ORIGINAL ARTICLE *DOI: 10.4025/cienccuidsaude.v15i2.25964*

FEELINGS OF RELATIVES OF PATIENTS HOSPITALIZED IN THE PSYCHIATRIC EMERGENCY CARE UNIT: A LOOK ON THE FAMILY[1]

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ABSTRACT
This study has the objective to understand the feelings of relatives that arrive at the psychiatric emergency care unit with a family member in a moment of acute symptoms of mental disorder. It is an exploratory, descriptive research with a qualitative approach. The study has 20 families of individuals suffering from a mental disorder who were assisted in the Psychiatric Emergency Care Unit of a Public Hospital of the Interior of São Paulo state. For data collection, individual interviews were used. The interviews were audio-recorded and treated according to content analysis of Bardin. Data resulted in two categories: Internment in psychiatric emergency service to relieve the family burden, and The crisis of mental disorder such as anxiety generator and sadness for the family. Thus, to understand the feelings prevailing in the patients' relatives at the moment of hospitalization in the Emergency Care Unit, there was the elaboration of strategies for the construction of a professional humanistic performance seeking the inclusion of the family unit in all stages of the care.

Keywords: Family relations. Emergency services are psychiatric. Hospitalization. Emotions. Mental disorders.

INTRODUCTION

By analyzing the current health status of the Brazilian population, it is found that 3% suffer from severe mental illness and/or persistent, and more than 6% have severe psychiatric disorders originated by the use of alcohol and/or other drugs. Moreover, it appears that 12% of the population needs some mental health care, whether continuous or possible. However, only 2.3% are referred to treatment in mental health[(1)].

Within this scenario, the Brazilian Psychiatric Reform started around 1970 and achieve strong emphasis to emerge in moments of conceptual and philosophical effervescence that remain until today, with direct implications for the care of People with Mental Disorder (PMD) by questioning the current asylum model, with a view to the humanization of care and greater focus on active rehabilitation of PMD with family and community inclusion in the therapeutic project[(2)].

In this perspective of transformations, an area of substitute services to psychiatric hospitals was established, which is composed of some services, including: Psychosocial Care Centers (CAPS), the Family Health Strategy (ESF), day hospitals, psychiatric beds in general hospitals, psychiatric emergency services, community centers, residential care, among others[(3)].

Thus, the Psychiatric Emergency Service (SEP) is considered as an alternative to mental health care, offering support for individuals who have been hit by the first crisis and for those who already have some mental disorder and in need of care when there is a decompensated disease[(4,5)].

Therefore, we say that a person is in crisis" when presenting any change in behavior, thinking or emotions, hindering momentarily social and familial conviviality, requiring a

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specialized service also with the objective of avoid further aggravation of the mental health of the person in crisis, and prevent this individual from providing risk to their life or others[4]. Thus, it is possible to say that the crisis has an impact on the family environment and the environment in which the PMD lives due to stress and continuous emotional distress because the task of caring while being a family requires a lot of availability, patience, and donation[6].

Given the above, it is understood that once feelings prevalent in families in hospitalization act of its being in the Psychiatric Emergency understood by SEP professionals, they will be able to contribute to the family understand the essence of these feelings, if possible, assisting them in treatment and social-family rehabilitation pf PMD.

Therefore, the research question was: what are the feelings of PMD's family before the admission in Psychiatric Emergency Services? To answer this question, the objective established was to understand the feelings of family members who come to the Psychiatric Emergency unit with a loved one in need of hospitalization due to worsening of the symptoms of mental disorder.

METHODOLOGY

It was a descriptive and exploratory research with a qualitative approach, using the thematic content analysis as a methodological reference. Qualitative research can be understood as capable of incorporating the question of meaning and intentionality as inherent to acts, relations, and social structures, both in its advent and its transformation as significant human constructions[7].

Data were collected from December 2013 to January 2014 to identify the feelings of 20 family members of People with Mental Disorder (PMD) treated at a Psychiatric Emergency Department of a public hospital in the state São Paulo, which is a reference to the emergency care in mental health.

