ASSISTANCE TO INDIVIDUALS WITH PSYCHIC SUFFERING: PERCEPTION OF THE MULTIPROFESSIONAL TEAMS

ASSISTÊNCIA AO INDIVÍDUO EM SOFRIMENTO PSÍQUICO: PERCEPÇÃO DAS EQUIPES MULTIPROFISSIONAIS

ASISTENCIA AL INDIVIDUO EN SUFRIMIENTO PSÍQUICO: PERCEPCIÓN DE LOS EQUIPOS MULTIPROFESIONALES

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ABSTRACT

Objective: to understand how the multiprofessional teams of a Primary Health Care Unit of a municipality in the Zona da Mata Mineira perceive their contributions in assisting individuals who suffer psychically and which conceptions support them. **Method:** a qualitative, descriptive and exploratory study with six professionals, in which the data was produced through semi-structured interviews and analyzed according to the Peplau reference and support network. The software NVivo®Pro, version 11, was used to compile the data with thematic content analysis. **Results:** the meanings of the narratives resulted in two thematic categories << Process of resocialization and << Individuals in psychic suffering >>. **Conclusion:** the presence of traits of discrimination and the powerful social norms to which the individuals with mental disorders are permanently submitted, demonstrated the necessity of reflection and reordering of the professional actions in this assistance context. **Descriptors:** Mental Health; Psychological Stress; Primary Health Care; Socialization; Standard of Care; Health Evaluation.

RESUMO

Objetivo: compreender como as equipes multiprofissionais de uma Unidade de Atenção Primária à Saúde de um município da Zona da Mata Mineira percebem as suas contribuições na assistência aos indivíduos que sofrem psiquicamente e quais concepções as alicerçam. **Método:** estudo qualitativo, descritivo e exploratório, com seis profissionais, em que os dados foram produzidos por meio de entrevistas semiestruturadas e analisados seguindo-se o referencial de Peplau e de rede de apoio. Utilizou-se o *software* NVivo®Pro, versão 11, para a compilação dos dados, com a Análise de Conteúdo Temática. **Resultados:** os significados das narrativas resultaram em duas categorias temáticas <<Processo de ressocialização e <<Indivíduos em sofrimento psíquico>>. **Conclusão:** constataram-se a presença de traços de discriminação e as potentes normas sociais as quais os indivíduos com transtornos mentais estão permanentemente submetidos, demonstrando a necessidade de reflexão e reordenação das ações profissionais nesse contexto assistencial. **Descritores:** Saúde Mental; Estresse Psicológico; Atenção Primária à Saúde; Socialização; Padrão de Cuidado; Avaliação em Saúde.

RESUMEN

Objetivo: comprender cómo los equipos multiprofesionales de una Unidad de Atención Primaria a la Salud de un municipio de la Zona de Mata Minera perciben sus contribuciones en la asistencia a los individuos que sufren psíquicamente y cuáles concepciones las cimientan. **Método:** estudio cualitativo, descriptivo y exploratorio, con seis profesionales, en que los datos fueron producidos por medio de entrevistas semiestruturadas y analizadas siguiendo el referencial de Peplau y de red de apoyo. Se utilizó el *software* NVivo®Pro, versión 11, para la compilación de los datos, con la Análisis de Contenido Temático. **Resultados:** los significados de las narrativas resultaron en dos categorías temáticas << Proceso de resocialización y << Individuos en sufrimiento psíquico >>. **Conclusión:** se constataron la presencia de rasgos de discriminación y las potentes normas sociales a las cuales los individuos con trastornos mentales están permanentemente sometidos, demostrando la necesidad de reflexión y reordenación de las acciones profesionales en ese contexto asistencial. **Descriptores:** Salud Mental; Estrés Psicológico; Atención Primaria a la Salud; Socialización; Padrón de Cuidado; Avaliación en Salud.

