Original Article

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Perceptions of caps managers on the role of pharmacists in mental health: a qualitative study in Rio de Janeiro

Perceptions of CAPS managers about the role of pharmacists in mental health: A qualitative study in Rio de Janeiro

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Abstract
Introduction: Psychosocial Care Centers (CAPS) are services that accommodate patients with severe and persistent mental disorders. Ordinance 336/2002 establishes which and how many professionals will make up the minimum technical team of CAPS. Not being mentioned as a member of the minimum team, the presence of a pharmacist would be subject to the management of each municipality. Objectives This study seeks to understand how CAPS managers view the role of pharmacists in the context of mental health. Materials and Methods: Six managers from an area in Rio de Janeiro - RJ, Brazil, were interviewed. Bardin's ThematicContent Analysis was chosen as the method of organization and data analysis. Results: after analyzing the interview material, two categories were created: "Hiring process" and its codes "Inadequacy of the selection process" and "Involvement of services in the selection process"; and "The mental health professional" and its codes "Experience and knowledge on mental health", "Understanding of the role of pharmacists" and "Medicamentation". Conclusions: It is clear that there is a need for training regarding the skills and abilities of external pharmacists for managers and other health professionals so that they are not underutilized in CAPS. Currently, there are elements that need to be improved in the process of hiring professionals for CAPS, given the complaints about the selection of professionals who do not have the appropriate profile to work in a mental health service. It is also necessary to look at the academic training of medicine so that universities train professionals who meet these requirements.
Keywords: pharmaceutical assistance; comprehensive healthcare; mental health services.

Resumo
Introdução: Os Centros de Atenção Psicossocial (CAPS) são serviços que acolhem pacientes com transtornos mentais severos e persistentes. A Portaria nº 336/2002, estabelece quais e quantos profissionais irão compor a equipe técnica mínima CAPS. Não sendo mencionado enquanto membro da equipe mínima, a presença do farmacêutico ficaria condicionada à gestão de cada município. Objetivos Este trabalho busca entender como gestores de CAPS enxergam a atuação do farmacêutico no contexto da saúde mental. Materiais e Métodos: Seis gestores de uma área do Rio de Janeiro - RJ, Brasil, foram entrevistados. A Análise Temática de Conteúdo de Bardin foi escolhida como método de organização e análise dos dados. Resultados: após análise do material das entrevistas, foram construídas duas grandes categorias: "Processo de contratação" e seus códigos "Inadequação do processo seletivo" e "Envolvimentos dos serviços no processo seletivo"; e "O profissional da saúde mental" e seus códigos "Experiência e conhecimento sobre saúde mental", "Entendimento sobre o papel do farmacêutico" e "Medicamentalização". Conclusões: Percebe-se que existe uma necessidade de capacitação em relação às competências e habilidades do farmacêutico voltada para gestores e demais profissionais da saúde para que ele não seja subaproveitado nos CAPS. Atualmente, existem elementos a serem aprimorados no processo de contratação de profissionais para o CAPS diante da queixa de seleção de profissionais que não possuem o perfil adequado para atuar em um serviço de saúde mental. É necessário também olhar para a formação acadêmica de farmacêuticos para que as universidades formem profissionais que atendam estes requisitos.
Palavras-chave: assistência farmacêutica; assistência integral à saúde; serviços de saúde mental.

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Introduction

In 2003, the Ministry of Health launched the National Humanization Policy (Política Nacional de Humanização - PNH), one of whose objectives is to stimulate communication between managers, workers and users, in order to promote the protagonism, autonomy and co-responsibility of individuals [1]. One of the PNH's guidelines is the expanded clinic. This tool proposes the integration of health workers from the most varied areas in search of comprehensive care and individualized treatment, articulating different disciplines, through the creation of bonds with users [2].

Psychosocial Care Centers (CAPS) are services whose function is "to care for patients with severe and persistent mental disorders in their territorial area, in intensive, semi-intensive and non-intensive treatment" [3]. Ordinance No. 336, of February 19th, 2002, establishes which and how many professionals will make up the minimum technical team of CAPS [3]. Among the possible professional categories are: psychologist, social worker, nurse, occupational therapist, pedagogue, psychiatrist and clinical doctor or other professional who sees the need to draw up a therapeutic project.

