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# Professional training in Speech Language Pathology and Audiology: the experience report of a student in Education Program at Work - PetSaúde - Mental Health

## Formação profissional em Fonoaudiologia: o relato de experiência de uma estudante no Programa de Educação pelo Trabalho – PetSaúde – Saúde Mental

## La formación profesional en Fonoaudiología: el informe de la experiencia de un estudiante en el Programa de Educación en el Trabajo - PetSaúde - Salud Mental

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## Abstract

This paper analyzes the contribution of the PetSaúde Program of Health Ministry of Brazil, to the speech language pathologist and audiologist vocational training in the Mental Health field. The program aims to the improvement of health professionals in services and to the undergraduate initiation at work in the Brazilian public Unified Health System (SUS). This is an experience report that brings the training path of a Speech Language Pathology and Audiology student in this program, using narratives procedures such as notes, reports and secondary publications about National Mental Health Policy and vocational training of a Speech Language Pathology and Audiology therapist. The narrative provided reflection on this experience, which involved research and intervention of a multidisciplinary team with an interdisciplinary focus, based on the expanded clinical logic and the use of their tools (genogram, ecomaps, itineraries). In addition, this experience led to the initiation of the student in the National Mental Health Policy, preparing her for the role services that make up the network of full mental health care and the critical reflection of the care models in this field.

**Keywords:** Health Education; Speech Language Pathology and Audiology; Mental health; Curriculum; Public sector.

## Resumo

*Este trabalho analisa a contribuição do Programa de Educação pelo Trabalho- PetSaúde do Ministério da Saúde do Brasil, para a formação profissional do fonoaudiólogo no campo da Saúde Mental. O programa visa o aperfeiçoamento e especialização em serviço de profissionais da saúde e a iniciação de graduandos no trabalho no Sistema Único de Saúde (SUS). Trata-se de um relato de experiência, que traz o percurso formativo de uma estudante do curso de Fonoaudiologia nesse programa, realizado por meio de narrativa, recorrendo a anotações, relatórios e material bibliográfico secundário sobre a Política Nacional de Saúde Mental e a formação do Fonoaudiólogo. A narrativa propiciou a reflexão sobre essa vivência, que envolveu investigação e intervenção em equipe multiprofissional com foco interdisciplinar, pautada na lógica da clínica ampliada e no uso de suas ferramentas (genograma, ecomaps, itinerários). Além disso, essa experiência propiciou a iniciação da estudante na Política Nacional de Saúde Mental, preparando-a para a atuação em serviços que constituem a rede de atenção integral à saúde mental e para a reflexão crítica sobre os modelos assistenciais presentes nesse campo.*

**Palavras-chave:** Educação em saúde; Fonoaudiologia; Saúde mental; Currículo; Setor público

## Resumen

*En este trabajo se analiza la contribución del Programa de Educación por medio del Trabajo-PetSalud del Ministerio de la Salud de Brasil para la formación profesional del Fonoaudiólogo en el campo de la Salud Mental. El programa tiene como objetivo el desarrollo y la especialización en el servicio de profesionales de salud y la iniciación de estudiantes universitarios en el trabajo en el Sistema Único de Salud (SUS). Se trata de un relato de experiencia que trae la trayectoria de formación de una estudiante del curso de Fonoaudiología en este programa, logrado a través de la narrativa, utilizando notas, informes y material bibliográfico secundario sobre la Política Nacional de Salud Mental y la formación del fonoaudiólogo. La narrativa proporcionó la reflexión sobre esta experiencia que involucró la investigación y la intervención en equipo multiprofesional con un enfoque interdisciplinario, basado en la lógica clínica ampliada y en el uso de sus herramientas (genograma, ecomaps, itinerarios). Además, esta experiencia llevó a la iniciación de la estudiante en la Política Nacional de Salud Mental, preparándola para la actuación en los servicios que conforman la red de atención integral de la salud mental y para la reflexión crítica sobre los modelos de atención existentes en este campo.*

**Palabras clave:** Educación en salud; Fonoaudiología; Salud mental; Curriculum, Sector público.

## Introduction

The National Policy of Mental Health of the National Public Health System (SUS) was established alongside the Brazilian Sanitary Reformation Movement, aligned with the principles of the Psychiatric Reformation and defends changes in the plan for attention and management of healthcare practices.

The process of Psychiatric Reformation had its own characteristics and has been promoting, over the last decades, an important debate about practices, knowledge, cultural and social values that involve conceptions of madness and psychic suffering, therapy approaches and public policies.

The National Policy of Mental Health (Law 10.216/01) is opposed to placing people with mental disorders in institutions and to the methods used by classic psychiatry, based on social exclusion and on the medical view of health issues. An open ended and community-based model of healthcare attention is being consolidated, which assures free movement for people with mental disorders or those who abuse alcohol and other drugs, and offers care using resources available in the community<sup>1</sup>.

