

HISTORICAL TRAJECTORY OF AN ALTERNATIVE SERVICE IN MENTAL HEALTH IN THE LIGHT OF ORAL HISTORY

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ABSTRACT

This study aimed at analyzing the trajectory of an alternative service by means of professionals of the multidisciplinary team and of professors who have used it as field of disciplinary practices. It is a descriptive and exploratory study, with a qualitative approach, based on the methodology of oral thematic history. We have conducted interviews with 15 collaborators who made use of such a service, being that 13 were from the multidisciplinary team and two were graduation professors from the health area: nursing and medicine. The collected stories were organized in line with the chosen technique, and their steps were respected. The analysis of the trajectory of the alternative service has highlighted the political condition of the local management, which concerns not only to its creation context, but rather to its own extinction process. Furthermore, the trajectory of the service at stake provides the recognition of historical foundations outlined in the constitution of alternative services network existing in the present scenario of psychosocial care from the city of Natal, Rio Grande do Norte State.

Keywords: Day-Hospitals. Mental Health. Health Services Reform. Psychiatric Nursing.

INTRODUCTION

In Brazil, the Psychiatric Reform in force and the new public policies in the field of mental health have advanced towards the process of qualification, expansion and strengthening of the network of alternative and intermediaries services - which do not have characteristics of confinement or institutionalization - designed to meet carriers of mental and behavioral disorders⁽¹⁾. Among these, we should highlight the Psychosocial Care Center (CAPS), the Therapeutic Residential Service, the Sheltered Homes, the Day-hospitals, besides devices such as Psychiatric Bed in General Hospital, Emergency Room and Psychiatric Emergency^(2,3).

In addition to all these services, we intend to include the actions for mental health in the primary care, implementing a policy of comprehensive care to users of alcohol and other drugs, keeping the program "Back Home", as well as an ongoing program of training human resources for psychiatric reform, promoting the rights of users and their family members through

the encouragement of participation in care, ensuring worthy and quality treatment to the offender madman (surpassing the model of care focused on Judiciary Asylum) and continuously assess all psychiatric hospitals through the National Program for Assessing Hospital Services (PNASH / Psychiatry^(1,4).

In line with the national and global reality, the trajectory of the Psychiatric Reform in the Rio Grande do Norte State was promoted from the 1990s, with the expansion of NAPS/ CAPS and all change-related movements among municipalities nationwide. In this scenario, the city of Natal, State's capital, was the state pioneer in this arena of discussions and struggles in the field of mental health and due to installing the first replacement services, then called NAPS⁽⁵⁾. In 1996, it was built the first and only Day-hospital, which was called Doctor Elger Nunes Hospital (HDEN), being that it is located in the city of Natal. This is a type of mental health care characterized by its focus of intervention mediated between the hospital admission and the permanence at home, and it was established in the Brazilian context by means of the Ordinance of the Ministry of

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Health nº 224 (01/29/1992)⁽⁶⁾.

However, in late 1997, a framework of barriers and stagnation in the auspicious process of the Potiguar Reform took place, which was characterized by “internal and specific crises of services and of their professional staffs; institutional problems and theoretical divergences; external influences arising from political and financial interests” ^(5:564). Furthermore, there is also the imbalance of public administrations in setting up the network of alternative services in mental health.

In 2006, the HDEN was extinguished by a state administrative act. This episode has restricted the freedom of coming and going of people with mental disorders, the migration of professionals to other services, in addition to having caused changes in the organizational policies of the local psychosocial care network ^(2,7).

Moreover, the present study aimed at analyzing the trajectory of the HDEN by means of professionals from the multidisciplinary staff and of teachers who used it as field of disciplinary practices.

METHODOLOGY

It is a descriptive and exploratory study, with a qualitative approach, that allow us to achieve an analysis covering the subjective and objective data, facts and meanings related to social actors and the continuity of their relationships in favor of the recognition grounded on the complexity of the object, its parameters and its specificities⁽⁸⁾.

We have followed the theoretical and methodological benchmark of oral history⁽⁹⁾. For the seizure of the narratives, we choose the modality of oral thematic history, or oral history, as the theme, due to it being a premeditated procedure that starts from the choice of the person, people or groups to be interviewed⁽⁹⁾. Such research type values the objectivity by reflecting a certain fact or rescuing a story of a group or set of individuals, where the narrator is sovereign to count and even hide cases, circumstances and things⁽⁹⁾.

