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CARE ACTIONS FOR THE RELATIVES OF USERS OF PSYCHOACTIVE SUBSTANCES: THE PERSPECTIVES OF PROFESSIONALS AND FAMILIES

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ABSTRACT

Objective: to understand the care actions developed for the relatives of users of psychoactive substances from the perspective of professionals and family members.

Method: based on the Social Phenomenology approach of Alfred Schütz's. The research was performed in a Psychosocial Alcohol and Drug Attention Center of a municipality in the State of Rio Grande do Sul, Brazil. Phenomenological interviews were conducted with 13 professionals and 12 family members of users of psychoactive substances, from July to November, 2016. The steps suggested by Social Phenomenology researchers were used for data analysis.

Results: three categories were revealed: care actions for family members from the perspective of professionals; care actions identified by family members, and reciprocity of perspectives in relation to care actions for family members. The professionals reported care actions developed in the service for the family: listening, reception, individual care, guidance, referrals, family groups and home visits; and care actions identified by family members: family group, care, reception, resolution, psychological support and guidance. The reciprocity of perspectives in relation to care actions for family members, from the perspective of the professionals and family members was: a group of family members, reception and guidance.

Conclusion: the findings provide support to professionals to review their health care actions, based on the expectations of care mentioned by family members as well the contribution to comprehensive and resolute mental health care, especially in out-of-hospital care.

DESCRIPTORS: Nursing. Drug users. Substance-related disorders. Substance abuse treatment centers. Family. Mental health.

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AÇÕES DE CUIDADO AOS FAMILIARES DE USUÁRIOS DE SUBSTÂNCIAS PSICOATIVAS: PERSPECTIVAS DE PROFISSIONAIS E FAMILIARES

RESUMO

Objetivo: compreender as ações de cuidado desenvolvidas aos familiares de usuários de substâncias psicoativas na perspectiva de profissionais e familiares.
Método: pautou-se na abordagem do referencial da Fenomenologia Social de Alfred Schütz. A pesquisa foi realizada em um Centro de Atenção Psicossocial Álcool e Drogas de um município do interior do Rio Grande do Sul, Brasil. Realizaram-se entrevistas fenomenológicas com 13 profissionais e 12 familiares dos usuários de substâncias psicoativas, no período de julho a novembro de 2016. Para a análise das informações, foram utilizados os passos sugeridos por pesquisadores da Fenomenologia Social.
Resultados: foram reveladas três categorias: ações de cuidados aos familiares na perspectiva de profissionais; ações de cuidados identificadas pelos familiares e, reciprocidade de perspectivas das ações de cuidados aos familiares. Os profissionais relatam como ações de cuidado desenvolvidas no serviço para os familiares: a escuta, o acolhimento, o atendimento individual, as orientações, os encaminhamentos, os grupos de familiares e as visitas domiciliares; e as ações de cuidados identificadas pelos familiares: grupo de familiares, atenção, acolhimento, resolutividade, apoio psicológico e orientações. A reciprocidade das ações de cuidados aos familiares, na perspectiva de profissionais e familiares, foi: grupo de familiares, acolhimento e orientações.
Conclusão: apresenta subsídios para que os profissionais revejam suas ações de atenção à saúde, a partir das expectativas de cuidado mencionadas pelos familiares, bem como pode contribuir para assistência integral e resolutiva em saúde mental, em especial na atenção extra-hospitalar.

DESCRITORES: Enfermagem. Usuários de drogas. Transtornos relacionados ao uso de substâncias. Centros de tratamento de abuso de substâncias. Família. Saúde mental.

