

Conceptions of interdisciplinarity in Psychosocial Care Centers among nurses who completed residency

Concepções de enfermeiras egressas da residência acerca da interdisciplinaridade em Centros de Atenção Psicossocial

Concepciones de enfermeras egresadas de la residencia sobre la interdisciplinaria en Centros de Atención Psicossocial

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ABSTRACT

Objective: to analyze conceptions of interdisciplinary work in Psychosocial Care Centers among graduates from a Psychiatric Nursing and Mental Health Residency. **Method:** in this exploratory qualitative study, data were collected by semi-structured interviews of four participants, between July and August 2017. Bardin's thematic analysis was used. Approved by the Research Ethics Committee. **Results:** the study evidenced the value of comprehensive care produced by knowledge sharing, while highlighting the challenges posed by hierarchization, recognition for specific professional skills and the need for review of the training process. **Conclusion:** Interdisciplinarity is understood to be fundamental to comprehensive care, but has been encountering difficulties in services and in *lato sensu* training, due to perpetuation of the biomedical model. It points to the need to implement continued professional development and review of health course curricula, to prompt thinking that goes beyond the specifics of the profession.

Descriptors: Community Mental Health Services; Interdisciplinary Placement; Health Human Resource Training; Nursing.

RESUMO

Objetivo: analisar as concepções das egressas da Residência de Enfermagem Psiquiátrica e Saúde Mental sobre o trabalho interdisciplinar em Centros de Atenção Psicossocial. **Método:** estudo qualitativo-exploratório. Os dados foram coletados por entrevistas semiestruturadas com quatro participantes, entre julho a agosto de 2017. Utilizou-se a análise temática de Bardin. Aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** Evidenciou-se o valor da integralidade do cuidado, produzida pelo compartilhamento de saberes. Destacam-se, contudo, os desafios atrelados à hierarquização, à valorização das competências profissionais específicas e à necessária revisão do processo formativo. **Conclusão:** A interdisciplinaridade é compreendida como fundamental para a integralidade do cuidado, mas vem encontrando dificuldades nos serviços e em seu desenvolvimento na formação *lato sensu*, devido a preservação do modelo biomédico. Aponta-se para a necessidade de implementação de espaços de educação permanente e revisão curricular dos cursos da saúde, produzindo reflexões que extrapolem a especificidade profissional. **Descritores:** Serviços Comunitários de Saúde Mental; Práticas Interdisciplinares; Capacitação de Recursos Humanos em Saúde; Enfermagem.

RESUMEN

Objetivo: analizar las concepciones de los egresados de la Residencia de Enfermería en Psiquiatría y Salud Mental sobre el trabajo interdisciplinario en Centros de Atención Psicossocial. **Método:** estudio cualitativo-exploratorio. Los datos fueron recolectados a través de entrevistas semiestruturadas con 04 participantes, entre julio y agosto de 2017. Se utilizó el análisis temático de Bardin. Fue aprobado por el Comité de Ética en Investigación. **Resultados:** Se evidenció el valor de la integralidad de la atención, producida por el intercambio de conocimientos. No obstante, destacan los retos vinculados a la jerarquización, la valoración de las competencias profesionales específicas y a la necesaria revisión del proceso formativo. **Conclusión:** La interdisciplinaria se entiende como fundamental para la integralidad de la atención, pero ha estado encontrando dificultades en los servicios y en su desarrollo en la formación *lato sensu*, debido a la preservación del modelo biomédico. Señala la necesidad de implementación espacios de educación permanente y de revisión curricular de los cursos de salud, produciendo reflexiones que vayan más allá de la especificidad profesional.

Descriptor: Servicios Comunitarios de Salud Mental; Prácticas Interdisciplinarias; Capacitación de Recursos Humanos en Salud; Enfermería.

