

## CHANGES IN MENTAL HEALTH CARE DUE TO THE PSYCHIATRIC REFORM: NURSING PROFESSIONALS' PERCEPTIONS<sup>1</sup>

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### ABSTRACT

This is research developed with the Thematic Oral History method at a mental hospital in Parana State/Brazil in 2011, aiming to apprehend how nursing professionals perceive the changes in mental health care due to the psychiatric reform. Two nurses and four assistant nurses have participated. Data were collected by means of a semi-structured interview and studied through thematic analysis. Collaborators referred to changes in mental health care as better qualified professionals, reduction in admittance to mental hospitals, new perception of mental disorders and mental illness sufferers, and therapeutics which aim to break away from the hospital-centered model. Scarcity of outpatient services as well as amount and quality of human resources were evidenced. It is pointed out the need to adequate the number of vacancies in outpatient services, proper care to users, qualification of professionals, community and family to insert the mentally ill in society.

**Keywords:** Nursing. Mental health assistance. Public policies. Mental health.

### INTRODUCTION

Psychiatric care in Brazil has been restricted to large asylums for many years, marked by prolonged hospitalization and maintaining the segregation of people with mental disorder of social and family space<sup>(1-2)</sup>. In this context, the nursing staff has performed basically hygiene and food care, and drug administration. A very common practice used by these professionals was the use of aggression, because the lack of preparation for the work and lack of stimulation in the work have generated in the relations with the insane patient violent acts, fighting and even death<sup>(3-4)</sup>.

The hospital-centered care model has been more alienating than re-socialization and rehabilitation producer, being questioned and discussed deeply from the 1970s with the organization of the Psychiatric Reform

Movement in this country<sup>(5-6)</sup>. However, only in 2001 the Federal Law no. 10.216 was approved, which establishes the rights of mental patients, limits and regulates psychiatric hospitalizations. The legal text provides for the replacement of centered care model in psychiatric hospitals, with a focus on care resources of community basis<sup>(5-6)</sup>.

The current mental health policy points to new ways for understanding, treating and relation to the person with mental disorder. Services have gained prominence as the Centers for Psychosocial Care (CAPS), psychiatric beds in general hospitals, outpatient clinics, Basic Health Units (BHU), Therapeutic Residential Services (SRTs) and support networks, such as neighborhood associations, churches, groups of mutual aid, schools and universities<sup>(5-6)</sup>.

Thus, the mental health care must be sustained in the psychosocial mode which

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focuses its action rather than disease, but in person and in his potential, it affirms the attending by the multidisciplinary team that must work in an interdisciplinary way in various health services for psychosocial rehabilitation and social and cultural reintegration of people with mental illness<sup>(7-8)</sup>.

Thus, it is not admitted the notion of "cure", but rehabilitation, and tools to achieve this goal are not the coercive methods anymore but those methods who favor the enhancement of citizen-subject who suffers mentally, as acceptance and active listening<sup>(7-8)</sup>.

From this perspective, nursing professionals should support their practice on the principle of completeness, in order to meet the user in their bio-psychosocial and spiritual aspects. It is important to the development of humanized care the formation of bonds between staff and user and responsibility in care for both<sup>(9)</sup>.

In the transformation in mental health proceedings in Brazil, what are based on the principles of deinstitutionalization and rehabilitation to guarantee citizenship rights of people with mental disorder, it is considered that knowing the reality of nursing professionals who experienced the transformation of care model may encourage other professionals who act in this field with reflections to guide their practices as well as in proposing new ways of thinking and doing mental health.

Thus, this study aimed to: learning how nurses have perceived the changes in mental health in relation to psychiatric reform.

## METHOD

The research was conducted by the method of thematic oral history conducted in 2011 in a psychiatric hospital in Paraná with two nurses and four nursing assistants.

As regards the number of respondents, oral history has typically been operated in its most miniature aspect, due to the difficulties in working with large amount of material<sup>(10)</sup>. Therefore, due to the expressive quality and quantity of material from the narratives, it was decided to terminate the interviews at six employees.

