



## Multidisciplinarity in a psychosocial care center for users of alcohol and other drugs

Multiprofissionalidade em um centro de atenção psicossocial para usuários de álcool e outras drogas

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**Objective:** to analyze the conception of health professionals about multidisciplinary work. **Methods:** qualitative study carried out with twelve health professionals from a Psychosocial Care Center for Alcohol and Drugs. Data were produced through interviews and submitted to content analysis. **Results:** three categories were elaborated addressing the professionals' conceptions about the multidisciplinary work, the practical strategies used in the daily life of the service for its implementation and the main challenges for the consolidation of the multidisciplinary work as a tool to assist the users of the service. **Conclusion:** professionals understand the relevance of multidisciplinary work, but stated that it requires planning and valuing the knowledge of the other. Obstacles in academic training and deficiencies in the physical structure of services were identified as the main challenges for multidisciplinary work to go beyond the intentions to become a concrete practice.

**Descriptors:** Patient Care Team; Mental Health; Nursing.

**Objetivo:** analisar a concepção de profissionais de saúde sobre o trabalho multiprofissional. **Métodos:** estudo qualitativo, realizado com doze profissionais de saúde de um Centro de Atenção Psicossocial Álcool e Drogas. Dados produzidos por meio de entrevistas e submetidos à análise de conteúdo. **Resultados:** elaboraram-se três categorias que abordam as concepções dos profissionais acerca do trabalho multiprofissional, as estratégias práticas utilizadas no cotidiano do serviço para sua implementação e os principais desafios para consolidação da multiprofissionalidade como ferramenta para assistência aos usuários do serviço. **Conclusão:** os profissionais entendiam a relevância do trabalho multiprofissional, mas afirmaram que requer planejamento e valorização do saber do outro. Os entraves na formação profissional e as deficiências na estrutura física dos serviços foram apontados como os principais desafios para que a multiprofissionalidade ultrapasse o plano das intenções para tornar-se prática concreta.

**Descritores:** Equipe de Assistência ao Paciente; Saúde Mental; Enfermagem.

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## Introduction

The concept of health, nowadays, contradicts the reductionist view based on the absence of disease and begins to consider a broader and more complex state involving physical, mental and social dimensions. The need for professional work in an integrated way, which requires not only reflection based on convictions about individual competences, but above all, considers the complexity and the interrelationship with the various professional specialties<sup>(1)</sup>.

In the field of mental health, when considering the paradigm shift in the organization of services and practices such as the achievement of the Brazilian Movement for Psychiatric Reform, it can be affirmed that the work scenario has moved from the hospital-centered logic to a structure of services of territorial basis, aimed at social empowerment. Thus, there has also been an inversion in the organizational logic of the work process, nowadays based on the development of teamwork, in an interdisciplinary and more horizontal dynamic<sup>(2)</sup>.

In this context, the Psychosocial Care Centers for Alcohol and Drugs, included in the current mental health policy since 2002, focus especially on psychosocial rehabilitation of people who abuse or are dependent on psychoactive substances, as well as their relatives, through comprehensive care based on the defense of users' rights and based on a multidisciplinary work that stimulates the development of citizens' awareness, acceptance, humanization, bonding, autonomy and co-responsibility<sup>(2-3)</sup>.

The work process in these therapeutic devices is based on the elaboration of a Unique Therapeutic Project, defined as a set of proposals and behaviors articulated for an individual or collective subject, developed by specialized professionals who must be able to aggregate values such as integration and teamwork, in addition to allowing and encouraging the cooperation of family and users<sup>(4)</sup>. This form of work

aims to compensate for the overvaluation of specialties and help in the resumption of comprehensive care, by considering that the fragmented actions by the perspective of specialization hardly solve the health needs in a whole<sup>(1)</sup>.

Thus, multidisciplinary, a collective and integrated modality of work developed from the interaction of workers from different professional areas, aiming at the approximation of necessary knowledge regarding health problems, has been considered an important work tool in the scope of mental health services, including those aimed at users of alcohol and other drugs, since its philosophy involves not only the division of labor, but above all, the protagonism and professional autonomy from the interrelationship between instrumental action and the interaction processed within the teams<sup>(1-2,5)</sup>.

Therefore, investing in a logic that seeks quality and humanized care, that benefits the user and their families, requires, in addition to a care model based on articulated public policies and structured services, professionals qualified to develop a multidisciplinary work. In addition, it is also necessary that there is relationship between services and other sectors of society and the programming of cultural, sports, artistic and income generation activities. However, encompassing all these frameworks, many still under development for the reality of most services, has been described as stressful for mental health professionals<sup>(6)</sup>.

