

THE GENERAL HOSPITAL ROLE IN THE NETWORK OF ATTENTION TO THE MENTAL HEALTH IN BRAZIL¹

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ABSTRACT

The nosographic vision in that the general hospital is to be about people with physical symptoms, as well as the psychiatric hospital or asylum for those with attacks related to the psychic dysfunction, it was built historically by all the societies during the last decades of the XVIII until the final decades of the XX century. However, with the Brazilian Psychiatric Reformation this panorama spreads to be modified. For that purpose, in this article it was looked for to reflect about the general hospital role in the to the mental health's attention network. The current general hospital role in the mental health's attention network has a relationship with the Psychiatric Reform, psychosocial model, principle of comprehensiveness and multidisciplinary integration. In spite of the installation and of the qualification of psychiatric fields are have been growing in Brazil, some difficulties are coming up as: lack of professional qualification, hegemony of the hospital biomedical pattern, barrier to the effectiveness of the work in multi-professional team, the existence and prejudice maintenance and stigma against the person with mental dysfunction, lacks of structure physics of the general hospitals.

Keywords: Mental health. Legislation. Public Policies.

INTRODUCTION

The general hospital (GH) in the history of mankind is presented with different characteristics in line with the socio-historical process, in which the concepts of health / illness / mental illness originated and evolved in every époque.

From the first half of the eighteenth century, the purpose and design relating to the hospital were reinterpreted world, passing feature for charitable and religious medicalized space with the function of curing diseases under the action of the doctor. Thus, came the clinic based on the observation of signs and symptoms of diseases and patients aiming to classify diseases and thus know them and propose ways of treating standardized, making the hospital an important tool in the development of medical sciences⁽¹⁾.

In the process of recognition and

classification of clinical signs and symptoms of illness, madness came to be conceived as a disease and thus likely to be treated and cured as physical ailments. The French physician Philippe Pinel (1745-1826), recognized as the father of modern psychiatry, considered the 'alienation' a disorder of the passions, and with it, the 'crazy' to be healed needed to receive treatment outside of social life. Based on this design, the asylums were created as spaces suitable for the treatment and cure of madness, giving rise to a boundary between GH and nosographic madhouse. From this, the GH has to take the role of promoting the cure of diseases of the body, while the mind asylum diseases⁽¹⁻²⁾.

This fragmentation model of hospital care was crucial to the construction of modes of health care for people with mental disorders, strengthened by the asylum model, which became hegemonic in psychiatric treatment in the past centuries⁽¹⁻²⁾.

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From the mid-1930s, this picture began to change, since in some countries, especially the United States, the GH started to treat patients with mental disorders in specific psychiatric wards within the hospital itself. This new model of care was to meet a phenomenon in the post-World War 2, in which many soldiers and ex-combatants were interned in GH treatment of physical and mental disorders. Illnesses that were produced by the event of the war itself, where many of the patients presented with clinical diseases and mental disorders simultaneously⁽³⁾. Thus, with the inclusion of psychiatry in GH was the emergence of a new paradigm, which began broadening progressive inclusion of aspects of psycho-behavioral, social and cultural, biological jointly to the care of people with mental GH⁽⁴⁾.

In Brazil, the first psychiatric beds in GH only began operating in the 1960s; even so, the asylum and hospital were strongly held. However, from the second half of the 1970s, this model became ineffective questioned and criticized by the Brazilian society, which required governmental strategies that subsidize the implementation of a model of care conducive to rehabilitation and guarantee the rights of people with mental disorders^(1,5). This social initiative was instrumental in driving the movement of psychiatric reform in Brazil, consisting of:

[...] The historical process of formulating critical and practical aims and strategies questioning and elaboration of proposals for model transformation and classic paradigm of psychiatry. [...] Founded not only on the subsystem critical conjuncture national mental health, but also, and especially, to learn the critical structural and classical psychiatric institutions, in the midst of all the political and social movement that characterizes this same scenario of democratization^(6:87).

Thus, the National Mental Health has proposed the setting up of character-hospital care for people with mental disorders, eg, Centers for Psychosocial Care (CAPS), Day Hospital (HD) Service, Therapeutic Residences (SRT) and outpatient clinics. This initiative suggests that converges with the World Health Organization, that mental health services have a structure grounded in primary care. These services, in turn, must operate in a wide net, in

which are also included in the service and emergency psychiatric beds in psychiatric wards and GH⁽⁷⁻⁸⁾. With this, it is observed that the GH is replaced important role in the network of mental health care, overcoming the dichotomy psychiatry / GH historically and socially constructed.

From recorded, this study has the objective to reflect on the role of the general hospital in the network of mental health care.

GENERAL HOSPITAL NETWORK OF ATTENTION TO MENTAL HEALTH

The current network of mental health care in Brazil has several extra-hospital community-based articulated and specialized services in GH. With this network aims to overcome the asylum and hospital, offering a range of therapeutic options effectively, which serve as a reference to people with mental illness and their families and provide ongoing care or mental health of any population⁽⁹⁾.

