



## FAMILY PLANNING OF WOMEN WITH MENTAL DISORDER: VIEW OF NURSES AND DOCTORS

### PLANEJAMENTO FAMILIAR DE MULHERES COM TRANSTORNO MENTAL: OPINIÃO DE ENFERMEIROS E MÉDICOS

### PLANEAMIENTO FAMILIAR DE MUJERES CON TRASTORNO MENTAL. OPINIÓN DE ENFERMEROS Y MÉDICOS

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#### ABSTRACT

**Objectives:** to analyze behaviors of nurses and doctors when counseling women with mental disorders, to identify the factors which interfere in these conducts and lift professionals to improve the referred care. **Method:** field study with a qualitative approach conducted with 28 nurses and 14 doctors from Fortaleza/Ceará/Northeast of Brazil. The data production was collected through interviews and the results were organized by the Technical Content Analysis. This study was a research project approved by the Research Ethics Committee, Protocol n. 225/09. **Results:** the professional conduct proved adequate and inadequate. The factors interfering in professional behavior were: restricted variety of contraceptives, routine prescription and technical uncertainty. Contributions from participants included: sufficient number of community agents, matrix support and family involvement. **Conclusion:** it is necessary to invest in matrix support of nurses and doctors of primary care, expanding appropriate practices in counseling patients with mental disorders. **Descriptors:** Family Planning; Primary Health Care; Mental Health Assistance; Women; Health Professionals.

#### RESUMO

**Objetivos:** analisar condutas de enfermeiros e médicos no planejamento familiar de mulheres com transtorno mental, identificar os fatores a interferir nessas condutas e levantar contribuições profissionais à melhoria do referido atendimento. **Método:** estudo de campo, com abordagem qualitativa, realizado com 28 enfermeiros e 14 médicos de Fortaleza/CE/Nordeste do Brasil. A produção dos dados ocorreu por meio de entrevista e os resultados foram organizados pela Técnica de Análise de Conteúdo. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 225/09. **Resultados:** as condutas profissionais mostraram-se adequadas e inadequadas. Os fatores a interferir nas condutas profissionais foram: restrita variedade de anticoncepcionais, rotina de prescrição e insegurança técnica. Contribuições dos participantes incluíram: número suficiente de agentes comunitários, apoio matricial e envolvimento familiar. **Conclusão:** é necessário investir em apoio matricial de enfermeiros e médicos da atenção básica, ampliando condutas adequadas em planejamento familiar de mulheres com transtorno mental. **Descritores:** Planejamento Familiar; Atenção Primária à Saúde; Assistência em Saúde Mental; Mulheres; Profissionais da Saúde.

#### RESUMEN

**Objetivos:** analizar la conducta de enfermeros y médicos en el planeamiento familiar de mujeres con trastorno mental, identificar factores que interfieren en estas conductas y levantar contribuciones profesionales para mejorar el referido atendimento. **Método:** estudio de campo, con un enfoque cualitativo, realizado con 28 enfermeros y 14 médicos de Fortaleza/CE/Nordeste de Brasil. Los datos de producción fueron recolectados a través de entrevistas y los resultados fueron organizados por la Técnica de Análisis de Contenido. Este estudio fue un proyecto de investigación aprobado por el Comité de Ética de la Investigación, el Protocolo n ° 225/09. **Resultados:** las conductas profesionales demuestran ser adecuadas e inadecuadas. Los factores que interfieren en las conductas profesionales fueron: restringida variedad de anticonceptivos, rutina de prescripción e inseguridad técnica. Las contribuciones de los participantes incluyeron: número suficiente de agentes de la comunidad, apoyo matricial y la participación familiar. **Conclusión:** es necesario invertir en el apoyo matricial de enfermeros y los médicos de atención primaria, ampliando conductas apropiadas en el planeamiento familiar de mujeres con trastorno mental. **Descriptor:** Planeamiento Familiar; La Atención Primaria de Salud; Asistencia de Salud Mental; Mujeres, Profesionales de la Salud.

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## INTRODUCTION

Backed on Law n. 9.263, of January 12<sup>th</sup>, 1996, the services of Family Planning (FP) should ensure the inclusion of women with mental disorder, as recommended by the National Policy for Integral Attention to Women (PNAISM) Health without discrimination of any kind and without imposition of personal values and beliefs.<sup>1-2</sup>

Despite the conceptual advances in mental health policies and FP, which are inclusion of women with mental disorder, a study in the Health System of Fortaleza, with 255 women attending a Center for Social Assistance - CAPS identified demand for assistance in designing and arising out of that target audience contraception, as well as similar to most users of public health services reproductive profile, showing that women with mental disorders have sexual activity, desire motherhood, have contraceptive practice and exhibit reproductive risks such as general female population.

