



## THE RESPONSIBILITY OF PRIMARY CARE WITHIN THE MENTAL HEALTH: INTEGRATIVE REVIEW

### A RESPONSABILIDADE DA ATENÇÃO BÁSICA NO ÂMBITO DA SAÚDE MENTAL: REVISÃO INTEGRATIVA

### LA RESPONSABILIDAD DE LA ATENCIÓN BÁSICA EN EL ÁMBITO DE LA SALUD MENTAL: REVISIÓN INTEGRATIVA

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#### ABSTRACT

**Objectives:** to explain succinctly the responsibility of primary care within the mental health and propose a flowchart of service generally to that work and are in need of mental health services. **Method:** descriptive study conducted through integrative literature review, using scientific publications available in the databases LILACS, Medline and BDNF, between the years 2006 to 2012, with final sample 18 articles. **Results:** the integration of the principles of psychiatric reform with the Sistema Único de Saúde (SUS) Brazil's are indispensable tools in the care to the carrier of psychic suffering. This takes place through the psychosocial model, integrality of attention, social participation, territoriality and collective actions, which work effectively when there are professional preparation for working with this demand and support of the community. **Conclusion:** therefore, we realized that all these actions can only be reached through a larger view/holistic psychic suffering carrier and through the establishment of a network of integrated mental health with primary health care. **Descriptors:** Primary Health Care; Mental Health; The family health program.

#### RESUMO

**Objetivos:** explicar de forma sucinta a responsabilidade da atenção básica no âmbito da saúde mental e propor um fluxograma de atendimento de forma generalizada aos que trabalham e necessitam dos serviços de saúde mental. **Método:** estudo descritivo realizado por meio de revisão integrativa da literatura, utilizando publicações científicas disponibilizadas nas bases de dados LILACS, Medline e BDNF, entre os anos de 2006 a 2012, tendo como amostra final 18 artigos. **Resultados:** a integração dos princípios da Reforma Psiquiátrica com o Sistema Único de Saúde do Brasil (SUS) são ferramentas indispensáveis no cuidado ao portador de sofrimento psíquico. Este se dá através do modelo psicossocial, integralidade da atenção, participação social, territorialidade e ações coletivas, que funcionam efetivamente quando se há preparo profissional para trabalhar com esta demanda e apoio da comunidade. **Conclusão:** logo, percebemos que todas estas ações só poderão ser alcançadas através de uma visão ampliada/holística do portador de sofrimento psíquico e através da constituição de uma rede de saúde mental integrada com a atenção básica. **Descritores:** Atenção Primária; Saúde Mental; Programa Saúde da Família..

#### RESUMEN

**Objetivos:** explicar de forma sucinta la responsabilidad de la atención básica en el ámbito de la salud mental y proponer un flujograma de atendimento de forma generalizada a los que trabajan y necesitan de los servicios de salud mental. **Método:** estudio descriptivo realizado por medio de revisión integrativa de la literatura, utilizando publicaciones científicas disponibles en las bases de datos LILACS, Medline y BDNF, entre los años de 2006 a 2012, teniendo como muestra final 18 artículos. **Resultados:** la integración de los principios de la Reforma Psiquiátrica con el Sistema Único de Salud de Brasil (SUS) son herramientas indispensables en el cuidado al portador de sufrimiento psíquico. Este se da a través del modelo psicossocial, integralidad de la atención, participación social, territorialidad y acciones colectivas, que funcionan efectivamente cuando se tiene preparo profesional para trabajar con esta demanda y apoyo de la comunidad. **Conclusión:** luego, percibimos que todas estas acciones solamente podrán ser alcanzadas a través de una visión ampliada/holística del portador de sufrimiento psíquico y a través de la constitución de una red de salud mental integrada con la atención básica. **Palabras clave:** Atención Primaria; Salud Mental; Programa Salud de la Familia.