The main axis of this model are: no placement in institutions and a planned reduction in psychiatric rooms; the organization, qualification, expansion and strengthening of the network of substitute mental healthcare services formed by the Psychosocial Attention Centers (CAPS), Therapeutic Residential Services (SRTs) and General Hospital Psychiatric Wards (UPHG), including basic attention; the recognition of the citizenship rights of people with mental disorders and guaranteeing a quality and dignified treatment<sup>2</sup>.

This type of assistance model is requiring deep transformations in the ways of conceiving care and organizing services, implying the definition of new professional profiles<sup>3</sup>.

The lack of interaction between the education of new health professionals and the implementation of new healthcare models in tune with the principles and guidelines of the Public Health System has been said to be, in the field of mental health, responsible for the difficulties in the implementation of policies promoting Psychiatric Reformation<sup>4</sup>.

The existing resources and programs have proven to be insufficient for the educational needs of the workers in the mental healthcare network. Many workers in this field did not take part in the political movement on which the Anti-Mental Institution

Struggle and the Psychiatric Reformation were based<sup>5</sup> and, many times, are graduates from schools that still provide education based on the medical and biological healthcare model. In this model, clinical practice is based on specific technological knowledge of the field of education, and on the relationship between complaint and conduct, reducing its content to learning previous procedures and technologies, that barely consider the complex and diverse dimensions of becoming ill<sup>6</sup>.

The professionals who graduated in this perspective are showing difficulties to adopt new practices and new knowledge, necessary in order to consolidate the proposals of psychiatric reformation, thus slowing down the process of building the day-to-day of the services that work in the model of psychosocial attention<sup>7</sup>. In this model, the approach as well as the intervention are under the responsibility of the multidisciplinary teams and not of the professionals who work in isolation, and it also does not restrain itself to the knowledge of one or other specific field, since the problems regarding mental health are complex, the practices in this field involve biological, social, economic, and family relationship issues. Thus, they surpass the very boundaries of health in order to be built as inter-sectorial (education, work, social work, transportation, etc).

A recent study about the Speech Language Pathologist and Audiologist in the CAPS in the State of São Paulo shows that, over the last few years, the Speech Language Pathologist and Audiologist's intervention has been growing gradually in these institutions<sup>8</sup>. The study mapped 289 CAPS and found Speech Language Pathologists and Audiologists present in 31 of them, 46.7% of which worked in childhood CAPS. There are still few studies about the practice of Speech Language Pathology and Audiology in the field of mental healthcare, and most are about the clinical practice in childhood<sup>9</sup>.

Recently, the Work Group in Mental Health of the Collective Health Department of the Brazilian Society of Speech Language Pathology and Audiology (SBFa), in partnership with the Regional and Federal Council of Speech Language Pathology and Audiology conducted a series of workshops in several regions of the country, with the aim of raising awareness and discuss the participation of Speech Language Pathologists and



Audiologists in the National Policy of Mental Health.

In 2011, the Ministry of Health, through the Office of Work and Health Management for Health's (SGTES) articulation of two previously existing programs – the Health Education Re-orientation Program (Pró-Saúde) and the Program of Education through Work (PetSaúde), resulting in the ProPetSaúde – invited the Universities, in partnership with the Municipal Health Offices, to form tutorial groups, involving professionals and students in order to develop actions of qualification of healthcare, in resonance with the needs of the services and production of knowledge.

In participating in this process the Pontifical Catholic University of São Paulo, that had been developing the Pró-Saúde II since 2008 alongside the Health Ministry, in partnership with the Technical Health Supervision (STS) at Fó Brasilândia of the North Regional Health Coordination ((CRS)-Norte) of the Health Secretariate of the City of São Paulo (SSMSP), was able to deepen the education in the field of Mental Health in this territory<sup>10,11</sup>.

The present communication reports the experience in the education of a student of the fourth year of the Speech Language Pathology and Audiology School of the Pontifical Catholic University of São Paulo, SP, Brazil, who participated in a tutorial group of the PetSaúde in the referred PropetSaúde, conducted alongside the Psychosocial Care and Attention Network for users of Alcohol and other Drugs. This PetSaúde included 24 students of the Speech Language Pathology and Audiology, Psychology and Social Service undergraduate courses and <sup>12</sup> supervisors in an interdisciplinary action in activities in the public healthcare services, opening possibilities to strengthen the professional education of students of these three majors for the Public Health System in the field of mental health, and to bring questions to the instituted educational practices. The studies developed by the PetSaúde were approved by the Research Ethics Committee of the Pontifical Catholic University of São Paulo, under number 446.241.

The narrative as a reflection device on the process of education of this student was used to analyze this experience. The use of narration is based on studies that highlight its qualities as a qualitative research method in the field of Collective Health and, consequently, of Mental Health. Narration

approaches are commonly used in researches in the field of collective health<sup>7</sup>. The narrative, usually of participative nature, involves the narrator(s) in rebuilding their experiences, in the analysis of their implication and the produced effects.

