

PERCEPTION OF NURSES AND DOCTORS ON THE SERVICE PROVIDED TO PEOPLE WITH MENTAL DISORDERS IN PRIMARY CARE

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ABSTRACT

Mental disorders make up a significant portion of causes of death in the world, with increasing investments by the authorities, especially after the advances achieved by the Psychiatric Reform. For this process to occur effectively, it is essential that doctors and nurses are technically well prepared to meet this demand. The aim was to identify the perception of nurses and doctors on the service provided by the Family Health Strategy (FHS) to people with mental disorders. Descriptive and exploratory research with qualitative approach. Data were collected between August and September of 2016 with FHS professionals in western São Paulo. One nurse and one doctor from FHSs were selected, totaling 20 participants. The data collection instrument was a semi-structured interview script. Data were analyzed by thematic content analysis. The team evidenced conceptual fragilities about the duties of the FHS in mental health, and feelings of powerlessness at the service, motivated by professional insecurity and work overload. It is believed that the implementation of actions aimed at offering better technical preparation to professionals and lower workload can bring improvements to the quality of mental health care.

Keywords: Family Health Strategy. Mental Health. Medicine. Nursing.

INTRODUCTION

Mental disorders are among the most important causes of death in the world, accounting for 14.3% of all deaths, in addition to decreasing life expectancy by 10 years⁽¹⁾.

To face this scenario, Brazil had an increase of more than 400%, in eight years, in federal investments targeting mental health, mainly intended for extra-hospital care⁽²⁾.

Major investments include those focused on the expansion of care in the Psychosocial Care Network (SCN), such as the Day Hospital, Psychiatric Beds in General Hospital, Psychiatric Emergency and, above all, financial increment for extra-hospital care points, through the Psychosocial Care Center (General PCC), the Psychosocial Care Center for Alcohol and Other Drugs (PCC AD), Therapeutic Residency Service, and, with respect to Primary Care (PC), the implementation of the Family Health Support Center (FHSC), which aims to provide FHS reference teams with matrix support in complex care, including mental

health⁽³⁻⁵⁾.

The movement of change towards the understanding of care for the mentally ill is linked to proposals of the Sanitary Reform and to the principles and guidelines of the Brazilian Unified Health System [Sistema Único de Saúde] (SUS), which culminate in the comprehensiveness paradigm, organizing care through accountability, hierarchization, territorialization and adscription, longitudinality and coordination of care, established by Primary Care, especially by the Family Health Strategy^(4,5).

This thus reinforces the need to strengthen the articulation between the FHS – preferred gateway – and the aid of the Family Health Support Center, as well as of the other points of the Health Care Networks, covering the universalization and comprehensiveness of care⁽³⁻⁶⁾.

Despite the aforementioned advances in mental health, primary care professionals feel unprepared for a comprehensive approach when it comes to people with mental disorders⁽⁶⁾, and this lack of preparation emerges as a fragility that ends up influencing the care provided.

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Thus, it is believed that with the development of conceptual skills about mental disorders, it is possible to develop the critical and reflective view of professionals, making them more secure in carrying out promotion, prevention and rehabilitation actions, which will directly contribute to the establishment of mental health in the population⁽⁷⁾.

With that said, the conduction of this research is justified by the urgency to identify how professionals working at a FHS perceive mental health care, in order to establish measures that have as focus the quality of community care in mental health.

To do so, this study aimed to identify the perception of health professionals – nurses and doctors – on the service provided by the Family Health Strategy to people with mental disorders.

METHODOLOGY

This is a descriptive/exploratory research with qualitative approach. Data were collected during August and September 2016 with 10 nurses and 10 doctors working at a FHS in western São Paulo. At the time of the research, there were in the municipality 17 Basic Health Units in the FHS modality, of which 15 were composed of Oral Health Teams. Concerning the professionals, all FHSs had one doctor and one nurse, with a weekly workload of 40 hours.

The 10 nurses and 10 doctors included in this study worked at 10 FHSs, which were randomly selected. This number was reached by the sample saturation criterion, since, at first, all doctors and nurses of the city's FHS would be interviewed, but the answers became very similar, which configures data saturation according to which Bardin⁽⁸⁾ describes.

The data collection instrument was a semi-structured interview script containing the following guiding question: 1) How are people with mental disorders cared for at a FHS?