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## INTRODUCTION

With the Brazilian re-democratization process, in the early 80, it is strengthened the movement for the health reform, having as flags: improving the health conditions of the population, the recognition of health as a universal right, the reorganization of the attention from the principles of integrity and fairness and responsibility of guaranteeing the right to health as being the duty of the State.<sup>1</sup>

The Psychiatric Reform process appears in the national context from the 1980 's of the 20<sup>th</sup> century and it has the proposal to break the psychiatric clinical model centered on hospital reference, in a process of deconstruction and reconstruction of attention the person suffering mentally. Thus, the psychosocial care sends us to the reinsertion practices and permanence of this subject in the social conviviality, which requires articulation of primary care with the new proposals of the substitutive services to psychiatric hospitalization, and having as an effective policy of primary health actions in Brazil the Family Health Strategy (FHS). It is for this device that we direct our reflection, since the attention to mental health is recognized as a real challenge in the process of completion of the ESF, as well as the possibility of integral assistance to the different subject/families.<sup>2</sup>

In Brazil, the Ministry of health adopts, since 1994, the Family Health Strategy (ESF) which aims to structure the municipal systems to reorder and promote the transformation of the traditional biomedical model of attention, seeking to rationalize the use of other assistance levels. In the Brazilian context, in the area of mental health, the public policies have structured, for users with severe mental disorders, a replacement model to the hospital-centered.<sup>3</sup>

The basic attention should be the preferred entrance door of SUS and the level of attention to performance in the following strategic areas: Elimination of leprosy, tuberculosis control, control of hypertension and diabetes mellitus, elimination of child malnutrition, child health, woman and elderly, dental health and health promotion. With a strategic position in the Unified Health System (SUS) to ensure the universality of access and universal coverage, the basic attention the effectuation of completeness: integration of programmatic actions and spontaneous demand; articulation of the actions of health promotion, prevention of diseases, health surveillance, treatment and rehabilitation; work of interdisciplinary and

team form, and care coordination services network.<sup>4</sup>

About this discussion, it is possible to observe that the completeness of the care needs to be worked in different dimensions to be reached as completely as possible. The articulation of the actions of health services requires the professional to recognize and put in evidence the connections and linkages existing between interventions carried out, being these referred to its own worker process regarding actions taken by the other team members. Professionals in the primary care, living with the community in which they operate can trigger significant changes in their service area, when observing the daily life of those people based on the theories and concepts of the SUS. In that respect, fundamental assignments of these professionals in the basic attention are the planning of actions, health promotion and monitoring; interdisciplinary work in team and integral approach of the family.<sup>5</sup>

Given the above, the study will be guided by the following questions: what is the responsibility of primary health care within the mental health? And within their scientific contextualization propose a flowchart of therapeutic care targeted to that work and are in need of mental health services.

Therefore, the objective was to summarize publications on the responsibility of primary health care in the context of mental health during the period from 2006 to 2012.

To answer the guiding question, the objective in this study was to describe the responsibility of primary care within the mental health, so as to show how the assistance in the sphere of primary health care could become effective reference service and against reference.

## METHOD

To contemplate the objectives proposed, we used in this research an integrative review as a methodological path operationalized through the steps of the problem formulation, data collection, data evaluation, analysis and interpretation of data collected and presentation of results<sup>6</sup>. On the integrative review, it is allowed the simultaneous inclusion of experimental and semi-experimental research, providing a more complete understanding of the focus of interest. It allows also the targeting to the definition of concepts, theories review and methodological analysis. In addition, it provides important data that it can be linked directly to professional practice or clinical practice.

The integrative review, in addition to the already pointed out, allows the dissemination of knowledge, because a single study provides the reader the results of several researches<sup>7</sup>. The guiding question of the realization of this study was the following: what is the responsibility of the primary care within the mental health?

For the identification of the object of study in the literature, initially it was held to search the following indexed databases the Virtual Health Library (VHL): Latin American literature and Caribbean Health Sciences (LILACS), Medical Literature Analysis and Retrieval System online (Medline), databases in nursing (BDENF). Although this study is a survey, it did not present the need for approval by the Committee of Ethics in Research, since it handles with free data-access therefore not being documents that require ethical patient confidentiality.