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INTRODUCTION

For more than two centuries, the relationship between Western society and the subjects with psychic suffering was characterized by prolonged hospitalizations in psychiatric hospitals where individuals were abandoned and abused. In this context, society proclaimed some negative implications, such as fear and rejection, for the "madman" was considered incapable, irrational and dangerous. These conceptions reinforced the stigma and discrimination of the "mentally ill."¹

When considering the history of public health in Brazil from the 1960s to the present day, it is possible to focus on important events related to the course of mental health and Psychiatric Reform and to relate them to the rescue of autonomy and resocialization of people with mental disorder, an indispensable process. This is in progress and contributes to the understanding of the object of this research.¹

From the onset of psychic disorders in an individual, there are disorganizations and ruptures in their daily life, which damages their experiences, idealizations and desires. However, mental health care needs to implement care for the subjective needs of this subject. Thus, the recovery of autonomy becomes essential in coping with the disease, in the rescue of inactive potentialities due to psychic illness and individual reorganization.²

In this sense, the Psychiatric Reform in Brazil is considered a complex and contemporary political and social process to the Sanitary Reform Movement. It originated in the 1980s and is characterized by the replacement of the hospital-centered model by out-of-hospital systems where hospital beds were reduced, alternative programs and services were developed, integration with community services and other health services.¹

In this scenario of changes, the Primary Health Care Unit (PHCU) represents one of the substitutive apparatuses of the psychosocial care network, as well as the Psychosocial Care Center (PCC), and must guarantee to the user in health, access to action and resolution services that involve health promotion and protection, disease prevention and rehabilitation. In this regard, when dealing with the object of this study, these aspects should also undertake the exercise of autonomy and the resocialization of the subject with mental disorder.³

Therefore, there is a need to understand the practice of care for individuals in

psychological distress by professionals who are inserted in the context of Primary Health Care (PHC). In order to contribute to these perspectives regarding the process of resocialization of individuals with mental disorders, the use of the Theory of Interpersonal Relations developed by Hildegard E. Peplau stands out at this juncture. This elucidates the healthcare practices practiced by health professionals, through the interpersonal process with the service user, and refers to the search for resolvability to the health needs of the population.⁴

Although the foundations of the Peplau Theory are considered a theoretical framework for Psychiatric Nursing, its scope extends to all health professionals and corroborates the process of resocialization of individuals in psychological distress. Such a design justifies its use in the focus of this research.

Peplau points out the metaparadigms of his theory typified by the definitions: "human being"; "Cheers"; "Society/environment" and "nursing". By mentioning the human being, the theorist designates him as the one who seeks to fight, through his peculiarities, to minimize his tensions. On the concept of health, it establishes the representativeness of a movement that precedes human ideologies. Even though it does not reach society/environment considerably, it encourages consideration of the culture and the particularities of users who are adapting to hospital standards. Finally, Peplau conceptualizes Nursing as an interpersonal and therapeutic process.⁵

The decision to research on this issue came from the need to answer the question: how is the assistance to individuals in psychological distress performed in the context of PHC in the perception of multiprofessional teams working in this level of health care? This question justifies the interest in the study, since it is believed that the professionals who perform their care in the context of PHC play an extremely important role in assisting users with mental disorders.

Given the context presented, this study has relevance for offering subsidy to the educational process of undergraduate students in the health area, in addition to strengthening the assistance of multiprofessional teams considering the integrality in the context of interdisciplinarity and the process of autonomy and citizenship of the individuals with mental disorders in the PHC setting.

OBJECTIVE

- To understand how the multiprofessional teams of a Primary Health Care Unit of a municipality in the Zona da Mata Mineira perceive their contributions in the care of individuals who suffer psychically and which conceptions support them.

METHOD

A qualitative, descriptive and exploratory study, based on the Hildegard Elizabeth Peplau framework and support network, carried out at the municipal level responsible for assisting individuals suffering from mental illness in the community where they live, represented by a PHCU linked to the Family Health Strategy (FHS) of a city in the Zona da Mata Mineira that has three multiprofessional health teams.

Sampling for convenience structured by health teams composed of six female professionals, namely: a nurse, a nursing technician, a doctor, a dentist and two community health agents who act directly in the mental health actions both at the individual level, as collective.

