



THE CARE INTEGRATED TO FAMILY AND COMMUNITY IN THE VIEW OF PROFESSIONALS FROM A PSYCHIATRIC HOSPITAL
O CUIDADO INTEGRADO À FAMÍLIA E COMUNIDADE NA VISÃO DOS PROFISSIONAIS DE UM HOSPITAL PSIQUIÁTRICO
EL CUIDADO INTEGRADO A LA FAMILIA Y COMUNIDAD VISTA POR LOS PROFESIONALES DE UN HOSPITAL PSIQUIÁTRICO

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ABSTRACT

Objective: to identify how the health professionals of a psychiatric hospital understand the integrated care access to the family and community. **Method:** this is a descriptive study of qualitative approach, performed in a psychiatric hospital in the interior of São Paulo/SP/Brazil, with 33 health professionals. Data collection was conducted through semi-structured interviews and analyzed by content analysis technique. The research project was approved by the Research Ethics Committee, under Protocol number 1056/2009. **Results:** from the analysis two categories were related << Family integration in the care of mental patients >> and << The community and the treatment of mental patients >>. **Final remarks:** community participation is still far from what is established by the psychosocial care model and health professionals identify fear and stigma as the main impairing elements in this process. However, they understand family as an importante link between the patient and the community and search for ways to keep them in contact with patients. **Descriptors:** Mental Health; Psychiatric Hospitals; Deinstitutionalization; Family; Social support.

RESUMO

Objetivo: identificar como os profissionais de saúde de um hospital psiquiátrico compreendem o acesso a um cuidado integrado à família e comunidade. **Método:** estudo descritivo, de abordagem qualitativa, realizado em hospital psiquiátrico do interior de São Paulo/SP/Brasil, com 33 profissionais da saúde. A coleta de dados foi realizada por meio de entrevistas semiestruturadas e analisados pela Técnica de Análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob protocolo n. 1056/2009. **Resultados:** a partir da análise dos dados, foram relacionadas duas categorias << A inserção da família no cuidado a pessoa com transtorno mental >> e << A comunidade e o tratamento da pessoa com transtorno mental >>. **Considerações finais:** a participação da comunidade no ambiente hospitalar ainda é distante do que é estabelecido no modelo de atenção psicossocial e os profissionais identificam o medo e o estigma como principais empecilhos para este processo, porém, compreendem a família como elo importante entre o paciente e a comunidade e buscam meios de mantê-la em contato com o paciente. **Descritores:** Saúde Mental; Hospitais Psiquiátricos; Desinstitucionalização; Família; Apoio Social.

RESUMEN

Objetivo: identificar cómo los profesionales de la salud de un hospital psiquiátrico comprenden el acceso a un cuidado integrado a la familia y comunidad. **Método:** estudio descriptivo de enfoque cualitativo, realizado en hospital psiquiátrico del interior de São Paulo/SP/Brasil, con 33 profesionales de la salud. La recolección de datos fue realizada por medio de entrevistas semi-estructuradas y analizados por la Técnica de Análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, sobre protocolo número 1056/2009. **Resultados:** a partir del análisis de los datos fueron relacionadas dos categorías << La inserción de la familia en el cuidado a la persona con trastorno mental >> y << La comunidad y el tratamiento de la persona con trastorno mental >>. **Consideraciones finales:** la participación de la comunidad en el ambiente hospitalario todavía es distante del establecido en el modelo de atención psicossocial y los profesionales identifican el miedo y el estigma como principales barreras para este proceso, sin embargo, comprenden la familia como conexión importante entre el paciente y la comunidad y buscan medios de mantenerla en contacto con el paciente. **Descritores:** Salud Mental; Hospitales Psiquiátricos; Desinstitucionalización; Familia; Apoyo Social.

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INTRODUCTION

Mental health policy supported by the of Brazilian Republic Constitution of 1988 proposes the paradigm change for the treatment of the person with mental disorders. It establishes the deinstitutionalization of these individuals and redirects the actions of treatment and rehabilitation to services for the community. Law 10.216 of 2001 provides in its 3rd article that “the development of mental health policy, and the care and health promotion actions against people with mental disorders are State’s responsibility, with due participation of society and family, which will be provided in the mental health facility, understood as institutions or units that provide health care to patients with mental disorders”.¹

In order to rethink and classify care in psychiatric hospitals in 2002 the Ordinance 251/GM was created, introducing rules and guidelines for hospital care in psychiatry, reinforcing the content of Law 10.216. These rules emphasize the fundamental role of the family in the therapeutic project of the individual and treatment in the community.²