Therefore, the inclusion criteria of the research subjects were to be a family member over 18 years old, arriving at the Psychiatric Emergency Unit together with the PMD in crisis, to be the primary caregiver of the PMD and take part in the study. It is noteworthy that the sample size of this study (n=20) was based on the criterion of information saturation.

For data collection, an individual interview instrument was used to the following question: 1) How do you feel about the hospitalization of your family member in the Psychiatric Emergency Unit? To better define the research subjects, were also collected data such as gender, age, occupation, kinship and long association with the PMD, as well as patient characterization based on family reports with data such as PMD, medical diagnosis, disease duration and number of hospitalizations in the SEP.

The time of the interview was after the consultation with the PMD and his respective hospitalization, and then the interview was held at the doctor´s office of the SEP with the presence of only family and interviewers. Each interview lasted on average 40 - 60 minutes.

The statements of the respondents were registered in two digital recorders, and a diary has also held, in which the researchers recorded their perceptions and reactions of the participants during the interview to better support later the analysis of the data.

After the interviews, the speeches of the participants were transcribed in full to perform the text successive readings subsequently to identify the general sense of the collected content and start analyzing the data through thematic modality, aiming to highlight unit for the study and meaningful categories. After statements transcribing, some corrections about language vices were made, without changing the essence of the speeches.

The document obtained after the transcription of the interview was printed in two columns to facilitate the analysis of the data. The first column aimed at the full transcript of the speeches and the second for the encodings and interpretation.

Data analysis was performed using the methodological reference of the thematic content analysis of Bardin[8], consisting of a set of methodological tools for constant improvement that applies in extremely diverse discourses. This technique oscillates between two poles, the rigor of objectivity for the fecundity of subjectivity. The author proposed the following stages to establish the themes: pre-analysis; material

exploration; treatment and interpretation of results.

In the pre-analysis, two floating readings were taken with the purpose of organizing the documents and approach the information described by the research subjects to formulate hypotheses, choice of thematic indexes and development of indicators to substantiate the interpretation of data.

The exploration phase of the material consisted of four systematized readings by the assumptions and aimed to form groups and associations to respond to the study objectives emerging the proposed categories based on similarities between the thematic groups. For that, cuts of all materials were held aimed at categorizing the statements.

In the results treatment phase, there were inferences and interpretations proposed for the latent content in the statements, which are informed by theoretical assumptions on the topic. The results were presented through testimony, based on categories developed after analysis of the material.

This research was approved by the Research Ethics Committee (CEP) and CAPI of the University of West Paulista, under the protocol in 1875 and CAAE 22533713.2.0000.5515 number, and also to compliance with the guidelines of the National Health Council Resolution 466/2012. To ensure confidentiality and anonymity during the tabulation and exposure of testimonies, it was decided to denominate the participants as Interviewed, followed by the number that corresponds to the interview order.

RESULTS AND DISCUSSIONS

There were 20 family members interviewed who arrived in the SEP with a relative in a crisis of mental disorder, 11 members were female, and nine were males. It was found that the age ranged between 40 and 65 years old. The time living together with the PMD was around 12-21 years. The following categories show the statements that represent and the inferences by the thematic content analysis:

Internment in psychiatric emergency service to relieve family burden

Often, when families come to SEP, they show hope and confidence in the assistance of the professionals as they provide for PMD and their family some sense of comfort. It is possible to identify these feelings in the following statements:

> Maybe we can save him! But, I think he will be fine, he has the energy to it, especially with the good care provided here. I think it will be a treatment 100%. Therefore, the worse is he will not come out ("Interviewed 1, 49 years old").

> At least here you know you're being cared. I keep quiet when she's here. Internment that is here in this service, for a few days, it relieves me a lot ("Interviewed 2, 57 years old").