The theoretical and practical framework surrounding the construction of knowledge about the skills of pharmaceutical professionals shows that they can be of great value in caring for people in psychosocial distress. According to Silva et al [4] in addition to being considered one of the health professionals most accessible to the population, in the context of community pharmacies in particular, the possibilities for intervention by pharmacists include monitoring and managing pharmacological treatment and providing guidance to users and prescribers. These actions bring benefits in different aspects of treatment, such as adherence to drug therapy, evaluation and reduction of drugs in use, and reduction in the cost of treatment. Other studies show that the practice of pharmaceutical care not only solves problems related to medicines, but also has a positive impact on users' quality of life [5-10]. For these reasons, the inclusion of pharmacists in mental health teams can be of great value to these users.

Not being mentioned as a member of the minimum technical team, the presence of a pharmacist would, in principle, be subject to the management of each municipality. Authors [8,11] point out the absence of this professional in mental health services, highlighting the importance of pharmaceutical practices in the process of caring for users. In 2022, the municipality of Rio de Janeiro had 32 CAPS run by the city. Upon consulting the National Register of Health Establishments (CNES), of the 32 services, 19 (54.3%) had a pharmacist on their teams. The pharmacist is indispensable since medication is one of the most widely used therapeutic resources in mental health, and CAPS dispense medication [12]. Therefore, this work is an excerpt from a master's thesis that aims to understand how CAPS managers see the pharmacist's role in the context of mental health, and to point out which elements are relevant, from the managers' point of view, in a mental health professional.

Materials and Methods:

This is a qualitative study whose target audience is the managers working in the CAPS of one of the Programmatic Areas in the North Zone of the municipality of Rio de Janeiro. After consulting the list of services provided on the city hall's website, the area was chosen because it was the

region with the highest number of CAPS. The following inclusion criteria were established: a) a manager working in a CAPS in the Programmatic Area of interest; b) having worked in the service for more than six months. As for the exclusion criteria: a) not agreeing to take part in the study; b) being on leave or vacation during the data collection period. Using the inclusion and exclusion criteria, six interviews were carried out, three with CAPS managers who had pharmacists on their teams, and three with managers of services without pharmacists, over a period of a month and a half.

Semi-structured interviews were used to collect the data. This instrument combines closed and open questions, which allow the interviewee to speak freely about the topic being researched [13]. The method for organizing and analyzing the data obtained for this research is Bardin's Thematic Content Analysis [14]. This approach aims to promote the investigation and in-depth understanding of phenomena of interest related to an object of study. This method consists of three stages: pre-analysis, exploration of the material, and treatment of the results obtained and interpretation. In pre-analysis, the researcher has direct and intense contact with the field material. This is also when the material is prepared, a stage in which the material is properly organized and identified according to the sources, dates of collection, etc. The process of exploring the material is divided into two steps: coding and categorizing the material. Coding is the moment when raw data is transformed into representative data (or units) that allow the content to be represented and expressed. Given the impossibility of formulating codes based on existing literature, which is still limited, the material in this study was coded inductively, i.e. the codes were defined based on contact with the material provided by the interviews. The recording unit chosen to determine the codes is the theme, and these units were enumerated by presence (or absence) and frequency. After identifying the codes, they were grouped and transformed into categories. Categorization consisted of two stages: inventory (isolating the elements) and classification (breaking down the elements and organizing the messages). The categorization criterion for this work was semantic. During the process of exploring the material and processing the data, ATLAS.ti software was used to optimize data management. This software is a tool that makes it easier to organize the data produced by the interviews, which is usually very large.

The interviews began after the project had been approved by the Research Ethics Committees (CEP) and, in order to preserve the confidentiality of the participants, all names were omitted in the presentation of the data collected, using the acronym GF followed by a number for managers of services with pharmacists (GF1, GF2...) and GS for managers of services without pharmacists (GS1, GS2...). This research was approved by the CEP of the Sérgio Arouca National School of Public Health under CAAE No. 58467522.2.0000.5240, and by the CEP of the Rio de Janeiro Municipal Health Department (SMS-RJ) under CAAE No. 58467522.2.3001.5279.