At first, to search for articles, the following key words were used, both in Portuguese and English: "Primary Care"; "Mental Health"; "Family Health Program". After selection, the articles were read in their entirety and selected according to the following inclusion criteria: periodicals published in Portuguese and English with titles and summaries consistent with the theme of research; full texts of scientific literature dealing with the issue and articles published in these databases within the last 6 years. The searches were conducted in the 9/1/2012 9/30/2012, generating a total of 28,187 periodicals who presented the Portuguese as a language and 40,740 scientific journals in English, as explains the figures below (Figure 1/Figure 2).

The strategies used for the removal of the articles were adapted for each of the databases, according to their specific access, having as a guiding axis the question and inclusion criteria. During the selection, some articles have been deleted according to some criteria, namely: works that cover other types of thematic, scientific productions with experimental animals, works aimed at children and, lastly, articles that did not have the Portuguese and English as a second language. The searches were carried out between 9/1/2012 to 9/30/2012, 28,187 (Portuguese) and 40,740 (English) available studies, 18 articles constituted the final sample as provided in the Figure-3, below:

The location of articles and corpus of the study was conducted by two authors independently as a strategy to ensure the legitimacy of the content of analysis<sup>8</sup>. For data collection, an instrument has been prepared (Figure 4), comprising the following

items: publication title, periodic, year of publication, design/type of evidence, the author(s) and purpose of the study.

The process of data analysis occurred through textual analysis, which is a way of deepening and diving in discursive processes, aiming at achieving knowledge in the form of reconstructed understandings of the speeches. This method of analysis allows identifying and isolating the contents of statements it submitted, categorizing such statements and producing texts, in order to integrate description and interpretation. The textual analysis uses as the foundation of its construction the system of categories, the corpus - set of texts referred to, which represents the multiplicity of world views of subjects about the phenomenon investigated.<sup>9</sup>

## RESULTS

The bibliographic survey held in electronic databases MEDLINE, LILACS and BDENF, during the period from 2006 to 2012, found a total of 18 publications that met the inclusion criteria established. Through the analysis of the 18 selected articles, (7-38.88%) of studies were found in the databases MEDLINE and LILACS. It was observed that prevailed the publications arising from the years of 2009 (6-33.33%) and 2011 (6-33.33%).

As theoretical reference, it was adopted the evidence-based practice (EBP), which emphasizes the use of research to guide clinical decision-making and requires the learning of skills to the use of different processes to evaluate critically and reflectively literature.

The evidence is defined as the presence of facts or signs clearly show that something exists or is true, i.e. evidence is proof or demonstration that this something could be legally submitted for truth-telling of a subject<sup>10</sup>. It was proposed a six-level classification for the assessment of evidence from the research, in which level 1 is focused on nature studies for meta-analysis of multiple controlled studies, level 2, to individual experimental, i.e. the randomized clinical trial, level 3 to research almost experimental, as non-randomized clinical trial, single group pre-and post-test, time series or case control, level 4 to non-experimental descriptive correlational research, and research on comparative qualitative methodological approach and case studies, level 5 program evaluation data obtained in a systematic manner, and, finally, studies of nature that are at level 6, experts' opinions, reports from experience, consensus from national/international conferences, rules

and laws. Such classification considers the methodological approach of the study, the research design employed and its accuracy. The data used in this study were properly referenced, respecting and identifying their

authors and sources of research, ethical and scientific rigor. The studies are summarized in Figure 4, below:

Variables used for the examination of the publications located

	Title of the Article	Periodic	Year	Delineation/Type of Evidence	Author (s)	Objetive
I	Mental health in primary care: a convergent approach to assistance.	Revista Gaúcha de Enfermagem.	2011	Estudo qualitativo que utiliza com abordagem a pesquisa convergente assistencial/4. Qualitative study that uses as an approach the care convergent research/4.	Antonacci MH, Pinho LB.	This study aims to meet the expectations and aspirations of the community in relation to the deployment of a group of mental health in primary care.
II	Work in the primary care: integrality of care in mental health.	Revista da Escola de Enfermagem da Universidade de São Paulo.	2009	Qualitative research/4.	Caçapava JR, Colvero LA, Martines WRV, Machado AL, Aranha e Silva AL, Vargas D, Oliveira MAF, Barros.	Consists of mapping the patient with care needs in the field of mental health in a UBS.
III	Mental health and primary health care in health: analysis of an experience at the local level	Ciência & Saúde Coletiva.	2009	This research constitutes a qualitative case study/4.	Silveira DP, Vieira ALS.	Mapping the mental healthcare modalities developed in a mixed health unit.
IV	Mental health in primary care: necessary skills Constitution.	Revista Brasileira de Enfermagem.	2010	Essay prepared from historical assumptions/4.	Neves G, Lucchese R, Munari DB.	This work aims to reflect on the necessity of creation of new knowledge, making for mental health care in primary health care.
V	Actions of mental health in the family health program: confluences and dissonances of practices with the principles of the psychiatric and health reforms.	Caderno de Saúde Pública.	2007	Ethnographic study with four family health teams/4.	NunesM, Jucá VJ, Valentim CPB.	In this article, we will discuss the articulations between these two movements through concrete practices of care for mental health in the family health program (FHP).
VI	Saúde mental na atenção primária à saúde: estudo avaliativo em uma grande cidade brasileira.	Ciência & Saúde Coletiva.	2011	Evaluative research, predominantly qualitative and participatory/4.	Campos RO, Gama CA, Ferrer AL, Santos DVD, Stefanello S, Trapé TL et al.	The present study sought to assess the linkage between the networks of primary health care and mental health in areas of high social vulnerability of a large Brazilian city.
VII	The psychiatric reform in Brazil: a (re) view.	Ciência & Saúde Coletiva.	2009	Revisão da Literatura/4.	Hirdes A.	This article aims to contextualize the Brazilian psychiatric reform, from reviewing the political, theoretical and practical references.
VIII	Mental health actions in the primary care: path to expansion of integrality of attention.	Ciência & Saúde Coletiva.	2009	O desenho do estudo de caso, descritivo e exploratório, com abordagem quantitativa e qualitativa/4.	Tanaka OY, Ribeiro EL.	The work shows that pediatricians have low ability to recognize mental health problems in children.
IX	Family background and children's mental health issues in the family health program.	Revista Saúde Pública.	2007	Study of traverse design/3.	Ferriolli SHT, Marturano EM, Puntel LP.	To analyze the association between family background variables and the risk of emotional/behavioral problems in children enrolled in the family health program.
X	Prevalence of common mental disorders and	Jornal Brasileiro de Psiquiatria.	2011	Transversal research, random sampling of systematic/type 4.	Moreira JKP, Bandeira M, Cardoso	To evaluate the prevalence of suspected cases of common mental disorders in