When considering her participation experience in the PetSaúde, the student revisits concepts and the education methods, and reflects on aspects of learning in different scenarios. In order to build the narrative, notes, spontaneous experience accounts (recorded and transcribed) and theory references were combined, which enabled questionings about the instituted curricular education of the Speech Language Pathologist and Audiologist to be deepened.

### Context

The PetSaúde is regulated by inter-ministry ruling number 421, dated March 3rd 2010 and has the integration of education-service-community as its main axis<sup>12</sup>. It is constituted as one of the strategies of the Health Education Reorientation Program (Pró-Saúde III) based on an initiative by the SGTES, and integrates the Health Ministry's (HM) and the Education Ministry's (MEC) Professional Education Policy.

The PróPetSaúde III of the Pontifical Catholic University of São Paulo was proposed by professors of the college alongside the STS at Fó-Brasilândia (CRS- Norte-SSMSP), under the title "Enhancing care in Mental Health: the presence of Basic Attention. Its aims were: 1) to identify the incidence of cases and to analyze the access to the actions in the healthcare network regarding mental disorders in the territory; 2) to identify the therapeutic and self-care itineraries of the users who were already inserted in mental health actions; 3) To characterize the situations of vulnerability to the development of mental disorders; 4) To identify, support and qualify existing actions conducted by health professionals and the development of prevention projects regarding care in mental disorders; 5) To support the integration of the mental health network, rehabilitation and basic attention and to leave behind fragmented and sectorial interventions in the territory; 6) To find listening methods that will qualify the action of the family health program in the diagnosis of mental health demands and in developing care strategies; 7) To build an instrument to monitor and assess the actions of the services in the attention and promotion of mental



health; 8) To build a team network for sharing knowledge in the university regarding mental disorders and to support the structuring of a research group; 9) To qualify the education of students in the field of mental health, according to the principles of the SUS (Public Health System) and of the Psychiatric Reformation, through studies, researches and field insertion, emphasizing basic attention<sup>13</sup>.

This proposition considered the needs of the users as the source of knowledge production and research, and therefore all activities considered the inseparable tripod of teaching, research and university extension.

### **Education itineraries: learning about the SUS with and through the SUS**

The PetSaúde experience, developed between August 2012 and December 2014, in addition to the education of 24 students and 12 supervisors who worked at the services, included two tutors and one general coordinator, all of whom had grants financed by the SGTES/MS. The PróPetSaúde proposed an action-research with the purpose of mapping and then building and analyzing the itineraries of care and self-care of the cases selected by the services. Two tutorial groups were formed, one focusing on the care for people with mental disorders and the other on people who abuse alcohol and other drugs.

The UBS (Basic Health) unit Silmarya Rejane Marcolino Souza and UBS unit Augusto Ayrosa Galvão were selected by the Local Management Committee who co-managed the project for research development. Both units are located in the Fó Brasilândia district in the far northern area of the city of São Paulo, SP, Brazil. The first is a mixed Basic Health Unit, with a model of traditional care and the model of the Family Health Strategy (ESF). The second only acts in the Family Health Strategy (ESF), and both are supported by NASF

(Family Health Support Nucleus). The psychosocial attention network also composed this PetSaúde: CAPS (Psychosocial Attention Center) for Alcohol and Drugs, children and adult units CECCO (Cooperative Living Center). The selected cases in the psychosocial attention network were those comprising the territories of both Basic Health Units.

The work and education process was structured in three main activities: 1) planning, reflecting upon and assessing the study's actions in the tutorial group; 2) field work characterized by the inter-professional actions in visitations to the territory's network devices, visitations to users' homes, welcoming and interviews, workshops, etc.; 3) studying, preparing seminars, producing registries and reports.

The field work was always structured by a group, composed of two students, the supervisor and other professionals in the service network of the territory involved with the user, whose care was an object of the action-research developed by PetSaúde.

Doing field work while receiving theoretic education provides a different meaning to conceptual deepening and study. The contact with the daily life of the services motivates the quest in understanding the situations experienced and structured by the implementation of public policies and their programs and strategies, providing meaning to the need for the study, broadening horizons, and bringing to light other practices aside from those already known, from the single professional practice in clinics; experiencing possibilities for action in the perspective of a broadened clinical practice and understanding that collective health may solve and transform people's lives, providing health and quality of life.

Field work was also strategic in order to support the integration of mental health networks, rehabilitation and basic attention. In meeting other workers, the aim was to overcome sectorial and fragmented interventions in the territory that are





still predominant, through practicing full healthcare attention.

Action-research, through its own characteristics, set us on a quest for knowledge about the territory, about the healthcare service networks, about the work processes in mental healthcare, enabling us to be closer to the cases and demands in mental health in the basic health system and other systems of the psychosocial network.

Devising maps of the itineraries of care became a device to visualize the cases and, at the same time, of care production in the territory, as they contributed to activate participation and for users, workers/supervisors and students to play leading roles in the process.

