Mental health care for the elderly...



ORIGINAL ARTICLE

MENTAL HEALTH CARE FOR THE ELDERLY: THE NURSE'S PERCEPTION CUIDADO DE SAÚDE MENTAL À PESSOA IDOSA: PERCEPÇÃO DO ENFERMEIRO CUIDADO DE LA SALUD MENTAL EN EL ANCIANO: PERCEPCIÓN DEL ENFERMERO

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ABSTRACT

Objective: to understand the perceptions of nurses working in primary health care on mental health care for the elderly. Method: this is a qualitative, descriptive and reflective study. Data was collected through a semistructured interview and systematic observation and analyzed from the perspective of the Content Analysis technique. Results: emerged the categories << The daily life of care directed to the elderly in primary health care >> and << Fragilities and barriers to the practice of psychosocial care >>. Conclusion: it was understood that nursing care in mental health to the elderly in primary care is centered on the disease and not on psychosocial care, presenting several weaknesses and barriers to their effective practice. Descriptors: Mental Health; Old Man; Primary Health Care; Collective Health; Comprehensive Health Care; Nursing.

Objetivo: compreender as percepções dos enfermeiros atuantes na atenção primária à saúde sobre o cuidado de saúde mental à pessoa idosa. Método: trata-se de um estudo qualitativo, descritivo e reflexivo. Coletaram-se os dados por meio da entrevista semiestruturada e observação sistemática e analisados sob a ótica da técnica de Análise de Conteúdo. Resultados: emergiram-se as categorias << O cotidiano do cuidado direcionado ao idoso na atenção primária à saúde >> e << Fragilidades e barreiras para a prática da atenção psicossocial >>. Conclusão: compreendeu-se que o cuidado de enfermagem em saúde mental à pessoa idosa na atenção primária é centrado na doença e não na atenção psicossocial apresentando diversas fragilidades e barreiras para a sua prática efetiva. Descritores: Saúde Mental; Idoso; Atenção Primária à Saúde; Saúde Coletiva; Assistência Integral à Saúde; Enfermagem.

RESUMEN

Objetivo: comprender las percepciones de los enfermeros que actúan en la atención primaria a la salud sobre el cuidado de la salud mental en el anciano. Método: se trata de un estudio cualitativo, descriptivo y reflexivo. Se recolectó los datos por medio de la entrevista semiestructurada y observación sistemática y analizados bajo la óptica de la técnica de Análisis de Contenido. Resultados: se han emergido las categorías << El cotidiano del cuidado dirigido al anciano en la atención primaria a la salud >> y << Fragilidades y barreras para la práctica de la atención psicosocial >>. Conclusión: se comprendió que el cuidado de enfermería en salud mental a la persona anciana en la atención primaria se centra en la enfermedad y no en la atención psicosocial presentando diversas fragilidades y barreras para su práctica efectiva. Descriptores: Salud mental; Ancianos; Atención Primaria a la Salud; Salud Colectiva; Atención Integral de Salud; Enfermería.

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INTRODUCTION

It is noticed that the Brazilian population has undergone a demographic transition by the growth in the number of elderly people, the without political and preparation for this new demographic profile. It is seen that this shows the need for public policies, especially health, since the elderly are part of a group that is more likely to become ill.1

It is understood that, with this increase in life expectancy and the number of elderly people, it is necessary to follow up the search for improvement and maintenance of health and quality of life, since the deficiency of information about the health of the elderly is still in addition to its challenges, such as the implementation of a policy improving the quality of life as the population ages. It is considered by the National Health Policy for the Elderly (NHPE) that successful aging can be understood according to the lower probability of illness, high physical and mental capacity, and active engagement with life.2

The Family Health Strategy (FHS) is defined as a responsible strategy to organize the entire system of Primary Health Care (PHC) with power to contribute to the improvement of the quality of life of the elderly person, emphasizing the physical and mental. It is observed that this is also possible by the reflection that the Psychiatric Reform has provoked on the construction of new ways of dealing with people who are suffering mentally. It is considered that this reflection, strengthened by the Psychiatric Reform, also directed new looks to the population showing the need to create bonds, considering the family as a care unit, having knowledge about the territory and creating alternatives for intervention.3

