

The collective practices in health policies in FÓ/Brasilândia (SP): foruns, networks, groupalities

O fazer coletivo nas políticas de saúde da FÓ/Brasilândia (SP): fóruns, redes, grupalidades

El hacer colectivo en las políticas de salud de FÓ/Brasilândia (SP): foros, redes, grupalidades

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Abstract

This narrative brings the experience work of the collective way of producing health of professionals, networks and services from the territory Freguesia do Ó/Brasilândia, in Sao Paulo. This is an important historical recovery to strengthen the integration between university and health policies, which have been enhanced by Pro projects and Pet- health developed by Pontifícia Universidade Católica de São Paulo in partnership with Supervisão Técnica de Saúde da Freguesia do Ó/Brasilândia. The text was constructed

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Received: 23/01/2017

Accepted: 25/06/2017



based on participatory research involving professionals who acted and act in that territory. Initially from oral narratives, the text was produced together by tutors and professionals who have expressed interest in reporting the 2 experiences of collective practices on that territory. A brief history of some collective network spaces of the period “post-Plano de Atendimento à Saúde-PAS” was produced. The Mental Health Forum was described as a precursor of shared health practices, beyond the walls of different knowledges and services. Other spaces, such as the Child and Adolescent Forum, the Group of Interdisciplinary Work and the Rehabilitation Forum were brought as important spaces that articulate care in their singularities. The National Policy of Humanization was brought as an articulator and potentiating these spaces. The narratives of these practices and knowledges show the power of these collective practices, in order to strengthen the collective management of health and extend the comprehensive care.

Keywords: Public Health; Health Management; Networks; Forums.

Resumo

Relata-se neste trabalho experiências de fazeres-coletivos de profissionais e serviços da rede de saúde do território Freguesia do Ó/Brasilândia, em São Paulo. Trata-se de um resgate histórico importante para o fortalecimento da integração ensino-serviço, que tem sido potencializada pelos projetos do Pró e Pet-Saúde desenvolvidos pela Pontifícia Universidade Católica de São Paulo em parceria com a Supervisão Técnica de Saúde da Freguesia do Ó/Brasilândia. O texto foi construído com base em pesquisa participativa que envolveu profissionais que atuaram e atuam nesse território. Narrativas orais construídas em oficinas foram ponto de partida para a escrita conjunta entre tutores e profissionais que manifestaram interesse por relatar as experiências de fazeres coletivos desse território. Um breve histórico de alguns espaços coletivos de articulação de redes no período “pós-Plano de Atendimento à Saúde” foi traçado, firmando o Fórum de Saúde Mental como precursor da afirmação de práticas compartilhadas de saúde, para além das paredes dos diferentes saberes e serviços. Outros espaços, como o Fórum da Infância e Adolescência, o Grupo de Trabalho Interdisciplinar e o Fórum de Reabilitação foram trazidos como importantes espaços que articulam o cuidado nas suas singularidades. A Política Nacional de Humanização foi apresentada como uma articuladora e potencializadora destes espaços. As narrativas dessas práticas e saberes evidenciam a potência deste fazer coletivo que fortalece a cogestão da saúde e amplia a integralidade do cuidado.

Palavras-chave: Saúde Pública; Gestão em saúde; Redes; Fóruns.

Resumen

En este trabajo se relatan experiencias de haceres-colectivos de profesionales y servicios ofrecidos por la red de salud del territorio Freguesia do Ó/Brasilândia, en São Paulo. Se trata de un rescate histórico importante para el fortalecimiento de la integración enseñanza-servicio, que ha sido potenciada por los proyectos del Pro y Pet-Salud desarrollados por la Pontifícia Universidade Católica de São Paulo en asociación con la Supervisión Técnica de Salud de la Freguesia do Ó/Brasilândia. El texto fue construido em base a la investigación participativa realizada por profesionales que actuaron y actúan en este territorio. Las narrativas orales surgidas en los talleres realizados en este territorio fueron el punto de partida para la escritura conjunta entre los tutores y profesionales que manifestaron interés por relatar las experiencias de hacer colectivo. Fue delineado un resumen cronológico de algunos espacios colectivos de articulación de redes en el periodo del “Pos-Plan de Atención para la Salud”, identificando el Foro de Salud Mental como el precursor de la afirmación de prácticas compartidas en salud, más allá de las paredes de los diferentes saberes y servicios. Otros espacios, como el Foro de Infancia y Adolescencia, el Grupo de Trabajo Interdisciplinar y el Foro de Rehabilitación también fueron reconocidos como ámbitos relevantes que promueven el cuidado em sus singularidades. La Política Nacional de Humanización des SUS fue presentada como articuladora y potencializadora de estos espacios. El relato de estas prácticas y saberes evidencia la potencia de este hacer colectivo que fortalece la cogestión de la salud y amplía la integralidad del cuidado.

Palabras clave: Salud Pública; Gestión de la Salud; Redes; Foros.





Introduction

“(...) territoriality in humans is best understood as a space strategy to affect, influence, or control resources and people, to control an area; and, how territoriality can be enabled and disabled.” (Sack, 1986)

The history related to the practices of the health care network in the territory of Freguesia do Ó/Brasilândia (FÓ/Brasilândia), in São Paulo, has been strongly characterized by collective action as a way of making health care, as well as by the affirmation of practices that prioritize the comprehensiveness and by the commitment to the health needs of the population and of the territory. Over the past decades, the creation of *collective spaces* that could provide groupalities, joint activities and dialogues between the services and workers, supported and has been supporting this quest for greater comprehensiveness in actions and in ways that are more democratic, less hierarchical and bureaucratized of making healthcare.

This communication presents some network articulation devices, from professionals and users of the health care network of the region, over the last decade. On the one hand, it aims to provide visibility to the power of collective work and, on the other hand, it aims to provide visibility to its living and metamorphic way of creating these spaces. This communication follows the narrative of the creation of different devices in the form of forums, intersectoral and territory articulation meetings, their developments and transformations, thus trying to highlight the vivacity with which different agents and sectors connect with each others, in addition to strengthen and multiply health care strategies in the territory.