Thus, the GH part of this network through the construction and classification of psychiatric beds, this modality that have grown and strengthened in recent years and the supply of psychiatric emergency services. In this perspective, the GH is of fundamental importance to the relationship between the mental health services in primary care and psychiatric emergency services by providing the comprehensive care beds⁽⁸⁻¹⁰⁾.

Psychiatric services in GH need to have a complementary and, as already pointed out, with the function of supporting the psychiatric emergency service for the management of patients in crisis or psychic symptoms worsen dramatically. This is a service where you have easy access to laboratory tests and imaging, important in comprehensive care for people with severe mental disorders, and thus assists in reducing the stigma and prejudice against these individuals. Therefore, psychiatric units in GH should not have features like the old asylums admissions in asylums⁽⁹⁻¹⁰⁾.

In recent years, the Ministry of Health (MOH) has promoted discussions with administrators, health professionals and civil society, in order to increase the number of psychiatric beds in qualified GH, and thus

strengthen the network of mental health care. Therefore, in 2008 was established a Working Group composed of representatives from various agencies and entities, including a representative of the nursing staff, the Brazilian Nursing Association (ABEN), aiming to promote discussions on expansion strategies number of psychiatric beds in GH⁽¹¹⁾.

In 2009, the Ministry of Health adopted other measures to stimulate the qualification of psychiatric beds in GH. This measure comprises the Emergency Plan for Integral Attention to Users of Alcohol and Other Drugs in the NHS and aims to adjust the remuneration of procedures in mental health in GH - Decree 2.629/09. From this ordinance, for the first time in the history of health care, the procedures of psychiatry at GH are now better paid than the procedures in Psychiatric Hospitals⁽⁸⁾.

For the GH develop its role in the network of mental health care, he must have sustained their activities in view of the psychosocial model, in which the main focus of care is not a psychiatric disease itself, but the multidimensionality of the human being. Therefore, actions should promote wholeness and integration of care. The completeness is the inclusion of different perspectives on mental patients in order to understand the individual in their entirety; integration can be defined as the articulation of different modes of health care system within the complexity of care⁽⁴⁾.

It is considered that health intervention based on comprehensiveness and integration versa the right of persons with mental disorder to be treated and cared for by professionals who understand how to be human in its historical context and socially constructed. The completeness is one of the principles of the Unified Health System (SUS), which guides the public health policies and planning of actions according to the general and specific needs of their users. For completeness occur, it is necessary to understand the determination of the health-disease and promote health practices that span the biological, psychosocial and cultural disease process expressed in the population⁽¹²⁻¹³⁾.

The principle of integrity is essential for the strengthening of the new features that the general hospital has assumed the network to mental health care, given the logic of the service,

in a way, is still based in the division by specialties, corroborating the biomedical model in which there is a predominance of fragmented vision and mechanized, dividing the human parts, treating and caring for the body, mind and spirit separately without relating them⁽²⁾.

Thus, the role of the GH based on the psychosocial model is configured on a new vision for the person with mental disorder and its treatment and refers to the perspective of the entirety of the person, taking into account its multidimensional as her health and illness are considered "product of a combination of factors including biological, behavioral, psychological and social conditions"^(14:33). Accordingly, for the psychosocial model becomes effective in mental health service GH, will need to overcome the medicalized hospital system, centered on the physician, and adhere to work in multidisciplinary team with technical knowledge and skills specific to the proposed primary comprehensive care. The psychosocial model also includes the participation of society and the family and own carrier as a co-participant in his treatment and psychosocial rehabilitation⁽¹⁵⁾.

For the implementation of psychiatric beds in GH and appropriate care to patients with mental disorders, it is recommended that the service provides multidisciplinary team qualified therapeutic area (area outside the hospital for recreation, physical education and activities socio-therapy), and develop activities such as attendance individual and group, family approach and ensuring post-discharge referral for continuity of care in a reference network-hospital⁽¹¹⁾.

Today, as the GH structured in Brazil, the physical space required for the implementation of psychiatric beds has become one of the major difficulties that this change occurred. There are other barriers to the realization of the GH network of mental health care, foremost among them the lack of professional qualification. These difficulties have been identified in studies^(2,15-18) developed with health professionals who have demonstrated a lack of knowledge and understanding and sometimes refuses to act in accordance with the model of mental health care in effect, which recommends that people with mental disorders are addressed, treated and cared for in health services at all

levels of complexity of health care, in an integral and humanized. Another difficulty lies in the strength and even the disinterest on the part of some managers GH to join the integration and coordination with mental health services. This may be due to organizational stance against the deployment managers of psychiatric beds in GH, as well as the lack of well-defined policies for this purpose⁽¹⁸⁾.

Although it is a necessity for the realization of mental health care, multidisciplinary integration faces many barriers because it requires interaction among professionals, abandonment of isolated practices, and individual competitors so that there is coordination between different knowledge about the same phenomenon, in this case mental health, and thus identify potential and limits of care for patients with mental disorders⁽¹⁴⁾.