Inclusion criteria were: being over eighteen years-old, agreeing to participate in research by signing the Informed Consent Form, and have developed their professional practice in a nursing home in the period prior to 1993 (when the first set of CAPS Paraná in Curitiba was created, signaling a break in paradigm) until today it establishes changes in psychiatric practice.

Data were collected through semi-structured and recorded interviews, consisting of identifying data, and the labor question; report how they perceive the changes in mental health in the face of psychiatric reform.

The narratives were analyzed and presented in categories according to the proposal of thematic analysis<sup>(11)</sup>, which includes the stage of sorting, grading and final data analysis. In phase *Sort the data*, it was done the transcribing of the interviews, re-reading and organizing narratives. At this stage it was conducted the oral transposition of the second writing according to Meihy and Holland, which involves transcription, and textualisation and transcreation<sup>(10-11)</sup>.

During the phase *Data classification* it was made reading of the texts from transcreation of interviews, which allowed to seize the central ideas and to organize them into thematic categories. At the final analysis the data were organized into two thematic categories according to the experiences of changes in mental health care narrated by employees: 1) Potential of psychiatric reform and 2) Limitations and challenges of psychiatric reform<sup>(11)</sup>.

The study was approved by the Ethics Committee in Research of the Division of Health Sciences UFPR (CAAE 4187.0.000.091-09) in accordance with Resolution 466/12 of the National Health Council.

## RESULTS AND DISCUSSION

To illustrate the data that emerged from the interviews, clippings of the stories of some of the collaborators collated with relevant literature will be described.

### Potential of psychiatric reform.

Through narratives it is possible to identify as potential psychiatric reform: improving care,

mental health nursing with the role of providing medical care beyond medication and hygiene, increasing of the number of workers in the hospital, and the inclusion of new professional categories.

Employees reported the change in attendance, before sustained on stiffness and medication, one that prizes the host and therapeutic communication with drug treatment and various individual and group activities of psychotherapy and socio-therapy. There is intensification of recreational activities, family care and weekly meetings to discuss the progress of each patient.

The mental health care has improved a lot, and not only in nursing care, but also because nowadays we have the role of other professionals. Some time ago there was a lack of nurse, psychologist, social worker, occupational therapist. With more professionals of various categories, it became easier to assume our role in assisting. The treatment not only involves more medication, it is part of the treatment the interaction, listening and observing. Nowadays, the nurse encourages the patient and works on the concept of autonomy, makes nursing prescription, develops groups with patients, makes guidelines and clarifies doubts. (C2)

I see that there was a significant gain in 1981, when I started working here, until now, in relation to family recovery, the improvement in nursing care, better quality of care as a result of new professionals such as nurses, psychologists, social workers, occupational therapists. Nowadays, each unit has a staff, weekly meetings to discuss cases. Before the care were based on facilities, medication and containment in the case of unrest. (C4)

The treatment is more humanized. The medication is more measured and it is used less, because we talk more with the patient, there are more activities. [...] In the present the patient has a number of other complements such as occupational therapy, activities within the unit, weekly family attendance. The patient is medicated only when he gets restless and we could not calm him down by therapeutic communication. (C5)

It is noted in the narratives of C2, C4 and C5 that the medication is used as a therapeutic modality. However, it is observed that the professionals have emphasized that the drug treatment is no longer the primary form of

treatment for mental disorder, but one of the therapeutic possibilities; they are either overused, as previously, during history of psychiatric care in the country. It was perceived that these collaborators understand that mental health care has been trying to overcome the practice based on the biological model and that the performance of the nursing staff has been decentralizing the physical and organic aspects, thus enhancing interpersonal relationships.

The expansion of the mental health staff, highlighted by the employees, is in the focus of Brazilian psychiatric reform as the reorganization and redirection of health care in this area. Ordinance 224/1992 MS, for regulating the operation of all mental health services, establishes that human resources of hospitals which are specialist in psychiatry must contain between their professionals the nurse, psychiatrist, social worker, occupational therapist, psychologist, general doctor, dietitian and pharmacist. It was observed the formation of multidisciplinary teams for the therapy of mental patients<sup>(6)</sup>.

