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Health Mental in the Family Health Strategy: Nurse's Practice

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Abstract

This study aimed to identify the care provided by nurses from the Family Health Strategy to people who are undergoing psychic distress; identify the socioeconomic profile of these nurses; check the actions for health promotion, prevention, and rehabilitation; and analyze nurses' education to deal with mental health issues in the Family Health Strategy. This is an exploratory study, with qualitative approach, carried out in Carpina, Pernambuco, Brazil, with a sample consisting of 13 nurses, and approved by the Research Ethics Committee of the Cardiac Emergency Center of Pernambuco "Professor Luiz Tavares" of the University Hospital "Oswaldo Cruz" (PROCAPE/HUOC), under the CAAE 04701912.8.0000.5192. Five thematic categories were identified for analysis: 1) Information about people who are undergoing psychic distress within the covered area; 2) Difficulties found in caring for people who are undergoing psychic distress; 3) Reasons that lead users to the Family Health center; 4) Mental health policy in Brazil; and 5) Professional education to care for people who are undergoing psychic distress. The results may guide and outline pathways given the need to advance for consolidating the Brazilian psychiatric reform.

***Keywords**: Nursing; Nursing Care; Mental Health; Family Health*

Introduction

The 1988 Brazilian Federal Constitution, which has become known as the "Citizen's Constitution", has among its distinctive features the recognition of several citizenship rights. Health, for instance, is recognized as a right of everyone and a duty of the State. According to the constitutional text, the task of ensuring health care for everyone should be a responsibility of the State, by means of social and economic policies aimed both at reducing the risk for disease and other health problems, as well as providing universal and equal access to actions and services for health promotion, protection, and recovery [1].

The expansion and qualification of primary care, organized by the Family Health Strategy (FHS), stand out in the set of health care actions, at the individual and collective levels, based on working in a certain covered area, taking actions aimed at health promotion, pre-

vention, recovery and rehabilitation, as well as addressing the most common health problems and seeking health maintenance within the community, at the physical, psychological, and social levels.

Mental health, which involves the so-called "mental condition", "mental illness", or "mental disorder", encompasses a number of factors affecting people's physical and mental health. These factors cause symptoms such as emotional distress, behavior disorder, weakened memory, among others, thus it should be regarded as a focus by the FHS [2]. Researches indicate the FHS as the basis providing close contact between patients and professionals; both usually know each other by name, facilitating the development of a bond between the community and the FHS teams.

The National Mental Health Policy, established by Law 10,216, enacted in 2001, seeks to consolidate an open and community-based health care model. That is, it provides for a free movement of people who are undergoing psychic distress in health care services, which provide assistance based on resources available to the community.

According to this health care model, patients are not addressed as mere record numbers, they are citizens with a particular biography and have an existential and geographical territory of their own; as a consequence, the FHS is regarded as a key service for mental health practices. The FHS represents a crucial space for mental health care, because there is a continued treatment, allowing patients to reframe the symptoms and distresses they have experienced, embracement practices, and general collective activities, such as lectures, hiking, group activities, among others.

Recognizing this broad context of care and considering that a large majority is regarded as priority for the FHS, a study emphasizes the [...] connection between primary care and a substitutive network of mental health care that has been established in the historical guidelines for consolidating the Brazilian psychiatric reform, which reaffirms the centrality of constituting services with a community and territorial basis as important equipment aimed at overcoming the iatrogeny of hospital-based mental health care [3].

The psychiatric reform aims to overcome the hospital-based model for treating mental conditions, having in mind an assistance that does not detach the individual from her/his social space. Thus, primary care, within the public health field in Brazil, constitutes a privileged intervention area, showing up as a significant strategy to outline actions focused on a territorial basis.

For a connection between the mental health field and the FHS, it is key that the professional is sensitized to understand the family model organization, respecting its values, beliefs, fears, wishes, and seeks to work without judging the family behavior, but rather providing means so that the family makes the final decision.

The professional provides nursing care for people who are undergoing psychic distress within the area covered by the FHS; she/he is trained to identify and refer these users to substitute services, as recommended by the Brazilian mental health legislation.

Aim of the Study

Given the above, this survey aimed to: identify the care provided by nurses from the FHS to people who are undergoing psychic distress; identify the socioeconomic profile of these nurses; check the actions for health promotion, prevention, and rehabilitation; and analyze nurse's education to deal with mental health issues in the FHS.

