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RESEARCH

MULTIPROFESSIONAL CARE TO MENTAL DISORDER PATIENTS UNDER THE PERSPECTIVE OF THE FAMILY HEALTH TEAM

ATENÇÃO MULTIPROFISSIONAL AO PORTADOR DE SOFRIMENTO MENTAL NA PERSPECTIVA DA EQUIPE DE SAÚDE DA FAMÍLIA

ATENCIÓN A LOS PACIENTES MULTIPROFESIONAL TRASTORNO MENTAL BAJO LA PERSPECTIVA DEL EQUIPO DE SALUD DE LA FAMILIA

João Marcus Oliveira Andrade[1], Carlos Alberto Quintão Rodrigues[2], Adson Patrik Vieira Carvalho[3], Danilo Gangussu Mendes[4], Maísa Tavares Leite[5]

ABSTRACT

Objective: This work aimed to understand the perception of the Family Health Team professionals over mental disorder patients' health assistance in Primary Health Care. **Methods:** This work is a qualitative, descriptive and exploratory research. The data collection instrument was the semi-structured interview conducted between August and September, 2011. The discourses were submitted to content analysis of the thematic type, enabling four thematic categories. **Results:** The results showed that the health team develops isolated actions and little innovative, portraying a fragmentation in multidisciplinary care to patients with mental illness in the Family Health Strategy. **Conclusion:** Health assistance for mental patients need to be improved in community basis through multiprofessional work and acceptance. **Descriptors:** Mental health, Primary Health Care, Family Health.

RESUMO

Objetivo: Compreender a percepção dos profissionais da equipe de Saúde da Família acerca da atenção multiprofissional ao portador de sofrimento mental na Atenção Primária à Saúde. **Método:** Trata-se de uma pesquisa qualitativa, descritiva e exploratória. O instrumento de coleta de dados foi entrevista semi-estruturada, realizada no período entre os meses de agosto e setembro de 2011. Os discursos foram submetidos à análise de conteúdo do tipo temática, permitindo o desvelamento de quatro categorias temáticas. **Resultados:** os resultados mostraram que a equipe de saúde desenvolve ações isoladas e pouco inovadoras, retratando uma fragmentação na assistência multiprofissional ao portador de sofrimento mental na Estratégia Saúde da Família. **Conclusão:** necessita expandir a atenção à saúde aos portadores de sofrimento mental em base comunitária, por meio do trabalho multiprofissional e do acolhimento. **Descritores:** Saúde mental, Atenção Primária à Saúde, Saúde da Família.

RESUMEN:

Objetivo: Conocer las percepciones de los profesionales de la salud de la familia acerca de la atención multidisciplinaria a los pacientes con enfermedad mental en la Atención Primaria de Salud. **Método:** Se realizó un estudio cualitativo, descriptivo y exploratorio. El instrumento de recolección de datos fue la entrevista semi-estructurada, llevada a cabo en el periodo comprendido entre los meses de agosto y septiembre de 2011. Los discursos fueron analizados por contenido temático, lo que permite la presentación de las cuatro categorías temáticas. **Resultados:** Los resultados mostraron que el equipo de salud desarrolla acciones aisladas y poco innovadoras, retratando a una fragmentación de la atención multidisciplinaria a los pacientes con enfermedades mentales en la Estrategia Salud de la Familia. **Conclusión:** La atención de salud para los pacientes con trastornos mentales deben ampliar la atención sanitaria a las personas con enfermedad mental en la comunidad basada en el trabajo a través multidisciplinario y hosting. **Decriptores:** Salud Mental, Atención Primaria, Salud de la Familia.

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INTRODUCTION

Brazilian society is currently going through a transformation in the assistance model for patients with mental disease, since the 80s, nationwide known as the Brazilian Psychiatric Reform. This is due to a range of factors and actors that aim to substitute the asylum, segregated, exclusionary, safeguard and reductionist models whose care center is the psychiatric hospital.[1]

Previously, assistance was based on the hospitalization, but it has gone through a change to open services, in which the mental disorder patient is not excluded from social and family life, reducing progressively beds in mental hospitals, expanding, qualifying and strengthening the network outside the hospital through the implementation of substitute services.[2]