The teamwork according to psychiatric reform has advantages in ideological, theoretical and organizational field by preventing the hegemony of a single knowledge and an absolute practice. It also requires improvement by professionals, since the complexity of mental disorder does not permit any worker isolated realizing its entirety. In this new perspective, nursing care for mental patients is altered, since the interaction enables the exchange of experiences to answer questions, emerging from internal resources for dealing with problems and make the subject to recognize and participate in their treatment<sup>(9,12-13)</sup>.

In this study, the narratives show an expanded teamwork when emphasizing the importance of care characterized by interdisciplinary team work, valuing the stimulus and the rescue of personal autonomy, understood as active participants in treatment as well as the inclusion of family and meetings for case discussions.

The care showed through the dialogue for the interest of what the patient feels, thinks and intends to act in facing their problems should be part of the practice of mental health

nursing. It must be anticipatory to all other actions that might be proposed, so the professional increases the chances of getting more collaboration, because the patient is considered, heard and understood<sup>(9,13-14)</sup>. To illustrate that, the C5 speaks of the use of therapeutic communication strategies as a paramount to the detriment of practices that were protagonists before.

In this sense, the professional who works supported by the ideals of the psychosocial aspects must develop the ability to go beyond the symptom, denying the possibility of an authoritarian relationship with the individual who suffers and make the commitment that their actions are reciprocal in building autonomy and subjectivity. However, the denial of authoritarianism requires more than simply changing of individual posture; it requires continuous commitment to confront the exclusionary everyday relations in society<sup>(9,13-14)</sup>.

There is a change in the design of mental health treatment. The emphasis shifts from illness to the subject in distress. This involves working with the needs, desires, problems of social integration, family conflicts. The services must be constituted in place of welcome, care and social relations<sup>(6,9,13-14)</sup>.

Another factor related to treatment with respect to the rational use of drugs in combination with individual guidance and consultations, therapeutic workshops, socio-therapy activities, operational groups, individual psychotherapy and group and community activities aimed at the integration of mental patients in the community<sup>(6)</sup>.

Employees mentioned how advances in Brazilian psychiatric reform legislation on mental health and its impact on reducing the number of beds and reducing the amount of internal supervision and psychiatric institutions which are submitted. They also cited the need for the patient's attending form by the professional who work with the medical entries and reduce of the period of hospitalization, which are not more than two months in most institutions.

It was mentioned the important process of deinstitutionalization of outpatient services such as CAPS, clinics, day hospital, the SRTs

and family involvement in care. These advances are reflected on the transformation of the relationship that society has with the madness.

With the current mental health legislation, an evolution, nowadays the average length of treatment in a psychiatric hospital is around 50 days. Patient does not have to be living in hospital! The teamwork has improved. This is a requirement of the Health Ministry. Previously, if there would not be nurses here at the hospital, there was no problem. Now the personal surveillance verifies that professionals did patient outcomes. (C1)

There is an important advancement in psychiatric reform with family involvement and reducing the stigma in psychiatry. The family and society are more aware about it. Before the insane patient was always locked up and forgotten. Now we have cases where the patient is trapped like an animal, without medication, and that was common before. Currently there is a request to all the family members are involved in treatment, following the user. We realize that family involvement has contributed in reducing the length of stay in hospital. Another strategy that has contributed to the social reintegration was the SRTs. We managed to return several patients who were hospitalized for years to their homes and society. We found relatives of users even in SP and Mato Grosso. Those who had not had family ties and greater autonomy were for two therapeutic homes, they relearned to live, to have autonomy, these days I found one of them who was going to pay the bills. Nowadays there are several houses, some seven or eight. So it is possible. There are times when hospitalization is necessary. But we cannot continue to deprive people in society. (C2)

Now it does not reach 200 the number of people admitted to hospital, dealing with 30 patients in one unit, direct them to the bathroom, do the care is much easier. The Reformation came to change, with the intention of rescuing for social reintegration of the patients, and their reintegration in society. (C4)

Now with this change, the hospital has been empty. Before there were a lot of people, the psychiatric hospital at the time seemed a deposit from people who should not be there. Currently there are also arrangements for outpatient treatment, such as CAPS, outpatient clinics and day hospitals. The family used to be absent in treatment, they used to come to the hospital only

on visiting days. Now the family service was created, and it is changing. We made little cards with information on visiting days, guidance to families who deliver at admission. It is important that the family accompanies the treatment. (C6)

There are advances in relation to proposals for programs focused on mental health, such as the Back Home Program (Programa De Volta para Casa), the SRTs, Solidarity Economy (Economia Solidária) and the National Program for the Evaluation of Hospital Services - PNASH Psychiatry. More than 50% of psychiatric beds were deactivated in mental institutions and the average length of stay decreased from 100 to 40 days<sup>(5,15-16)</sup>, which is confirmed by the speech of the collaborators.