INTRODUCTION

The Brazilian Psychiatric Reform (PR), which started in the late 1970s, promoted advances in the mental health care model and encouraged the expansion of extra-hospital services with Law No. 10,216 of April 6, 2001^{1,2}. Ten years later, the Psychosocial Care Network (PCN) was established through Ordinance No. 3,088, of December 23, 2011, which sought to articulate and integrate the points of care to ensure comprehensive care. In the aforementioned Ordinance, interdisciplinarity stands out as strategie to promote the autonomy and social inclusion of users^{3,4}.

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Since its implementation, PCN has been under attack, highlighting the setback presented by Ordinance No. 3588/2017 and by Technical Note No. 11/2019, which reintroduced psychiatric hospitals into the network. Thus, it can also be said that PCN consists of: basic network, psychiatric wards in general hospitals, deinstitutionalization and psychosocial rehabilitation strategies and specialized community-based services³⁻⁵.

The Psychosocial Care Centers (CAPS) are specialized and strategic services for the implementation of the reorganization of psychiatric care, promoting comprehensive care and psychosocial rehabilitation for users. Therefore, teamwork is needed, with nursing having an important role in the production of care⁶. The practice of nursing is nationally and internationally recognized for improving access and quality in mental health, but it presents great challenges to its professional practice⁷.

For this work process, interdisciplinarity stands out as a team configuration that demands the understanding of a common problem, requiring joint work, mutual learning and the combination of elements from each category⁸. Thus, it is achieved through the integration and articulation of different knowledge and practices, aimed at building common interventions, valuing the knowledge and interventions of the professional categories involved⁹.

Therefore, interdisciplinarity is essential for the reformulation of the performance of nursing in mental health, as it calls for an opening to new contingencies of subjects and their singularities, demanding the overcoming of simplistic thinking about health and disease processes, producing new knowledge⁸. From this perspective, professionals must also be open to the vicissitudes and the desire to overcome the paths already taken, based on the sharing of new approaches.

This configuration is relevant to the work processes in CAPS, in which professionals must be able to articulate specific knowledge with the care network¹⁰.

In this context, nursing, in order to monitor the transitions in the mental health care model, has been facing the challenge of relearning how to care, in line with the proposals emphasized by PR and interdisciplinarity. In this process of reconfiguration of care, it is necessary to look at the daily practices of nursing in mental health services with the aim of building a new model of care that integrates the various disciplines, enabling the achievement of comprehensive and interdisciplinary care¹¹.

The importance of the category for the transformation of work processes is highlighted by its large number of mental health teams. Also, as decided by the Federal Council of Nursing (COFEN), nurses need to be specialized in the area to work in mental health. Thus, what can be seen is the relevance of the workforce composed of specialist nurses in Mental Health¹².

Considering that the *lato sensu* Postgraduate course is a necessary training space to have the aforementioned specialization demanded by COFEN, it is important to investigate how graduates of a residency course in Psychiatric nursing and mental health understand the interdisciplinary work in CAPS.

Thus, we ask: How have these graduates experienced the interdisciplinary practice in their daily work in mental health? How was interdisciplinarity approached in specialization?

Therefore, the objective is to analyze the conceptions of the graduates of the Psychiatric and Mental Health Nursing Residency about the interdisciplinary work in Psychosocial Care Centers.

METHOD

This is a qualitative-exploratory study¹³, carried out with four nurses who work in CAPS of different modalities, graduates of a Psychiatric and Mental Health Nursing Uniprofessional Residency program at a University Hospital in Rio de Janeiro/RJ. This program lasts for two years, requiring exclusive dedication and monthly remuneration through a scholarship. Entry happens through a public tender, approving up to three residents per selection. The workload is divided between theoretical (general and specific) and practical activities, with practical scenarios: psychiatric ward of a General University Hospital, psychiatric outpatient clinic, CAPSII and cardiology outpatient clinic, with consultations in Mental Health.

For the documental corpus, the contacts of nurses graduated from the residency between 2006 and 2016 were searched in the files of the program coordination.

