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COMMUNICATIONS

Speech Therapy and Mental Health: paths and impasses

Fonoaudiologia e Saúde Mental: passos e impasses

Fonoaudiología y Salud Mental: pasos y impasses

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Abstract

Introduction: The Unified Health System was consolidated from the promulgation of the Federal Constitution of 1988. In the 70s and 80s, the speech therapist began to be inserted in public services, a movement that gained strength after the consolidation of the SUS. The Speech-Language Pathologist is inserted in the field of Mental Health in the 1990s, when his presence in the multidisciplinary teams of specialized outpatient clinics was established and in 2002 in the composition of the Children's Psychosocial Care Center team. Thus, the role of the speech therapist in the field of Mental Health is still "new" and less discussed in the scope of Speech Therapy. **Objective**: reflect on the place of the speech therapist in Mental Health in the field of Collective Health. From the question: what are the paths and impasses to solidify the place of the speech therapist in the Specialized Psychosocial Care services? **Method**: non-systematic bibliographic review. The selection of articles was performed through automatic search in the following databases: SCIELO, LILACS and PUBMED. **Discussion**: when inserted in a service of the Unified Health System in the Psychosocial Care Network, speech therapists are faced with the precepts of the Psychiatric Reform, which point to another way of practicing, which makes a change in the speech therapist's practice necessary. **Conclusion**: To solidify the role of the speech therapist in the field of Mental Health, it is necessary to invert the logic of care and establish the rationale of the Psychosocial Care clinic and the precepts of the Psychiatric Reform. The specificity of the speech therapist in this field is through a consistent theorization about language/communication that authorizes him to assume a position in relation to subjects in psychological distress.

Keywords: Psychiatric Rehabilitation; Mental Health; Public Health; Language; Speech, Language and Hearing Sciences.

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Resumo

Introdução: O Sistema Único de Saúde foi consolidado a partir da promulgação da Constituição Federal de 1988. Nas décadas de 70 e 80, o fonoaudiólogo começa a ser inserido nos serviços públicos, movimento que ganha força após a consolidação do SUS. O fonoaudiólogo é inserido no campo da Saúde Mental na década de 90, quando é instituída sua presença nas equipes multiprofissionais de ambulatórios especializados, e em 2002 na composição da equipe de Centros de Atenção Psicossocial infanto-juvenil. Desse modo, a atuação do fonoaudiólogo no campo da Saúde Mental é ainda "novidade" e pouco discutida no âmbito da Fonoaudiologia. **Objetivo:** refletir sobre o lugar do fonoaudiólogo na Saúde Mental no campo da Saúde Coletiva. A partir da questão: quais os passos e impasses para solidificar o lugar do fonoaudiólogo nos serviços da Atenção Psicossocial Especializada? **Método**: revisão bibliográfica não-sistemática. A seleção dos artigos foi realizada através de busca automática nas seguintes bases de dados: SCIELO, LILACS e PUBMED. **Discussão**: ao serem inseridos em um serviço do Sistema Único de Saúde da Rede de Atenção Psicossocial, os fonoaudiólogos se deparam com os preceitos da Reforma Psiquiátrica, que apontam um outro modo de clinicar, o que faz necessária uma mudança em seu fazer. **Considerações finais**: Para solidificar o lugar do fonoaudiólogo no campo da Saúde Mental é preciso subverter a lógica de cuidado e estabelecer o raciocínio da clínica da Atenção Psicossocial e preceitos da Reforma Psiquiátrica. A especificidade do fonoaudiólogo neste campo se dá através de uma teorização consistente sobre linguagem/comunicação que o autoriza a assumir uma posição frente aos sujeitos em sofrimento psíquico.