The limitations of this study include the limited number of professionals interviewed, from just one municipality in the country, so the data cannot be generalized. However, this research investigated elements that are influenced by policies that are national in scope, such as Ordinance No. 336/02, for example. More research in other regions of the country is needed to get a better picture of the view that managers and other health

professionals have of the role of pharmacists in mental health.

Results

Of the six managers interviewed, five were female and one male, with ages ranging from 33 to 50 and an average of 37 years. Four of the interviewees were white, one was brown and one was black, with working experience ranging from 6 to 29 years and an average of 14 years. When asked how long they had worked at the CAPS, the answers ranged from two to nine years, with an average of four years. The professional categories found were nursing, pedagogy and psychology, and all the managers had some kind of graduate degree in mental health.

Based on the analysis of the material provided by the interviews, it was possible to establish the categories "hiring process" and "the mental health professional", whose codes are shown in Chart 1.

Chart 1: Categories and codes for CAPS managers.

		Codes
Categories	**Hiring process**	Inadequacy of the selection process
		Services involvement in the selection process
	The mental health professional	Understanding of the role of the pharmacist
		Experience and knowledge about mental health
		Medicamentation

Source: the author himself, 2024.

When analyzing the presence and frequency of appearance of the codes in the interviewees' speeches, it can be seen that, for the managers, the code "Involvement of services in the process" is the strongest point of impact, appearing in five of the six interviewees' speeches. As for the mental health professional, "Understanding the role of the pharmacist" is the most relevant factor, and was discussed by all the interviewees, followed by "Experience and knowledge of mental health", which was mentioned by five of the six interviewees.

Hiring process

Inadequacy of the selection process and Involvement of the services in the process

The Public Health Company of Rio de Janeiro (RioSaúde) is an administrative entity integrated into the Indirect Administration, with legal personality under private law [15]. This company is responsible for managing a number of health units in Rio de Janeiro, as well as planning, coordinating and executing strategic actions [16]. The system for hiring workers in public companies is public employment, governed by the Consolidation of Labor Laws (CLT). These workers are usually hired after passing a public tender, but they can also be hired through public selection processes. The latest Activity Report [17] available on the RioSaúde website states that the public company has been responsible for

managing 18 CAPS in Rio de Janeiro since 2020.

Given the nature of the selection process for workers in these services, managers only get to know these people when they arrive at the CAPS. As some of the managers pointed out during the interviews, today RioSaúde has some prerequisites for the mental health area. However, the managers say that people often arrive who don't know or have never heard of a service like CAPS. As a result, many end up not staying. When the professional does not give up the job, the team then has to "train" them for the CAPS, which is not always convenient when the service urgently needs a professional prepared to collaborate in care at that moment.

> *"I think this is a problem because we waste valuable time needing to qualify that professional so that they can... So that we can actually count on them in the team. So when a professional arriving has no idea what the psychosocial care network is, we need to put them through training here."* - GS2.

One of the managers points out that it would be interesting to be able to choose one's own team, or to be involved in the process in some way.

> *"It's something we've been discussing a lot, right? With the mental health superintendence, with RioSaúde, right? That we needed to be in the selection process, we needed to minimally assess people when they submitted their documents, right?"* - GF1

The services can indicate which professional categories are most needed at the time, as long as this category is provided for in the CAPS work plan and within the limit of the number of professionals in the same category. Any changes other than what is expected in the work plan must be justified.

The mental health professional

Experience and knowledge of mental health

It was often reiterated that one of the main characteristics considered essential for managers was experience or at least knowledge of mental health and psychiatric reform. In cases where professionals do not have this previous contact, either professional experience or a residency in mental health, managers also said that a previous stint in other types of services within the SUS (Unified Health System) already made a difference in the way this professional sees users and the way they produce care.

