

PSYCHIATRIC ADMISSION IN A GENERAL HOSPITAL: AN EXPERIENCE REPORT IN THE ARTICULATION OF THE PSYCHOSOCIAL NETWORK

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Abstract: With the advent of the Brazilian Psychiatric Reform and the progressive reduction of psychiatric hospitals, it became necessary to form the Psychosocial Care Network (RAPS) and coordination between sectors to support patients with mental disorders. The Psychosocial Care Centers (CAPS) gained prominence in the network's articulating role. Therefore, this article presents an experience report on the articulation between RAPS, CAPS and General Hospital for the implementation of a hospital support flow for these patients. Communication plays a fundamental role in the articulation of the network and in the implementation of services, sometimes being protagonist and antagonist, but of fundamental importance for the success of the network's service flow and the quality of the service provided to the user.

Keywords: Psychiatric reform; Psychosocial Care Center (CAPS); Psychiatric Hospitalization; Psychosocial care network (RAPS).

INTRODUCTION

Over the years, Brazilian Psychiatric Reform has faced challenges in providing users of the Psychosocial Care Network (RAPS) with comprehensive and humane care, from coordination between sectors to communication with family members in healthcare environments. In a historical context - the 1970s in the world and in Brazil at the end of the 1990s - we can observe the Psychiatric Reform as a proposal that guaranteed and restored the human aspect of the patient in mental suffering, who over the years remained in asylum environments for indefinite time and thus no longer possessed a history, culture and above all their dignity: "Understood as a set of transformations of practices, knowledge, cultural and social values, it is in the daily life of institutions, services and interpersonal relationships that the process of Psychiatric Reform advances, marked by impasses, tensions, conflicts and challenges" (Ministry of Health, 2005).

With the advancement of public policies to reduce psychiatric hospitals at the beginning of the 2000s, great uncertainty was created as to how care would be given to the most seriously ill patients who required hospitalization or hospital support to control psychotic and/or suicidal crises. Public policies such as the strengthening of the Psychosocial Care Centers (CAPS) and the creation of the Psychosocial Care Network (RAPS), provided the acceptance of this demand, coordination and adequate direction within the Unified Health System (SUS): "Although in At different paces, the reduction in the number of psychiatric beds has been taking place in all Brazilian states, and this process is often the trigger for the Reform process" (Ministry of Health, 2005).

Once the health network was organized, General Hospitals could also be added to care for people with mental disorders, as well as the urgency and emergency network. Ensuring assistance in crisis situations or imminent risk to life. Ordinance No. 148/GM/MS, of January 31, 2012, regulated the creation of psychiatric beds in general hospitals, enabling short-term hospitalizations for clinical stabilization of psychiatric patients with subsequent return to other RAPS outpatient care points.

The performance of general hospitals and Psychosocial Care Centers (CAPS), among all mental health care devices, have strategic value for the Brazilian Psychiatric Reform. It is the emergence of these services that demonstrates the possibility of organizing a network to replace the Psychiatric Hospital in the country (Ministry of Health, 2005).

REPORT OF EXPERIENCE

Taking into consideration, the history of the Brazilian Psychiatric Reform and the formation of the Psychosocial Care Network, it was proposed in the Municipality of Palmeira-Paraná, in the year 2022/2023/2024, the implementation and coordination of very short-term and short-term

hospitalizations in a general hospital in the same city. With the aim of reducing the referral of medium and high-risk psychiatric patients in need of hospital support for treatment outside the city of their home.

It was agreed through meetings of the health care network, with the Psychosocial Care Center (CAPS) as an organizing instrument, a flow of care in situations that required support in a general hospital, requiring these to come directly from CAPS or Primary Care in Health (PHC) in outpatient settings. By maintaining psychiatric urgency and emergency care in accordance with the municipal and internal protocol of the hospital institution, not changing this configuration and, in this way, understanding as very short-term hospitalization those lasting up to 48 hours and short-term those lasting up to 72 hours. The referral is made through prior assessment by the municipality's CAPS service, with priority being given to severe psychotic conditions, risk of imminent suicide, drug detoxification or family unfeasibility in supporting the psychiatric crisis.

The patient is referred with a CAPS member and a family member, provided with a reference letter with psychiatric clinical history, possible diagnoses, defined hospitalization modality (voluntary/involuntary and very short or short term), therapeutic medication suggestion for the period and definition of consultations to assess their clinical progression in the CAPS service. After the established deadline, the General Hospital is responsible for referring the patient to an interconsultation at CAPS accompanied by a nursing representative. After clinical evaluation, it is decided whether to continue treatment at the hospital level or to

suggest discharge for outpatient follow-up at CAPS. The proposal has reduced the need for referrals to the state bed center and long-term hospitalizations in existing psychiatric beds.

The implementation of the care flow required the articulation of the psychosocial care network and communication between the sectors involved, with the main objective of improving the quality of care for users of the Unified Health System (SUS) and their families. The same communication that allowed implementation plays an antagonistic role at different times, since the large flow of employees and exchange of professionals on duty at hospital level and, even in some situations, the lack of skill in managing mental health causes situations to occur. of helplessness on the part of the user, making direct contact via professionals necessary to understand the severity of the clinical condition and the need for support between sectors.

CONCLUSION

Psychiatric Reform is a constant emerging movement that gains a permanent character from the Psychosocial Care Network [RAPS]. Given this, the need to implement measures that strengthen them is notable. The permanent non-institutionalization of individuals and the strengthening of their human and social characteristics continue to be the main objective of mental health and for this, as explained in this article, RAPS, as a multisectoral element and formed by individuals, needs to have its communication strengthened to that there be the implementation of services that contribute to better assistance for users of the Unified Health System.

REFERENCES

Brasil. **Ministério da Saúde. Secretaria de Atenção à Saúde.** DAPE. Coordenação Geral de Saúde Mental. Reforma psiquiátrica e política de saúde mental no Brasil. Documento apresentado à Conferência Regional de Reforma dos Serviços de Saúde Mental: 15 anos depois de Caracas. OPAS. Brasília, novembro de 2005.

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