The sample was comprised by 15 collaborators, being that 13 were from the multidisciplinary team of the HDEN (one social worker; three nurses; two physicians, two

psychologists; one occupational therapist; four nursing technicians) and two professors, one from the nursing course and another from the medicine course, from a public teaching university. For this purpose, we have established the following inclusion criteria: being a health professional and having worked/coexisted in the HDEN, whether integrating the multiprofessional team of the defunct service or as a professor, coexisting with this service in disciplinary practices.

The period of collection of narratives covered the months of June and July 2011. We have used a guiding script containing open questions, as a way of delimiting and specifying the issues to be addressed in the narrative. After completing the phase of grasping interviews, we began the transcription step of the narratives, comprising three main steps: transcription (detailed transcription, step where the text is improved, i.e., corrected with regard to grammatical errors), textualization (text worked in its fullest version, in phase of public presentation) and conference (the final version is delivered to the collaborator, who confers, legitimizes and authorizes the use⁽⁹⁾). Next, there is the process of analyzing the interviews, where the technique of content analysis has been worked⁽¹⁰⁾. Following the aforementioned process, it emerges the preparation of the corpus, which has prioritized the vital tone that matches the phase that serves as an epigraph for reading the interview. Corpus is considered a lighthouse to guide the receipt of the work⁽⁹⁾, and, hence, the categories were formed, structured under thematic axes and sub-axes.

Thus, with respect to ethical precepts in research, the study was approved by the Research Ethics Committee from the Federal University of Rio Grande do Norte (UFRN), under Protocol 38/08, CAAE 00410051000-08. We have identified the collaborators through abbreviations and Roman numerals, exemplifying: collaborator 1 (Collaborator I); collaborator 2 (Collaborator II), and so on and so forth.

RESULTS AND DISCUSSION

After a thorough analysis of narratives and of vital tones defined in the textualization step, two

main thematic axes were emerged: Thematic axis I: The Doctor Elger Nunes Day-Hospital - conception, operation and available treatment and partnerships; Thematic axis II: The extinction process.

The Doctor Elger Nunes Day-Hospital - creation, operation, available treatment and partnerships

The first thematic axis circumscribes the following sub-axes: the creation; the initial problems; the daily activities; the treatment; and the formation of partnerships: the HDEN as a field of curriculum and teaching practices.

As to the creation, the auspicious scenario of changes arising from the SUS in Brazil and new public policies designed, in the 1990s, announced new times for the field of psychiatry and mental health in the Rio Grande do Norte State (RN) ^(2,5). From the implementation of the Ordinance 224, of January 29th, 1992, by the Ministry of Health, services as NAPS/CAPS were created, guided on intermediate care between the comprehensive hospital admission and the outpatient regime ⁽¹⁾. Discussions about the assistance offered to users with mental and behavioral disorders were expanded, according to successful and reformist experiences among Brazilian municipalities and states ^(5,7).

In the city of Natal (RN), in October 1992 the 1st Municipal Conference of Mental Health took place, with the participation of professionals of this area and support from the Ministry of Health and the Federal University of Rio Grande do Norte. This historical situation has thickened up discussions about the creation of a Day-hospital, still at the beginning of the year 1993, prior to the process of government election. Based on this assumption, a group of health professionals such as nurses, physicians, among others, met with the then candidate, presenting proposals for changing the Potiguar State's reality in relation to mental health ⁽⁵⁾.

The then health secretary asked if he could take forward the idea on the Day-hospital, and I got committed. I Assumed I could form my own team, and did not see much difficulty, even because I had some experience in the private sector [...] fifteen years of experience in this area. [...] From there, he assigned me by means of an ordinance to put me as a leader in the Day-

hospital, since its construction up to the beginning of daily activities. (Collaborator V)

Gradually, the professionals were invited to form a multiprofessional team, comprised of social worker, nurse, physician, occupational therapist and nursing assistants. Most of them should be originated from the Doctor João Machado Hospital. The features of this service should be differed in relation to the new proposal. Although all groups have shown knowledge of classical psychiatry, they were hopeful with the proposal and the reformist ideals.