> *"You often get a lot of professionals who have never had experience in a CAPS, right? Professionals who sometimes worked in ICUs, emergencies, you name it. But not in mental health and who don't really have a track record, they don't have that kind of knowledge. And I feel that makes a lot of difference, right? [...] And there are times when, for different reasons, the situation is a bit more critical, and we prioritize getting someone who already has experience, right?"* - GS1.

> *"We usually chose based on how long they'd been working, whether they'd been trained, the interview, what they said,*

> *because sometimes you get someone who hasn't been trained that long, but has a desire to work and has a drive that makes all the difference, right? Even better than someone who has a lot of working time and doesn't tell you anything, right?"* - GF1

Understanding the role of the pharmacist

The point of view of CAPS managers without a pharmacist

Regarding the characteristics of the services without a pharmacist, two of the three did not have a pharmacy within the CAPS. In this case, users and their families went to the Family Clinics of reference to get medication with prescriptions provided by the CAPS psychiatrists. The third service had its own pharmacy and a pharmacy technician in charge of organization and dispensing.

Regarding the pharmacist's role within the CAPS, they say that despite the importance of technical-managerial activities (focused on drug logistics), work in mental health cannot be just bureaucratic. The pharmacist would need to be a "mental health technician like any other professional". Of the three managers interviewed in this category, only one brought up elements of technical-assistance activities (clinical actions by the pharmacist aimed at the user, family and community) that were not correlated with actions in the field of competence of psychosocial care. One of the managers says that the role of the pharmacist within the CAPS is little discussed.

> *"Speaking for myself, I don't have an in-depth knowledge of what the pharmacist's role would be within the CAPS. I think this is very little discussed."* - GS1

Of the three managers interviewed in this category, two had not worked directly with pharmacists in their professional careers, reporting experience with pharmacy technicians who sometimes dialogued with a central pharmacist who was not directly linked to the service. An example of this would be units that have a CAPS, a Family Clinic and an Emergency Care Unit (UPA) in one place. A single pharmacist can be in charge of this unit. In other arrangements, a pharmacist from the Programmatic Area Coordination was responsible, but was not in the service.

In addition to the organizational process, another point raised by managers touches on the process of "reducing" the pharmacist to just the professional responsible for drug management; a view that would be shared by health professionals (including pharmacists) and the community. Another suggested explanation for the absence of this CAPS professional is the view of the dispensing process as something external to the care clinic.

> *"So I'm here, I attend to my user, I think about his care and then when he's finished he goes to the supply room and gets his medication. And this is often not part of our daily care. That's not included, is it? In the service. Of course, this doesn't happen to everyone. But it's a clinical moment, isn't it? So it needs to be part of the clinic."* - GS1

Managers who didn't have a pharmacy in their service pointed out the advantages and disadvantages of this setting.

With regard to the advantages, they believe that, due to this setting of obtaining medicines in primary care, users have a stronger bond with their territory and with

their original referral team. They also say that not having a pharmacy and medicines readily available to the team means that workers reflect more often on the use of medicines and don't use them as the first tool in moments of crisis, giving more room for strengthening bonding relationships.

As for the disadvantages, they say that when there are problems with the supply of medicines at the Family Clinics, the process of deciding which unit users should go to in order to try to obtain their medicines is complex. The indication of which unit users should go to in these situations is based on knowing which services have this medication, and whether they have enough to supply users from other areas, thus preventing people from making a "pilgrimage" through the system. They cited difficulties in the pharmacotherapeutic monitoring of users who have attempted suicide and who obtain these drugs outside the CAPS. In addition, they refer to situations in which users who were not prescribed medication at the service went from health unit to health unit until they got medication at one of them.

The point of view of CAPS managers with a pharmacist

CAPS managers who had pharmacists on their teams said that these professionals were responsible for the logistics functions of the pharmacy, as well as the assistance functions. In addition to these functions, the managers of services without a pharmacist also say that this professional needs to be involved with the team and take part in other care activities, as every mental health professional is called upon to do.

