FEELINGS EXPERIENCED BY USERS, RELATIVES AND WORKERS OF A PSYCHOSOCIAL CARE CENTER

RESUMEN
Objetivo: apreciar los sentimientos de los usuarios, familiares y trabajadores de un Centro de Atención Psicosocial acerca del cuidado en salud mental. Método: estudio de campo, de cunho qualitativo. Participaron 10 usuarios, 10 trabajadores y 10 familiares. Fue utilizada la entrevista semiestructurada con la siguiente pregunta << ¿Qué representa el cuidado en salud mental?>>. Las verbalizaciones fueron sometidas a técnicas de análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, sobre el Protocolo nº 06541547-7. Resultados: después del análisis, surgieron dos categorías << Representaciones sobre la relación entre trabajadores/usuarios/familiares acerca del cuidado en salud mental >> y << Expresión de sentimientos >>. Los sentimientos fueron relacionados a la propia cuestión de la enfermedad mental y a la interacción entre sujetos, promoviendo la resocialización del portador del trastorno mental. Conclusion: las entrevistas revelaron las representaciones, los límites y las posibilidades ocasionadas por la enfermedad mental, lo cual hace parte del proceso cuidar en salud mental. Descriptores: Salud Mental; Servicios de Salud Mental; Reabilitación.

ABSTRACT
Objective: understanding the feelings of users, relatives and workers of a Psychosocial Care Center about the mental health care. Method: It is a field study, with qualitative nature. The study had the participation of 10 users, 10 health workers and 10 relatives. We have used the semi-structured interview with the following question << What do you think about the mental health care? >>. The utterances were subjected to the content analysis technique. The research project was approved by the Ethics Research Committee, under the Protocol nº 06541547-7. Results: after analysis, two categories have emerged << Representations of the relationship among workers/users/relatives about the mental health care >> and << Expression of feelings >>. The feelings were related to the issue of mental illness itself and to the interaction among the subjects, by promoting the rehabilitation of the mentally ill patient. Conclusion: The interviews have unveiled the representations, the limits and possibilities occasioned by the mental illness, which is part of the mental health care process. Descriptors: Mental Health, Mental Health Care Services, Rehabilitation.
INTRODUCTION

The study has allowed us to observe the way in which the interaction among the health worker, patients and relatives takes place in the process of mental health care, since the individual is understood as the protagonist of the treatment and is inserted in a family group, which is also served by the health care service.1

Given this context, the activities of the Psychosocial Care Centers (CAPS) include the family care and are committed to the social insertion of the user. For the development of practices, the rehabilitation makes use of relational and dialogic aspects, among others, welcoming, listening and bonding. Accordingly, the actions developed in mental health care services are grounded on the aforementioned aspects.2

The Psychosocial Care Center is an open and community health service that offers specialized care to people suffering from severe and persistent mental disorder, with or without a history of admission to a psychiatric hospital, severe neurotic and dependent on psychoactive substances; such a center serves a clientele of adults, children and teenagers.

The narrower focus of the CAPS is on the user and its relatives, so that it becomes essential to understand the complexity and subjectivity of the individual that is in psychological imbalance, in order to assist in the discovery process in a less painful way of self-expression for both parts.3

The actions and the services of the Brazilian Unified Health System (SUS) integrate a regionalized and hierarchical network; constitute a single, organized and decentralized system, with a single management in each sphere of government, by providing a comprehensive care, from the prioritization of preventive activities (without prejudice to care actions) and with popular participation.

In CAPS, users are assisted in a daily care regimen. The treatment takes place through individual and group attendances, as well as by means of therapeutic workshops that search for social inclusion through the citizenship development.

In other words, they are community services aimed at taking care of people who suffer from mental disorders, especially with severe and persistent disorders, in their coverage area. These centers must comply with some basic principles, among which they are responsible for the welcoming of 100% of the demand of patients with severe disorders within their territory, by assuring the presence of a responsible professional throughout the period of operation of the unit (technical shift) and develop a friendly therapeutic ambience in the service that might include pretty unbalanced patients who cannot follow the structured activities of the unit.

The care is evidenced in every moment of the human life, by revealing itself during the exchanges: interaction and relationship. By considering that the human being is exposed to various risks of contact with the society or the environment, it should be noted that the care is essential for the life maintenance.

Regarding the care, it is necessary that professionals to reflect about what is important when the care is conducted: whether it is the development of techniques or it is the assistance to the individual not to lose its dignity, when he is sick. Caring of life in a more intense way means to realize the histories of each one, since they hold the best meanings.4

By considering that the production unit of services is not a isolated professional, but the staff; that the narrower focus of care is not only the individual, but the family and its surroundings; that the interventions to provide the health care should be sustained by the knowledge that encompasses the biopsychosocial determinations of the health-disease and the care, by the autonomy and accountability of professionals towards the users, families and community; health care becomes a central feature of a collective and complex work, where the interdisciplinarity, as well as the multiprofessionality are necessary factors.5

People who search for health care in public services come with the expectation of a quick and safe care, by seeking for the health improvement and care quality, for example, being welcomed and informed, as well as having a humanized care.