After the changes in mental health area from the movement of the Psychiatric Reform, there was an increase in the number of PMDs in the community likely to relapse, requiring the increasing use of SEPs, mainly because they are still seen wrongly by the population as the most effective gateway to the mental health care[9].

However, we know that although the SEPs are embedded within the devices/services of the Psychosocial Care Network (RAPS), they should not be understood as the main gateway to the mental health care, as there are other services within the RAPS that can also be triggered in times of the PMD crisis. Among these services, the CAPS should be highlighted as a service capable of hosting the PMD in crisis and at the same time to avoid hospital admissions, which also includes the strengthening of family and community ties, considering the territory of the PMD life against the proposal of psychosocial rehabilitation[3].

On the other hand, it has been proven that the family still perceives the SEP as a means to keep hopes for the recovery of their loved one and they express feeling of gratitude for the health care, because they are strength to continue supporting their family member in recovery and also find comfort to their anxieties caused by the mental disorder, as can be seen in the following lines:

> I have hope and belief in his recovery. Even more now. I will sincerely become quiet because he'll be here ("Interviewed 3, 57 years old").

> When he is being treated here, he has good care. We are gratified, and I feel very relieved ("Interviewee 4, 70 years old").

> Bring him here is hope, light to me, what do I do with him at home? ("Interviewed 5, 56 years old").

From the testimonies above, it is possible to infer that the family considers the SEP as a place that offers a good service and care for the PMD. The belief in improving the member in the hospital is something reported by them as a reflection of the confidence in the service, which in turn triggers feelings of gratitude for the care provided and this strengthens the family to care about the treatment in SEP.

In this perspective, the professional must nourish the hope of improving the patient within the possibilities that the disease offers, especially when the family already has his understanding of the disease since hope is seen as a way to minimize the suffering and sustain continuity of care in the search for new paths[10].

Therefore, it is necessary that the family understands about the condition of their human being, so they can accept it and accept the patient, thus reducing their overhead. Thus, professionals working in the area become important in this respect; they are seen as facilitators of the acceptance process[11].

Another feeling found in the reports of the families was a relief because they realize the SEP as the last alternative that can help, bring benefits to the entity suffering condition that needs mental health care.

This was evidenced in the following statements:

> It is the last alternative you have. It is the last of the cases [...], so, here we bring him when we cannot take him anymore and there he received help because the family does not stand to see him like that [...]. ("Interviewed 6, 56 years old").

> It is the last step that I could get to save it [...] I have no other way [...]. Hospitalizing him here is the best alternative [...] that is the output, by the way, that's the last door I encountered to help me ("Interviewed 7, 57 years old").

At times, the PMD family caregiver sees the SEP as the last alternative, but not relating it to something exactly bad, knowing that their contribution to care makes a difference in the PMDs disease, but in heightening moments of crisis, the feel powerless with the situation, with this, they start to see the SEP as an alternative (help) to act on the situation.

However, from the perspective of mental health care, it is necessary that the other services of the RAPS take the demands of mental health of its territory and act in a coordinated, decentralized and interdisciplinary way. CAPS and the ESF have a primary role in this regard both as the promotion of mental health and prevention of mental disorders as hosting the crisis[3].

However, some factors related to the operation of outpatient services part of RAPS still have shortcomings, such as restricted multidisciplinary care, little effective therapeutic approaches, lack of places to meet deficiency in the availability of medicines, inadequate physical structure, lack of skilled professional and/or mental health training and overload lawsuits determine patient stabilization difficulties in acute conditions[9].

Therefore, because of SEPs operate 24 hours a day, and usually they receive spontaneous demand, it is considered common that patients and families underserved by other services of RAPS overwhelming the SEPs, becoming a kind of barometer of deficiency of these services[9].

Therefore, it is necessary that the mental health services are organized to strengthen primary care in the proposed multi-professional performance of the reference staff, and to material policy with a view to a broader attention and meeting with the premises of the Unified Health System (SUS) and the Psychiatric Reform for effective consolidation of the psychosocial care model[9].