This is because the integration multidisciplinary

[...] Presupposes not only the sum of the various practices, but their integration through the collective construction of a more comprehensive knowledge of himself and a multidisciplinary team, to discuss the possibility of joint action of various health professionals in order to overcome fragmentation resulting from compartmentalization of knowledge into disciplines watertight^(14:34).

The Psychiatric Reform recommends that mental health care happen by integrating care from a multidisciplinary team of which we can cite nurse, psychiatrist, general practitioner, psychologist, occupational therapist, music therapist, social worker, physical educator among others⁽¹⁵⁾.

Psychosocial if the model emphasizes the multidisciplinary work, which translates into the need of interaction between professionals. The chart of work in this model is horizontal and interrelated, meaning that no professional has more or less important, but the integrated team has the responsibility to provide the necessary care and quality patient care⁽¹⁵⁾.

In GH integration must occur between professionals from different specialties exist in this health service. Thus, mental health professionals can and should guide, equip, and

even train professionals from other units that belong to GH as medical clinic, emergency department, surgery clinic for the comprehensive care of patients with mental disorders⁽³⁾.

The hospital historically has become a performance space almost exclusively medical, however, that the multidisciplinary integration occurs no need to reverse this model of care, so that each professional act according to their training, respecting the field of knowledge of other professionals.

FINAL CONSIDERATIONS

Psychiatry in GH shows part of the changes that are occurring in the area of mental health in Brazil. However, such structural changes reflect the need for the new look and attitudes of other professionals, politicians and representatives of civil society, through reflection and discussion with the intention of extinguishing prejudices and stigmas constructed culturally, historically and socially due to psychiatric care asylum and exclusionary.

The complex structure contained in GH and action of multiprofessional teamwork gives the dimension of the possibility of offering humanized care, comprehensive and quality to persons with mental disorder.

However, there are some barriers that hinder the integration of psychiatry into GH, outstanding among which are: the insufficient qualification of health professionals for mental health care, the hegemonic model of care, which is based on vision and biomedical fragmented human, prejudice and stigma about mental patients and also the lack of physical structure of these hospitals to meet the regulations.

Therefore, for the GH can play its role in the network of mental health care, and thus give appropriate assistance to persons with mental disorders is to highlight the importance that should be given to the education and training of health workers towards they discuss and develop comprehensive care, conducted in multi and interprofessional team committed to the rehabilitation of the patient.

O PAPEL DO HOSPITAL GERAL NA REDE DE ATENÇÃO À SAÚDE MENTAL NO BRASIL

RESUMO

A visão nosográfica, em que o hospital geral está para tratar de pessoas com sintomas físicos, enquanto o hospital psiquiátrico ou manicômio para aqueles com acometimentos relacionados ao transtorno psíquico, foi construída historicamente por todas as sociedades durante as últimas décadas do XVIII até as décadas finais do século XX. Contudo, com a Reforma Psiquiátrica brasileira, esse panorama tende a ser modificado. Para tanto, neste artigo buscou-se refletir sobre o papel do hospital geral na rede de atenção à saúde mental. O papel atual do hospital geral na rede de atenção à saúde mental tem relação com a Reforma Psiquiátrica, modelo psicossocial, princípio da integralidade e integração multiprofissional. Apesar de a implantação e a qualificação de leitos psiquiátricos em hospitais gerais estarem em crescimento no Brasil, algumas dificuldades têm se apresentado, como falta de qualificação profissional, hegemonia do modelo biomédico hospitalar, barreira à efetividade do trabalho em equipe multiprofissional, existência e manutenção de preconceito e estigma contra a pessoa com transtorno mental e falta de estrutura física dos hospitais gerais.

Palavras-chave: Saúde Mental. Legislação. Políticas Públicas.

EL PAPEL DEL HOSPITAL GENERAL EN LA RED DE ATENCIÓN A LA SALUD MENTAL EN EL BRASIL

RESUMEN

La visión nosográfica, en que el hospital general está para tratar de personas con síntomas físicos, así como el hospital psiquiátrico o manicomio para aquellos con ataques relacionados al trastorno psíquico, fue construida históricamente por todas las sociedades durante las últimas décadas del XVIII hasta las décadas finales del siglo XX. Entretanto, con la Reforma Psiquiátrica brasileña ese panorama tiende a ser modificado. Para tanto, en este artículo se buscó reflexionar sobre el papel del hospital general en la red de atención a la salud mental. El papel actual del hospital general en la red de atención de salud mental tiene una relación con la Reforma Psiquiátrica, modelo psicossocial, el principio de la integralidad y integración multi-profesional. A pesar de la implantación y de la calificación de lechos psiquiátricos en hospitales generales estar en crecimiento en el Brasil, algunas dificultades vienen presentándose como: falta de calificación profesional, hegemonía del modelo biomédico hospitalario, barrera a la efectividad del trabajo en equipo multi-profesional, la existencia y manutención de prejuicio y estigma contra la persona con trastorno mental, falta de estructura física de los hospitales generales.

Palabras clave: Salud mental. Legislación. Políticas Públicas.

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