The psychosocial rehabilitation, as care technology in the context of the psychiatric reform, seeks to rescue the potentiality of communication production, relationships and bonds with the users of mental health services It is redefined as a know-how that allows us to consider the mental disorder as another data of the subject’s history: a subject who lives in a given territory, who establishes social relationships, who is part of a certain family and who carries a psychiatric disorder.6

In this context, the rehabilitation is presented as a proposal of the CAPS to take the carrier of mental disorders to the society and to the family. Given this, we aimed at understanding the feelings of users, relatives...
and workers of a Psychosocial Care Center about the mental health care.

METHODOLOGY

It is a field study, anchored in the qualitative approach that was chosen because it allows the understanding of the experiences with their subjective aspects involved in the reactions and the behaviors of the investigated subjects.6

The research field was a Psychosocial Care Center, which is located at the Regional Executive Secretary IV, Fortaleza/CE/Brazil. The survey was conducted from July to October 2007. The choice of CAPS, to the detriment of other mental health services, was due to the nature of work of psychosocial rehabilitation, which was used as a strategic device for the deinstitutionalization.

The study participants were 10 users, 10 relatives and 10 employees from the Psychosocial Care Center at the RES IV. The inclusion criteria for users to participate in the research were: participating in activities in the CAPS for more than six months; and being able to answer the questions. The relatives to be part of the research had to meet the following condition: being caregivers of users who were undergoing treatment in the CAPS.

The technique chosen for the deepening of the subjective questions was the in-depth interview. The interview for workers was comprised by the following question: What do you think about the mental health care? The interview for users and relatives addressed the following questions: what do you know about mental health care? How do you represent this care? Talk about this care.

The analysis of the data seized by these tools was conducted in an interactional and dynamic perspective among them and among the “seeing”, the “hearing”, the “thinking” and the “acting” of the individual and its social context. Although there is a prediction on the number of interviews required for sampling saturation of a survey, a certain degree of imprecision or approximation concerning the optimal number of components seems to be inherent in this technique. The exact point at which it occurs will be defined, evidently, when there is confirmation about the information redundancy.7

As to the utterances resulting from interviews, they were analyzed by means of the thematic categorial content analysis technique. Content analysis is a set of analysis techniques of communications that aims to obtain, through systematic and objective procedures to describe the content of the messages, quantitative indicators or not that allow the inference of knowledge related to the production-reception condition (variables inferred) of these messages.8

The content analysis technique covered the following steps: formation of the corpus, fluctuating reading, composition of units of analysis, coding and cutouts, categorization and description of the categories.9

The subjects were informed about the research objectives and those who agreed to participate had their anonymity assured, as well as the possibility to withdraw from the study at any time. Those who agreed to participate received detailed information about its purpose and signed the Free and Informed Consent Form (FICF).

The research was approved by the Ethics Research Committee from the Universidade Estadual do Ceará, under the protocol no 06541547-7, being that we have respected all ethical aspects related to researches involving human beings, according to the Resolution 196/96 of the National Health Council, Brazilian Ministry of Health.10

RESULTS AND DISCUSSION

Analyzing how the relationship among users/relatives and mental health workers in the CAPS is relevant to achieve a qualitative and humanized care. By realizing the affective links, the effective attendance and the treatment, we can reflect on the positive aspects in mental health care in the alternative services. Thus, the categories were prepared and probed with the literature.

- Category 1 - Representations of the relationship among workers/users/relatives about the mental health care

The relationship among workers and clients/family in the CAPS follows the order of deinstitutionalization, through which the subject leaves the subject-object condition, taken by the isolation arising from the psychiatric institution, for becoming subject-actor, participating in decisions-making about the treatment, the operation of the CAPS, mental health legislation, in short, informed about its rights.

But only with their help here, I have reduced the amount of medication, otherwise, I could not live any longer, when the effect goes away, half a day was gone, and I not spend 24 hours at home (Jodo, 37 years, user).

The professionals love us; they really love us, although we are in this condition. I have experimented this care, the professionals...
are good, do therapy with a psychologist, I get medications (Ananias, 37 years, user).

For users, these relationships were considered important in the CAPS, due to help to express feelings involving love of neighbor and the mental health care. Accordingly, the gesture of offering the hand and the fact that one feels comfortable to talk with the client demonstrate that these people are prepared to use therapeutic communication, since the acceptance and the emotional involvement are part of the same.¹¹

In the workers’ speeches, it was found the focus on the participation of the carriers of mental disease in the treatment, rehabilitation, feelings of feeling, hearing, welcoming, receiving and caring, in a more humanized relationship.

Then, I think, firstly, we have got to have a different attitude before the life, before a person in psychological distress, in mental suffering, and believe that this person, regardless of being carrier of a disorder, she is able to go beyond; therefore, she is who will set the limit to where it can go, she won’t be held by the prejudices that we have...the health care is to be open to receive that person who seeks us here at the CAPS; having a very ascertained listen, not to lose our ability to further hear; our ability to feel, and with that placing our knowledge at the mercy, i.e., in service of this person who is looking for us, never put this theory in front, I think that the person who joins is faster admitted, brings her theoretical word that will be holding these tasks (Inês, 34 years, worker).