The age range among the interviewees ranged from 35 to 59 years. As for marital status, half were married and the other half were single. Regarding the color of the skin, four declared to be white and two, black. Three had time to complete the course between five and ten years and the other between ten and twenty-five years of training. The time of professional performance ranged from four to twenty-three years.

The interview was developed in the institution where the participants worked, in the months of August and September of 2015, and it was established after establishing the ambience that gave the researchers an approximation with the scenario of the research and with their potential interviewees.

Inclusion criteria were: health professionals of both sexes who agreed to participate as volunteers by expressing their acquiescence by signing the Informed Consent Form (ICF). Exclusion criteria were defined as those participants who refused to contribute to the research, as well as those who did not provide direct assistance to individuals in psychological distress and those who were on leave or leave during the period of data collection.

Data collection process composed of characterization of the participants and individual interview recorded in digital

apparatus (model Mp4 player). Participants were characterized as to the sociodemographic profile by identifying gender, age, declared skin color, marital status, number of children, educational level, profession, length of training and professional performance.

Data were collected through semi-structured interviews based on the following guiding questions: how do you perceive the insertion of users with mental disorders in PHCU activities? In what activities do you realize that there is more demand for these users? Is there any specific activity in PHCU that accommodates the needs of users in psychological distress? Specify.

After each interview, the recording was transcribed by the researchers and filed in digital media seeking the trustworthiness of each participant's thinking and language. The identity of the participants was preserved by the use of names of male celebrities who sought to enter society through the arts, music, politics, literature and exact sciences.

Therefore, the interviewees were coded by: Vincent Van Gogh; John Nash; Ludwig Van Beethoven; Abraham Lincoln; Isaac Newton and Edgar Allan Poe, being named according to the chronological order in which the meetings took place during the period of data collection.

For the data compilation and comprehensive analysis of the interviewees' speeches, NVivo®Pro software, version 11, was used with Thematic Content Analysis, and the data was organized with the purpose of material exploration, treatment of results, inference and interpretation. It was carried out the floating reading of the material analysis, to establish relations between the statements, with the purpose of constructing a synthesis to recognize the representations, contradictions and antagonisms of each report, constitution of the corpus and objectives of the research. In this way, the statements were grouped into categories in order to answer the research questions.⁶

To support and support the data analysis, the theoretical-philosophical framework proposed by Hildegard Peplau's Theory of Interpersonal Relations on the thematic approach and its implications for public health and the theoretical framework of support network was used. Finally, the convergence of the significant elements that converged to the constitution of the analytical categories was established, consisting of perceived types of support and meanings granted to the social support received. The relevance of the identified categories was reaffirmed by the

Pearson correlation coefficient, which ranged from 0.918844 to 0.71673.

All ethical and legal research requirements involving human beings listed in Resolution 466/2012 of the National Health Council were met, and the project was approved by the Human Research Ethics Committee of the Federal University of Juiz de Fora, registered under CAAE 42196815.0.0000.5147, established after analysis and issuance of

favorable opinion according to protocol no. 1,047,534 as of 04/28/2015.

RESULTS

The results of this research were grouped and discussed in the sequence. After the process of analysis of the interviews, it was possible to list two categories: "resocialization process" and "individuals in psychic suffering". Each of them originated two thematic axes (nodes), as shown in figure 1.

Figure 1. Categories on the process of resocialization of people suffering from psychic suffering and their representation on the circle chart.

◆ Resocialization process

This category presents, as the thematic axes, the "limitations and restrictions" and "participation needs" concerning individuals in psychological distress. When referring to the need for participation, the professionals referred to the breakdown of family ties, the indispensability of their reconstitution and the need to develop joint work in order to join efforts to articulate networks of attention for the process of resocialization of the service users with mental disorders.