ACCIONES DE CUIDADO A LOS FAMILIARES DE USUARIOS DE SUSTANCIAS PSICOATIVAS: PERSPECTIVAS DE PROFESIONALES Y FAMILIARES

RESUMEN

Objetivo: comprender las acciones de cuidado desarrolladas a los familiares de usuarios de sustancias psicoactivas en la perspectiva de profesionales y familiares.
Método: se basó en el abordaje del referencial de la Fenomenología Social de Alfred Schütz. La investigación fue realizada en un Centro de Atención Psicosocial Alcohol y Drogas de un municipio del interior de Rio Grande do Sul, Brasil. Se realizaron entrevistas fenomenológicas con 13 profesionales y 12 familiares de los usuarios de sustancias psicoactivas, en el período de julio a noviembre de 2016. Para el análisis de las informaciones, se utilizaron los pasos sugeridos por investigadores de la Fenomenología Social.
Resultados: revelaron tres categorías: acciones de cuidados a los familiares en la perspectiva de profesionales; acciones de cuidados identificadas por los familiares y, reciprocidad de perspectivas de las acciones de cuidados a los familiares. Los profesionales relatan como acciones de cuidado desarrolladas en el servicio para los familiares: la escucha, la acogida, la atención individual, las orientaciones, los encaminamientos, los grupos de familiares y las visitas domiciliarias; y las acciones de cuidados identificadas por los familiares: grupo de familiares, atención, acogida, resolutividad, apoyo psicológico y orientaciones. La reciprocidad de perspectivas de las acciones de cuidados a los familiares, en la perspectiva de profesionales y familiares, fue: grupo de familiares, acogida y orientaciones.
Conclusión: presenta subsidios para que los profesionales revisen sus acciones de atención a la salud, a partir de las expectativas de cuidado mencionadas por los familiares, así como puede contribuir a una asistencia integral y resolutiva en salud mental, en especial en la atención extrahospitalaria.

DESCRIPTORES: Enfermería. Usuarios de drogas. Trastornos relacionados con el uso de sustancias. Centros de tratamiento de abuso de sustancias. Familia. Salud mental.

INTRODUCTION

The use or abuse of psychoactive substances causes changes that can harm the health and quality of the life of users and/or family members, since they cause dependence and destruction both in the physical and in the psychological and social aspects. In addition, they may interfere with family relationships, work and other daily activities of those who use such substances.[1]

Family involvement with the user of psychoactive substances tends to have a direct impact on the daily life of families, sometimes leading to suffering and burdens.[2] As a result of such situations, and the excessive burden the family member has in relation to caring for the user, the family also needs to be included in the care strategies of health professionals. Attention to the family of the user requires health professionals to be involved in a relationship of help and understanding through the development of skills such as affection, respect and sensitive listening.[3]

It is incumbent upon the professionals of the mental health services, as well as those who work in the Psychosocial Care Center for Alcohol and Drugs (*Centro de Atencão Psicosocial* Álcool *e Drigas* - CAPS ad), to offer support to the family members in order to maintain and strengthen the affective bonds with the user and family, reinforcing the importance family's presence in the service.[4] In addition, the family needs to be understood, according to its own reality, through participation and the construction of strategies that ensure the participation of family members in the care.

In light of the above, this study is considered relevant due to the possibility that the family members of users and professionals can broaden their understanding regarding the meaning of the actions aimed at the care of these family members. This is because articles address some of the concerns that need to be addressed in relation to the family of users, such as the need to reinforce treatment strategies for the family member, they also highlight harm or loss to family members due to the use of psychoactive substances and consider the family as a preventive/protective factor as well as a risk.[5–9]

Considering that only the actor involved can mention what he wants with the action, Alfred Schütz's theoretical reference of social phenomenology was used in this study.[10] This reference is based on the individual who experiences a certain phenomenon, valuing the subject, their experiences, their conscious actions and their expectations. In this perspective, we understand the actions directed towards the care of the user of psychoactive substance in CAPS ad, not only in the individual context of the action, but in a world of relationships with others, in which it has an intersubjective, contextualized meaning in the social world. Therefore, the use of this theoretical framework is relevant, as it gives a voice to the participants involved in the research, the family and the professionals.

In this context, the guiding question of this study is: what are the care actions developed for the relatives of users of psychoactive substances from the perspective of professionals and family members? The objective of the study is to understand the care actions developed for the family members of users of psychoactive substances from the perspective of professionals and family members.