Another aspect highlighted was the register done by professionals in the patient record. Ordinance n. 251/02, in its annex, recommends that there should be adequate medical records only for diagnostic and therapeutic procedures performed on the patient. It is guaranteed at least the record of the medical profession and of each of the other graduate professionals once a week as well as daily note of the nursing staff<sup>(16)</sup>.

This is another achievement of the psychiatric reform when considering that about the asylum model studies point to the lack of records of patients hospitalized in psychiatric hospitals, as "mad patient does not know his age, sex, profession, the causes of hospitalization, or what treatments would be receiving to achieve healing"<sup>(4:92)</sup>.

The inclusion of the family in the new paradigm of care can also be identified in the narratives. Unlike asylum model, in which the family used to be away as a mere observer of events, now they become incorporated into the therapeutic process in order to contribute to the psychosocial rehabilitation of the user<sup>(16)</sup>.

However, for this to constitute in fact a reality, we need to provide adequate conditions for the family. They need to receive guidance and information from health professionals about the symptoms, the treatment modes, approach and living together, aiming to facilitate their understanding of the complexity of psychiatric disorders and

refunding or allowing sharing /creating effective strategies of care<sup>(8-9,13)</sup>.

The outpatient services such as CAPS and SRTs were cited as factors that facilitate deinstitutionalization. The SRTs were introduced into the Unified Health System - SUS – from the promulgation of Ordinance no. 106/00. It is an alternative of housing, living spaces and social reintegration within the community to a large numbers of people admitted to psychiatric hospitals for long stay, they do not have adequate care, social support and family ties to ensure an appropriate place for living<sup>(6)</sup>.

In this sense, experiences of institutionalization have proven that many hospitalized people whose medical records contained notes of estrangement, social disinterest, stereotypes and lack of initiative, are protagonists of a radical change<sup>(15)</sup>.

### **Limitations and challenges of psychiatric reform**

Employees have emphasized the insufficient amount of outpatient services as the limitations and challenges of Brazilian psychiatric reform, what is expressed by the lack of jobs, and compromised quality of customer service, which hinders the proper functioning of the service network. They've also externalized weaknesses in coordination between health services and monitoring of mental patients after discharge, which favors re-internment and the subsequent chronicity of the disease.

They mentioned limitations of care in general hospitals and the lack of qualified professionals to work in various mental health services. The collaborators associated these questions to the traditionalist teaching of schools which is still grounded in a more clinical view, and the lack of material and political investment in the training of professionals in this area.

The CAPS, day hospitals and outpatient clinics are still insufficient in quantity and quality. The network does not support what it should do. Psychiatric reform that would also happen within the clinical hospital, but currently it does not happen. There is a great discrimination of psychiatric patients in crisis with clinical complication. We have a hard time for

transferring him when he has an acute clinical presentation. (C2)

It is not simple to fall down the barriers of the hospital. In the discharge, when we send a patient for CAPS, the service delays and some cities do not have this service. The purpose of this service is wonderful, but there is a lack of financial resources. When we transfer a patient to some other hospital which is not specialized in psychiatry, the first requirement is that we must send a professional with the patient; if we do not do this, they do not hospitalize. I've worked for 23 years in a public hospital. When we admit a patient with internal confusion, in any floor of that hospital everybody knows: ah! There is a mad patient interned there in that floor. The stigma is too great. The current proposal is right, but we need more CAPS clinics. There is a lack of accompanying of patient after he leaves the psychiatric hospital. (C1)

