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Multiprofessional work in a psychosocial care center: an experience report

Trabalho multiprofissional em centro de atenção psicossocial: relato de experiência

Trabajo multiprofesional en un centro de atención psicosocial: relato de experiencia

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ABSTRACT

Objective: To report and reflect on the strengths and weaknesses of multiprofessional practice in a Psychosocial Care Center (CAPS), from the perspective of a nurse resident in Collective Mental Health. **Methods:** This is an experience report with a qualitative approach and a narrative-reflective perspective, describing the observation and experience of multiprofessional work during theoretical-practical activities at a CAPS III in Iguatu, Ceará, Brazil, from April to November 2023. **Results**: Mental health service users presented demands that extended beyond mental illness, requiring comprehensive multiprofessional interventions. However, multiprofessional work was fragmented due to workload overload and service overcrowding, negatively affecting comprehensive care. Despite the daily challenges, recognizing limitations is essential for improving the quality of work processes. **Final Considerations:** Therefore, the experience highlights the importance of fostering environments of listening, dialogue, and support for healthcare workers, recognizing that strengthened teams are fundamental to providing truly humanized mental health care. Limitations include the restricted time frame and the perspective of a single professional.

Keywords: *Nursing; Mental health; Mental health services.*

RESUMO

Objetivo: Relatar e refletir sobre as potencialidades e fragilidades da atuação multiprofissional em Centro de Atenção Psicossocial (CAPS), a partir da perspectiva de uma enfermeira residente em Saúde Mental Coletiva. **Método:** Trata-se de relato de experiência, com abordagem qualitativa e perspectiva narrativa-reflexiva, que buscou descrever acerca da observação e vivência do trabalho multiprofissional,

durante a atuação teórico-prática no CAPS III de Iguatu-Ceará, Brasil, de abril a novembro de 2023. **Resultados:** Os usuários da saúde mental traziam demandas para além do adoecimento mental, necessitando de trabalho multiprofissional. Porém, o trabalho multiprofissional estava fragmentado, devido à sobrecarga de trabalho e superlotação, impactando no cuidado integral. Apesar das adversidades encontradas diariamente, reconhecer limites é essencial para melhorar a qualidade do trabalho. **Considerações Finais:** Portanto, a experiência de trabalho multiprofissional reforça a importância de criar ambientes de escuta, diálogo e atenção às pessoas que cuidam, reconhecendo que equipes fortalecidas são essenciais para oferecer um cuidado realmente humanizado na saúde mental. Destacam-se, como limitações, o recorte temporal restrito e a perspectiva de uma única profissional.

Descritores: *Enfermagem; Saúde mental; Serviços de saúde mental.*

RESUMEN

Objetivo: Relatar y reflexionar sobre las potencialidades y fragilidades de la actuación multiprofesional en un Centro de Atención Psicosocial (CAPS), desde la perspectiva de una enfermera residente en Salud Mental Colectiva. **Método:** Se trata de un relato de experiencia con enfoque cualitativo y perspectiva narrativo-reflexiva, que describe la observación y vivencia del trabajo multiprofesional durante el período de actuación teórico-práctica en un CAPS III de Iguatu, Ceará, Brasil, entre abril y noviembre de 2023. **Resultados**: Los usuarios de salud mental presentaban demandas que iban más allá del padecimiento mental, requiriendo intervenciones multiprofesionales integrales. Sin embargo, el trabajo multiprofesional se encontraba fragmentado debido a la sobrecarga laboral y la superpoblación del servicio, afectando la atención integral. A pesar de las adversidades encontradas diariamente, reconocer los límites es fundamental para mejorar la calidad de los procesos de trabajo. **Consideraciones Finales:** Por lo tanto, la experiencia destaca la importancia de promover espacios de escucha, diálogo y apoyo a los trabajadores de la salud, reconociendo que equipos fortalecidos son esenciales para ofrecer una atención en salud mental verdaderamente humanizada. Como limitaciones, se destacan el recorte temporal restringido y la perspectiva de una única profesional.