The itinerary is a clinical tool, broadened for work in the territory that, when articulated to the singularity of the user's life, in addition to being a marker of the action network, functions as a sieve for analysis and intervention at the same time<sup>13</sup>. Likewise, when focusing on the itineraries of education in the PetSaúde regarding students and workers, it is understood that what is or was in evidence is the transformation of the subjects who engage in this kind of work. Coherence between theoretic knowledge in education and the work method of the field research enabled those who participated in this experience to experiment in different scenarios for learning, differentiating this kind of education from that which is commonly developed in undergraduate programs that base their teachings in cognitive transmission or on a content-centered format<sup>13</sup>. Thus, the notion of education itinerary was imposed to the participants as a method that prioritizes the production of a common plan, the one of a formative experience, joining a diversity of actors in the singularities of their journeys<sup>13</sup>.

In order to enhance our knowledge of the territory, we were advised to cover the territory in order to know not only the services involved but also the micro-regions, aiming to characterize the local reality and the

resources that the people who lived in that community had.

We took part in the routine of the services and were able to systematize this experience in reports and memories. We processed the information collected in the field study in meetings with the supervisors, the other grant holders and the tutors. During this first moment it was already possible to see that there was much to know about the territory and the services and that we would always have the preoccupation with understanding the context in order to propose any kind of intervention.

As we, grant holders, were in different moments of our educational internships, there was a need to constitute a conceptual basis that would help us to know the logic of the assistance model of the SUS, of the National Mental Health Attention Policy and to know the Psychiatric Reformation in order to understand its context and its struggle. During the project, we noticed the importance of collective teamwork and network, above all when the focus is a reality as complex as that of care in the field of mental health.

Thus the importance of the methodological format of this Project is understood, enabling the constant analysis of the process to face the difficulties and, at the same time, to meet the educational needs of students and supervisors. The dialogue in the group (supervisors and students), in the sub-groups (supervisors, students and other professionals from different services), providing meaning to collective work was opposed to what usually happens in a single professional education, where the learning process happens individually, with a prevalent focus on one subject, inside an institution.

A psychosocial attention that calls itself integral cannot be conducted in fragments according to specialty fields (psychology, psychiatry, occupational therapy, Speech Language Pathology and Audiology, etc) since none of these subjects can



meet the needs of a user of the mental health field alone.

Another important action that composed the education itinerary was participating in the Anti-Mental Institution Struggle Week, organized by the school of Psychology, integrating the members of the CRP (Regional Psychology Counsel) that organizes the mobilization of professionals, users and family members every year, in a public act of repudiation to the forms of institutionalization of the person with mental disorders with signs and chants in order to raise the awareness of people on the streets. Participants of this act were users of services such as the CAPS, people who live in therapeutic residences, professionals and students. During this week, XXX-SP promoted discussions about movies in the Psychology Student Directory and a seminar by two users of the CAPS who are advocates and who talked about their experiences in mental institutions as well as one occupational therapist who works at an Adult CAPS in the city of São Paulo. .

The involvement with this mobilization contributed towards the students taking a better stand regarding the issues that need to be better understood, not only by professionals but also by society in general. Thus, there is the need to join technique and politics and not run from the struggle with forces in society that insist in denying human differences and diversity and in disrespecting human rights.

A team formed by two students and one supervisor (occupational therapist) that Works in the Center for Living and Cooperation at Fó Brasilândia was responsible for following the care of one case that will be presented in a very short version with the purpose of exemplifying the education itineraries of the students at the Pet.

Luís (fictitious name), 24 years old, diagnosed with schizophrenia, had symptoms of isolation and hearing voices, was referred to the Pet Saúde Project by the Augusto Galvão UBS team. The family's only source of revenue came from his mother who collected cardboard on the streets. His older brother was unemployed at the time. They lived in a shack, in an invaded territory.

After a home visitation in order to get to know the family, it was seen that the difficulties were related, in great part, to social vulnerability, impoverishment of social relationships and frail Family relationships. The case demanded a greater network articulation, involving the Reference Center for Social Work (CRAS), and the reference UBS and community resources. Follow-up appointments were scheduled for Luís at the CECCO that would provide access to sports, leisure and cultural activities. It was also seen that, albeit entitled to exemption of the bus fare, Luís did not use the public transportation system, which contributed to the restriction of his itineraries. In the interview conducted in order to become better acquainted with Luis's illness, his mother reported that he had his first crisis at age 14, becoming aggressive which, according to his mother, created problems for him and the rest of the family.

The interview also showed his mother's struggle to survive. After the meetings with her, she was referred to medical care (gynecologist and general clinician). Another concern was knowing from the user himself, what were his desires and anguishes. During attention to the user at the CECCO, he could be placed in the activities of an intern in the Therapeutic Accompaniment (TA) course who contributed to care for the user, accompanying him in





several daily life situations. Among other functions, the TA manages new spaces for life production, aiming to limit the lack of organization of the imagination and serves as an anchorage point for reality. The PetSaúde team was also able to schedule a meeting at the CRAS to provide guidance about some of the benefits that this family could apply for, such as the “Bolsa Família” and the “Renda Cidadã” (government financial aid programs).