It is observed that, once the elderly is the focus of PHC, it should be seen as a subject that is in society and a social group. It is seen that with this, the assistance directed to the health needs implies an attention focused on the daily life of the elderly. It is considered that the planning of nursing actions should be rethought according to the priorities of this population.4 It is understood that when health problems are said to exist, a health problem can also be a mental health problem. In this context, the approach to PHC with mental health, such as the valorization of the territory as a focus of care, the family nucleus as a target of health actions, the prioritization of the host and the bond, among others, to perform the care in health.5

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gap in the teams' inability to adequately address the psychosocial needs of the population of their territories important, as it refers to the mental health care of the elderly in the FHS. This attention is of great concern, considering that this age group presents specific needs that are by characterized their chronicity complexity, which strongly interfere in their quality of life and demand adequate care. It is thus seen that mental health problems have received attention. 6 Common Mental Disorders (CMDs) are a significant part of the problem of mental illness in the elderly, since they are characterized by a set of symptoms including insomnia, forgetfulness, anxiety, others.

MTCs, although not as serious as psychotic disorders, can be represented as a major public health problem due to the high prevalence and serious effects on personal, family, work, and health care use.⁷

It is revealed that the object of this study is relevant and original, particularly for understanding the biopsychosocial changes that occur in the aging process, and it is expected that the elderly will be targets of attention in health services, with PHC being one of the resources offered for health promotion.

OBJECTIVE

• Understanding the perceptions of nurses working in primary health care on mental health care for the elderly.

METHOD

It is a qualitative study8, descriptive and reflective. Two health units of the FHS of the municipality of Floriano, in the State of Piauí, Brazil, were studied. This research was directed to six nurses with at least two years of professional practice. Data was collected through semi-structured interview techniques and systematic observation between June and August 2015.

The analysis and analysis of the information from the Content Analysis was carried out in a descriptive and reflexive perspective that enabled reflection on the subjects' experience in mental health care.9 The analysis was made through the reading of the material horizontal, transversal and the creation of sense nuclei that were grouped in categories and, in the sequence, the information contemplated in the observations organized with a view to broadening the understanding of the phenomena.

It is evidenced that the study is in accordance with Resolution 466/2012 of the

National Health Council and obeys the ethical and legal precepts and the standard of research that involves human beings. The research project was submitted to the evaluation, approved by the Human Research Ethics Committee of the Federal University of Piauí (UFPI) through opinion number 900.605.

RESULTS

It should be emphasized that the results from the data analysis enabled the elaboration of two thematic categories that address how the nurses working in the FHS perceive the care practices developed in the elderly with mental disorders. The categories:

- 1) The everyday care of the elderly in primary health care.
- 2) Fragility and barriers to the practice of psychosocial care.

It is revealed that care practices for the elderly with psychic illness are organized through consultations, home visits and educational activities that are sometimes permeated by listening to users' health needs and, on the other hand, by the centrality in exams and procedures, which reduces the potential of care centered on the subjectivities and singularities of users.

DISCUSSION

♦ The daily life of care directed to the elderly in primary health care

It is noteworthy, about the day-to-day care directed to the elderly in PHC, that seeks to bring to the discussion the reality of the health units related to the practice of psychosocial care for the elderly, having as nurses the main mediators of this care. It is seen that in the face of the need for care in psychological physical, and the dimensions, it is in the FHS that the elderly see an alternative to resort to health services. However, these offered services still follow a biomedical vision, as can be perceived in the speaches.

[...]we do that general evaluation in the Nursing consultation, focused more on the clinical complaints of the elderly, to see if there is any disease. Physical examination and blood pressure measurement and blood glucose test. We do not focus much on psychological assessment. (E2)

[...] there, they are divided into the programs of hypertensive, diabetic and people with higher and lower cardiovascular risk. We subdivide this way. (E3)

In the agenda, it has, once a week, to attend five elderly people with mental illness; in this consultation, we basically monitor the medication, any change in the Mental health care for the elderly...

picture we send to the Center for Psychosocial Care (CAPS). (E1)

