

HEALTH CARE OF MENTAL DISORDER PATIENTS AND THEIR FAMILY: THE NURSE ROLE AT THE FHS¹

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ABSTRACT

This study aimed to identify nursing actions developed in the Family Health Strategy with people with mental illness and their families, as well as the difficulties encountered in daily life. We conducted descriptive exploratory qualitative approach with 11 nurses. Data were collected from May to July 2012, through semi-structured interviews, which were recorded and transcribed to be analyzed after the methodological framework of the thematic content analysis of Bardin. In this context, the following categories emerged: "Building relationships as a form of integrated care in mental health", "The lack of accountability for mental health care in the FHS and" The shortage of continuing education in mental health as a barrier to care. "Professionals show up unprepared, insecure and with little scientific knowledge to meet the person with mental disorder and his family, denoting the need for continuing education in mental health, so that these professionals can exercise their role as caregiver integral and Humanized front construction of resolving actions with the person with mental illness and their families.

Keywords:Nursing. Family Health Program. Mental Health. Family.

INTRODUCTION

The Psychiatric Reform began in 1970 with the purpose of caring for individuals affected by mental illness or injury, decentralizing the hospital-centric attention to community care, ensuring the effectiveness of the principles of the Unified Health System (Sistema Único de Saúde - SUS) and social reintegration and their family^(1,2). In this context, nurses who work in the Family Health Strategy (FHS) may be responsible for the care of people with mental disorders (PMD) and his family, reconstructing the relations between society and madness by performing actions and humanized assistance quality⁽³⁾.

According to the Ministry of Health, 3% of the general population suffers from severe mental illness, and over 12% require some ongoing support or casual in Mental Health⁽⁴⁾. Study conducted in the south of Brazil estimated that the prevalence of mental

disorders varies among 12.2% to 48.6% in the local population⁽⁵⁾.

In regard to the alarming data it is important to think about the action of the FHS with this population, because the professionals involved in this service need to be trained for mental health care in order to provide comprehensive care and decisive to the PMD and his family, having as main role early detection of new cases and appropriate therapeutic intervention. In this context, we highlight the role of the nurse as an integrating agent of the health service and population which should be support for mental health actions developed within the FHS^(5, 6).

The lack of mental health care services in primary health care can lead to losses to various aspects of life of people with mental disorders and their families - discrimination, social isolation, suicides and increased morbidity - affecting their quality of life, health, social and family relationships. With the purpose of directing the treatment in this area, the World

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Health Organization (WHO) issued a report that defines the primary care centers for mental health care, including actions within the FHS in order to consolidate strategies for reorganizing the health care system based on early and integrated intervention ⁽⁷⁾.

In order to know how to establish care directed to the person affected by mental illness and their families, the guiding questions of this research arise: What nursing actions are conducted by nurses at FHS with this population? And what are the difficulties for these professionals in the process of care? Thus, the objective of this study is to identify which nursing actions are developed by nurses who work at FHS, with people with mental disorders and their families, and to identify the difficulties found in daily life.

METHODOLOGY

It is a descriptive / exploratory research, with qualitative approach, which can be understood as capable of incorporating the issue of meaning and intentionality inherent to acts, relationships and social structures, the latter considered both in its advent and in its transformation as significant human constructions ⁽⁸⁾.

Data were collected during the months of July and August in 2012, with the teams of the Family Health Strategy in a city in the west of São Paulo, through semi-structured interviews. In this city there are 15 units of FHS, and in each of them there is only one professional team composed of a nurse, a nursing technician, five community health workers and a doctor.

To participate in the study they were chosen all nurses who work in teams of FHS in that city. It is noteworthy that three nurses are responsible for more than one FHS, so twelve people were the total number of subjects approached for the study. A professional refused to participate in the research without justifying the reason for the refusal, thus 11 nurses agreed to participate in this study.