For the analysis, the interviews were transcribed in full and subjected to Bardin's thematic content analysis⁽⁸⁾. In the pre-analysis, phase of organization of documents, three skimming readings were done with the purpose of choosing reports, formulation of hypotheses, choice of indexes of analysis, and elaboration of categorical indicators to found data interpretation. The material exploration phase consisted of four systematized readings intended to make groupings and associations that met the objectives of the study and, thus, to construct analytical categories. Finally, the results treatment phase

comprised inferences and interpretation of results found, discussing them based on the literature.

This study complied with all guidelines set forth by Resolution 466/12 of the National Health Council and was approved by the Ethics Committee on Research Involving Human Beings of the University of Western São Paulo, CAAE 56631216.0.0000.5515 and CEP Legal Opinion No. 1.591.422 e. All participants signed two copies of the Free and Informed Consent Form and, to ensure their anonymity, fragments/excerpts from their statements were followed by the occupation's reference letter followed by a number from 01 to 10 (N1, N2... D1, D2...).

RESULTS AND DISCUSSION

Regarding the study participants, their age ranged from 25 to 56 years old, with 15 women. Working time at the FHS varied from three months to 17 years. Only three interviewees had postgraduate degree or specialization in mental health. The analytical categories derived from the obtained data are described below.

Inaccurate Conceptual Constructions on the Family Health Strategy and the Psychiatric Reform as Hindrances for Mental Health Care

The first thematic category portrays the damage that a conceptual and technical fragility about mental health care can cause in the assistance of people served by the FHS. In this context, non-accountability for mental health care was identified by the FHS professionals, who direct this action to specialists only:

It is not the FHS's role to deal with mental illness. The FHS is for prevention, not for specific follow-up, and mental illnesses are chronic pathologies that, oftentimes, have periods of crisis that need a specialist [...] (D9).

Speaking of the mentally ill is speaking of specialty, and this does not involve the FHS, because the role of the FHS is to take care of the patient's health, not the illness [...] (D10).

I think it's an illusion to believe that we'll be able to accept and follow up all patients. These people with mental illness need other professionals, psychiatrists, psychologists and hospitalization. Here it's about prevention, and we don't have to provide this specific care, this is not our thing. It is no use bringing specialist cases here because we obviously can't handle it. It's hard to deal with basic stuff, so, of course, there's no way something like that could work out [...] (N6).

The first contact of users with the Brazilian Unified Health System (SUS) occurs through the FHS; therefore, the Strategy and the Psychiatric Reform go together with the same purpose, having a territorial approach with a focus on the family and the individual in a holistic way⁽⁹⁾.

The above statements denote a misconception about mental health and lack of knowledge about the principles and guidelines of Primary Care (PC), because these principles – health promotion and protection, prevention of aggravations, diagnosis, treatment, rehabilitation, damage reduction and health maintenance⁽¹⁰⁾ – point to the role of health professionals.

Professionals who work in the SUS, especially doctors and nurses – the targets of this study –, have as basis a comprehensive and equitable care, that is, they should seek to take care of people based on the health needs of the latter, regardless of the problems they present, be them acute or chronic, biological, mental and/or social^(3,10). When interviewees point out the need for a specialist, they signal several conceptual and professional fragilities.

The above statements allow inferring that the FHSC does not understand and/or value, in the matrix support, possible difficulties as to the clinical handling of patients with mental disorder, and there are signs of fragility in teaching and learning processes, based on which professionals are expected to understand that praxis, that is, the reality of difficulties in dealing with mental health, could be a motto for doctors and nurses to express their role of managers in the FHS's microstructure, promoting discussions and reflections at team meetings^(3,11).

Prejudiced ideas, though veiled, also appear in the reports, as it is possible to identify in the following statement:

I think they should hire a specialist and create another kind of program to treat psychiatric patients only [...] because that's not our job. It's prevention here, not specialist care. There are cases I don't know what to do about, like mental breakdown; the patient will not even be able to stay here; he will come to us with a mental breakdown but will soon have to go somewhere else. So why would they come here? To mess with the service? They shouldn't even come here [...] (D7).

Faced with intense psychological distress, it is expected that the individual, as his or her first option, reaches out to his or her reference FHS, since it acts as a gateway to specialized services, and that, at this FHS, professionals are able to provide a resolute and

humanized service, with orientations as to the continuity of assistance in specialized care^(4,7). However, it is possible to infer in D7's speech the idea that people with worsened mental disorder and/or psychological distress disturb the service, reminding professionals of the times when these people lived isolated from society in psychiatric hospitals, thus delimiting the stigmatized image of mental disorders.