This study added that assistance to the FP group researched proved precarious, since the history of the contraceptive practices of women pointed inappropriate professional behavior as an indication of contraceptives, the use of which requires self-control, as well as the realization of tubal sterilization without consent woman.<sup>3</sup>

Whereas no study has addressed this reality, in the municipality of Fortaleza-Ceará/Northeast of Brazil, from the point of view of primary care professionals, this research aims to fill this gap by seeking to know how it is being perceived by Basic Care Professionals. For this, the following questions were developed:

- How doctors and nurses of the Family Health Strategy have attended women with mental disorder in the field of FP?
- Which aspects would be to hinder and what could improve this service?

To answer these questions this study aims to:

- ♦ Analyze behaviors of nurses and doctors when counseling women with mental disorders.
- ♦ Identify factors to interfere in these ducts and lift professionals to improve care of that contribution.

## METHOD

A field study with a qualitative approach performed in Basic Health Units (BHU), belonging to the Regional Executive Secretary (RES) II, the city of Fortaleza-Ceará/Northeast

of Brazil, from September to November 2009. The referred RES has 11 UBS distributed in nine of its 21 districts.

Participated in the survey 42 professionals (nurses and doctors), of the 11 BHU, chosen by the willingness to participate in the day that the interviewer was present in their BHU, being excluded those who had less than one year of experience in primary care and care in FP.

Data were produced from September to November 2009, through recorded interviews, which followed a semi-structured script containing questions open to meet the proposed objectives and closed professionals that addressed the participants demographic data and questions. Each form was coded by the letter P (Professional), followed by the serial number of the interview. After transcription of recordings, speeches were analyzed by steps of content analysis technique proposed by Minayo: Pre-analysis, material exploration and processing of results and interpretation.

The study was approved by the Ethics Committee in Research of the Federal University of Ceará, in accordance with paragraph 226/09 protocol. Participants after they were informed verbally about the study objectives and its general aspects signed consent form agreeing to participate voluntarily, being given the assurance of anonymity.

## RESULTS

Of the 42 professionals interviewed, 28 (66,7 %) were nurses and 14 (33,3 %) physicians, being 34 (81,0%) female and 8 (19,0%) males. The largest number of nurses was expected, since some FHS teams of the municipality have no doctors. The age ranged between 26 and 56 years old, with an average of 41 years old and standard deviation of 21.21. Therefore, the group was composed of adults.

The percentage of 24 (74,1%) professionals had received some kind of training for FP and only 13 (31,0%) had received training in mental health. Training on FP (Family Planning) addressed the particularity of mental disorder to only one (2,4%) participant, showing little integration between the themes, which may reflect in technical preparation to deal with the specifics of the FP of women with mental disorders. It is observed, therefore, the need for expansion of training in these two areas of knowledge, from the perspective of the

actions in FP, being comprehensive needs of women with mental disorders.

The professional conduct shown to be adequate: the importance of attention to the FP of women with disorder, concern about drug interactions between psychotropic and hormonal contraception, maternal psychological distress and child care; indication of the contraceptive method that does not require women's control, the promoting responsibility partner at FP; surveillance with sexual abuse and to care without discrimination, and inadequate: restricted to psychopathological condition care, inadequate FP carrier schizophrenia conduct; exclusion of women with the disorder shares FP.

Factors interfering in professional behavior were institutional (restricted range of MAC; routine prescription of hormonal contraception) and professional (technical uncertainty to meet the cases). Contributions from participants included: reducing the number of families for FHS staff; sufficient number of community for staff, training in mental health, provision of contraceptives; matrix support, educational groups and home care, family involvement, supervised administration of contraceptives.

## DISCUSSION

### ♦ Behavior of nurses and physicians facing the demands of FP of women with mental disorder

Of the professionals interviewed, 21 (50,0%) had received some service demand in FP of women with mental disorder, indicating that a real demand in primary care. Regarding the professionals who had not received such a demand, it asks: would the "exclusion" of these women from Family Planning actions, consequent to the way of being seen as "asexual", "unable to perform roles in this field" and many others emanating from family, professionals and society in general?

