CONTEXTUAL ASPECTS OF FAMILY PARTICIPATION IN PSYCHOSOCIAL CARE CENTERS

ASPECTOS CONTEXTUAIS DA PARTICIPAÇÃO DA FAMÍLIA NOS CENTROS DE ATENÇÃO PSICOSOCIAL

ASPECTOS CONTEXTUALES DE PARTICIPACIÓN DE LA FAMILIA EN CENTROS DE ATENCIÓN PSICOSOCIAL

Kalyane Kelly Duarte de Oliveira¹, Clara Tavares Rangel², Clecio Andre Alves da Silva Maia², João Mário Pessoa Júnior³, Rafaela Leite Fernandes², Francisco Arnoldo Nunes de Miranda⁴

ABSTRACT

Objective: analyze the contextual aspects of family participation in the Brazilian psychosocial care centers (CAPS). Method: critical essay, using the databases MedLine, LILACS, and SciELO. The selected material was analyzed and discussed in the light of the theoretical framework provided by Hinds, Chaves, and Cypress. Results: the results found were categorized into subthemes through various contextual levels: in the Immediate Context, working with families at the CAPS in Rio Grande do Norte, Brazil, is described. In the General and Specific Context, the triad mental illness, family, and CAPS is discussed. In the Metacontext, the psychiatric reform is discussed. Conclusion: family participation in mental health services is a challenge that is far from being transposed and the CAPS emerge in the mental health system as a valid strategy in order to overcome this challenge. Descriptors: Mental Health; Professional-Family Relations; Psychiatric Nursing.

RESUMO


RESUMEN

Objetivo: analizar los aspectos contextuales de participación de la familia en centros de atención psicossocial (CAPS) de Brasil. Método: ensayo crítico, utilizando las bases de datos MedLine, Lilacs y SciELO. El material seleccionado fue analisado y discutido a la luz del marco teórico proporcionado por Hinds, Chaves y Cypress. Resultados: los resultados encontrados se clasificaron en subtemas a través de diferentes niveles contextuales: en el Contexto Inmediato se describe el trabajo con familias en los CAPS en Rio Grande do Norte, Brasil. En el Contexto General y Específico se discute la triada enfermedad mental, familia y CAPS. En el Metacontexto se discute la reforma psiquiátrica. Conclusión: la participación de la familia en servicios de salud mental es un desafío que está lejos de ser transpuesto y los CAPS emergen en el sistema de salud mental como una estrategia válida para superar este reto. Descriptores: Salud Mental; Relaciones Profesional-Familia; Enfermería Psiquiátrica.
INTRODUCTION

As a result of advances in the Brazilian Health Reform and Psychiatric Reform, the process for deinstitutionalization of mental health patients and the gradual implementation of rather open health services, such as the Brazilian psychosocial care centers (CAPS), day care hospitals, and therapeutic homes stand out. Through these changes, subjects who once lived isolated in psychiatric hospitals can now rely on treatment closer to their relatives and the community where they live.¹

The psychiatric reform is set as an effective change process in mental health care, marked by challenges that seek strategies to replace the asylum model, social reintegration, and family support as co-participant in mental health care. The changes that took place shed some light on the need for work involving user, family, and health team, considering the territory as spaces of living, feelings, education, which open feasible ways to implement the partnership in mental health care.²

The deinstitutionalization of people with mental disorders requires a network of services capable of providing the individual and her/his family with support to ease the difficulties faced on a daily basis, and interventions within the family environment should be included in the routine of mental health services.

Among these needs, the CAPS are cited as devices in the mental health network that can support the patient and her/his family. The relevance of this network derives from the difficulties faced to insert families in the mental health services and the difficulty of families to deal with mental health patients in the households.

The framework provided by Hinds, Chaves, and Cypress was used to discuss the theme at four different levels: Immediate Context, whose focus is the present time; Specific Context, regarded as the singular and unique knowledge, encompassing the immediate past and significant features of the current situation; General Context, characterized by the life framework, identified by a person through her/his interpretations constructed by means of past and current interactions; and the Metacontext, a knowledge source socially built that operates on a continuous basis, from a socially shared perspective.³

The relevance of this discussion is grounded in the idea that family participation in mental health services, especially at the CAPS, is a complex issue that requires a multiprofessional and inter-institutional approach and awareness about the need for interconnecting the current resources and services to face the problems, thus fulfilling the health reform’s goals.

This article aims to analyze the contextual aspects of family participation in the CAPS.

METHOD

This is a descriptive study, a critical reflective essay, which aims to bring the researcher closer to the literature addressing the phenomenon.⁴

The bibliographical sources accessed to support this study were publications printed in book form, as well as online searches on the databases MedLine, LILACS, and SciELO.

The search for bibliographic data occurred in October 2014, by grouping the descriptors family caregiver, mental disorder, and deinstitutionalization. Articles available online in full text for free were included, published in Portuguese, English, and Spanish, in the aforementioned databases. The exclusion criteria adopted were: editorials; letters to the editor; articles that do not address a theme related to the objective of this research, prefaces, and book reviews.