Methodological Procedures

This is an exploratory, descriptive, survey with qualitative approach, carried out in the 2nd Regional Health Management (GERES) in Carpina, Pernambuco, Brazil. This town has an estimated population of 79,308 people, according to data from the Brazilian Institute of

Geography and Statistics (IBGE) for 2010 [17], with an area of 144,931 km^2 and a population density of 516.51 inh/km^2. The town has 10 primary health centers (PHCs) and 1 Center for Psychosocial Care, level 2 (CAPS-II), for mental disorders, thus the mental health services are still in an organization phase, considering that the Brazilian mental health policy is relatively recent, since the Law 10,216 was enacted in 2001. The criteria for selecting nurses were based on the intent to participate in the study and the length of work experience in the FHS, being eligible nurses of both sexes working in it for more than 1 year. The sample consisted of 13 female nurses, who constitute the totality of professionals in this category in the town, which has 10 FHS teams. The choice for the intentionality criterion lies rooted in the proposal of free and spontaneous participation; all participants have signed the free and informed consent term.

The Content Analysis technique proposed by Bardin (2013) was adopted, whose process involves a thorough reading of interviews and identification of thematic categories in the participants' speeches. The material was interpreted in the light of the pertinent literature.

Data collection was conducted in July and August 2012, after approval by the Research Ethics Committee of the Cardiac Emergency Center of Pernambuco "Professor Luiz Tavares" of the University Hospital "Oswaldo Cruz" (PROCAPE/HUOC), under the CAAE 04701912.8.0000.5192, complying with the Resolution 466/12, from the National Health Council (CNS), which provides for research involving human beings. We applied a previously tested interview instrument, the speeches were recorded, and the thematic categories were identified. Participants' anonymity was preserved by using pseudonyms.

Results and Discussion

Regarding the results obtained by means of the interview instrument, we analyzed socioeconomic and demographic data: age, sex, marital status, titles and means of transport. In turn, the following occupational data were analyzed: length of time working there, employment relationship, amount of users and workload. Specific data were based on interviews.

Socioeconomic and demographic data show that all respondents were female and their age ranges from 25 to 55 years. The 13 nurses who participated in the study are also specialists in other areas, and 1 of them is specialist in mental health. The length of work experience ranged from 1 to 6 years; they had a workload of 40 hours per week; and the main means of transport were cars of their own, walking, ride, and public transportation.

For the qualitative analysis, 5 thematic categories were identified in the respondents' speeches: 1) Information about people who are undergoing psychic distress within the covered area; 2) Difficulties found in caring for people who are undergoing psychic distress; 3) Reasons that lead users to the Family Health center; 4) Mental health policy in Brazil; and 5) Professional education to care for people who are undergoing psychic distress. Respondents are referred to by names of biblical characters, in order to preserve their anonymity.

Category 1: Information about people who are undergoing psychic distress within the covered area

The FHS is characterized as the gateway of a hierarchical and regionalized health care system, consisting of a defined territory and its respective population. It aims at intervening with the risk factors to which communities are exposed, by means of comprehensive, continued, and good quality care, as well as health education and promotion activities.

According to the National Program for Primary Care (PNAB), the characteristics of the work process in the FHS are: keeping the record of families and individuals updated and using data, in a systematic way, for analyzing health status, considering the social, economic, cultural, demographic, and epidemiological characteristics in the territory; accurate definition of the service's territory, mapping and recognizing the covered area, something which includes the respective population segment, with continued updating; regarding information about people who are undergoing psychic distress within the covered area, it was observed that, although there is no activity for a specific group undergoing psychic distress, the large majority of respondents reported knowing their population, and there is a significant demand, according to the speeches below:

- "Yes, there are a certain number of cases of mental condition, about 30" (Jochebed).
- "Yes, I know around 300, but we are still updating information" (Michal).
- "Yes. Around 150" (Miriam).
- "Yes, perhaps there are about 200" (Hagar).

According to respondents' answers, there is a significant demand; perhaps this could lead, as claimed by the Ministry of Health itself, to a practice focused on the family, regarding its mental health issues, not only due to the amount of users within the covered area, but because of the needs of the individuals concerned, diagnosed through home visits and spontaneous demand. The FHS aims at health promotion, prevention, and recovery, rehabilitation of diseases, the most frequent health problems, the maintenance of community health, either physical or mental.