During the process Luis was identified with tuberculosis which demanded intensive treatment with assisted medication. Therefore, he had to go to the UBS every day in order to receive medication. One of the great difficulties throughout the project was his brother’s refusal to cooperate in detecting tuberculosis, since it is a contagious disease. At great insistence, a test was conducted and the results were negative. The intervention resulted in a bond with another family member.

In the experience of caring for Luis, it was seen that one of the characteristics of the expanded clinic is one of Always incorporating in its knowledge and tasks an assessment of risks, both biological/epidemiological (such as tuberculosis, in this case), and social/subjective (Luis’ isolation) or barriers to family/social bonding (care of his family)<sup>14</sup>. Therefore, knowing the family dynamics, vulnerability patterns and the way of life was extremely important for planning care for this family<sup>15,16</sup>.

Some of the tools of the expanded clinic such as the Genogram and Ecomap were used as strategies in caring for Luis. The genogram is a visual scheme that enables the identification of internal family relationships, and the ecomap another visual scheme that enables the identification of the family’s relationships and bonds to the environment where they live, or their external relationships.

These tools, associated to the interviews and conversations in the routine of the services (meetings, activities, accompanying the Singular Therapeutic Project – PTS) enabled us to trace the itinerary of care and self-care of the user that was seen in the form of a relationship map.

Luis’ ecomap shows an increase in care articulated in the service network since they began during the search for services that were and were not available in the territory, aiming towards increased care.

This tool makes it easier to observe the progress and results of the interventions conducted on the individual’s environment in a way that enables fast reading and easy understanding.

In the present case, Luis was part of building his own itinerary, which proved to be ideal, since there is no one better than the user himself to say what are the paths he takes, the places he goes to and his reference points.

When taking part in this construction the user himself is able to perceive the magnitude of the spaces that he knows and recognizes, of the places to where he goes and has already been<sup>17</sup>. Working with itineraries, and understanding them as individual and social-cultural practices in healthcare, considering the paths followed by the individuals, contributes not only in visualizing support networks, references in personal, family, community and city life<sup>18,19,20</sup>, but also to encourage them and produced them, involving the strengthening of the bonds between the user and his family and the professionals, services and the territories in this process.

In order to strengthen the network, a brief analysis of the interventions involving Luis and his family that involved teams from several units (ESF, NASF, CECCO, CRAS), was conducted and showed greater independence of this user, expressed in actions such as: taking the bus, going to downtown São Paulo alone, enrolling in a computer class, helping his mother to collect cardboard and even making plans for the Money he earned in this activity. In this case, as in others in the study,





the activities with the user were initially followed by a professional, but afterwards happened independently, since the user was always encouraged to play key social roles to his own life cycle (school, work, social networks). This enables them to have better quality of life in spite of the illness and all the stigmas and prejudices that it may carry.

For a university student, accompanying the case, in the territory, building networks, takes down the idea of an object-user. The user is not reduced to his biological body or to the risks of falling ill that are defined by his life conditions and his symptoms. The potential of the encounters that are structured by the team's desire to build the network is made clear, above all, in touch with the basic attention team that is gradually able to assume the coordination of caring for this Family, considered an essential attribute in this level of attention.

The experience in the territory and home visitations broaden the view on Luis and his problems, when focusing on other angles of his life (historical, social, cultural, of his singularity and life situation), and goes beyond the initial complaint to understand the production processes in his life. This experience also enables the recognition of existing tensions in these encounters among professional and users, and the perception of expectations, availabilities, priorities and, sometimes, even disputes over the therapeutic project.

The follow-up of the case makes it clear how important it is that some itineraries that are suggested contribute to the affectionate bonding between the user/Family and the professionals and, how using some of the tools enhanced the Singular Therapeutic Project (PTS), another tool of the expanded clinic<sup>21</sup>. Home visitation, for example, provided relevant information about the territory where Luis lives. The genogram and ecomap enabled understanding how the family arrangement worked and the family's relationships among themselves and with the territory. In team work, dialogue promotes the (re)organization of every professional's practice, and each in their own way leaves the isolation of specific knowledge of his profession, in association with other knowledge that is constructed in team encounters and of its members with the users and their families.

The importance of well-written patient records was also evident, as this is an instrument that is frequently used in decision-making, coordination and continuity of care. A record should contain a relevant history of health problems; the situation and the demands of the user and his family; clinical and sanitary actions that were conducted; assessment of vulnerabilities.

During PTS elaboration, it was also possible to value a compromise of aims in the conduction of care in the specific cases (negotiating health needs among the team and between the team and the user); of the responsibilities taken after the timeline was developed and the definition of the periodicity of re-evaluations of the case, according to a guideline proposed by authors who study the PTS<sup>21</sup>

Field experience showed that, many times these actions do occur, but they are not always articulated and integrated, as they should be in all organizational spaces of the health system, according to the integral attention principle. It is observed that the mental health user goes through the system, but the interventions are not structured in the complexity of his demands and health needs, since they are not shared.