It is observed that teamwork emerges as an important guideline for composing an intermediary service in mental health in the multiprofessional perspective, taking the axis of interdisciplinarity as an organizational basis, transcending the conception of knowledge fragmentation in its all slopes ^(1,3,11).

After forming the team, the Day-hospital was inaugurated. It should be considered that the hospital was raised in the scenario of assistance and training/formation of intermediate services, where there are mentions on the innovative and forerunner nature of this public service, linked to the state system, which was advancing towards the principles advocated by the Psychiatric Reform ⁽⁶⁾.

Moreover, the set of rules and regulatory proposals of the HDEN was configured as a theoretical, political and legal instrument that grounded its deployment process by managing normative aspects for its effective operation, although it should be highlighted the confluent and initial difficulties in the collaborator's narratives that were expressed in sub-axes.

Regarding the initial difficulties, the Doctor Elger Nunes Day-hospital faced many financial, political and structural troubles, among which we could list: the fact of being the only one in this modality in the Potiguar State, still in its implementation phase; a small staff of professionals, many of them with no technical qualification for working in this area; in addition to not having the financial resources themselves.

Throughout this period, there were many difficulties, since we had to train staff on our own account [...]. (Collaborator I)

Firstly, we were a very small team, only one doctor, Dr. Elger, he was also director, I was an

occupational therapist, Geneci was social worker, Janilde was nurse, and there were some nursing technicians. (Collaborator IX)

We were in the urge of a reformist ideology coupled with the degree of challenges and difficulties to implement and train the staff for holding services, through studies and approaches to the reality of other initiatives. Accordingly, this scenario required the completion of technical visits in other extra-state services in order to check successful experiences with a focus on the dynamics of functioning and the work routine of the labor in the psychosocial dimension.

[...] even before the inauguration itself, I met other day-hospitals in Brazil. (Collaborator V)

That's when we decided to meet, based on our own initiative and resources, other services of this type. [...] We traveled to Recife, and as he was from there, we would get hosted in my home and would know the Blue Space, an already deployed day-hospital, seeking to understand the dynamics of its operation and work methodology. (Collaborator IX)

On the one hand, the systematization and operationalization of practices and activities required for an intermediary service constituted a barrier to the work of the interdisciplinary staff, taking into account the time lived with the implementation of the reformist precepts in the Rio Grande do Norte State. On the other hand, the unskilled and inexperienced professionals in the model of psychosocial care also saw the project as an obstacle due to it being something new. For some people, it is considered like utopian; for others, it is an invention doomed to be failed; and, as it is a hospital in the initial phase, with its first enrolled users.

Nevertheless, gradually, the staff builds the mission and the vocational trait, characterizing the overcoming of obstacles and the coping of mediate and immediate troubles, turning it into a consolidated service:

The hospital was still taking shape and we had few material resources, in fact, a service that was started by the efforts of this team. We knew of the model, the ordinances governing it, had registered patients, but we practically did not know how this type of service could work, and, we always discussed on how to make and proceed about that (Collaborator VII).

We started to grow, managed to structure the tasks, establishing an entire team at morning, another entire team at afternoon, which had doctor, psychologist, social worker, giving all the necessary support. (Collaborator VIII)

Progressively, the hospital was being structured with the hiring of further professionals before the increasing number of enrolled users and the reorganization of work processes in this modality. The redesign of the core and the field of multiprofessional work have produced an effective recognition on the part of society, due to practices, skills and everyday actions developed therein.

The everyday activities, such as health services in this modality within the HDEN did not present differences, because they offered a set of daily activities for the users, which were facilitated by the membership and support on the part of professionals who made up the staff from a planning and the decisions taken during the group activities.

The patient arrived at morning, had meals like breakfast and lunch, had the rest, and its day was all busy; at the end of the afternoon, he dined and went home. There was a weekly and monthly calendar with the activities that were developed by the team (Collaborator V).

The patient spent the day within the hospital, arrived at seven o'clock and got out around the seventeen o'clock of the hospital. (Collaborator VII)

In short, the user's flow in the hospital occurred as follows: when arriving, the user had its breakfast and, subsequently, the medication was conducted. Before the start of the day's schedule, the labor activities took place; they were held in the so-called operational groups, where users performed activities of organization and maintenance of the cleanliness of the environment.