Category 2: Difficulties found in caring for people who are undergoing psychic distress

In the speeches below, the female nurses who participated in the study report difficulties to care for people who are undergoing psychic distress. Instead of being searched by individuals who deal with this kind of problem, the professionals need to look for those who are undergoing psychic distress, in order to know what they need and provide them with a dignified care, as well as a qualified listening:

- "There are difficulties, because we have to refer them and often some patients do not leave home... they are unable to come out... thus, we refer them and there, in the CAPS [Center for Psychosocial Care], they provide transportation" (Jochebed).

There is a need for promoting mental health care organization in primary health centers (PHCs), implementing risk assessment and timely intervention devices aimed at the high prevalence of these conditions. This would avoid restricting treatment to the continued use of medication. A matrix support shows up as being able to promote a connection between the mental health team and the FHS team, also helping to connect the health services network when properly deployed [4].

Training represents a need in order to meet the demand of patients who are undergoing psychic distress or even due to lack of interest. There is a major failure with regard to the interaction between professionals and sectors in order to provide a continued treatment for a patient undergoing psychic distress.

Nurse's difficulty to deal with psychic distress is understandable. The respondents' speeches make clear the way how nurses look at this clientele; some of them do that in an agonizing way, because they do not know what to do or by not knowing how to deal with events:

- "[...] place of care for these patients, and even monitoring them at the Family Health center, because usually they attend the initial consultation, go home, and then they are treated by a specialized physician in another facility, we follow-up from a certain distance, very superficially" (Delilah).
- "Our difficulty is rather related to medication, it is often lacking, a patient who needs daily medication will not have it [...] the population has no financial resources for buying it" (Michal).
- "That is the difficulty: both the town and the state have a specific clientele to undergo treatment, especially if these patients are going through a crisis" (Miriam).

Family

The Brazilian psychiatric reform has as its major milestone the deinstitutionalization process, replacing hospitals by new services aimed at embracement and treatment, giving rise to: Psychosocial Care Nuclei (NAPS), CAPS, Day-Care Hospital, Therapy Residency Program and psychiatric beds in general hospitals. These treatment ways break with paradigms of the asylum model, seeking to re-socialize the person who is undergoing psychic distress, along with her/his family.

As the view and understanding in relation to the human being within her/his context has been gradually expanded, the family has been included into the rehabilitation work, in order to achieve some improvement in the household space, as a treatment center [5]. This environment is regarded as a facility for mental health care.

"The family often [...] does not want any treatment for her/him, for the patient... then, we go to them, we look for them, we talk, often all of them take prescribed medication, thus the family does not go to the center to get the medical prescription and buy the medicine" (Zipporah).

Family fatigue is very hard, in some situations the family itself also gets sick. It was noticed that in the psychic distress context, sometimes care becomes a difficult task, either by lack of support, family understanding, and also the burden of the family member, or even due to family rejection, thus resulting in an incomplete care, since, in order to achieve good outcomes, meeting a patient's needs is a primary goal.

Category 3: Reasons that lead users to the family health center

The proposal of the FHS is providing health promotion actions at services close to the community. Thus, it is possible to provide a comprehensive, continued, and good quality care for patients with mental conditions. This is a work that requires immediate interventions, under certain situations, which allows avoiding to use complex health care resources when they are not actually needed [6].

Thus, the proposal of the FHS must be organized and structured in order to ensure and enable a comprehensive care and the development of bonds, which involve commitment and accountability [7].

The town of Carpina-PE has shown some difficulties to provide care for users who searched for a Family Health center, either due to difficulty to access or even severe crisis situations, according to the speech below: "Most times, the patient is assisted by community health workers. There are patients who are just unable to come to the center, we have to provide home visit, especially because the agents are teenagers, and we still have cases of outbreak in the same family, as well as people who do not leave home. So, there are contexts where community health workers are not appropriate, indeed, there are patients in need of humanized care" (Dinah).

The identification and monitoring of certain situations, incorporated into the activities provided by primary care teams, constitute key steps to overcome the hospital-based psychiatric model for mental health care [6].

