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Original Article

Training path in the Psychosocial Care Network: Innovation and transformation in mental health practices*

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Objective: to identify and describe changes resulting from the participation of workers from the Municipal Health Department of Guaíba/RS in the project entitled "Training Path in the Psychosocial Care Network: Exchange between experiences", from the Ministry of Health. **Method:** a qualitative and descriptive study in which individual semi-structured interviews were conducted with 22 participants, as well as consultations to documents relevant to the project. Bardin content analysis was used. **Results:** presented in two axes: "Exchange as an innovative training strategy" and "Resignifying the practices in the field of mental health". Changes in work processes were identified, as a result of increased visibility of mental health field and improvements in care, with emphasis on practices aligned with the humanization of care. There was an increase in the workers' motivation and articulation among the services of the network. The project presented innovative training characteristics and its execution was decisive in the transformations that were underway. The research showed the relation between training experiences and care processes more related to a critical, reflective, creative and emancipatory health production. **Conclusion:** the development of a strong sense of criticism and the need for innovation in mental health was revealed, which emerged with more vigor during the project.

Descriptors: Unified Health System; Mental Health; Education, Continuing; Humanization of Assistance.

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Percurso formativo na Rede de Atenção Psicossocial: Inovação e transformação nas práticas em saúde mental

Objetivo: descrever as transformações decorrentes da participação de trabalhadores da Secretaria Municipal de Saúde de Guaíba/RS no projeto "*Percursos Formativos na Rede de Atenção Psicossocial: Intercâmbio entre experiências*", do Ministério da Saúde. **Métodos**: estudo qualitativo, descritivo, em que foram realizadas entrevistas semiestruturadas individuais com 22 participantes e consultas a documentos pertinentes ao projeto. Utilizou-se análise de conteúdo de Bardin. **Resultados**: apresentados em dois eixos: "Intercâmbio como estratégia inovadora na formação", "Ressignificação das práticas no campo da saúde mental". Identificaram-se mudanças nos processos de trabalho decorrentes do aumento da visibilidade do campo da saúde mental e melhorias na atenção aos usuários, com destaque para práticas alinhadas à humanização do cuidado. Detectou-se incremento na motivação dos trabalhadores e maior articulação entre os serviços da rede. O projeto apresentou características inovadoras de formação e sua execução foi decisiva nas transformações que já estavam em curso. A pesquisa evidenciou a relação entre experiências de formação e processos de cuidado mais afeitos a uma produção de saúde crítica, reflexiva, criativa e emancipatória. **Conclusão:** desvela-se desenvolvimento de forte e duradouro senso de crítica e de necessidade de inovação em saúde mental, que parecem ter emergido com mais vigor durante a realização do projeto.

Descritores: Sistema Único de Saúde; Saúde Mental; Educação Continuada; Humanização da Assistência.

Recorrido formativo en la Red de Atención Psicosocial: Innovación y transformación en las prácticas en salud mental

Objetivo: identificar y describir las transformaciones provenientes de la participación de trabajadores de Guaíba/RS en el proyecto "Recorrido Formativo en la Red de Atención Psicosocial: Intercambio entre experiencias" del Ministerio de Salud. **Métodos:** estudio cualitativo descriptivo. Se realizaron entrevistas semiestructuradas entre 22 participantes y consultas sobre documentos relevantes para el proyecto. Además, el análisis de contenido de Bardin orientó la reflexión. **Resultados:** se presentaron dos ejes: "Intercambio como estrategia innovadora de formación", "Resignificación de las prácticas en el campo de salud mental". Se identificaron cambios en los procesos laborales provenientes del aumento de la visibilidad del campo de la salud mental y mejorías en la atención de usuarios con destaque para prácticas alineadas a la humanización del cuidado. Se detectó incremento en la motivación de trabajadores y mayor articulación entre los servicios de la red. El proyecto presentó características innovadoras de formación y su ejecución fue decisiva en la transformación de la Red que estaba en curso. La investigación evidenció la relación entre las experiencias de formación y los procesos de cuidado más vinculados a una producción de salud crítica, reflexiva, creativa y emancipadora. **Conclusión:** se devela el desarrollo firme y duradero del sentido crítico como también de la necesidad de innovación en salud mental que parecen haber emergido con mayor vigor durante la realización del proyecto.

