

PSYCHIATRIC REFORM AND MENTAL DISORDERS IN THE FAMILY HEALTH STRATEGY: FAMILY AND PROFESSIONAL OPINION¹

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ABSTRACT

The study is characterized as an operational research or Health System Research (HSR) with a descriptive and quantitative character which aimed to analyze the opinion of families and professionals about the Psychiatric Reform and major mental disorders in care in the family health strategy. 280 subjects were investigated of which 126 were health professionals and 154 relatives of patients with mental disorders, who responded to the Measurement Scale of Opinion (MSO). The typed data and tabulated were submitted to Epi Info software, version 6.04. The study found gender differences in relation to major mental disorders in the municipality of Parnamirim/RN, where 45% (29) are women diagnosed with mood disorders while most men, 62% (55), presented disorders arise from the use of psychoactive substances. Regarding the Psychiatric Reform, the family and professionals opinions reflect the doubts and disbelief in the Brazilian Psychiatric Reform. Besides, the reality brings a growing contingent of people with mental and behavioral disorder that requires a qualified professional practice according to the precepts of the Psychiatric Reform in the country.

Keywords: Mental Health. Primary Health Care. Family Health.

INTRODUCTION

The data presented by the World Health Organization (WHO)⁽¹⁾ points the mental and neurological disorders as responsible for 13% of the total years of life lost adjusted by disability (YLLD), among all diseases and injuries. Four of every six main causes of disabling arise of neuropsychiatric disorders such as depression, alcoholism, schizophrenia and bipolar disorder⁽¹⁾. It is estimated that by 2020 the burden of these diseases have been increased to 15%⁽¹⁾.

Moreover, statistics show that approximately one million people commit suicide each year⁽¹⁻²⁾. The factors that determine the prevalence, the manifestation and the course of these disorders are poverty, gender, age, conflicts and disasters, severe physical illness and the family and social climate⁽¹⁻

3).

At the same time, there is an international effort to bring down many barriers, especially the stigmatization, discrimination and the lack of services. These barriers prevent millions of people around the world to receive treatment they need and deserve due to the persistence of the biomedical hospital-centric thinking⁽³⁻⁴⁾.

In Brazil, the Process of Psychiatric Reform inspires in the assumptions of Health Reform and the Italian Democratic Psychiatry, based on the deinstitutionalizing dimension of these movements when propose substitute models to asylum and lunatic asylum in assisting the bearer of mental disorder⁽⁵⁾. In this direction, establishes the National Mental Health Policy, strengthening the psychosocial care and mental health in the territory, where inserts in general health services sphere the permanent joint health basic attention⁽³⁾.

¹This article presents partial results from the Project: Assessment of Factors that Interfere with Mental Health Care in the Family Health Strategy in the City of Parnamirim/RN, NOTICE - MS / CNPq / FAPERN - Nº 01/2007. RESEARCH PROGRAM FOR THE SUS: shared health management - PPSUS - Theme 05 - Mental Health, Women's Health and Oral Health - MENTAL HEALTH AND PRIMARY CARE. Completed in 2011.

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Respected the proper proportions and specificities of actions on mental health attention, and in front of the own legislation (Law n° 10.216, April 6, 2001), there are operational, theoretical and methodological approaches that allow their integration in the Family Health Strategy (FHS), in line with the principles and guidelines of the Unique Health System (UHS)^(3,6). Thus, from the FHS it proposes the overcoming of fragmentation of care in the field of health care, when elect the family and their social space as a basic core of central approach in health care.

Thus, the FHS represents a substantive change in the direction of health vigilance with a multi-professional view and multi-sectoral practice. A care that seeks to humanize the health practices and user satisfaction through a close team relationship with the community and the stimulus to community organizing for the effective exercise of social control^(4,7). In addition, the FHS can act as an important support in the actions directed to mental health through individual and family care, home visits, educational groups, among others⁽⁸⁾.

However, in the context of the inter-sectoral approach the Strategy still faces challenges to develop actions and activities in the field of mental health⁽⁹⁾. Adding obstacles to be overcome in the management of mental health actions at FHS services, reflection of the few investments as well as the shortage of qualified professionals to work in that field⁽¹⁰⁾.

In the search for overcoming the challenges concerning the implementation of the guidelines of the Brazilian reform process and implementation of the network of psychosocial care in the logic of the territory, the fundamental role of social actors is recognized. They have been healthcare professionals, users and their families, in addition to organized civil society. Thus, the comprehension of these actors about such scenario of change reflects directly on new directions of public policies in mental health.

In this perspective, the objective of this paper was to analyze the opinion of families and professionals about the Psychiatric Reform and major mental disorders in the family health strategy.