Palavras-chave: Atenção Psicossocial; Saúde Mental; Saúde Pública; Linguagem; Fonoaudiologia

Resumen

Introducción: El Sistema Único de Salud se consolidó a partir de la promulgación de la Constitución Federal de 1988. En los años 70 y 80, el logopeda comenzó a insertarse en los servicios públicos, movimiento que cobró fuerza tras la consolidación del SUS. El Patólogo del Habla y el Lenguaje se inserta en el campo de la Salud Mental en la década de los 90, cuando se estableció su presencia en los equipos multidisciplinarios de consultas externas especializadas y en 2002 en la composición del equipo de Centros de Atención Psicosocial Infantil. Por tanto, el papel del logopeda en el campo de la Salud Mental es todavía "nuevo" y poco discutido en el ámbito de la Logopedia. **Objetivo:** reflexionar sobre el lugar del logopeda en Salud Mental en el campo de la Salud Colectiva. A partir de la pregunta: ¿cuáles son los pasos y los impasses para solidificar el lugar del logopeda en los servicios de Atención Psicosocial Especializada? **Método:** revisión bibliográfica no sistemática. La selección de artículos se realizó mediante búsqueda automática en las siguientes bases de datos: SCIELO, LILACS y PUBMED. **Discusión:** al insertarse en un servicio del Sistema Único de Salud de la Red de Atención Psicosocial, los logopedas se enfrentan a los preceptos de la Reforma Psiquiátrica, que apuntan a otra forma de practicar, lo que hace necesario un cambio en su práctica. **Conclusión:** Para solidificar el rol del logopeda en el campo de la Salud Mental, es necesario subvertir la lógica del cuidado y establecer la lógica de la clínica de Atención Psicosocial y los preceptos de la Reforma Psiquiátrica. La especificidad del logopeda en este campo es a través de una teorización consistente sobre el lenguaje/comunicación que lo autoriza a asumir una posición en relación con sujetos en distrés psicológico.

Palabras clave: Rehabilitación Psiquiátrica; Salud Mental; Salud Pública; Lenguaje; Fonoaudiología.

Introduction

The Unified Health System was consolidated in the 1980s, after the promulgation of the 1988 Federal Constitution. The establishment of this new health care model, which institutes a new way of looking at the health-disease process, is recent. In the 70s and 80s, the speech therapist starts to be inserted in the public services, a movement that gains strength after the consolidation of SUS.

The first step of the speech therapist in the field of Mental Health occurred in the 90's, when his presence in the multiprofessional teams of specialized outpatient clinics was instituted[1]. In 2002, the speech therapist becomes an option to be part of the team in the Child and Youth Psychosocial Care Center[2]. Thus, just as the establishment of SUS is recent, the performance of the speech therapist in the field of Mental Health is still a "novelty" and little discussed in the field of Speech Therapy.

After some years, the presence of the speech therapist is still optional in the composition of the Mental Health teams, according to the ordinances that govern such services[2]. Therefore, there are impasses for the Speech Therapy to sustain a place in Mental Health, although there are more and more speech therapists inserted in the public services and in the Psychosocial Attention Network, there are still steps to be taken for the speech therapist's place to be solidified.

In view of the above, the objective of this article is to reflect on the place of the speech therapist in Mental Health in the field of Public Health. From a critical reading of the productions of the area, I tried to answer the following question: what are the steps and impasses to solidify the place of the speech therapist in the Specialized Psychosocial Care services?

Method

The method used was a non-systematic bibliographic review, for the selection of articles, an automatic search, was carried out in the following databases: Scientific Electronic Library Online (SCIELO) and Latin American and Caribbean Literature on Health Sciences (LILACS) and PUBMED. The following descriptors in Portuguese were used: *Speech Therapy and Public Health, Speech Therapy and Collective Health, Speech Therapy and Mental Health.*

The inclusion criteria for the selection were articles published in Portuguese in the mentioned databases, in full, that portrayed the work of the speech therapist in the Specialized Care of the Unified Health System. A publication period was not defined, in order to broaden the search.

By using the descriptors in each database, 171 articles were found in Scielo, 220 articles in LILACS, 55 articles in Pubmed. Eight articles that were repeated in the databases were excluded, leaving 439 potential articles. After analyzing the titles, 423 articles were discarded because they did not refer to the Unified Health System, leaving only 16 articles to be read in full. Studies that mentioned the speech therapist's work in Primary Care were excluded, remaining only the articles that dealt with the professional's work in Specialized Psychosocial Care. Thus, after reading the full text, six articles were selected: four that dealt specifically with the Psychosocial Care Centers (CAPS), one that brings an experience in an Integrated Care Center of São Paulo (CAIS), and one that discusses the work of the speech therapist in a General Hospital ward.