METHOD

This research was based on the Social Phenomenology approach of Alfred Schütz's.[10] The scenario of the study was in a CAPS ad of a municipality in the the State of Rio Grande do Sul, Brazil, which was intentionally selected as it provides care services to users with problematic use of alcohol and other drugs, and promotes the integration of the subject with society and family, supporting the search for autonomy. CAPS ad is also teaching-service integration domain, with professionals of the Mental Health Program of the Multiprofessional Residency in Health (*Residência Multiprofissional em Saúde* - RMS), of the Undergraduate and Post-Graduation Course in Nursing of a higher education institution which holds workshops and groups with family members of users.

The CAPS ad team consisted of 13 municipal public servants (two physicians, one psychiatrist and one clinician, two psychologists, a social worker, a nurse, a physiotherapist, two mental health technicians, two nursing technicians, one receptionist, one harm reduction worker and seven RMS professionals (three nurses, two psychologists and two social workers).

The interviews were conducted by the main researcher with 13 professionals from the CAPS ad and 12 family members of the users of psychoactive substances treated in this service, by means of phenomenological interviews, from July to November of 2016. The 25 participants made it possible to reach the objectives of the proposed study and revealed the phenomenon in its essence as a structure of meanings. It should be noted that the relationship between the researcher and the interviewed family members occurred in the period of approximation and research scenario setting.

The inclusion criteria of the professionals participating in this study were: to be a resident or a multiprofessional health team professional employed by the RMS, actively working in the service during data collection. And, for the relatives of the users were: to accompany the user in the CAPS ad at the time of the admission or the consultation and to participate in the family group offered by the service. The exclusion criteria of the participating professionals were: being away from the service due to sick leave during the period of data collection and having less than six months work experience in the service. There were no criteria for excluding family members.

The interviews were conducted individually, recorded on a digital device, as a meeting, so that a face-to-face relationship was established, in order to provide a comfortable situation, allowing a reciprocal relationship between the interviewer-researcher.[10] The phenomenology of time was not determined chronologically, however the interviews lasted between 20 and 70 minutes.

For the data analysis, the steps suggested by the Social Phenomenology researchers were used,[11] seeking, through the readings, to identify the units of meanings and the relation of the categories among them, thus arriving at the convergences that allow the construction of the categories regarding the actions established between the CAPS ad professionals and the family members. The findings were interpreted by means of Alfred Schütz's Social Phenomenology theoretical conceptions.[10]

This research was based on the principles and guidelines of Resolution No. 466/12 of the National Health Council. Family members were identified with the letter 'F' and professionals with 'P'. Both letters were followed by Arabic numerals, according to the increasing order of interview, F1 to F12 and P1 to P13. This research was approved by the Human Research Ethic Committee

RESULTS

Among the 13 professionals interviewed, 11 are female and two are male. Regarding age, four are between 20-29 years, three between 40-49, three between 50-59 years, two between 30-39 years and one over 60 years. In relation to profession, there were three nurses, two doctors, two social workers, two mental health technicians, one physical therapist, one psychologist, one nursing technician and one harm reduction worker. Regarding work experience, four of the respondents had a period of time equal to or less than 2 years of work experience, two between two and four years, five between five and nine years and two in ten years or more. Regarding specialization in the mental health/chemical dependency line, only two of the interviewees were specialized in their area.

Among the 12 family members interviewed, ten are female and two are male. Regarding the relationship of family members interviewed with the CAPS users, there were four mothers, three wives, three sisters and two fathers. As for family incomes and monthly wages, four receive between R$880-1760, two between R$1760-2,640 and six more than R$2,640.

When understanding the care actions developed for the relatives of users of psychoactive substances from the perspective of professionals and family members, three concrete categories of the experience were evidenced: Care actions for the family members in from the perspective of the

professionals; Care actions identified by family members and Reciprocity of perspectives of care actions for family members

Care actions for family members from the perspective of professionals

In this first category, the following care actions developed by the professionals for family members are mentioned: listening/welcoming; individual care/guidance; referrals; family groups and home visits.

The professionals report listening and the welcoming as care actions developed in the CAPS ad. They accommodate the demands of family members through conversation, clarification, scheduling, counseling, and calling for participation in service groups. *We do listening sessions today* (P3). *Encourage the demands they bring* [...]. *It is in the listening, talking* (P6). *Then I listen, let them vent* (P13).