Descriptores: Sistema Único de Salud; Salud Mental; Educación Continua; Humanización de la Atención.

Introduction

The changes in the care for psychological suffering in its various ways, a process known as Psychiatric Reform (PR), were boosted in Brazil especially since 1980. The PR spread a concept of mental health care in the country that dispenses closed and disciplinary institutions, betting on welcoming and caring in people's life territories[1-2]. As the initial objectives of the PR were strengthened, the National Mental Health Policy also encompassed care for the mental health of children and adolescents and strategies to deal with the harmful use of alcohol and other drugs[3].

As a result of this process, and in compliance with Law 10,216/2001[4], the creation of substitute services to the psychiatric hospital was encouraged. This process occurred despite the constant budget constraint present in the context of the Unified Health System (*Sistema Único de Saúde*, SUS)[5]. The expansion of the services has brought to light the need to promote the articulation of networking in the field of mental health.

As a way to consolidate the articulation, in 2011 the Ministry of Health (*Ministério da Saúde*, MS) instituted the Psychosocial Care Network for people with mental suffering or disorders and with needs resulting from the use of crack, alcohol and other drugs (*Rede de Atenção Psicossocial*, RAPS). The RAPS consists of primary care (PC) services, specialized psychosocial care, urgency and emergency, hospital, and transitional residential, therapeutic residential and psychosocial rehabilitation services[6].

Two years after the institution of the RAPS, the project entitled "Training Courses in the RAPS: Exchange between Experiences and Clinical-Institutional Supervision" was launched. It is a strategy of Permanent Education in Health (PEH) based on an exchange action for RAPS professionals, from the integration of municipalities with preceptor networks (consolidated) and networks in formation (in consolidation). It is based on the exchange of experiences and on the expansion of the intervention possibilities from the contact of professionals with the reality of other municipalities and the realization of updating workshops (1st stage) and clinical-institutional supervision (2nd stage).

Guaíba/RS, with nearly 100,000 inhabitants, located 30 km from Porto Alegre, was selected to participate in the project as a network in formation, presenting a need for qualification in the demands involving the consumption of alcohol and other drugs. At the time, the municipality was undergoing a remodeling of services, in order to comply with Ordinance No. 3088, which institutes the RAPS[6].

Until 2014, the year in which the project was started, mental health care in Guaíba was centered in a type II Psychosocial Care Center (*Centro de Atenção Psicossocial*, CAPS II) and in the old Mental Health Clinic. From the readjustment of the Ambulatory team, it was possible to implement CAPS AD (alcohol and drugs) in 2015, the same year in which the implementation of a CAPS IJ (infant and youth, "*infanto-juvenil*" in Portuguese) was agreed upon, implemented in 2018. In parallel, investments were made in the decentralization of mental health care from secondary care to PC, accompanied by strengthening the matrix support in mental health. In the same period, the first Family Health Strategy teams were implemented and the only hospital in the city which offered beds in mental health closed. Currently, access to hospital beds in mental health occurs through the Bed Regulation Center, managed by the state of Rio Grande do Sul, which matches the demand for hospitalization and the beds offered by the SUS.

The municipality of Santo André, in the metropolitan region of São Paulo, was designated as the preceptor network for Guaíba and nine other cities. In pairs or trios, at least 20 RAPS professionals from each of these municipalities, from different educational backgrounds, undertook a month-long exchange in Santo André, starting in May 2014.

Considering the relevance of evaluating health policies and programs for qualifying the health system and minimizing crises[7], an academic study was carried out evaluating the execution of the first stage of the Training Path (TP) that took place in Guaíba. Among the results found, the participants' perception regarding the training provided by the exchange and the changes that occurred in the work processes stands out[8].