Descriptores: *Enfermería; Salud mental; Servicios de salud mental.*

INTRODUCTION

The psychiatric reform movement in Brazil, enshrined in Law No. 10,216 of 2001, established guidelines for protecting and guaranteeing the rights of people with mental disorders, promoting a new model of care. This model ensures care free from discrimination, with a focus on freedom, social inclusion, and hospitalization as a last resort. The anti-asylum logic guiding this reform also encouraged the formation of multidisciplinary and multiprofessional teams, contributing to the development of a mental health care model grounded in human rights and community support[1].

Psychosocial Care Centers (CAPS, in Portuguese) emerged in Brazil with the important role of deinstitutionalizing the asylum model, replacing treatment based on isolation with care in the community, allowing individuals to be part of society, and valuing family and community life. It is the responsibility of CAPS to offer various services, including individual and group sessions, therapeutic workshops, family counseling, home visits, and community activities focused on integrating the user into the community[2].

Administrative Order No. 336, dated February 19, 2002, states that Psychosocial Care Centers are organized into the following categories: CAPS I, CAPS II, CAPS III, CAPS Alcohol and Drugs (AD), CAPS AD III, and Child CAPS (CAPSi), serving individuals according to the degree of mental distress and considering increasing levels of scale, complexity, and population coverage[3].

CAPS III, the setting for the experience reported here, serves individuals with severe and persistent mental disorders, offering comprehensive care and multidisciplinary assistance under an interdisciplinary approach[3]. This facility emerged as a medium-complexity and essential service, offering a multidisciplinary therapeutic approach with various professionals, such as psychologists, psychiatrists, social workers, and nurses, and providing psychosocial rehabilitation that considers clinical, social, family, and community aspects[4]. Furthermore, it offers individual and group sessions, therapeutic workshops, home visits, community activities, and overnight shelter[3].

For the service to function properly, it is essential to develop collaborative practices among professionals from different fields of expertise, as a multiprofessional approach allows for addressing the complexity of mental health demands, enabling comprehensive and context-specific approaches to both users' needs and the organization of services and healthcare networks[5].

However, despite the recognized importance of teamwork in mental health services, the literature still reveals significant gaps regarding the impacts of work overload and overcrowding on the comprehensiveness of care provided at CAPS. This fragmentation of multiprofessional practices compromises the quality of care and hinders the implementation of the principles of Psychiatric Reform in the daily routine of these services[6]. Furthermore, there is a scarcity of systematic reports that describe, from a nursing perspective, the challenges and opportunities experienced during the multiprofessional residency in community mental health.

Thus, this study is justified by the need to report on and reflect upon the experience gained during the multiprofessional residency, within the context of teamwork in the service. Furthermore, it highlights the importance of knowledge exchange among the different professionals involved in care, as well as the potential and vulnerabilities present in care practice, that can influence the continuity and quality of care provided. Furthermore, this report contributes to the advancement of the field by offering a reflective and situated analysis of multiprofessional practices within a context of high complexity and demand, thereby informing discussions on work management, professional training, and the organization of mental health services within the SUS.

Thus, this study aimed to describe and reflect on the strengths and weaknesses of multidisciplinary practice at a Psychosocial Care Center (CAPS), from the perspective of a nurse specializing in Community Mental Health.

METHODS

This is a qualitative study characterized as an experiential report, a descriptive approach that seeks to systematize experiences developed within a specific professional context. This type of study allows for reflection on practices, processes, and interventions carried out, linking lived experience with relevant theoretical frameworks.