Another care action developed by professionals is individual care/guidance. Guidance occurs during the first contact with the relatives and, also, in the course of the user's treatment, whenever necessary. It sometimes occurs through individual consultations for the purpose of giving the necessary information and clarifying doubts of the family members. The information addresses the management with the users according to the demand of each family member. *It would be at first contact, either when the familiar arrives, or during the treatment of the user. We also work with the family* [...] *it would be the management guidelines, the relationship with the family member who uses* (P1). *Give the necessary information, the rules* [...] *And then, the consultations that we do, they always look for us, when in doubt, how to proceed* (P3).

The referrals also represented a care action that professionals perform for the families. The professionals make the referrals to the families according to the need evidenced, either in the service itself or for some other service in the network. *I internally refer to some other service and if necessary, I go to the network* (P1). *We do not have specific psychological care, for example, for the family members within the CAPS or referral to the teaching clinics* (P4). *Because we end up going to the Reference Center for Social Assistance, it does work. Refer to Specialized Reference Center for Social Assistance* (P5). *We can also direct them to something more specific. Like, for example, a medical treatment, or, psychiatry* [...] (P12).

Within the service, the family members are referred to several professionals according to the necessary demand, among them, medical psychiatrist, psychologists, general practitioner. Family members are also referred to care network services, such as: Emergency Care Unit (*Unidade de Pronto Atendimento* - UPA), Primary Health Care Units (*Unidade Básica de Saúde* - UBS), Teaching Hospital Clinics, Mental Health Clinics, Social Assistance Reference Centers (*Centro de Referência de Assistência Social* - CRAS) Specialized Reference Centers for Social Assistance (*Centro de REferênciaEspecializado de Assitência Social* - CREAS), among others.

The family group also represented a care action developed by the professionals working in CAPS ad for the family members of the users. This action raises possible care needs of family members. The family group is part of the institutional project of the service. *In the group I can raise demands and possible demands* (P1). *You have the family group. We have restarted the family group for adolescents, focused on adolescents* (P5). *We have the family group, it would be an action that is already within the institutional project of the service* (P9).

The home visits represented another action developed by the professionals. Professionals perceive home care as a productive action, since it allows the professional to understand the real family context, allowing a follow up to these subjects. This strategy represents an attitude of concern and care, both with family members and with users. *Home visits. I believe the visits are productive* (P7). *We realize that the home visit is one of the most important devices. You see reality, the family*

context (P8). *Home visits are done in order to give some kind of care to the user and to the family member as well* (P13).

Care actions identified by family members

This concrete category of the experiences of the relatives describes the care actions: family group; attention/care/resolution and psychological support and guidance.

The family group represented a care action developed by the professionals for the family members of users of psychoactive substances. Family members feel good about being part of the family group. Through these meetings, they acquire knowledge to deal with adverse situations in their daily life with the user, such as having more patience and not changing when faced with difficult moments. *The group* [family member group] *has helped me a lot. And the* [professional] *told me to try to avoid it. It's being very good. It helps, it's good. A lot of experience for us. To deal with situations* (F2). *I really like your service* [...] *I've learned that we have to be patient. Take care of ourselves. First we take care of ourselves and then we take care of them* (F3).

The participation in the group meetings provides a moment of sharing and exchange of experiences with other family members. In addition, the professionals explain the importance of the family and self-care during the meetings. The family group represents a space for welcoming, clarifying doubts, an opportune moment for voicing distressing feelings.

Another care action identified by the family members that the professionals develop in the CAPS/ad is the attention/care/resolve. *They are very attentive. They try to help us with everything. It's very good here.* [...] *I hope they continue to be attentive* (F1). *They* [professionals] *are very attentive to us. It's a very good service. I have no complaints* (F2).

Family members express their appreciation for the attention they receive from professionals and wish for it to continue. They want the professionals to continue to welcome users and families who need help through the continuity of CAPS. *I hope they can always continue with the CAPS, maybe they will rename CAPS. But I hope that the institution continues to welcome these people who are seeking help* (F4). *It is rewarding for a professional to give good care. We have had good treatment since we arrived here, both him and us* (F9).