This article is justified by the need to understand how the exchange among the workers took place and what transformations in the Guaíba RAPS were implemented due to the exchange. In this way, it is sought to describe the changes that occurred from the exchange experiences and how the educational experience affected the participants of the path and the Guaíba RAPS, discussing how the project was characterized as a good training, teaching and research practice in Mental Health, Alcohol and Drugs.

Method

This is a qualitative and descriptive study carried out in the municipality of Guaíba/RS, in the context of the RAPS and the project entitled "Training Courses in the RAPS: Exchange between experiences", in the 2016-2017 period.

The study population was constituted based on the following inclusion criterion: having participated in the exchange as a professional from Guaíba. The following

was established as exclusion criteria: presenting a condition that made participation in the research impossible, either due to vacation, leave or other reason or due to direct involvement in the execution of the research.

The minutes of the Municipal Health Council, the CAPS assemblies, and the Conducting Group of the Guaíba RAPS (consisting of managers and representatives of the RAPS services) were used to identify the professionals who participated in the exchange, as well as their period of execution. The notice provided for the participation of 20 workers from each network in formation. However, throughout the execution of the project, the Conducting Group identified the availability of financial resources to expand the total number of participants. Thus, the number of exchange professionals went from the 20 initially planned to 23. The recruitment of these professionals for the exchange took place within the scope of the activities of the Conducting Group.

Once the exchange professionals were identified, they were invited to participate in the research. All agreed, except for a worker who is also the author of the research, thus being unable to participate. Therefore, applying the inclusion and exclusion criteria, a population of 22 professionals was reached. These were characterized by being effective servants, mostly female (n=21). Six had mid-level training (four nursing technicians, an artisan and an administrative technician) and 17 had higher education (seven nurses, seven psychologists, two social workers and an occupational therapist). With regard to the operating scenario, 16 worked in specialized services, six in PC and one in the Emergency Service.

Data collection occurred through individual semi-structured interviews, guided by a script. The questions were organized around the participants' understanding of the project, its planning and execution, influences from the exchange on mental health training/performance, changes in the work processes and benefits for the Guaíba RAPS. The interviews had a mean duration of 30 minutes and were carried out in private rooms, recorded in audio and transcribed literally. The material was submitted to content analysis, supported by the pre-analysis; exploration of the material; treatment of results, inference and interpretation stages[9].

The research was approved by the Ethics Committee of the Federal University of Rio Grande do Sul (Opinion No. 1,571,068 - CAAE: 52639116.7.0000.5347) and institutionally accepted by the Municipal Health Department of Guaíba. The consent of the participants was given by signing the Free and Informed Consent Form (FICF), which included the following: objective of the study, data collection form, guarantee of preservation of the participants' identity and data confidentiality. An alphanumeric sequence (E1 to E22) was designated to guarantee the anonymity of the participants.

Results

The exchange professionals from Guaíba joined the RAPS in Santo André between May 2014 and October 2015. In August 2015 there was an exchange of three workers and a user from Santo André to know the Guaíba RAPS and help promote training workshops in the municipality. The perceptions of the exchange professionals participating in the study will be presented from two axes:

Exchange as an innovative training strategy

The data collected indicate that learning from *in loco* insertion stimulated the search for theoretical knowledge related to the PR and to the Mental Health Policy, promoting a dialectic between theory and practice, which remained alive after the end of the exchange: *It changed a lot, like, I realize where I need to reinforce more, what the practices are that I do which meet the national proposal and what other practices I need to rethink, [...] study, where I need to strengthen myself. Because there where we went they are very appropriate [...] of the rules, laws, politics* (E3).

Among the workers most identified with mental health, there was a process of reasserting the principles of the PR *We met people who really experienced the Psychiatric Reform and this makes us rethink work [...]. And actually see the Reform happening, as we saw the [psychiatric] hospital actually being closed. [...] So we saw in the practice what the books say* (E8).

The exchange provided an opportunity to analyze their own working conditions, allowing for reflections on the service and the other points of care of the network: *We came from there I think with more courage, with more gas, to try to put into practice those things that we saw working there and to value more what's working here too* (E5).