The report was built using the participant observation technique, conducted by a nurse who is a member of the Multidisciplinary Residency in Collective Mental Health team. To systematize and analyze the experiences, the reflective narrative perspective was adopted, which allows the researcher to organize the experiences in a critical and interpretive manner, recognizing their position as an active subject in the process of knowledge production. Observations were recorded in a field diary throughout the practice period, constituting the corpus of analysis, organized around two thematic axes: the strengths and weaknesses of multiprofessional work. The study was based on experiences gained during theoretical and practical work at the Psychosocial Care Center III (CAPS III) in the municipality of Iguatu, Ceará, from April to November 2023, involving participation in groups, interactions with clients, and exchanges of information with team members.

The municipality has a psychosocial care network consisting of three Psychosocial Care Centers: CAPS III, the Psychosocial Care Center for Alcohol and Other Drugs (CAPS AD), and the Psychosocial Care Center for Children and Adolescents (CAPS IJ), as well as a Therapeutic Residence.

As this is a report of professional experience, the study was exempt from submission to the Research Ethics Committee, in accordance with National Health Council Resolution No. 510/2016, which excludes ethical review for studies whose subject is the researcher's own professional practice. No data was collected from clients or staff, nor was any information used that would allow for the identification of individuals. The situations described were presented in an anonymized manner, preserving the dignity and privacy of those involved.

However, the ethical principles established in National Health Council Resolution No. 466/2012 were respected, ensuring respect for human dignity and the protection of those involved.

RESULTS

The analysis of the participants' experiences was organized into two thematic areas: (1) the potential of multidisciplinary work and (2) the weaknesses and challenges faced in the day-to-day operations of the service.

Thematic Area 1 – Potentialities of multiprofessional work

During the multi-professional residency in community mental health, it was possible to observe the importance of multi-professional teamwork focused on each client's individual needs. Thus, the experience enabled participation in various activities, including screenings, listening sessions, counseling, group sessions, medical record documentation, intersectoral coordination, and a team meeting.

The two-year multidisciplinary residency in community mental health was designed as a formative and reflective journey, fostering personal and professional growth. It enabled residents not only to learn mental health practices but also to grapple daily with the limitations, contradictions, and potential of psychosocial care within a comprehensive care system.

The residency took place in three settings: eight months at CAPS III, eight months at CAPS AD, and six at CAPS IJ; during the second year, residents rotated through up to eight shifts across Primary Care, specialized care, and management. However, CAPS III was the setting that most aroused the resident's interest, as it was the first practice setting to incorporate this report as part of the experience in the multiprofessional residency.

The CAPS III in Iguatu, Ceará, serves as a referral center for nine municipalities and maintains approximately 18,000 active patient records. It is staffed by a social worker, nurses, an educator, psychologists, psychiatrists, and a pharmacist, as well as residents from the multiprofessional team of the Ceará School of Public Health, including a nurse, a social worker, a psychologist, and medical residents in psychiatry.

As a walk-in service, CAPS III operates by accepting patients who present on their own initiative or are referred by the healthcare system. During the initial visit, the patient registers and undergoes a screening by a licensed professional. In cases of re-evaluation, care is provided based on the existing medical record, typically due to a worsening of the patient's condition or the need to resume therapeutic follow-up.

When the psychiatrist or psychiatry resident evaluates the patient, they decide on the course of treatment, which may involve medication at home, or whether the patient will remain under psychiatric observation for stabilization and monitoring, be referred for psychotherapy, be referred to Primary Care if the

case does not fit the service's profile, or, in the event of a clinical emergency, be referred to the municipal regional hospital. If the patient remained in overnight care, the nursing team was to follow the medical prescription, and when necessary, information and guidance were exchanged between physicians, residents, and the nursing team.

Based on an understanding of how the services functioned and their relevance to the account described here, the experience took place while I was a mental health resident, as part of a multidisciplinary team of community mental health residents that included, in addition to the nurse, a social worker and a psychologist, from April to November 2023.

Thematic Area 2 – Vulnerabilities and challenges in the day-to-day operations of the service

As a resident, the researcher performed various duties, one of which was conducting daily triage. During this work, she became aware of the difficulties patients faced in long-term care. This was due to delays in care, with appointments for psychiatric consultations scheduled up to four months in advance. In addition, the waiting list for psychotherapy referrals exceeded two years. All of this was caused by overcrowding, a shortage of professionals, and needs that could have been addressed at the primary care clinic but were instead referred to specialized care.