The biomedical model is focused on the diseased body or some deficiency of a certain part of the body, which is the object of intervention and not considering the subject as a whole. It is seen that the fact that professionals focus on the disease, in addition to a fragmented care, shows that this vision still exists in health services. 10 It is considered in this sense that the nurse, as a member of the FHS professionals, also suffers the influence of this model, and therefore, when developing actions with the elderly in the FHS, Nursing needs to overcome the gaze centered on the complaints and injuries presented, broaden their professional view recognizing that health is a result of context and living conditions, access to services, the environment (physical and cultural) and lifestyle.4

It is encouraged that, like any other person, the elderly person needs care about their health not just physically. It is seen that the elderly present specific physiological, psychological and social fragilities arising from the losses that occur throughout life and make them susceptible to changes in health status, and their problems are characterized by diversity, chronicity and complexity.¹¹

It should be noted from the observation that the elderly person is not the target of care related to their mental health, not considering their psychosocial characteristics, being the disease the main focus of attention, such as systemic arterial hypertension and Diabetes Mellitus. within the program disregarding HiperDia, their social characteristics, family interpersonal relationship, their fears and concerns, their anguish, their questions about the change of loneliness, cognition, autonomy, dependence or independence for activities, etc. ., because all these factors can influence the elderly to develop some psychic suffering.

It should be emphasized that the health professional, especially the nurse, needs to have a new look focused not only on the disease, but its functionality, since the health of the elderly person can not be restricted only to the control and prevention of chronic diseases and not but also physical and mental health should be taken into account, together.¹²

It is necessary, in the holistic view practiced by the nurses, to attend to all the patient's needs and for this, one must have interest, affection, love and attention to the other, defining care as an interpersonal

interaction where it is necessary to be human, besides therapeutic.

It stresses, contrary to this new view, that care is based on the programmatic actions advocated by the Ministry of Health, whether individualized or collective. It is seen that it is a "package of activities and groups", already defined and established, where one does not seek to observe, in a singular way, the elderly person in their real needs and, yes, that there is a "menu" of services offer where the elderly should fit.

We have individual and collective activities that the Ministry of Health advocates such as groups of caregivers, hypertensive groups, diabetic groups. These meetings are held once a month. That's the way we work with the elderly here [...] he has to fit in with this offer of activities. (E4)

It is emphasized that this clinical vision that still persists in Nursing primary care professionals, not taking into account the psychosocial factors of the elderly that needs their care, makes it go unnoticed all those details that can lead the elderly to develop a disorder mental. It is seen that if they were perceived and given adequate intervention, there would be great scope for these disorders to be followed early, and thus an interruption would be interrupted for severe psychic However, when suffering. perceiving emotional and affective changes, the professionals, in the main, only carry out the referral to the specialists.

Here at the health facility you have the general practitioner, but generally, when you find a more specific picture, we tend to refer you to a doctor or a professional who is more specific to that pathology. In the case of osteoporosis, it is for orthopedic; from heart problem to cardiologist, and so on; the neurologist, he goes to the neurologist doctor and, if he is mental, he directs the psychiatrist. If you do not have it here, it is up to the general practitioner to know how to put it in [...]. (E6)

It is also possible to show that several factors can be associated with the possibility of developing some psychic suffering, such as the destruction of the central nervous system, some comorbidities, illnesses that cause disability, abandonment and or treatment, drug dependence, economic factors such as unsatisfactory retirement, loss of loved ones, among others. 13 It is important to note that it is fundamental for Nursing to go beyond technical and clinical procedures and also establish interventions that promote psychic well-being to ensure the health of the human being. 14

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♦ Fragility and barriers to the practice of psychosocial care

There are several barriers and weaknesses when looking to implement care for the elderly considering psychosocial care in PHC. It is seen that the weaknesses are related to the specific instruments of evaluation, to the specific training, transportation for the locomotion of the elderly and of the professionals and to the absence of adequate physical space for the accomplishment of collective and ludic activities.

Transportation for people to move from our unit to the home of the elderly, often do not have. Transportation, too, for the elderly to move to, much less drive. We also do not have a suitable room to carry out activities with the elderly. For me, they are the biggest hindrances. It is not so much the medicine, it is not so much the absence of doctor and other professional. For me, it's just transportation and physical structure. (E5)

It identifies the weak link between users and professionals of the Psychosocial Care Center (PCC) and PHC professionals, because communication between them is basically established through referrals, there is no interconnection among professionals and services. There is no program, in the basic unit, specific to mental health, for the establishment of strategies aiming improving the outcome of care. It is observed that the fragmentation of health care is part of the difficulties for the implementation of psychosocial care in primary care.

