



THE PSYCHIATRIC REFORM IN THE DESIGN OF CLINICAL NURSES IN A PSYCHIATRIC HOSPITAL

A REFORMA PSIQUIÁTRICA NA CONCEPÇÃO DE ENFERMEIROS ASSISTENCIAIS DE UM HOSPITAL PSIQUIÁTRICO

LA REFORMA PSIQUIÁTRICA EN EL DISEÑO DE LAS ENFERMERAS CLÍNICAS EN UN HOSPITAL PSIQUIÁTRICO

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ABSTRACT

Objective: to investigate the design of nurses working in psychiatric hospital on the psychiatric reform. **Method:** this is a descriptive exploratory qualitative approach, held in a psychiatric hospital in the city of João Pessoa - PB. The sample consisted of 12 nurses working in this institution. We used an interview form. Data were analyzed using the technique of Collective Subject Discourse. The study was submitted for consideration by the Ethics Committee in Research of FACENE / FAMENE under CAAE 0152.0.351.000-11 and protocol 153/2011. **Results:** the core ideas were identified: "A milestone in the history of improved mental health care model" "is the realization of treatment and care in an institution for short stay, but unsuitable for patients who reside in the hospital for years" and "It's a struggle that involves professionals and society in a new perspective on mental health." Also, "The overcrowding of the environment" and "lack of understanding of what is for some professional psychiatric reform". **Conclusion:** Professionals recognized the progress and challenges in relation to psychiatric reform in Paraíba. **Descriptors:** psychiatric nursing; healthcare; mental health.

RESUMO

Objetivo: investigar a concepção de enfermeiros assistenciais de um hospital psiquiátrico sobre a Reforma Psiquiátrica. **Método:** estudo exploratório-descritivo de abordagem qualitativa, realizado em hospital psiquiátrico localizado no município de João Pessoa/PB, com 12 enfermeiras, em dias úteis, durante o mês de setembro de 2011. Para a coleta de informações com formulário estruturado foi usada a técnica de entrevista gravadas com um aparelho de MP3. As entrevistas foram interrompidas quando se percebeu a saturação das informações. Para a análise foi empregada a técnica Discurso do Sujeito Coletivo. O estudo foi submetido à apreciação do Comitê de Ética em Pesquisa da FACENE/FAMENE sob CAAE 0152.0.351.000-11 e protocolo 153/2011. **Resultados:** as ideias centrais identificadas foram: "Um marco na história da saúde mental que melhorou o modelo assistencial"; "É a realização de tratamentos e cuidados em instituição de curta permanência, porém inadequados para pacientes que residem há anos no hospital", "É um luta que envolve profissionais e a sociedade por um novo olhar na saúde mental". Também "A superlotação do ambiente" e "A falta de compreensão do que é Reforma Psiquiátrica para alguns profissionais". **Conclusão:** as profissionais reconheceram os avanços e os desafios no que se refere à Reforma Psiquiátrica na Paraíba. **Descritores:** enfermagem psiquiátrica; serviços de saúde; saúde mental.

RESUMEN

Objetivo: investigar el diseño de las enfermeras que trabajaban en hospital psiquiátrico en la reforma psiquiátrica. **Método:** este enfoque descriptivo, exploratorio cualitativo, realizado en un hospital psiquiátrico en la ciudad de João Pessoa - PB. La muestra constó de 12 enfermeros que trabajan en esta institución. Se utilizó un formulario de entrevista. Los datos fueron analizados mediante la técnica del Discurso del Sujeto Colectivo. El estudio fue presentado para su examen por el Comité de Ética en Investigación de FACENE / FAMENE bajo el CAAE 0152.0.351.000-11 y protocolo 153/2011. **Resultados:** las ideas centrales fueron identificadas: "Un hito en la historia de la mejor modelo de atención de salud mental", "es la realización del tratamiento y la atención en una institución para una estancia corta, pero todavía impropias para los pacientes que residen en el hospital desde hace años" y "es una lucha que involucra a los profesionales y la sociedad en una nueva perspectiva sobre la salud mental." Además, "el hacinamiento del medio ambiente" y "falta de comprensión de lo que es para algunos la reforma psiquiátrica profesional". **Conclusión:** Los profesionales reconocen los avances y desafíos en relación con la reforma psiquiátrica en Paraíba. **Descritores:** enfermería psiquiátrica; servicios de salud; salud mental.