In the 1960s, psychiatric hospitals were being shut down in many parts of the world to change the way of treating people with mental illness, developing a more inclusive and more humanized treatment that would replace the hospital-centered one. Since then, psychiatry has evolved, focusing on a biopsychosocial view of the individual, in order to minimize the stigma that still surrounds mental health care⁽¹²⁾.

It is still possible to infer, in D7's speech, an incomprehension about the coordination of care, which can be expressed, among so many elements, by the solitary relationship between generalists and specialists⁽³⁾. The coordination of care is ideally done by the FHS with HCN points, having referral and counter-referral as organizational processes, but not even this element was valued, since the abovementioned professional believes that, in a situation of mental breakdown, people should not even go to the FHS, that is, there would be no referral in this case⁽³⁾.

The interviewees' reports evidence how fragile the knowledge of these professionals about the HCN is, because this network already exists and acts in an articulated way with primary care. This lack of knowledge can be seen in the following statements:

There should be a network in primary care that acted as an exclusive gateway to assist people with mental illness, because sometimes you put these people together with all the others but they will not have the patience to wait. The first service should be exclusive, for mental disorder only [...] (N4)

There should some more widespread specialty areas, making up a network, and there should be a psychiatrist for each neighborhood too [...] (D7).

N4's and D7's speeches show that the interviewees are unaware of the existence of comprehensiveness of health services and, especially, the existence of this network called Psychosocial Care Network (PCN)⁽¹³⁾. In order to have its functionality implemented, as well as in other areas of health care, the FHS needs to articulate with all other care devices in order to promote benefits for the population. Clearly, these

interviewees reveal prejudices in their speeches, because their discourses show traces of agreement with the isolation of people with mental disorder from the other patients; therefore, knowing the PCN and Federal Law 10.216/01⁽¹⁴⁾ could reduce the prejudice and improve the service.

It is also noteworthy that they defend the permanence of psychiatric hospitals as the main mechanism of care in mental health, thus exempting the FHS's responsibility for psychiatric care.

I just think that the hospitals should not shut down, after all they are much better prepared to meet this demand than we are here at the FHS (N2).

It's complicated because how are you supposed to deal with a totally unstable person here at the service? So, I don't agree with psychiatric hospitals being shut down, because where will you put all these people? [...] (D3).

The image about the shutdown of psychiatric hospitals is quite distorted, as if the patients were simply "thrown" at the FHS, which is not true. Some patients actually present more serious cases of difficult stabilization, and, in these situations, they should be referred, after initial care, to other PCN health points.

The Psychiatric Reform, in addition to the deinstitutionalization of mental health through the shutdown of psychiatric hospitals, also seeks the rights of patients to exercise a harmonious coexistence in society. The consolidation and implementation of the principles of the Psychiatric Reform in Brazil depend on the action of the social movement of the population and health workers, in defense of Mental Health and the Brazilian Unified Health System, with economic and political investment in actions and programs being necessary for extended care in mental health⁽¹⁵⁾.

Challenges in the Health Training Process and Physical Structure for the Establishment of Mental Health Care at the Family Health Strategy

Even with the advancement of discussions around mental health, after the Psychiatric Reform movement linked to SUS principles, it is possible to observe in the following reports that training at the service is still fragile, and, therefore, the interviewees consider that the team is unprepared for the construction of mental health care.

The resources I have here at the FHS are not adequate to meet this mental health demand [...] I need the team in general to be prepared, to have basic knowledge about mental health, to bring important

information that will help me with that patient [...] (N3).

I think the entire team lacks preparation for mental health, because this is a patient who needs a unique type of care, a unique place; he must be embraced, right from the entrance door. So, it is a preparation of the whole team and the space to make him feel embraced, and this, unfortunately, we still do not have. [...] (D1).

Although the qualification process of PC professionals in relation to mental health is fragile, it also directly influences the quality of care, since recognizing mental illness and accepting it improves the dialogue in the therapeutic relationship, in the professional-patient relationship, as well as in the management and caution required in mental health⁽¹⁶⁾.