It was reported that some of the main barriers faced by nursing professionals to establish mental health actions based on the model of psychosocial care in PHC was the absence of training focused on this area. Perhaps, this may justify the lack of preparation for quality care provided to the elderly in mental suffering in primary care.

We receive training / training of everything, HyperDia, diabetes, hypertension, tuberculosis, vaccine, everything. Now, mental health, we were not formed at all. (E1)

The literature shows the need for nurses to be trained in mental health because they must be trained in the conduct of the community and the family, focusing on the social inclusion of the patient with mental disorder and giving opportunity for psychosocial rehabilitation.¹⁵

It is understood that it would be advantageous for Nursing students to have a previous contact with the mental health contents still in the academic program, since this could influence the perception of the

students on the mental health in all the areas of Nursing. 16

It is thought that it is not uncommon for the appearance of "stones on the way" to the implementation of actions directed towards care based on psychosocial attention. Corroborating with this finding, there are several barriers that primary care teams face to put into practice the care related to mental health, such as the lack qualification of the family health teams focused on psychosocial care, the lack of spaces for discussion, the lack of networking between primary care teams, and insufficient mental health services and professionals. 17

It is worth mentioning that the social stigma and non-acceptance of the family or of the person with psychological distress are also obstacles that hamper the establishment of strategies aimed at the mental health of the elderly.

> [...]sometimes there is a certain prejudice of the population itself with psychiatric, psychosocial diseases. Sometimes there is a non-acceptance of the patient or even the patient's family, and this will take a little longer in the design of care. (E2)

> The frailties, we have a human difficulty understanding the difficulties of each person. Our greatest difficulty is first, to make the family aware of bringing the patient or, if not, to communicate to us so that we can make an intervention. (E6)

It is stated that myths and stigmatization of the person with mental disorder still persist in the social context and even among health professionals, and there is still a great deal of ignorance about the progress made in the last decades regarding the diagnosis treatment of this type of disorder It is seen that in many countries, including Brazil, mental health is a neglected area in the health services as a whole, with users suffering from various types of discrimination.

It is argued that it is important to have the family in the face of the health situation of the person in psychic suffering while also extolling that mental disorder is not an individual phenomenon, because it is a social question, needing actions with the intention to strengthen the family bond and integrate the family into the care. 18

It is pointed out that there is a need for a orientation of the health services regarding mental health, focused on primary care, recreating strategies prevention and health promotion, considering the family environment and stimulating the strengthening of family relationships with the aim of provoking the reduction of difficulties

and anxieties experienced by both the elderly and their relatives.

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It is becoming more and more remarkable that, in order to fulfill the principles that defend the provision of quality services provided by the health services, with regard to UHS policies, the whole care is sought. It should be noted that for this comprehensive care, several difficulties arise, evidencing their roots in the fragmented realization of care lines.19 It should be emphasized that nursing care in Mental Health is not restricted to services and specialists in mental health, but refers to any environment and any health service and others in which the exercise of Nursing takes place.²⁰

It is known that although mental health nurses have shown promising evidence on research and teaching, there is a challenging gap in the area, which is the existence of few studies on the translation of evidence-based practice in the health care arena mental and psychiatric treatment.²¹ This gap has been pointed out in relation to the inclusion of the family in the process of mental health care.²²

CONCLUSION

It is concluded that the psychosocial care of the elderly in primary care is incipient and that the predominance of nursing care is still centered on the biomedical model, perceiving that, for Nursing, it is necessary to seek this complexity in their daily life in order to attend to the challenges that permeate their activities related to the care of the elderly with psychic suffering.

Some fragilities and barriers have been identified as the difficulty implementation of mental health practices for the elderly in PHC. The need for training of Nursing professionals to offer qualified services based on the psychosocial care model, the support of municipal managers, health education and family awareness was raised in order to understand the elderly who suffer psychically.

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