These collective spaces are used here as devices as assigned by Foucault¹, that is, as a heterogeneous set of elements (speeches, administrative actions, scientific and philosophical statements) that makes something work, by triggering processes, and that responds to a historical emergency. They have a strategic role and should not be seen as an isolated object, but as in the connections that they create or constitute. Thus, such collective spaces are not merely for the meetings and gathering of people, but rather to multiple processes that respond to the need to multiply the healthcare.

In turn, the concept of collective also takes specific perceptions in this work and moves away from a dichotomous understanding that opposes the term to the idea of individual². We are interested in taking collective as a field of relations between different, but not antagonistic, plans that are the plan of forms - or the plan established - and the plan of forces - or the establishing plan². Such understanding assumes a reality produced with forces at a play that is permanently open to transformation. However, it's noteworthy that the constitution of such spaces does not necessarily ensure a collective work, but it can leverage the collective work, that is, it can establish favorable conditions for access to the plan of creation and production of instituting and openness moves to new connections depending on the operating modes in these spaces³.

This narrative about this collective work process works as a methodological tool, since it was both as a communications device, and as a tool to reflect on health care practices. And so, it is particularly important for health care researches in which the relations between subjects and collective, memories and political action appear as issues of special interest. As strategy of participatory research, this methodological tool involves the actors in various stories similar to their own narrative and it enables them to contact with narratives from other interest groups⁴. When it comes to social practices, the actions in the health care field have the potentiality of becoming a political action, through the narrative. On the other hand, the production of the narrative addresses the ethical-political imperative to intervene in the universe researched, providing the strengthening of their ownagents⁴.

In addition to stimulating the memory, narrating collective works produces records and material to contextualize the training processes in health care, contributes to a better understanding of the territory concept, thus providing a broader discussion, and, above all, from a political perspective about the needs, it contributes for planning and health actions conducted on the FÓ/Brasilândia territory. Moreover, the narrative enables the production of analyzers⁵, that is, it provides visibility to events that highlight the force at play in the situations addressed.

This paper was prepared by professionals who work in the FÓ/Brasilândia territory, teachers and educational tutors of the Pontifical Catholic University of São Paulo (PUC-SP) who were on the



Pro-Health II project (2008-2016), which is conducted in a partnership with the Health Technical Supervision (HTS) of FÓ/Brasilândia, Northern Regional Health Coordination (NRHC), São Paulo Municipal Health Department (MHD/SP).

At first, the narrative focuses on the “rebirth” process of the collective practices in the early 21st century. In this presentation, we decided to address experiences in spaces produced during the period that became known as “post-Health Care Plan (PAS)”. Introduced by Mr. Paulo Maluf, then Mayor, in 1995, PAS changed the management of health care services to physician cooperatives, interrupting an alignment process of São Paulo to the ideas of the Brazilian Unified Health System (SUS) that was in force since the administration of the previous Mayor, Ms. Luiza Erundina. The PAS generated a precariousness of services and interrupted the territorialization practices, which encouraged the incursion of professionals in the territory attached to know their reality and their health needs. In addition to failing to comply with constitutional principles of SUS, it deepened the contradictions and conflicts between the municipal policies of São Paulo and the State and National Health Policies. PAS was extinguished in 2001 during the administration of Ms. Marta Suplicy, who implemented a policy to reconstruct the SUS in São Paulo.

The end of this health policy model resulted in the rebirth of collective experiences that aimed to innovations in health practices and strengthening of public, universal and integral biases of the SUS. However, from 2006 on, the reconstruction of the SUS “post-PAS” became dependent on partnerships, through management agreements and contracts with the so-called Social Health Organizations (OSS), initially only for selection, hiring and training of personnel and, subsequently, for the management of services⁶. In the second part of the text, the story focuses on processes driven by the significant interference of the National Policy of Humanization (PNH), which sought, since 2008, to strengthen the articulation of the of the FÓ/Brasilândia territory. However, when necessary, experiences prior to this period, which are also developed in different spaces of articulation, have been resumed.

Collective spaces and their transformations

Mental Health Forum

The Mental Health Forum, in 2001, was one of the first experiences of spaces that articulated different professionals and services in the region in the “post-PAS” period. During this period, the territory already had the Family Health teams, managed by Fundação Zerbini and the State Government had expanded the so called the Family Health Program (PSF) in the region. In addition, some Primary Health Care Units (UBSs) were initially managed by the São Paulo State Health Department (SES), and later, with the municipalization of the health management, by the Family Health (ASF), an OSS partner.⁷⁸

It is worth remembering that in the 1980s, the Freguesia do Ó and Brasilândia territory had a large number of psychiatric hospitals⁹ and experienced during municipal management of Ms. Luiza Erundina (1989-1993) the introduction of mental health teams in the UBSs, with investments in alternatives to psychiatric hospitalization (Day Hospital, Living Centers, among others) what reconnected the Mental Health to Primary Health Care, which then started to have multiprofessional teams with multidisciplinary performance.

In 1997, FÓ/Brasilândia participated in the Integral QualityQUALISII-PSFproject, which in view of the unfavorable conditions of PAS, has implemented the Family Health Strategy and the Health Community Agents Program through a partnership between FundaçãoZerbini and the Secretary of State, thus enabling the professionals to resume the community mobilization and territorialization process. In this context, the aim of Mental Health was so that their actions would address the entire territory, didn't have the Mental Health team and the UBSs under the management of São Paulo City Council (PMSP) had just a few Mental Health Professionals among the personnel. To make matters worse, we should notice the fact that there were demands to the Mental Health of Brasilândia not only from the neighboring regions, but also from remote locations, including other municipalities. Therefore, it was necessary to strengthen the relationship with the network syntheses localities, as well as strengthen the health care territorialization and regionalization.





From this assessment and concern, the Mental Health Forum was encouraged by Lidia Siqueira Tobias, who was responsible for the Health District at the time, so that it could be a device for actions integration and coordination on Mental Health in the territory. In the first meetings, all Mental Health professionals of the Healthcare Units in the region were invited, such as psychologists, occupational therapists, social workers, psychiatrists, in addition to the Mental Health Outpatient team. Then, the Forum was held fortnightly, based initially at the Outpatient Mental Health and subsequently in an itinerant way - purposely so that professionals could strengthen relations and get to know better the institutions of the territory - by health care services, primary care units, emergency rooms and outpatient clinics. The first document of the Forum was drawn up as a dialog with health care services of other territories, which reported the health care territorial logic, seeking to organize the boundaries between the neighborhood of Brasilândia.