The literature shows that the inclusion of the family in therapy, it is more effective to the individual, removes the guilt of the family about the disease and the disease process, and being relevant subjects in the rehabilitation reintegration and social process.³

The presence of an individual who suffers from mental disorder has an effect on the entire family and social context. Before the disease, many times the individual was able to contribute not only financially, but also for household chores. When there are changes in behavior, the family routine is overloading by the responsibility to take care of this individual, beyond the economic burden due to the impossibility of work and the patient and family detachment of social activities.⁴

In a study in Portugal,⁵ two different family groups were observed, a participant in the education program structured by hospital health professionals and a control group in which no action was applied. The results showed that in the first group there was a decrease in anxiety of the family involved, improving the general condition of the patient and stress reduction about discharge. In the second group, there were no significant changes in the final test from the initial, urging the importance of interdisciplinary work together with the family.

Based on the data of different studies the

importance of the family be considered as a group that needs support and guidance in dealing with the impact generated by the long-term psychological distress in your household is emphasized. Without the professional and institutional support, the family will likely continue feeling helpless and unattended, with no conditions to take care of mental patients in the family environment after discharge, and making unsustainable the proposal care of this individual in the community.

With the discussion directed to changes in treatment modalities for patients with mental disorders and the inclusion of the family in this process, modifications postures and roles of different members of the multidisciplinary team are necessary. It is time to reflect and question about how to prepare the patient and his family for their reintegration into society and continuity of care in the community.⁶⁻⁸

In this perspective, the social reintegration involves actions aimed to reinstate an individual to the social environment, considering the family, community and society.

It starts from the assumption that society (re)includes those individuals that it also excludes, through strategies in which these “excluded” have opportunities to express and positioning themselves, that is, not as mere “service objects” but as subjects who participate.^{9:2029}

This process can occur in several sectors of society through the school, work, community groups, health education groups, religiosity, being facilitated when there is support from the family.¹⁰

Therefore, mental health care should develop strategies to redirect care, guiding its actions of the institutional framework for the community, regionalized and focusing on social inclusion and integration of the individual and family involvement activities and strengthening the autonomy of mental disorders patients.

In this sense, it is important the role of the psychiatric hospital staff in promoting the participation of family members in the therapeutic project and preparing for continuity of care in the community. Considering this scenario, this study has the following aim:

- To identify how health professionals who work at a psychiatric hospital understand the access to a care integrated with family and the community.

METHOD

Article from the dissertation << Human Right to Mental Health: the comprehension of health professionals >>, presented to the University of São Paulo at Ribeirão Preto, College of Nursing. CNPq support.

This is a descriptive study with a qualitative approach, held in a psychiatric hospital, located in the State of São Paulo, in January 2011.

Health professionals participated from the study - physicians, nurses, nursing assistants, nursing technicians, social workers, psychologists, occupational therapists - who were part of the hospitalization process and direct care to hospitalized patients.

The choice of professionals as study subjects is due to their important role in ensuring the rights of patients. In this perspective, to ensure respect for the law, and that an integrated assistance to the family and community is provided, it is necessary that the professionals involved are permanently attentive to the rights of their patients as users of the health system.

The research project was approved by the Ethics Committee of University of São Paulo at Ribeirão Preto, College of Nursing, under Number 1056/2009. The subjects received information about the study aims being able to maintain the confidentiality and anonymity and signed the consent form (TCLE).

For data collection, the semi-structured interview technique in depth was used and recorded in digital media. This technique was chosen to explore a subject from the search for information, perceptions and experiences of the informants, analyzed and presented by the interviewer in a structure way.¹¹ It is considered very useful for descriptive studies that seek to map a situation or analysis of field describing and focusing given context. The semi-structured interview must come from a script-guide of questions which relate to the research interest. Thus, the professional interview guide was based on the study's objectives, focusing on the questions: What is the family participation in treatment? And in the community?

Besides the interview, the complementary participant observation in the triangulation methodology, contributing to the context of the study site enabling immersion in reality and closer ties with the study subjects. This technique is widely used in qualitative approach studies, proving or disproving the data obtained in the interview, as the reports of the subjects are not always compatible

with what is shown in their behavior. "In the participant observation, there is the opportunity to join the object to its context, opposed to the isolation principle in which we were formed".^{12:278} At this stage, the three essential stages of participant observation were followed:¹³ 1st) Researcher's approach to the study group; 2nd) Set overview of this group. This step was performed with the study of official documents; reconstitution of the group's history and place; observation of everyday life; survey of key people and not directed interviews with people who could help in the understanding of reality; 3rd) Systematization and organization of data.¹² The instrument used to record the observation work was the daily field.

