ORIGINAL ARTICLE

REBUILDING NEW PARADIGMS IN MENTAL HEALTH CARE IN FAMILY HEALTH STRATEGY

RESUMO

Objetivos: conhecer as práticas de cuidado em saúde mental desenvolvidas por enfermeiras atuantes na Estratégia de Saúde da Família e caracterizar as ações programáticas específicas voltadas ao atendimento das demandas em saúde mental. Método: estudo exploratório desenvolvido com onze enfermeiras que atuam na Estratégia de Saúde da Família da cidade de Pombal/Paraíba/Brazil. Os dados foram coletados por meio de entrevista semi-estruturada, parecer favorável n° 551072010 emitido pelo Comitê de Ética em Pesquisa. Resultados: alguns profissionais de enfermagem pautam as suas ações assistenciais em conceitos psiquiátricos fundamentados no modelo biomédico de atenção a saúde. Essa evidência ilustra a real necessidade da ruptura com esse paradigma de atenção e o desenvolvimento de uma assistência em saúde mental integral e resolutiva. Conclusão: aventa-se a aplicação da educação continuada como instrumento indutor de mudanças nas práticas do cuidado no campo da saúde mental. Descritores: Saúde Mental; Atenção Primária de Saúde; Serviços de Saúde Mental; Assistência em Saúde Mental; Enfermagem.

RESUMEN

Objetivos: conocer las prácticas de atención de salud mental desarrollado por las enfermeras que trabajan en la Estrategia Salud de la Familia y caracterizar las acciones programáticas específicas encaminadas a satisfacer las demandas de salud mental. Método: estudio exploratorio desarrollado con once enfermeras que trabajan en la Estrategia Salud de la Familia de la ciudad de Pombal/Paraíba/Brasil. Los datos fueron recolectados a través de entrevista estructurada asentimiento n° 551072010 emitido por el Comité de Ética en Investigación. Resultados: un poco de atención de enfermería profesional orientado sus acciones en conceptos psiquiátricos basados en el modelo biomédico de atención de salud. Esta evidencia muestra la necesidad real de romper este paradigma de la atención y el desarrollo de una atención integral de la salud mental y decidida. Conclusión: Resalta la aplicación de la educación continua como una herramienta para inducir cambios en las prácticas de atención en el campo de la salud mental. Descriptores: Salud Mental; Atención Primaria de Salud; Servicios de Salud Mental; Asistencia de Salud Mental; Enfermería.
INTRODUCTION

In Brazil, in recent decades, a number of policy initiatives, scientific, social, administrative and legal has glimpsed the cultural transformation of society and the relationship with people who have mental disorders. In this context, we should note the Psychiatric Reform movement that is emerging in Brazil in the late 70's, driven by the Movement of Workers in Mental Health (MTSM).

The psychiatric reform is a political process and social complex, composed of diverse social actors, focusing on federal, state and municipal, universities, associations of users, relatives and friends of the Center for Psychosocial Care (CAPS) and the social imaginary.

One of the fundamental concepts of this movement is the psychosocial rehabilitation, which represents a set of programs and services that are developed to rescue the user autonomy by increasing its power contractuality. It is a process that aims at increasing the capacity of the subject to establish social and emotional exchanges in several places: at work, in family and in society. From this perspective, the Reformation is still understood as a new paradigm in mental health, as a set of transformations of knowledge, practices, social and cultural values in relation to mental illness, it is also characterized by impasses, tensions, conflicts and challenges.

From the Reformation is that the user is seen as an important social actor, as someone who has potential, with full right of citizenship, autonomy, acceptance and quality care in services such as CAPS, basic comunitária.1 This movement is an instrument that allows for the construction of new approaches, principles and values to people in psychological distress, driving new forms of mental health care.

Some years after the start of the Psychiatric Reform movement, is held VIII National Health Conference in 1986, which marked a milestone for the advancement of public health Brazilian and Reform and other discussions in the field of mental health. On that occasion, it was defined a new model of health care, serving as basis for the preparation of the 1988 Constitution. Since then, created the Unified Health System (SUS), which shows how doctrinal principles of universality, equity, integrity, and organizational guidelines as decentralization, regionalization, hierarchy and social control.