It was necessary to reduce the large number of patients of the outpatient clinic of Brasilândia who sought the most different types of health care, as they could and should have such services in the health units closest to their residence. The new Mental Health guidelines privileged the health care to people suffering from psychological distress in the territory, where they should be aided in relation with people closer to them, and not being isolated to "receive treatment". Gradually, the guiding documents began to be produced by the Ministry of Health^{10,11}.

This time boosted professionals who were already working in the region, as well as those who had recently come through competitive examination, and they had much room to think and invent new health practices. At that "post-PAS" period, the production of new actions in the health field was driving those who came from a period characterized by the lack of actions and divestment, as well as the feeling of "missing" how health practices were before the PAS.

The experience of mental health teams, established a few years before by the PSF, brought a strong feature to the meetings, by putting into question the need of the matrix-based strategies function being taken by Mental Health professionals, which is guideline that was strengthening in the Health field¹², as well as when these professionals "left" their units to the territory. Although the vast

majority of professionals were committed to the principles that govern these practices, some resisted to the new propositions, by requesting to be transferred or questioning the necessity of conducting matrix-based strategies due to the training based on traditional models (focus on disease, on the "treat 'em and street 'em" approach and in the skill)¹³.

In this context, the Forum emerges as a meeting polo that fosters discussions on the challenges faced, where professionals could strengthen their practices and make alliances. The discussions often revolved around cases, in order to promote questions together about the functioning of the flows and the network, and new solutions were triggered in the collective. The focus was to discuss the various issues of SUS, as well as their employees and the reflection in relation to public policies, working as a space open to any healthcare professional and professionals from other industries.

In 2008, the constitution of the Family Health Strategy Support Centers (NASF) in the territory resulted in the expansion of professional staff (hired by the ASF social organization) and, therefore, allowed the inclusion of other professional categories beyond those related to Mental Health. Thus, the Forum name was changed to "Healthcare Professionals Forum", giving continuity to the warrior spirit of the region, contributing to other achievements of the territory as the Therapeutic Homes, in 2009, the Center for Psychosocial Care of Children (CAPSi), in 2009 and the Psychosocial Care Center with respect to Alcohol and other Drugs (CAPSad), in 2011.

As usual, in the change of public management, in 2009, all managers of the territory were replaced, since the new management of SMS decided that all managers should be hired by the OSSs, partner of the Municipal Health Department in health care management, instead of a public relation. In this way, it changed all the support to the training course in the PNH and continued the long history of relations between public administration and OSSs management (ASF and the *Associação Paulista para o Desenvolvimento da Medicina* - SPDM).

With so many territorial changes, extensions and reorganizations, the space of the Healthcare Professionals Forum was greatly reduced and it started to encourage the creation of other discussion spaces in the territory, in view of the permanent challenges faced. The poor integration in the Municipal Health Department between Primary Care



and other thematic areas such as, for example, Mental Health, implied in opposing guidelines for the same care. In the same way, the contracts that were agreed with different partners in neighboring regions established practices supported by the most diverse logics in health, and also influenced the chaotic multiplicity of directions in health.

From the need for articulation between the Family Health Strategy Support Center (NASF) and Psychosocial Care Center (CAPS) that aimed to enlarge the possibilities of Mental Health Care in the territory and strengthen the construction of matrix support for Primary Care teams, the so-called micro-networks were created. The Health Services of STS of Freguesia do Ó/Brasilândia were organized into three groups called micro-networks, in order to facilitate the connection of these services and consider geopolitical and territorial singularities of this territory. The Beira Rio micro-network, which is composed by services that are geographically closer to the region of the Tietê River; the Alto da Serra micro-network, which is composed by services that are in the highest geographic region of Brasilândia, near the Serra da Cantareira; and, finally, the Pé da Serra network, which is composed by services that are closer to the foot of the Serra da Cantareira mountain range. Strategic services, such as CAPS (II, AD and for children), Reference Centers in DTS/AIDS (CRDTS/AIDS) and Reference Center for Workers' Health (CRST), have representatives in all micro-networks. Currently, these groups, which were initially created for professionals of the NASF and CAPS teams, also include managers of Primary Healthcare Units, professionals of the Family Health teams and their goals have expanded, since it was considered necessary to discuss important issues for the support of the Psychosocial Care network with these actors.

The organization of the territory in micro-networks was the organizing strategy for the proposed intervention of the PNH on reception and classification of risk, in addition to having the relevant intersection with the PUC/SP by means of Pro-Health and PET-Health projects. That is, this space where the health network finds a fertile ground for discussions and network qualifications on themes and concepts fundamental to support¹⁴ the expanded clinic and the Mental health care of the population. As so, the micro-networks are developing, with the support of the Mental Health PET, health care processes of adolescents in abu-

sive use of alcohol and drugs; medicalization and rational use of drugs, violence in the territory and worker's health¹⁵.

In this context, the support of micro-networks as a collective space of composition of the Psychosocial Care Network (RAPS) has been providing a series of proposals for collective action with the population, beyond the support of processes of matrix support and the culture of the territory of health care in networking and co-management¹⁶.

The integration in Primary Care: UBS managers meetings

On the one hand, the "post-PAS" process was characterized by constant organizational changes and changes in health management in the territory and, on the other hand, the UBSs suffered permanent investment of a policy that still was focused on physicians, and thus the UBSs were increasingly hindered between Municipal and National Policies. An important collective created to promote the integration between the Primary Care Network was the UBSs managers meeting. In 2002, all managers of the municipality were called for a joint training, the Primary Care Unit Management (GERUS), provided by the Municipal Health Department. GERUS was a specialization course in UBS management, developed with the technical cooperation of the Pan American Health Organization-PAS and the Ministry of Health-MS, through a partnership with the School of Public Health, University of São Paulo (FSP/USP). In view of the context of the deployment of Health Districts in the city, it sought to enable managers to a new role of articulation, mobilization, local negotiation. The training lasted a year, but when the PAS returned, the FÓ/Brasilândia region decided to organize a group with their managers, who had a weekly meeting, in order to streamline and shape the work conducted in Primary Care. In 2005, a new regionalization of health care services of the municipality was instituted, with the creation of five Health care Coordination and twenty-four STSs. The one responsible for the northern region was located in Santana, including the Freguesia do Ó/Brasilândia STS.