METHODOLOGY

The study is characterized by an operations research or Health Systems Research (HSR), with transversal design and descriptive quantitative character. The HSR is an initiative of the World Health Organization [Health System Research] and has proven to be an extremely useful tool for health managers at all levels of the system over the past 15 to 20 years to provide the data needed for decision-making⁽¹¹⁾. It arose from the need to operationalize the findings of evaluative studies of health services, in several countries under the approval of the WHO, including those in which the services were provided by fixing a mismatch between the needs of the users, the health services and the wishes of the population which was intended for the service in a more equitably and efficient way, in terms of the cost-benefit ratio⁽¹¹⁾.

It is acknowledged that was bold and innovative by adopting the HSR studies in Mental Health by authors, since, traditionally, in Brazil has been used in studies about the control and eradication of leprosy. Additionally, it can be affirmed that the HSR refers to a probable mental services assessment in the context of primary health care, not being objective in this article. The project has obtained approval by the CEP-UFRN, protocol 085/08, CAAE – 0003.0.051.000-11 and subsequent data collection.

The data collection was performed along the 40 teams of FHS in the municipality of Parnamirim/RN, composed of 07 (seven) subjects per team: a doctor, a nurse, two community health agents and three relatives/caregivers of people with mental disorders. It was informed to participants of research the objective to be achieved and signing the free informed consent form, which was designed with a simple language, accessible to reach the understanding of the subject⁽¹²⁾. It was used the Measure Scale Opinion (MSO)^(13,2), which includes dimensions of the Guidelines of the Family Health Strategy⁽³⁾ and of the Psychiatric Reform⁽⁸⁾.

The population of study was composed of 126 professionals [22 nurses and an equal number of doctors, 82 community health agents] and 154 families/caregivers of people with mental disorders, totaling 280 subjects of

research. It highlights that the collection covered the urban area and the seaside, some performed in the Health Unit, other in the meetings convened by the Municipal Health Secretariat of the municipality of Parnamirim during the period from April to August 2011.

Quantitative data were submitted to the software Epi Info, version 6.04, public domain developed by the Centers for Disease Control and Prevention of the United States (*Centers for Disease Control and Prevention* – CDC), for the construction of the database and subsequent statistical analysis. The results were transcribed through descriptive statistics using tables.

Results and discussion

As for the sex of the relatives/caregivers of people with mental and behavioral disorders, women prevailed 87% (134) and 13% (20) were male. These family members/caregivers, with regard to the link with the bearer of mental and behavioral disorders: 45% (70) are mothers, 18% (27) wives or stable coexistence, 10% (16) sisters, 7% (10) escort, father and sister-in-law respectively, and 3% (5) are the father and brother.

The transformations of mental health assistance model, derived from Brazilian Psychiatric Reform, imposed to families the attribution of being a participant in the rehabilitation process of their familiar mentally sick⁽⁴⁻⁷⁾. The current mental health policy recognizes the need to include the familiar in this process, as a way to enhance and contribute to the rehabilitation process of this audience. In this context, the woman, historically, takes the active role in the context of care and coexistence with the bearer of mental disorder.

About the caregiver's coexistence with the bearer of mental and behavioral disorders the results point to the range of 1-5 years with 62% (96), followed by 6-10 years 20% (30) and more than 10 years of familiarity 18% (28). This coexistence with the bearer of mental disorders, 58% (89) are male and 22% (65) are female.

The time of illness of patients with mental and behavioral disorders were in the range of 1-5 years 45% (69), followed by 6-10 years with 31% (48) and greater than 10 years 24%

(37). As for the treatment, the prevalent were the hospital with 41% (63), the outpatient, with 35% (54), in the Center of Psychosocial Care, with 16% (25), and in religious community, with 8% (12), since the number of hospitalizations in the last five years was 41% (63) with a history of 6 or more hospitalizations, of 4-6 38% (59) and of 1-3 21% (32).

It is observed that the psychiatric hospital model is still hegemonic in the opinion of families and professionals, configuring as primary treatment space. In the daily life of the services still prevail obstacles and difficulties in the reorganization of work processes with a view to achieving precepts of social inclusion and citizenship of subjects with mental disorder, proposed in the Brazilian Psychiatric Reform⁽⁸⁻⁹⁾. In addition, tensions coexist in the definition of roles and knowledge among the professionals against the new mental health devices, like the Psychosocial Care Center (Centro de Atenção Psicossocial – CAPS)⁽¹⁰⁾.

The logic of organization of work in mental health team still trying to break away from this conception of assistance fragmentation and the persistence rigidity in services, for the most part, end up producing adverse effects on the treatment of people with mental disorders⁽⁵⁾.

Table 1 presents, based on the ICD-1-DSM-R, the main mental disorders identified by families and professionals of the FHS in the municipality of Parnamirim/RN, where 45% (29) are women with mood disorders, while men are 62% (55) of disorders arising from the use of psychoactive substances.