All these principles have enabled the structuring of health services, with emphasis on primary care, which has as its primary mode of action of the Family Health Strategy (FHS). This was created in 1994 by the Federal Government and is considered a form of primary health care, focusing on the family, in order to reverse the biomedical model of care - based on disease and treatment - for a model with a focus on health subject.  

The family health team starts to act more broadly, being responsible not only for patient care, family and society, but also by the action towards the early identification and severe mental disorders. Contrary to what one might imagine, the ESF must work not only with the programs established by the Ministry of Health (prenatal, diabetes, hypertension, tuberculosis, etc.), but with all the support so that it is allowed through physical resources, material and human resources.

According to the Ministry of Health, Primary Care teams, daily, faced with mental health problems in their reality. Thus, it is important that the integration between mental health and primary care for this present a proximity to families and communities, configuring itself as a strategic resource to face many problems in this area, such as alcohol abuse and other drugs, in addition to various forms of psychological distress.5 This strategy is configured as the primary mode of action of primary care and should detect complaints relating to mental suffering through listening, welcoming, offering treatment at the health unit or referring patients to specialized services.6

So we can see that the ESF works in the same perspective of psychiatric reform, embodied in everyday community with the concept of territory, forming bonds with people, multidisciplinary teamwork aimed at preventing disease, promoting health and improved quality of life of the patient.

The dynamics of mental health in primary care also allows better organization in attendance, treating people with mental health problems in their own reality, referring to the CAPS only serious cases, thus reducing the overhead of this service and therefore enabling better service. Thus, organizing mental health care in the ESF should be a priority, as it will produce an integral, continuous, quality patient in psychosocial distress.

The importance of the relationship between mental health and primary care is also due to the growing number of people with mental disorders. Epidemiological studies show that about four million people are
currently in the world of mental and neurological disorders or psychological problems.\(^7\)

This number has been undergoing a gradual increase, especially in developing countries. In 2008, Brazil had approximately 189 million inhabitants and a prevalence of mental disorders around 12% of the population, about 6% of the population suffers from disorders associated with alcohol and other drugs, and 10% require some care in mental health, in the form of medical, psychological, counseling, group counseling and other approaches. Thus, approximately 19% of the population has some type of psychosocial distress, requiring care in the mental health field. Besides the suffering and lack of care, these people experience stigma, shame, exclusion and, too often, death.

Results of a poll taken in St. Joseph Neighborhood and Scrubs, in the municipality of Cajazeiras, showed that there was a considerable demand for people in psychological distress, most discharged from psychiatric hospitals or making use of psychotropic medications. All these data reveal the extent of the problem to be faced in the health field. It is considered therefore that the relationship between mental health and primary care is imposed as something unavoidable and necessary in the field of public health policies of municipalities, especially for current managers in health. Thus, this study has the following objectives:

- To know the practices of mental health care developed by nurses Teams Strategy Family Health
- To identify the specific programmatic actions to meet the demands of mental health.

METHOD

Exploratory study not funded, developed in the 11 Health Units from the city of Pombal / PB / Brazil, in July 2010. This city is part of the geographical area covered by the Brazilian Semiariad. According to the Brazilian Institute of Geography and Statistics in 2009 the city had a population of 32,443,000 inhabitants. The research subjects were eleven nurses working in Health Family.\(^25\)

Data collection was carried out semi-structured interviews in the first part included data related to the following variables: gender, age, marital status, year of completion, training institution, the existence of the discipline of mental health on course, internship field experience and time in the ESF, the second part addressed open questions focused on the study objectives. Such data collection occurred in July 2010.

Data were analyzed using Microsoft Excel, Windows Vista Basic version, the frequency index and percentage, to outline the profile of the study subjects, the information learned from the interviews were subjected to the technique of thematic content analysis, subsidized in Bardin\(^11\) following the following steps: initial reading for the constitution of the corpus defined by eleven interviews; selection of units of contexts (paragraph) and log (sentence); coding, categorization (two categories) and interpretation of results.