According to the statements below, usually those seeking health care services are user's family members, who go there to get medication or the medical prescription:

- "Usually, family members come and get it" (Jochebed).
- "Those seeking care are usually their family members, who come to the health center. We come to this patient and provide her/him with care, so... The family, as soon as it notices any change in the patient, seek the health center, there is no delay, neither in care or family attendance to the health center, everything is fast" (Delilah).

- "Those who seek care are usually the family members, because the cases of these people, here within the area, are very severe, they are patients who cannot stay alone, walk alone, seek things alone. Usually, the mother or brother seeks for this kind of care" (Dorcas).
- "They are always at the health center, to get medication, they cannot be without medication. Because they are concerned to take that medication themselves, to prevent going into crisis, and the physician at the health center is also concerned, she prescribes their medication. Usually, the community health workers provide home visits. Patient's medication is informed in her/his medical record, and then we always renew prescriptions, so that patients are not out of their controlled medication" (Miriam).

Connecting primary care to a substitutive network of mental health care has been established as a historical guideline for consolidating the Brazilian psychiatric reform, which reaffirms the key role played by the creation of services based on a certain community and territory, as important devices to overcome the iatrogeny of hospital-based mental health care [9].

"Most people seek us on a monthly basis. Many people seek us, mainly to get medicines, it is not aimed at care itself, but just at complying with the prescription" (Hagar).

The Family Health center does not work on an outpatient basis, in contrast, the promotion of comprehensive health care actions could be crucial to prevent users' crisis, by considering the way how they provide conditions for their own existence, and thus arrange various modalities of care to shorten crisis relapses and enable an earlier intervention [10].

Care for the person who is undergoing psychic distress

In the speeches below, we observe that among the activities conducted by professionals at the Family Health center, the vast majority of treatments are grounded in medical consultations, prescription of medicines and home visits:

- "Here, at the primary health center, the patient comes, she/he is examined by the general physician, the physician provides an analysis and the patient will be referred to a psychiatrist or psychologist; after referral, she/he is taken to the CAPS [Center for Psychosocial Care]" (Jochebed).
- "We refer or, if the patient requires a large amount of medication, I refer her/him to a hospital. I go to the hospital, talk to the physician, take her/his prescription, and perhaps the physician provides the medicines" (Michal).

Also, regarding this theme, patients are referred to the town's joint center, when there is no physician at the Family Health center or when their access to it is difficult.

"[...] if the physician is not at the center, the patient will be asked to come back when the physician is there or seek the CAPS [Center for Psychosocial Care] in the town" (Dalila).

There is no previous systematic training for most professionals who work at the FHS, except occasional times during the education of professionals who attended a university course. Teamwork, however, proves to be permeated by demands requiring mental health care practices [7].

We noticed that, in the town of Carpina, Family Health centers provide the user's with treatment by means of the physician. The nurse, as center manager, plays a key role by meeting users' needs, since she/he deals with prevention, direct contact to the patient and family, in order to minimize distress and offer health education to empower users and families to search for quality of life. Thus, the nurse provides

the family of a person who is undergoing psychic distress with the information and support it needs, contributing to the patient's social reintegration [11].

Category 4: Mental health policy in Brazil

The Brazilian mental health policy is based on Law 10,216/2001 [12], which aims to reduce the number of hospitalized patients and decrease the length of hospital stay, besides proposing the participation of the family and the community in mental health care, thus consolidating treatment in the health care network.

This major change in the Brazilian health care system characterizes a privileged scenario for implementing significant changes in practices and knowledge within the mental health care field, so that the family starts being regarded as a link in patients' treatment [11]:

- "[...] psychiatrist in the town, because the demand is not met now, there are many patients" (Dorcas).
- "[...] proper functioning of the CAPS [Center for Psychosocial Care], which is our reference for mental health care here, is crucial; if we have no reference, where are we going to send this population requiring care?" (Achsah).

We also observed that the amount of people who are undergoing psychic distress has been gradually increasing in the world, nowadays, there are about 4 million people [11]. This index could not be different in the territories under study, but the town of Carpina has a CAPS level 1, still in early stages of deployment for a better support in primary health centers. This requires a proper operation, after all, a CAPS is a referral service.

"[...] the creation of a CAPS [Center for Psychosocial Care], too, if there was a CAPS at each center, I think the problem could be solved" (Zipporah).