During the established timeframe, a total of 27 nurses went through the Nursing Residency in Psychiatry and Mental Health. Of these, 21 completed the course (six were dismissed). In view of the lack of records in the coordination of the program, it was not possible to locate the contact with eight graduates. The 13 Alumni nurses were recruited through phone contact, meeting the following criteria: working in CAPS in the city of Rio de Janeiro and being actively registered

with the Regional Nursing Council. Only five graduates met the inclusion criteria, however, there was one graduate who chose not to participate in the research anymore, with the remaining documental corpus of four interviews.

The interviews were scheduled according to the availability of the participants and, after signing the Informed Consent Form, they were carried out in the workplace, individually, from July to August 2017. Data were collected from a semi-structured interview script consisting of the characterization of the participants: age, gender, color, marital status, number of dependents, year of completion of residency, workplace and issues related to the trajectory of work at the CAPS and training in the residency. With regard to interdisciplinary work, they were asked about the concept of interdisciplinarity in the services where they worked and how the topic was addressed during training.

The interviews were recorded, transcribed and archived. Their identities were preserved, being called by personal attributes, chosen by them and listed in the chronological order of data collection, with the following coding: Leadership1 (L1), Managerial2 (M2), Curious3 (C3) and Sensitivity4 (S4). The data, analyzed according to the Thematic Content Analysis of Bardin¹³, were organized for exploration of the material, analysis of results, inference and interpretation.

The research followed the ethical precepts recommended by the National Health Council Resolution No. 466, of December 12, 2012, and was approved by the Research Ethics Committee on June 26, 2017.

RESULTS AND DISCUSSION

The participating nurses were women who declared themselves white, single and without dependents, with a mean age of 31.75 years old, the youngest being 29 years old and the oldest 34 years old. Three graduated from public universities and one from a private college. All participants completed residency in psychiatric nursing and mental health between 2014 and 2016. As for their professional trajectory, all were CAPS III workers, with an average working time of two years and five months. The nurses declared to have these scenarios as a professional desire and that is why they participated in specific selection processes for these health centers. Only one nurse worked in two CAPS.

The statements addressed the work of nurses at CAPS focused on managerial and care practices, the latter being related to body care, user embracement and activities in PCN. The territorial work stood out as the one that, from the subject's uniqueness, enables the production of health and citizenship. Thus, the managerial function was attributed to the provision of medication and supplies, the management of the nursing team and the articulation with the health network.

Data analysis revealed two categories of analysis "Interdisciplinary work and Nursing in the context of CAPS" and "The challenge of interdisciplinarity in the training of specialist nurses in mental health".

Interdisciplinary work and nursing in the context of CAPS

The nurses brought in their statements that the dynamics of interdisciplinary work is important to produce care at the CAPS, as it adds knowledge to face the complexity of mental health. It is evident in the speeches that only one profession does not address the multiple demands of users, pointing to the interdisciplinary possibility of carrying out comprehensive care, as highlighted in the following statements:

These are very complex cases that a single knowledge cannot solve.

I believe that interdisciplinary work is essential [...] because when we're going to discuss a situation, a case, we have a perspective of each person, category, each education, I think we cannot restrict ourselves only at one perspective (S4).

The statements highlighted the power of care production when the team intervenes in cases collectively, mobilized by sharing knowledge. Thus, interdisciplinary work occurs when mental health team members share their specific knowledge in order to complete each other in the production of care and improve the quality of care. In this context, interdisciplinarity mediates professional knowledge to produce care based on the community, highlighting the importance of going beyond the boundaries of each category, while preserving aspects inherent to each profession¹⁴.

As the potential of interdisciplinary work, the quality of care, which covers the health needs of users, emerged from the nurses' statements. Therefore, dialogue within the team and the articulation of care technologies are encouraged, optimizing the comprehensiveness of care, which can be seen in the following statements:

It's a team that, no matter how many problems are there, [...] the members are able to talk to each other and provide care, which is the most important (C3).