	associated factors in a population assisted by teams of the family health program.					CS,Scalon JD.	a population assisted by a team of the program health of the Family and to investigate the factors associated with the occurrence of this morbidity.
XI	The psychiatric reform and the establishment of interim practices in mental health: an institutional reading about the experience of a day-care center.	Caderno Saúde Pública.	2007	Literatura Review/4.		Koda MY, Fernandes MIA.	This article aims to develop a reflection on the process of Constitution of the mental health services.
XII	Prevention of mental health problems in children: families in Mind set of randomized controlled study population base.	BMC Public Health.	2012	Randomized study/2.		Hiscock H,Bayer JK,Lycett K,Ukoumunne OC,Shaw D,Gold l et al.	This study aims at efficiency, costs and funding of two approaches to the prevention of early childhood mental health.
XIII	Mental health in the family health program: paths and dead ends of a trajectory required.	Caderno Saúde pública.	2009	Exploratory-descriptive methodology/4.		Lucchese R,Oliveira AGB,Conciani ME,Marcon SR.	The objectives were to analyze the concrete conditions of mental healthcare in PSF units.
XIV	Nursing care for people with mental disorders and their families in the primary care.	Acta Paul Enferm.	2012	Qualitative study approach/4.		Waidman MAP, Marcon SS, Pandini A, Bessa JB, Paiano M.	To know how the nurses who work in the primary care, more specifically in the Family Health Strategy (FHS) realize their training to assist the person with mental disorder and his family.
XV	Evaluation of patient satisfaction with the care of mental health in the family health strategy.	Revista da Escola de Enfermagem da Universidade de São Paulo.	2011	Case Study/4.		Coimbra VCC, Kantorski LP, Oliveira MM, Nunes CK, Eslabão AD.	This research aims to assess the satisfaction of patients suffering from distress accompanied by the Family Health Strategy.
XVI	Domiciliar visit in mental health care.	Ciencia y Enfermerla XVII.	2011	Literatura Review/4.		Silva CMC, Teixeira ER, Sabóia VM, Valente GSC.	Describe the process of home care to mental health in the context of the FHP.
XVII	Promoters as mental health professionals in primary health care: A multi-objective study intervention Method for Contextual Addressing Sources of Depression.	J Community Health.	2011	A multi project included quantitative and ethnographic techniques /4.		Waitzkin H,Getrich C,Heying S, Rodriguez L,Parmar A, Willging C et al.	It was evaluated the role of promoters-Community Health Workers briefly trained in community health centers depression.
XVIII	Mental Health in primary care: an epidemiological study based on risk-based approach.	Revista Brasileira de Enfermagem.	2009	This is a transversal epidemiological study/3.		Andrade FB, Bezerra AIC, Pontes ALF, Filha MOF, Vianna RPT, Dias MD et al.	To accomplish the population at risk for mental illness.

Figure 1. Source: Research data, 2012.

## DISCUSSION

Health at Brazil has as a model of attention, historically prevalent, the practice focused on the disease, focusing hospital centers, mercantiled relationship between doctor and patient. In mental health, the

more complex situations are located in territorial and attention are the ones that need more monitoring, attention and professional responsibility<sup>11</sup>. This is a reverse logic of general health that have their high-complexity procedures in hospitals, while in psychiatric hospitals, the actions are based on isolate, medicate, guard. We can say that

meeting the individual with mental disorder and family in FHS configures itself in a complex situation.<sup>12</sup>

The experiences of capillarization and internalization of public health actions, through the family health Strategy (FHS), are significant in order to demonstrate the potential of special policies incursion in this scenario, as is the case for the inclusion of mental health actions in the FHS<sup>13</sup>. The concept of territory, present in FHS, establishes a strong interface with expensive Brazilian psychiatric reform principles, such as the notions of territoriality and accountability by demand, in addition to giving a new meaning to the actions and planning of mental health in the context of primary health care, making it possible to migrate from the traditional psychotherapies model to a model in which the patient is considered as social-subject in a relational approach, in which the subject is conceived as a participant of their social networks and ecological environment.<sup>14</sup>

The primary care has the potential to develop two main types of mental health actions. The first is to detect the complaints relating to distress and provide a qualified one in this type of listening problem; the second comprises the various forms of dealing with the problems detected, offering treatment in primary care or referring patients to specialist services.<sup>15-6</sup>

A simple way to modify the printed manuals, such as the improvement in the mental health world assistance, can be in a simple flowchart of the Family Primary Health Unit, which can be defined as a diagram that is used to draw all the stages of the work process, from the trajectory of the patient in the service, namely: the input or output of the production process; the moments of decision for the continuity of the work and the moment of intervention, action on the process, as shown in Figure 5<sup>17-9</sup>:

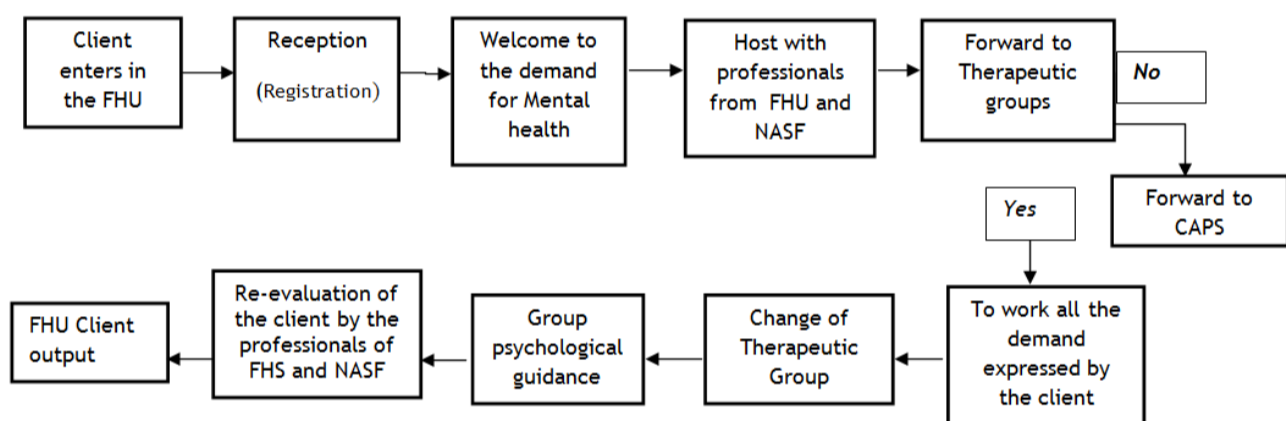


Figure 2. Source: Research data, 2012.

However, some weaknesses or inconsistencies are identified in the development of the FHU and appear to be similar to the difficulties encountered in the implementation of the mental health policies in the country, which are highlighted: the verticalization and normativity of FHU reinforce the prescriptive and authoritarian character, typical of the traditional programs developed by the Ministry of health, hindering the adequacy of assistance to local realities; The unpreparedness of the professionals to deal with content related to the psychic suffering and subjective needs in daily life of assistance; the trend in medicalization of symptoms and, finally, the difficulty of establishing in fact reference services and reference.<sup>20-2</sup>

In the pursuit of reducing this gap in assistance, the General Coordination of Mental Health (GCMH)-DAPE/SAS/MS developed, from 2001, a series of papers on the relationship between mental health and

primary health care<sup>23</sup>. The main guidelines for this articulation are:

- # Matrix Support of mental health teams of FHP: Resolutive capacity increase of the teams;
- # Prioritization of mental health in the formation of teams of primary care;
- # Actions for monitoring and evaluation of the actions of mental health in primary care.

One of the main strategies proposed is the creation of matrix support teams, whose function consists in supervisory actions, shared care and training in service, conducted by a team of mental health for primary care professionals or teams.<sup>24-5</sup>

## FINAL REMARKS

Mental health actions for a long time were considered so isolated, where it was sought the promotion of these actions from the exclusion of social, economic, cultural, political factors, among others. In this way,

the understanding, in the context of mental health, passing through the sieve of these concepts in order to understand how unemployment, increased poverty, abandonment, hopelessness, social isolation, among other situations, affect the quality of people's lives.

To meet with completeness means contemplate the problems of mind and body issues, and their relationship, favoring transdisciplinarity. The work of the FHP is useful precisely in order to overcome the hospital model centric, focusing attention on the family, and not on the individual patient. To promote mental health includes develop actions that seek to minimize the aggravations and social determinants of illness.

We developed this analysis with the purpose of contributing to an understanding of the effects of transformations in the context of mental health care, with regard to their psychic dimension, understood on the basis of the system of support represented by groups and by the institutions. It is noted that, in the actions of mental health in primary care, still dominated by the biomedical model of health care organization, the psychiatrization of care in mental health, the bureaucratization of the worker process and the centering in intramural.

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