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INTRODUCTION

Over the past twenty years, in Brazil, the organization of the health sector has been going through several changes coming to the needs presented, among which we highlight the administrative decentralization of services and political decision-making. Within this context and seeking to establish new directions for psychiatric care, there is an ongoing reform in mental health services, especially the deployment of services outside hospitals.

The the Psychiatric Reform is a political, social and economic movement that has been developing for decades, and whose main objective is to deinstitutionalize, with consequent deconstruction, the asylum and the paradigms that support it. The aim of the movement is to demystify the model that justified the classical paradigms of Psychiatry, which made the hospital the only option for treating the mentally ill and has favored the exclusion and chronicity of these patients.¹

The Psychiatric Reform, now identified as anti-asylum movement of struggle, sometimes as a movement in mental health, consists in formatting projects related to new forms of care and opportunities in the production of subjectivity. It is not just a landmark event, but it is also a constant struggle.²

The psychiatric hospital facilitates the process of chronicity (affective blunting, isolationism, grotesque habits and difficulty of implementing practical actions). This justifies the submission of the guardianship and mental disorder mechanisms of institutional violence. At the same time, the chronic course the subject, this institution condemns the detention for life, because makes it impossible to return to social life, due to total lack of resolution in the therapeutic actions and ignorance of the phenomenon.³

Today, when we talk about the hospital, comes to mind an image of an institution for health care, where there are large wards with patients being attended by doctors and nurses. But it was not always so. The hospital emerged in the Middle Ages as a charity, offering shelter, food and religious support for people excluded from society, which was the case of the poor, destitute, sick and homeless. Only with the passage of several years, the hospital just happened to be a medical institution, or environment to care for sick people and treat them.⁴

There is also a reorientation of spending on hospital sector, as in 1997, 93.14% of the

funds for the Mental Health Program were used in the hospital and there were only 6.86% for all other services. Over the past few years, these resources are increasingly being displaced, and spending on outpatient resources have reached 51.33% of the total invested in 2006. This is thanks to the struggle for a change in mental health care through the Psychiatric Reform.⁵

For this purpose, mental health services often develop unique therapeutic activities that require the nurse's versatility and ability to develop various therapeutic activities, considering the individual user's needs and professionals' skills to meet the precepts of care model.⁶

In this context, deinstitutionalization is not limited to replacement of the hospital for a external apparatus that involve questions of a technical and administrative assistance such as the creation of some features in the substitute model. It also includes legal and social-political issues, requiring, in fact, a shift of psychiatric hospital care practices carried out in the community. It is believed that deinstitutionalization is a way to get back to the community the responsibility to live with the mentally ill, respect them and deal with them before the conflict.¹

Thus, if the asylums are replaced by other medical treatment, the mentally ill will have better treatments because their right to citizenship will be respected. Currently, the Psychiatric Reform movement is discussed by health policy advocated by the government and respected by society, which promotes the protection and rights of psychiatric patients and directs the model of mental health care.⁷

In the state of Paraíba, the model recommended by the Psychiatric Reform has not been fully implemented yet. Although the psychiatric hospital presents itself as a setback in the Psychiatric Reform, the closure of the hospital of this study, at the time, appears impractical because, in Paraíba, the number of extra hospital institutions of psychiatric treatment is still insufficient. There are only 65 Centers for Psychosocial Support (CAPS), including nine for service users of alcohol and drugs, seven units for children and adolescents and three units with 24 hour care. Therefore, it is not enough, if we consider the number of patients who need psychiatric care.

Thus, the wealth of this scenario and the events in this transformation path of mental health care in the state of Paraíba had to arise interest in this investigation.

OBJECTIVE

- To investigate the conception of clinical nurses in a psychiatric hospital on the Psychiatric Reformation.

METHOD

This is a study of an exploratory and descriptive qualitative approach with nurses who worked at a public psychiatric hospital in the city of João Pessoa - PB. The number of subjects was 12 nurses who agreed to participate freely in the study by signing the Informed Consent - Termo de Consentimento Livre e Esclarecido - TCLE.