We need the perspective of others also in building what we believe will be better and along with them (users), them with us as protagonists of this care (S4).

From the expanded perspective of care and the principles of teamwork, the exchange and power of professional-professional and professional-user meetings also expands. Thus, the need to consolidate interdisciplinary work in nursing work at CAPS is highlighted, so that professionals can have the freedom and security to compose and intervene in the knowledge of other professional categories, understanding their role in the team, by less rigid or static attitudes¹⁵.

The conception presented by the participants about the power of interdisciplinary work is supported by studies that show the contributions of nursing in the production of mental health care, especially in the construction of the Singular Therapeutic Project (STP). The STP is a fundamental care technology for the field of mental health, inserted in the context of interdisciplinarity to meet the health demands of subjects based on the composition between the team, the user and the family^{16,17}.

However, interdisciplinarity was also addressed as a challenging element. The interviewees indicated the team's resistance to professional limits, feeling less valued. These tensions point to weaknesses in the horizontality between team members, as mentioned in the following statements:

It was a big challenge... a big one because I kept thinking: 'Man, how am I going to do this?' (L1).

So, we get tense all the time, like "I do more than you" or "you do more than me", "you have to do it more like me or like you" (M2).

These data are corroborated by studies on the work process in Psychosocial Care Centers, pointing to the perpetuation of hegemony and overvaluation of medical knowledge as factors that still hinder interdisciplinary work in psychosocial care. Thus, communication difficulties among team professionals are signaled¹⁸.

Nursing, when organizing health care with a focus on problems, risks and potential of individuals and collectives, uses the Nursing Process (NP), a knowledge that is proper to its professional category. However, despite the similarities between the NP and the STP, when nursing is faced with the need to build Therapeutic Projects, mediated by knowledge sharing with other specificities, they are limited, influencing the integrality of care production¹⁷.

The relationship between team assignments and training specifics has been demonstrated in studies that indicate that the nursing team still suffers from a reductionist view of their knowledge, being understood only as responsible for hygiene care and those related to drug therapy, including verification and administration, evaluations of use, effectiveness and guidance to users and families. It was also identified that nursing is called upon to develop its core of knowledge based on the prevention of clinical diseases¹⁶.

To change the care model in mental health, studies highlight the need to create movements in the production of nursing care that move away from the practices traditionally exercised by this category, such as insertion in group actions and interventions in the community¹⁹. However, even though it is an important space to produce care in CAPS, the conduct of support groups and therapeutic workshops is still not seen by the teams as a competence of nursing¹⁶.

Thus, the difficulties in relating and sharing knowledge affect the practice of nursing, but they also produce direct consequences for the process of producing psychosocial care. These obstacles are notorious in the construction of the STP, which ends up being reduced to the activities the users are inserted in or the days they attend the CAPS. It is noticed that, even considering the entire trajectory of PR, the daily life of services still preserves elements belonging to the biomedical model, which reduces the sharing of knowledge, which invariably affects the quality of STP, work processes and CAPS management^{7,14}.

For users of mental health services, the presence of nurses in the therapeutic process is very important. They are inserted in groups, activities and individual care, playing a role of communicator and intermediary in family relationships and, mainly, in the interpersonal support relationship during treatment. Users recognize nursing as a profession capable of providing care and creating bonds with these professionals¹⁹.

As a power to resolve this issue, the following were valued by the participants: team meetings, which allow for greater porosity between professional boundaries and the specific aspects of each area; the importance of work organization; and the reduction of hierarchies between management and workers and these and the others.

Team meetings are mentioned in other studies as a favorable space for the collective construction of workers and discussions about the cases followed, promoting organizational arrangements that lead to the performance of team interventions, being therefore recognized as an interdisciplinary space. In the meetings, interactions take place without losing the specifics, but looking at expanded care in mental health²⁰.