In addition to providing knowledge of different equipment, insertion into the tutoring network provided exchanges among those involved. The idea of "exchange" proved to be a "keyword" among the interviewees: *I think that exchanging with the professionals there, with the users, was really important, but also that exchanging thing with those who came from other cities and even with those from our city* (E22).

Furthermore, the mental health field gained visibility with the execution of the project: *I think that this exchange favored, let's say, popularizing or disseminating mental health in the Health Department* (E10). The realization of the workshops in Guaíba, by expanding the scope to other professionals, contributed

to expand mental health beyond the health sector: *And what was nice about this dialog was that other services also participated. The health, social assistance, education network, so much that afterwards it had great repercussion, [...] it cleared up, and when people come from outside, it seems to enhance this* (E7).

When looking at the demands related to the consumption of alcohol and other drugs, it was noticed that some professionals were surprised by the wealth of interventions that can be performed in the area. The experience provided by the *Consultório na Rua* (Street Office) was significantly highlighted in the participants' reports: *There they have the Consultório na Rua, for chemical dependence, but they have all this work well done. To approach them, they're working with the person who doesn't go to the Health Center, who doesn't go to the psychosocial care service* (E7).

Finally, there was a considerable increase in the self-esteem of the workers and teams based on their participation in the exchange: *In these fifteen years that I've been here, I'd never seen anything like it. [...] So I think it's an appreciation [...] of the employee, the service and the municipality, the users* (E18). It was verified that the exchange had an impact on the training of the participants beyond the professional sphere: *I think [it was] one of the best experiences I had in my life, I always tell everyone [...] I don't know if I took it more to my professional life or to my personal life, but for my personal life it was a wonderful training* (E17).

Resignifying the practices in the field of mental health

The project focused on expanding the participants' intervention possibilities based on living with other realities, demonstrating that the exchange inspired the transformation of the practices: *And everyone [...] came back trying to implement something they saw there. [...] I don't know about Mental Health, but in Primary Care everyone [...]. So I think that staying there, seeing how the service from another place works [...] opened windows so that, in some way, we could rethink it to apply it here too* (E21).

Among the participants who, until then, were less familiar with the area, there was less resistance and overcoming of old prejudices, stigmas and stereotypes: *With a psychiatric patient I was having a little resistance and I have another look now. [...] I think I'm more resolute now, I think I can see things in a different way, I'm more human* (E13).

There was an increase in the scope of the practices performed: *The network is more welcoming, accepting to assist the mental health and AD users, because before they referred directly to the CAPS, they didn't listen, they didn't hear. It is taking better care of the crisis, being more participatory, participating more in the network meetings* (E8). Although not in a uniform manner, there was greater involvement of the services in acting in the face of the crisis: *In some places of this network, the services of the territory, they manage to hold yet another crisis or seek guidance, they manage to accommodate that crisis. But I think that these are very specific places, [...] a greater advance in mental health over the territory is what will gradually change that* (E4).

Changes in the work processes related to elements of the National Humanization Policy were identified, especially in the CAPS[10]. With regard to the welcoming, the recognition of the other's health need is emphasized: *I think it was fundamental in my welcoming to the psychiatric patient, you know, I did it in a different way, I wasn't so patient, I didn't listen so much. Today I already have another look* (E13).

In relation to the ambience, it starts from the premise that the physical space can correspond to a social space: *That before [...] there was no space to create ambience, there was no way. But now, things have changed. We achieved a lot. Stays in ambience, participating in workshops, so I think it has even reduced the hospitalizations* (E5).

Anchored in the matrix support guideline, a work process is envisaged that dimensions the integration and support among professionals, teams and services: *Today matrix support, [...] makes a lot of sense, not only for us, [...] it makes sense for those who are there in Primary Care, for those who are in the Emergency Room, for those who are in the network* (E6).

In the management processes, development and growth process on the part of these health policy actors stands out: *I think that a great strength is in the issue of management, of this growth in mental health management, which is bringing benefits to the network* (E2).

