CUIDADO É FUNDAMENTAL

MENTAL HEALTH: SOCIAL REPRESENTATIONS OF THE NURSES OF THE FAMILY HEALTH STRATEGY

Saúde mental: representações sociais dos enfermeiros da estratégia saúde da família

Salud mental: representaciones sociales de lós enfermeros de la estrategia salud de La familia

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ABSTRACT

Objective: to understand the social representations of the nurses of the Family Health Strategies on Mental Health in Primary Care and to analyze the implications of these social representations in the care of people affected by mental illness. **Method:** a descriptive study, with a qualitative approach, using the theoretical and methodological framework of the Theory of Social Representations. **Results:** three driving nuclei emerged: 'Impressions and Consensual Representations regarding Mental Health in Primary Care'; 'Nursing interventions in the Family Health Strategy in the field of mental health' and 'Expectations regarding the mental health care network'. **Final considerations:** With the research it was possible to identify the representations that the practices and interventions in Mental Health should be part of a process that involves the professional-family-environment trinomium, being fundamental that the users of the service can receive treatment in a holistic and humanized way.

DESCRIPTORS: Nursing; Mental health; Primary health care.

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RESUMO

Objetivo: compreender as representações sociais dos enfermeiros das Estratégias Saúde da Família sobre a Saúde Mental na Atenção Primária e analisar as implicações dessas representações sociais no cuidado de pessoas acometidas de doença mental. **Método:** estudo descritivo, com abordagem qualitativa, utilizando o referencial teórico e metodológico da Teoria das Representações Sociais. **Resultados:** emergiram três núcleos direcionadores: 'Impressões e Representações consensuais quanto a Saúde Mental na Atenção Primária'; 'Intervenções de enfermagem na Estratégia Saúde da Família no âmbito da saúde mental' e 'Expectativas em relação à rede de atenção à saúde mental'. **Considerações finais:** com a pesquisa foi passível de identificação das representações que as práticas e intervenções em Saúde Mental devem fazer parte de um processo que envolve o trinômio profissional-família-ambiente, sendo fundamental que os usuários do serviço possam receber tratamento de forma holística e humanizada.

DESCRITORES: Enfermagem; Saúde mental; Atenção primária à saúde.

RESUMEN

Objetivo: comprender las representaciones sociales de los enfermeros de las Estrategias Salud de la Familia sobre la Salud Mental en la Atención Primaria y analizar las implicaciones de esas representaciones sociales en el cuidado de personas acometidas de enfermedad mental. **Método:** estudio descriptivo, con abordaje cualitativo, utilizando el referencial teórico y metodológico de la Teoría de las Representaciones Sociales. **Resultados:** surgieron tres núcleos direccionadores: 'Impresiones y Representaciones consensuadas como la Salud Mental en la Atención Primaria'; "Intervenciones de enfermería en la Estrategia Salud de la Familia en el ámbito de la salud mental" y "Expectativas en relación a la red de atención a la salud mental". **Consideraciones finales:** con la investigación fue identificable de las representaciones que las prácticas e intervenciones en Salud Mental deben formar parte de un proceso que involucra el trinomio profesional-familiar-ambiente, siendo fundamental que los usuarios del servicio puedan recibir tratamiento de forma holística y humanizada.

DESCRIPTORES: Enfermería; Salud mental; Atención Primaria de salud.

INTRODUCTION

The Family Health Strategy (FHS) is a public policy that demonstrates the movement to expand the care network in the Unified Health System (SUS), by strengthening the proposal of Primary Health Care (PHC).[1]

A broad set of practical transformations and theoretical propositions experienced in the current Mental Health Policy defines the paradigm of the Psychosocial Care Strategy (PAS). The EAPS has principles and guidelines similar to the paradigm of social production of health that underlies the practice of the Family Health Strategy (FHS), whose focus is on health promotion and the search for quality of life.[2]

Considering that Primary Health Care is a privileged care plan, especially when it comes to mental health needs, the nurse who works directly in this service should be prepared to care for people with mental suffering, acting directly to reduce damage and prevent possible hospitalization, ensuring effective care and promoting health, without losing the dignity of patients.[3]

Corroborating the study, every investigation requires a theoretical referential that can support its findings and discussions, as a fundamental requirement for its designation as a scientific enterprise. In this research, concepts from the Theory of Social Representations (TSR) were used.[4] Thus, to have access to the Social Representations (SR) of a social object is to try to understand the ways that people use to create, transform, and interpret a theme linked to their reality, as well as to identify their thoughts, feelings, perceptions, and shared life experiences, according to the social class to which they belong and the institutions to which they belong.[5] To represent or to represent oneself corresponds to an act of thought through which the subject refers to an object, in this case mental health care.[4]

The study aimed to understand the social representations of nurses of the Family Health Strategies about Mental Health in Primary Care and to analyze the implications of these social representations in the care of people with mental illness.