These conceptions are exemplified in the following speech fragment:

[...] most of these patients in the neighborhood are not from the city, right? Most have no family. So, I think if I did a more intense job, so looking for the family, joining the health facility with the PCC would improve their resocialization. (John Nash)

In this context, contents referring to the main complaints of individuals in psychological distress were mentioned by the research participants who explained that the renewal of prescription of psychotropic drugs represents a considerable demand in the

institution. This statement can be verified by the statements:

Well, they usually come here when they have a complaint, right? [...] They come here a lot to renew the prescription of psychotropics [...] (Ludwig Van Beethoven). Here in the Unit, it's just prescription medicine. When you meet them on the street or when you meet them coming here, you just have to look for it. (Edgar Allan Poe)

The PHCU, the setting for this study, offers therapeutic activities through a group called the Psychosocial Support Group (PSG), in which people who suffer psychically are invited by community agents to participate. This fact represents a possibility of care in PHC, however, only a portion of the population attends meetings that, according to professionals, provide effective results, as stated in the contents:

Here's the psychosocial support group (PSG), okay? And so, not everyone comes and some people who come to the group are also part of it. Go to the group that we have for handicrafts. That one thing completes the other that really works. (Isaac Newton)But it is a very heterogeneous group. He changes a lot and already had people in the PSG who

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came in taking three, four types of medicines, stopped using medicines. He went to this group of the loom and then he relapsed, he came back here and back to the loom group. It's like that, but it's a very good thing! [...] (Edgar Allan Poe)

Regarding the limitations and restrictions related to individuals with mental disorders, the interviewees' speeches reveal the inability to resocialize some users, the stigmatization coming from society due to the recurrent hospitalizations in the psychiatric hospitals, the disintegration of the care to these individuals and the interruption treatment with psychotropic drugs, as the speeches show:

Because they have been hospitalized for a long time, our own culture thinks these patients will attack. So they were always treated on the margins of society and continue [...] in the old days, patients were not heard. They stayed in the hospital, they were medicated. They were not seen as a human being ... It was just the head that was taken care of, the nerves, right? Let's say, the nerves. They went there, made some medication to calm down, a restraint on the bed. The professionals forgot that there was a human being who needed love, care, attention and assistance. (John Nash)

Some patients do not even have resocialization conditions. The people responsible for the mental patients themselves say this, that there is no way. The caregivers say that they can not go out on the street [...] (Vincent Van Gogh)

Even today I had a care with a lady who has outbreaks ... And she stops taking the medication [...] And she is starting to get into crisis because she abruptly stops the drug treatment [...] (Abraham Lincoln)

◆ Individual in Psychic Suffering

This category consists of two thematic axes: "sociocultural structure" and "relational and emotional structures". Complementary to the above mentioned contents are those correlated to the relational and emotional structures that elucidate the participants' perception about the importance of the interpersonal relationship between the professional and the user of the service and the obstacles in the participation of the family in the therapeutic process of the individuals with mental disorders, as evidenced in the following excerpts:

Once a week, teach them the loom, with the students ... oh! The students?! I mean, people, patients with mental disorders, it was really cool! There was one there that had difficulty, but she talked to us [...] those two hours that we spent was good for her. (Vincent Van Gogh) I have difficulty getting into the family because sometimes

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the family does not greet people. There is a family that is a struggle to get there and hear from a relative, from a neighbor who suffers mentally ... But I can not help them [...] I mean, I do not think so, too, not only depends on people ... It also depends on the familiar to want to help the person, right? (Ludwig Van Beethoven)

in discussing the sociocultural aspects that are part of the daily life of users with mental disorders, the interviewees showed that some users participate in interactive activities and health promotion, such as the walking group that happens at PHCU, under the coordination of health professionals. Apparently, these actions favor the process of resocialization through interaction with people, as explained in the testimony:

But there are some patients with mental disorders who participate in walks, they do walks from time to time, right? They start like this: to come back, they start to get along with people, I think this interaction is very positive. (Ludwig Van Beethoven).