Discussion

After a critical reading of the articles, it was possible to raise four important points to reflect on the impasses and possible paths to solidify the place of the speech therapist in Mental Health:

- Changes in the model of health care in the Unified Health System, from the Brazilian Psychiatric Reform movement, which transforms the role of the speech therapist.
- Impasses in the formation and position of the speech therapist in Public Health
- Main concepts and guidelines of SUS important for the formation of the Speech Therapist.
- Performance of the Speech Therapist in the Specialized Psychosocial Care.

I bring such points for discussion, based on the contributions of the researchers of the articles analyzed. I make an articulation with the guidelines that make up the Unified Health System and raise some questions together with the authors.

The Brazilian Psychiatric Reform movement, based on the principle of deinstitutionalization, establishes a transformation in the therapeutic

practices and conceptions for people with severe/persistent mental disorders and those who use crack, alcohol, and other drugs. It seeks to overcome the hegemonic asylum/manicomial model in Brazilian Psychiatry, moving such subjects from the institutions to the community. It is a change to a model that considers the singularity, that is, the focus is on the subject and not on the disease. In psychiatric hospitals there was the sovereignty of medical power when treatment and patients were silenced. On the other hand, the Psychiatric Reform movement has as its premise the autonomy and relevance of the subjects, aiming at the collective participation in the management process[3].

For this new model, the Psychosocial Care Centers were created and are constituted in the following service modalities: CAPS I, CAPS II and CAPS III, defined in increasing order of size and population coverage[2]. CAPS must constitute an outpatient daily care service that operates according to the logic of the territory to provide care for people with severe/persistent mental disorders and those who use crack cocaine, alcohol, and other drugs.

The structuring practices of CAPS bring new concepts such as "interdisciplinarity", "intersectoriality", "territory", "network", and "integrality" to direct the care. It is the clinic of Psychosocial Care, which moves away "from the ambulatory, individual, medicalized attention, centered on diagnosis and distant from the reality of each child "3 (p.1005).

The minimum team to work in a CAPS II must be composed of a psychiatrist, or neurologist, or pediatrician trained in mental health; a nurse; four high-level professionals from the following professional categories: psychologist, social worker, nurse, occupational therapist, speech therapist, educator, or other professional needed for the therapeutic project; five medium-level professionals: technician and/or nursing assistant, administrative technician, educational technician, and craftsman[2]. Note that the presence of the speech therapist is optional in the team composition.

Despite this, the insertion of speech therapists in CAPS has been gradually increasing, in a 2014 survey, 289 CAPS were mapped in the State of São Paulo, in 31 of them there were speech therapists. Among them, 46.7% worked in CAPS for children and adolescents. However, the presence of the speech therapist in these services is still shy, since there are obstacles to legitimize their work in those health care centers[4].

The paradigm shift of the Psychiatric Reform requires transformations in the models of health care and management, which implies the definition of new professional profiles. There is a mismatch between the speech therapists training and the implementation of care models according to the principles and guidelines of SUS, since speech therapists training is based only on the biomedical care model, which has the disease as its object[4].

The approach with Medicine, historically present in the construction of the profession, has left important marks. The biomedical model of care has influenced the way speech therapists conceive and define language symptoms. Consequently, Speech Therapy has hegemonically prioritized clinical rehabilitation focused on the individual and on pathologies, having the consulting room as its main place of attendance[3].

In order to work with Mental Health, it is necessary an effort to think the speech therapist practice beyond the rehabilitation of disorders and symptoms in speech, hearing, voice and orofacial motricity. It implies rethinking the disciplinary therapy based on the psychological suffering of the users, it also implies the characteristics of the services where the speech therapist works. Thus, it is necessary to break the supposed dichotomy between communication disorders rehabilitation and Psychosocial Care[3].