METHODS

This is a descriptive study, with a qualitative approach, using the theoretical and methodological framework of the Theory of Social Representations (TSR), developed in the scope of Social Psychology, which proposes reflection about reality and its implications.[4] Supported by this author, the study is based on values and ideas shared by the social group, formed in this research by nurses of the Municipal Health Secretary of Belém, to capture the social representations about their role on Mental Health in Primary Care and thus analyze the implications of these social representations for people with mental illness.

This study was carried out with 20 nurses who work in the Family Health Strategies of the Primary Health Care Network of the Municipality of Belém in two districts, DAGUA – Administrative District of Guamá and DABEN – Administrative District of Benguí.[6] Nurses with less than three months of experience were excluded from the study, as well as nurses who could not participate in the research due to being away on vacation or leave.

Data collection occurred from December 2018 to January 2019. Data were collected through the use of a voice recorder, with its use clarified in the Informed Consent Form (ICF).

The technique for collecting the narratives to produce oral sources was the semi-structured interview, semi-structured interviews are employed when the researcher has a list of topics that should be covered.[7]

For the organization of the data, the inductive thematic analysis technique was used.[8] This was developed in six steps: 1) Familiarization with the data, with the transcription of the data, active reading, and notes of initial ideas; 2) Generation of codes; 3) Search for potential themes; 4) Continuous revision of the themes generating a thematic "map" of analysis; 5) Definition of the themes; 6) Production of the report through an explanatory interpretation. From the analysis, we arrived at three themes that synthesize the nurses' representations, which will be discussed below.[9]

The study involved human beings, along with other materials and information, therefore fully respecting the terms of Resolution 466/12, of the National Health Council, which governs research with human beings, of the Ministry of Health.[10] It was forwarded to the Research Ethics Committee of the University Center of the State of Pará (CEP/CESUPA) for consent and approval of those responsible, obtaining a favorable opinion under No. 3.007.116 on 08/11/2018. All participants read and signed the ICF. The research guaranteed the privacy, confidentiality, and data of the interviewees using the acronym Enf followed by the number in the order of participation.

RESULTS

Of the 20 nurses who participated in this study, 15 were female (75%) and five were male (25%), with a mean age of 34.2 years. As for post-graduate courses, five (25%) had no course, 12 (60%) had some specialization related to the hospital area and three (15%) had post-graduate courses related to the family health area.

From the analysis of the participants' speeches, three guiding nuclei emerged: 'Impressions and consensual representations about Mental Health in Primary Care'; 'Nursing interventions in the Family Health Strategy in the mental health field' and 'Expectations about the mental health care network'.

Impressions and consensual representations regarding mental health in primary care

In the analysis of the subjects' speeches, it was possible to identify the guiding core: Impressions and consensual representations regarding mental health in Primary Care, showing the category: impressions and experiences, which demonstrated several associations regarding the lack of knowledge about mental health, making the area extremely challenging, but necessary, within the Strategy. The speeches that express this category are presented:

I believe it is a relevant strategy, but it is new in our strategy, because when I started here, mental health we always referred, after a period [...], *an announcement was made that we would start assisting mental health patients, so it was a big challenge because we didn't know what to face in front of this situation, because we didn't know mental health patients, and it was like a challenge* [...]. (Enf 1)

Some nurses objectified mental health care as something relevant, a great challenge, and the ignorance of users with mental disorders within their area of coverage and anchored their meanings in the existing distance between them and the user. The situation highlights that the user with mental disorder had previously been relegated in the Family Health Strategy services.

[...] *I am not usually the one who attends, because they come to the unit only to renew their prescription, they don't come for anything else* [...]. (Enf 18)

In this excerpt from one of the speeches, it is possible to notice that the nurse recognizes the existence of users with mental disorders in the team's area, however, these users do not receive continuous nursing care, since she says that they do not seek the unit with that purpose, but with the intention to request renewal of prescriptions. Or, sometimes, the issue may be involved in the lack of direction of this user for the provision of correct care.

The family health strategy is the gateway for all demands, right. Including mental health, so it has to be prepared to receive all these users, the disabled, the mental health, other programs, the elderly. So it's structured, because it's the entrance door to the hospital, to follow up all these users [...]. (Enf 2)

From this excerpt it is already possible to infer that the nurse knows that the unit is often the first service in the SUS for that user, and thus the unit and employees need to be prepared for the demands that arise, aware of the flow of care, reference and counter-reference. Because of this, it is necessary that constant training of professionals occurs, as well as health education for users who attend the unit.