The Psychiatric Reform in Brazil works with the logic of disinstitutionalization, focused on family and on community, bringing promotion, prevention, treatment and rehabilitation.[3] These are the same principles and guidelines proposed in the Primary Health Care, therefore, it is a strategic axis to insert actions of Mental Health and a fertile field for this new way of reflecting over health, involving a network of actors with distinct knowledge and performance. Thus, this reinforces the guiding principles of the National Health System (SUS).[4]

In Brazil, the Family Health Strategy (FHS) emerges as a strategy to reflect on its practices and actions of health in Primary Care, bringing new basis and criteria replacing the traditional model of assistance.[5]

The attention derives from the health surveillance and is family-centered, understood and perceived from its physical, mental and social environment. [6]

FHS has been highlighted as an important element in the reorganization of primary health care in Brazil. It has been structured based on multiprofessional teams which work from ascription and territorialization of the patients, which enables the continuity of care and the establishment of relationships in the process of health care, taking an expanded concept of primary health care and advancing towards an integrated health system that converges to people's and their environment 's quality of life.[7]

From this conceptual point of view, Primary Health Care principles and guidelines reflected on FHS are in accordance with the proposals and principles of the Brazilian Psychiatric Reform, which aims to keep the mental disorder patients in their daily lives, investing on their social networks and family. [8]

FHS provides an assistance strategy that gives value to the principles of territorialization, of being close to the population, ensuring comprehensive care, teamwork with multidisciplinary approach, of emphasis on health promotion with the strengthening of intersection actions and encouraging community participation among others, thus consolidating the SUS. [9]

In this new model, this attention to Mental Health takes a broader concept, moving towards an integrated health system that converges to people's and their environment quality of life.[10]

Thus, assuming that mental disorder patients and their families need basic health care and the National Health System do not recommend the institution but the humanized

assistance, FHS turns into an important strategy to reintegrate the mentally ill person into society.

Hence, it is believed that if the mental health activities developed by FHS are known, it may contribute to strategy planning that may aid in the mental health care assistance at the community level as well as to contribute to further national discussions on this theme.

Therefore, this study aims to understand the perception of a family health team over mental disorder patients' health care in FHS.

METHODOLOGY

This research is qualitative, descriptive and exploratory. The setting was one of the Family Health Strategy Units included in the Education Program for Health Work (Health-PET) of Unimontes - Universidade Estadual de Montes Claros (State University of Montes Claros) in Montes Claros, State of Minas Gerais, Brazil.

The population or universe comprised 08 health professionals from high school and higher level education (01 physician, 01 nurse, 01 dentist and 05 community health agents) who worked on the FHS staff. The choice of health professionals followed two criteria: if the professional worked in the FHS unit and if he or she accepted to take part in this research spontaneously by signing the consent form.

The data were collected in the period between July and August, 2011, through semi-structured interviews.

The interviews followed a guiding script and were done either at the health professionals' homes or at the Family Health Strategy unit. All the interviews were recorded and then transcribed literally for analysis. For this material treatment, we used the content analysis of the thematic type enabling the theme axes construction. [11]

The research project was according to the Resolution no. 196/96 and was approved by the Research Ethics Committee of Universidade Estadual de Montes Claros, under the number 1431/09.

RESULTS AND DISCUSSION

From this theme analysis in the interviews, four distinct themes could be defined: perceptions over the mental disorder patient; actions related to mental health, acceptance of the mental disorder patient and multiprofessional assistance to the mental disorder patient.

THE PERCEPTION OF THE HEALTH PROFESSIONALS OVER THE MENTAL HEALTH SUFFERING PATIENT

From this theme, we could know the perception of the health professional over the individual who suffers from a mental illness.

The value of the obtained results through health professionals' interviews of the FHS unit was surprising when we verify their perception in relation to the mental disorder patient.

> *The person who has a mental disorder is very different from a normal person, from a person who does not have this problem. (P5)*

> *(...) I consider him to be a different person, he does things that a normal person doesn't. (P6)*

A mental disease is easily perceived by social groups, because in general, those who become mentally ill present different behaviors from those normally accepted by society. Therefore, there is the paradigm of social exclusion that may result in the isolation of patients who are not accepted within the habitual standards.[12] We may observe through this discourse that health professionals stigmatize people with mental illness from the distinction

that he is different and needs to be treated differently.

> *It is more difficult to see or treat the person who has this problem (...) many people don't believe the person, they don't believe what the patient says, the patient is discriminated. (P3)*

> *I consider this patient as someone who needs more care, because a lot of people discriminate him/her. (P7)*

The consequences of these perceptions exemplified above express social exclusion of patients with mental illness and are influenced by values and representations over madness which are present in a given historic time .[13]

Yet it was observed that the professionals consider the mental disease patient as an individual who needs more care, assistance and attention. However, the interviewees still consider the patient as a "different" individual excluded from society and from the family.