Nowadays there are CAPS, but there are many cases of patients who leave the hospital and then they are already back because they were bustling at home, and we discover that the patient had abandoned the CAPS. The reasons are as diverse as the lack of professionals, including doctors; monitoring is not performed properly and what leads the patient not to do more the treatment; professionals who do not motivate you, they do not insist on the continuity of therapy; the absence of a social work of person rescue, to verify why the patient's no longer attending the service; and, moreover, the difficulty of the family in taking the patient to the service. Another difficulty is when we send patients to clinical hospitals. I realize a very large rejection by professionals of these hospitals with our patients. They see the psychiatric patient, but they do not see him as a human being. They are afraid, wondering if we'll be there taking care of the patient. (C4)

The staff has been depleted, many workers have retired and others are retiring. Soon they will admit new people who have passed in the contest. Will they have this training? Will they study the subject? Because the professional is not formed in psychiatry, specific knowledge is little. (C5)

Our training is more commonly clinical, focused on the execution of tasks. But with psychiatry we have to be different. I think the psychiatric reform is a great idea, but I believe there must to have professional training. (C2)

CAPS are strategic services for the implementation and consolidation of the psychiatric reform for seeking to work in the

territory of interlinked actions to mental health care network<sup>(4-5)</sup>. However, in the operation of this device workers signaled the existence of a dichotomy between what is recommended and its operationalization. Barriers have limited the resolution of services, such as: the lack of structured mental health care networks properly articulated with other networks, the difficulty of care in times of crisis and management of the territory, and the obstacles in the integration of psychiatric beds in general and emergency hospitals<sup>(12)</sup>.

13 years after the approval in Brazilian psychiatric reform there are still difficulties in relation to access, hosting and management of the crisis in outpatient services. It is necessary to move in that direction, because there is still a significant number of health care resources, there is disparity regarding the implementation of substitute services in different cities of the country. This fact undermines the very acceptance and effectiveness of the strategies of community services which mostly are either nonexistent or very small numbers, with few professionals and unable to meet the actual demand that needs care and psychiatric treatment<sup>(5)</sup>.

It's not only necessary to reduce the number of hospital beds in psychiatric hospitals, we must invest in hiring qualified human resources to meet the demand in substitutive services, applying financially in existing outpatient services and in the expansion of CAPS III, and psychiatric beds in general hospitals whose lack in Brazil is one of the weaknesses of the reform<sup>(5)</sup>.

The little investment in other social facilities for mental health support shows the limitation of the concept of "network". As coordinator of a network, the CAPS should be an intermediate center to the other assistances. But it has been involved in the hegemonic notion of madness and just tied to a network of health and protection, nothing other than a psychiatric hospital. It should be stressed that this network is not just for health, but mainly for social, political and indicator of human rights of citizenship<sup>(15)</sup>.

In relation to the difficulty of mental patient care in a general hospital for the attending of clinical comorbidity, a study

conducted with nurses from emergency assistance have showed that the care provided is general and technical, with support of clinical comorbidities, but not the psychical ones. The study subjects reported that they feel as not qualified for caring patients with mental disorders due to lack of knowledge about psychopathology and therapeutic approach. They also affirmed having a greater concern for the physical safety of the patient, a because of the collective imagination that attaches to mental patient as a dangerous and violent person<sup>(17)</sup>.

In regard of mental health disciplines in higher education institutions, it is observed that the universities have adapted the content taught at the undergraduate courses, they've created post-graduation courses, and expanded the master and doctoral courses with the inclusion of programs to discuss current issues about that theme. Consequently, there is a comprehensive scientific production, even resulting in multicenter investigations which provide support to refine the axes of the psychiatric reform and for exercising vigilance about everything that is related to it<sup>(13)</sup>. However, as demonstrated in the narrative of the collaborator C2, many professionals are unprepared to work in the new perspective of health care.

The actual practice of deinstitutionalization should be closely linked to the break with the logic of control and protection of society, which for so long has justified the asylum model. This logic was built slowly and subjectively from the culture of normalization, classification and domination and it will not be modified in a simple and radical way. Thus, the transformation of this reasoning understood as a real need for change in the hegemonic order, in a political and intellectual level, which can be reflected in the subjectivity front to mental health<sup>(13)</sup>.