Family members expect to be welcomed through a good reception, a conversation, listening to their complaints/sufferings and, afterwards, they want to have the resolve. They expect that the users are referred for treatment. They believe that, through care and guidance, it is possible to reduce the suffering of the sick family.

The psychological support and guidance also represented a care action developed by professionals working in the CAPS scenario, aimed at the family members of the users. *I think it's interesting that they are being more supportive, being together* [...] (F1). *And every time there is more, you guiding people. Because if it were not for you, who would guide us? So, for me it was always very good. I will come to CAPS for as as long as it is possible* (F5).

The family members perceive that, through the psychological care and guidance received from the CAPS professionals, they feel prepared to face adversity associated with the use of the psychoactive substance.

Reciprocity of perspectives regarding care actions for family members

It is considered important to present the similarities between the actions of CAPS professionals and the family members of the users of psychoactive substances focused on the care actions for these family members, which were organized in Figure 1. The characterization of the actions of the professionals and family members was carried out by means of groupings identified in the participants' statements.

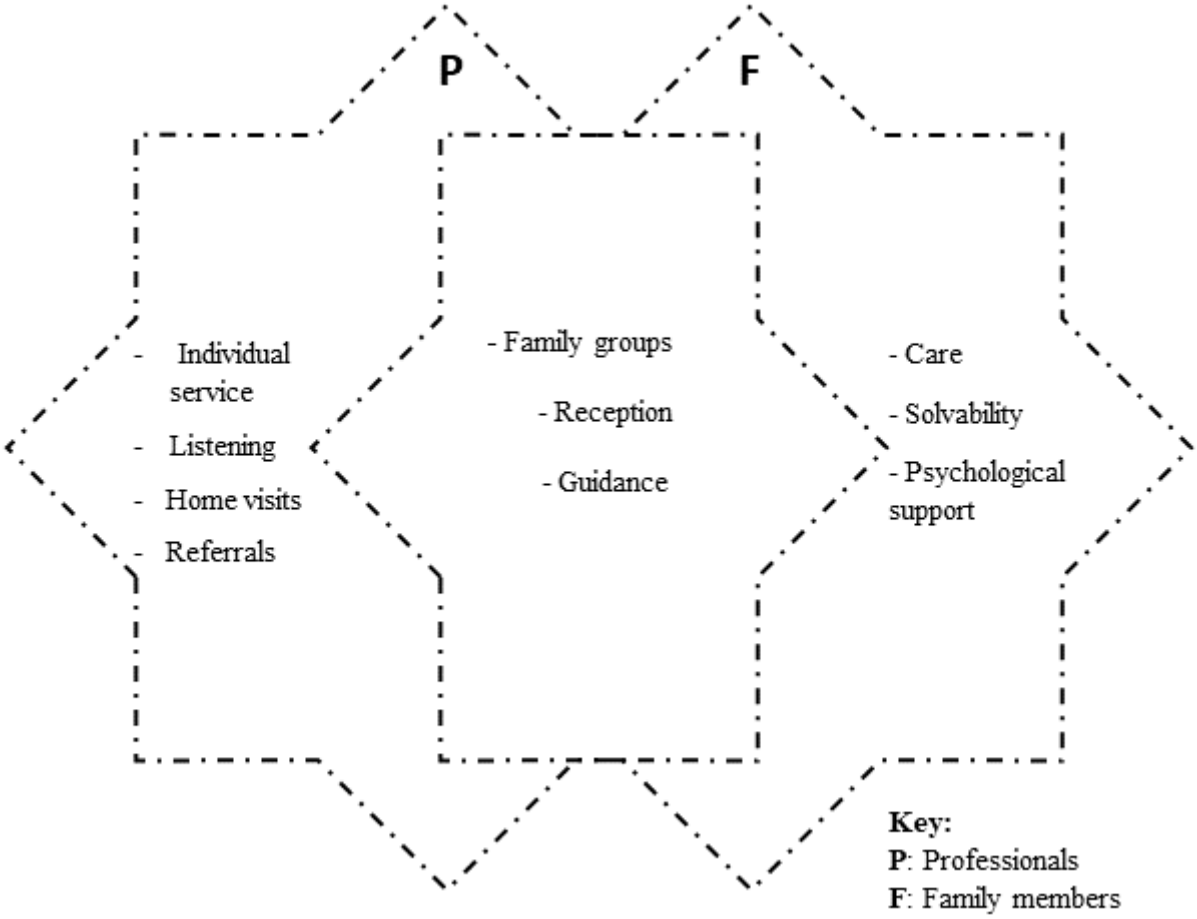

Figure 1 - Similarities between the actions of Psychosocial Care Center for Alcohol and Drugs professionals and family members of users of psychoactive substances focused on the care actions of these family members

Figure 1 illustrates the common actions between groups. The actions are: family groups, welcoming and orientation. Thus, all the actions developed by the participants represent a fundamental relational component in the care actions for the family members of users of psychoactive substances.

The actions reported specifically by professionals were: listening, individual visits, referrals to the service network and home visits. It is worth mentioning that these actions are part of the CAPS therapeutic plan proposal. The family members specifically reported the care actions, resolution and psychological support.

DISCUSSION

This study found that the care actions for the families, developed by professionals, included listening, reception, individual care, guidance, referrals, family groups and home visits. Care actions identified by family members were evidenced, including; family groups, attention, welcoming, resolution, psychological support and guidance. Being that the typical action was based on the group of family members, in the reception and the guidelines.

The establishment of a bond with a person who contemplates their demands is possible through listening that transcends the apparent issues. For the listener, it enables a sensitivity of submerging oneself in subjectivity and particularity, in the way each one manifests their needs and sufferings.[12]

Listening is a qualified communication tool, since it helps to form bonds and allows a subjective exchange without the interference of speech.[13] In addition, reception, as a care strategy based on qualified listening, prioritizes the singularity of each person.[14]