In summary, the change in conception of the Psychiatric Reform leads to a reorganization of the actions and public services, which requires a paradigm shift for the speech therapist. To break with the traditional clinic and the limits of the consulting room, all authors of the surveyed articles emphasize the importance of SUS guidelines for the education of the speech therapist. It is interesting to note that among the concepts and guidelines that govern SUS, researchers elected "integrality" and "interdisciplinarity" as the main ones for education of speech therapists.

According to Law no. 8080, of September 19, 1990, the concept of integrality is among the doctrinal principles of the SUS, together with universality and equity, defined as "integrality of care, understood as a coordinated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of complexity of the system "[5] (p.03).

Such concept questions the way health care has so far been provided, centered in the sovereignty of medical power and in the fragmentation of the subject, in which each professional or service oversees a certain part of the patient's organism.

According to the Ministry of Health's booklet "Expanded and Shared Clinic", "integrality" leads to interdisciplinary care by breaking with the traditional mode of care in which professionals were left with a "partial responsibility for 'procedures', 'diagnoses', 'pieces of people', etc."[6] (p.16-17), an alternative to "reference and counter-reference", that is, the logic of referrals from one service to another, or from one professional to another, without implication.

To support these principles, the National Humanization Policy was created, which proposes teamwork and experimentation with new ways of organizing services and new modes of production and circulation of power. The guiding concepts of this policy are welcoming, participative management and co-management, atmosphere, extended and shared clinical practice, appreciation of the worker, defense of users' rights, training, and intervention. This guideline should be present and inserted in all SUS policies and programs, therefore, the Specialized Psychosocial Care services should work based on this logic.

The "Expanded Clinic" uses as an instrument the "reference team/professional" and the "Single Therapeutic Project". It is the construction of articulated therapeutic approaches, based on the discussion of the "clinical case" by an interdisciplinary team, with the objective of "making the life history" of the user, that is, building a narrative of the case from the different interpretation of the professionals involved. In this way, it moves away from the valorization of the psychiatric diagnosis and medication as the only form of treatment. Everyone takes responsibility for the patient and the direction of the treatment, aiming to guarantee an integrated action of the team, in which all opinions are important to create therapeutic proposals.

The severity of the cases assisted in a CAPS, that is, the complexity of Mental Health, also answers for the need of an integrated team action in which the care cannot be reduced to isolated actions of different professional categories[3].

There is "the enlargement of the work object" of the professional categories, there are procedures common to all professionals regardless of their specialty. Therefore, the speech therapist does not receive the cases only when there is a speech complaint/demand, expanding the look to the subject from another conception of health and care: "the insertion of new clinical devices in the reality of a speech therapist, such as the reception, the group therapies, the intersectional meetings, the workshops and the intervention in coffee breaks shows that the limits of the clinic rooms can be exceeded in the construction of the speech therapy clinic. This insertion provided an approximation to the social reality that marked the histories of children and their families, allowing a better understanding of the social production of the health-disease-care process in relation to mental disorders" (p.1010)[3].

Thus, it is important to build an expanded speech therapy clinic from the theoretical basis of the profession[7], seeking to overcome the barrier of theorizing only about the clinic of children with mental disorders, especially the autism spectrum disorder and Invasive Developmental Disorders. One should start talking about Mental Health and the clinic of Psychosocial Care, to strengthen its political role in the Psychiatric Reform and in the defense of the care of these children[3].

There are several theoretical conceptions that can support the performance of a speech therapist in Mental Health. One of them is that Speech Therapy has a prominent place in the CAPS team for children and youth regarding the work with autism spectrum disorder, since difficulty of communication is one of the symptoms/signs that characterize this condition. The place of the speech therapist is still sustained from symptoms present in speech, but it is far from the corrective practices present in traditional speech therapy: "using language as a potency of recognition of the other and of social interaction, which is different from fighting a supposed absence of language of the child" (p.10)8. The focus is no longer on the remission of the speech symptom, but on language as potency for the relationship with the other.