The Singular Therapeutic Project (STP) reveals itself as a tool that becomes part of the professional practice: *Therapeutic plan, as it is, STP. Singular. Because I didn't know, I had no idea what it was, I even thought it was hormone replacement. [...] It was what I learned most recently, so far, I'm doing it here in the health center* (E21).

In the principle of autonomy/protagonism, the reflection on the users' participation ability is evidenced as a bet to be reached: *Of course, I won't expect our users here in Rio Grande do Sul to have the same posture as the users of the Big ABC, because the socio-political history is different [...]. But to see the way the users participate there, which is possible. [...] I believe that this has contributed, like, to my motivation* (E18).

In the exercise of the expanded clinic, by centralizing the subject's uniqueness and the complexity of the health-disease process, decision-making is done in a shared way and committed to the users' autonomy and health: *Which goes beyond this formalized STP [...], there is a day when the person [...] doesn't want to elaborate anything. The person just wants to be able to sit next to someone and be heard, be embraced, have a shoulder* (E3).

It is important to emphasize that the exchange was decisive in consolidating the changes that were underway: *Right after we returned, there was already a movement of extinction of the Mental Health Clinic and I felt stronger [...] for these steps that were happening* (E9). The change that was most highlighted by the participants was the implementation of the CAPS AD. The fact that it was implemented during the TP reinforced its alignment with the anti-psychiatric hospital practices: *With less punitive, less judgmental attitudes. [The CAPS AD professionals] have been more daring, [...] thinking more about alternative housing strategies. Care also in relation to the ambience, the user will get there at any time and will be assisted, I think it really qualified care* (E8).

Discussion

Once the TP adopted the exchange as a training tool, it was possible for workers to develop skills based on the assumptions of the exchange as a cultural practice, which dates back to the period of the Great World Wars and has as premise the diffusion of respect and the reduction of intolerance among the peoples[11], valuing respect for differences, overcoming old prejudices, and developing empathy and otherness.

The exchange made it possible to experience the act of being welcomed and creating bonds with previously unknown people and places. It is not by chance that one of the main modifications reported is related to the qualification of welcoming in the workplace. It is clear, therefore, that the transformations of a personal nature triggered by the exchange are closely related to the practical changes.

Thus, the benefits of training were not restricted to technical improvement, which could be achieved in permanent education of a lower proportion. The transformations brought about by the exchange reflected simultaneously in the work processes (qualification of the service offered, adequacy of the services according to the precepts of the PR) and in the personal scope (increase of motivation, self-esteem, satisfaction) of the participants.

The motivational increase of the workers to deal with the work routines alone would be sufficient to recognize the success of the first stage of the TP. The greater the worker's satisfaction, the greater the chances of promoting improvements in the work field[12]. Therefore, it is inferred that it is through the mobilization of emotional resources that the willingness to change happens.

In-service training, recommended by the TP, tends to establish more behavioral changes in the workers the more interactive, contextualized, and based on real problems is[12]. The need to invest in problematizing education, which surpasses traditional acts of knowledge transfer, in the manner of a banking conception, was one of the flags raised by Freire. Training must consider the world view of the individuals (experiences, knowledge, ways of interpreting reality) as a starting point in the teaching process[13].

Since it considers work as a source of knowledge and improvement, the pedagogical proposal behind the TP, herein recognized as an innovative PEH strategy, is based on a concept of Freirean education. The emphasis on learning from the meeting experiences, so that each participant contributes with their life story and past experiences, shows the alignment of the TP with Freire's understanding that learning is a dialogical act in which people are educated in communion, mediated by the world. In addition, as an educational proposal that valued problematization, another effect achieved by the TP was the promotion of the construction of a critical awareness that favored changes in the practices[13].

Authors from other fields of knowledge help explain how practical experience contributes to the production of knowledge. In the perspective of biologists Maturana and Varela[14], "all doing is knowing and all knowing is doing". From the interaction of the organism with the environment, they mutually modify each other: a process known as autopoiesis[14].