> *"And she arrives, she organizes the pharmacy, the medication, she begins to understand a little, and over time she also begins to understand the logic of psychosocial care, and today she is, for example, a reference for patients, she has connections, she does matrix support, she articulates with clinics, with schools, she really has this broader work, you know? And you don't suddenly stop being a pharmacist and lose your training, right?"* - GF2

All pharmacists at the services where the managers were interviewed were referral technicians for users of the service, as well as being responsible for contacting other health units, especially in situations where there were problems with the supply of medicines at the service. All the managers of the services with a pharmacist consider the pharmacist's in-depth involvement in a service like CAPS to be relatively new.

> *"Because it's not common for a pharmacist to interact so much with the team, right? Generally, pharmacists stay more inside the pharmacy, just doing the pharmacy's work."* - GF1

> *"So, she had all the attribution, right? To be able to take care of the pharmacy there, but she was a person who was very attached to the patients, to the workshops, right? To the psychosocial care in general. I think that's very nice. I think pharmacists here are very new, right? In psychosocial care, mental health."* - GF2

> *"So, she takes care of the organization of the pharmacy, she takes care of the medications that are there, the shelf life, what's possible, she*

> *does some pharmacy services as well, which is something we've started to include her in now."* - GF3

Medicamentation

When discussing the relevant aspects of mental health practice and the pharmaceutical professional, some of the managers, one from a CAPS with a pharmacist and two without one, expressed concern about the production of medicalizing practices and the centralization of care in drugs. However, there is a difference of opinion as to what role the pharmacist should play in this process.

The manager, who has a pharmacist on her team, reports that this professional represents a point of support through which it is possible to open a debate within the service about the use of medicines. As pharmacists are professionals with in-depth knowledge of medicines, it is possible for them to support a debate on therapeutic conduct that other professional categories would not have the training for.

In services that don't have a pharmacist, there is the same concern about the production of medicalizing practices. The two managers who discussed this point work in services that don't have a pharmacy, so users who need medication go to the Family Clinics to access them. As pointed out earlier, they see this arrangement as an advantage given the strengthened bond between users in the territory and the more careful use of medication in times of crisis. If a pharmacist were to join the team and the service were to set up a pharmacy, they believe it would be necessary to work with the team so that the way they deal with crisis situations would not change.

One of the managers says that there has already been an opportunity to have a pharmacist on the team, but that they preferred to continue without this professional, given the possibility of weakening the current arrangement. They also believe that the existence of a pharmacy in the service would reinforce for families the idea of the central role of medication in care, especially when dealing with a young audience. They point out that in this age group, social demand is much stronger. It can also be seen that the figure of the pharmacist is strongly linked to the pharmacy and technical-managerial activities.

> *"When I say pharmacist, I also mean pharmacy, having a pharmacy here, right? I don't know if we... I don't know, I'm thinking here now, if we need a pharmacy to have a pharmacist, I don't know if there would be any other function in this sense, right? So we can take advantage of the knowledge, right? The pharmacist without necessarily organizing a pharmacy, or within the service."* - GS2

> *"It's not that the pharmacist is just about taking medication, right? But I think there's a very easy association between families in this sense. That medication is going to be the superhero, it's going to solve all the problems. We know it's not."* - GS3

Discussion

In Agreement 252/2021 between SMS-RJ and RioSaúde, there is a point about the development of permanent education actions. This contract states that it will support operational and technical training for its employees in the Psychosocial Care Network units, but it does not explain how this support will take

place. Permanent Health Education (EPS) is a political-pedagogical strategy that aims to qualify and improve the work process, incorporating teaching, health care, health management and social control as tools for changing the context in which we work [18]. EPS exists as a continuous educational process that takes place individually and collectively in order to achieve "a critical and creative practice" that is committed and technically competent [19,20].

In mental health, this strategy is fundamental in the process of consolidating psychiatric reform [20]. Mattos and collaborators [21] carried out a literature review on EPS in CAPS. Spaces such as courses, training, team meetings and the daily running of services were considered important in relation to EPS. Team meetings, in particular, were pointed out as spaces for recovering daily experiences in order to reframe them. They also observed that there is a great need for continuing education initiatives in mental health, mainly because many of the health professionals working in the services completed their degrees before the psychiatric reform process took place.