The association between the mental disease and exclusion may be connected to the difficulty of understanding human feelings shown by the mental disease patients.[14]

The stigma of madness makes the patient lose his citizenship, suffer from prejudice and be segregated from society.[12]

> *(...) They do different things such as shout, talk too much, they are aggressive with no reason, they run on the street. (P5)*

> *There are houses where we go in which there is a person who has the problem and he/she is alone, nobody talks to him/her, nobody cares. (P1)*

There is a great difficulty in living with a mental disease patient because of the aggressive attitudes, lack of affection, unpredictability and even the social isolation.[12]

The strange and exaggerated behavior and meaningless conversations as well as little contact with the family are the reasons why health professionals consider the patient to be "different" and excluded.

ACTIONS DEVELOPED BY THE FSH RELATED TO MENTAL DISEASE PATIENTS' ASSISTANCE

The second main theme axis aimed at recognizing the mental health actions developed by the FSH staff and is shown in the following statements:

> *The physician always forms the operation group, once a month. (P1)*

> *The main action is the operation group formed by the unit physician. (P8)*

To form specific operation groups for mental disorder patients is important, but FHS should insert them into other therapeutic services, such as hypertension, elderly, and diabetes groups.[15]

Integral actions and actions which focus on health promotion, such as home visits and other activities that allow the experience with the reality of treatment are recommended for all profissionais.[16] These professionals have to focus on the role of the multiprofessional team, on the patient as a human being and have to articulate into multiple social, economic, cultural interfaces and should also take part in the planning of actions with the team. In practice, the Family Health teams, even with the multi-professional composition, will not be able to implement the FHS desired actions for.[17]

> *Agents always visit families that have a mental disease patient. (P5)*

> *We also visit patients. That's when we find out what people need. (P4)*

Home visit is an important tool that makes the mental health team get close to the family and community. It broadens our understanding on the mental disease suffering and its social consequences. It allows the sharing of knowledge that will contribute to adequate therapeutic procedures.[18]

> *During the visit we get closer to the patient and then he begins to trust us. (P1)*

Home visits to mental disease patients enable the interaction between FHS and users, within their sociocultural context, facilitating the relationship between health staff and community.[18]

One of the goals of home visits is to strengthen the relationship between the family health team and the community, especially the community agent. We emphasize that the visits are just a part of the families' assistance and not the final objective.[19]

Other actions which were taken by the team that should be emphasized are the referrals and medical prescriptions:

> *(...) the family always ask another prescription to the physician. The family always want the prescription. (P4)*

> *(...) the prescriptions are very important for the families. (P6)*

The introduction of the mental health actions based on the principles of the Brazilian Psychiatric Reform and on the guidelines of the Primary Health Care has as an obstacle the difficulty to overcome a culturally hegemonic model, focused on disease and on the physician, which has endured for more than two centuries and only recently has been challenged by a new view that proposes the multiprofessional and interdisciplinary relationship.[20]

We observed the maintenance of the internal traditional model to the community service, once the hegemony of the medical work was pointed out, where medicalization prevails group work. [20]

Although many actions remain centered on individualized care, in medicalization and on referrals to high complexity services, FHS develops actions that aim to centralize the team-user relationship, participation and leadership of all citizens in the assistance and in the multidisciplinary and interdisciplinary work.

ASSISTANCE FOR THE MENTAL DISEASE PATIENT

Another important aspect in the mental disease patient assistance in FHS refers to the question of acceptance.

Acceptance consists of a way to operate health work processes in order to serve all those who seek health services, listening to their requests and being in a position to receive, listen and give appropriate answers to users, recognizing the user as a subject and active participant in the process of health production.[21]

As for Acceptance in FHS, the following statements revealed:

> *The acceptance is done by the team all the time. (P5)*

> *(...) all the mental disease patients are treated the same way and acceptance happens all the time (...) it is very important in the inclusion process of the mental disease patient in the health unit. (P8)*

> *(...) acceptance is very important for the mental disease patient (...) here it is done by all the team, everybody listens to him/her [mental disease patient]. (P2)*

This new model of acceptance is different from the traditional one for it is not part of a

process but an action that should occur when necessary and in all the service places and by all the profissionais.[22]