The production of new knowledge that focuses on multidisciplinary work in Psychosocial Care Centers for Alcohol and Drugs advances to overcome a fragmented view and limited to abusive use and dependence on psychoactive substances. However, this overcoming depends on how the professionals involved perceive this work dynamics. In this sense, the objective of this study was to analyze the conception of health professionals about multidisciplinary work.

## Methods

This is a qualitative study, carried out in a Psychosocial Care Center for Alcohol and Drugs, located in the southern region of the city of Teresina, Piauí, Brazil. Participants were health professionals (physicians, psychologists, nurses, nutritionists, social workers, physical educators and occupational therapists) who met the following inclusion criteria: belonging to the multidisciplinary team and being developing health actions directly for the users of the said service. In addition, professionals who were on vacation or leave during the period of data collection were excluded from the study.

The number of participants was established by means of theoretical saturation, in which the sample closure, that is, the definition of the set that supported the analysis and interpretation of the data, occurred when authors found, through the speeches, that the interaction between the research field and the researcher no longer provided elements to mark out or deepen the study<sup>(7)</sup>. Thus, twelve professionals participated in the multidisciplinary team of the mental health service. The data were produced in May 2014, in pre-scheduled meetings. The professionals were invited after presenting the objectives of the study and obtaining their acceptance.

Interviews were recorded individually, in rooms reserved in their workplace, with an average duration of thirty minutes and mediated by the following open questions: how do you perceive the multidisciplinary work in the Psychosocial Care Center for Alcohol and Drugs? How has it been developed in practice? What challenges are still present for its consolidation? To maintain the anonymity of the participants, these were identified by dep. 1, dep. 2 and so on, according to the order of the interviews.

All the interviews were transcribed in full and later organized according to the content analysis technique<sup>(8)</sup>, operationalized from the following stages: meeting of the corpus; floating reading, in order to

approximate similar characteristics in the statements; in-depth reading in order to form categories of analysis; interpretative analysis of the categories and discussion with the pertinent literature.

The study complied with the formal requirements contained in the national and international regulatory standards for research involving human beings.

## Results

The speeches of health professionals converged for the construction of three thematic categories: Conceptions about multidisciplinary work, Strategies in the multidisciplinary work and Challenges for the multidisciplinary work.

### Category 1 – Conceptions about multiprofessional work

The professionals' discourse evidenced that the multidisciplinary work emerges as an alternative for the construction of comprehensive care, which allows the optimization of the supply of demands and needs of the user. *The multidisciplinary work is of fundamental importance in the Psychosocial Care Center for Alcohol and Drugs, given that in this way the patient is seen in their entirety, broadly assisted in their needs* (Dep. 9).

In addition, professionals reported that the multidisciplinary work, besides making it possible to know the activity of the other, helps in the discovery of details to assist the user that is only possible through the dialogical exchange among professionals. By knowing the team's work, one perceives the need and importance of related areas for the implementation of a unique therapeutic project, and it also gives greater resolving power to the care developed. *It is a way of knowing the work of the other* (Dep. 1). *There is always the exchange of information about the cases* (Dep. 2). *Teamwork facilitates a general and in-depth approach to the patient, as one area ends up investigating a detail that another did not consider so important at the time, but that was necessary for general evaluation* (Dep. 4).

## Category 2 – Practical strategies in the multidisciplinary work

The participants pointed out that the multidisciplinary practice goes through the planning and implementation of strategies and actions in a collective manner, in which each area of knowledge is valued in decision-making within the singular therapeutic project. *There is always openness to discuss cases among professionals, which allows for a more detailed analysis of the situation of each patient, allowing, after the evaluation by different professionals, a better therapeutic behavior* (Dep. 4). *The team is highly cooperative, whether in joint activities or in solving problems.* (Dep. 6).

In this context, the speeches portrayed how the multidisciplinary work has been developed in practice. They affirmed that from this form of work, there has been better conduction of the therapeutic project, which begins with planning through weekly meetings, which allows the socialization of information and difficulties, discussion of cases, cooperation attitudes, resolution, strategies for problem-solving and decision-making. *The weekly meetings between coordination and the multidisciplinary team are important for socialization of information, difficulties, strategies and it has objectives common to all professionals regarding the search for improvements in the health condition of the patient. We speak the same language, interact and share knowledge* (Dep. 8).