In this regard, P15, nurse, three years in primary care relates:

*First, we have to work our own prejudices, then the prejudices of sexuality and mental disorder. As with the elderly, people find that patients with mental disorder are asexual, and it is not so. (P15)*

Study conducted in Rio de Janeiro and Minas Gerais, showed negligence in the care of the sexual practices of women with mental disorders, suggesting the need for an intersectoral actions thought in perspective, in order to promote the sexual health of these

women, strongly marked by exclusion and the social helplessness.<sup>5</sup>

The conduct of doctors and nurses were organized into appropriate and inappropriate, taking as a basis the recommendations of the FP Act and Psychiatric Reform.

### ♦ Conducts appropriate to demand

Appropriate professional behaviors were evidenced by the importance given to the FP of women with mental disorders, the concern of the psychotropic drug interactions with oral contraceptives, the use of psychotropic drug during pregnancy and/or breastfeeding, the child care compromised by maternal psychological distress for the appropriateness of contraception, by partner involvement in contraceptive use, the sexual vulnerability and the care without discrimination.

The importance of FP for women with mental disorders was highlighted by P 12, a nurse with 13 years experience in primary care.

*I have granted women with mental problem and noticed the importance of PF. It is important for women to have the number of children with the reality that she has to promote a minimum quality of life for the child. (P12)*

This testimony is changing, because he perceives the patients with mental disorders, with a focus on inclusion and respect for their sexual and reproductive rights, or completeness of health. In contrast, there are few studies that address the interface between mental health and the health of the woman.<sup>6</sup>

Drug interaction between psychotropic and hormonal contraceptive is a peculiarity of these women FP, which was pointed out by P12, P23, P29, P31 and P33.

Psychotropic medications are contraindicated during pregnancy and breastfeeding, so when women need to stop using, are more susceptible to crisis. Thus, the prescription of psychotropic drug during pregnancy especially in the first trimester should be performed only in an emergency. This thread has been highlighted by a nurse with 5 years acting in primary care

*Cared for a patient who had depression and could not breastfeed because the CAPS psychiatrist advised that she did not breastfeed due to antidepressant medication she was taking. Prescribed a contraceptive and referred her to the first consultation with the medical PF. (P29)*

We observe, therefore, the lack of health professionals on psychopharmacological treatment in this period of a woman's life. However, these professionals must have

domain to deal with psychotropics during pregnancy and/or breastfeeding based on the principle of risk assessment versus benefits.<sup>6-7</sup>

The Food and Drug Administration (FDA), which controls the use of drugs in the United States, drugs classified into five categories (A, B, C, D and X) in ascending order by the risk level. Psychotropic medications for use in pregnancy and breastfeeding, mostly, are classified in categories C and D, prescription and prescription risk of high risk, respectively. Therefore, pregnancy is presented as complex for the psychiatric patient and her fetus, reinforcing the importance of actions aimed at FP that target audience.

Child care compromised by maternal psychological distress was a concern highlighted by P2, nurse, 13 years old in primary care:

*Children are harmed when their mothers have disorder and are not controlled by medication. The fragility of the mother, the child care is worrisome, the child is harmed. (P2)*

This aspect can be overcome by effective participation of the partner and/or family to care for the child as well as the proper adherence of the disorder, avoiding deep crises.

Display MAC, whose use is independent of the feminine self, was emphasized by P11, P17 and P18 as pertinent to the care of these women PF. P17, nurse, four years in primary care narrated a case that well illustrates this behavior:

*We're doing the matricial with a patient who does not want more children. We tried condoms but the partner did not want and on the tablet, I realized she has a tendency to forget. So the IUD was indicated. (P17)*

The involvement of the partner in contraceptive practice was reinforced by P20, P38 and P41, since some disorders compromise the ability of cognition and decision-making by women. P20, nurse, three years in primary care, said:

*Assuming that she has a mental disorder, it is not enough for the knowledge that we might place on cognition, needing support, it would be a family member or someone responsible for it. When we talk about FP, our attention would not be directed to it, would be directed to the responsible patient. (P 20)*

The sexual vulnerability of women with mental disorder was brought in speech P18, nurse, 10 years in primary care:

*I picked a woman that her mother wanted forwarding HGF [a general hospital] to see if he could lead, because the staff took advantage [referring to sexual abuse*

*towards his daughter] and she could not control because it disappeared from home. (P18)*

P34, nurse, 15 years in primary care said:

*I have a patient who was raped. (P34)*

This reality is experienced by families whose patient suffers from, severe chronic disorder, for which sterilization is indicated. Because they are considered less able to exercise the acts of civil life, in such cases, the patient may be subjected to a process of interdiction or guardianship, by which loses some of its autonomy, as a citizen, being represented by a curator, general person in your family.<sup>8</sup>

As for the care of mentally FP disorder women be offered without discrimination, P2, nurse, 13 years in primary care, said:

*We offer guidance to them, like a normal woman, taking care of the proper language to her reality and making the bond that she believes in you. (P2)*

This approach is appropriate because it focuses on P2 which is used appropriate language and it is established bond with these patients, however one cannot deny the specifics of these women FP.

