a more medicalizing and individualizing logic (GOMES ET AL., 2021; RODRIGUES ET AL., 2020). It is noteworthy that the CAPS have been operating since their inception, since despite

what is proposed by the Brazilian Psychiatric Reform, a more individualizing perspective of care is still adopted (QUINTAS & AMARANTE, 2008).

This individualizing perspective has been strengthened along with the Psychiatric Counter-Reform movement, which carries setbacks for mental health policy, as an example of national scope are Ordinance 3,588/2017 (BRASIL, 2017) corroborated by Ordinance 2,434/2018 (BRASIL, 2018), which has as one of its propositions the legitimization of psychiatric hospitals as part of the RAPS and the readjustment of the financing of hospitalizations in these institutions (NUNES ET AL., 2019).

In the context presented, multidisciplinary and intersectoriality, which have always represented points of tension in the network, were even more seriously left aside in the pandemic scenario, while group therapeutic actions were supplanted, increasing the individualization of mental health care. The mental health device must work with the RAPS, through articulations and not be centralized, as has been designed and which was enhanced in the pandemic (GOMES ET AL., 2021).

CATEGORY 3 - GOING THROUGH THE PANDEMIC IN WORK PROCESSES

This category gathered content from the studies that revealed how affected the work processes were by crossings during the pandemic period. The conformation of the pandemic, with the worsening of cases and the centrality of mental health demands in CAPS, generated work overload (GOMES ET AL., 2021; SILVANO ET AL., 2022; SANTOS ET AL., 2022). Work processes changed and suffered several impacts, since there was cancellation of vacations and leave of professionals who were in the risk group, added to changes in the family dynamics of these workers (SANTOS ET AL., 2022).

The study conducted by Bardy (2022) mentions that the physical and psychological exhaustion of professionals was intensified due to the sociopolitical context, including disregard for deaths, contributing not only to emotional repercussions, but also intensifying comorbidities among these workers. These findings corroborate the results pointed out by Soares et al. (2020) who pointed to experiences of frustration, fragility and emotional exhaustion in workers in a health professional category. This illness has an even greater impact when considering a gender perspective, since female workers experience a higher risk of developing depressive symptoms and the use of psychotropic drugs than male workers (KANTORSKI ET AL., 2023).

CAPS workers had to develop skills for the use of technologies, since part of the work processes were intermediated by technologies, whether online or by telephone (RODRIGUES ET AL., 2020; SILVANO ET AL., 2022; SILVA ET AL., 2023; GOMES ET AL., 2021). In line with these findings, research (FORNERETO ET AL., 2023; COELHO ET AL., 2020) demonstrate that the virtualization of health actions was necessary for the maintenance of care and continuity of care during the pandemic, in addition to the use of technologies being fundamental for the dissemination of community-based information.

Although the proposition of virtualization of health work processes using, for example, telehealth, is not recent, the pandemic forced the dissemination of this modality of care (ARAÚJO ET AL., 2023). The late implementation, only after a serious health crisis in which one of the few possibilities for action was precisely telehealth, represents the challenges of the feasibility of practices. There is a significant gap between the design of the guidelines and their practical application (SILVA ET AL., 2021). This scenario highlights the importance of analyzing not only the formulation of policies, but also the mechanisms to ensure the effective integration of telehealth processes into the care process.

FINAL CONSIDERATIONS

The COVID-19 pandemic has represented a global health crisis. In Brazil, the pandemic was the backdrop to mark an intense and complex political crisis. The impact on health was direct, especially with regard to mental health, and occurred more intensely in some populations, since the social determinations of health converged to a field of psychic suffering. In this scenario, this article sought, based on a systematic review of the literature, to answer the question: "What effects of covid 19 on CAPS?".

Based on the combination of descriptors, the 10 articles found answered the questions through three categories that dealt with the profile of care, the necessary adaptations, and the work processes in the CAPS during the pandemic. The strategy of using distinct but close descriptors was effective in a more targeted search for articles, since at this stage the use of only one of the combinations would result in the omission of some productions found.

The pandemic has profoundly changed the functioning of CAPS throughout the national territory, both in terms of productivity and in relation to changes in the activities developed. Compared to other periods, during the pandemic there was a reduction in the number of procedures recorded at the CAPS, a reality that is not in line with the perception

of the workers, who felt overloaded. The socio-political context combined with profound changes in work processes, such as absences, interruption of groups, prioritization of crisis care and the reduction of intersectoral actions contributed to this overload.

The necessary adaptations to the functioning of the CAPS in the pandemic contributed to the services, which are part of psychosocial care, to start working even more in an analogous way to the outpatient one. It should be noted that the CAPS already worked in this way before the pandemic, but the performance was accentuated with the advent of it. Movements such as the Psychiatric Counter-Reform mischaracterize the CAPS and their substitutive logic, causing them to reduce their function of territorial insertion, in addition to demobilizing users in relation to social participation.

The intersectionalities between mental health and race and gender should be further explored in future studies, as they carry with them specific implications. As well as these intersectionalities, childhood and adolescence had little space in the studies, denouncing a reality of underrepresentation of these social strata. Another limitation found is the slowness in the publication process, which may have contributed to other studies being included in this review if they had already been published by the time of data collection for this article.

Ultimately, this study contributes to the understanding of the effects of the pandemic on CAPS, emphasizing the importance of directing efforts to preserve the fundamental principles of mental health care and promote an equitable and comprehensive approach for all social strata.

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