The discussion continues from the point of view of working with parents, in which the speech therapist aims to create possibilities for them to qualify their investment in communication with the child, through clinical listening that produces "effects on the subject". It is necessary to "listen to the unspoken", that is, not to take the complaint "literally and by means of prescriptive attitudes of how to do this or that", but to imply the parents

as "co-authors of care "[8] (p.11). The intention is to "provoke the parents about the ways of seeing their child, in the direction of taking him/her as a legitimate other, a valid interlocutor "[8] (p.11). The speech therapist occupies a place of alterity for the parents, once they "perceive that communication goes beyond speech, and for this reason, they can signify the gestures, looks, body and facial expressions of the child as language, improving the quality of the relationships "[8] (p.10).

Also from this perspective, the speech therapy practice aims to expand the conditions and the communicational repertoire, the discursive and social circulation of subjects in mental distress. The specificity of the speech therapist is in his knowledge and clinical expertise on aspects and dimensions involved with human communication and its eventual disorders. However, for the structuring of a listening and the elaboration of the Single Therapeutic Project, shared care is important, that is, the composition with other knowledge from the CAPS team[9].

It is the importance of interdisciplinarity, in which Speech Therapy is seen as the core responsible for the studies and clinics of Human Communication Disorders. In this line, human communication is defined as "function and potency of language, in the sense of an inescapable desire, the desire to communicate with the other and to be welcomed by the other, because this is an unavoidable condition for the emergence and structuring of the human being"[9] (p.02). Language is understood "in its condition of human processualism, which operates as a differential game of signs, creating differences in the processes of singularization and subjective constitution of people and groups, bypassing the organic and symbolic dimensions of the functioning of the human body "[9] (p.03). In view of this conception, language issues are not only manifested in the materiality of speech, but also in the unspoken and in behaviors whose intelligibility is blocked by the mental disorder, even when there is no specific communication disorder.

Therefore, the "clinical listening" becomes the main device that must fulfill the function of moving from the manifest contents to the latent ones, allowing the mediations that lead to the elaboration of clinical demands. That is, this "listening" is not just any listening, but guided by theory, since "there is a modus operandi and technique of listening that generates interpretations of what is not said through the literalness of the words "[9]. The specificity of the "listening" of the speech therapist is there, which allows the professional to put his knowledge about communication difficulties at the service of the mental health field.

In another perspective, which deals with the clinic with adults in an Integrated Care Center (CAIS) in São Paulo, from the demands addressed to the Speech Therapist, the importance of a certain conception of language used to support the work is raised[10]. Reasoning that is still based on the specialties of the field, since such demands are still linked to the areas of performance, but it is an extremely relevant discussion for Speech Therapy, since there are few studies regarding the intervention of the speech therapist with adults.

Most of the subjects that underwent speech therapy at CAIS had oral language impairment, more specifically "absence of orality": "most of the patients studied are apathetic and/or use their own language, sometimes seeming to speak another language "[10] (p.25). In this conception, language is explained from an organic impairment: "articulatory and vocal alterations associated with orofacial motricity (particularly resulting from dental problems) and the use of medication, respectively "[10] (p.33).

In this sense, external factors are determinant to the way the subject communicates: "deprived of social circulation and discursive legitimacy, many of these subjects protect themselves in silence, reverie and delirium, [which makes] their voices inaudible or unintelligible to most people "[10] (p.32). The language is an effect of the underlying pathology and submitted to "social" aspects: "the language of the mentally ill is referred to as subhuman and described with terms such as babbling, stammering, making meaningless noises like animal sounds; with which they are often compared. However, in our view, these institutionalized subjects carry in their language (delirious, eloquent, or silent) the history and stigma of madness, fabricated, in good measure, by institutionalization itself "[10] (p.32).

Thus, the action of the speech therapist cannot be a clinical approach restricted to the disease, but must focus on how the subject understands, means, and communicates his ideas and desires. The function of the speech therapist is "to build therapeutic activities that rescue communication, by means of affective-symbolic exchanges, dialogical and conversational experiences "[10] (p.33). For the au-

thors, two inseparable plans are at stake: language and affections; they emphasize that the speech therapist's approaches have to be compatible with the proposals of integrality and give emphasis to the "promotion of communicative abilities, as a strategy for discursive circulation and social integration"[10] (p. 30). They add that it is not enough to let these subjects speak, it is necessary to assume them as interlocutors.