The instrument for data collection was a semi-structured interview script containing the following questions: "1) Think about your daily work, in a situation of care to an individual who has a mental disorder. Tell in detail what

nursing actions you performed in this situation", "2) How was their work with family members?" The second question was only asked when there was no report of family care in the previous question, and "3) What are your difficulties in working with this population?"

The interviews were conducted in the institution's work of the subject interviewed, in individual contact scheduled for immediate response, without limit time for the interview. The nurses were asked to conduct the interview in a private room, and, after authorization, the statements were recorded on a digital recorder in order to maintain the reliability of the results, to guarantee confidentiality and anonymity. To identify the participants we used the letter N for nurse, then the number for the order of the interview.

The data were analyzed through methodological content analysis of Bardin ⁽⁹⁾. In the first stage, the pre-analysis, there were five successive readings of the interviews in order to operationalize and systematize data, learning key concepts in each deposition, highlighting the points of interest for the subject. In the second stage, the exploration, the raw data (highlighted points) were organized by grouping them into units of analysis (themes) and associations between them, aiming to achieve the objective of the study. After, the categories were developed. The third and final step – the content analysis – made inferences from data, relating them to the literature.

The study was initiated after approval by the Ethics in Research Committee - Comitê de Ética em Pesquisa (CEP), of Universidade do Oeste Paulista, Opinion 996, and after signing the Informed Consent - Termo de Consentimento Livre e Esclarecido (TCLE, in the form of invitation letter, two copies, becoming one with the researchers and the other with the guy who took part in the study.

RESULTS AND DISCUSSION

With the Psychiatric Reform it became necessary to introduce care for mental patients and their families, in a joint way, inserted into the social and individual context of each one. Thus, along with the FHS, the proposal is to expand and strengthen the network of

community care outside hospitals, with nurses as articulator of this adaptation. This type of care allows us to build bridges, to evaluate the issue of family environment and individual mental patients, in order to devise strategies for health and thereby to improve the quality of life of these individuals.

The analysis of the collected material allowed the identification of units relevant to the study. From these units we extracted three categories which were discussed below.

Building relationships as a form of integrated care in mental health

The mental health care was characterized by the exclusion of the family and social environment, prioritizing the PMD treatment in psychiatric hospitals with the hospital. With the advent of the Psychiatric Reform, changes occurred in this scenario focused on social rehabilitation and to rescue that individual, since it is subject to their own thoughts and desires. Therefore, it is important the interaction of the family in treatment, because, through it, the individual gets emotional support, protection, care and comprehensive care⁽¹⁰⁾.

In this survey we found that only three of the eleven interviewed nurses perform comprehensive care to the family and the individual with mental disorder, making home visits, care, guidance and monitoring. The number is relatively small when considering the high demand of bouts of this condition and the need of assistance to this population.

According to our data, the acceptance of individual facilitates the therapeutic and medication treatment, allowing the realization of a host and creating links. These aspects can be seen in the following statements:

[...] We try to advice on everything, illness, medication. Because from the moment he accepts he has problem and needs help, everything becomes easier, he accepts the guidelines on care, agrees to take the medication and help us [...] and he even talks more with us (E7).

[...] The reception is very important here, which happens a lot in the FHS [...] we are qualified and trained to the host. You talk to this patient for him to trust you, it helps to speak what he feels [...] we can talk to him and his mother

about what we can do for him to feel better [...] (E5).

[...] We also guide the family about what the disease is [...], to know whether the patient is making proper use of medication, monitoring with family members [...] we talk to all family to see if they need something, we go together, we visit to see what they need at home [...] with the visit we avoid the possible number of stress of the patient and family because they talk about all (E6).

The reality experienced by nurses who work at the FHS highlights the quest for individual and collective support integrally, inserting themselves in family and social context of the people who are the focus of care. Similarly, these professionals seek to discover how best to approach and establish therapeutic actions through home visits (HV), building forms of qualified hearing that aim to maintain and promote the health of members involved in the care process⁽³⁾.