Transposed to the field of Education, this understanding allows inferring that education is influenced by the context at the same time that it transforms it. Or that, in work-oriented learning, the worker suffers interference while influencing the production processes[15].

When any new interaction takes the subjects out of the routine, such as the exchange, the subjects are given the opportunity to reflect on their certainties, the result of the traditions established by the social group to which they belong. In this process, the subjects question themselves, reconstruct their truths and are simultaneously transformed by them. In other words, "every act of knowing makes a world emerge"[14].

The resource of creating a "new world" is especially relevant in the context of the demands related to the use of alcohol and other drugs, as this is a field that has been outside the main agenda of the PR for a long period. Only from the 2000s onwards was a greater approximation of the theme to the field of public health, in general, and of mental health in particular identified[16].

The experiences of the past few decades have sparked a "war on drugs" that has resulted in coercive actions of low effectiveness, the escalation of violence, and the rise of criminal organizations. A "new world", from the perspective of the problems related to drug use, translates into a new framework that seeks to

increase social cohesion as a way of confronting the problem[17]. The marks highlighted by the interviewees from the immersion in services such *Consultório na Rua*, for example, leave no doubt as to the power unveiled by this new reference.

The immersion in Santo André allowed the participants not only to know different points of care and work strategies, but also to cooperate horizontally with the teams and, in return, share the good practices recognized. Thus, the artifice of the exchange proved to be promising as a method of disseminating and valuing the knowledge produced in the services.

It also proved to be promising by enabling the advancement of mental health beyond the institutional (concrete or symbolic) walls of the field, consolidating the assumptions recorded in the PR. A change of this order increases work in the area, reinforces professional self-esteem, and helps to combat prejudices that still exist. It is emphasized that "combating stigma is an important factor to also reduce the mortality gap of the population with mental disorders, since the health services themselves tend to neglect adequate and timely care for this population"[5].

The findings in Guaíba are consistent with the national assessment of the project carried out by the coordination of the TP with 740 exchange professionals from different municipalities. According to this assessment, the project cooperated with the transposition of the asylum paradigm to the psychosocial one (for 58%); presented the history of the PR (47%); stimulated reflections on the humanization of mental health care (44%); collaborated in theoretical deepening (23%), and published the RAPS ordinances (15%). In addition, 71% of the participants in that assessment stated that they had learned new practices, such as: organization of the STP, performance of the reference professional, organization of team meetings and assemblies, organization of forums on mental health, development of activities in the territory and with families, carrying out home visits and matrix support, and proposing actions aimed at autonomy[18].

Such elements also appeared in the results of this study, given the reports of changes in attitude towards the users of the services, encouraging the sharing of care and efforts to reconfigure the RAPS in Guaíba. Findings that are promising, as recent studies have highlighted the importance of enhancing the network for the qualification of care[19-21].

The unfolding of mental health care practices now revealed, based on the association between the processes of educating and caring, refers to the assumptions that connect educational and caring acts. Among them: opportunity for a dialogical encounter with the other (visit to another network), development of an awareness process about reality (work at the RAPS in Guaíba), possibility of integration between educational and work process (act-reflect-act in the municipal RAPS), announcement of belonging to the network (implication in the RAPS), and a creative bet of changing reality (producing itself and producing the RAPS)[13].

The identification of the NHP guidelines, on the other hand, demonstrates how health policies can be transversalized and operationalized in the RAPS. Qualified listening, organization of comfortable environments, institutional technical-political support, protagonism and co-responsibility are elements that are in accordance to the PR and to the need to guide mental health care by the subject's singularity, by the complexity of the health-disease process, and by the practice committed to the users' autonomy[10].

In a context in which the practice is crossed by overwork, mechanistic logic and capitalist conceptions, relegating the place of experience and of the meetings to the background, the TP was able to "enable new ways of production that generate life power and of existence in the world of work, based on cooperation among everyone who makes health policies happen"[16]. The recognition and cooperation among the professionals show that everyone knows something (when they see themselves as knowledge producers); governs, to a certain extent (when they feel involved in the implementation of the health policy), and can do something (when they identify their limitations and propose new ways of care).