In the N3's and D1's speeches there are elements that suggest gaps in health education, produced by the municipality, with regard to mental health. However, there is something more worrying: the co-accountability of these professionals in the teaching and learning process is not made explicit. It is also the duty of doctors and nurses to develop Ongoing Training at the FHS⁽¹⁰⁾. The practice of ongoing training that emerges from praxis has, at the FHS, an extremely fertile field to be powerful^(3,11). However, what appears as a background in the two newly transcribed speeches (N3 and D1) is the waiting for a process of traditional training, that is, one that comes from the outside in, that comes from an expert in the subject, from someone who shows how to solve the problem.

The idea that the municipality also has traditional conceptions of training is reinforced mainly by the incipience of qualification moments provided by health regulating bodies:

The preparation that nurses and doctors have in psychiatry is only that of college; of course, we have workshops, we have courses that the municipal government offers, but it's still not enough, they are very short [...] (N3).

We have had some courses about patients with mental disorder provided by the Health Department, but it's all very superficial [...] (N5).

These statements imply a professional feeling of impotence and inadequate training in college for health demands at the FHS. And although advances in the psychiatry field are discussed, it still seems that superficial and fragile notions are passed on in courses taught in higher education about Psychiatry. When the interviewees claim to have undergraduate training "only", it is implicit that this is insufficient for

professional life. Mental health education in Primary Care is a challenge for universities and for the formation of health professionals. Oftentimes, this training is addressed inefficiently and with little emphasis, because the courses generally prioritize the theoretical content of neuropsychiatric disorders, neglecting practical aspects related to comprehensive care and physical contact with the patient, leading future professionals to deal with patients only after college and with little experience⁽¹⁷⁾.

Work overload was also pointed out by the interviewees as an imperative factor for the little attention given to people with mental disorder and their families. This can be recognized in the below statements:

Poor health agents, they are overloaded. Right here at the unit we have only eight community agents and they have to handle 3,626 patients and actively search for ill people. How can they deal with the mentally ill, who requires more attention? [...] (D2)

There should be more professionals or fewer people for each FHS, because that's too much, it's not feasible. I'd like to have multi-professional support to deal with mental health and be less overloaded here to be able to give more attention to these people [...] (D6).

All respondents report the feeling of overload, poor working conditions and professional devaluation as important hindrances to a quality care. Even professionals with specific training in psychiatry, who seemed to be more confident about the service, claimed to not have the means to perform it.

The National Policy on Primary Care sets forth that each FHS must serve up to 4,000 people, and that, for the population to have its benefits guaranteed, there should be higher investments in training and support to professionals who do not seem to know even the tools they have at their disposal. D6's speech, for instance, about lack of multi-professional support, brings back to the fore his ignorance about the FHSC's role in matrix support, or also that the FHSC has not managed to enable moments of matrix support, which implies the existence of a possible failure in the health management that should better support professionals⁽¹⁸⁾.

Work overload and high demand for primary care services are among the factors that most influence the quality of life of health professionals, which, in addition to compromising the professional's health status itself, also compromise the quality of services for patients (the key in mental health care service)⁽¹⁹⁾.

It may be considered that, perhaps, the biggest problem is not overwork and insufficient number of professionals, but rather that professional understanding and development in individual and collective care, as well as management and work processes, are embedded in a traditional conception of health care model⁽³⁾, considering that there may be deficiencies in Health Training in several areas, not only mental health.

Fragilities as to the physical structure of FHSs have also been reported as aspects that hinder proper care in mental health.

Right here we don't have the structure to provide additional services for mental health. It's tight and there's little space to put these patients in a place they can calm down [...] (D1).

I wish I had a space to get this patient having a mental breakdown away from the crowd outside, because, after he stabilizes, he feels a lot of shame [...]. (N3).

It was possible to apprehend that the FHS doctors and nurses have a mistaken perception of mental health care, showing conceptual fragilities regarding their accountability for the service, fragmented knowledge about their role in Primary Care and mental health care. They also reveal feelings of unpreparedness and injustice towards the health system as they find themselves overwhelmed at work.

The absence of specialized physical space to care for people with mental disorder has direct implications on the quality of assistance, causing discomfort in users and professionals and failing to favor care. Therapeutic activities are part of the treatment of these patients and their families, and, in this sense, investments in the environment can be a means to optimize professional performance in mental health.

