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COMMUNITY THERAPY AND STRENGTHENING OF MENTAL HEALTH CARE IN PRIMARY HEALTH CARE

TERAPIA COMUNITÁRIA E FORTALECIMENTO DO CUIDADO EM SAÚDE MENTAL NA ATENÇÃO BÁSICA

TERAPIA COMUNITARIA Y FORTALECIMIENTO DE LA ATENCIÓN A LA SALUD MENTAL EN LA ATENCIÓN PRIMARIA

Fabia Barbosa de Andrade¹, Iris do Céu Clara Costa², Maria de Oliveira Ferreira Filha³

ABSTRACT

Objective: to discuss how Community Therapy strengthens mental health care in the Basic Health Attention. **Method:** this was a qualitative study conducted with 13 community therapists in the municipality of João Pessoa-PB. The instrument for data production was a semi-structured interview form. The data were analyzed based on the Thematic Categorical Analysis. The study was approved by the Committee of Ethics in Research under CAAE 4876.0.000.351-09. **Results:** three thematic categories emerged to promote the strengthening of mental health care: 1. Community Therapy: a prevention tool; 2. Decrease in psychoactive drugs consumption, and 3. Strengthening of the network's gateway for mental health and psychosocial support. **Conclusion:** mental health can be strengthened in meetings for Community Therapy because they promote the sharing of people's lives and empowerment to face emotional suffering. **Descriptors:** Mental Health; Primary Health Care; Nursing.

RESUMO

Objetivo: discutir de que modo a Terapia Comunitária fortalece o cuidado em saúde mental na Atenção Básica de Saúde. **Método:** estudo qualitativo realizado com 13 terapeutas comunitários no município de João Pessoa/PB. O instrumento para a produção dos dados foi um formulário de entrevista semiestruturado. Os dados foram analisados à luz da Análise Categrical Temática. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE 4876.0.000.351-09. **Resultados:** para promover o fortalecimento do cuidado à saúde mental, emergiram três categorias temáticas: 1. Terapia Comunitária: uma ferramenta de prevenção; 2. Diminuição no consumo de psicofármacos e, 3. Fortalecimento da porta de entrada para a rede de saúde mental e de apoio psicossocial. **Conclusão:** a saúde mental pode ser fortalecida nos encontros de Terapia Comunitária, uma vez que esses encontros promovem a partilha de vida das pessoas e empoderamento no enfrentamento dos sofrimentos emocionais. **Descritores:** Saúde Mental; Atenção Primária em Saúde; Enfermagem.

RESUMEN

Objetivo: discutir cómo la Terapia Comunitaria fortalece la atención a la salud mental en la Atención Primaria. **Metodología:** estudio aplicativo cualitativo realizado junto a 13 terapeutas comunitarios de la municipalidad de João Pessoa/PB. Los datos fueron producidos a través de un formulario de entrevista semiestructurado. Los datos fueron analizados de acuerdo con el Análisis Temático-Categorial. El proyecto fue aprobado por el Comité de Ética en Investigación, CAAE 4876.0.000.351-09. **Resultados:** para promocionar el fortalecimiento de la atención a la salud mental, fueron creadas tres categorías temáticas: 1. Terapia Comunitaria: herramienta de prevención; 2. Disminución del consumo de psicotrópicos; y, 3. Un mejor acceso a la red de salud mental y apoyo psicossocial. **Conclusión:** la salud mental puede ser fortalecida en los encuentros de Terapia Comunitaria, pues estos encuentros promoven el intercambio entre las personas y ayuda a combatir la angustia emocional. **Descriptores:** Salud Mental; Atención Primaria; Enfermería.

¹RN, Professor PhD, Trairi College of Health Sciences (FACISA)/Federal University of Rio Grande do Norte (UFRN). Santa Cruz (RN), Brazil. E-mail: fabiaabarbosa@yahoo.com.br; ²Surgeon-Dentist, Professor PhD in Dentistry, Post-doctoral fellow in Social Psychology, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mail: iris_odontoufrn@yahoo.com.br; ³RN, Community Therapist, Professor in Nursing, Undergraduate/Graduate School of Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: marfilha@yahoo.com.br.

