

## The challenges of evaluation in the field of Mental Health

Luciane Prado Kantorski<sup>1</sup>

The evaluation of innovating experiences in the process of constituting psychosocial care networks, delimited within the contexts of the psychiatric reform policies and psychosocial rehabilitation practices, presumes a contextualization of these practices.

Over the last decades, the progressive incorporation of the psychiatric reform principles has been implemented in the Brazilian context by the ordinances of the Ministry of Health (189/1991 and 224/1992) and by the creation of new services. These regulations have permitted the remuneration of new procedures such as individual and group consultations by professionals, including nurses, psychologists and social workers; therapeutic workshops, psychosocial care centers, day-hospitals, urgent care and hospitalization in general hospitals; and the definition of minimal standards for mental health services with a view to developing a diversified service network. On February 19<sup>th</sup>, 2002, the ordinance 336/2002 created a classification (from smaller to larger) of the Psychosocial Care Centers in terms of coverage and complexity, determining the minimum size of the team of professionals and establishing their target-clientele<sup>(1)</sup>.

There are currently over 1,600 Psychosocial Care Centers (*Centros de Atenção Psicossocial - CAPS*) present in Brazil. A subject that must be taken into consideration is that the CAPS emerge as strategic services within a psychosocial care network. This change requires the implementation of a number of different healthcare services in order to address the individual's different moments and needs.

The consolidation of Brazilian psychiatric reform implies a change in knowledge and practice regarding mental disorders, taking into account the complexity of the proposed interventions, addressing mental anguish and effectively destroying the internal and external asylums that have permitted the establishment of certain forms of thinking and acting, fundamentally reinventing new ways of dealing with the reality.

The guiding principles of the Mental Health Policy in Brazil, determined by the Ministry of Health and directed by the perspective of psychiatric reform, consist of (among other aspects) the progressive and gradual reduction in number of psychiatric hospital beds. In order to assure continuing service to former hospital patients, outpatient networks have been created, including CAPS, therapeutic residences, living centers, outpatient clinics and social support programs, with the intention of defending and promoting the human rights of patients and their relatives.

In this setting, mental health research can contribute to furthering this goal with the accumulation of knowledge and the support of funding agencies to evaluate the structure and process of these networks, as well as improve the outcomes of these mental health policies. The evaluation of rehabilitation networks requires the composition of a theoretical-methodological design, with CAPS as one of the strategic interlocutors.

Between 2005 and 2008 we dedicated our time towards creating and beginning the dissemination of a study prompted by a public request for a proposal (MCT-CNPq/CT-Saúde/MS-SCTIE-DECIT 07/2005), which evaluated the Psychosocial Care Centers in Southern Brazil (Rio Grande do Sul, Santa Catarina, Paraná). We investigated all aspects of the structure, working processes and outcomes of the CAPS by listening to the relatives, staff and coordinators of the services in the three states, based on research that yielded both a qualitative and a quantitative study.

The Quantitative Evaluation Study of the CAPS used an epidemiologic approach which evaluated the structure (by means of self-administered questionnaires completed by 30 CAPS coordinators), process (by means of self-administered questionnaires completed by 435 CAPS workers) and the outcome of mental health care (by means of a questionnaire completed by 1,162 clients, followed by an audit of the respective medical records, as well as a questionnaire completed by 936 relatives of patients from the 30 CAPS). The Quantitative Evaluation Study of the CAPS was developed based on a constructivist and responsive evaluation using a hermeneutic-dialectic approach; fourth generation evaluation in which five case studies were conducted through interviews with the staff, relatives

and clients of the CAPS (defined as interest groups to complete the hermeneutic-dialectic circle); and field observation (between 282 and 650 hours, thus considered a previous ethnography).

The evaluation of psychosocial care services requires recognition of the doors that open in the community care models, particularly the manner in which they deal with stigmas, prejudice and the labels of the services whose purpose is to break with the logic of institutionalization and exclusion.

The experience of performing this study also showed us the necessity of evaluating the growing pains associated with psychiatric reform and to do this based on specific settings, i.e., based on innovating experiences that are designed to break with the asylum logic.

We consider that an evaluation that intends to confront and overcome the growing pains within this psychosocial care network must focus on the groups that benefit from it, as well as any victim identified by the evaluation process<sup>(2)</sup>. The evaluation must involve listening to the subjects who are vulnerable to the unwelcome changes resulting from long years of psychiatric institutionalization, and for whom the concept of care and treatment must be re-dimensioned. It is also necessary to consider the perspective of those who live with the bitter taste of social, affective, and financial vulnerability.

The possibility of receiving treatment in the same area where one resides, based on the creation of these services, requires the construction of concrete spaces for exchange and sociability, with a view to social integration. The evaluation of innovations created and implemented in the psychosocial care process, based on the mapping of the networks used by mental health service clients, is one method of identifying the strengths and weaknesses of this construction.

Nursing can make great contributions towards the construction of psychiatric reform in this country, as well as in the evaluation process of mental health services and policy. However, we must realize that the choices we make can favor the conformation of asylum knowledge and practices, or contribute to their transformation. As subjects within this process, we are called on to become the main players in making changes in education, research and services that could assign a new dimension to people's life and the meanings of our doing. Accordingly, it is fundamental to assume that one of the imperative meanings of nursing practice is taking care of people, resisting actions that imprison life, speech and the subjectivity of those we care for.

## REFERENCES

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<sup>1</sup> RN, PhD, Associate Professor, Faculdade de Enfermagem, Universidade Federal de Pelotas. Pelotas, RS, Brazil. E-mail: [kantorski@uol.com.br](mailto:kantorski@uol.com.br).