Therefore, in face of all the representations found in this category, its new representation demonstrating the need to qualify so that mental health care is in fact effective, because they are daily care services in mental health, which seek to consolidate practices that favor actions promoting emancipation and improvement in the quality of life of people with mental suffering.

Nursing Interventions in the Family Health Strategy in the context of mental health

The category "role of the team in the mental health context" emerged from this guiding nucleus, where representations were apprehended that showed the nurses' perceptions of their actions in the service, strongly marked in the descriptions of the following statements:

The role of the nurse is fundamental, right, in any area, but this one in particular is the one who knows the family, it is the one who is present, unlike the other flows where we refer the patient to the CAPS (Center for Psychosocial Care), *for example, there they will treat the patient, here in the FHS we treat the patient, we see the patient and see the family* [...]. (Nurse 4)

In primary care the nurse has the importance of identifying the patient, the need for psychosocial follow-up, in the residence, identify the family life, I think it is more in the identification part, to put the patient in the network, then we identify the patient, and from the identification we start the follow-up and follow him in the network depending on his needs [...]. (Enf 6)

The excerpts of the nurses affirm the representativeness of nursing in relation to the user, and should perform a longitudinal follow-up, based on the trinomial professional-family-environment, since they will be the active participants in the patient's follow-up. The nurse must be aware of all the processes and flows in his unit, as well as in the Network as a whole, so that the appropriate referrals can be made. Thus, it is clear once again the need for attention to such professionals and the concern with training is essential for care, because continuing education can provide progress in psychosocial care.

Thus, with the reorientation of mental health services, nurses need to be aware of the offer of treatment modalities that aim at integrality in the perspective of care for the user and his family, which are also essential in his follow-up.

[...]*Our CHAs come to us saying they have a patient with a mental disorder, then we go, look for our psychologist, visit him and try to identify him to see if he fits the patient's profile, if he does we refer him either to the psychologist or the social worker and, after that, to the doctor, and then he gives the patient a final referral* [...]. (Enf 7)

The referral as elements that objectify the instruments/possibilities for the production of mental health care converge to an individualized, passive and not very creative care dynamics. One can verify in these fragments that although the nurses have anchored their statements in other psychosocial care devices, as a way to represent a mental health care network, they do not recognize it as a network. In this aspect, the family health services are not, in the nurses' perception, incorporated into the mental health care network.

With the research it was possible to identify the representations that the practices and interventions in Mental Health in the FHS should once again be part of a process that involves the trinomial professional-family-environment, being fundamental that the users of the service can receive treatment in a holistic and humanized way.

The training. First comes education, a good training, not only for nurses, but for all professionals, the team in general,

doctors, CHAs, nursing. So I think that training would be the beginning of everything [...]. *And a flow, right, because sometimes we refer them to the CAPS and they are not always seen there, or to get to tertiary care, to follow up with a psychiatrist, it is very difficult for us to get access from here* [...]. (Enf 12)

In the clipping of the interviewees' statements, we can observe that there is an anchoring to the deficiencies perceived in the field of training and that these nurses feel the need for updates and subsidies so that they feel prepared for the care of mental health needs and for the care of patients with mental disorders, promoting resocialization actions to these individuals and making the correct referral to specialized services, when really necessary.

At the end of this guiding nucleus, we can see that nurses should know the users who are part of their assigned area, have a primordial role in the identification and construction of bonds, and that although they did not appropriate the instruments/possibilities for the production of care in mental health, they demonstrated to know the resources inherent to their management. The identification of elements that hinder the practical development of this care will certainly contribute to new reflections in the sense of (re)thinking mechanisms for mental health care to be concretely carried out in the scenarios of the family health teams.

Expectations regarding the mental health care network

This guiding core generated the category: Expectations for improvement of the mental health care network. The category was expressed in the speeches:

The access should be easier, because we refer the patient and there is a lot of bureaucracy, it has to be via regularization and that takes time, even we lose these patients, and many times they leave home and we can't find them [...]. (Enf 13)

The performance of the public sector is always a widely debated issue. In such speech it is possible to infer in the bureaucratization of SUS, which often adds to the growing demand of the population compared to what the service supports, causing lack of beds, medicines, long lines to schedule or perform consultations and exams, among others. The bureaucracy and the delay in service is the main reason for the population to stop trusting the SUS, causing the patient to evade the service.

It is known that bureaucracy is essential for any kind of service, because it regulates and creates an order, but what harms it is precisely the excess of it, making the system not flow. The issue is that in Mental Health cases, this delay due to bureaucratization can be totally harmful to the patient, because the professional's action needs to be brief.