It was adopted as mandatory criterion participation subject to signing the consent form, after obtaining assent No. 551072010 issued by the Committee of Ethics in Research of the Faculty establishes Santa as hereinafter the resolution 196/96 of CONEP / MS that comes on research involving humans in Brazil.

RESULTS AND DISCUSSION

It was found that all participants were nurses who work in the Family Health Strategies, This aspect refers to the history of nursing in Brazil, where care activities have always been attributed to women, so that if the profession was becoming predominantly female influenced by cultural and gender issues.

The age of participants ranged from 23 to 56 years. The majority 72.72% (n = 08), lies in the age group of 23 to 40 years, in which 54.54% (n = 06) were married, 27.27% (n = 03) are unmarried and 18.18% (n = 02) are divorced.

Regarding the fields of training in mental health during their training, 46% of respondents held the stage in traditional psychiatric hospitals, while only 27% did so in substitute services in mental health. This high rate is a limitation for proper learning in this area of knowledge, and contrary to the principles of the Psychiatric Reform, namely autonomy, freedom and citizenship.

In a study on the teaching of Psychiatric Nursing and Mental Health, held in undergraduate nursing in public universities of Rio Grande do Sul concluded that the teaching of these disciplines has focused on normal and pathological during the course of the life cycle, with influences the discourse of psychiatry and preventive psychoanalytic view. Moreover, the stages are performed predominantly in psychiatric hospitals, with an emphasis on asylum model, reinforcing the knowledge and practices of exclusion of madness.
It was found that two nurses (18%) completed the course from 1983 to 1990, a nurse (9%) from 1991 to 2004 and eight nurses (73%) from 2005 to 2010.

When comparing the period of completion of the course to the training field of mental health discipline, one can see that the eight nurses who completed their course from 2005 to 2010, five practical activities performed in Services substitutes and only three in Traditional hospitals. It is also observed that the professionals who completed the course between 1983 and 1990 all clerkship in Traditional Hospitals.

These data reflect the trajectory of mental health policies in Brazil, marked by psychiatric model until the 90s. From then began a policy that favored the reduction of beds and psychiatric hospitals and its replacement by substitute services. In 1996 there were in Brazil approximately 75 thousand beds in psychiatric hospitals. This number was reduced to 35,426 in 2009.

The process of reduction of beds was accompanied by a significant expansion of community care (CAPS), which since 2002 had its growth accelerated investments of the Ministry of Health (BRAZIL, 2006). In this period there were 424 CAPS throughout Brazil with coverage of only 21%. In 2010, this percentage increased to 63%, totaling 1541 services until June, considering the parameter of CAPS to 100,000.

In Paraíba, in 2002, there were only two CAPS, whereas in 2006 this number increased to 30 (Brazil, 2006). Currently, the state has 62 CAPS, appearing in 3rd place in the Northeast, just behind Bahia and Ceará.

Regarding the length of experience in the health strategy of the family, the nurses interviewed were between four months and 11 years of experience in FHS, with the majority (46%) had two to five years of experience.

The above six months experience in the ESF is of great importance to the construction of a qualitative study data, since in this range the nurse is already able to acquire basic information about the municipality and the population served in the catchment area of their basic health unit.

The results of the content analysis showed two broad categories, namely mental health care developed by nurses and Challenges for the integration of activities in mental health care.

- Mental health nurses developed strategies for family health

The Family Health Strategy is configured as a gateway to health services. Therefore, should meet the demand that seeks to resolve their grievances physical, psychological or social.

Regarding the organization of work at FHS de Pombal - Paraíba, all services are organized on a demand schedule service, given also the spontaneous arriving at UBS, the units of analysis included the following:

 [...] We have a schedule of attendance during the week, but also meets the population seeking the post spontaneously [...]. (E1)

Among the programmatic actions are present in ESF assistance to women's health, adult health and the elderly, health and child and adolescent mental health.