The crisis of mental disorder such as anxiety and sadness generator for the family

In the testimonies of the families, it was also evidenced the presence of feelings such as sadness and anxiety related to the experience of acute symptoms of the mental disorder in the SEP. These feelings are reflected in the suffering of the family to the stress of being the destabilization picture, representing a revival of situations of previous hospitalizations. The following statements represent the feelings described:

> Look, it's a bit sad, you know? It is very displeased; it crumbles the family. When I was coming here, it looked like she was going to the grave. It is very humbling for us to have a relative like this and also have to see her being hospitalized ("Interviewed 2, 57 years old").

> A will see him here; any mother does not want to. Sometimes I cry, I'm even going into a depression. We brought him here to care for a painful feeling. It's a pain that only a mother can feel because it is the same thing that leads to a prison ("Interviewed 8, 64 years old").

On the prevalence of these feelings in the family, it is important that the SEP has structure and a prepared team to receive them through the ambiance and host, so that the family can be acquainted about the patient's diagnosis in crisis, and feel prepared and well informed about what behaviors are feasible for each situation, as the suffering caused by the detention can be justified by the fact that this is the last resort that the family has available for the relief of the crisis faced, resulting in an inability to control situation, this is a frustration in caring condition of the PMD, for only the delivery (loss) for the institution is the solution to the situation.

It is understood that the fear becomes a major obstacle in accepting the PMD in the family and society because of the difficulty in interpersonal relationships related to the prejudice suffered by both the PMD and the family. Within this scenario, the psychological support is also characterized as an important tool in helping the family to adapt to the diagnosis of mental disorder, affecting the living conditions of the family unit[11] beneficially.

Impotence with the sense of defeat before the crisis of mental disorder was also seen as this feeling in study participants families, which in turn can lead to the development of frustration on PMD´s caregiver to feel unable to care suitably the other. In the speech of these families, it is also possible to observe that there is guilt as a result of other feelings reported by relatives as inferred by the following lines:

> I feel something bad in me when I see him like this and have to bring him here [...]. I get really sad. I do not want to see him admitted here, see him alone. I wanted to see him at home doing the treatment, returning to take the medicine, without his problem and without having to be coming here ("Interviewed 9, 52 years old").

> It's hard to see it all; it is sad and painful. It is a sense of loss, not having realized [...] ("Interviewed 10, 40 years old").

There is also a subjective burden of a family that tries to stay rational in the different situations that the mental disorder entails(12). It is possible to understand that uncertainty and doubt are common by the family in PMD times of crisis and ends up being remediated the sense of chronicity, as the PMD could never achieve an improvement or even place in society, contributing to the strengthening of interpersonal relationships[13].

In this context, the staff comes again as an important part through the implementation of measures such as motivational talks, sharing and conversation rounds, manufacture and supply of educational materials about mental illness, in which relatives of patients with the same diagnosis can exchange experiences and up support, thus forming a strengthened support. Only in this way, the treatment will give a result: by integrating family-patient-staff. However, for this to happen, it is necessary that family members feel empowered and prepared to respond to any situation involving the crisis of mental disorder, as well as its chronicity.

Still, listening earns an important place as a working tool for healthcare professionals of SEP, as they are faced with such questions constantly, but often do not consider them relevant to mental health care, for even based their actions on a physician-centered and hospital model, giving the family the role of informants for the practice of care[14].

Also, the host does not mean to solve or do everything by the family, but to support, to help to promote new meanings to their complaints, allowing rearrangements in relationships between the family, society and the subject in psychological distress[15,16].

In this sense, it is necessary that the SEP use the system of reference and counter-reference to promote improved delivery of PMD, considering the role of the ESF and other services encompassed by RAPS, for recognizing the importance of territory in this process becoming an essential step for the network link, in favor of rehabilitation and autonomy for the PMD,

aspects recommended by the principles and guidelines of SUS and the Psychiatric Reform[3].

