

## CONCEPTS OF PROFESSIONALS OF FAMILY HEALTH STRATEGY ABOUT EARLY INTERVENTION IN MENTAL HEALTH<sup>1</sup>

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### ABSTRACT

A multidisciplinary group of interdisciplinary studies in Campina Grande (PB) promoted discussions which motivated the implementation of the Municipal Early Intervention Program (PMIP) for Psychosocial Care Centers Children (CAPS i) being expanded later to Primary Care (AB) from continuing education courses for professionals. This article discusses a study that aimed to identify the concepts of professional Family Health Strategy (FHS) on the IP and to what extent they used these concepts in their professional practices. The study was exploratory and descriptive qualitative approach. To collect empirical data that occurred from June to August 2009, we used semistructured interviews with 10 professionals. Data evaluation was based on the technique of content analysis categories and themes. It was found sensitive professionals to develop actions of IP services, such program having favored the work of professionals from the Family Health Strategy in identifying psychopathology so early, enabling a comprehensive care proposed by the model of care that is being sought by the policy mental health.

**Keywords:** Disease Prevention. Family Health. Mental Health.

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### INTRODUCTION

The mental health problems during childhood can impair children's development and are related to the risk of psychosocial disorders during adulthood. Considering the epidemiology of the problem, current worldwide statistics indicate that one in five children develop some kind of mental disorder <sup>(1)</sup>.

In Latin America and the Caribbean, a review paper published between the periods 1980 to 1999, identified studies with prevalence between

15% and 21%. In children and adolescents the causation of mental disorders related to several factors that impact significantly on child development, including: genetic determination, brain disorders, violence, loss of significant others, acute stressful events and cultural and social problems <sup>(2)</sup>.

Thus, it is evident that attention to Brazilian children in the area of children's mental health is a necessity due to repercussions in adulthood and increased demand for these services <sup>(2)</sup>. In this perspective, it is understood that the Family Health Strategy (FHS) is an imperative tool in

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the identification and intervention of these problems.

These facts come to meet the guidelines of the psychiatric reform related to deinstitutionalization and psychosocial rehabilitation. The mental health care by the ESF is important for realization of a comprehensive care and how proposed health promotion and prevention of illness.

The Municipal Early Intervention Program (PMIP) is an initiative of the local which is characterized by the search for support to families and children aged 0 to 6 years who have or are at risk of developing a disorder and / or developmental delay due to environmental, social and / or biological. The PMIP is a program that aims to identify developmental problems or preventing future complications but also seeks to promote the integration and especially the inclusion of children in the family and society <sup>(3)</sup>.

The proposed work toward IP in the municipality researched came from outpatient developed by a multidisciplinary team, providing services to newborn infants and their families.

The institution which develops IP is the Psychosocial Care Center Child (CAPS i) Live Guys, which serves users from zero to 18. This CAPS i also provides assistance to the families of users through listening groups that offer information so that they can deal with children and adolescents who are at risk or psychosocial developmental disorder. The guiding principle of the shares is based on the principles of psychiatric reform and the Municipal Early Intervention Program (PMIP) <sup>(3)</sup>.

In this direction, the professionals who work in the program assume the role of trainer and disseminating to other primary care services. It is an interdisciplinary team that seeks to meet the specific needs of each child and their family. So, aimed at expanding the PMIP in community spaces, expanded further in 2006, the program for the FHS Teams, for these is the gateway for users to health services.

The PMIP is constituted as a "new" methodology of work in primary care, which was incorporated by teams in other areas of focus in order to connect their actions with the guarantee of comprehensive care. In addition, it

provides a new way of looking at social problems, and its interface with mental health.

Thus, we started with the following questions: What is the design of FHT professionals on the IP? Professionals are running PMIP services in which they operate? What actions are focused on the IP? There is a link between mental health services and primary care?

Therefore, this study aimed to identify the concepts of professional FHS Campina Grande on the IP, and to what extent they perform this intervention in their professional practices. Specifically, we sought to identify actions for IP, check the level of professional knowledge, with respect to early intervention, and analyze the relationship between mental health services and primary care.

## METHODOLOGY

This is a study exploratory and descriptive of qualitative approach, considering that its object involves the subjectivity of a social group. The research was conducted in the city of Campina Grande (PB), Brazil, in the months from June to August 2009. The sample consisted of 10 professionals, who work in three teams of FHS, distributed as follows: three nurses, three assistants, one social worker, two doctors and one physical therapist. Were inserted in the sample those professionals working in services to more than six months and were involved with the program IP.