We had a schedule: this week's patient is responsible for maintaining the hygienization of the bathroom; another patient would be responsible for receiving people, although there was an employee in the sector. (Collaborator IV)

The operative group developed labor activities during the week. The extension of the hospital had a front garden, a vegetable garden was planted in other part, among others, and all the days some

patient would be responsible for organizing and cleaning these spaces. (Collaborator VII)

Every day, one professional was designated to welcome users and talk about the weekend, the experiences during their trips, rides, among other matters. Moment of apprehension and investigation on how was the intra-familiar and inter-generational interaction, because the family is often a space of conflict for users. It is noteworthy to mention the group of relaxation to relieve the anxiogenic effects, when they were more restless, among other cases.

After labor activities, normally made at morning, we began the work of the groups, and when the activity was over, the lunch time was already to come. Soon after, we had the rest [...] they stood up, brushed their teeth, some got bathed, and, around the fourteen o'clock, the afternoon medication was conducted, and soon after we'd form a group. (Collaborator VII)

It should be noted that, in addition to group activities, we developed the schedule of specialized individual consultations by the physician, the psychologist, the nurse, the social worker or the occupational therapist, according to demand. The HDEN had eight beds for dealing with these eventual cases, under the staff's supervision, encouraging the user to participate in the proposed activities.

Another thing: the hospital had vacancies for thirty patients, but we did not have thirty beds. There were a number of beds for a possible need when a patient entered a crisis and needed to be medicated or something like this. (Collaborator 4)

We had eight beds (four for males and four for females), but were intended for specific cases, such as patients in crisis or that couldn't have conditions to participate in activities, they were treated and kept under surveillance. (Collaborator 5)

Regarding the treatment, there was a differential in the treatment offered at the HDEN, especially by the multiprofessional team, which drew and planned the therapeutic schedule and the work of professionals. It should be highlighted that, even in the absence of the professional responsible for activity, there was no solution of continuity, given the tuning existing among members, since it was configured as a favorable space to the leading role of individuals.

We had a complete follow-up; we announced the discharge to patients, who came out with medication for thirty days and their return schedule for having a psychiatric evaluation and, therefore, continuity of care [...]. (Collaborator VIII)

The patient had a whole support the Day-hospital, even when he went through discharge, was admitted, could stabilize the clinical picture; the doctor released the patient, he went out, but he had the outpatient support. (Collaborator XIII)

We have observed changes towards the treatment and the designed therapeutic plan. After discharge or stabilization of the clinical picture of the user, there was a systematic follow-up by the team, where there is the evidence of the role of intersectoriality among the services that make up the psychosocial care network and the various levels of care^(4,12,13).

By circumscribing this context of treatment, in the HDEN, the family proposed to effectively participate in the treatment of the users, being that this fact contributed in the therapeutic process, strengthening the formation of bonds, thereby favoring and consolidating adherence to the follow-up in the management of the therapeutic process, also strengthening the interconnection service/user/family.

[...] family was important to the patient; and it was willing to follow the treatment (Collaborator IV).

In the Day-hospital, we had a differentiated treatment, because the patient did not lose the bond with the family, with life out there – extra-walls. (Collaborator 7)

Students got impressed with the characteristics of the patients of the Day-hospital, since they had more freedom and were more responsible for their own lives, where the students could see the patients' citizenship. (Collaborator X)

It is recognized that the family has an indispensable role in the therapeutic process, whether by taking care, welcoming, encouraging or being present, offering assistance and support in the care shares^(11,14).

Concerning the formation of partnerships, the HDEN as a field of curriculum and teaching practices as there was an enlargement of services offered by the Day-hospital, was consolidated in the setting of mental health care in the Potiguar State. New partners were added to the initiative,

especially the higher education institutions, in several areas, and that had relevant contribution in the process of qualifying the professionals who would comprise the team.

[...] the trainees had a very important role, especially those coming from UFRN, students of music, nursing and psychology. (Collaborator I)

[...] there was a shortage of human resource; and, at the same time, we needed to qualify the employees who lived there. Thus, we needed to seek help for the technical and specialized support of these professionals, through which we began to get partnerships. (Collaborator VIII)

The undergraduate courses in the health area, specifically nursing and medicine, and, later even the post-graduate and/or residency in psychiatry have used it as the setting for teaching practices, research and extension, encouraging the student to achieve an approach in relation to the dynamics of group activities and the multidisciplinary work that has happened ⁽²⁾. It should be exemplified in the work with music therapy.