Based on the socio-cultural conceptions presented by the interviewees, it was noticed that there is still a predominance of discrimination in relation to individuals in psychological distress, which are often discarded from social interaction. This is due to the depreciation and misunderstanding of society in relation to mental disorders. Such prerogatives can be demonstrated in the speech fragments presented below:

There were already people who had been drunk around the square. So now they labeled it for the mental patients, right? [...] it was not fault [...] it is not fault! So if society had a more open mind and family members too, I think mental disorder would be better understood and accepted by people. (John Nash)

There, some people from these therapeutic homes sometimes went to the bar. Then he was making a hell of a mess! Confusion, so I did not see any no, but we heard that society was not accepting these people from mental health [...] (Abraham Lincoln)

DISCUSSION

It was verified the necessity of participation of PHCU users through the speeches of the interviewees. To meet the priority demands of individuals suffering from psychosis, it is necessary for professionals, institutional management and family members to be informed about the health status and characteristics of these individuals and available to assist them. In this context, the care provided must enable psychosocial rehabilitation and ensure the quality of care

in health institutions through humanized practices.⁷⁻⁹

When pondering some concepts proposed by the theory of interpersonal relations that subsidized the analysis of this study, it was emphasized that the objective of the care to the user is to help him in the development of his potential to obtain a productive life in community. This requires assistance strategies to assist in coping with situations that arise in their lives, such as disturbances in thinking, impairments in intellectual development, and interpersonal skills that are essential for community interaction.¹⁰

However, a similar study found that the majority of users with Mental Disorders Service seek out health teams and maintain contact for a long period of time because of their respective diagnoses considered chronic. It was verified that it was possible the diagnostic stabilization of some users, as well as their insertion in the society through therapeutic activities performed by the health teams associated to the use of psychoactive drugs, however, many leave the services in the community services and seek the specialized services as an alternative to minimize their psychic suffering.¹¹

From the point of view of the support network framework adopted, individuals can strategically activate their social support network ties to assist in crisis management and promote responses to health problems. Although it is established that social relationships favor a safety net, it is still unknown what formal or informal social support networks can provide support during episodes of acute illness.¹²

Regarding social support, which represents an important support in the daily life of health actions, there is still an adequate consistency regarding its evaluation, as well as the relationship that permeates the various techniques and methods of this evaluation process. Despite the existence of innumerable strategies to evaluate social support, it is inferred that, individually, none of them contemplate it in its entirety.¹²⁻³

However, the renewal of prescription of psychoactive drugs emerges in the content of the narratives as a necessity of users with mental disorder facing the actions of formal social support in mental health in PHC. The health teams develop actions that include the design of the prescriptions of these medicines and educational activities related to mental health seeking interventionist strategies in this area of care that promote rationality and counterbalance the indiscriminate use of neuroleptics by the local population.¹⁴⁻⁵

It was verified that when family members need assistance from PHC multiprofessional teams, their intentions focus on the perspective of finding support in professionals in order to meet their demands, especially those of their family members who suffer psychically through the reception, medical consultation, prescription of psychotropic drugs, home visits and referral to specialized services.^{8,15}

It was observed that, in the context of PHC, it is imperative that users with mental disorders have a consolidated social safety net. This includes engaging in health discussions with certain individuals to achieve quality of life, social satisfaction and resocialization. In relation to health professionals, they should offer emotional support, be committed to adherence to medication, and provide formal social support to the population.^{12,14}

In the heart of this discussion, it is inferred that the interaction between two or more persons with the same objective is characterized by a process called Peplau as an interpersonal relationship. This common purpose makes it possible to consolidate the therapeutic resource in which the professional and the user respect each other and both benefit from learning and growth through the completion of this established relationship.⁵

Other relevant aspects in the context of mental health in PHC are the reference standards for access for people with mental disorders considering the need to promote care through primary care to all users who need it. These actions imply that the referrals to the specialized services would be directed to the subjects who can not satisfactorily respond to the treatment offered.¹⁵⁻⁶

The teams that work in the PHC should not delimit their actions to the measures imposed by the curative biomedical model since, at this level of health care, the conceptions about the care practice have motivations that glimpse the overcoming of the reductionist aspects arising from the fragmentation of care. These refer to the comparisons with the psychosocial care services model, lowering the care provided by the multiprofessional teams of FHS.¹⁵

One of the possibilities to disassociate from the biological model consists in what Peplau pointed out in relation to the user and professional, who acquire successful experiences through the interaction that leads to healing. The theorist states that the relationship through a meeting that involves creativity allows a harmonious feeling surrounded by reciprocity resulting in an

experience that promotes the growth of both actors in this context.⁵

In this sense, the link established between the professionals that work in the PHC and the users of the service represents an important and favorable aspect in the framework of support networks. However, if informal relationships are considered an indicator of social integration, it is expected that a more comprehensive informal support network will assist people in psychological distress in their daily activities, since community care leads to involvement in a simultaneous relationships.¹⁴