During the time of experience, there was participation in collective activities with the patient-days, with educational actions, painting, handicrafts, collages, singing, therapeutic groups, making handicrafts for sales, among other tasks. When working with these users, it was noticed that the demands advanced beyond mental illness, issues such as fragile family and social ties, social vulnerabilities, difficulties in staying in jobs, need for home visits, other comorbidities, abuse of psychoactive substances, and even difficulties in adhering to treatment due to lack of literacy.

By listening, I identified the user's most urgent needs and always sought to discuss the case with colleagues at the residence to determine the best options for assistance; when urgent, I referred the case to the psychiatrist for same-day care, prioritizing the most severe cases.

However, due to the increased workload and overcrowding that have grown considerably since the pandemic, it became apparent that communication among professionals was limited; team meetings—essential for discussing cases, aligning common goals, and sharing experiences—were rare. Thus, it is emphasized that the lack of communication among professionals undermines the comprehensiveness of care and highlights weaknesses in effective biopsychosocial care, in partnerships, and in multidisciplinary work within the service.

It is worth noting that even in the face of so many adversities, the team has been seeking alternatives to improve and expand services for users through

collective-oriented initiatives, such as group activities with the artisan, therapeutic groups, groups with the educational psychologist, and the multidisciplinary residents who aim to introduce new approaches to care and strengthen the team.

As a multidisciplinary team of residents, the exchange of experiences, integration of knowledge, effective communication, respect for professional autonomy, and the sharing of integrated care proved effective during the practical-theoretical period. Consequently, cases requiring more than one intervention, such as psychotherapy and social work, were frequently discussed, with the aim of providing broader, high-quality care.

The importance of teamwork in psychosocial care is emphasized, acknowledging the challenges that must be faced and overcome. It is necessary to promote knowledge, awareness, and the search for new ways to treat patients, strengthening collaborative work, which should directly impact the therapeutic quality of care for the user. Furthermore, comprehensiveness is one of the principles of the Brazilian Unified Health System and must be applied, integrating the user and the community into the action plans designed for them.

DISCUSSION

Psychosocial care in CAPS requires a delicate approach, in which clinical practice and the management of teamwork, even across different disciplines, must be guided by a shared care philosophy. Thus, teamwork is grounded in clinical diversity. The operationalization of the work and care process, as well as the training of the service team itself, involves a set of ideas, techniques, and knowledge. A multiplicity of different perspectives, interpretations, and solutions regarding certain everyday situations creates tensions regarding the criteria for consistent conduct among professionals[1].

The Ministry of Health states that care provided by professionals working at CAPS III must adhere to the following guidelines: 40 (forty) patients per shift and a maximum of 60 (sixty) patients per day in the intensive care program; two psychiatrists; one nurse with training in mental health; five professionals with higher education degrees in the following categories: psychologist, social worker, nurse, occupational therapist, educator, or other professionals necessary for the therapeutic program; eight professionals with secondary education: nursing technicians and/or assistants, administrative technicians, educational technicians, and craftspeople. Additionally, the cleaning, kitchen, and security staff are also included[3].

In this context, interdisciplinarity at CAPS plays a strategic role in organizing the community care network, expanding the possibilities for implementing therapeutic and community projects. Considering the individual holistically would open new possibilities for engaging the family, society, and the community itself in addressing their respective needs. However, this approach faces many limitations to its implementation, the main one being the very concept of interdisciplinarity itself, whether due to a lack of practice or tradition in

working within this framework, as well as the training model for health professionals, which fosters a fragmented view of the human being[6].