A research shows that the family members also need care from professionals, because they ally with the providers of health services to participate in actions directed at people with mental disorder. Due to the overhead to have an active role in the treatment of the patient, the family becomes vulnerable for being the closest support network, establishing coexistence between users, health professionals and society⁽¹¹⁾.

It can be observed, in the words of the interviewees, that the acceptance of the individual with mental disorder reduces the overhead of family, so the nurse should be the facilitator of this process of acceptance, stimulating the family in relation to self-care, directing him to understand that mental illness, approaching the person, the family and the health service. This linkage facilitates the transfer of information and construction of care, and can be built through empathic relationship that grows stronger every day, in a holistic and humane care.

Nurses need to be prepared and motivated to supervise and carry out a resolute and humanized care in mental health, seeking to encourage sensitivity in caring, encouraging, warmth and reception. Reinforcing the importance of a qualified mental health care, the nurse can build support groups in their

work environment, including the PMD and his family⁽¹²⁾.

Thus, nursing care is more than performing technical procedures: it is, above all, knowledge, confidence, hope and humility, considering the crucial elements for the humanized care. The nursing in this context has as essential focus to demystify mental illness for the affected individual and his family, easing the adherence to treatment and social reintegration, contributing to the building of the guiding principles of the Psychiatric Reform⁽¹²⁾.

The non-liability for mental health care in the FHS

In this category, when discussing about the omission of their responsibilities towards nursing care in mental health, it was highlighted the transference of shares to other health professionals. According to the narratives of nurses there are many reasons that lead them to act in this way, including the feeling of unpreparedness, work overload and deficiency in understanding the biological and social causes of the development of mental illness, in addition to household vulnerability despite to the living with a person with a mental disorder.

The interviewees do not undertake to meet the demand for care of the mentally ill, because they do not provide health actions due to lack of mental health experts at the FHS. Thus, they conduct referrals to other professionals without monitoring cases, and beyond to emit (transcription) recipes without prior assessment of the health team, which may further compromise the signs and symptoms of mental illness as a result of inadequate treatment. There is also a lack of guidance for those who do not accept the pathology and treatment of the individual and the family. These aspects can be evidenced in the following statements:

[...] I know that at FHS there aren't groups of nurses who cater to people who have problems of psychiatry [...] This is psychiatrist's matter [...] (E3).

[...] They come here because of the doctor's referral and if he's soaring we lead him for a psychiatric hospital or CAPS [...]. And we also

have the UBS where there's a psychiatrist, we have the mental health clinic, a supporter of ours, and then we forward the patient to these places [...] (E8).

[...] We do the transcription of the prescription here [...] our service is to provide it[...] (E2).

[...] There are many of them who did not accept the disease, they are already in a state that we have little to do [...] then what should we do with them? Does anyone know? (E2).

The nurse at the FHS has the powers to plan, manage, coordinate, implement and evaluate health care, so the teams must use the media focused on solving the problems of public health, through bond with the community, welcoming and taking responsibility as best as possible, looking at each individual in his singularity⁽³⁾. In this context, the nurse is responsible for the health care even if they do not feel prepared specifically to work in mental health; he is responsible for the promotion and maintenance of physical and mental health of PMD and his family.

In the quoted lines above it is highlighted the lack of concern with the direct action of nurses with this person and his family, as professionals restrict their health care referrals and transcript of prescription, leaving aside the opportunity to build partnerships interpersonal

Some feelings were externalized, for example, the embarrassment in not to proceed with care due to the overhead of nursing care within the FHS and impotence facing serious mental illness. This feeling was also present when the second respondent chose not to answer the question about which nursing actions are developed by the PMD and his family, denoting thereby their absence towards to the cases of mental illness as a result of their limited information and preparation area.

It is clear, therefore, the need for interaction between the actions of mental health and primary care, considering that live with mental illness in the family can generate subjective suffering, rising the importance of these actions with a focus on integrated care, strategies that are not used by the majority of nurses participating in this study for not knowing how to treat people with mental disorders and their families.