INTRODUCTION

Mental health assistance finds support in the hospital centered model since 1980. This process, known as deinstitutionalization in Mental Health or Psychiatric Reform, has received the attention of leaders and professionals in the field, been supported at Mental Health Conferences, ordinances, and ministerial legislation based on an important theoretical landmark in the area of Mental Health for Latin America, the Declaration of Caracas, which condemns the exclusivity given to psychiatric hospitals as the only form of assistance to persons with mental disorders.¹

The Declaration of Caracas and the National Conference on Mental health, as well as practical landmarks such as the creation of the Center for Psychosocial Care (CAPS) began to give the legal basis that triggered the Psychiatric Reform. In addition, a new Mental Health care model began to be outlined by a network of local and community-based services replacing the asylum model.²

PAHO/WHO studies have revealed that, in 2000, the mental and neurological disorders accounted for 12% of the total number of years of disability adjusted life (AVAI), lost because of crippling diseases (depressive disorders and schizophrenia resulting from disorders related to substance abuse, epilepsy, mental retardation, childhood and adolescent disorders, and Alzheimer's disease) and that in 2020, the burden of these diseases would grow to 15%, and only a minority had been receiving appropriate treatment.³

Successful experiments conducted in several Brazilian municipalities indicate that the development of basic actions in mental health by the ESF appears as a complementary strategy and instrumental in the consolidation of the model of community-based health care, where health promotion and disease prevention are considered strategic actions to maintain a better quality of life, among them the Community Therapy (TC). In TC meetings the dialogue is rescued, residents become stronger, and the everyday experience becomes indispensable elements in the composition of their community identity.

The ESF lies in this reality and is contemplated in this scenario of attention to mental health, seen as the primary care level, i.e., the gateway for community health needs and health professionals as implementers of care technologies to ensure the prevention of mental illness. Thus, the present study aims to:

- Discuss how Community Therapy strengthens mental health care in the Basic Health Attention.

METHOD

The present study is inserted in the research project entitled The Community Therapy as a tool for the inclusion of Mental Health in the Primary Care: evaluation of the user's satisfaction. The study was approved by the Committee of Ethics in Research (CEP) from the State Health Secretary (SES) from Paraíba under CAEE number 4876.0.000.351-09.

This was a qualitative study, carried out from May to July of 2009, in the city of João Pessoa-PB. The sample comprised 13 community therapists, randomly chosen by drawing, considering as the inclusion criterion the list of therapists provided by the Municipal Health Secretary from João Pessoa/PB. All participants signed a Volunteer Informed Consent. The instrument used was a semi-structured interview form prepared by the researchers. To ensure anonymity, the subjects were identified by the vowel "E" and numbered in the order of interviews.

The data were analyzed based on the Thematic Categorical Analysis that consists of the following steps: Pre-analysis, which in turn is subdivided in: selection of analysis units for the division of the corpus in context units (paragraphs) and registration units (sentences); clipping; encoding; classifying; categorizing. To do so, the empirical categorical process was the starting point, a priori defined in this study.⁴

RESULTS

After the analysis of the empirical material, it was realized that three thematic categories emerged to promote the strengthening of mental health care in the Basic Health Attention: Community Therapy: a prevention tool; Decrease in psychoactive drugs consumption; Strengthening of the network's gateway for mental health and psychosocial support, which will be discussed.

▫ Community Therapy: a prevention tool

The mental health work in the community aims at the promotion, prevention, and treatment of identified cases, as well as the improvement or maintenance of the population's health. Prevention in mental health has been discussed under various aspects, from the Leavel and Clark preventive models to the caplanian model. However, in this study, prevention is considered as an action that allows a systemic dialogue where risks or risk factors are not seen isolated but

within a historical, political, economic, social, and cultural context where subjects with their practical problems of everyday life feel that their health was affected, resulting in mental distress.⁵

It is necessary to consider important attributes in the composition of mental distress to understand it, which can act as risk factors. The everyday-life situations that favor illness are often unknown by the user, and the team needs to understand the genesis of emotional distress to have a plan of action that could contemplate the peculiarities of this illness. This suffering is relieved when the speech becomes possible, as it can be seen in the following excerpts:

[...] Since we started therapy at the unit, there have been changes for sure, some people have spoken out more and more and thus relieved suffering. E1

[...] Often people did not know their illnesses and actually they only wanted a word of support. E3

[...] Although few people attend the TC, we perceive significant improvement of complaints/problems in those who attend. E7

[...] Yes there was, because with in this moment when they had to talk we clearly saw the situations causing them the illnesses and how they became well and out of suffering. E8

[...] Without a doubt there was a reduction in suffering because we started to realize that sadness improved a lot and even better relationships with us had developed at the unit. E10

Every human being who dwells within the community needs to be understood in their individuality and listened in the collective, with regard to their personal, professional, and family experiences, i.e. a human collective comprising this being, as a key part of society, as a builder and maintainer of solid social links of solidarity and that, if for some reason they become weakened by these bonds, the individual, of course, will begin to show a split in his identity. A split in which, if not shared, crafted, and followed with developed strategies for confrontation, may cause the individual to start feeling alone, believing that his problem has no solution. This is even worse when, while a social being, the subject believes having no more importance, taking refuge in his fears and disappointments, and thus, closing in a lonely world.