Further investment in professional training is also required to mitigate or, perhaps, overcome the vulnerabilities surrounding the theoretical and technical knowledge about mental health at FHSs. In this way, the roles will be better understood and there may be greater tranquility and security in the professional conduct. Finally, recognizing weaknesses in Mental Health services may be the first step in moving forward to improve the care provided to people with mental disorders and their families.

As a limitation, generalizations cannot be made, since the study was carried out with a specific population in a specific region, and, at the time of the research, there were three large psychiatric hospitals active, possibly strengthening a hospital-centered attitude, which in turn, may have fragilized a more

accurate view of health professionals about mental health policy.

FINAL CONSIDERATIONS

It was possible to apprehend that the FHS doctors and nurses have a mistaken perception of mental health care, showing conceptual fragilities regarding their accountability for the service, fragmented knowledge about their role in Primary Care and mental health care. They also reveal feelings of unpreparedness and injustice towards the health system as they find themselves overwhelmed at work.

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PERCEÇÃO DE ENFERMEIROS E MÉDICOS SOBRE O ATENDIMENTO À PESSOA COM TRANSTORNO MENTAL NA ATENÇÃO BÁSICA

RESUMO

Transtornos mentais compõem uma parcela significativa das causas de óbito no mundo, com investimentos crescentes por parte das autoridades, principalmente após os avanços conquistados pela Reforma Psiquiátrica. Para que esse processo ocorra de maneira eficaz é essencial que médicos e enfermeiros estejam tecnicamente bem preparados para suprir essa demanda. O objetivo do estudo foi identificar a percepção de enfermeiros e médicos sobre o atendimento à pessoa com transtorno mental ofertado pela Estratégia Saúde da Família (ESF). Pesquisa descritiva e exploratória, com abordagem qualitativa. Os dados foram coletados entre agosto e setembro de 2016, junto a profissionais atuantes em ESF, no Oeste Paulista. Foram selecionados um enfermeiro e um médico de dez ESF, totalizando 20 participantes. O instrumento de coleta de dados foi um roteiro de entrevista semiestruturado. Os dados foram analisados por análise de conteúdo, modalidade temática. Emergiram evidências de que a equipe tem fragilidades conceituais sobre as atribuições da ESF na saúde mental e sentimento de impotência no atendimento motivado por insegurança profissional e sobrecarga de trabalho. Conclui-se que a implementação de ações que visem oferecer melhor preparo técnico aos profissionais e menor sobrecarga de trabalho possam gerar melhorias na qualidade do cuidado em saúde mental.

Palavras-chave: Estratégia Saúde da Família. Saúde Mental. Medicina. Enfermagem.

PERCEPCIÓN DE ENFERMEROS Y MÉDICOS SOBRE LA ATENCIÓN A LA PERSONA CON TRASTORNO MENTAL EN LA ATENCIÓN BÁSICA

RESUMEN

Trastornos mentales componen una parte significativa de las causas de fallecimiento en el mundo, con inversiones crecientes por parte de las autoridades, principalmente tras los avances logrados por la Reforma Psiquiátrica. Para que este proceso ocurra de manera eficaz es esencial que médicos y enfermeros estén técnicamente bien preparados para suprir esta demanda. El objetivo del estudio fue identificar la percepción de enfermeros y médicos sobre la atención a la persona con trastorno mental ofrecida por la Estrategia Salud de la Familia (ESF). Investigación descriptiva y exploratoria, con abordaje cualitativo. Los datos fueron recolectados entre agosto y septiembre de 2016, junto a profesionales actuantes en la ESF, en el Oeste de São Paulo-Brasil. Fueron seleccionados un enfermero y un médico de diez ESF, totalizando 20 participantes. El instrumento de la recolección de datos fue un guión de entrevista semiestruturado. Los datos fueron analizados por análisis de contenido, modalidad temática. Surgieron evidencias de que el equipo tiene fragilidades conceptuales sobre las atribuciones de la ESF en la salud mental y sentimiento de impotencia en la atención fomentado por la inseguridad profesional y sobrecarga de trabajo. Se cree que la implementación de acciones que tengan el objetivo de ofrecer mejor preparación técnica a los profesionales y menor sobrecarga de trabajo puedan generar mejorías en la calidad del cuidado en salud mental.

Palabras clave: Estrategia Salud de la Familia. Salud Mental. Medicina. Enfermería.

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