Therefore, it may be said that the contribution of the PetSaúde resulted in strengthening the local network. This network was able to perceive its interventions as being more coherent with the integral attention principle, with a higher degree of accomplishment.

All the learning that took place during this intervention was made even clearer in the 4th year internships when we, Speech Language Pathology and Audiology students went to basic attention, in a supervised internship at a NASF (Family Health Support Nucleus) in a Basic Health Unit.

This mandatory internship happens in two Basic Health Units (UBS) located at Fo/Brasília. The theory necessary for this internship is partly provided during the course's second year when we study the subjects "Public Health I





and II” and deepen our knowledge about the Sanitary Reformation, the principles and guidelines of the SUS (Public Health System), the models of assistance and the healthcare attention networks, among others.

The NASF<sup>14</sup> is composed as multiprofessional teams that act in integration with the Family Health Teams (ESF) and with the basic attention teams for specific populations (clinical practices on the street, riverside teams and teams on boats). NASF was created by the Health Ministry in 2008 with the purpose of supporting the consolidation of basic attention in Brazil, broadening healthcare offers in the service network, as well as the accomplishment, scope and target of the actions.

Learning about the Speech Language Pathology and Audiology actions in the NASF is a challenge since the entire clinical education in the organization of the course syllabus was structured on the nucleus of the Speech Language Pathology and Audiology field. The new syllabus of the Speech Language Pathology and Audiology course at PUC-SP, implemented in 2013, changed this structure and proposed an inter-professional education throughout the course. However, in the syllabus concerning the student that tells this experience here, there was little articulation between clinical education and collective health.

The Speech Language Pathology and Audiology course at the Pontifical Catholic University of São Paulo has a Speech Language Pathology and Audiology clinical work with fields such as anthropology, medicine, psychology, psychoanalysis and education. The conception of language that prevails in the course considers that dialogical processes (that characterize Speech Language Pathology and Audiology practices) mediate the encounter between therapist and patient is the producer of subjectivity. Still, experiencing Speech Language Pathology and Audiology actions inside the NASF model implies giving new meaning to the entire clinical education and to broadening horizons.

The logic behind NASF implies a work based on knowledge of the territorial base, of the life conditions of the population, on planning actions guided towards the needs assessed and in partnership with healthcare and community equipment. It means acting as a reference to family health teams, providing support in the expansion of reflections and questionings that enable the qualification of the actions and conducts of the teams in caring for the user, family and community.

Thus, educating a student to act in the NASF implies in developing multi-professional teamwork that acts inter-disciplinarily, being stimulated to share knowledge, looking at the complexity of the problems and issues, acting alongside the team in the direction of integral assistance, articulation of assistance practices and collective health.

This work has now pre-determined or fixed flow for the studied cases and those assisted, and these cases are not always referred for specific rehabilitation (Speech Language Pathology and Audiology, Physiotherapy, etc.). The model of rehabilitation is social and is not restricted to the pathology, but to the needs and possibilities of this subject having quality of life, access and inclusion in social practices that enable his development. Each professional’s practice regarding his knowledge nucleus is contained in a series of actions, demanded by each situation, that involve a multi-professional interdisciplinary and inter-sectorial field. His way of looking and understanding the issues contributes to a broader view of the team. Some of the activities of the internship at the NASF are: home visitations, reference support; shared clinical actions; development of singular therapeutic projects with users; shared actions in the territory that imply inter-sectorial work (schools, culture, social work).

The NASF team works in the logic of supporting the integral healthcare networks, and thus acts in strategic fields of childhood and adolescence, disabled person, elderly citizens’ health, in integrative and complementary practices, of physical activities and corporal approaches of feeding, nutrition and mental health<sup>14</sup>.

Regarding Mental Health, NASF’s support to the Family Health strategy contributes to the coordination of care and sharing with other levels of attention to this care, provides responsibility for the reference, for actions that will involve the right to access services and social resources, rupturing the



logic of referral. The team is expected to follow-up through home visits, meetings, case discussions, planning and execution of community therapy activities and activities of health promotion, as well as revenue generation.

In taking part in this internship I realized the influence of the PetSaúde as a facilitator of the comprehension of the role of Basic Attention in the assistance model of the SUS (Public Health System). I had no expectations that the teams would demand specific Speech Language Pathology and Audiology sessions. Although I was always aware of the issues regarding communication, oral and written language, hearing and stomatognathic functions during case discussions, this did not stop me from thinking of the therapeutic process in a more holistic way, or from inserting myself in actions based on integral assistance. This is a characteristic of the Speech Language Pathologist and Audiologist's action in basic attention, a new area that challenges the field to rethink its education and actions.