The illness is reduced when it can be shared, featuring not only in sharing pains but lives, which can be perceived in the following fragments:

[...] The TC does not grow the suffering that leads to illness. We listen to other

reports that show us that everyone has problems and that we are able to overcome them. E3

[...] The therapy is undoubtedly a great healing tool in mental health and prevention. Most people who have participated in these therapy circles have greatly improved. E5

[...] The possibility of outburst, exposing what bothers them, and the certainty that there is someone to listen, and that that suffering is not just theirs only and others go through these situations brings relief! E6

[...] The TC helps people to find out that they all have problems, just have different addresses, and seeing that that way helps them to lessen their suffering. E9

Suffering is a condition experienced by every person and serves as an auto-approximation leading to self-knowledge to live in greater fullness because the better self-knowledge, the better growth in acceptance and forms of cultural identity.

The relief of suffering is perceived when the person who suffers understands that the pain has decreased in intensity and relevance from the moment he came to be understood in his oral expression. This expression is explained when the realization of life situations allows this moment. The moment that occurs in the TC allows people to feel called to express their suffering in everyday life and, in turn, brings pain relief.

The human being brings a psychic distress, genetically inherited, caused by excess, in a rescue of the Freudian notion of *pathos*, the central ingredient of human essence, so that the particularity of the psychic organization of each being must be understood as an odd and unique creation to ensure the survival of the species. Freud still adds that neurosis, perversions, and psychosis are modes of subjectivation found by the subject facing a pulsating lack of control.⁶

It is known that the caregiver, in this case the therapist, needs to strengthen daily to minimize his emotional distress because dealing with people who brings serious emotional difficulties can have an impact on his life; no one is so insensitive to not be affected by problems of hunger, drugs, family violence, fracture of family and social ties, and situations of loss among others. These problems are revealed daily in the work of the health team. It strengthens the relational expression that is determined by a bodily existence in relation to the user of the service.

▫ Decrease in psychoactive drugs consumption

The growing modernization brings significant changes to people's lives such as

increased social inequalities, violence, misery, unemployment, alcoholism, and competition among others, which have an impact on the quality of life of people making them anxious with the events that are part of their daily lives, causing them to use coping strategies to deal with the reality such as the use of psychoactive drugs.

The psychopharmacology is in a particular position, and possibly more difficult than other branches of pharmacology therapy, because the pathology, object of psychiatric drugs, is more indefinite due to its origin or by factors that determine their evolution.⁷

All respondents revealed that there was a reduction in the consumption of psychoactive drugs by the participants in the TC circles. The therapists reveal:

*[...] We have some reports that by participating in the TC, the quality of life and self-esteem improved, which resulted in a decreased reliance on medicines.*E4

[...] Users who regularly visit the TC not only decreased their visits to USF but also the use of medicines. E5

[...] Yes, but this number is still very low due to several factors: dependence, fear of not using the medicine; constant medical prescription and frequent prescription of psychotropic drugs. Those who started with psychiatric prescriptions continue without follow up consultations because of the lack of professionals to be hired on the network and the increase in demand, which complicates the return of the user for a proper evaluation, thus becoming increasingly dependent. E11

Currently, the increasing consumption of psychoactive drugs by the Brazilian population that attend health services seems to be correlated to financial and emotional problems. Many times, the way to deal with problems of this nature, that generate emotional distress, has been searching for the recipe, for the drug that soothes the pain of the soul.

The TC has been operating as a basis for the development of networks of solidarity, strengthening of identity and cultural diversity of communities because works with crises and losses enhances the skills of the individual and family. It has the essence of education in its dialog as the practice of freedom, whereas resilience passes through the experience of emotion and identification with feelings, providing the possibility of re-signification and aiming to ensure the deepening of issues relating to the *self*.⁸ Thus, when the individual comes to know the origin of his suffering and, from a decision-making process, defines his own strategies of

resilience, he releases the pain that imprisons and, often, the drugs become unnecessary.