For data analysis, the content analysis technique was applied by thematic categories.¹⁴ The categories were built according to the thematic that emerged from the text. The exploration of the material consisted of three phases:¹⁴ pre-analysis, in which data were transcribed and organized; the exploration phase of the material, where the data were organized into categories and subcategories themes, revised repeatedly and continuously coded. For coding, there was an exhaustive and repeated reading of the interviews and the cutouts representing meaning to answer the study objectives. Finally, the third stage was performed, treatment and interpretation of the results were analyzed with literature subsidize on the object of the study, and also the data of participant observation, culminating in the final considerations.

RESULTS

◆ Characterization of the study subjects

From the 92 health professionals working at place of the study, 33 agreed to participate, being five doctors, seven nurses, fourteen nursing assistants, three practical nurses, two social workers, a psychologist, an occupational therapist. Most were female (63.63%), married (51.51%), nurses (42.43%), working time of the profession of 1 month to 5 years (63.64%), with working time on the place of the study site from one month to 5 years (69.7%).

To preserve their identity, the study subjects were identified with an acronym and their interview number. The acronyms were: Nurse-N; Nursing Assistants-NA; technician Nursing-TN; Doctors-D; Social assistant-SA; Psychologist-P; Occupational therapist-OT.

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◆ Categories and thematic subcategories

Data analysis resulted in two categories and five thematic subcategories: a) The inclusion of families in the care of patients with mental disorders, whose subcategories are “The participation of the family as a fundamental factor for patient’s health improvement”, “Family abandonment and its consequences to treatment” and “Service strategies to ensure minimum participation of families in treatment”; b) Community and treatment to patients with mental disorders, with the subcategories: “The community’s role in social reintegration of patients with mental disorders” and “Prejudice to the person and mental disorder.”

◆ The inclusion of families in the care of patients with mental disorders

The person with mental disorders has the right to be treated with humanity and respect aiming at his recovery and also through family participation. Thus, the family before being considered as responsible for the mental illness, now has a fundamental role in the rehabilitation process and should act as a partner of the team, participating and supporting the patient during treatment.¹⁵

This category includes the interviewees’ statements about family participation in treatment. Three subcategories were identified: “The participation of the family as a fundamental factor for patient’s health improvement”, “Family abandonment and its consequences to treatment” and “Service strategies to ensure minimum participation of families in treatment”.

Family participation is considered by the research participants as a key factor for the improvement of the patient.

So family involvement is critical, it is impossible for you to improve the patient with psychiatric disorder without the participation of the family (N2).

Family participation is one of the most important because even if the patient get out of here as well, rehabilitated, if he is not well taken care of at home he will come back again, he goes back a very short period of time (N3).

Total, without the family, no way to treat him (NA17).

The rules for hospital care stipulated by the Ministry of Health of Brazil establish that hospital care in psychiatry in the SUS should offer, according to the particular needs of each patient, the family approach as a guidance to diagnosis, treatment program, hospital discharge and continuity of care. This specific and interdisciplinary treatment program should be developed in a consistent

way with the needs of each user and their family.²

Family participation in treatment and cooperation with the team are important for the user recovery, as a major component for the recovery of the person and the inclusion of his/her family in developing strategies (treatment) aimed at psychosocial rehabilitation. This participation makes the family the main stimulus to his/her social integration, allowing him/her to develop effective mechanisms to deal with any adverse effects and challenges that arise in daily life.^{16:133}

While highlighting the importance of the family in treatment, professionals also recognized that the family often does not participate effectively in the treatment at the hospital, being family abandonment one of the main difficulties in establishing a treatment program in which the family is included.

Not all, most of them bring the patient and then they do not even want to know, and sometimes they take the patient but not often. (NA19)

Because there are many cases of family abandonment, family wanting to let the patient hospitalized here and never come back. (N26)

Sometimes some families leave them here, leave and then patients are desperate wanting, wanting to see the family. (OT29)

There are patient abandoned by the family, then you have to work hard, social worker has to work hard, the doctor has to work hard, you have to work hard for them to come, for them to come to visit the patient. (NA17)

According to professionals, the strategy used by the service to ensure minimal participation of families in treatment is mandatory weekly visit. Thus, at admission, the family is informed that the patient should be visited at least once a week and if not, the patient can be discharged. Therefore, many times the family meets this “duty” to visit, just to avoid the patient discharge, not knowing that more than a visit, the patient needs support.