As an instrument of data collection, we used a semi-structured interview, which was recorded in digital audio device and then transcribed in full. Data were analyzed by the technique of content analysis categorical theme <sup>(4)</sup>. The categories were constructed from the themes that structured the data collection instrument taking into account the content of the answers of the respondents. According to the technique, the subject is a unit that signifying off course, the text analyzed according to the theory used as the basis for reading. In accordance with the technique, we proceeded to the formation of the corpus through the interviews, transcribed with absolute fidelity, and exhaustive brief reading of the texts of the interviews, cutting and making a general summary.

The study was conducted according to the ethical aspects of research involving human subjects recommended by Resolution 196/96 of the National Health Council, and submitted to the Ethics Committee of the State University of Paraíba (UEPB) which issued a favorable opinion on 12/05/2009, second protocol CEP / CAAE - 1345.0.000.133-09.

## RESULTS AND DISCUSSION

The use of categories of analysis allowed us to understand the concepts of professional network of mental health care over the IP program, and at the same time, check the extent to which this practice has been built in their daily work. Thus, from the interviews were constructed categories described below:

### Design professionals about Early Intervention

When asked whether they knew the PMIP, the majority of respondents said yes, though some buildings / opinions rather peculiar about the subject. In general, they understand the concept, pointing it as a "working method" which in a way prepares them for the development of preventive mental health, specifically in the health care of children.

It is a new [...] methodology that has been deployed. CAPS is a proposal to deploy together teams of the Family Health Program. [...] The family health teams, in a way, it has implemented over time, since agent works hard to prevent [...] (P01).

I understand, it's a treatment or when you notice any changes in your child so that you can intervene as early as possible, when she starts showing symptoms and was much more serious than before, whether at school, in family relationships, in outpatient child, when you start to notice behavioral disorders [...] (P05).

The interviewees' testimonies reveal that the PMIP represents something new in Primary Care. They seem to have the view that IP is an act or action "first step" in ways that are beyond what we understand as "normal" in a child's development. It was also observed that the testimony of P05, researched the intervention has not conceived as something unique responsibility of health professionals. He points to the school and the family as co-responsible,

based on the concept emerged in the 1980s in which the whole family social environment can influence the diagnosis and treatment of psychopathology. Thus, the reference to such institutions is due to the proximity child / teacher, child / family is to provide better monitoring, in relation to its development.

The actions performed by the professionals of the municipality researched, this dialogue has been incorporated, through visits to the nurseries of the city and seeking rapprochement with the Primary. However, we can infer that even taking an approach to the concepts of the program, the statements of respondents suggest a restricted view of the intervention, situated just to the psychosocial problems related to child development.

Whereas the radius of action is wider when it incorporates elements environmental, social and cultural. Such a provision meets the current Mental Health Policy, which advocates practices based in the territories and articulated network. However, professionals seem to have difficulty articulating networking with the principles of the Psychiatric Reform, and the very conceptions of health and mental health <sup>(5)</sup>.

Moreover, the concepts and practices in mental health per chance existing at the basic level of health care is not always consistent with those expected by those who formulate the Brazilian Psychiatric Reform, generating sometimes questions as to its actual contribution towards progress in reintegration social mental disorder and the stigmatization and effective care of these people <sup>(5:2376)</sup>.

The consolidation of the Unified Health System (SUS), the ESF plays an important role in building actions regarding the reversal of the hospital model. In its guidelines for the focus on disease prevention and health promotion. In turn, the Center for Psychosocial Care (CAPS) presents itself as a service strategy that will reorient the actions of the other mental health care network devices <sup>(6)</sup>.

In this sense, the PMIP becomes one of these strategies at the local level to sensitize and train teams of the Family Health for identification and monitoring of mild or early stages of psychopathology, mainly affecting the child population in vulnerable .

When asked which activities in their work process favor the proposal of early intervention, it can be observed that the professional in their practical activities, reveals a broader view of the subject, covering interdisciplinary work, education, screening and consultation

[...] Sticking families, organized groups, as it is the medical [...] You see something that is, we can work together [...] is an interdisciplinary more so, is not the object of my work, I see a lot of the issue groups, home visits. [...] From the moment that we have knowledge of the family [...] we take a job offer, according to the needs of these families [...] there is also the monitoring of children with some form disability and that we can follow up [...] within the [...] we have forwarded many children for CAPS [...] developing children order motor, mental and other types. [...] We're always doing this networking (P01).

There is the testimony of P01, the emphatic presence of interdisciplinarity as a way to work on early intervention, It is not, therefore, a work restricted to certain professional or institution. The professional revealed that the network has sought to articulate and demonstrate the FHT professionals are aware of this early detection in the territories they serve. Reinforces this argument with the testimony of P03 and P05,

[...] I think in the conversation, even in screening, where you have time to detect something and then take up the doctor or nurse and say, is it not the case of a referral (P03).