After selecting the materials, the various contexts of the theme were analyzed in the light of the theoretical framework provided by Hinds, Chaves, and Cypress, so that the studies found were interconnected into subthemes, according to the conceptual perspective of each context.

The results were categorized into subthemes through various contextual levels: in the Immediate Context, working with families at the CAPS in Rio Grande do Norte, Brazil, is described; in the General and Specific Context, the triad mental illness, family, and CAPS is discussed; and in the Metacontext, the psychiatric reform is discussed.

The division of contextual levels is set as a pedagogical resource to understand the phenomenon under discussion, but it is explained that the contexts are intertwined, highlighting the reality of this phenomenon from an immediate scenario until a major scenario.

RESULTS

♦ Immediate Context: working with families at the CAPS in Rio Grande do Norte
The first step in working with families is encouraging people involved in mental health to change for a better quality of life, thus demanding the dip into themes such as conceptualizations in mental health, structure, and family’s function and role distribution, regarding as relevant the favorable factors in the mental health-disease process.3

We must see as an objective image of psychosocial care the development of territory-based actions taken by various professional categories, and thus pay special attention to the institutionalization of people with mental disorders in the CAPS. Emphasis should lie on the team’s ability to connect to the territory, establishing relationships with community services, since the aim is a network of relations between subjects - people who listen and care.6

It is agreed that, in the health reform process, family involvement in the care for patients with mental disorders requires the acquisition of skills that may, at first, change family routines. However, such responsibility of a family member regarding the patient is also positive, because in addition to deepening their relationships, the family member becomes a partner of the health team in order to provide mental patients with care, playing the role of facilitator in actions taken to promote mental health and adapt the individual to her/his environment.2

Society, as well as families, are poorly prepared and supported to embrace mental patients, there is still a gap between the health care provided and the health care aimed by mental health services.6 It is known that, just as it happens to family, health professionals must also acquire skills, believe in this partnership, and see that family adaptation is a process, it is not stable or easy. This requires that professionals show perseverance, willingness, and technical ability to promote such adaptation. Moreover, the work must be shared between team and family, something which requires sharing responsibility and commitment to achieve a comprehensive care for a patient with mental disorder.2

Regarding this point of view, it is claimed that we may believe deinstitutionalization only happens through effective family participation, and this is an indispensable event for the psychiatric reform.7

Family participation and inclusion in the treatment and monitoring provided to mental patients represent a new context of practices and knowledge, which are recognized as worthy of analysis and reflection.8

When talking about the service attitude towards a family, providing care when a family member asks it is also needed to deal with this family, but this does not constitute a strategy to adapt the family to mental health care, it only shows that the team remains open to provide care.9

Family inclusion is put into practice by sharing responsibilities related to the comprehensive care provided to a patient with mental disorder, this is a primary condition to enable a coherent inter-relationship with user and family needs.2

In relation to the reality of family participation at the CAPS in Rio Grande do Norte, there are difficulties so that a family adapts, due to: little interaction and closeness to health professionals at the services; uncertainty that health professionals have the knowledge needed to care for mental disorders; unawareness and lack of access to health services; work overload generated by a case of mental disorder in the family, with change in family routines and arrangements, in addition to social stigmas.

Family is superficially included in mental health services, and occasional actions are aimed at it, such as sporadic meetings and home visits.

It is worth noticing, among the facilitative work strategies at the CAPS, the creation of groups, workshops, home visits. There is a need to establish dynamic discussion chains between professionals, patients with mental disorders, and their relatives, in order to set the mental health education and inclusion network.

Even in face of the strategies and creation of a mental health care network as advocated by the Ministry of Health, the services offered within the health reform field, despite the existence of principles for the organization of professional practices and values, are not homogeneous between health teams at the CAPS in Rio Grande do Norte.

We also observe an emerging need for closeness between the workers and the family as a requirement to establish partnerships that give support to actions aimed at education, prevention, treatment, rehabilitation, and inclusion.

This first approach to the contextual level regarding family participation at the CAPS in Rio Grande do Norte is particularly relevant if we consider the other aspects of the challenge to put into practice mental health care in the light of the premise of good-quality access and follow-up/treatment under the public policies on mental health,
particularly the principles and guidelines of the Brazilian National Health System (SUS) and the Brazilian Psychiatric Reform.

* General/Specific context: mental illness, family, and the CAPS

Family is historically determined by social and cultural nuances, based on kinship relations, it is one of the key institutions in society. It is pointed out as essential for the survival of individuals and also for the protection and socialization of its members, for transmission of the cultural, economic, and patrimonial capital, and for gender and solidarity relations between generations. Th

Family organization also involves family relation to the mental patient. In the institutionalization of madness, taking individuals away from their social and family environment became a premise of the treatment proposed at that time, because family was regarded as a cause of illness, further reinforcing the need for isolation as a therapeutic measure. Either from a negative viewpoint, as a factor of development and maintenance of mental disorders, or from a positive viewpoint, as a therapeutic and health promoting factor, family influences the treatment of a mental patient. Such an influence is caused by the type of family arrangement, the emotions and expectations expressed by the family in relation to a mental patient. Due to the multiplicity of factors cited as an influence, as well as of people involved in mental health care, family stands out due to its role of caregiver and because it is often the patient’s link to the world.