For the collection of information, we used a structured interview form, composed of four questions prepared by the researchers after approval of the research project by the Ethics Committee of Faculdade de Enfermagem Nova Esperança - FACENE - under CAAE 0152.0.351.000 and protocol 11 and 153/2011. It was also sent a letter to the Course coordinator for the institution, local research and communicate the pretension.

The research was conducted on weekdays during the month of September 2011, and recorded with an MP3 player. The interviews were interrupted when we noticed the saturation of information. Data were analyzed by the theoretical framework of Lefevre⁸ and arranged according to the technique of Collective Subject Discourse (CSD), a procedure that reflects the terms of the interviewee's speeches. This is one method of categorization that uses basically three methodological figures: central idea, key expressions and discourse of the collective subject. After reading the transcribed material, the core ideas and their respective key phrases were extracted from each speech, following the questions. The ideas that were repeated and similar were grouped into one central idea and defined the categories of analysis. For each main idea of passages, we extracted key phrases contained in the interviews and speeches of the subject were elaborated.

This study was performed taking into consideration the ethical issues in human research, as recommended by Resolution 196/96 CNS / MS⁹, as well as Resolution 311/2007 COFEN establishing the Code of Ethics of Professional Nursing¹⁰.

RESULTS

Twelve nurses participated in this research.

In terms of age, we found that six (50%) were aged between 22 and 31 years, four between 32 and 41 years (33.33%), and two were older than 41 years.

Regarding to the period of service, we found that eight nurses (66.68%) work in the hospital between three and six months, one (8.33%) is there for two years and six months, one (8.33%), for three years and six months, one (8.33%) has 10 years of service, and one (8.33%) - the first nurse to work in that institution - has 43 years of service.

Concerning the training of the nurses interviewed, 67.33% stated that they have specialization courses - 17% on Family Health, 25% in Public Health, 17%, Public Health, and 8.33, in% Mental Health. Two participants are enrolled in a Masters Degree Course (17%). The lack of post-graduate courses was observed in four participants (33.33%).

Following the methodology of analysis, the issues with their central ideas and the corresponding CSDs will be presented:

- **Question 1: How the (a) Mr (s) defines Psychiatric Reformation?**

- ♦ **Central Idea 1 - a milestone in the history of mental health, which improved health care model.**

DSC: It came to change, replace the model of care provided to patients, since before the Psychiatric Reformation, the assistance was provided in a very poor way (...) once there was concern about the humanization and, after the Psychiatric Reformation, there was a major concern in giving patient care in a humane way, by seeing the patient as a whole, by causing many professionals involved in your treatment.

- **Central Idea 2 - It is the realization of treatment and care in an institution for short stay, but they're unsuitable for patients who lived for years in hospital.**

DSC: It is the implementation of treatment and care in an institution of short stay with monitoring of patients by the CAPS, but I do not agree with this reform because they are actually trying to close psychiatric hospitals and how would these patients of long residence be because they are already residents of hospitals? (...) It is necessary to look for patients who lives in the hospital for years.

- **Central Idea 3 - It is a struggle that involves professionals and society in a new perspective on mental health.**

DSC: It is a struggle for a new way to look and care for people in mental distress as well as a new attitude that society can look at these

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people and accept the difference, accept the madness (...) It does not happen suddenly and need the involvement of everyone, both family and society.

♦ **Question 2: How do you, Mr. (s), evaluate the implementation of Psychiatric Reform?**

● **Central Idea 1 - The need for society and the family have a new understanding about the patient and mental illness.**

DSC: The Psychiatric Reform has not been implemented yet, has it? Here in the Hospital, which is a referral hospital, almost there isn't the Psychiatric Reform. We have the creation of the CAPS, in this case it has been an improvement, hasn't it? Therapeutic Residence, that's all about the Psychiatric Reform (...) it has a way of seeing in relation to mental hospitals and understands that society should accept these people who have mental illness, the Caps are the best alternative, and not the asylums, but as we are living in a process when people get accustomed to the family, we understand that this does not happen suddenly (...) while there is still the institution as this one, the asylum, we try as a professional. I believe that the management also watches over these people to get a care at the least humane, nonetheless, the framework is sheltering (...) there is a lot of prejudice to be overcome through the struggle for Reform.