Mental health is addressed as specific programmatic action in the majority (54%) of the ESF, in the form of community care, as the following examples.

 [...] Every Friday is a group of community care here [...] we did a specialization course of six months by the city and funded by the Ministry of Health [...]. (E5)

 [...] I work with a group therapy for elderly [...] we started working with them the need that they had to take the time [...] here were many elderly depressed, because idleness , the empty nest syndrome, retirement [...] from there we started to perform a physical activity with them - ride in the afternoon [...] later, we started with the group [...] here we do various activities like sewing, embroidery, cooking, painting, to occupy the time [...] the results are amazing [...] [...]. (E6)

The Community Therapy is a tool host for sharing sorrows and wisdom of life, which is so circular and horizontal. Therefore, it is a space for listening, reflection and exchange of experiences, establishing social exchanges among participants, with the goal of seeking solutions to personal and family conflicts. One of its features is the formation of supportive social networks and the use of popular culture as support for solutions of problems experienced by the community. 

Corroborates with research that emphasized the community therapy as a new tool for mental health care in the elderly, held in the city of João Pessoa - Paraíba, that therapy community has given satisfactory answers to those who benefit from it. Being a working tool that can be used by health professionals in mental health promotion, helps these professionals better understand the concerns and problems of the community and its therapeutic target, improving the quality of life.

With respect to home care in mental health, seven nurses (63%) said they had done
some sort of care at home, mostly to refer the patient to specialized services, guiding caregivers and family members about the disease, detect evil treatment.

[...]

Home visits are important tools in nursing care and can be used in different ways more attention to patients, be they neurological, hemodynamic, oncology, oncology, configuring itself as a form of primary health care. During the visits, the team must devise a plan with goals and objectives to support the user and family, especially that patient egress lengthy psychiatric hospitalization.

Nursing visits are directed to the user orientation and family on mental illness, emphasizing self-care, medication use, among other things. The FHS team must act intersectoral, seeking cooperation with other sectors of society, such as commerce, clubs, schools, churches and associations.

The results of this study showed that the total interviewed, seven nurses (63%) still do not perform a control of psychotropic medications used by users of the FHT.

[...]

The indiscriminate prescribing and overuse of psychiatric drugs have become a frequent practice in routine public health services. Such consumption is related to the dominant role played by the pharmaceutical industry in the health and strength of the biomedical model biologization anchored in the health / disease process, the concepts and practices of health.

These results corroborate those reported by Guedes et al. in partnership with the National Research Council in a study that sought to define the profile of demand for mental health in two Health Units from the city and Cajazeiras - when PB stated that the use of drugs is seen as the main therapeutic FHS these as well as other levels of care in the SUS. However, note that the problem with the medication becomes more serious, especially the lack of systematic monitoring by the health team and its chronic use.

There must be a control of psychotropic drugs used by patients in each area covered by the ESF in order to reduce the indiscriminate use and abuse of these drugs, thus preventing the chronicity of mental illness.

According to the results, it is considered that mental health has emerged yet as a field of knowledge and practice of not articulated to basic health care in the city under study. Despite all the efforts that the psychiatric reform has generated many professionals, especially nurses, have yet in practice the logic of exclusion - based reductionist theories psychiatric and organic - hence the importance of the discussion of these theories should be directed to the understanding of psychosocial suffering of the subject.

- Challenges to the integration of activities in mental health care

Nurses demonstrate that the main challenges encountered in mental health work in the ESF are lack of training and interaction with specialized services as examples covered in the analysis units below:

[...] We have no greater preparation [...]. (E3)

[...] If psychiatric disorder we are heading straight to CAPS, and forwards calls to family over there, because there is that they have a doctor who will take care of it [...]. (E8)

[...] I do not feel fully prepared [...] there should be a multidisciplinary team to facilitate the work [...]. (E11)

Our data go in the same light of the findings of Casé et al. For this study it was found that the level of information of the PSF teams on issues related to mental health is still low.