Music therapy was excellent for patients, and this partnership has formed the Choir of the Day-hospital, including they have already made presentations at other institutions. (Collaborator I)

In June's parties, for example, there were dance groups called quadrilhas; other times approached theater plays, hand-related activities. There was a partnership with teachers who came to teach to do rag dolls, painting. (Collaborator XIV)

Moreover, all the partnerships formed through the HDEN, either with educational institutions, companies, or even with other public and private services, were valuable instruments in the conduction of activities ^(2,12,15). All of them have enabled a greater visibility of the institution in local social reality, through the recognition of the developed therapeutic actions and the obtained results.

The extinction process

From the decentralization of services to the sphere of the municipality, the management of the city of Natal, when assuming the command of local mental health services, opted not to continue the Doctor Elger Nunes Day-Hospital, resulting in the extinction process of this unity in the year 2006⁽⁷⁾. Thus, there was an episode of

opposition and protest among stakeholders, which was marked by feelings of pain, fear, anguish, frustration and helplessness on the part of its employees, users and their relatives.

At the time, regarding the justifications associated to the closure of the hospital, three stood out as the clear ones, which were structured around sub-axes: extinction as a measure of government policy; extinction as ideological issue of local groups; and extinction as the unfolding process of Psychiatric Reform.

The extinction as a measure of government policy was raised in 2006, after the electoral process. Changes in the context of political and administrative actions in this new phase were established. In level of the State Department of Health (SESAP), some health services have been transformed, others even were extinguished. From this social and political scenario, there was an association between the extinction process of the Day-hospital and the decision-making of the public management: at the time, belonging to the Potiguar State, and that became to be a responsibility of the city of Natal.

Perhaps it was a period in which several sectors were closed, including the João Machado Hospital. They claimed that these services would be a responsibility of the municipality. To some extent, it is consistent, but the State cannot abdicate their responsibilities. (Collaborator VI)

Regarding the issue of extinction, I believe it was a decision of the government and of the Department of Health at the time, I do not know the actual reasons or backgrounds. (Collaborator XIV)

Extinction as an ideological issue of local groups like a justification associated to the extinction of the Day-hospital rose from the opinion of a group opposed to the operation of this service, said radical, which was based on the process of Psychiatric Reform. People have mentioned that this group of ideologists did not conceive the existence of a service like the Day-hospital, through a discourse also contrary to the psychiatric hospital.

[...] the extinction process started after a group who said it was militant of the Psychiatric Reform, made speeches by ... even on the streets, saying it was to end with the hospital admission, all asylums and psychiatric hospitals needed to be closed. (Collaborator V)

As to the understanding the extinction process of the Day-hospital, it was mainly due to the disagreement of the Municipal Department, ideologists of the Psychiatric Reform, because they understood that there should not be Day-hospitals, only CAPS, NAPS, among others. (Collaborator XII)

Based on this conception, this group supported the closure of the HDEN, by considering it as a proposal contrary to the Psychiatric Reform itself, also arguing the fact that this establishment was operating within the scope of the João Machado Hospital (psychiatric hospital, which is a state reference).

Extinction as the unfolding process of Psychiatric Reform in the Rio Grande do Norte State is another one justification for the extinction of the HDEN. It is related to the reformist process in the state under study. The fact of operating within the environment of the psychiatric hospital, in case, attached to the João Machado Hospital, contradicted the principles advocated by the National Policy for Mental Health, contradicting the concept of territoriality.

The called Psychiatric Reform ended up being a justification for the extinction of new projects. (Collaborator II)

[...] They have discussed that the Day-hospital should not be operating on the halls of a psychiatric hospital. It was not part of the National Policy for Mental Health from the Ministry of Health. (Collaborator IV)

[...] The fact of being installed inside the João Machado Hospital, and it was not allowed to treat patients in the same space. (Collaborator VIII)

Mistakenly, this idea was also supported by the aforementioned group of ideologists, because they believed that the intermediary services in mental health of the Day-hospital, located within a general psychiatric hospital structure, would influence on therapeutic procedures and assistance to be offered to users with mental and behavioral disorders.