If someone has an example, which is here a week ago and the family still did not come to visit, and us, as we mark the constant visit we see, goes to professional social service, social service contacts with family and in any case they have to come. He must have a follow-up of the family, but it is very difficult, usually always they accompany, they always come at least once a week, always here right, the family. (NA31)

We even guides the family at the time of admission that they must visit at least once a week (N26).

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About this strategy, during the participant observation, it was possible to monitor the social worker in the care to patients when checking in the chart that the patient had not received any visits during the week, calling the families and asking them to go to the hospital for the visit, otherwise they would discharge the patient.

There are several factors that can lead to family abandonment. Given the difficulty of dealing with patients with mental disorders, the family usually sees the hospital as a way to rest and not just treatment.¹⁷

There are a lot of families that use here as a deposit, you know, they want to rest some of their relative so let's hospitalize him, so I do not know, but let's not condemn them as it is not easy to live with a person with a psychiatric problem, to be home there every day, I think it is a very sensitive issue. (D28)

In this context, an intervention by health professionals is necessary to take into account the life history of these patients and their families. Therefore, it is essential to fully understand the scenario in which the patients live, their needs and constraints of the family, to create family care strategies, informing and preparing them to collaborate effectively with professionals in the treatment of patients.^{3,15,17}

The success of the intervention and even family participation in treatment depend on numerous factors. Among the listed ones, there are the role of health professionals in establishing a relationship with the patient and his family.

Family participation depends a lot of the doctor, because if we ask for family to come to the hospital, including the family in treatment, they necessarily will have to participate. But if the doctor does not ask for such participation, at least here in the hospital they will not feel they should cooperate. So it important for doctors to ask for this collaboration than anything else. (D30)

After an evaluation of the families strategies when living with patients with mental disorders, researchers suggest the formulation of [...] plans aimed at giving assistance to these families, so they can better take care of the symptoms and treatments. It is important to better understand the patient's reactions and act in order to reduce the burden, improving the quality of life of everybody.^{18:56}

Working with families should encourage the subject to change for better quality of life, demanding that the health professional goes into topics such as the characteristics of the disease, the family structure and function and distribution of roles, considering the favorable

factors as relevant to the health-disease process and addressing community alternatives of care, supporting both the patient and the families.¹⁹

The inclusion of patients with mental disorders in the family and the support given to this family will provide social rehabilitation. Teaching the family to recognize and value the suffering, the needs and individual expectations in order to increase their autonomy are the basis of work to be done before hospital discharge and indicates the community options for this persons to work, and participate in leisure centers, community health services and family groups looking to value health promotion.²⁰

◆ Community and treatment to patients with mental disorders

This category is about the interviewees' speeches on community participation in treatment. Two sub-categories were identified: "The community's role in social rehabilitation of patients with mental disorders" and "Prejudice to the person and mental disorder."

Treatment should be aimed at recovering patients including them in the community, with the purpose of permanent social reintegration. Professionals recognize **the role of community in the social rehabilitation of the person living with mental disorders.**

Look the hospitalization regime, because the patient is closed here 24 hours a day. They will only participate in the community when they go home in the weekend, you know, he spends the weekend out of the hospital and when the patient has discharge because the patient will continue his treatment out there, and then yes, at that time the community has great importance because it will be when they will receive this patient. Here is a very reclusive right time, away from society and society generally has a very great prejudice against psychiatric patients right, especially the most serious cases, schizophrenia, bipolar disorder when he's in the outbreak, then at that time the community is very important, because then the patient has to be included there, he will go to restaurants, attend school, have his job, and often he is not accepted. (D30)

As noted in this speech it is a closed institution and the patient only interacts with the community during the licenses weekend, external tours and events organized for occupational therapy, and after discharge it becomes then more difficult to reintegrate them after hospital discharge..

The community is always related to the hospital during events, external tours, the

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financial assistance to the hospital. (N1)

Therefore, in the place of the study, the community is part of the external environment and mainly participate through donations and volunteer work.

The community helps, they participate by donating for telemarketing, some of them come to to pray, a religion is prayer, it is the ones who come to visit, this type of collaboration. (NA5)

For the participants, the exchange with the community is scarce because there is great difficulty in including them in the process of care and rehabilitation of people with mental disorders due to prejudice against the person and the mental disorder.