Most teams are not able to meet the demand for mental health, assigning that role to psychiatrists and psychologists. Often, there is a strong tendency to biomedical and hospital, in which the focus of attention is the disease and not the subject as a whole. In this context, it is necessary to demystify and deconstruct psychotratized this vision of madness, which has long permeates the collective imagination of professionals and the community.

For this, it is essential to promote a training that prepares professionals for the care and monitoring of individuals with mental disorders. This training must occur in a two-way street, where he needed to learn Mental
Health Team with the family health teams, especially regarding the operation of the unit and its activities, but also about the community, its customs, habits and ways of life.1

The plan for the inclusion of mental health services in primary care proposes starting work in mental health FHS with the development of a Municipal Plan for inclusion of mental health in the Basic Network, which must be first presented to the Municipal Council of Health (CMH) and the Municipal Health Service (SMS), realizing then meetings with the Family Health Teams.

This author through his experience on serious disorders in primary proposes the formation of Wheels Mental Health Teams. These teams are composed by professionals from CAPS and Support Center for Family Health (NASF). First the steering team should know the reality of FHS. Afterwards there should be a discussion of concrete cases that are attended by staff and, thereafter, will be held shares of the FHS team training.

By starting the work in the community, teams must find out where are the serious patients. One patient in crisis does not necessarily require referral to CAPS, and the majority can receive care at UBS.21

Special attention should be given to patients with severe mental disorder frames, but they are not in crisis, and maintain a stable life. These patients should receive attention from FHS in the sense of listening and reception.5,22

Another challenge mentioned by the subjects in this study was the lack of coordination between services, as exemplified by the following units of analysis:

[...] There is also the issue of counter-reference is not made [...] the patient goes to CAPS and we do not have a tracking back after he [...]. (E9)

The system of reference and counter-reference is one of the strategic points for deploying SUS, since it is from your organization that referral of patients with emphasis on completeness, it becomes a practice possible.23

The completeness involves the scope of promotion, prevention, protection, treatment and recovery, assisting the individual in the community, seeing it as a whole mind-body.24

It is observed that the mental health services in primary care developed the city of Pombal compromise the effectiveness of the principle of completeness, since there is a disconnection between the primary care services and mental health, but also the lack of preparation of nurses in dealing with the subjective dimension of the patient.

Therefore, the reality requires the overcoming of prescriptions and referrals to a practice that favors the communicability between primary care and specialist mental health services, thus generating a shared responsibility by the subject.25

**FINAL REMARKS**

In recent years, the Ministry of Health has encouraged the inclusion of expansion policies, formulation, training and evaluation of primary care directed to mental health problems and users, emphasizing the creation of multidisciplinary teams that care network.

This study aimed to know the practices of mental health care developed by nurses Teams of Family Health Strategy and identify specific programmatic actions to meet the demands of mental health.

Despite all the impulses that psychiatric reform has generated, especially regarding the construction of new concepts and ways of coping in mental health, it is clear that the actions and care in this area are still preliminary and that there is a lack of coordination between services substitutive and primary care. In mental health the most important is the person who suffers. Therefore, there is need for professionals in this field of knowledge join forces and partner with projects and programs of society, such as the Network of Primary Care, through the Family Health Strategy.

It is apparent the need for coordination between the ESF and the CAPS II the city of Pombal - PB. The FHS shows up a technology to be further explored as a tool for community care in mental health, despite the efforts of some professionals looking to develop mental health services in their units. Some nurses also work with psychiatric concepts based on the biological model - based on disease, the medicalization - highlighting the need to break this paradigm of care, even hegemonic actions in nursing offered at FHS, through training courses on mental health.

The ongoing training of Family Health Teams and Mental Health, particularly nurses, constitutes the starting point for the reinvention of health practice, professional practice from a new approach to the disease process, with focus on family health - taking it as a partner in treatment - and building support networks and integration. Thus, the ongoing training of the workforce is essential for the transformation of the working process towards the realization of the SUS.
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Submission: 2012/08/09
Accepted: 2013/12/19
Publishing: 2014/04/01

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