These advances allow problematizing that the gains identified by the participants could not be conceptually apprehended in the list of PEH activities, since they go beyond the limits of the traditionally known PEH processes. The exchange was a mediating element in a process of personal appropriation of the work itself, taking a position within the RAPS, recognizing the context and elements that influence the mental health policy in the municipality, placing the experience as innovative in the sense of the mobilizing and action capacity in the RAPS.

Thus, a causal association cannot be made in the educational process as something that liberates and emancipates itself, or that it is a homogeneous process, which follows an upward flow of growth and development. The training process is also something of the path of dichotomy and tension: it liberates by raising awareness, empowers by stripping the tensions between theory and practice, management and care, desires for movement and maintenance within the RAPS[22].

Even at the end of the TP, it is perceived that the professionals persist in questioning themselves, seeking improvement and guaranteeing rights, perpetuating

derangement flows with the potential to continue transforming realities. Since there were also impacts on the participants' personal scope, the experience in question reaches a level of innovation within the scope of good training practices and performance in practice, teaching and research in Mental Health, Alcohol and Drugs.

The research contributes to the field of nursing and health, especially in the area of mental health, insofar as it problematizes the relation between the training experiences of the health professionals and care processes more suited to a critical, reflexive, creative, and emancipatory health production considering the tensions that constitute this meeting. The bet that when an educational process, in its broadest sense, emerges from the needs of workers and centralizes the place of experience, is able to mobilize and warm up a health care network is reiterated.

In addition, with the increasing participation of the municipalities in the implementation of the mental health policy, driven by the decentralization of health and by encouraging the implementation of networks, there is an increase in the quantity and diversity of points of care of the RAPS implemented in Brazil. This process has been accompanied by a tendency to expand mental health care to the inland for medium and small-sized municipalities, with a strong participation of PC in the care and valuation of the territorial and community-based actions. In this scenario of expansion, even though mental health care gaps remain in certain regions of the country[23], giving visibility to successful projects such as the Training Path in the RAPS, carried out in municipalities with diverse characteristics, many of them of smaller size, remote of the great urban centers, and little known in the national sphere, contributes to increasing the leading role of the municipal workers and managers in face of the new challenges of the Brazilian PR.

Among the limitations identified, there is the absence of professional categories that could have enriched the study, such as community health agents and physicians, who did not participate in the exchange in Guaíba. In addition, conducting almost all the interviews in the workplace, for greater convenience to the participants, even in reserved spaces and in a confidential manner, could have inhibited criticism of the project.

Many efforts were made to guarantee the reliability of the data produced. The recall bias, however, is another possible limitation of the study, considering the time elapsed between the exchange (2014-2015) and data collection (2016). This temporal distance, on the other hand, indicates that the data revealed correspond to what was most striking in the experience.

Conclusion

The results show the development of a strong and lasting sense of criticism in relation to the mental health practices through the identification of contrasts and similarities between the situations of Guaíba and Santo André. The feeling of need for innovation was driven by the project and seems to have emerged again from the recollection of the experience during the interviews.

Changes in the conceptions and practices in mental health require efforts to raise awareness among different agents involved in care. The meetings with colleagues, users and institutions made possible by the exchange can be translated into strength, satisfaction and power of affections in the consolidation of learning.

The TP is configured as a strategy that consolidates the integrality of care, based on adequate services to the needs and on humanization. The results represent personal and professional emergence, as well as of a sense of belonging to the network, driving new PEH actions in Guaíba in different directions. On the other hand, they can encourage the organization of other editions of this proposal by the MS.

In short, innovation evidences something in between: it is not possible to educate professionals without considering the real context of the health scenarios in which they are immersed; at the same time, it is not possible to qualify the work in the RAPS without believing in the power of the experience as a pedagogical element of self-involvement. Exchanging speaks of this: moving around (in the network and with others), detaching oneself, returning, resignifying, educating each other.

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