It is on the subjectivity that the imaginary happens and in it finds the strength to break old dogmas. The subjectivity concerns a necessary part of the understanding of how people are attempting to act in the world; it is built and strengthened every day through the events of life in addition to feelings, thoughts, and meanings assigned by the individual contributing to the formation of a cultural awareness, historically specific.⁹

The therapist, as the orchestrator, enables the participant to rescue his cultural, emotional, and family identity, among others. He is an alarm clock of memories. It is therefore up to the therapist to facilitate the empowerment process, which takes place on the subjectivity in the foreground: "*I can, I am able*".⁵

Empowerment occurs when the individual believes that he, as a subject of the vital process that occurs dynamically, belongs to a social group. This group, in turn, is able to accept individual differences, allowing the valorization of every human being learning to live with diversity.⁶

It is important to note that the TC is not proposing to replace the drug treatment but to become complementary to the treatment of the individual in use of psychoactive drugs, avoiding the dependence that results from prolonged use.

▣ **Strengthening the network's gateway for mental health and psychosocial support**

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity; it is a result of the influence of socio-economic and cultural factors: food, housing, education, income, environment, work, transportation, employment, leisure, freedom, and access and ownership of land and facilities in the health service.

To guarantee health in health services, the Unified Health System (SUS) provides that the health care network be drawn in compliance with the organizational principles, among them, the tiering and regionalization, which establishes the system of reference and counter reference that is present when the health service, which receives the user, fails in its intrinsic mission to give resolutions to that individual who expects to be taken care. This can be improved when the TC is inserted in the Basic Health Attention as it can be seen in the excerpts below, reported by therapists:

*[...] I have already done a referral to the CAPS.*E3

[...] *Yes, there are cases of referrals to CAPS and subsequently to the children's CAPS.*E5

[...] *Certainly, although people are not yet sensitized on the importance of the work carried out by the CAPS, they still overvalue the consultation with the psychiatrist and inform that CAPS prioritizes those being followed up in that service.* E13

The TC is not an isolated service in the territory, despite that it happens in different urban spaces, and the therapist recognizes his role as mediator and social facilitator. Often, the problems brought by the circle participants are of economic and social origin, such as unemployment, the difficulty of home ownership, and insecurity in the neighborhood, among others. In these cases, the therapist knows that he needs to know the support services that make up the network in the territory to refer participants to competent sectors in an attempt to help them find the way out of their problems.

In their speeches, therapists reveal the rescue of the richness of the human identity with improvement of relationships with others in the community, as important human beings in this collective space, developing support actions before difficulties that may cause mental suffering to those who are under care.

The TC was also evidenced as support to families, as it can be seen below:

[...] *The therapy is a chain of upholding providing support to families that are suffering. With practice, I discovered the importance of listening and sharing sufferings and experiences with others. It is a door of opportunity that opens, making those who propose to participate, special and enlighten people.* E13

The family has been the starting point from where sufferings and also solutions emerge because the local context brings a mixture of human relations in which the attachment between the families combined with the values of each element shall compose the stage of emotional derailing.

The TC receives many people in their circles, however, most reports and shares are related to family situations, understood not just in their sufferings in relation to coexistence, but, mainly, as each person uses the TC to create empowerment strategies in their families.

The conceptions of technicians and healthcare professionals about the production of actions on mental health in the basic attention are permeated by gridlocks, given the commitment, for example, of the ESF with community health and family actions. It is considered important to encourage the reflection on the theme of mental health,

understanding it as indispensable for understanding the process of health disease, which can often be closely linked to pain and emotional distress.⁴

Thus, the integrated action between primary care and mental health presents itself as an effective and efficient therapeutic alternative, because it is in the community, in everyday situations and interpersonal relations that unfavorable situations and psychic distress emerge requiring personal and family intervention.¹⁰

CONCLUSION

With regards to the way in which the TC strengthens mental health care in the Basic Health Attention, it was possible to notice that this tool turns to psychic illness prevention and mental health promotion because it enables the outburst, the verbalization of emotional conflicts, and sharing stories of life. This empowers the subjects in the community for the development of coping strategies and rescue of empowerment. The TC also promotes a reduction in the consumption of psychoactive drugs because it ensures the relief of psychic distress provided through sharing, making the human being able to intervene in the process of illness.

The TC is a lightweight technology of care because it corroborates operational guidelines from the National Mental Health Policy because it leads to reduction in the consumption of psychotropic substances, strengthens the gateway to mental health, and enables that individual particular situations be embraced with efficaciousness and referral to other services that make up the network of mental health ensuring accessibility and universality of care.

The TC meetings are important because they allow the identification of risks or vulnerabilities to human disease in the psychological, social, biological realms and, in turn, facilitate the orientation of users, prioritizing their needs and thus, directing them to resolve their problems, respecting the psychosocial support network.

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Corresponding Address

Fábيا Barbosa de Andrade
Universidade Federal do Rio Grande do Norte
Faculdade de Ciências da Saúde do Trairi
Rua Vila Trairi, s/n – Centro
CEP 59200-000 – Santa Cruz (RN), Brasil