♦ **Question 3: What is your opinion about the principle of deinstitutionalization?**

● **Central Idea 1 - The psychiatric hospitalization is important for chronic patients and in time of crisis.**

DSC: I think it's important, but the health services are not yet ready to make this happen (...) When there is a patient in crisis, unfortunately he/she needs a psychiatric hospital ... Sometimes, it really requires a hospital stay (...) chronic patients can not afford that deinstitutionalization, I believe there will always be a psychiatric hospital. There are chronic patients who can not live together in society,, however the Psychiatric Reform affirms,, it is possible ... (...) I agree with the hospital because there are patients who can not afford to be treated at home, as I also do not agree because there are others who have no need to stay inside.

♦ **Question 4: Do you feel any difficulty in carrying out their activities according to the principles of the Psychiatric Reform?**

● **Central Idea 1 - The overcrowding of the environment**

DSC: The difficulties would be overcrowding in the wards, 42 such patients in a ward. Another thing I feel great difficulty: I work

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with women who are drug users, women with chronic disorders, all in the same sector, the biggest difficulty is that ... (...) Here men, thank God, have already succeed, they are separated; but women have not, and the biggest problem is that, because who suffer are the patients who have the disorder, because drug users, when they go through withdrawal, go there, attack and do not care, then this is a huge problem here, but eventually, I have seen that the direction tell us some ideas that this problem will be solved ... (...) i.e., the environment is small for the number of patients and still we have these patients confuse with their problems.

● **Central Idea 2 - The lack of understanding about what is Psychiatric Reform for some professionals**

DSC: I believe we still have a long way to advance. I have much to learn and the professionals themselves, not only the nurses, the cleaning personnel, support, and other professionals are integrated in favor of this, even in favor of raising the flag of the Psychiatric Reform (...) There are many professionals who have a traditional thought and do not want to adapt to the new reality of the Psychiatric Reform and the new management, new humanization of patients ... I think this is the greatest difficulty, and also for their own relatives to understand the importance of not isolating the individual, but he/she may have the social reintegration and some families are missing on the patient's treatment.

DISCUSSION

After analyzing the data, we found that the conception of the Psychiatric Reform elaborated by the participants was based on three central ideas: first, referring to the improvements in health care model whose purpose is to guarantee access to the best treatment of the health system, according to the individual's needs and recovery by the insertion in the family, workplace and community by regulating special care for long stay clients.¹¹

In the context of central idea 2 (Psychiatric Reform is to conduct treatment and care in an institution for short stay, but they're unsuitable for patients who lived for years in the hospital), we identified a concept based on the model of individual assistance - the medical model - which remains in the dominant over the collective model. This concept reduces the individual to the biological dimensions and does not answer all needs.

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According to the central idea 3, the participants defined the psychiatric reform as a struggle that involves professionals and society, through "a new perspective on mental health." This discourse argues that the psychiatric reform combines the clinical demands of service users to social demands, which recognize the user as a person with biological, psychological and social needs, with the purpose of social inclusion work.²

Regarding the assessment that the participants made about the deployment of the Psychiatric Reform, they emphasized that the society and the family must understand illness and mentally ill differently. In this context, the Law 10.216/2001 represents a major step for the construction of a new understanding of the severe psychological distress, which holds an activity focused on the subjective processes, promoting citizenship and social inclusion.¹¹

In Brazil, the Psychiatric Reform works based on issues related to the insertion of the mad people in the world, taking the main task of citizenship, because in the past times, social exclusion was very present. Today, it is believed in the importance of maintaining the psychiatric patient with society, considering its limits (11). It is high the overhead that the family commonly face in caring for the mentally patient after he/she gets discharged. At this moment, it can trigger attitudes of misunderstanding and even rejection, which is why the family must be accompanied by professionals in the field of Mental Health. But this usually does not happen, which impedes that the family understand the patient and collaborate for the recovery. However, if the family is well-focused on the importance of their participation in patient care, certainly the rehabilitation process of their relative may be more significant.¹⁻¹²

With regard to the participants' opinion about dehospitalization, there was only one central idea, whose content was about the importance of hospitalization for chronic patients, especially in time of crisis. In fact, the Final Report of the Third National Conference on Mental Health, held in Brasília in 2001, it was clear that, in accordance with the principles of psychiatric reform and in accordance with Federal Law. No 10.216/01 and Decree/GM n.º 799/00, deinstitutionalization sought to overcome the asylum model and requires "the implementation of a policy of deinstitutionalization/progressive replacement of beds in psychiatric hospitals,

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with the concomitant construction of a replacement network that ensures integral care and quality." It is understood that the Psychiatric Reform is against social isolation through unnecessary hospitalizations.