I see that the staff is concerned in relation to the performance with the patient, with the welcoming method,... with escorts, worries about the entrance and exit, there is training for it, to be more qualified with regard to this issue of the user, treats them well, treatment, so and so, goes through the reception, goes to the consultation, goes to pharmacy, and we do everything possible to serve them well (Lucas, 21 years, worker).

The welcoming as a way to assist, to care for and to treat the patients well, was reported in the speeches as a concern of the users of the CAPS. The welcoming has a key role in the network of conversations that constitutes a health care service, by occupying everywhere and by having the function of receiving and interconnecting one conversation to other one, thereby connecting the different spaces of conversation and providing the worker-user meeting in any of these conversations.¹²

The ascertained and therapeutic listening, which was highlighted in the first worker speech, was crucial in the meeting among the subjects, nonetheless, it should be emphasized that to deeply listen, it is necessary to go beyond what is being said, one needs to ask and repeat with its own words what was heard to make sure that the listen intensely happened. Before a humanized relationship, in which there is respect and appreciation, the listening is configured as part of the care, and through it is possible to understand the life stories of people carriers of mental suffering and build an assistance based in the uniqueness.¹³

So I guess so: “everyone treats her well, I arrive, i.e., no one gets angry due to her silly questions, because she asks several times.” (Bruna, 47 years, relative).

I treat them with love and affection here; isn’t it, Paulinha (user).

Both patients and caregivers, you can see this situation too, but it doesn’t work, you treat the patients well and being ignorant with their companions, it makes no sense (Pedro, 37 years, worker).

Here it is important; the care is good, I am well assisted in the CAPS, for them and for everyone (Sara, 38 years, relative).

The meeting among user/relative and mental health worker enriches everyone, when they value attitudes, feelings, support, bond and welcoming. Furthermore, the user and the family perceive these attitudes.

• Category 2 - Expression of feelings

The feelings experienced by the subjects emphasized the affective links and the health care among people who have participated in the daily life of the CAPS.

The world is built from emotional ties, being that the feeling is the basic dynamics of the care. The care consists of transpersonal efforts from human to human, in order to protect, promote and preserve the mankind, by helping people to find meaning in situations of illness, suffering and pain, as well as in the existence itself.¹⁴

♦ Subcategory 1 - Love and fondness

The representations have unveiled a care coming from someone who loves. It is believed that in situations of caring, we learn to be more loving: the love enhances the ability to care. In this context, the love refers to the behavior.¹⁵

The interaction among the subjects involves the care, accompanied by love and fondness. I have the greatest love and fondness for the girls who live here, I have a very great respect and I help them; here, the things only work if the patients want; they do everything, but if the patient doesn’t want, nothing is gonna be alright (John, 37 years, user).
We need to have a lot of love, because if we don’t have love or tenderness for them, we cannot keep them well, since we try to keep them in the best possible way. So I guess the love depends on all things, love, comprehension and respect. So I think the respect and the love make me keep them well, still walking pretty clean (Sara, 38 years, relative).

The care is based on respect and love for others, whose actions are guided by the acquired knowledge.15

♦ Subcategory 2 - Respect

When caring for a patient, it is necessary for the professional to gaze him like a human being, with its basic needs affected, in a weakened condition, therefore, deserving more respect and attention.16

The respect towards the carriers of mental disease was described by the relatives, who have perceived them as human beings, by respecting their status of deficiency.

Today, he is respected, Mr. Gumercindo likes to talk about the life, did you know... (Bruna, 47 years, relative).

First, you got have to have a lot of respect to them; we have to respect their shortcomings. Respect them in the way that they are, as human beings (Sara, 38 years, relative).

♦ Subcategory 3 - Fear of returning to the hospital

The fear of returning to the hospital was characterized by suffering of the relative and of the carrier of mental disease.

He’s very afraid of the hospital, has no solution, after these various attempts to kill itself (Marta, 40 years, relative).

[...] I’m afraid of him going to the hospital, because simply: both he suffers and I suffer. That’s not easy, I suffer at the time to visit him, I suffer in time to stay there; so, if it takes a lot of time inside, I think something happened to him (Anna, 60 years, relative).

The psychiatric device works on the most widespread spaces, which have the main concern of promoting the exercise within the asylum, by taking this environment as a null place of exchange.17 The main operations performed in asylum practice were related to the social isolation, the establishment of order in the asylum, as well as the arbitrary relationship between the professionals and the residents through ongoing surveillance.

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The working process of the CAPS eases these relationships, values the social, the participation of people and the rehabilitation of the individual, but some prejudices are still rooted by the family and the society; such a fact was realized during the interviews by the difficulty of insertion in the labor market, as well as by other prejudices faced by the carrier of mental diseases and by the family itself.

Moreover, other relevant aspect about the mental health care is the family participation, which was revealed from the results as important factor for the rehabilitation of the mentally ill patient, but also exercising this care in the form of overload. Accordingly, the mental health policies should be more directed to the families and the mentally ill patients.

REFERENCES


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