Studies on the family role gained visibility in the 1950s and they were exacerbated after the onset of the psychiatric reform; with the changes in mental health care, the family view also changed, it becomes a health care agent, a study object, there are different opinions on it, according to its relation to a mental patient. Thus, in these views it is worth noticing: the family seen as another resource, as an intervention strategy; the family as a place of feasible interaction for a mental patient, but it is not the only or compulsory one; the family as sufferer, in need of care and social support; the family as an agent of political and collective action, builder of citizenship and assessor of health services.

Family participation is discussed with regard to the CAPS as a crucial instance within the networks for prevention and treatment of mental disorders, either at the primary care level, i.e. a gateway to the health care system, capable of referring a mental patient to specialized services, or as a follow-up service.

Based on the psychosocial model, the CAPS recommends, as one of its goals, the deinstitutionalization, proposing a set of devices that enable the construction and adoption of new perspectives of life and subjectivity, focusing not only on mental disease diagnosis and prognosis, but on the complexity that involves an individual in her/his psychic dimension and relations to the environment where she/he lives. In order to achieve the objectives of this new way of thinking of mental health, an individual cannot be segregated from the family.

The specific context of actual participation of families in the CAPS is outlined through a metacontext, the psychiatric reform that brings new organizational settings to mental health services.

* The Psychiatric Reform and the opening of mental health services

The asylum system persisted long as the basis of treatment in mental health. This model was grounded in regarding a patient as a social threat and in treatments that resorted to techniques such as electroshock and convulsive therapy. This view of abnormality lasted for nearly two centuries and in the early 20th century there came the first questions regarding abnormality and exclusionary medical practices, a crucial step towards reviewing the paradigm that segregated madness, depriving a mentally ill patient of her/his citizenship.

Through these notes and considering the influence of the health reform, the psychiatrist reform emerged in Brazil in the 1970s. It promoted a change in the then current health care models and management. The year 1978 may be regarded as the beginning of the social movement for the rights of psychiatric patients in Brazil.

People advocated a new way of thinking of the health/mental disease/health care process only after the advent of the Psychiatric Reform. Replacing the conception of disease by the existence of suffering got stronger, with appreciation of providing care and adopting the territory as a social space of constant pursuit of full exercise of citizenship.

Over the years, the deinstitutionalization process was enhanced by programs aimed at reducing the number of psychiatric beds, among these, CAPS, the Brazilian psychosocial context.
care nuclei (NAPS), the interaction centers, and the therapeutic homes. Currently, there is an advanced psychiatric reform process, marked by discussions, deadlocks, and challenges that pervade the replacement of the asylum model, social reintegration, as well as the organization of new strategies for mental health care.

The deinstitutionalization of mental patients took place without considering the family, society, and exclusion. In Brazil, there was a dismantling of psychiatric hospitals in order to save financial resources, with no planning of an alternative and good-quality network capable of meeting all the needs for mental health and lacking a preparation of society and family to the inclusion of mental patients. The CAPs were multiplied but their function was distorted, they became a hybrid that no one can define as a primary, secondary, or tertiary health care device.16

Thus, the psychiatric reform process is shaped having advances and limitations as a basis, it is certain that the new mental health care services have to be organized into a network for resuming the users’ citizenship, assigning meaning to family participation in the treatment, and demystifying madness along with the community.1 The general context of the psychiatric reform and the opening of mental health services refers to thinking of the metacontext of mental disease and family throughout history.

**FINAL REMARKS**

This study provided reflections on family participation in the CAPS at the various contextual levels, enabling a wider look at the need of breaking with the asylum model, which leads to the exclusion of mental patients, generating lack of care and segregation.

The analysis of contextual levels identified relevant aspects related to the history of mental illness and its relation to family and changes in policies and services, which contributed to set the current political and social scenario of mental health care.

It was observed that family participation in mental health services is a challenge that is far from being surpassed and the CAPS emerge as a valid strategy to overcome it.

Thus, we hope to contribute to the understanding of changes in the Brazilian mental health context, especially regarding family participation in the CAPS and the deconstruction of the asylum apparatus, resistant to the implementation of the mental health care network.

**REFERENCES**


Contextual aspects of family participation...


Submission: 2016/03/15
Accepted: 2016/08/12
Publishing: 2016/09/15

Corresponding Address
Kalyane Kelly Duarte de Oliveira
Rua Melo Franco, 1285
Bairro Bom Jardim
CEP 59618-750 — Mossoró (RN), Brazil