It can be affirmed that light care technologies are important in the mental health care provided by CAPS, which, according to Schütz,[10] are produced in a face-to-face relationship, occurring in the meeting between professionals and family members. The face-to-face relationship allows for the approximation and interaction between individuals. In this case, understanding the needs present in the world of the daily life of the relatives.

The face-to-face relationship is characterized as a direct experience between people; a social meeting that happens in the same space and time. This type of relationship represents a way of approaching, of interaction, that allows the individual to express their fears, feelings, anguishes, frustrations and dreams, allowing interventions that can minimize these discomforts.[10] Thus, the professionals of the services, through these actions of reception and listening, are able to discover the demands of the family members of users of psychoactive substances and propose possible interventions.

From this perspective, reception and creating a bond make it possible to build autonomy through shared and agreed accountability among the people involved. Thus, it is important to understand that the reception takes place daily in health practices, through qualified listening and the ability to compromise, between the demand of the user and the possibility response of the service. In addition, the work process is a strategic place for change, in which, through professional-family-user relationships, it is possible to fight for commitment to life, seeking to strengthen the bonds with co-responsibility and restoring the autonomy of the individuals.[15]

It is understood that mental health professionals need to provide care to families, since the family is considered a social system where the stages of human growth and development evolve.[8] Among the activities offered by the CAPS are the services directed to family member, including: individual visits, home visits, leisure activities, as well as work with users and family members, protection factors for the use and dependence of psychoactive substances.[16]

According to the principle of universality proposed by the Unified Health System (*Sistema* Único *de Saúde* - SUS), users of psychoactive substances as well as their families have this right to health services at all levels of care, including specialized services.[17] Thus, health professionals need to know the family and provide care actions that contribute to the improvement of the quality of the links between professionals-family-users, in order to reduce vulnerability to drug use in the family environment.[18]

As a service responsible for mental health care, CAPS promotes integrated work with the family and the community of people who use its services. In addition, it is important for the service to contemplate the characteristics of the people in their singularity, offering meaningful care to them, while enhancing the development of the individual, as a citizen and principal actor of his life.[19]

It can be said that this care is provided by professionals through individual care and guidance. These, according to Schütz,[10] make a face-to-face relationship possible, which is effective in building a relationship with trust and bonding. In the same way, in the face-to-face relationship, the health professional (I) and the individual (You) can favor the construction of a joint relationship. In other words, it is possible to construct moments in which there is a reciprocal intentionality between the social actors and, consequently, the establishment of a social relationship directly experienced by both.