Conclusion

The practice of the speech therapist in the Mental Health field is still recent and, although legitimated, it needs to be solidified, what can be verified in the scarcity of articles on the theme. There are still few works that approach the subject when it comes to the performance in the Unified Health System.

The Unified Health System subverts the way of health care and management, when it no longer takes the disease as its object[6], which makes it important for Speech Therapy to follow the same path in public services. By being inserted in Collective Health, the speech therapist "reflects the clinical model in which he/she was trained (...), thus focusing on a restricted action with the patient, favoring the conception of disease as a strictly personal phenomenon"[11] (p.36). A broader understanding of health is necessary, not only as "absence of disease", as advocated by the World Health Organization.

Thus, the speech therapist, in his first movements to constitute this "new" field of action, ended up "taking public health as another physical space for the performance of traditional practices in the area "[12] (p.215). Due to this way of positioning itself and the marks of the medical discourse present in its history, perhaps the speech therapist does not have the space deserved in the laws and, consequently, in the services of the Specialized Psychosocial Care, because it is still seen as a professional of "rehabilitation" and not of "mental health".

All the articles point out that the education of the speech therapist should be reviewed and that it is necessary to incorporate SUS concepts and guidelines in the theoretical and clinical education of the speech therapist. As already mentioned, the concepts of "integrality" and "interdisciplinarity" are highlighted.

It is not a coincidence that the authors elected the same concepts as primordial for the change in the position of the speech therapist, who, as already said, still has his practice submitted to the positivist thought, which leads the speech therapist to an action that reduces the speaker to a "mouth-ear "[13] (p.369). The concept of "integrality" imposes a look to the user, seeks to ensure a commitment to the subject and no longer to "cut" patients into parts or pathologies. And the work with other professionals is no longer restricted to "each one does his or her part (...) [there is] the enlargement of the work object so that people take responsibility for people "[6] (p.16-17), promoting a change in the position of the speech therapist in the relationship with other disciplines and sectors, it is no longer about, for example, only holding sporadic and punctual meetings with other actors.

It is necessary to subvert a logic based on the rehabilitation of communication disorders, in which the speech therapist ends up justifying his work based on the specialties of Speech Therapy. It is not a matter of erasing or excluding the specialties, but no longer trying to fit them into the speech therapist's practices in the SUS services. Thus, to invert the logic of care and establish the reasoning of the clinic of Psychosocial Care as the foundation of the speech therapy clinic in Mental Health.

In this way, the place of the speech therapist when composing a team in the Mental Health field would be to contribute to the construction of the clinical case, producing interpretations on the case and thus defining managements and giving direction to the treatment together with the team[6]. Such interpretation is the effect of the encounter with the subject and guarantees the specificity of its performance, once the way the speech therapist is affected in the clinical moment is the effect of a listening constituted by a theorization about language or communication.

For the speech therapist to sustain his place in Mental Health it is necessary a discussion about his specificity, that is, to reflect about the conceptions of language, subject, clinic and symptom in the speech therapy clinic. What sustains the work in the Mental Health field, for most researchers, is the fact that the speech therapist is the professional who takes care of the "communication". However, only the works by Barbosa et al. and Almeida try to theorize about the conception of language/communication approached. This discussion deserves

to be deepened, not in the sense of superposing one conception to another, but to bring theoretical possibilities for the speech therapist to subsidize his/her practice in Mental Health.

In fact, the speech therapist is no longer called only when there are "speech-language pathology complaints", that is, such professional is not present only in cases in which there is a symptomatic manifestation in the speech body. In this way, the presence of the speech therapist is no longer justified by the symptom that the subject presents, but for being the professional that has a listening constituted by a theorization about language or communication. I believe that to solidify his place in the Mental Health field it is necessary to follow this path, once this is the specificity of the speech therapist in mental health services: a consistent theorization about language/communication that authorizes him to assume a position in front of the subjects in psychic suffering.

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