Thus, based on the needs that were identified in each UBS territory, the issues were discussed at the meeting, where everyone was asked to think in solutions. These meetings began to impact also in the daily life of the Units, whose management





began to work in a more interconnected system, establishing channels of dialog and continuous and mutual support. This group held key exchanges with the Mental Health Forum, discussing demands and taking ownership of what was discussed. The UBSs held the Forum, which was itinerant through Health Units, and took responsibility to coordinate their discussions when the Forum was held in it.

As already reported, the municipal management decided that managers should not have a public relation. The requirement that managers could or could not have a public relation was switched according to the management design on the part of the political party which won the elections, and this happened at least twice in different elections at São Paulo. Co-managers were hired by the OSSs through a quick selection process, destabilizing the services of the territory and the Healthcare Professionals Forum. The new group of managers that no longer was formed by that collective actions that was historically constituted, began to receive other influences in the UBSs and, this amounted to a number of other factors, such as: high turnover of professionals in the UBSs, issues from major changes in the composition of the Units, construction of other spaces for discussion as the Network Forum in FÓ/Brasilândia, from the Humanized Working Group (GTH), as well as the arrival of other services, CAPSi, CAPSad, Specialized Center of Rehabilitation (CER), Rehabilitation Integrated Center (NIR), which was promoting the demobilization of the Healthcare Professionals Forum, making it meaningless, which culminated in its end, around 2010/2011.

In 2008, the FÓ/Brasilândia STS participated in the PNH Supporters Training Course, thus investing on training of UBSs managers, in order to intensify the discussions regarding the health production methods in the territory and the construction of intervention devices that might encourage the improvement and qualification of health care in view of the sufferings and needs of people who live in the territory. This course was an investment of the Ministry of Health and the State Health Department and, initially, the proposal was to involve only professionals of some hospitals in the State of São Paulo. However, thanks to the commitment and support of various professionals, the course was able to offer six positions to the Primary Healthcare of São Paulo. The São Paulo-Capital Production Unit group was composed by: Geralda Ap. Vieira

de Carvalho and Ivonete de Paula at the *Hospital Geral de Vila Nova Cachoeirinha* “Dr. Álvaro Simões de Souza”; Marisa Cristina Domingues and Sheila Cristina Ribeiro dos Anjos at the *Hospital Geral “Doutor José Pangella” Vila Penteadó*; Vera Lúcia Patreze, Viviane de Araújo Arantes and Maria Cristina Coelho Nepomuceno Carvallho at the *Conjunto Hospitalar do Mandaqui*; Rosângela Braga Gomes and Izilda de Barros Gatto at the *Casa Verde/Cachoeirinha/Limão STS*; Josefina Sanches at the *Pirituba/Perus STS*; Rosemary Haberland, Danielli Marques and Teresa Cristina Fenerich de Moraes at the *FÓ/Brasilândia STS*; and Maria Luiza Santa Cruz, as Instructor, Maria Cristina Vicentin (PUC/SP), as Pedagogical Supporter, and Cleusa Pavan as São Paulo PNH supporter.

The course provided that participants should perform an intervention plan in their work and they should use the PHN tools to disseminate the SUS guidelines. Rosemary Haberland was the participant who took the best advantage of the Intervention Plan in the work, what was a compulsory work of the course. As requested by her line managers, she built a GTH with the entire Freguesia do Ó/Brasilândia STS. The GTH lasted from 2008 to 2015, with the institutional support of Cleusa Pavan between 2010 and 2015. At the same time, PUC/SP remained with the internships in the territory and progressed in 2012 with the proposed Mental Health PET in four UBSs of the same Health Technical Supervision.

Intersectoral approach in the childhood and youth topics: The Childhood and Adolescence Forum and the Multidisciplinary Work Group (GTI)

We met Wagner Raïna and his Educational team from the meeting between the Mental Health (MH) professionals that was encouraged by Dr. Lidia Siqueira Tobias, and through the case discussion whose history is reported in the book called “*Saúde e Loucura de um garoto de sete anos da UBS Galvão*”¹⁷ (Health and madness of a seven-year boy from the Galvão UBS), monitored by the Qualis Mental Health team, that in February, 2001, would start his 1st year in the Primary School of a Municipal School, requiring a broad intersectoral work of reflection for his inclusion in regular education.

We started a conversation with the Educational team on the inclusion of “problem” children in





classrooms, through this case and through the contact of the new speech therapist in Health, who came from the Educational field. We met Wagner Raïna and Marly Gandolfo through a speech therapist of the Ladeira Rosa UBS, who had worked until December 2000 and who already developed an inclusion work of children with Global Developmental Delay in ordinary classrooms. From this conversation we started to have more systematic meetings, whose goal was to identify demands relating to the development of children and adolescents who were in need of other investments in space for more specific and intersectoral discussions. Thus, the Childhood and Adolescence Forum was established in 2001, which is a space for the intersection between Health and Education.

Before long, this space strengthened and we had a Forum officially established with the aforementioned name and that was held monthly in the former Educational Action Center - North (NAE 3). The Forum even discussed and involved networks with more than 400 children, when this work was radically extinguished in 2005, with the exchange of the municipal management and changes in education. Nevertheless, this initiative has given rise, in 2004, to the Children and Adolescents Municipal Forum, which provided intersectoral discussions on the need of children and adolescents in different public services which should be responsible for the growth and development of this population.

At the time, the *Ambulatório Maria Cecília Donnangelo* participated actively in forums and some services next to it, as the Chiquinha Rodrigues State School, and the Vila Penteadó Circus School, later known as Vila Penteadó UBS, initiated local forums to discuss some cases of people who attended in these institutions. The idea practiced by Silvia Regina Fenerich, a psychiatrist, and Amabel Simões, an Occupational Therapist, in view of the discussions in the Mental Health Forum, was to involve the different professionals who work with the same child/adolescent and create health projects for them. Thus, to every case that required a health care service, it was possible to indicate which services were involved to organize the understanding and deploy a more integrated health care. Then, they had a joint meeting with schools, Guardianship Council, UBSS, Circus Schools and with who else could add something to the project.