This relationship is expressed in the reciprocal perception of the other and establishes a sympathetic participation in the life of the other, if only for a brief period.[10] Thus, when professionals and their (family) act with reciprocal perspectives towards each other, they establish a joint relationship, which influences the actions developed by the CAPS professionals.

With the organization that has one CAPS, it is expected that, in this scenario, professionals promote the mental health of users and their families. That they can offer care directed at the demands of relationships and the singularities of each person, articulating and directing the health care networks, social networks of the territory and the networks of other sectors when necessary.

Linking the network with health and intersectoral services is considered a practice inserted in the social context, which can offer benefits to those involved in this environment, as well as to professionals and the people who are in this scenario and their families. It is believed that the strengthening of services and their interdisciplinary actions needs to be based on network actions and intersectoral links.[19]

Among the actions of professionals is the interest in providing referrals to other services in order to be able to respond to the demands of family members. These services can be characterized as social spaces present in the world of these people's lives. In this sense, Schütz[10] stresses that the world of life refers to the total domain of an individual's experiences that involve objects, people, and events, where the pragmatic goals of the individual's life lie.

In the world of life, the person finds themselves in a determined biographical situation, which refers to the whole moment of their life, their experiences, where the content and sequence of the experienced are specific to them. The biographical situation in which man presents himself makes him unique, and thus two people can never experience the same situation. By understanding the biographical situation of a person, one can, from his past, understand and plan his present and future actions.[10] In this sense, the professionals make the referrals according to the need of each family member and, experience the situation in a similar way (having a family user), the planned actions will never be the same.

The existence of family treatment models focused on the families of users of psychoactive substances, such as the Family Groups, are presented as fundamental tools for care of the user. It concerns a care strategy, carried out within the CAPS ad, focused on the family member developed by health professionals.[20]

This care strategy, in addition to increasing the self-esteem of the participants, facilitates the family to serve as a foundation for the user during treatment. The groups developed for family members effectively provide health education, prevention, promotion and recovery of the health of individuals and social groups, and allow the family members to feel that they are welcomed, like they belong and are empowered. Furthermore, it is informative-educational in nature, and seeks to respond to family demands in relation to the issues that encompass psychoactive substances.[20–21]

Through the family groups, professionals raise the possible care needs of family members and, from their lived experiences, their stock of knowledge at hand given by their biographical situation, reveal their actions. The stock of knowledge at hand, for Schütz,[10] relates to the experiences that accumulate throughout life, which enable interpretation of the world. And the biographical situation refers to the whole moment of the life of a person, in which it is inserted, understanding its physical and socio-cultural environment, where it has its position. It means that each person has their own history, or rather; it is the sedimentation of all previous experiences.

It is observed in the groups that the professionals are concerned with welcoming the families and being agents of information that can strengthen guide them in the management with the user. In this way, the participation of the family is of paramount importance, since this meeting is a source of listening, clarification and an opportunity to vent the challenges that substance use generates within the family, positively collaborating in a different way of dealing with the user. These changes happen when the family member who attends the group transforms their way of treating the user, having more patience and is able to deal and cope with the user in their daily lives.[22]

Professionals understand that the home visit (HV) is an opportunity to talk with the family and the users, a way of approaching the reality of that context. This is characterized as an action performed outside the health context, considered an effective reception in the environment where the users and their relatives live. Thus, this care behavior is paramount for comprehensive care, since it allows the health professional to have a more precise knowledge of the family dynamics and of the social problems faced by users and their relatives.[17]