To carry out activities in CAPS, professionals rely on regulations and procedures, especially those provided in manuals and ordinances of the Ministry of Health. However, what is generally described is what/how to do in a way out of step with the assumptions of interdisciplinarity. Thus, it appears that there is a need to update the guiding documents, in order to ensure interdisciplinarity.

Thus, the analysis of the statement allowed accessing contradictions between the nurses' understanding and what is practiced in the services' daily routine. If, on the one hand, the interviewees understand the benefits of an interdisciplinary practice in the production of mental health care at the CAPS, on the other hand, the difficulty of implementing these assumptions in the relationship with the service team is evident, mainly linked to the difficulty of validation of the place occupied by nursing in this changing clinic.

The challenge of interdisciplinarity in the training of mental health specialist nurses

According to the study participants, theoretical-conceptual and practical frameworks of interdisciplinary work in health during specialization were not addressed. Thus, a training that preserves the validation of specific knowledge of each category persists. In their statements, the hierarchical relationship can be seen, as evidenced by the inequality of power between professionals, in the composition of health teams.

[...]those who have an older education still have a lot of difficulty with this. We're formed in caste, formed by hierarchies and I say this not only about graduation formation, I speak of social formation [...] (M2).

[...] there's a tendency, a push for you to play your role [...] (L1).

[...] make your opinion count against the other's opinion (C3).

What is evidenced is the deficient training with regard to discussions on interdisciplinarity and their reduced articulation with public policies on Mental Health. The nurses interviewed reported difficulties in appropriating new actions and carrying out interdisciplinary work, attributing this issue to training restricted to specific Nursing. This fact is related to the close contact that residents have in practical fields with nursing professionals who still need to reframe the object of care in mental health - from the disease to the subject - and the need to build this new model in line with psychosocial care²¹.

Studies corroborate what was found in the participants' reports by showing that interdisciplinary work is hampered by academic training offered to health professionals, which preserve the biomedical model. The contents related to PR still need further development and better approaches, especially in nursing education, which still prioritizes the biological focus and bureaucracies to the detriment of comprehensive care²².

The lack of clarity regarding mental health nursing skills and competencies in psychosocial care also appears in other studies as an important obstacle to the production of care, limiting the contributions of this category to what was traditionally developed by the biomedical model²².

Thus, it is inferred that there is a need to provide opportunities for learning, theoretical and practical, in a shared way with other professional categories so that interdisciplinary work is present in the daily life of services.

Therefore, it is necessary to reform the teaching-learning process and practices based on the biomedical model, in the direction of interdisciplinary actions aimed at the exchange and production of knowledge for the benefit of science and the community²¹. Thus, the need emerges of articulation and updating of the uniprofessional residency programs in psychiatric nursing and mental health to the assumptions of PR, which breaks with the asylum logic and calls to produce new knowledge and knowledge in the care of people in psychological distress¹⁰.

Thus, the power found in multiprofessional health residencies, created with the objective of reorienting training through shared practice, which is characterized by overcoming the weaknesses of training, is pointed out as a possibility of reframing the mental health care model by specificities, consolidating the SUS guidelines¹⁷.

In view of the RP assumptions, one cannot think about the work of CAPS, just because of the presence of a group of specialists, without the integration of professional practices. Thus, for there to be significant changes towards collaborative work, professionals need to learn, in their formative trajectories, relational tools that enable the exchange of knowledge that redirect the production of care.

Limitations of the study

The study has, as a limitation, the carrying out of the investigation with a small number of nurses who have graduated from only one *lato sensu* graduate degree. Thus, further studies are needed to expand this universe, expanding the investigation to other nursing homes and other mental health devices, which may offer new reflections on the subject.

CONCLUSION

The study points out that nurses understand the importance of interdisciplinary work at CAPS to produce mental health care. This data is evidenced from the value offered to comprehensive care to the users, produced through a greater approximation and dialogue among workers, in favor of sharing knowledge.