In the FÓ/Brasilândia region, the Child and Adolescent Health Forum went on without the

participation of education, from the embryo of the surroundings of the Circus School with the Maria Cecília Donnangelo UBS. This, due to the fact that the change of public management in 2005 caused the separation of the Educational team, which together with Wagner Raïna discussed and was responsible for the inclusion of children, as well as the prohibition of the participation of teachers, pedagogical coordinators and other professionals in the Health Forum, making it impossible to participate in this space.

The technical team of São Paulo Municipal Education Department (SME/SP) explained, in a discussion in the Forum for the Rights of Children and Adolescents, a civil society initiative, that this work would no longer be possible, as the school should resume to its role, that is: teaching reading and writing. With this approach, those 400 children were not allowed anymore to enter ordinary classrooms, and the “special” classrooms returned. Many children have returned to their old habits of being alone in their houses, as they were not able anymore to access the stimulant space of the school.

Despite this prohibition of an intersectoral educational approach at that time, the Health team continued to discuss cases, with the professionals involved (health, education, Guardianship Council, etc), of children/adolescents and their families who are having trouble dealing with/understanding; aiming to build therapeutic projects with the network; to enlarge the network integration and to discuss work issues related to childhood and adolescence.

In 2007, it was possible to identify the need to promote and articulate the policies for childhood and adolescence. This year, the theme of the fourth and last Mental Health Meeting, organized by the Mental Health Forum, was: “Childhood and Adolescence: what is the possible dialog between the institutions?”, bringing together different sectors, such as State and Municipal Health and Education departments, Public Prosecutor, Guardianship Council, Juvenile Division of the Regional Court, Non-Governmental Organizations (NGOs), *Instituto Sou da Paz/Espaço Criança Esperança*, PUC/SP, among others.

From the identification of deadlock in the referrals of cases, it was possible to notice a need to promote the intersectoral articulation in the territory, as a way of allowing users to the appropriate access to public policies. The Multidisciplinary





Work Group (GTI) was named from the need to make intersectoral meetings more permanent. Information for the services was really important to prioritize and then the GTI created a map on an internet platform, incorporating services aimed at children and adolescents and that could easily be consulted. The map shows addresses and data about relevant services with respect to Health (Medical Center), Education (Municipal and State Schools), Social Assistance (units of the Center of Reference in Social Assistance), Sport (Streets for leisure activities and Community Clubs), Housing (Supervision - Borough), Culture (Cultural Centers and Libraries), Forums (Freguesia and Lapa) and Guardianship Council. In addition to these, the map also comprised other entities that develop projects in the territory, such as NGOs and the *Espaço Criança Esperança*. Currently, the map is available on the internet (maps.mootiro.org/resource/3339) and is a valuable tool for searching for capabilities.

GTI is still working, bringing together representatives from public authorities and civil society, but with little exchange with other collective actions of the territory. The Childhood and Adolescence Forum has monthly meetings, sometimes with the participation of the Education Department, with the constant presence of professionals. And now, in the second half of 2016, it will have the participation of the Center for Learning Support and Follow-up (NAAPA), which is an important body of the Education Department. Currently the GTI consists of: Juvenile Division of the IV Regional Court - Lapa, Coordination of the Citizenship Integration Center (CIC North), Freguesia do Ó/Brasilândia Health Regional Supervision, Freguesia do Ó/Brasilândia Center of Reference in Social Assistance-CRAS - Social Assistance Regional Supervision, Freguesia do Ó/Brasilândia Educational Regional Board, Freguesia do Ó/Brasilândia Borough, *Instituto Sou da Paz/Espaço Criança Esperança São Paulo*, Housing Supervision, Culture Supervision and Sports Supervision.

Rehabilitation Forum

The disabled people health topic required many efforts to emerge from its historic level of invisibility and segmentation in the care. Until the late 2000s and early 2010s, the services with rehabilitation professionals (physiotherapists, speech therapists, occupational therapists, psychologists) worked alone, that is, based on concepts and frag-

mentary interventions, expressed in the specialized care of professions that work in this field.

In 2008, the arrival of NASF noted the lack of investment in the area of rehabilitation in the region and, as so, the UBSs had little or no knowledge of working with disabled people, which was performed by the unique rehabilitation service available until then, the Maria Cecilia Donnângelo NIRS. A possibility to enlarge the look and build collective practices around the rehabilitation policies emerged, as the professionals brought experiences and knowledge to add to small, but not less important, services, as the NIR. The NASF teams realized in the daily work that, many times, the health needs of disabled people were thought only in the perspective of the disease or through the functional impairments.

Therefore, working in the rehabilitation in primary care implied in many things, such as: extending this understanding, analyzing the social processes, which are extremely complex, as constraints and determinants worsening factors to health and disabilities. It implied in going beyond the individual and organic aspect, by including an analysis of autonomy and social exchanges, understanding the relationship of disabled people with the social and historical context with the subjective dimensions. In this context, the need to include the rehabilitation cases in the discussions between NASF/PSF teams arises. The focus was predominantly on Mental Health in order to produce more extended and shared care practices.

So, in 2009, a Committee of the seven NASFs in the region started to discuss on how to expand the rehabilitation policy in the territory and, in June 2010, the embryo of the rehabilitation Forum was created, which is composed of professionals of the NASF, the NIR and the Program for Companions Accompanying a Disabled Person (APD). This initial Committee broadened the participation to other services of the territory, turning it into an open Forum for discussion of the Rehabilitation Policy for the FÓ/Brasilândia territory. As the Cachoeirinha/Casa Verde/Limão STS had no NIR, and the users were referenced to the NIRs of the FÓ/Brasilândia STS, the Forum incorporated professionals of the two health technical supervisions. So, a discussion between professionals from different territories was incorporated, and the joint debate on care strategies. This space provided greater visibility and space within the STS of FÓ/Brasilândia to the rehabilita-





tion and the professionals in the field, in addition, fostered a tighter integration between departments and teams, leveraging the discussions of the cases involving the rehabilitation with the expansion of access to users.

The implementation of the Pro-Health by PUC/SP in the territory, and due to its proposal to also follow the various existing forums, approached the stages to the Rehabilitation Forum, which subsequently encouraged the PUC/SP to also develop the PET-Care Networks to Disabled People, once they've developed the PET-Mental Health, which led to a more systematic participation of teachers and students from PUC/SP in the Rehabilitation Forums.