Performing HVs is an important care action regarding the insertion in the territory. It is highlighted as a specific activity in the work process of CAPS, in which the professional goes to the user's residence and returns to the health service, familiarizing themselves with the family environment, but with a brief insertion in that context.[23] However, the actions of the professionals need to be guided by listening, counseling, welcoming the demands of families and providing attention to social issues, going beyond the organic aspects of the health condition of that user and their family.[17] The HV is considered a powerful care tool in this territory because through it, it is possible to become familiarized with the family environment and the social context in which the user and his/her relatives are inserted and, thus, assist all those involved . However, these actions can be specific, remembering that the idea of traveling teams provides a care model that expands the space of care actions, beyond the user's living environment, but occupying its lived territory.[23]

The HV permits the closest type of contact with families and users, enabling a relationship based on trust and interaction with professionals. This involvement with families allows us to really understand the biographical situation[10] of its members, especially the family member most involved in the care of the user.

Understanding the context of people and their history is relevant to a better understanding of the situations experienced by them, revealing, in part, aspects of the interpretation of the social world, used to act socially.[10] This understanding provides the recognition of the specific health needs of the family members which helps to plan actions offered by CAPS professionals.

The strategies which professionals use to provide care to family members such as information, guidance, psychological support and emotional support can be effective for health care. In this sense, the promotion of users' health is related to the role of the family, since it can be considered as a reference to guide the behavior of its members, corroborating with the construction of the psychosocial mental health model.[24]

The changes in the care model assign new services to mental health services, staff, users and their families, sharing responsibilities to all the actors involved in the care process. In this way, it facilitates socializing and social relations with a user of psychoactive substances.[25]

In substitutive mental health services, especially in CAPS, the family is understood as a partner and as a unit that has, its own rights, demands and needs. It is therefore necessary to develop actions through which we can discuss family and social relationships in groups with families, with users and with users and their families, from a perspective that instigates their protagonism, their autonomy and co-responsibility.[21]

It is in the world of life where social relationships take place and this is considered an intersubjective world, which means that it is not private, it is common to all people. It is in him that there are coexisting similarities with which various relationships are formed, shared, experienced and interpreted by the subject himself and even by similar ones.[10]

Thus, based on the premise that the person always has an intention, it is understood that the care action developed by the CAPS professionals is conscious and is aimed at someone or something, in this case, aimed at the family members of the users. Based on the understanding of individual experiences, Schütz[10] also found that living in the world of everyday life means engaging interactively with many people in complex networks of social relationships.

In Schütz's line of thinking,[10] the exchange of views and the practical agreement of the choice systems constitute the general thesis of the reciprocity of perspectives.[10] In this way, the general thesis that presupposes common goals, intersubjectivity and the communication between the professionals of the CAPS and the relatives of the users of psychoactive substances. The reciprocity of perspectives comprises the apprehension of objects and their aspects known by the professional and potentially known by the family member, as a collective knowledge.

The performance of the study in a CAPS ad is a limitation of this study. Therefore, it is not intended to generalize the results; however, it contributes to the broadening of the studied subject, revealing the importance of this research and the analysis used.

CONCLUSION

This study apprehended the care actions developed to the family members of users of psychoactive substances from the perspective of professionals and family members. In this sense, the contribution of the Alfred Schütz referential made it possible to identify the care actions developed by professionals aimed at assisting the family member of users of psychoactive substances.

The findings showed that, from the professionals' perspective, care actions for families, developed by the CAPS professionals, are related to listening, recption, individual care, guidance, referrals, family groups and home visits. From the perspective of the family members, the findings showed that the care actions developed by the professionals were based on the family groups, care, reception, resolution, psychological support and guidance. The family group represents a space for reception and clarifying doubts, an opportune moment for exposing distressing feelings to family members.

Based on this study, it is possible to say that the findings can contribute to comprehensive and decisive mental health care, especially in an out-of-hospital care setting. The findings provide support to other professionals who can reproduce the health care actions, based on the care expectations evidenced in this research. Moreover, they allow the consolidation of assumptions envisaged by the Brazilian psychiatric reform, in order to ensure the effectiveness of psychosocial care in the field of mental health, in line with the Policy of Comprehensive Care for users of alcohol and other drugs.

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NOTES

CONTRIBUTION OF AUTHORITY

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CONFLICT OF INTEREST

No any conflict of interest.

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