However, it is also evident that the challenges posed for the implementation of an interdisciplinary work are presented in the relationship with the professional team, especially with regard to the valuation of professional specificities, highlighting the remnants of a hierarchy, historically constructed by the biomedical model.

Regarding their residency training, the nurses interviewed revealed that interdisciplinary work was little addressed in their academic trajectories, which points to the need for curriculum revision of the *lato sensu* postgraduate programs, the residency modality in Psychiatric Nursing and in Mental Health.

Therefore, it is accepted that, in order to carry out excellent work at CAPS, it is necessary to rethink uniprofessional training, which fragments work processes, leading to the construction of care guided by interdisciplinarity and reiterating the commitment to transforming the model of mental health care.

Thus, the theme of interdisciplinarity is also presented as a challenge to be faced in the daily life of CAPS and in the training of specialist nurses in psychiatric nursing and mental health. It is essential to approach this theme in training and in the daily life of services and, therefore, this perspective must be strongly inserted, both in permanent education and in homes, enabling changes in the production of mental health care.

REFERENCES

1. Nunes, MO et al. Psychiatric reform and counter-reform: an analysis of a socio-political and sanitary crisis at national and regional level. *Ciência & Saúde Coletiva* [Internet]. 2019 [cited 2020 Jul 17]; 24(12):4489-98. DOI: <https://doi.org/10.1590/1413-812320182412.25252019>.
2. Casa Civil (Br). Lei nº 10.216, de 06 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. *Diário Oficial da União*. 2001. [cited 2020 Jul 17]; Available from: http://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm.
3. Ministério da Saúde (Br). Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. Brasília (DF): Ministério da Saúde; 2011. [cited 2020 Jul 17]; Available from: <https://hpm.org.br/wp-content/uploads/2014/09/lei-no-10.216-de-6-de-abril-de-2001.pdf>.
4. Silva PO, Silva DVA, Rodrigues CAO et al. Nursing Clinical Care In Mental Health. *Rev enferm UFPE* [Internet]. 2018 [cited 2021 Apr 16]; 12(11):3133-46. [cited 2020 Jul 17]; Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-998072>.
5. Ministério da Saúde (Br). Portaria nº 3.588, de 21 de dezembro de 2017. Dispõe sobre a Rede de Atenção Psicossocial, e dá outras providências. *Diário Oficial da União*. 2017. [cited 2020 Jul 17]; Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt3588_22_12_2017.html.
6. Ministério da Saúde (Br). Portaria GM n. 336, de 19 de fevereiro de 2002. Estabelece que os Centros de Atenção Psicossocial poderão constituir-se nas seguintes modalidades de serviços: Caps I, Caps II e Caps III, definidos por ordem crescente de porte/complexidade e abrangência populacional, conforme disposto nesta Portaria. *Diário Oficial da União*. 2002. [cited 2021 Apr 13]; Available form: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2002/prt0336_19_02_2002.html.
7. Phoenix BJ, Hurd M, Chapman SA. Experience of Psychiatric Mental Health Nurse Practitioners in Public Mental Health. *Nurs Admin Q* [Internet]. 2016 [cited 2021 Apr 13]; 40(3):212-24. DOI: <https://doi.org/10.1097/NAQ.000000000000171>.
8. Anjos Filho NC, Souza AMP. The workers' perceptions about the multiprofessional teamwork at a Psychosocial Care Center in Salvador, Bahia, Brazil. *Interface (Botucatu)* [Internet]. 2017 [cited 2020 Jul 23]; 21(60):63-76. DOI: <https://doi.org/10.1590/1807-57622015.0428>.
9. Machado AM, Braga, FJL, Maia RLA, Shimba DS, Mardegan GR, Souza BCO, Silva JA. Bandeira Científica Project: an Interdisciplinary Extension Course with Impacts on the Professional Training in Psychology. *Psicologia: Ciência e Profissão* [Internet]. 2020 [cited 2021 Jul 17] e213952 (40):1-12. DOI: <https://doi.org/10.1590/1982-3703003213952>.
10. Fernandes RL, Miranda FAN. Analysis of the theory of interpersonal relationships: nursing care in Psychosocial Care Centers. *RevEnferm UFPE online* [Internet]. 2016 [cited 2018 Apr 22]; 10(2):880-86. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11032>.