[...] I think the most important is the PSF and also in prenatal care is an opportunity to inform her that she feels every emotion or that you have been going to this baby is a super opportunity important work already prenatal and childcare (P05).

Relating the understanding of two different exercise professionals about their activities, it was found that the availability of time in the exercise of his powers can contribute to early intervention and that this reading is closer to the reality of services in primary care.

Still addressing the activities observed that when these were doctors and nurses all cited childcare and pre-natal as a space for intervention, while nursing assistants stood as a screening tool, which could contribute to its effectiveness. So, in a way, each respondent

within their core professional and / or activities that perform perceive this moment as opportune for the practice of early intervention often "educating" look at facts or phenomena that were left in the background the everydayness of the shares.

In general, even with its limitations the PMIP has contributed to the recognition, often of subjective and social dimension of users developing area "therapeutic" within their work schedules. This "therapeutic action" opens the possibility of working the singularities of the subject as opposed to acting facing the disease, which in the field of mental health has meant the strengthening practices asylums and nursing homes <sup>(6)</sup>.

It is noteworthy that the complexity of mental health problems requires effort delivery networks in articulating different forms of assistance from the actions of prevention and health promotion. About the complexity of these phenomena have to be made clear that the territory is emerging situations, social relations and inter the most complex construct situations of balance and imbalance <sup>(6)</sup>.

We know that the ongoing process of the Brazilian Psychiatric Reform and its advances require the construction of new ways of being in front of the person in sickness, in instituting mental health deinstitutionalization of innovative practices and social inclusion that materialize in a network-centric care territory <sup>(7:644)</sup>.

The territory understood as the geographical, political and social relations and intersubjective fundamental element to be considered in the development of strategies for mental health care to people living in them and interdisciplinary approach as the best device to access the content present in the territories.

When asked about the services offered in the unit that have deployed IP, the respondents pointed to the potential actions that develop in their daily professional,

I believe that the political health of children and adolescents [...] when we came prenatal and childcare is the monitoring of children [...] we precisely this privileging intervene early and thus we come privileging, there are several types of future risks, [...] doing prevention work, monitoring of pregnant women, breastfeeding. This is how we are contributing to this proposal (P01).

Prenatal and child care are these two and also I cannot fail to mention the actual service consultation with the sick doctor [...] I put it as a technique that is much better to work with the child healthy and sooner better than work when the child is already sick mother that there is always concerned about receiving medication and this is a mistake [...] to seek palliative therapy that they think is curative, not treat the causes of disease, symptoms in the area of what is wrong in allopathic medicine she comes [...] although she still has the vaccination program, is a very systematic medicine, not causal and does not see the person as a whole knows? [...] (P05).

In testimony P05's concern with professional drug form, which he used to treat the disease, only by a systematic and palliative angle of allopathic medicine (traditional medicine) disregarding its causality, which in the context of psychiatric reform is considered an error.

According to the principles of health reforms and psychiatric passes to object to require as effective efficiency of diagnosis and treatment efficacy analysis in interventional environment that is part of the daily lives of users <sup>(8,9)</sup>.

However the relevance of the actions is the "reinterpretation" of everyday activities, such as prenatal and infancy, although they demonstrate the fragility of placements perceives a reworking in the sense that activities continue to be performed in accordance with the technical expertise required. However, professionals "extend" your look by introducing questions and knowledge that enrich the subjective dimension of the users.

### **Training of professionals to work with the Early Intervention Program**

On participation in training activities for the PMIP (56%) 5 of 9 surveyed said they were able to exercise such activity, however, when asked what kind of training they did, it was noticed a restlessness in their speech about the lack of information:

Thus an approach to this new moment that we live in mental health care, this new moment is having mental health spoke early intervention (P02)

We had one workshop with Dr. A. It was more for us to know, try to understand, and recently had a meeting in CAPS i was more a guideline for us to try to identify these patients earlier, trying to treat, try to see if we can address here within the unit

[family health] before forwarding it go, because they spoke the CAPS is overloaded, overcrowded, then they asked for the support of the people to see if diagnosed and tried to treat right here [...] (P08).

The excerpt from the testimony of P08 refers to a demand that can be treated in primary care and which nevertheless has been answered in specialized services (CAPS i) due to weaknesses in the training offered to professionals in FHS. This fact causes the "bump" in the reference network. In order to minimize the limitations of the professionals in meeting the psychopathology that can be treated in primary care, without the need for specialized services, the mental health network of Campina Grande offers a specialized program for mental health professionals, much of the attention basic as the FHS. However, perhaps due to deficit in the number of jobs or even due to work overload, not all FHT professionals who work in the city are being trained <sup>(10)</sup>.