With the partnership between the FÓ/Brasilândia STS and the PUC/SP through the PET Pro-Health, it was possible to hire Ana Rita de Paula and Erica Pisaneshi, as advisory opinion. And they contributed with conceptual discussions for a better understanding of the health care model of the SUS for people with disabilities. The support of PNH, which will be presented next, was another important support to the territory that greatly contributed to the establishment of the Forum and for qualifying the discussions of work processes.

These investments, as well as the desire to produce changes of the professionals who were very motivated, the Forum discussions, which also had the support of Maria Cecília Bonini Trenche and Laura Wëy Martz, who are teachers of the Speech Therapy Course at PUC/SP, generated many movements in the territory, as discussions: to reverse the situation of invisibility of people with disabilities in the territory; to define the roles of the Primary Care and Specialized Care in this population and the articulation of these instances; to think in the inclusion, not only in health services, but also in the family, in the community, in life; to constitute flows and solidarity networks and create the network that we want in line with the principles of integrality and fairness of the SUS. There are great benefits that we can notice daily in the daily health practices, from sheltering, looking, recognizing the general and specific health needs (disability-related)¹⁸, breaking several barriers, especially the attitudinal, which provide greater access for users to professionals and services.

The national policy of humanization and its potentiation effects in collective practices in the territory

An important milestone in the strengthening of collective actions and the training and qualification of networks in the region occurred also through the National Policy of Humanization. Since 2008, the PNH promotes actions in the sense of training and qualification of the SUS, of the respect for its principles and of the democratization of health management. Humanization is understood as a “radical selection in cooperative modes in which individuals relate, work, conduct service management, clinical management, organize work processes, accept users, transform their practices and take care”^{19,20}

The Humanized Working Group was established in the FÓ/Brasilândia region in 2008. This is a PNH device in order to encourage reflection, discussion and the transformation of care and health management in the territories, through the inclusion of workers, managers and users in discussions and in building strategies to meet the challenges of health care work.

Humanized Working Group (GTH)

Supported from 2010 by two consultants, Cleusa Pavan and Bruno Mariane, the PN-Ministry of Health, the GTH of the FÓ/Brasilândia chose two guidelines as a tool for the following years: Co-management and Networks.

In October 2010, as a trigger to actions, the GTH held the first Humanization Meeting of FÓ-Brasilândia, at the headquarters of the “Sociedade Rosas de Ouro Samba School”. Almost 250 workers, managers and users participated and were able to expose their conceptions of Co-management and Networks, to listen to the conceptions of the PNH, to exchange ideas and to express interest in experimenting ways to create shared management in Units/Services and forms of networking. From this meeting, Work Plans were created for the implementation of Shared Management in the Units and Articulation of Services, aimed at democratization of the decisions and the completeness of the health care in the territory.

In its own way and time, and in conformity with the relevant singularities, each service increased and/or began to experiment, for example,





general meetings with a less prescriptive character (more collaborative and deliberative); presentation meetings of the different sectors of each service to promote the internal network; mini-teams meetings; construction of local GTHs; construction of a Board of Directors where needed; organization of a community kitchen to workers; conducting community meetings; quarterly meetings (by family health teams) with the community for planning and evaluation; meetings with other equipment of other policies (schools, shelters, Youth Cultural Centers) redetermination and/or institution of Technical and Administrative Committee as an adjunct in the management of the units; multiprofessional meetings for discussion of flows, worker processes, etc.; development of community therapy activities and integration meetings between the supervision of the FÓ/Brasilândia STS and ASF, partner in the organization of the territory, etc.

As a consequence of the First Meeting, various spaces of articulation were organized, such as the Networks Forum, which promoted the meeting of all services of the STS, including the Hospitals that are reference to the territory, aiming the promotion of the network, the expansion of the corresponsibility, improving the quality of care and ensuring the completeness. Or the Mental Health Working Group, which was composed for the construction of an ethical-political project on mental health for the territory. The Territory Management Group was also composed, as well as the Co-management Group, a space created as a development of the co-management work plan of the STS, which aimed to expand the space for dialog and co-management of the Health Policy implemented in a partnership of STS and ASF, aiming at an integrated management for the health care in the territory.

Some clinical cases that were raised at the Networks Forum, the so-called Sentinel Cases, needed an even more magnified discussion, being subject of discussion in monthly meetings with the of Mental Health Services, primary care, STS, PUC/SP, ASF, for monitoring visits, discussion of the Singular Therapeutic Project - PTS, and accountability for the care. This activity occurred from May 2011 to April 2013, integrating workers and managers of the twenty-nine departments of the region (Network Working Group) along with three state hospitals and one emergency room managed by a Social Organization.

Such cases were those that in some way became analyzers of the services network, as situations of users, whose care flow had been interrupted, thus discontinuing the treatment or occupying hospital beds unnecessarily, if other services were appropriate. In short, situations in which the completeness, effectiveness and quality of care were very short of desired and causing suffering for workers, managers and users.

The following year, the GTH worked to follow the work plans and the humanization trials underway. The subject of care in network and the (dis) articulation of the health system focused a large part of the challenges of the territory, requiring a more significant investment in the near future. Thus, the FÓ-Brasilândia GTH proposed a Second Humanization Meeting in 2012, with the theme "Health Production Networks" named: "From the network we have to the network we want". On the one hand, this meeting expressed a desire to promote relations between workers, managers and users of different services in the region and, on the other hand, it expressed the need to create relationships and/or get to know the different spaces/networks already organized in the territory and, finally, it also expressed an opportunity to strengthen the analysis of the situation on health, in a network, in the territory and in the conceptual instrumentalization to face difficulties to make the "Hot Network", ensuring integral health to users and workers of FÓ-Brasilândia²¹.