It was taken into consideration what the family said about the diagnosis, presentation of documents for expertise, recipe for procurement of medicine and Family Health Record's appointment and confirmed by health professionals.

Statistics show that the consumption of alcohol and other drugs, except tobacco, account for 12% of all severe mental disorders in the population over 12 years in Brazil, being the impact of alcohol ten times greater compared to the set of illicit drugs, and approximately 10% of the population in urban centers around the world consume

psychoactive substances abuse, regardless of age, gender, level of education and purchasing power^(4,15). The prestige currently given to mental health-disease process of the

individual, no longer focused on the disease and its "mental pathology", allows the user of alcohol and other drugs be perceived and evaluated differently⁽⁹⁻¹⁰⁾.

Table 1 - Major mental disorders identified by relatives of people with mental and behavioral disorders and confirmed by professionals based on ICD-10-DSM-R met on FHS/US/Parnamirim-RN. 2011

CID-10	Description of the Mental and Behavioral Disorder	Women	Men	Total
		N (%)	N (%)	N (%)
F10-19	Mental and behavioral disorders due to psychoactive substances use	14(21)	55(62)	69(45)
F20-29	Schizophrenia, schizotypal and delusional disorders	9(14)	26(29)	35(23)
F30-39	Mood disorders	29(45)	2(2)	31(20)
F40-48	Neurotic, stress-related and somatoform disorders	13(20)	-	13(8)
F70-79	Mental retardation	-	6(7)	6(4)

Source: DECIT-PPSUS 2008.

Among the information obtained from the study, attention is drawn to the high value presented by mental and behavioral disorders due to psychoactive substance use 62% in men and mood disorders with 45% in women, which constitute important basic cause. The term mental and behavioral disorders is an expression used by International Classification

of Diseases and Related Health Problems – 10th Revision (ICD- 10). It refers to a set of symptoms or clinically recognizable behaviors, accompanied, in most cases, of suffering and interference in the personal functions that can be the basic or associated cause of death^(2,11).

Table 2. Opinions of family members and professionals about the Psychiatric Reform. 2011. Parnamirim/RN-Brazil.

PSYCHIATRIC REFORM	I		INDIFFERENT		DISAGREE	
	AGREE					
	n	%	n	%	n	%
The Brazilian Psychiatric Reform movement has extended extra-hospital resources for assistance.	150	54	20	7	110	39
Today, we find more mentally ill being treated outside of hospitals.	210	75	0	0	70	25
The psychiatric hospital should accommodate the beggars.	200	71	60	22	20	7
The Law 10,216 offers about the protection and rights of people with mental disorders and redirects the assistance model in Brazilian mental health.	150	54	70	25	60	21
There is much talk in changes and transformations, but we haven't seen anything in practice. Everything is the same.	200	71	50	18	30	11
Today there are still hospitals with prisons and strong-rooms.	100	36	20	7	160	57
Today there are still households with prisons and strong-rooms.	130	46	30	11	120	43

Legend: A (agree); I (indifferent); D (disagree).

Table 2 expresses that 39% of the subjects of the survey disagree entirely that the Brazilian

Psychiatric Reform movement has expanded resources extra hospital for assistance, although

75% agree that today there are more mentally ill being treated outside of hospitals; 71% agree that the psychiatric hospital should accommodate the beggars; 54% agree that the Law 10,216 provides for the protection and the rights of people with mental disorders and redirects the assistance model in Brazilian mental health; 71% agree that talks a lot about changes and transformations, but don't see anything in practice, therefore, everything is the same; 27% disagree that today still exist hospitals with prisons and strong-rooms; and 46% disagree that, currently, there are still hospitals with prisons and strong-rooms.

The Psychiatric Reform, by its recent history in the creation of substitutive models of mental health services in Brazil, it is still an achievement and a challenge to the extent that relatives of people with mental and behavioral disorders and health professionals in the context of the FHS thinks about it ^(6,10). In this sense, it is evidenced that the opinion of the same can be understood as a factor which interferes with the attention to mental health in the basic attention of health.

In the context of the inter-sectoral approach in the context of psychosocial care network, the FHS should act as an important foothold in the development of actions in mental health, in a process of bailout provisions of assistance to users with mental disorders and their families ⁽¹⁴⁻¹⁵⁾. Upon organization strategies and the very Nucleus of Support to Family Health (NSFH), which offers specialties such as psychiatry, psychology, therapy, among others, teams of FHS began to have a diverse, professional support aiming at the improvement of interventions performed ⁽¹⁰⁾.

Thus, the FHS assumes larger role in psychiatric care in front of the implementation of the network of mental health services in the territory, although it remains a public health segment that concentrates a few financial investments and suffers with the shortage of qualified human resources to work in that field ^(8,14). Thus, the operation of changes in the way of conceiving and recognize the health needs of mental disorder and its familiar axis requires a treatment and care in mental health promotion perspective, translating the concern

and premise of current public policy focused on health to this clientele.