According to the Ministry of Health, towns with fewer than 20,000 inhabitants do not need a CAPS, in this case, the demand would be met only by means of the basic network with mental health care. In the case of Carpina, which has a population of 75,706 inhabitants [12], there is a need for a CAPS level 1, and a basic network with mental health care, or a CAPS level 2, according to the assessment made by the Municipal Health Council.

"[...] there is a need to implement mental health care in the primary health center, today our work is rather aimed at the pregnant woman, child, and mental health care is put aside, and what about these patients, my friend? I think there is a need to provide training for all nurses, physicians, community health workers who interact on a door-to-door basis, many professionals are not able to deal with this kind of illness, I do not think, I do not feel properly trained" (Hagar).

The female nurses report they need the deployment of mental health care strategies in the primary health center, as well as Family Health team's training to provide patients with a good quality care. According to Law 10,216/2001 [13], the basic network needs to have a general physician, nurses and community health workers, who must attend courses, including proposals to updated mental health care procedures. It is noteworthy that family participation is of paramount importance, because it plays a leading role in relation to the partnership required by treatment. Thus, the family should also be provided with support and assistance.

Category 5: Professional education to care for people who are undergoing psychic distress

Regarding nurses' education to care for people who are undergoing psychic distress, respondents answered that, among the activities performed by professionals, the vast majority do not feel able, due to the lack of training by means of courses and training sessions, or even due to the absence or poor content they received over their education.

- "I do not feel qualified to care for this clientele and we need NASF [Support Center for Family Health], as well as the implementation of CAPS [Center for Psychosocial Care], so that it operates in a proper way and provides the Family Health centers with support, requiring more training of health professionals" (Sapphire).
- "The very lack professionals' training, guidance... many of them have no assistance. Even from Higher Education, there is nothing" (Dorcas).
- "[...] I think there should be here, that is... this training, in a strategic way, you know, in order to improve the care provided to those users in need of mental health care within the Family Health centers and, especially, here" (Zipporah).

Nurses need training, because their general education often does not meet their professional prospects, i.e. even receiving booklets on mental health care, there is not enough information to deal with this kind of illnesses.

Therefore, assistance from the Support Center for Family Health (NASF) is of paramount importance for actions, because it is made up of multidisciplinary teams covering various areas of expertise, in order to work along with professionals from the Family Health teams, sharing practices in the areas covered by them, where the NASF operates [7].

Considering the need for thinking through new kinds of knowledge/actions taken by the nurse when providing mental health care in the basic network, we believe that such kinds of knowledge/actions should be in line with the psychosocial model. This, from our perspective, is a way to break with the biomedical model, although it is complex and still under construction [14].

And it is also worth highlighting the importance of a standardized operation of the CAPS to provide people who are undergoing psychic distress and their family members with assistance.

"Not trained, because this is a specific clientele for doctors, but not for nurses. But I always help as I can, when there is a problem, I always try to provide a home visit and I refer the patient to a psychiatrist" (Miriam).

Nursing is among the health professions more concerned with the management of basic health centers and it is up to nurses, along with the other professionals from the Family Health team, to deploy actions defined by the Unified Health System (SUS), encouraging team participation in the organization and production of health care services to meet the actual needs of users, workers, and the institution. Thus, respondents claim that caring for this clientele should not be included among their tasks, even as managers of the health care center [15].

The FHS is regarded as a strategy that enables taking actions that involve embracement, care, and social exchanges. Not only the connection to the network of specific mental health care services and the partnership with other institutions, associations, cooperatives, and various spaces in the society are important to provide care for patients who require it [16]. There is a need to facilitate a joint work between the health team and the population, providing a way to think through the work process that enables a comprehensive care to the patient and her/his family.

Final Remarks

The female nurses who participated in this survey reported they know people who are undergoing psychic distress within the covered area, the figures are high, and they are also aware of the difficulties faced by users to access health care services.

Regarding the family, the relatives are encouraged to participate in treatment. The female nurses also pointed out that many family members also use some medication. We observed, here, that many family members and users seek the FHS just to get medical prescrip-

tions and medicines, with no follow-up or even participation of the CAPS. It is also noteworthy that the town under study has an only CAPS level 2 - aimed at people who are undergoing psychic distress and some mental condition.

This study may guide and outline pathways given the need to advance for consolidating the Brazilian psychiatric reform, however, there is still a need for providing health education actions by means of lectures and folders aimed at the population, with further information on the mental health care services.

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