Professionals related to insufficient training to a lack of security in relation to referrals to specialized services network, exception made by some, when asked if they felt safe in the process of forwarding network services:

Not safe, [...] we have not had a systematic training in the area of mental health and we need to have an understanding, we need is empowering in that area that is very comprehensive and needed to work together, but until time is not yet very well right from the beginning is really needing forward in terms of building this proposed mental health, which is innovative and need an apparatus (P01).

No, why [...] sometimes the family does not accept. [...] The mother does not accept, then, is too complicated to people who work with the community, and when we go forward, you have to have a really backing up the team to be able to do this. [...] And it has to be done very safely, even by you is working directly with the family, if you miss the family especially in relation to mental health for more than've changed mentally ill he is evil seen in society, until a neighbor. This takes prescription drug? There he is crazy! The neighbor sees itself, so if we do not do very properly we can be misinterpreted in the community, so I'm afraid (P02).

One more point part listed on this difficulty, occurred as a result of social prejudice

surrounding mental health diagnosis, as noted in the report of P02. This is because, historically, mental illnesses carry predefined concepts in common sense that people with mental disorders who do not pass are weak confidence, the target of social speculation, ridicule and segregation. This fact can be explained by the great concern of safety in the diagnosis of resistance from family members and patients to accept such a diagnostic analysis.

However, the difficulties that cause the lack of security on the part of professional conduct "referrals safe" are not only the lack of training or social prejudice with the mentally ill. Although these factors have considerable weight, it emphasizes the structure of the lines in primary care that are locked in their own flows and connections creating a logic of fragmented care. This situation has generated several therapeutic itineraries that often obey a logic more institutional than the demands of the users.

Therefore, it is necessary to revise these concepts in different dimensions, such as epistemological, healthcare, legal-political and socio-cultural. In epistemological dimension is necessary that the team PMIP and FHS do a review of the concepts of knowledge / that could support each perspective and can build integrative models. Care dimension in developing flows and connections in the network of care that meet the demands of mental health in the territory where they develop actions. In legal-political dimension involved the social, human and civil rights of users and contribute to the discussions in the legislative field. In the sociocultural dimension work place user in psychological distress and the issue of stigma and prejudice to create intervention strategies that create / address a new way of dealing with madness and with various disorders <sup>(7)</sup>.

### **Safety of the professionals to work with early intervention**

Some respondents acknowledged feeling insecure when making referrals to the referral services. With respect to (22%) who felt safe, were part of the medical profession, which implies that their formation is giving support to carry referrals. When asked about what kinds of conditions are more identifiable, showed some uncertainty in pointing them out,

The order that is most noticeable physical, mental ones we still have some difficulty, I believe that the principle thus has a pathology, which are only very visible, the other not more (P01).

However, some respondents made reference to disorders such as mental retardation, cerebral palsy and epilepsy.

Professionals surveyed still carry a vision biologist, focused on pathology, leaving aside the casual relationship of the environment and its interaction with mental health. This perspective reinforces the historical trace of the training of health professionals focused on biological view of man, and a narrow health. Only in recent decades, there were changes in academic training of these professionals, which point to a more expanded health, especially in its social and political aspects.

Regarding mental health, health practices guided by the principles of the Psychiatric Reform, guided by principles that aim to overcome the paradigm physician-naturalist, assigning a new social place for the mental suffering of individuals and for this, establishing a model psychosocial care, hence the importance of the implementation of mental health programs in primary care that stimulate a new professional position <sup>(8,9,11)</sup>.

## **CONCLUSION**

The PMIP in Campina Grande constitutes one of the initiatives at the local level that has caused changes in building interventions, more "qualified" in terms of mental health, which adds to other ongoing strategies not investigated by this study, namely the implementation of matrix teams in mental health as a way to deepen the program's actions, and the implementation of Core Support Family Health (NASF), which has a view, among others, to disseminate the mental health territories for the support from the ESF teams.

Accordingly, the Family Health Strategy is understood as the main option. It was understood that this strategy can give significant contributions to PMIP, but it is essential to develop skills, to sensitize professionals to perform work that meets the needs of the demand.

This empirical research has revealed that the lack of professional teams of the Family Health showed noticeable in their accounts, in respect to actions the practice of early intervention, diagnosis of psychopathology, and their knowledge about mental health. Such statement shows that there are still weaknesses to be overcome so that professionals can account for the specificities of the disease process.