## Category 3 – Challenges for the multidisciplinary work

Among the mentioned challenges, the professionals interviewed pointed out that, for the development of shared work, there must be respect for both the space that the other occupies and for their work. In this group relationship, there must be flexibility, adaptation, different opinions and a rethink of one's own position in the team. *In a group in which we work with many people, we also have to adjust, to know how to work with other people, not in isolation. It is not a matter of profession, it is a matter of human relations* (Dep. 3). *Respecting the space of the other*

*professional, not considering that my work is more important than another; often this is a difficulty for teamwork* (Dep. 10). *Teamwork requires a great flexibility. Things are not always the way we want, nor should they always be the way we want them to be* (Dep. 11).

There were also challenges inherent in the training process. Thus, deficiencies were evidenced in the academic process offered by educational institutions regarding the development of skills for teamwork. *Graduation offers very little. Regarding the direct work with other professionals, we learn it after graduating, in the daily routine of work* (Dep. 7).

Other challenges cited by the participants were the very dynamics of the health service, the lack of effectiveness of the commitment and the interaction by some professionals, as well as the physical structure of the service, which hinders an effective and more integrated multidisciplinary work. *The dynamics of the service is one of the factors that makes the dialogue between professionals difficult ... there is a need to rethink the work processes in order to provide the interrelationship between professionals, including the different work shifts* (Dep. 3). *I point out as a difficulty the non-interaction of some professionals; those do not commit so much to the service* (Dep. 5). *Another difficulty I see in relation to work here at CAPS is that, when working with a lot of people, we do not have physical space. We have to have the space, the place to guide and we do not have that space. So, a lot of things have not been done* (Dep. 12).

## Discussion

By approaching professionals in their work context, it was possible to understand the experience of multidisciplinary and the complexity involved in the construction of this paradigm. However, due to the very choice of the research method, each observation is unique and subjective, which can lead to an introspective understanding of the phenomena by the authors and reduction of representativeness, being therefore necessary to make research with more rigorous procedures that can confirm the findings of this study.

Mental health care has marking traits coming

from its asylum origin, in which the imprisonment and the vigilance of the person with mental disorder was configured as a predominant activity. With the Psychiatric Reform and the concept of de-institutionalization, the care began to be carried out, preferably, in community-based services, whose logic of care turns to reinserting the individual through a team composed of several professionals.

The complexity of problems related to the use of alcohol and other drugs demands different options of treatment, with a strategic approach that involves both the user and the family. Thus, the treatment offered by the Psychosocial Care Centers for Alcohol and Drugs favors substantial improvements in the life and health conditions of the binomial user-family and in their relationships inside and outside the home<sup>(9)</sup>.

In this context, multidisciplinarity emerges in the health scenario as a strategy for service reorganization, focused on integrated practice. This strategy must be developed based on the relationship between different professions that work in an articulated manner, with the objective of guaranteeing greater effectiveness of the comprehensiveness and health care of individuals<sup>(10)</sup>.

This study corroborates the findings obtained in a systematic review on multidisciplinary work in health, which showed that health professionals have positively evaluated multidisciplinary interventions, since teamwork favors the creation of democratic spaces in the services and values the contact and the flow of knowledge among its members<sup>(1)</sup>.

However, there is a need for organizational composition capable of solving problems in communication, in the demarcation of professional boundaries and in the asymmetries between disciplines. This proposal aims at overcoming the division of health work, since, historically, this fragmentation inhibits the exchange of productive experiences, the development of leadership in the work teams and hamper the consolidation of the identity of professionals involved<sup>(10-11)</sup>.

Thus, the realization of a multidisciplinary

work is a form of collective action and is characterized by the exchange and linkage between the multiple actors and has as primordial technology the dialogue, which is based on the symbolic mediation between the various areas of knowledge<sup>(12-13)</sup>. In this sense, the sharing of ideas, information, knowledge and actions as well as the dialogue on the process of construction of singular therapeutic projects were mentioned by the participants of this study as strategies used in the daily life of the service for the improvement of a multidisciplinary work.

The widening of the look, articulation of the knowledge and creation of communicative links are presuppositions for the multidisciplinary work that deserve to be valued in the daily life of the services. Effective communication is considered an important factor for multidisciplinary work with users of illicit substances, however, the lack of appropriation to capture the patient's experiences becomes a significant barrier to the implementation of this work process<sup>(14-15)</sup>.

In addition, regarding the development of actions and strategies within the Psychosocial Care Centers for Alcohol and Drugs, the construction of a singular therapeutic projects and the extended clinic are pointed out as practices that corroborate and make the multidisciplinary practice feasible<sup>(9)</sup>. The singular therapeutic project, because it is a set of therapeutic behaviors articulated for an individual or collective subject and resulting from the discussion between the team, finds, in practice, obstacles to its effectiveness, which hinders the effective application of its steps: diagnosis, definition of goals, division of responsibilities and reassessment<sup>(4,16)</sup>.