Experience and knowledge of mental health" is an element that is interlinked with the code "Inadequacy of the selection process". The qualification of mental health professionals is essential for the advancement and support of the Brazilian Psychiatric Reform, and the incipient investment in permanent education has a negative impact on the production of care [22,23]. This gap in the arrival of professionals who are unprepared for mental health care can be filled through curricular assessment in public tenders and selection processes, something that seems to have been implemented in the latest hiring method. Another option would be to promote training (which could be distance learning) for these professionals who have just arrived at the CAPS, in order to standardize knowledge in this area, since the possibility of service management choosing its own team members is not feasible at the moment.

Medicalization processes are strongly present in the practices and daily lives of many health services. Zorzanelli [24] states that a variety of subjects and situations can be the object of medicalization, such as "childhood, deviant behavior, pregnancy and childbirth, shyness, aging, masculinity, overweight, sadness, memory". It should be pointed out here that, although they mention medicalization as a concern, the process they refer to is closer to the concept of medicalization. This term refers to the use of medication as a response to a situation that is interpreted as a pathological problem, transforming facets of human experience into opportunities for pharmacological interventions 25,26. Guerini [27] differentiates the terms by explaining that medicalization is the first step taken, as it turns the most varied aspects of human existence into the object of medical knowledge. After the body has been cut up for state control, medicamentalization aims to sell this cut-up body to the drug industry [27].

It is necessary to reflect on what space the pharmacist would occupy in the process of medicalization. Fernando Freitas and Paulo Amarante [28] when discussing the difficulty users have in discontinuing the use of hypnotic medication, stated that doctors and pharmacists sometimes discourage their patients during the process. Almeida and et al [29] when studying the indiscriminate use of psychotropic drugs, stated that this phenomenon was related to the lack of medical-clinical follow-up, as well as the incipient role of pharmacists, who were often absent.

It should be emphasized that what makes the population see other possibilities for mental health intervention besides medication is the adequate supply of these possibilities. The production of medicalizing practices is not strictly dependent on the presence of a pharmacy, a pharmacist or a doctor, and it is possible to medicalize even in the absence of these elements. Attributing a benefit to a structural deficiency problem is a dangerous correlation.

Given these points, it is clear that pharmacists have been underutilized in services such as CAPS. When we look at the work process of pharmacists in the context of psychosocial care, the role of this professional has long been understood only as the one responsible for storing and controlling medicines within pharmacies, even though there are many other possibilities for action within the mental health field [30]. In this research, we realized that pharmaceutical professionals break this expectation as to which activities fall within their competence, and this breach of expectation is sometimes received with surprise by other professionals.

Permanent education spaces are a crucial tool in the process of changing practices in services. Pharmaceutical professionals are moving towards a practice that is increasingly focused on comprehensive care for people, but this change does not yet seem to have reached the other professional categories, which expect the pharmacist's practice to end with dispensing medicines. Given the difference in responses between managers with and without experience of working with pharmacists, it is clear that there is a need for training or better dissemination of the skills and abilities of this professional to managers and other health professionals so that they are not underused in CAPS and other services.

Soares et al. [31] state that the assistance provided by pharmacists lacks homogeneity and adequate dissemination, as well as the need to standardize the services provided by these professionals. International studies have explored managers' perspectives on the role of pharmacists and the quality of their services in community pharmacies, highlighting the importance of good communication skills among teams. These skills are essential for meeting users' needs and providing personalized information. It also highlights the importance of interpersonal skills as fundamental for community pharmacists, recommending that this topic be properly addressed in the training process for these professionals. [32–34].

Freitas et al. [35] cite managers' perception of the pharmacist's work as an element that impacts on the pharmacist's ability to carry out their clinical activities. He mentions that managers can sometimes consider pharmacists to be professionals whose presence is justified only to meet legal requirements (Law No. 13,021 of August 8, 2014 requires pharmacists to be present during all pharmacy opening hours). This perspective can lead to pharmacists being undervalued as clinical professionals, resulting in a low hiring rate for this category. Consequently, this situation can overload the pharmacist working in service [35]. Other studies indicate that the difficulties faced in pharmaceutical care include an excess of administrative activities, a shortage of human resources and limited access to medicines. Resilience is a highly valued quality among pharmaceutical professionals since, despite the relevance of the activities they perform, many managers still don't recognize the importance of their contributions to clinical practice [35,36].