The idea of deinstitutionalization emerged in the United States of America - USA - as a result of the Mental Health Plan of the Government of Kennedy, it was understood as a set of measures of dehospitalization that recommends its fundamental principles which involve the prevention of inappropriate hospitalization in psychiatric institutions. This tradition is geared mainly for administrative purposes, such as reducing the cost of care to the public coffers, much less for a real transformation of the nature of the assistance.¹⁵⁻¹⁷

Some sectors understand deinstitutionalization as dehospitalization or as lack of assistance, thus the abandonment of patients on their own. Meanwhile, conservative segments are included, they're resistant to any idea of rights of minority groups and they're also a group that has economic interests and it is opposed to deinstitutionalization because of vested interests.¹⁵ The conventional psychiatric care is incapable of achieving the objectives with community care, comprehensive, decentralized, continuous, preventive and participatory. The restructuring of psychiatric care requires a critical review of the hegemonic and centralizing role of the psychiatric hospital in the services.¹⁶

Finally, we asked the participants what difficulties they found to perform their activities according to the principles of the Psychiatric Reform. In this context, we identified two central ideas, which emphasized the overcrowding of the environment and lack of understanding by some professionals about what this movement is.

In fact, the overcrowding of psychiatric hospitals is a problem that has existed since the appearance of the first institutions that housed mentally ill patients, since the demand of patients was growing, and hospitals did not measure up to this reality. A great fact which accounted for this problem was the period after the Civil War, when large numbers of immigrants arrived in America, and most of the people was regarded as mentally ill. In 1940, public hospitals were filled up to their limits, due to continued growth in the number of patients, which made the environment unsuitable and hindered the work of health teams that the little they could

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do was bathe and feed patients.¹⁷

Only after several years and with the help of the struggle for Psychiatric Reform, which recommends new models of care to the mentally ill, was that the hospital, with its physical structure and care, began to follow a path that favored the well-being of patient during the hospitalization.

Overcrowding is a problem that is not directed only to the high demand of patients, but it is also to the poor physical infrastructure, inadequate dimensioning of health professionals and lack of options for new institutions and new treatment units. All these factors together make impracticable an adequate treatment and welfare of the patient, both in the mental health area as in all others.

The struggle for psychiatric reform aims to improve the care provided to mentally ill, without forgetting the importance of keeping it inserted in society, respecting him/her as a citizen and honoring their dignity. However, some health professionals in general present difficulties in adapt to the new care model, so that now the work is far from the institutions proposed by the Psychiatric Reform guidelines.

In this sense, nurses must be able to understand the problem of the person who suffers mentally, throughout the biopsychosocial context, understanding the effects of their attitudes and ability to intervene in this care context, identifying, describing and evaluating the effect of care dispensing to the patient, family and community.¹⁸

CONCLUSION

The professional participants' reality in this study presents the issues which are taken into consideration regarding the process of Psychiatric Reform in the state of Paraíba, while acknowledging some progress in this location, such as the reduction of hospital beds, the improvement of the physical structure and interaction between professionals and management of hospital.

It is worth mentioning that it is important to change the concept and attitude to mental illness and the patient. For this to occur, health professionals and society must adapt to the new concepts, even a distant reality, because we can observe that there is still prejudice against the mentally ill due to lack of knowledge and lack of interest of public health policy and society to adapt to a new insight into mental illness. However, it is

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believed it will be possible to envisage a society without walls, that accepts differences and respect the mentally ill, so they can live based on an ideology of ethics, humane and social reintegration.

It should be noted, however, that this progress does not happen from one moment to another, mainly because of the many forces that act in an opposite direction of the change in the hospital-centered model, that is, the interests that act in favor of maintaining the logical hospital, which pervades the economic interests of those for whom these institutions serve as major sources of income to those of the order of normalization and social control.

It is believed that the psychiatric reform is a constant struggle that it will still take many years to be understood by society in general. Now it is radical, sometimes realistic, but it has one main goal, which is to provide comprehensive and appropriate health care, seeking the welfare of the physical and mental patient. It is also a struggle to improve the quality of life of patients with mental illness, family and society where it operates.

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