CONCLUSION

It was reached the goal mapped out from the opinion of families of people with mental and behavioral disorders and the professionals of the FHS, in the perspective of basic health attention. Although it is recognized the advances in the implanted model, persist gaps and challenges to be overcome. Therefore, the transformations observed in Mental Health care policy approved by the National Mental Health Policy are still far from their full implementation.

Accordingly, studies that present results about mental health in conjunction with the FHS is required, since this approach exists between Mental Health and the FHS is indeed observed in many places of professional conviviality, but the true meaning of its proposals is constantly distorted by family members and even by health professionals.

The reality brings a growing contingent of people with mental and behavioral disorder which requires actual practices of Psychiatric Reform, where recognize gender differences that exist with regard to the causes of mental disorders to make use of policies based on the principles of the Universal Health System in Brazil, equity, for instance. In the face of challenges, the attendance in substitute methods of mental health services must be qualified, a fact that would increase confidence in the service offered and would decrease the unnecessary hospitalizations. To achieve this success, it is required knowledge and approximation of reality making psychiatric clinic a world between the society.

It is concluded that, even when the services were available, they were not used in the best possible way since often seemed to be poorly adapted to needs and desires of the population. People who faced the problems in their daily activities, i.e. the difficulty to establish processes of care for people with mental disorders in psychosocial perspective in the basic attention to health.

REFORMA PSIQUIÁTRICA E TRANSTORNOS MENTAIS NA ESTRATÉGIA SAÚDE DA FAMÍLIA: OPINIÃO DE FAMILIARES E PROFISSIONAIS

RESUMO

Estudo caracterizado como pesquisa operacional ou Investigação em Sistemas de Saúde (ISS) com caráter descritivo e quantitativo que objetivou analisar opinião de familiares e profissionais sobre a Reforma Psiquiátrica e os principais transtornos mentais na estratégia saúde da família. Investigou-se 280 sujeitos dos quais 126 eram profissionais de saúde e 154 familiares de portadores de transtornos mentais que responderam a Escala de Medida de Opinião (EMO). Os dados digitados e tabulados foram submetidos ao software Epi Info, versão 6.04. O estudo encontrou diferenças de gênero em relação aos principais transtornos mentais no município de Parnamirim/RN, donde 45% (29) são mulheres com diagnóstico de portadoras de transtornos do humor, enquanto a maioria dos homens, 62%(55), apresentam transtornos decorrentes do uso de substâncias psicoativas. Em relação à Reforma Psiquiátrica a opinião dos familiares e profissionais reflete ainda as dúvidas e a descrença na Reforma Psiquiátrica Brasileira. Ademais, a realidade traz um contingente crescente de pessoas com o transtorno mental e comportamental o que exige uma prática profissional qualificada em consonância aos preceitos do processo de Reforma Psiquiátrica no país.

Palavras-chave: Saúde Mental. Atenção Primária à Saúde. Saúde da Família.

REFORMA PSIQUIÁTRICA Y TRANSTORNOS MENTAIS EN LA ESTRATEGIA SALUD DE LA FAMILIA: OPINIÓN DE FAMILIARES Y PROFESIONALES

RESUMEN

Estudio caracterizado como investigación operativa o Investigación en Sistemas de Salud (ISS) con carácter descriptivo y cuantitativo que tuvo como objetivo analizar la opinión de familiares y profesionales sobre la Reforma Psiquiátrica y los principales trastornos mentales en la estrategia salud de la familia. Se investigaron 280 sujetos, de los cuales 126 eran profesionales de salud y 154 familiares de portadores de trastornos mentales que respondieron la Escala de Medición de la Opinión (EMO). Los datos digitalizados y tabulados fueron sometidos al software Epi Info, versión 6.04. El estudio encontró diferencias de género en relación a los trastornos mentales en la ciudad de Parnamirim/RN, donde el 45% (29) son mujeres con diagnóstico de portadoras de trastornos del humor, mientras que la mayoría de los hombres, el 62% (55), presentan trastornos decurrentes del uso de sustancias psicoactivas. En relación a la Reforma Psiquiátrica, la opinión de los familiares y profesionales aún refleja las dudas y la incredulidad en la Reforma Psiquiátrica Brasileña. Además, la realidad trae un contingente creciente de personas con trastorno mental y de comportamiento, lo que requiere una práctica profesional cualificada de acuerdo a los preceptos del proceso de la Reforma Psiquiátrica en el país.

Palabras clave: Salud Mental. Atención Primaria a la Salud. Salud de la Familia.

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Submitted: 09/12/2012

Accepted: 20/11/2013