The community out there thinks the psychiatric hospital, thinks, sees the psychiatric hospital as a crazy thing, you see a person speaking he was admitted at a psychiatric hospital, who does not know that here there is treatment, they think it is something crazy, you know? But it is not. (NA11)

So if you see the community, there is a certain prejudice against psychiatric hospitals. (NA13)

The community life and the constant presence of the family, besides being a right, also are extremely important in the treatment and improvement of the patient.^{18,21-22} Current law recognizes that every person with a mental disorder should have the right to live and work, as far as possible, in the community.²³ Several documents of the World Health Organization state that the resources, attention and treatment should strive to keep people with mental disorders in their communities. So increasingly admission in any of its forms, should be the last means to be used in treatment.²⁴⁻⁵ However, there is still a strong community prejudice against the mental disorder, most of the time because of stigma and myths.

Community participation is very limited, because the hospital is not so known by the community, society and there is a mystical, ignorance of the very large mental health then we do not have a contact, a great support from society in the treatment of this patient. (D33)

Stigma results from a number of factors by which certain individuals and groups are made to feel excluded, ashamed and even discriminated. Discrimination includes any distinction, exclusion and reduction or loss of the equal enjoyment of human rights.²⁶

Protection against discrimination is necessary because it can affect many areas of life of the discriminated person, may influence the access to treatment and

appropriate care, employment and education, thereby exacerbating the mental disorder.^{25,27} This protection is a fundamental obligation of human rights expressed in various international instruments such as the Universal Declaration of Human Rights (1948), the International Covenant on Civil and Political Rights (1966), the International Covenant on Economic, Social and Cultural Rights (1966) and the Inter-American Convention on the Elimination of all Forms of Discrimination against People with Disabilities (OAS, 1999). This one has as objective to prevent and eliminate all forms of discrimination against people with mental or physical disabilities and promote their full integration into society.^{25,27}

Outside, sincerely, the community does not respect a lot, especially when the person has a higher degree of dementia in psychiatry. When it comes to schizophrenia many people are afraid, you know, because sometimes there appears in the paper, patient, man with schizophrenia killed the mother and the son, so people already have, I think [...], they look different and I think they have a right, how can I say [...], a bias you know, a certain prejudice still regarding the psychiatric patient, especially when they use drug. People cannot make mistakes, even once, and they will miss the rest of their right life. (NA32)

In an experience report on the community's perception about the assistance to patients with mental disorders, it is noteworthy that the modification process of the way to see the mental disorder is slow and difficult.²⁸

Solidify new models, concepts, values, ways of thinking and acting constitutes a challenge, because every day society reinforces attitudes as assaults, take them to the far, prejudice, fear, or rejection of everything that is an exception. The new services show that more than the dismantling of the macro-hospital you need to disassembly mechanisms of beliefs, values and knowledge that perpetuate the brutality of this exclusion model.^{28:111-12}

Moreover, "the crucial question of deinstitutionalization is a progressive return to community responsibility towards their patients and their conflicts."^{29:325} There is an attempt to find another social place for mental disorder in our culture, demystifying it and preparing the community to receive and live with the persons with mental disorders and their disease.^{20,25,29}

To ensure alignment with the assumptions of the psychosocial care model, it is necessary that the hospital care work together with community-based services, seeking to offer to

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their users the exercise of citizenship, autonomy, social reintegration and also including family and society in the discussion of changes in the psychiatric reform.^{30:1413}

FINAL CONSIDERATIONS

Community participation in the hospital environment is still far from what is recommended by the psychosocial care model and the professionals identify the fear and stigma as the main obstacles in this process. However, they understand the family as an important link between the patient and the community and look for ways to keep it in contact with the patient.

The paradigm change in mental health requires professionals to reflect on their actions as a multidisciplinary team, and they occur in harmony with other professionals. Therefore, it is important to emphasize the process of hiring and training these professionals to welcome and develop intervention strategies that are able to understand the reality of the family and the individual with mental disorders.

In this sense, the active health professionals in psychiatric hospitals has an important role as facilitators of the rehabilitation process, aimed at health education for subsequent inclusion of the individual in society. This educational proposal should focus on the exploration of aspects and specific features of the disorders, the individual failure of the demystification and its danger, worked in individual and family environment and also in the implementation of educational initiatives with community services.

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