Thus, the PetSaúde educated me to act in the substitute mental healthcare network and contributed to a more resolute action in basic attention, since it made me see the importance of working as/in a network.

### **Changes in clinical education: a few reflections**

In the model of psychosocial attention, the concept of care is opposed to the idea that moves many students to consider that in order to be a good professional; it is enough to know the scope of technical procedures and interventions of their field.

When experiencing and learning about the guidelines of psychosocial attention, the work was conducted in the perspective of the broadened clinic, developing a critical perception about the social life conditions of the people with mental disorder or who abuse alcohol and other drugs. Thus, the development of the resources of the user, his Family

and/or community were valued, to actively aim towards the participation in different social spaces, personal and social development that is possible and desired for that moment and construction of a life project.

Therefore, in order to perform care, it is not enough to know curative methods, but one must capture the singularity, the context, the specific ways of life of each user in risk of falling ill or already in an illness process, supporting him in search for greater Independence for health production<sup>6</sup>.

The logic of a broadened clinic supports the process of permanent education in health in order to deal with subjectivities and health needs<sup>4</sup> of users with mental health demands.

The education focusing on the clinic by specialties (not only in medicine but in general for all professionals under the influence of the biomedical model), is centered on the disease, treated in its ontology. Since its emphasis lies on the treatment of the disease, on its cure, few times does this clinic work with risks and prevention, as its approach reduces the subject to his disease (when not to the sick/deficient organ). According to Onocko-Campos<sup>5</sup>, the adepts of the biomedical method seldom evaluate the efficiency of their practices.

In the broadened clinic, the professionals' commitment is to the subject, the health practices assume that there will be bonding and dialogue<sup>22</sup> with the user, his family and the community. The subject of this clinic is always seen in the biological, social-cultural, subjective and historic dimensions. His demands are considered transitory, changeable in time and space, since there are values and desires that are constructed socially and create new needs expressed as demands.

Listening to these demands and reflecting upon the user's health needs are essential conditions in the process of caring and demand that the professionals look beyond the nucleus of knowledge that constitutes his professional field, in order to build a common field that is able to produce new strategies to respond to the singular problems (individual or collective)<sup>22</sup>.

Differently from the model that is commonly practiced in the different health field professions, based on a private liberal model<sup>10</sup> that usually consists of a fragmented practice centered in producing acts/procedures<sup>22</sup>, the model of integral mental health attention is based on an ethical commitment to life, involves actions of health promotion, risk





factor prevention, damage control and psychosocial rehabilitation according to the dynamics of the health-illness process<sup>6</sup>.

The starting point for care in the psychosocial model of attention is the participation of the user/family in planning his therapeutic itinerary, considering his desires and needs. The concept of integral health attention characterizes care as a support to the user, family members and community to gradually take control of their lives and their health.

### Desafios do PetSaúde

In order to analyze the limitations of the Program, the difficulties faced by the proponents (tutors and coordination) in combining the schedules of students in different courses taking part in the program must be highlighted.

The difficulties in remaining in the project were many since meeting times coincided with the schedules of mandatory subjects in the Speech Language Pathology and Audiology course.

Though the Speech Language Pathology and Audiology, and Psychology courses are part of the same college, they are still closed in themselves; there is a lack of common spaces for research and extension activities, which makes it difficult to have approximation experiences.

Regarding the education-service integration, there were some gaps and misunderstandings that made the project's path in the services more difficult, highlighting those regarding management (improvement of flow, for example) and the work processes. The analysis of the tensions and advances were object of discussion in the meetings of the Management Committee for local accompaniment, enabling the construction of a field for analyzing the education and attention practices in healthcare

### Closing Remarks

The narrative about the experience of education through the PetSaúde in the Mental Health field shows the potential of the policy implemented by the SGTES, aiming to promote a change in the education of the health field professionals. The student's insertion in the work field under the axis of integral attention favored the recognition of the territory as a space for health promotion, enabled

understanding the work of the teams (ESF, NASF, SM) and coordination of care in the network.

The narrative became an opportunity not only to register an account about the contributions that this experience brought to the student's education, but, above all, to show how this process enabled a greater ability to develop a critical-reflexive view on the education and insertion of the Speech Language Pathologist and Audiologist in the field of mental health.