It is worth noting that for effective mental health policy, strategies are needed to carefully targeted link building, hosting and comprehensive care in mental health because this service acts as the primary approach of the sick or healthy human being, ensuring appreciation of the family and their social interactions, assisting in the transformation of mental health care, favoring the construction of a link among user, family and professionals⁽¹³⁾.

Thus, we emphasize the importance of individual and family care in the context in which they are inserted in, it is a basic human need, however, there are large gaps encountered in the daily work of the interviewees due to the lack of understanding by professionals, lack of emotional preparation and knowledge to invest in assisting the PMD and his family⁽¹³⁾.

The lack of continuing education in mental health as a barrier to care

The results of content analysis of this research show the difficulties of nurses to incorporate the new approach to mental health, for being a very specific area and the lack of preparation and training, i. e., the new model of care determined by the Psychiatric Reform movement. The complexity of this care creates many challenges for health professionals, and it is noted the need to develop strategies aimed at the mentally ill and their families.

It is extremely important that the improvement of the health care professional because there is a need for their skills so they can develop joint strategies, qualified and multidisciplinary family support⁽¹⁴⁾. The report of the nurses is emphatic about the lack of preparation and training to meet these patients, and using this gap to justify the absence of integrated mental health. This aspect can be seen in the following lines:

The difficulties of working are that we don't have training for it, neither the agents are able to work with the mental health, so I think I should have got a preparation [...] (E8).

[...] No one is really prepared to meet this type of patient, I think you should have a better preparation [...] the difficulty is about not having the experience that I should have, I

could have [...] we will go in other places, so we talk with other nurses and see that no one is prepared for it [...] (E4).

It may be observed the embarrassment of nurses for not feeling qualified to work with the person with a mental disorder, worrying about the unpreparedness of their team, recognizing that it is necessary to articulate all the care process, in order to obtain resolution in mental health care. These professionals expressed the need to share experiences with other health units, and this attitude denotes the search for understanding towards cases of mental illness and the need to build a network of integrated care in order to strengthen the strategies of attention in relation to the individual and his family.

It is noteworthy the counterpoint in this category when it is observed in the reporting of E5 the emphasis on training and preparation of nurses to receive health care, "[...] We are trained and qualified to host [...]" It is believed that this unpreparedness is why the professionals feel compelled to cite as a reason for not compromising with the mental health care shortages of educational and training staff to this caregiver.

However, it is possible, in the FHS, to meet a great number of this population with early interventions aimed at prevention and health education, multidisciplinary approach aimed at the comprehensive health care, with professional commitment concerning actions to be taken⁽¹⁵⁾.

It is inferred that the respondents perceive the importance of their work with the person with mental illness and their families; however, they admit their little training for mental health care. However, there is the desire to conquer the theoretical and practical training on the subject matter. During the interviews it can be noted that some nurses have the goal in the future of organizing groups to serve this population and their families, because they realize the importance of targeted assistance, but in that moment they feel insecure to realize it.

[...] Our goal is to assemble a group of mental health with the staff, but sometimes I do not know if it works [...] (E10).

[...] We haven't assembled the group yet, but we're talking, I and the Dr. have talked about this, because it is difficult [...] (E4).

It is essential to build partnerships for the development of continuing education, with support for creating a support group for people with mental disorders and their families, offering them assistance and improvement in quality of life and, consequently, generating satisfaction in health professionals by performing a more humanized work with resoluteness.

Continuing education, focused on FHS staff provides the acquisition of skills and abilities in regard to the shared experiences by the light technologies of reception, bonding and accountability. These criteria allow for broadening accessibility to health services aiming at comprehensive care, but we need the involvement of professionals, encouraging them to use all the technological tools that may result in effective services that meet the needs of the population ⁽³⁾.

The nurse responsible for the care of mental patients and family should be qualified and trained continuously to incorporate changes in attitudes and values, seeking to meet the principles of reorganization of mental health policies. The policies need to be performed by prepared people, they should consider the involvement of the user and their family for that promotion and prevention to be carried out in the context in which both are inserted, so that they will feel and live the presented policies ⁽¹⁶⁾.