In this way, the PNH in FÓ/Brasilândia territory was established as a place to the experimentation of concrete subjects that in a unique way use guidelines, devices and methods as tools to rethink themselves, the work processes and the SUS^{22,23}

Network Working Group (Networking GT)

A Network Working Group (Networking GT) was created with the participation of all services: managers, management advisors, managers of the STS and ASF, which existed for two years and its first activity was the presentation of all services in a conversation involving also hospitals in the region. These meetings gave rise to analyzers that gave visibility to situations of users without a responsible team, without a destination, with treatments interrupted by lack of coordination between hospitals with other units, among others. This way, a new stage of work was opened: the work to ana-



lyze the situation in Mental Health Care. On the discussion of five cases of Mental Health users - an unprecedented opportunity in health care - people were able to talk and create assumptions about the Mental Health Care models operating in the territory, findings about the inadequacies of equipment and workers, consensus important in terms of the mapping of a problematic field. A critical point focused was the lack of preparation of the UBS teams and of the Ambulatory Medical Care (AMA) for sheltering Mental Health users and the lack of protection by the CAPS.

The subject of the matrix support of the CAPS to health units on their territories emerged. Two logics of matrix-based strategies were in operation: i) CAPS holding weekly case discussions in the units and being available to joint management of crisis situations, with accountability through monitoring; and ii) CAPS “with closed doors”, which never traveled to units, maintaining sporadic meetings in their own headquarters for case discussion, and being unavailable to joint management.

Another critical point raised was the lack of articulation of CAPS and UBSs with hospitals and Emergency Rooms in the moment of admissions: CAPS and UBSs not being responsible for users admitted, absence of Singular Therapeutic Project, absence of preventive actions, etc. All this, guided by the lack of professional staff and by the precarious working conditions.

Tense and intense discussions, on the part of the institutional supporters, consultants of the PHN of the region, demanded a clinical-political exercise of inclusion of the conflict, maintaining the conditions of possibility of group analysis. A work that enables displacements of positions and places of the subjects that, when identified with their services, became poorly permeable to assessments of all territory and in a state of “war”.

As so, an important inflection was produced: from case analysis, it moved to the approach of the care line in Mental Health Care. From the evidence of two Mental Health Care models in operation in the region, it was created the immediate disposition for conceptual and political alignments, conversations between the CAPS, AMAS, UBSs and Hospitals, thus producing immediate and significant changes in terms of accountability for the care, ways of relating in the network, etc. The Mental Health has followed the same division in the micro-networks cited above. In addition, a Com-

mittee composed of workers of different services initiated a “drawing of the flow in Mental Health Care”, producing findings, questions, suggestions, proposals, etc.

The PET-Mental Health (who works specifically with mental disorders, alcohol and other drugs), a partnership with the PUC-SP, was created in this period, as a result of the set of questions that already were raised in the territory and focused in the potentiation of Primary Care in Mental Health Care. An action research developed (2012-2014) with the participation of teachers, students, professionals and users of the psychosocial care network, analyzed the paths of care and self-care in mental health focused on two UBSs: Silmarya Rejane Marcolino de Souza and Augusto Ayrosa Galvão. This analysis resulted in the formulation of several projects in the care lines in mental health care (Autonomous Medication Management) particularly in the care line for alcohol and other drugs and in the promotion of health with adolescents and young adults, who remain as strong projects in the Alto da Serramicro-network²⁴.

Critical points were highlighted from this point, such as the lack of conditions in Primary Care, Emergency Rooms, AMAS and NASF for Mental Health care users, lack of professionals, disarticulation of services, prescription drug abuse, next to something even more serious: the lack of a Mental Health Project co-built for the territory, a Project that could include the principles of the Psychiatric Reform, and the Anti-Asylum Fight Movement, taking into account both the history of social movements and health in the Freguesia do Ó, as well as the context of experimentation of humanization. A Project that could emerge as a collective creation of the territory, and within the territory, and that crossed the limits of an administration of existing services or creating new services.

Humanized Working Group - Mental Health (GTH-SM)

The question: “How to build a project on Mental Health for the territory?”, gave way to a “task force”: a sub-Working Group, a GT on Mental Health to: i) think in a proposal/movement of collective construction of the Mental Health Project of the Freguesia do Ó, including the issue of Mental Health Training for workers across the health network in the region; ii) manage the work of Mental Health micro-networks of the territory;





iii) forward the deliberations on the question of the lack of psychiatrists, psychologists, CAPS, etc.

The Mental Health GT, which was developed by the FÓ/Brasilândia Networks GT, discussed the assumptions of a Mental Health Project, a project that would be a subject of discussion and approval by the various professionals and users of the shared managed spaces in the region and that was left aside by the introduction of the Psychosocial Care Network Plan (RAPS) in São Paulo, which came to contribute much later through the participation of many of the members of the GTH-SM in collective works promoting Mental Health that will be presented ahead.

The Network GT work continued with the analysis of the situation of the Care to Urgencies and Emergencies, through the analyzers of this line care. Many other meetings were held, including effective advisors and a redoubled effort of bringing other essential services to the promotion of a health care network: Mobile First-Aid Service (SAMU), Fire Department, State Hospitals, etc.

Two topics were strongly focused on: i) the need for significant investment in qualification for the Care with Risk Classification (applicable to urgency and emergency services) and Vulnerability Analysis (commonly used in Primary Health Care); and (ii) the need to involve the central management, represented by the Northern Regional Health Coordination, in addition to the Technical Health Supervision (STS) already fully committed to the process. This topic referred to the governability of the actors involved to support a process of articulation and production of health in the territory.

The Northern Regional Health Coordination was not fully involved/committed and only the following actions produced results in the territory: i) a formation- intervention process in health care with a vulnerability analysis and risk classification involving the 30 services of the region with its advisors and also with the participation of interns of the Pro-Health PUC/SP in the organization; ii) the articulation of the workers, managers and advisers of the FÓ/Brasilândia region with parts of the social movement organized and of the population that use the services, that live in the region, which was expressed in the Popular Health Session of the region; and iii) a process of bringing the FÓ/Brasilândia STS team closer to the ASF team through meetings to discuss the shared management of the health policy for the territory.

The formation-intervention process in health care with vulnerability analysis and risk classification for the health services in the FÓ/Brasilândia region

The first stage of the formation-intervention process in Health Care with Vulnerability Analysis and Risk Classification (ACCRV) was held in 2013, involving professionals and users of 30 health care services, almost 180 people, of which 30 managers and 150 workers and advisors from 18 UBSs, four AMAS, one AMES, one Emergency Room, one Maternity, three CAPS, one Coexistence and Cooperative Center, Program for Companions Accompanying a Disabled Person, Program for Companions Accompanying an Elderly, one Integrated Center for Rehabilitation, one AIDS Reference and Treatment Center AIDS Reference Center, in addition to interns of the Pro and PET Health of PUC/SP, users etc. Ten face to face workshops were held, as well as numerous local workshops (three workshops in each service), dispersal activities, such as spontaneous demand analysis of units/services, scenario analysis considering five axes of Primary Health Care (accessibility, completeness, longitudinality, care coordination and social control), the “*trilhares na rede*” (visits between services to promote the network and map the resources), some community sessions, the ground preparation to build Action Plans to introduce the ACCRV, the preparatory meetings for the training activities, the evaluative meetings, etc.