In the field of mental health, the pharmacist, being a professional with a

great deal of knowledge about the most varied elements of medicines, is in a favorable position to occupy this space, in addition to the greater ease with which the population can access this professional, in the case of those who work in commercial/community pharmacies. Pharmaceutical care has great potential to contribute not only to the rational use of medicines, but also to promoting better therapeutic outcomes for users [37].

Alencar et al [38] discussed the reorientation of pharmaceutical care in the context of mental health through a literature review and document analysis. They saw the possibility of pharmacists working in mental health as participating in the selection of the most cost-effective drugs, providing scientific guidance, participating in the construction of clinical protocols and therapeutic projects, developing pharmaceutical dispensing, participating in home visits, among other possibilities. When we look at the research carried out that focuses on pharmacists and their practices, we can see the slow paradigm shift in the profession over the years, as well as the problems in their work, whether structural or in terms of training [30,39-42].

In addition to the possibilities for the pharmacist to work within the service, we can't ignore the fact that CAPS are services that also work "outwards". Pharmacists within the CAPS must be familiar with the organization of the Psychosocial Care Network in order to understand how the process of matrix support with the network's professionals takes place, and the functioning of other equipment in the health network, such as Community Centers, Mental Health Outpatient Clinics and Therapeutic Residential Services, for example, as well as knowledge of the territory where the service is located [43].

In view of the above, there is a need to better publicize pharmacists' skills and competencies. As previously pointed out, and observed in this study, the importance of pharmaceutical services still doesn't seem to be completely clear to managers, with Pharmaceutical Services being reduced to the binomial acquisition and distribution of medicines [43,44]. The possibilities for pharmacists to work in CAPS and in public health need to be discussed more openly, especially with regard to clinical activities. Experts in the field, together with the Federal Pharmacy Council, could study ways of disseminating this knowledge among health professionals, as well as to the population, such as short explanatory videos, pamphlets, infographics, etc.

With regard to future prospects for the field of mental health and the professional pharmacist, we suggest Multiprofessional Residencies in Mental Health as long-term impact tools. Residencies allow pharmacists to be trained in the field of psychosocial care, but they can also be a way of publicizing the fact that pharmacists can also be part of these services. In addition, it is important that the pharmacist's work is recognized in Ordinance No. 336 of February 19, 2002, which refers to the minimum CAPS team. This inclusion is of the utmost importance, since CAPS carry out daily drug dispensing activities, and this measure would facilitate the integration of pharmacists into these services.

Conclusion

From what was observed in the field and from the discussions promoted by these findings, it emerged that managers believe that pharmacists are professionals who can make a positive contribution to mental health services. However, it's important to

note that, especially among managers who don't have this professional on their teams, the importance of pharmaceutical services is still not fully understood. Pharmaceutical assistance is often limited to the acquisition and distribution of medicines. It is inferred that this view of dispensing as something outside the care process may be having an impact on the low number of pharmacists in mental health. It should be noted that there is a need to broaden the discussion on the role of the pharmacist - especially with regard to technical-assistance activities - in mental health, and in other areas of Public Health

One of the problems pointed out by management is the arrival of professionals who are unprepared for mental health care. This gap can be addressed by evaluating curricula in public tenders and simplified selections, a practice that has apparently been adopted in the most recent form of hiring. Alternatively, we suggest implementing a training program, which could be offered at a distance, for professionals who have recently joined the CAPS. The aim is to promote a standardization of knowledge in this area, especially considering that the choice of team members by service management is not feasible at the moment.

In the simplified selections and in the words of the managers, it can be seen that there is an appreciation of complementary training in the area of mental health. Therefore, there is a need to include pharmacists in the Multiprofessional Residencies in Mental Health. The residency covers the subject of psychosocial care in depth, as well as promoting experience of interdisciplinary work. By popularizing discussions about the pharmacist's competencies, it may be possible that the population and health professionals will also begin to demand the pharmacist's presence within the services.

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