### Referências Bibliográficas

1. Brasil. Lei n. 10.216 de 6 de Abril de 2001. Reforma Psiquiátrica e os Direitos das Pessoas com Transtornos Mentais no Brasil. Disponível em URL: [HTTP://www.planalto.gov.br/ccivil03/leis/2003/110.708.htm](http://www.planalto.gov.br/ccivil03/leis/2003/110.708.htm). Acessado em: 10/07/2014.
2. Saraceno B. Reabilitação psicossocial: uma estratégia para o milênio. In Pitta, A (org). Reabilitação psicossocial no Brasil. São Paulo: Hucitec, 1996, p13-8.
3. Amarante PDC. Algumas observações críticas sobre a formação em saúde mental. In Caderno Saúde Mental 3: Os desafios da formação. Labosque, M (org). Belo Horizonte: Escola de Saúde Pública do Estado de Minas Gerais; 2010. Acessível em URL: [www.esp.mg.gov.br/wp.../caderno\\_SM3\\_Os\\_desafios\\_da\\_formacao.pdf](http://www.esp.mg.gov.br/wp.../caderno_SM3_Os_desafios_da_formacao.pdf). Acessado em 15/10/2014.
4. Ceccim RB, Capozzolo AA. Educação dos profissionais de saúde e a afirmação da vida: a prática clínica como resistência e criação. In: Educação Médica em transformação: instrumentos para a construção de novas realidades. Marins, João José Neves et al (org). São Paulo: Editora Hucitec, 2004. p.346-90.
5. Onocko – Campos RT. Clínica: A Palavra Negada – Sobre as Práticas Clínicas nos Serviços Substitutivos de Saúde Mental. Rev. Saúde em Debate. 2001; 25:98-111.
6. Feuerwerker LCM, Capozzolo AA. Mudanças na formação dos profissionais de saúde: alguns referenciais de partida do eixo Trabalho em saúde. In: A Clínica Comum: Itinerário de uma formação em saúde. Capozzolo AA, Casetto SJ, Henz A (org). São Paulo: Hucitec, 2013. p.35-58.
7. Campos RO e Furtado JP. Avaliação e Produção de narrativa. In: Pesquisa Avaliativa em saúde mental - desenho participativo e efeitos da narrativa. Campos, RO [et al] (org). São Paulo: Hucitec editora, p.97-102.
8. Almeida BPV. Fonoaudiologia e Saúde Mental: atuação do fonoaudiólogo nos Centros de Atenção Psicossocial do Estado de São Paulo. Tese [doutorado em Fonoaudiologia]- Pontifícia universidade Católica de São Paulo – São Paulo, 2014.
9. Vladimir ARA. Fonoaudiologia e Saúde mental: reorientando o trabalho na perspectiva da atenção psicossocial. Rev. CEFAC, 2014;16(3): 1004-12.
10. Trenche MCB, Pupo AC, Sebastião LT. Mudanças/Inovações na Formação do Fonoaudiólogo in Tratado das Especialidades em Audiologia. Marchesan IQ, Silva HJ, Tomé MC. 1ª Ed. São Paulo: Guanabara Koogan, 2014,mp. 1066-72.
11. Trenche MCB, Vicentin MC, Pupo AC. Integração ensino e serviço na formação em saúde: a experiência do Pró-Saúde II XXXSP e Supervisão Técnica de Saúde da Fó- Brasilândia / SMSSP. Distúrbios Comun, 2014; 26(4) :822-33.



12. Brasil, Ministério da Saúde. Portaria Interministerial nº 421, de 03 de março de 2010. Institui o Programa de Educação pelo Trabalho para a Saúde (PRÓPETA SAÚDE) e dá outras providências. Acessível no site da XXX – SP/Pró-saúde, disponível em URL: [www.xxxsp.br/prosaude/](http://www.xxxsp.br/prosaude/). Acesso em: 01/10/2014.
13. Vicentim C. Relatório Anual Projeto-PRÓPETA SAÚDE-Saúde (Programa de Educação pelo Trabalho para Saúde) da XXX-SP enviado em agosto de 2014 [acesso restrito].
14. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde na escola / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. – Brasília: Ministério da Saúde, 2009. (Série B. Textos Básicos de Saúde) (Cadernos de Atenção Básica; n. 27). Acesso em: 10/11/2014.
15. Mello DF, Viera CS, Simpionato E, Biasoli-Alves ZMM, Nascimento LC. Genograma e Ecomapa: Possibilidades de Utilização na Estratégia de Saúde da Família. *Rev. Bras Cresc Desenv Hum*, 2005 15(1):79-89.
16. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde Mental / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. – Brasília: Ministério da Saúde, 2013. (Cadernos de Atenção Básica; n. 34). Acesso em: 12/10/2014.
17. Rizzi S, Bauman R. Relatório Final do caso/ julho 2014. In Relatório Final do Pet Saúde – Saúde Mental enviado à SGTES/MS, dez. 2014, Vicentim MC (org.), [acesso restrito].
18. Gerhardt TE. Itinerários terapêuticos em situações de pobreza: diversidade e pluralidade *Cad. Saúde Pública*, Rio de Janeiro, 2006; 22 (11): 2449-63.
19. Dalmolin BM Esperança Equilibrada. Cartografias de sujeitos em sofrimento psíquico. Rio de Janeiro: Editora Fiocruz; 2006, p.193-203.
20. Cabral ALLV, Martinez-Hemáez A, Andrade EIG, Chergiglia ML. Itinerários Terapêuticos: O Estado da Arte da Produção Científica no Brasil. *Ciência & Saúde Coletiva*, 2011; 16(11): 4433-42.