For changing it is necessary to invest in the sociocultural dimension of psychiatric reform that has received little, however, it has more to do with the purposes of deinstitutionalization. The change in the vision of madness builds

new skills that meet the current reality; it falls down the psychiatric traditionalist education, essentially clinical; enables professionals to work in this area, besides promoting the mischaracterization of the insane patient, giving him a better quality of life in community<sup>(12-13)</sup>.

## CONCLUSION

The narratives of collaborators have showed that in recent decades sweeping changes have occurred in the mental patients care. They showed benefits involving the professional qualification, the decrease in the number of people hospitalized in psychiatric hospitals, new insight into the mental disorder and the patient, new way for relationship with them and therapeutic modalities that aim to break with the hospital-centered model and inhuman techniques, enabling social reintegration, autonomy and citizenship.

They related that in the current mental health care there are changes that break with knowledge and crystallized practices in asylum context, however there are gaps showing that the psychiatric reform is far from to be concretized. The experiences have emphasized the insufficient number of outpatient services, the lack of resolution and offering.

Given the weaknesses for the consolidation of the psychosocial model, it is highlighted the need for managers to act in offering adequate number of vacancies in the outpatient treatment devices, with appropriate care to all users, training of human resources as well as attention and preparation of community and family for inclusion of people with mental illness in society.

It is important that the model of psychosocial care is discussed in undergraduate courses of health care to enable a broad knowledge for the future professionals about the current scenario of the mental health, since the individual with mental disorder and their families are in all hospitals, requiring quality care.

## MUDANÇAS NA ATENÇÃO À SAÚDE MENTAL DECORRENTES DA REFORMA PSIQUIÁTRICA: PERCEPÇÕES DE PROFISSIONAIS DE ENFERMAGEM

### RESUMO

Trata-se de uma pesquisa desenvolvida com o método da História Oral Temática, no ano de 2011, em um hospital psiquiátrico do Paraná com o objetivo de apreender como os profissionais de enfermagem percebem as

mudanças na atenção à saúde mental em face da reforma psiquiátrica. Participaram dois enfermeiros e quatro auxiliares de enfermagem. Os dados foram coletados por meio de entrevista semiestruturada e estudados de acordo com a análise temática. Os colaboradores narraram mudanças na saúde mental como melhor qualificação dos profissionais, redução de internamento nos hospitais psiquiátricos, nova percepção sobre o transtorno mental e a pessoa com transtorno mental, e terapêuticas que visam romper com o modelo hospitalocêntrico. Evidenciaram insuficiência de serviços extra-hospitalares e recursos humanos em quantidade e qualidade. Ressalta-se a necessidade de adequação no número de vagas extra-hospitalares, cuidados apropriados aos usuários, capacitação de profissionais, comunidade e família para a inserção da pessoa com transtorno mental na sociedade.

**Palavras-chave:** Enfermagem. Assistência em saúde mental. Políticas públicas. Saúde mental.

## CAMBIO EN LA ATENCIÓN A LA SALUD MENTAL DERIVADAS DE LA REFORMA PSIQUIÁTRICA: PERCEPCIONES DE PROFESIONALES DE ENFERMERIA

### RESUMEN

Historia Oral Temática, desarrollada en 2011 en un hospital psiquiátrico de Paraná con el objetivo de aprender como los profesionales de enfermería perciben los cambios en la atención a la salud mental en fase de la reforma psiquiátrica. Participaron dos enfermeros y cuatro auxiliares de enfermería. Los datos fueron colectados por medio de entrevista semi-estructurada y analizados de acuerdo con el análisis temático. Los colaboradores narraron cambios en la salud mental como mejor calificación de los profesionales; reducción de internación en los hospitales psiquiátricos, nueva percepción sobre el trastorno mental y sobre el portador de trastorno mental; y terapias que tienen como objetivo romper con el modelo hospitalo-céntrico. Evidenciaron insuficiencia de servicios extra hospitalarios y recursos humanos en cantidad y calidad. Se resalta la necesidad de adecuación en el número de cupos extra hospitalarios, cuidados apropiados a los usuarios, capacitación de profesionales, comunidad y familia para la inserción de la persona con trastorno mental en la sociedad.

**Palabras clave:** Enfermería. Atención en salud mental. Políticas públicas. Salud mental.

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