As impacts, we can list: the dissemination of the guideline of the ACCRV, the discussion for the first time of the guidelines of the Primary Care National Policy; the constitution of thinking and operating groupalities in the units; the integration between workers/teams; the creation of management boards where needed; the expansion of intraservices communication level, between workers and users, between services of the region; care flowcharts review with changes in work processes; questioning the “official conduct”; maturity of teams (expansion of listening, accountability for the continuity of care, awareness on the Primary Health Care as care coordinator and on the existence of a reliable system); shared management of the ACCRV process, etc.





Popular Health Session in the Northern Region

As a result of fruitful partnerships with the Pastoral of Health, FÓ/Brasilândia Health Technical Supervision and of the results of the investment of GTH in the territory, the first Deliberative and Purposeful Popular Session was held in 2012. Many people participated in this first meeting, such as users, advisors (local, municipal and state), interns of Pro and Pet Health of PUC/SP, representatives of social movements, Forums, consultants of the PNH, Pastoral of Health, Pastoral of Youth, Workers and Managers (of the Primary Care Units for Outpatient Medical Care, AMAS, Specialty Outpatient Clinics, Psychosocial Center, Center for Culture and Coexistence, Emergency Rooms, Hospitals, Support Centers for Family Health, Reference and Training Center – STD/AIDS Health Technical Supervision – FÓ/Brasilândia, Reference Center on Occupational Health, Health Surveillance Supervision, Center for Coexistence and Formation, Family Health Association, São Paulo Association for the Development of Medicine, Elderly Care Program, etc.), Universities (PUC/SP, *Faculdade Metropolitanas Unidas* FMU/SP), party leader of the Workers' Party in the Chamber of Deputies, *Movimento da Saúde*.

During a three-hour-conversation, the Health situation in the two territories involved was discussed: weaknesses, capabilities, needs and demands of the network, programmatic points of a compromise letter to be discussed with the new management of the SMS-SP, agreements, etc. As a result of this process, in early 2013, a document was created with the weaknesses, capabilities, needs and demands of the population of Freguesia do Ó/Brasilândia, concerning the improvement of health production conditions in the region. This document was the subject of a plenary discussion with the Northern Regional Health Coordination and with the Secretary of Health of São Paulo.

Over 2013 and 2014, many topics have been subject of discussion of the sessions, including the need for training of users and advisors on Health Care. From this observation, the sessions organized three seminars on health care models, working the SUS, the Primary Health Care, and the guideline on Health Care with Vulnerability Analysis and Risk Classification on Primary Care, the subject of the XV Health Conference.

The Popular Health Sessions were held bi-monthly until 2015, thus amplifying the power of the movement triggered in the region and in the conversations about the Health Policy - its limits, potentialities, the needs of extension and qualification of the care, the management models- and driving the composition of forces, negotiation, agreements with the central level, community deliberations.

Territory Management Group

The fragmentation analysis of macro-management health actions in the territory also provided the organization of a meeting point of the FÓ/Brasilândia Health Supervision with the Family Health Association. This group held regular meetings until 2015 to share the Health management in the territory. They had macro-political roles: creation of the conditions to enable the shared management of the Health Policy in the implementation in the territory, based on situation analysis, preparation of conflicts, support to the movements triggered by the collective practices of workers and users of the network, propositions and setting priorities, etc.

The collective practices as a live process

According to the survey conducted in the 2nd Humanization Meeting/2012, there were eleven Forums in the region, in addition to Working Groups and other collective working spaces - Workers' Forum, Rehabilitation Forum, Network Forum, Childhood and Youth Forum, Elderly Forum, Peace Culture Forum, GTH, GTI, Managers Group, thus expressing the collective power of this health network. In the same way, as well as the inter-institutional and intersectoral spaces, the service teams themselves operate micro-networks that also require continuous investment so that they work in the articulation among professionals.

In addition to the articulations between workers of different services and the investment in the interinstitutional and intersectoral spaces, the team meetings within the services are also devices in which the group and collective processes prevail²⁵. When used as a place of horizontality and transdisciplinarity, the meetings can contribute to the debureaucratization and integrality of the health care. In addition, meeting spaces are essential in the integration and dialogue between different knowl-



edge, especially in the forms of composition and support among Mental Health and Family Health professionals. In the same way, the collective decision-making process increases the commitment of professionals to interventions, strengthening co-responsibility on the priorities chosen to the work. However, they need a permanent reflection and openness to review and transform²⁶. Although the collective strength of the actions of FÓ/Brasilândia health network is expressed in its history and in its current practice, we noted that the constitution of collective spaces is not a continuous movement, but also it is not interrupted. On the contrary, the constitution of these spaces is responses to the demands of strengthening certain actions and practices, which are related to certain contexts and situations. And, in this perspective of being understood as a device, it was decided to describe the historical urgencies that triggered this process and, at the same time, recognizing the instituting and instituted plans that conditioned its formation and dissolution.

Some powerful spaces that are established initially are subsequently “weakened” and will give place to others activities. Therefore, there is an embryo experimentation of collective and participative management, or co-management, which has a fertile ground in certain contexts, promoting collective experiences and powerful meetings, even though much of this spirit is lost subsequently.

Finally, the collection practices have a double meaning: it is about being together when doing something, as a practice that is cooperated, and it is also about the production itself of the collective as reality produced from the competition between the plan of the forces and of the shapes and, therefore, a provisional reality open to variations,^{2,3} as shown in otherworks²⁷.

In order to keep alive the processes of preparation and analysis of the health and care concepts involved in their practices, is the training of professionals also promoted by these collective spaces? In view of the troubles of these professionals against the challenges of the work addressed in a collective way, is it possible that these spaces assume a sheltering role and establish work partnerships?

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