#### ◆ Conducts inadequate to demand

The misconduct of professionals was evidenced by the attendance focused only on psychopathological condition, neglecting issues relating to PF.

The statements of P1, nurse, 10 years in primary care, and P2, nurse, 13 years in primary care, respectively, describe the focus of attention solely on the psychopathological picture:

*They come from CAPS to the demand of mental health and are already so many problems that you cannot have a look at PF. (P1)*

*No team has looked at this issue [referring to the attention PF] was good you [referring to the interviewer] speak, because now we reinforce that part. (P2)*

Inadequate testimonials, as well as inattention to attention to FP, to strictly focus on psychopathological condition, which hinders the professional sexual and reproductive issues are verbalized, right guaranteed under existing mental health policies and health of women, but still denied in practice.

P30, nurse, three years in primary care, described his experience of attending a patient with schizophrenia:

*An employee of my team has schizophrenia and the second child the family wanted to do tubal ligation, because the ideal in these cases is to do just that, after all how many*

*times it goes back to having intercourse? And a person who cannot afford taking an oral contraceptive. (P30)*

This professional answer seems exclusionary and stigmatizing. It is necessary that the health care team in CAPS intersectoral partnerships established with the primary care in order to facilitate the socialization of patients and thereby demystifying professionals on issues that go beyond the psychopathological condition such as sexual and reproductive aspects.<sup>7-8</sup>

P23, medical, three years in primary care, said:

*It is practically without the FP of women with mental disorder, it is difficult to have access to post and sometimes the family leaves and isolated themselves due to the problem that does not care about the FP.*

That statement refers to the result of 50% of the professionals have done some service to the PF of women with mental disorders. This is not consistent with the proposed inclusion advocated by psychiatric reform and, in particular, in this case, one must consider the family and/or fellow support. On being hard to access these women to basic health care changes are needed because the gateway to mental health care for the health system is the ESF. Aspect "... the family leaves isolated ...", is an unacceptable situation, as it is for the ESF teams in partnership with CAPS removing those persons from confinement and include them in social life and daily routine of health services. And when P23 says "[...] themselves [referring to women with mental disorders] due to the problem that do not care about family planning", realizes the need to inform them about the importance of PF because as stated before, are women who, in general, have sex life and therefore are susceptible to pregnancy.

The redirection of mental health care model proposed by Law 10.216/01, runs through health promotion, with participation of the family and society; treatment should be assisted by a multidisciplinary team, with the constant aim of reinserting psychiatric patients society.<sup>9-10</sup> Basic health care is essential to minimize the user demand for specialized services, such as CAPS, configured as a real possibility on the number of people who suffer from mental disorders and that can be served on its territory, with people in their social circle around her.<sup>11</sup>

#### ◆ Factors that affect care PF of women with mental disorders in primary care

The restricted range of MAC available in primary care compromises the quality of care PF, since the agent remains viable options to

promote free choice of MAC or provide the safest and most appropriate method for the patient. The IUD, for example, is a method of choice for women with a mental disorder, it is highly effective, does not require self-control and does not interact with psychotropics, but as P2, nurse, 13 years in primary care, this is one of the methods that lack in service:

*We show all methods, but offer only those who have. For example, a year ago that has IUD. (P2)*

P41, medical, 3 years in primary care, highlighted the lack of training and expertise in the field of mental health, underscoring be a "complex" area:

*[...] Was not a very strong disorder, but anything above that would be complicated by our lack of training. The lack of knowledge of psychiatric illness leads to a diagnosis wrong and you will not be able to tell what the patient can use if her understanding is correct. I think the psychiatric patient too complicated. (P41)*

The importance of vocational training was reinforced in the speech of P25, nurse, 10 years in primary care:

*I had a distorted view of mental health. After a course I did, I deal with this issue more calmly. (P25)*

The routine of the nurse necessarily referring patients with mental disorder to physician prescribing hormonal contraceptives may constitute a barrier to access to the user MAC. Nurses are responsible to inform the customer about the MAC, supporting it in contraceptive choice and prescribe the MAC. The prescription of hormone anovulatory authorized nurses to primary care in the city of Fortaleza, based on the Law of Professional Nursing Practice (Law no. 7.498/86) and the Ordinance. 85/2007 of the Municipal Department of Health 12 However, when dealing with a chronic case, the use of psychotropics, it would be prudent to obtain the matrix support.