In this perspective, multidisciplinarity surpasses the history of different professions in the same work environment and is shaped by a human-based construction, determined by trust, companionship, affinity, exchange of knowledge and construction of new approaches as well as by internal limits, such as the relationship between individual and collective subjects, the geographic space for actions, the mana-

gement in the direction of their goals and external limits, exemplified by the entanglement of political and economic issues in situations and in the work scenario<sup>(5)</sup>.

It is emphasized that work in mental health demands from professionals other competencies to deal with human beings, especially because it coexists frequently in the daily life of services with suffering and madness, which makes the environment permeated by intense subjective and intersubjective production<sup>(17)</sup>.

Thus, the use of alcohol and other drugs, due to its magnitude, complexity and by involving a web of cultural, social, economic, political and legal issues, among others, such as users' attitudes and behaviors, compels the health professional to understand, in this transversality, that the user can not be seen isolated and by a single specialty, but by a sharing of knowledge, based on dialogue and a new way of working in health to meet the demands of these users and the professionals themselves.

However, the work environment within the health services is a scenario in which several actors work, including managers, various workers and users, permeated by numerous interrelationships and, consequently, crossed by different interests, conflicts and needs<sup>(17)</sup>. Therefore, in practice, multidisciplinary work in health services, including the Psychosocial Care Centers for Alcohol and Drugs, faces a number of obstacles.

One of the issues raised by professionals and that has been discussed and re-evaluated in recent years in various institutional spaces is the training of health professionals. Public policies, more and more, have been elaborated, advocating the complexity of the life of the user and of the community. However, the traditional training focused on the biomedical model, on clinical care and on fragmented disciplines is still a reality<sup>(1,14)</sup>.

In this scenario, the insertion of a training based on interprofessional processes since the beginning of graduation has been pointed out as a

strategy to minimize the difficulties encountered in the multidisciplinary practice in health services, since the development of competences related to communication and sharing in the work process would be stimulated early<sup>(18)</sup>.

In addition, many other challenges still have to be overcome in order to carry out an integrative and joint work. The literature agrees with the present study when affirming that the peculiarities of work spaces, the difficulty in establishing the definition of limits and professional autonomy besides the complexity of the formation of competences for the team work are obstacles found in mental health services for the development of multidisciplinary<sup>(19)</sup>.

There is evidence pointing to the inadequacy of physical space, the scarcity of material and human resources, and the type of employment relationship as unfavorable elements that hinder work. Therefore, this precariousness compromises the relationship between professionals and users, as well as hinders the planning and implementation of joint actions that will favor teamwork<sup>(17,20)</sup>.

Therefore, in the Psychosocial Care Centers for Alcohol and Drugs, one of the great challenges observed is in the field of offering comprehensive care, understood as a set of actions that can fully embrace the individual through welcoming and resolute actions for their problems<sup>(4,16)</sup>. Thus, it is necessary to reorganize the service and the team to meet the responsibilities fostered by the mental health policy, as well as the development of a collective work capable of putting into practice the paradigm that is presented in the area to support the practice and the production of health work.

The results of this study, when describing factors that hinder the understanding and implementation of multidisciplinary in health services guide the adoption of strategies by professionals and by services managers to carry out a comprehensive and resolute therapeutic process, based on the interaction of knowledge and in the association with the context in which this care is inserted, in order to intervene

effectively in the daily life of users of alcohol and other drugs.

Progress depends on the renewal of historical practices based on the biomedical model, the formation of dialogical links between professionals and an academic process that has as a foundation the articulated training between different health professions, seeking to construct a collective knowledge, that adds the contributions of the different professional nuclei inserted in the health services, this accomplishing a renewing practice.

## Conclusion

The speeches of the health professionals showed that these considered the multidisciplinary practice fundamental in the scope of the Psychosocial Care Centers for Alcohol and Drugs, since it allows the development of a comprehensive care to the users of the service. However, they pointed out that multidisciplinary is still very much at the level of intentions and rhetoric than in a concrete practice.

Professionals understood that the multidisciplinary work, in practice, required planning and valuing the knowledge of the other. Although they reported strategies and actions carried out jointly, they realized that for the implementation of a multidisciplinary work, many challenges should be overcome, both in the training aspect and in the professional posture and in the dynamics of the service itself. However, even if incipient, their work was directed towards a multidisciplinary practice, despite the political and material implications.

## Collaborations

Veloso LUP, Brito AAO, Rodrigues LP and Veloso C Contributed to the design of the study, analysis, interpretation of data, writing of the article and final evaluation of the version to be published. Silva Júnior FJG and Monteiro CFS contributed to the design of the study, writing of the article and the final evaluation of the version to be published.

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