It is noteworthy to reinforce that these three strands defined by the collaborators, when remembering the extinction process of the HDEN, directly reflect the thinking and feeling of the entire trajectory of the service at that time. It is observed, in advance, the influence and political will of representatives of public

administration, whether in the state level or even in municipal, in decision-making in the health area ^(7,13). From the complete extinction of the HDEN, the Detoxification Unit was implemented for meeting people with abusive use of alcohol and other drugs, under the sadness of its ancient users: professionals and carriers of mental disorders and their relatives.

FINAL CONSIDERATIONS

Based on the reconstruction of the history of an intermediary service, it was revealed the political condition of the local management, not only as regards the trajectory of its creation, but rather in the extinction process itself. The study has brought up some relevant elements to national discussions for the understanding of the current chapter of the psychosocial care, as it is pointed in a shared and lived perspective by professionals and teachers, who are also actors of this movement, in the new deinstitutionalizing logic in the scope of mental health in the Brazilian reality.

The analysis of the trajectory of the Doctor Elger Nunes Day-Hospital has provided to us the recognition of historical foundations outlined in the constitution of this network of alternative services existing in the current scenario of psychosocial care at the city of Natal (RN). Although it is a discussion targeted to a specific context, this experience, in many aspects, whether they are political, economic and cultural, is similar to the reality of other cities in the Brazilian territory, which coexist with the challenges of achieving improvements in quality of life of people suffering from mental and behavioral disorders, as well as interference of the will and decision of political organizations to which they are subjected.

Therefore, this trajectory highlights the retrospect of the public policies in mental health faced in the Potiguar Reform, for which, through this study, we hope to raise new discussions about the construction of the model of psychosocial care, and these policies should be circumscribed by stories of an intermediate service that reflect the challenges of the process of Psychiatric Reform in Brazil.

TRAJETÓRIA DE UM SERVIÇO SUBSTITUTIVO EM SAÚDE MENTAL À LUZ DA HISTÓRIA ORAL

RESUMO

Objetivou-se analisar a trajetória de um serviço substitutivo através dos profissionais da equipe multidisciplinar e dos professores que o utilizaram como campo de práticas disciplinares. Trata-se de estudo descritivo e exploratório, de abordagem qualitativa, respaldado na metodologia da história oral temática. Realizaram-se entrevistas a 15 colaboradores que utilizaram esse serviço, sendo 13 profissionais da equipe multidisciplinar e dois docentes da graduação da área da saúde: enfermagem e medicina. As histórias coletadas foram organizadas conforme a técnica escolhida, respeitando-se suas etapas. A análise da trajetória do serviço substitutivo evidenciou a condição política da gestão local, não só no que diz respeito ao trajeto de sua criação, mas também o próprio processo de extinção. Ademais, a trajetória desse serviço propicia o reconhecimento das bases históricas traçadas na constituição da rede de serviços substitutivos presente no atual cenário de atenção psicossocial do município de Natal, no Rio Grande do Norte.

Palavras-chave: Hospitais-Dia. Saúde Mental. Reforma dos Serviços de Saúde. Enfermagem Psiquiátrica.

TRAYECTORIA DE UN SERVICIO SUSTITUTIVO EN SALUD MENTAL A LA LUZ DE LA HISTORIA ORAL

RESUMEN

Se objetivó analizar la trayectoria de un servicio sustitutivo a través de los profesionales del equipo multidisciplinar y de los profesores que lo utilizaron como campo de prácticas disciplinares. Se trata de un estudio descriptivo y exploratorio, de abordaje cualitativo, respaldado en la metodología de la historia oral temática. Se realizaron entrevistas a quince colaboradores que utilizaron ese servicio, siendo trece profesionales del equipo multidisciplinar y dos docentes de graduación del área de salud, enfermería y medicina. Las historias recolectadas fueron organizadas conforme la técnica escogida, respetándose sus etapas. El análisis de la trayectoria del servicio sustitutivo evidenció la condición política de la gestión local, no sólo en lo que se dice respecto al trayecto de su creación, pero también el propio proceso de extinción. Además, la trayectoria de ese servicio propicia el reconocimiento de las bases históricas trazadas en la constitución de la red de servicios sustitutivos presente en el actual escenario de atención psicosocial del municipio de Natal, en Rio Grande do Norte.

Palabras clave: Hospitales-Día. Salud Mental. Reforma de los Servicios de Salud. Enfermería Psiquiátrica.

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