The experiences of matrix mental health teams are under construction in Fortaleza. The implementation of matrix support is a challenge in the management of Mental Health Policy in the country in the coming years. This support will enable the co-responsabilization cases through joint discussions of each case and multidisciplinary interventions, increasing the solvability of demands and thus reducing the demand on high complexity in mental health services.

Whereas FP is allocating attention to basic care and not the CAPS, but that attention to women with mental disorder may request the support of specialized staff in mental health

highlight the recommendation of the Ministry of Health in its document "Health mental Health and Primary Care: the bond and the necessary dialogue" in which it states that the shared accountability of cases excludes the routing logic, it aims to increase the response capacity of health problems for the local team.<sup>13</sup>

#### ♦ Contributions of nurses and primary care physicians to foster FP care of women with mental disorders

New activities are incorporated into the ESF, continuously, causing certain areas do not receive the expected attention. From this perspective, four professionals suggested the reduction in the number of families per team, to encourage closer monitoring of the needs of these women, since this is a group that needs individualized attention to PF.

Two professionals pointed to the guarantee of the desired number of ACS, since these are the ones who have contact with families in their homes and therefore higher chances of identifying women with mental disorder who need follow-up PF. In the cover being insufficient or nonexistent by ACS, the identification and recruitment of this population may be milder.

Nine proposed professional staff training, including ACS, to cover the topics of FP and mental health associates, in order to discuss the specifics of care in this area and thus demystify the ducts professionals that represent barriers to appropriate care. In this sense, the matricial was recognized by two professionals as an important to solving the demands of PF of women with mental disorder, relevant contribution strategy as it is a methodology that favors closer FHS teams and in support of CAPS user and strengthening technical performance in the FHS.

Research conducted in Maceió-Alagoas, pointed articulation of the ESF with the key to meeting the health demands of the mental disorder CAPS, enabling the patient to transit within the basic health services, thus avoiding unidirectional service.<sup>14</sup>

However, what is observed, yet, is the difficulty of inserting patients with mental disorders in primary care services, revealing deficiencies in services related to insufficient training in the healthcare team, as well as the lack of tools and support organization for the resolution and/or referral of identified problems and/or demanded by this target population.<sup>15</sup>

Two professionals showed the need to be offered a wider range of MAC at UBS, because the little variety and woman requires the

professional to maintain the use of the method that is available, even if not suited.

In the case of women with mental disorder, the use of oral contraceptives should be done with caution because it is a self-administered method, health professionals should assess the ability of the user to take responsibility for the daily and taken at the regular time. In these cases, the involvement of the partner and / or a family member is critical.

P40, doctor, 4 years in primary care suggested that CAPS own offer attention to FP, highlighting the difficulty of access and care of these patients in UBS. However, this contribution contradicts the proposed organization of primary care and the determination of the FP be a priority action of this level of attention.

Two professionals believe that attention to this group should be individualized, but it can work and educational groups that care is extended to the family, conducting home visits, an action that leads to understanding family dynamics.

One participant stressed the importance of the caregiver understand that the intention of the trader is to protect the patient's decision on issues concerning sexual and reproductive health. Thus, the caregiver needs to be guided how to sexual and reproductive rights of women with mental disorder.

P38 nurse eight years in primary care proposed a follow-up FP supervised by ACS, as is done in the care of patients with tuberculosis and in case of complications. This idea as another strategy may be thinking, but should be reserved for cases in which no family or community support person is available. The viability could be tested, without losing sight of the need to train and expand the ACS.

#### FINAL CONSIDERATIONS

The study demonstrated the need for additional training of nurses and doctors in the FP area versus mental health. It is suggested that professional behaviors analyzed here, the recognized factors as barriers attention and contributions, can guide discussions in the field of FP of women with mental disorders and promote changes in the practice of nurses and doctors who work in this area of care, the to include women with mental disorder considering its particularities.

It is therefore necessary to invest in the training of nurses and primary care physicians, glimpsing the promotion and expansion of

appropriate conduct in FP of women with mental disorders.

## FINANCING

CNPq. Public Notice MCT/CNPq/CT-Health/MS/SCTIE/DECIT Paragraph n. 33/2008 - Mental Health. Procedure: 575129/20085

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