11. Tisott, ZL et al. Conception of multiprofessional residents on the management of mental health services. *Rev. Eletrônica Saúde Mental Álcool Drog.* [Internet]. 2018 [cited 2020 Jul 22] 13(3):140-47. DOI: <https://doi.org/10.11606/issn.1806-6976.v13i3p140-147>.
12. Conselho Federal de Enfermagem (Br). Resolução nº599 de 19 de dezembro de 2018. Aprova Norma Técnica Para Atuação da Equipe de Enfermagem em Saúde Mental e Psiquiatria. Brasília. Diário Oficial da União. 2018.
13. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2020.
14. Jafelice GT, Marcolan JF. The multiprofessional work in the Psychosocial Care Centers of São Paulo State. *Rev. Bras. Enferm* [Internet]. 2018 [cited 2020 Jul 18]; 71(supl. 5):2131-8. DOI: <https://doi.org/10.1590/0034-7167-2017-0300>.
15. Bezerra EBN, Silva EF, Máximo TACO, Melo, JSVB. The work of interdisciplinary teams in Psychosocial Care Centers (CAPS). *Estud. pesqui. psicol.* [Internet]. 2018 [cited 2020 Jul 22]; 18(1):169-88. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-42812018000100010.
16. Santos EO, Eslabão AD, Kantorski LP, Pinho LB. Nursing practices in a psychological care center. *Rev. Bras. Enferm.* [Internet]. 2020 [cited 2021 Apr 16]; 73(1):e20180175. DOI: <http://dx.doi.org/10.1590/0034-7167-2018-0175>.
17. Rocha EN, Lucena AF. Single Therapeutic Project and Nursing Process from an interdisciplinary care perspective. *Rev Gaúcha Enferm* [Internet]. 2018 [cited 2021 Apr 16]; 39:e2017- 0057. DOI: <https://doi.org/10.1590/1983-1447.2018.2017-0057>.
18. Almeida MM, Schall VT, Martins AM, Modena CM. Representations of caretakers about attention in schizophrenia. *Psicologia em Estudo* [Internet]. 2010 [cited 2020 Jul 13]; 41(1):110-7. Available from: <https://revistaseletronicas.pucrs.br/ojs/index.php/revistapsico/article/view/5417>.
19. Biffi D, Nasi C. Users' expectations about the practice of nurses in a Psychosocial Care Center. *Rev. Rene* [Internet]. 2016 [cited 2021 Apr 19]; 17(6):789-96. DOI: <https://doi.org/10.15253/2175-6783.2016000600009>.
20. Pinho ES, Souza ACS, Esperidião E. Working processes of professionals at Psychosocial Care Centers (CAPS): an integrative review. *Ciênc. saúde coletiva* [Internet]. 2018 [cited 2021 Apr 12]; 23(1):141-52. DOI: <https://doi.org/10.1590/1413-81232018231.08332015>.
21. Jafelice GT, Marcolan JF. Perception of mental health professionals about the multiprofessional work with residents. *Rev. enferm. UFPE online* [Internet]. 2017 [cited 2020 Jul 20]; 11(2):542-50. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/11972/14519>.
22. Lopes PF, Garcia APRF, Toledo VP. Nursing process in the everyday life of nurses in Psycho-Social Attention Centers. *Rev Rene* [Internet]. 2014 [cited 2021 Apr 18]; 15(5):780-8. DOI: <https://doi.org/10.15253/2175-6783.2014000500007>.