It has been realized that, currently, mental disorders continue to be a reason for discrimination, rejection and stigma due to the incomprehension and repudiation of many people belonging to different social classes, since society does not accept individuals in psychic suffering and reaches be afraid of them. As a consequence, these individuals and their respective family members and/or caregivers are afflicted with these prejudicial behaviors. At this juncture, health professionals should appropriate this reality and seek methods that encourage reflection, with a view to resocialization, such as health education, interactive activities and therapeutic practices.⁸

In order to contribute to the process of resocialization of individuals in psychological distress in line with Peplau's theoretical approach, health teams need to plan strategies together to ensure possible solutions to this process. A team that invests in the interpersonal relationship of its professionals becomes meaningful to the other, to the users of the service and to the assisted community.¹⁶⁻¹⁷

To compose the practices involving interaction, stand out the group activities of socialization that include the production of handicrafts and other artifacts made by users and the health team. These actions represent an essential milestone in the recovery process of people with severe mental disorders due to the possibility of raising funds from the sales of manual productions. There is evidence that these experiences favor psychosocial rehabilitation and the socio-cultural and economic factors specific to this population.¹⁸

CONCLUSION

From the narrative of the interviewees, it was possible to understand how the multiprofessional teams of a PHCU of a municipality of the Zona da Mata Mineira perceive their contributions in the process of resocialization of individuals in psychological distress and the other associations that were

experienced during the accomplishment of this investigation. The study evidenced that there are conceptions in which there is a predominance of prejudices and discrimination in relation to the individuals who suffer psychically. These unfavorable sociocultural aspects need to be reviewed by researchers, health professionals, and the community so that these pejorative attitudes are exterminated and the user is inserted socially.

However, the protection of these individuals in relation to the control of their behaviors, the powerful social norms to which they are permanently submitted, and the idea of control and punishment seem to be still present in the PHC and denote a considerable "empowerment" to be rethought and re-signified in the assistance to the individual in psychic suffering.

As a limitation of this investigation, it is considered the perception of professionals from a single PHCU. It is therefore suggested that new studies with a qualitative and quantitative approach be used to aggregate different health institutions at the primary level of care, in order to promote reflections aimed at improving the health care practices of the FHS teams. This is because this study explains the unpreparedness of the professionals of the basic care network to deal with the density of the existential problems that these individuals present, showing that the model of traditional psychiatry is still evident in the diverse attention systems and networks of the present time.

The results obtained are contributions to the health area and, specifically, to Nursing, which can support new studies and practices in the field of teaching and research in the context of mental health in PHC. They can also contribute to the criticality and involvement of health professionals based on the meanings attributed to care in a multidisciplinary context, enabling the improvement of the process of reception and re-socialization of those who suffer psychically.

REFERENCES

1. Amarante P. Saúde mental e atenção psicossocial. 4th ed. Rio de Janeiro: Fiocruz; 2015.
2. Ferreira M, Pereira M, Pereira Júnior A. Auto-organização, autonomia e o cuidado em saúde mental. Simbio-Logias [Internet]. 2013 [cited 2017 June 03];6(8):41-52. Available from: <http://www.ibb.unesp.br/Home/Departamentos/Educacao/Simbio->

[Logias/auto_organizacao_autonomia_cuidado_saude.pdf](#)

3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Saúde mental e atenção básica: o vínculo e diálogo necessários [Internet]. Brasília: Ministério da Saúde; 2007 [cited 2017 May 16]. Available from: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/1734.pdf>

4. Silva J, Costa K, Silva G, Oliveira S, Almeida P, Fernandes M. Consulta de enfermagem a idosos: instrumentos da comunicação e papéis da enfermagem segundo Peplau. Esc Anna Nery [Internet]. 2015 [cited 2017 May 07];19(1):154-61. Available from: http://www.scielo.br/pdf/ean/v19n1/en_1414-8145-ean-19-01-0154.pdf

5. Belcher J, Fish L, Hildegard E. Peplau. In: Teorias de enfermagem: os fundamentos para a prática profissional. 4th ed. Porto Alegre: Artmed; 2000. p. 45-58.

6. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2015.

7. Roe D, Gelkopf M, Gornemann M, Baloush-Kleinman V, Shadmi E. Implementing routine outcome measurement in psychiatric rehabilitation services in Israel. Int Rev Psychiatry [Internet]. 2015 Jul [cited 2017 June 16];27(4):345-53. Available from: <http://sci-hub.cc/10.3109/09540261.2015.1025722>

8. Vicente J, Marcon S, Higarashi I. Living with mental disorder in childhood: feelings and reactions of the family. Texto Contexto - Enferm [Internet]. 2016 [cited 2017 June 30];25(1):[about 6 p.]. Available from: <http://www.scielo.br/pdf/tce/v25n1/0104-0707-tce-25-01-0370014.pdf>

9. Silva E, Moura M. Estresse nas relações enfermeiro/paciente: revisão integrativa. J Nurs UFPE on line [Internet]. 2014 [cited 2017 June 21];8(7):2140-8. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6365/pdf/5559>

10. Peplau H. Psychotherapeutic strategies. Perspect Psychiatr Care. 1968 Dec;6(6):264-70.

11. Palmer V, Chondros P, Piper D, Callander R, Weavell W, Godbee K, et al. The CORE study protocol: a stepped wedge cluster randomised controlled trial to test a co-design technique to optimise psychosocial recovery outcomes for people affected by mental illness in the community mental health setting. BMJ Open [Internet]. 2015 Mar [cited 2017 June 20];5(3):e006688-e006688. Available from:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386225/pdf/bmjopen-2014-006688.pdf>

12. Perry B, Pescosolido B. Social network activation: The role of health discussion partners in recovery from mental illness. Soc Sci Med [Internet]. 2015 Jan [cited 2017 May 28];125:116-28. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4110193/pdf/nihms564544.pdf>

13. Ribeiro G, Dwyer T, Borges A, Viola E, editors. Social, political and cultural challenges of the BRICS [Internet]. São Paulo: Anpocs; 2014 [cited 2017 June 27]. 506 p. Available from: http://www.anpocs.com/images/stories/Geral/CSBrasil_mundo/destaques/BRICS%20Ingl%C3%AAs%20baixa.pdf

14. Souza J, Almeida L, Moll M, Silva L, Ventura C. Structure of the social support network of patients with Severe and persistent psychiatric disorders in follow-ups to primary health care. Arch Psychiatr Nurs [Internet]. 2016 Feb [cited 2017 June 27];30(1):70-6. Available from: <http://sci-hub.cc/10.1016/j.apnu.2015.10.001>

15. Camatta M, Tocantins F, Schneider J. Mental health actions in Family Health Strategy: Family expectations. Esc Anna Nery - Rev Enferm [Internet]. 2016 [cited 2017 Jul 07];20(2):281-8. Available from: <http://www.scielo.br/pdf/ean/v20n2/1414-8145-ean-20-02-0281.pdf>

16. van Orden M, Leone S, Haffmans J, Spinhoven P, Hoencamp E. Prediction of Mental Health Services Use One Year After Regular Referral to Specialized Care Versus Referral to Stepped Collaborative Care. Community Ment Health J [Internet]. 2017 Apr [cited 2017 July 01];53(3):316-23. Available from: <http://link.springer.com/article/10.1007%2F10597-016-0046-y>

17. Peplau H. Interpersonal relations in nursing: a conceptual frame of reference for psychodynamic nursing. New York: G.P. Putman's; 1991.

18. Saavedra J, López M, Gonzáles S, Cubero R. Does Employment Promote Recovery? Meanings from Work Experience in People Diagnosed with Serious Mental Illness. Cult Med Psychiatry [Internet]. 2016 Sept [cited 2017 June 27];40(3):507-32. Available from: <http://dx.doi.org.sci-hub.cc/10.1007/s11013-015-9481-4>

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