The bureaucratic limitations should be forgotten in the face of prioritizing what is really necessary and more urgent, since health is a basic right. Thus, it is possible to believe that the public

health situation can still improve, based on the constant struggles of the Health Councils and the promotion of public policies.

DISCUSSION

A congruent representation of the family health professionals can be observed, when they say that the FHS is an important gateway to access health care in the Unified Health System. However, the FHS professionals objected to deinstitutionalization as something new. Attention should be paid to the fact that mental health is not in the profile of priorities regulated by the FHS ordinance No. 2,436, of September 21, 2017, despite the fact that psychic problems are not disconnected from the others faced by Family Health teams, including depression, alcoholism, and suicide. And only a few years ago have initiatives to aggregate mental health actions in the FHS been implemented in Brazil.[5]

The initial step for efficient care is the adoption of a qualified mental health reception, considering the needs of patients and establishing the professional-user bond in PHC. In the reception, important strategies are activated to build dialogue and understand the patient's suffering, which will originate a pertinent care, in addition, it will propitiate trust and bond, promoting an improvement in this relationship and a greater production in health.[11]

It is in the nursing consultation, for example, that the patient's health needs are found, to help in the nursing process that must be applied, stimulating the promotion, prevention, and recovery of the patient, besides providing a methodological basis for the work of the nursing professional, and subsidizing the systematized care.[12]

It is valid to emphasize the action of the CHA, which stands out in the mental health area, with the possibility of building bonds with the patients and their families, becoming fundamental for the discovery of severe mental health patients. The PHC teams evidence the great involvement of the professionals with the patients, configuring themselves as important actors in the process of the Brazilian Psychiatric Reform.[13]

However, the dichotomy and opposition between assistance and health promotion is still a challenge for this care model. The understanding that health has multiple determinants and conditioning factors and that the improvement of health conditions of people and communities involves several factors, which can be addressed in the FHS, leads to overcoming this challenge.[14]

Thus, it is necessary to promote the integration and interaction between the health services of the mental health care and primary care network, the management of the health care network, the health education, and the community, advocated by the humanization, universality, integrality, community participation, guidelines and principles of the Unified Health System, creating the possibility of the practice of this collective participation and promotion in the exchange between the partnerships in which the network is structured, focusing on the individual's mental health and collective health.[15]

A very interesting characteristic of nursing professionals is that they end up being the professionals that users bond with the most within the service. Nursing promotes the welcoming inside the service, which does not mean that this is an exclusivity of these professionals, but we identified that they are the ones who have the most contact with users. This characteristic of nursing being always present is inherent to the profession, since in most health services, nursing professionals are the ones who have the most contact with users.[16]

Moreover, continuing education is an excellent tool to improve the managerial skills of FHS nurses, and can result in the construction of knowledge applicable in practice and changes in the work process of these professionals and their teams, especially in the way they view the work process and their relationships.[17]

There is, therefore, a constant need for changes in the scenario of action, from the reflections originated in the daily life of the service itself, in addition to the teaching being linked to the changing reality of the actions linked to the FHS. Thus, we start from the possibility of stimulating the creation and maintenance of spaces and themes capable of generating self-analysis, self-management, and changes in professional and institutional practice.[18]

As workers, we can and must advance in the micro space of health care, without, however, neglecting the macro, that is, public policies. One of the great problems, both in health and in education, is that we fail to perform, to do, for lack of strength to face the difficulties, due to the limits of bureaucracy, the configuration of the state, precarious labor conditions, and many other obstacles. However, there is no denying that the workers do what they do, despite all the difficulties.[19]

FINAL CONSIDERATIONS

This study allowed us to understand the expectations of nurses who work with mental disorders in the FHS. Through the use of the theoretical framework and data collection, the objectives were reached according to the methodology applied.

The study also showed the need for FHS services to perform frequent mental health actions, both for users and their families. These actions must involve the entire FHS team. In essence, they should provide a space for relationships and meetings, where their experiences are shared (individually or in groups), serving as support to overcome the anguish, anxieties, and feelings of helplessness in the face of adversity.

The study of social representations in the area of nursing and mental health presents itself as a relevant issue, given the need for greater integration of nurses in the development of activities aimed at health promotion. In this study, we identified the role of nurses with mental health, in individual and collective contexts, thus favoring the creation of the bond between the cared for person and the health professional, in which this bond is strengthened with the professional nurse, who then has the possibility of making the user of the health system develop self-care, as well as capturing the social representations of this professional when he/she relates to this theme.

Besides technical knowledge, it is important to have a space for interaction and genuine dialogue in mental health care, being important elements for the construction of the psychosocial care model in the context of the FHS. Thus, it is suggested that further studies be carried out within the theme to deepen this understanding.

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