FINAL CONSIDERATIONS

This research was possible to understand the actions provided to PMDs and their families by nurses of FHS in a city of the west of São Paulo state, where, in most cases, it was found that there is adequate assistance, either for lack of strategies in the care, lack of commitment, difficulty of acceptance of mental illness, and families living with this burden in their daily lives, the stigma of the subject and even the lack of in training nurses and their staff.

Thus, it is clear that continuing education is an important factor for the development of these actions. There is necessity to discuss about the theme and work with the population to eliminate prejudice, encouraging individual and collective discussions about people with mental impairments. We are all subject to the impairment of mental illness, considering that we are influenced daily by the context in which we operate, leading to reflection on the care we are doing and how we are all susceptible.

Therefore, the nursing based on the precepts of the Psychiatric Reform can play the role of socializing agent that modifies individual and social realities facing the mental health care. The nurse must be able to participate in policy decisions of nursing in this particular area, contributing to the restructuring of social and family knowledge, integrating care actions that cover the person with mental illness and their families in a holistic and integrated way.

CUIDADO À PESSOA COM TRANSTORNO MENTAL E SUA FAMÍLIA: ATUAÇÃO DO ENFERMEIRO NA ESF

RESUMO

Neste estudo teve-se o objetivo de identificar as ações de enfermagem desenvolvidas na Estratégia de Saúde da Família junto às pessoas com transtorno mental e sua família, e as dificuldades encontradas no cotidiano. A pesquisa descritivo/exploratória, com abordagem qualitativa envolveu 11 enfermeiros. Os dados, coletados nos meses de maio a julho de 2012, em entrevistas semiestruturadas gravadas e transcritas na íntegra, foram analisados mediante referencial metodológico da análise temática de conteúdo de Bardin. Deles, emergiram as categorias: "Construindo relações como forma de cuidado integral em saúde mental", "A não responsabilização pelo cuidado em saúde mental na ESF e "A escassez de educação continuada em saúde mental como obstáculo para o cuidar". Os profissionais mostram-se despreparados, inseguros, com pouco conhecimento científico para atender a pessoa com transtorno mental e sua família, denotando necessidade de educação continuada em saúde mental, a fim de exercerem seu papel de cuidador integral e humanizado frente à construção de ações resolutivas junto a essas pessoas.

Palavras-chave: Enfermagem. Programa Saúde da Família. Saúde Mental. Família.

CUIDADO A LA PERSONA CON TRASTORNO MENTAL Y SU FAMILIA: ACTUACIÓN DEL ENFERMERO EN LA ESF

RESUMEN

Este estudio tiene como objetivo identificar las acciones de enfermería desarrolladas en la Estrategia Salud de la Familia con las personas con enfermedad mental y sus familias, así como las dificultades que encuentran en la vida diaria. Se realizó abordaje cualitativo exploratorio descriptivo, con 11 enfermeras. Los datos fueron recogidos entre mayo y julio de 2012, a través de entrevistas semi-estructuradas, grabadas y transcritas para ser analizados después del marco metodológico del análisis de contenido temático de Bardin. En este contexto, surgieron las siguientes categorías: "La construcción de relaciones como una forma de atención integral en salud mental", "La falta de rendición de cuentas para el cuidado de la salud mental en la ESF y" La falta de educación permanente en salud mental como una barrera a la atención". Profesionales aparecen sin preparación, inseguro y con poco conocimiento científico para conocer a la persona con trastorno mental y su familia, lo que denota la necesidad de la formación continua en materia de salud mental, para que estos profesionales puedan ejercer su papel como cuidador frontal integral y humanizada construcción de resolver las acciones con la persona con enfermedad mental y sus familias.

Palabras clave: Enfermería. Programa de Salud Familiar. Salud Mental. Familia.

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