It is well known that multidisciplinary teamwork has the power to expand and enhance patient care, but certain factors prevent this from happening, such as service challenges, substandard facilities, shortages of human resources, high demand, gaps in the continuity of patient care, interaction with the healthcare network, overreliance on medication, and a physician-centered approach, which diverges from the principles of psychiatric reform[7]. These factors have direct implications for patient safety, since professional overload increases the risk of errors, delays interventions, and compromises the continuous monitoring of the most vulnerable cases. In the context of the SUS, these weaknesses reflect structural challenges in work management, such as the precarious nature of professional employment relationships, insufficient resources, and the discontinuity of mental health policies, which directly affect the teams' ability to provide comprehensive care based on the principles of Psychiatric Reform.

Considering the above, it is evident that effective communication is essential in healthcare practices carried out by multidisciplinary teams, being described as a central element for collaboration among professionals within an organization. This communication can occur formally, such as in team meetings, or more informally, through conversations or email exchanges. For this, it is generally necessary to use certain tools, such as protocols and agreements established within the institution[8].

Another challenge highlighted in the literature is the inadequacy of staffing levels and the high caseload, which pose obstacles to providing comprehensive care and systematic follow-up for all patients. Faced with these challenges, the solutions adopted most often involve prioritizing the most severe cases, for which the team mobilizes to discuss and develop individualized strategies[9]. This practice, though necessary given the limitations, reveals a constant tension between the logic of urgency and the model of longitudinal and comprehensive care advocated by the Psychiatric Reform and the National Mental Health Policy. Coordination with Primary Health Care (PHC) emerges, in this context, as a fundamental strategy for reorganizing care flows, preventing the concentration of demands at the CAPS and strengthening continuity of care in the community.

It should be emphasized that the Multiprofessional Health Residency aims to promote an integrated and humanized approach to caring for people who seek health services. By integrating different professions within a context of collaborative learning, the health residency enables a broader and comprehensive understanding of the healthcare process[5].

Therefore, recognizing that nursing plays a fundamental role in mental health is essential, given that nursing professionals are responsible for providing the direct and necessary care to individuals with mental illness, assisting with basic needs, offering explanations and guidance to the family regarding the user's treatment and management, and supporting and viewing them as a whole person across all dimensions of life. Furthermore, it is nursing professionals who remain

closest to the patient most of the time, establishing interpersonal relationships with the patient, the team, family members, and managers, and sharing responsibility for care so that it does not take on institutional characteristics[10].

FINAL CONSIDERATIONS

It became clear that working in a multidisciplinary team presents many challenges. However, even in the face of the needs expressed by the clients, the experience demonstrated the importance and potential of this type of work to address issues that go beyond mental illness. Often, these problems are also related to social vulnerabilities and the breakdown of emotional bonds.

The difficulties of teamwork arise daily in the service, whether due to differences in professional backgrounds, limited human resources, or work overload, among other constraints, which sometimes create communication barriers among professionals. Recognizing these limitations is essential for the quality of multidisciplinary practice and to prevent care from becoming fragmented and overly reliant on medication.

This experience demonstrated the importance of more comprehensive and individualized care, considering the patient in a holistic and inclusive manner, as well as the need for ongoing professional education, so that professionals can develop new forms of humanized care centered on quality and the needs of each patient.

As practical recommendations, we suggest the implementation of systematic and regular clinical meetings to discuss cases and ensure consistency in care approaches among the multidisciplinary team; the development of interprofessional communication protocols that ensure continuity of care and patient safety; strengthening integration between the CAPS and Primary Health Care through matrix support and clear referral and counter-referral pathways; and investing in continuing education, with a focus on collaborative practice and worker health, recognizing that well-supported and strengthened teams are a prerequisite for truly humanized care.

Limitations of this study include the time frame restricted to the period from April to November 2023, the perspective of a single professional, and the specific context of a regional referral service, which may limit the generalizability of the findings. It is recommended that future studies broaden the scope to include other team members and incorporate the users' perspective, thereby enriching the understanding of multidisciplinary work in CAPS.

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Conflict of Interest

The authors declare no conflicts of interest.

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