The acceptance is in accordance with the principles proposed by the psychiatric reform by allowing the improvement of the relationship multiprofessional team-user, guided by human, solidarity and citizenship parameters.[23]

We share the idea that acceptance should be a process that occurs in any phase of health work, extending until the solution of the problem presented by the user. Therefore, we believe that if it is structured only as a receiving device, the power of practices to mental health in these units is limited. Once it is taken as a norm or protocol, as an additional procedure to be performed and not as an opportunity to establish relationships producing relationships through listening, caring and commitment throughout the time, the patient needs the service.[24]

> *The mental disease patient care should be personalized because his/her problem is often solved with a good dialogue. (P2)*
>
> *(...) the acceptance should be done with care because the mental patient needs our attention very much, He/she needs to be heard. (P7)*

To listen to a patient is a way to better understand the situation and also to accept mental disease patients. It is essential to enable their effective inclusion to the health services.[21]

In this case, acceptance is important as a strategy that aims to offer some kind of answer to all patients who look for health units, suggesting an expansion in the scope of meeting demands by the units, which may include the psychological and social aspects. [24]

We could notice through the statements that in addition to developing the practice of acceptance, healthcare professionals of FHS recognize the importance of this tool in this process of patients' inclusion in the actions developed by the unit as well as in their treatment process.

MULTIPROFESSIONAL CARE FOR MENTAL DISEASE PATIENTS

The multiprofessional care to people with mental illness in ESF is recognized by the health team.

> *The mental disease patient's assistance must be considered in the work of all the professionals as a whole. (P3)*
>
> *The multiprofessional work is an important tool to improve the assistance quality for the mental disease patients. (P6)*

The multiprofessional team formation has various aspects of change and among them there is the strategy of model and of medical knowledge rupture in the context of mental health practices. It takes the place of the medical hegemony and makes the medical knowledge relative when other professional categories and their respective theoretical and technical fields are included in the field of health practice.[25]

The multiprofessional work should emphasize mental health assistance, enhancing and improving the mental patient assistance[25]. However, we could notice that the mental health assistance in FHS does not occur in a multiprofessional way.

> *The multiprofessional work on the mental disease patient is not a strategy developed in the unit. (P7)*
>
> *(...) the work is tough. First, in order to be good, all the professionals have to Interact, so it is very difficult. (P1)*
>
> *(...) the work is fragmented, there isn't group work. (P4)*

An important aspect of teamwork is its multiprofessional dimension. The team should not be organized around the knowledge of a particular profession; it should integrate knowledge and experiences[25]. In the assistance to mental disease patients this characteristic becomes more necessary because the disorder may show a disruption of an entire social and family network.

The objective with the multiprofessional work is to integrate knowledge and to establish a field of multiple, pluralistic and heterogeneous knowledge. This takes us to the construction of a mental health care service focused on comprehensive care, when we employ different knowledge and resources to serve the patients' personal needs in a broad and deep way.[26]

CONCLUSION

This study shows that special care practices, even those ruled by the Brazilian Psychiatric Reform, still pertain to the subject and his family, under a social inclusion perspective of the subject affected by a mental disorder.

Thus, it is believed that the great challenge of FHS is still to find and conquer the citizenship for mental disease patients, with actions from health teams, family and community. This necessarily involves the construction of another health care model, with various forms of service directed to the community and to the needs of mental disease suffering citizens in a more human, socializing, united and effective treatment.

It is a relevant institutional contradiction to overcome because from the perspective of psychosocial, individual and context rehabilitation (individual user, family and workers) it has to be valued and committed in order to produce health relevant actions to implement effectively the model which will replace the hospital-centered one.

Apparently, there is a strong ideological incorporation of the principles of sanitary reform and the Brazilian psychiatric reform, although fragmented, signals favorable conditions for the promotion of mental health in community basis.

The opening to other resources beyond the clinical setting of the medical appointment enabled by the ESF organization form contributes to this increased perception. Because while the team seeks to diversify the assistance strategies offering, besides the medical appointment, group and other community activities and also daily home visits as an assistance strategy.

Hence, under the perspective of building strategies for SUS, the interaction between FHS and mental health still requires clarity and understanding about the power of the medicalization action of primary care. In this sense, strategies and guidelines for health care in primary care of de-medicalization character or decreasing the medicalization become valuable. However, it is relatively scarce.

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