Regarding expectations presented by respondents, it was observed that there is recognition that specific actions, the mental health context, need to be better worked in primary care, since it is necessary that intersectoral partnerships can take effect as a way of consolidating the completeness care.

Respondents highlighted the importance of partnership in family treatment, and break the stigma adopted by the society around the user's mental health. We must insist on service awareness and education in this direction, as well as in greater integration with specialist mental health services, making the linkages between CAPS, Family Health and civil society.

To conclude the analysis, it was concluded that despite the professionals do not feel, mostly trained in the treatment in early intervention, these exercise experience and practice in the process of professional work, although it still so fragile. This is directly linked to the fact that such professionals are driven to give immediate

answers to the demands placed on them daily, such initiatives occur so mechanized that not even realize the respect of his service to this area specifies health.

It was evident also that some professionals feel encouraged to develop actions to enable a better contribution to the development of PMIP at the basic, yet find themselves limited by the weaknesses identified in relation to training in the area. However, it is understood that they can and must contribute from the strategy of education and community outreach, especially with regard to the prejudices surrounding the mentally ill over the years. Also, can act in identifying cases in infancy and thus intervene so that these children do not develop major mental disorders in the future.

It is believed that the results of this work will contribute to a better understanding of the concepts and practices of Early Intervention, developed by FHS professionals, giving visibility to a working methodology that emerges in the context of psychiatric reform and its consequences in Campina Grande-PB. This experience has become an innovative strategy in place gestated experiences that strengthen the defense and maintenance of the quality of mental health services and their interaction with primary care services, which constitutes a constant challenge for health professionals included in the network care.

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## **CONCEPÇÕES DOS PROFISSIONAIS DA ESTRATÉGIA SAÚDE DA FAMÍLIA SOBRE INTERVENÇÃO PRECOCE EM SAÚDE MENTAL**

### **RESUMO**

Um grupo multiprofissional de estudos interdisciplinares em Campina Grande (PB) promoveu debates os quais fundamentaram a implementação do Programa Municipal de Intervenção Precoce (PMIP) pelos Centros de Atenção Psicossocial Infantil (CAPS i) sendo expandido posteriormente para Atenção Básica (AB) a partir de cursos formação continuada de profissionais. Neste artigo discute-se um estudo que objetivou conhecer as concepções dos profissionais da Estratégia Saúde da Família (ESF) sobre a IP e em que medida eles utilizavam tais concepções em suas práticas profissionais. O estudo foi exploratório descritivo de abordagem qualitativa. Para coleta do material empírico, ocorrida de junho a agosto de 2009, utilizou-se entrevista semiestruturada com 10 profissionais. A avaliação dos dados fundamentou-se na técnica de análise de conteúdo categorial temática. Constatou-se profissionais sensíveis para desenvolver ações de IP nos serviços, tendo tal Programa favorecido a atuação dos profissionais da Estratégia Saúde da Família na identificação de psicopatologias de forma precoce, possibilitando uma assistência integral, proposta pelo modelo de cuidado que vem sendo buscado pela política de saúde mental.

**Palavras-chave:** Prevenção de Doenças. Saúde da Família. Saúde Mental.

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## **CONCEPTOS DE LOS PROFESIONALES DE LA ESTRATEGIA DE SALUD DE LA FAMILIA CERCA DE LA INTERVENCIÓN DE LA SALUD MENTAL TEMPRANA**

### **RESUMEN**

Un grupo multidisciplinario de estudios interdisciplinarios en Campina Grande (PB) promovió discusiones que motivaron la implementación del Programa Municipal de Intervención Temprana (PMIP) para Centros de

Atenção Psicosocial Infantil (CAPS i) se ampliou mais tarde a la Atención Primaria (AB) de cursos de educación continua para profesionales. En este artículo se analiza un estudio que tuvo como objetivo identificar los conceptos de la Estrategia Salud de la Familia profesional (FHS) en la IP y en qué medida se utilizan estos conceptos en sus prácticas profesionales. El estudio cualitativo exploratorio y descriptivo. Para recoger los datos empíricos que se produjeron entre junio y agosto de 2009, se utilizaron entrevistas semiestructuradas con 10 profesionales. Evaluación de los datos se basó en la técnica de las categorías y los temas de análisis de contenido. Se encontró profesionales sensibles a desarrollar acciones de servicios IP, como programa de haber favorecido el trabajo de los profesionales de la Estrategia Salud de la Familia en la identificación de la psicopatología tan temprano, lo que permite una atención integral que propone el modelo de atención que está siendo buscada por la política la salud mental.

**Palabras clave:** Prevención de la Enfermedad. Salud de la Familia. Salud Mental.

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