FINAL CONSIDERATIONS

The following feelings were identified in this research: hope, relief, trust, gratitude, loss, helplessness, guilt, loss, grief and anguish. They were verbalized by the family of the PMD before the crisis of the loved one. Thus, understanding the feelings prevalent in family members of patients at the hospitalization in SEP, it contributes to the development of strategies for building a professional humanistic activities aimed at the inclusion of the family unit in all care steps, running from the doctor-centered model in the patient.

It was also possible to discuss some problems and challenges about mental health care from the perspective of SEPs associated with other services of RAPS since these seem to harbor much of the mental health demands that could be being supported by other services as CAPS and primary health care.

As a limitation of this research, we can mention the timing of the interview as sensitivity and caution, as well as the time lived by the family for the interviews taken without exposing the interviewee.

Finally, it is concluded that only through integrated health care and familiarization of the multidisciplinary team with the feelings prevalent in families of the PMD in the act of care, whether in a SEP or any other mental health service, it will be possible prepare them to welcome the closest ones of the PMD, thus reducing family conflict, improving the difficulty in facing crisis situations, and with it, rescuing the patient to the social-family and community life.

SENTIMENTOS DE FAMILIARES DE PACIENTES INTERNADOS NA EMERGÊNCIA PSIQUIÁTRICA: UM OLHAR SOBRE A FAMÍLIA

RESUMO

O presente estudo teve como objetivo compreender os sentimentos dos familiares que chegam à emergência psiquiátrica com um ente em agudização dos sintomas do transtorno mental. Trata-se de uma pesquisa descritiva-exploratória com abordagem qualitativa. Participaram 20 familiares de pessoas com transtorno mental atendidos na Emergência Psiquiátrica de um Hospital da Rede Pública do Interior do Estado de São Paulo. Para coleta de dados,utilizou-se um roteiro de entrevista individual. As entrevistas foram áudio-gravadas e tratadas conforme análise de conteúdo temática de Bardin. Os dados resultaram em duas categorias: A internação no serviço de emergência psiquiátrica como alívio da sobrecarga familiar; e A agudização do transtorno mental como gerador de angústia e tristeza para a família. Desta forma, compreender os sentimentos predominantes nos familiares dos pacientes no ato da internação no Serviço de Emergência contribui para a elaboração de estratégias para a construção de uma atuação profissional humanística visando à inclusão da unidade familiar em todas as etapas do cuidado.

Palavras-chave: Relações familiares. Serviços de emergência psiquiátrica. Hospitalização. Emoções. Transtornos mentais.

SENTIMIENTOS DE FAMILIARES DE PACIENTES INTERNADOS EN URGENCIA PSIQUIÁTRICA: UNA MIRADA SOBRE LA FAMILIA

El presente estudio tuvo como objetivo comprender los sentimientos de los familiares que llegan a urgencia psiquiátrica con un ente en agudización de los síntomas del trastorno mental. Se trata de una investigación descriptiva-exploratoria con enfoque cualitativo. Participaron 20 familiares de personas con trastorno mental atendidos en la Urgencia Psiquiátrica de un Hospital de la Red Pública del Interior del Estado de São Paulo. Para la recolección de datos, fue utilizado un guión de entrevista individual. Las entrevistas fueron audio-grabadas y tratadas conforme análisis de contenido temático de Bardin. Los datos resultaron en dos categorías: La internación en el servicio de urgencia psiquiátrica como alivio de la sobrecarga familiar; y La agudización del trastorno mental como generador de angustia y tristeza para la familia. De esta forma, comprender los sentimientos predominantes en los familiares de los pacientes en el momento de la internación en el Servicio de Urgencia contribuye para la elaboración de estrategias para la construcción de una actuación profesional humanística, pretendiendo la inclusión de la unidad familiar en todas las etapas del cuidado.

Palabras clave: Relaciones familiares. Servicios de urgencia psiquiátrica. Hospitalización. Emociones. Trastornos mentales.

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Submitted: 15/12/2014
Accepted: 20/06/2016