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Original article

MENTAL HEALTH IN PRIMARY CARE: PERCEPTIONS OF THE FAMILY HEALTH CARE TEAM

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ABSTRACT: The present study aimed to obtain knowledge on the perception of family health care teams regarding the implementation of mental health actions in primary care. Qualitative research, with data collected in semi-structured interviews and analyzed by thematic content analysis from April to June 2013. The study included the participation of 17 workers of the Family Health Strategy of the city of Vitória da Conquista, Bahia.Three categories emerged: Perception of mental health promotion in primary health care; Difficulties /Limitations to implement mental health care actions under Brazil's Family Health Strategy;Strategies/Interventions regarding the implementation of mental health in primary health care.The participants found it difficult to report actions targeted to the promotion of mental health and exposed the weaknesses in health production. They perceived the need to expand mental health trainingprocesses, in order to improve mental health actions developed in primary health care.
DESCRIPTORS: Mental health; Family health; Primary health care; Nursing.

SAÚDE MENTAL NA ATENÇÃO PRIMÁRIA À SAÚDE: PERCEPÇÕES DA EQUIPE DE SAÚDE DA FAMÍLIA

RESUMO: Objetivou-se conhecer a percepção dos profissionais de saúde da família acerca da implementação de ações de saúde mental na atenção primária à saúde. Pesquisa qualitativa, com dados coletados em entrevistas semiestruturadas e analisadas pela técnica análise de conteúdo temática, no período de abril a junho de 2013. Participaram 17 trabalhadores da Estratégia Saúde da Família do município de Vitória da Conquista, Bahia. Depreenderam-se três categorias: Percepção acerca da promoção da saúde mental na atenção primária à saúde; Dificuldades/Limitações para implementação de ações de saúde mental na Estratégia Saúde da Família; Estratégias/Intervenções para implementação de saúde mental na atenção primária à saúde. Os participantes apresentaram dificuldades em relatar ações de promoção à saúde mental e demonstraram fragilidades na produção do cuidado. Observou-se a percepção deles em relação à necessidade de ampliação dos processos formativos em saúde mental, com vistas ao aprimoramento das ações em saúde mental na atenção primária à saúde.
DESCRITORES: Saúde mental; Saúde da família; Atenção primária à saúde; Enfermagem.

SALUD MENTAL EN LA ATENCIÓN PRIMARIA A LA SALUD: PERCEPCIONES DEL EQUIPO DE SALUD DE LA FAMILIA

RESUMEN: Fue objetivo del estudio conocer la percepción de los profesionales de salud de la familia acerca de la implementación de acciones de salud mental en la atención primaria a la salud. Investigación cualitativa, cuyos datos fueron obtenidos en entrevistas semiestructuradas y analizados por la técnica de análisis de contenido temático, en el periodo de abril a junio de 2013. Participaron 17 trabajadores de la Estrategia Salud de la Familia del municipio de Vitória da Conquista, Bahia. Resultaron tres categorías: Percepción acerca de la promoción de la salud mental en la atención primaria a la salud; Dificultades/limitaciones para implementación de acciones de salud mental en la Estrategia Salud de la Familia; Estrategias/intervenciones para implementación de salud mental en la atención primaria a la salud. Los participantes presentaron dificultades para relatar acciones de promoción a la salud mental y demostraron fragilidades en la producción del cuidado. Se observó la percepción de ellos acerca de la necesidad de ampliación de los procesos de formación en salud mental, confines de perfeccionar las acciones en salud mental en la atención primaria a la salud..
DESCRIPTORES: Salud mental; Salud de lafamilia; Atención primaria a lasalud; Enfermería.

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INTRODUCTION

In the late 1970's and early 1980's, concomitantly with the Brazilian Health Sector Reform (RSB), the Brazilian Psychiatric Reform Movement (RPB) took place, inspired by the pioneering ideals of the Italian Democratic Psychiatry, based on a new psychiatric knowledge, opposed to the practices adopted in asylums and to the policy of abandonment, which advocates the de-institutionalization of people with mental illness (PSM)[1].

Therefore, the Brazilian Health Sector Reform is consistent with the principles recommendedby the Brazilian Psychiatric Reform Movement,as it includesuniversality of access to integral care as the main theoretical points in the embracement of People with Mental Illness, not only in the secondary and tertiary levels, but also in Primary Health Care (PHC).

Similarly, the Brazilian Psychiatry Reform (BPR) has attempted to ensure that the public authorities re(incorporate) practices of embracement of users with mental illness at the different health care levels, especially Primary Health Care (PHC)[1]. Such changes in the mental health care model, which was once focused on disease and psychiatric hospitals and is now centered on the well-being of the individuals with mental disorders,stresses the key role of the family in the production of care to People with Mental Illness,and perceives the community as the setting for social re-insertion[2].

According to this perspective, it is believed that the family, particularly in the early stages of mental illness, can have a decisive role in the adoption of a new lifestyle for all the actors involved inthis process. However, their emotional, temporal, economic resources and knowledge need guidance that can be provided by health care professionals[3-4].

In addition, the agents who perform their activities in close contact with the community, e.g. under the Family Health Strategy (FHS) program, build relationshipswith the families living in aspecific micro-area area within the catchment area; thus, the FHS is a valuable element in promoting mental health and coping with the relevant public health issues such as mental suffering and the disorders associated to abuse of alcohol and other drugs[5].

Thus, because it is inserted in the community, the FHS can develop health care actions targeted to the needs of the population, as their teams are aware of and experience the same reality.

In this context, the FHS workers are prepared to established partnerships to take advantage of community-based resources, such as the Primary Health Care network, social and family equipment, in order tobuild a social support network and promote mental healthcare, to ensure collective wellbeing, once the FHS is characterized as a relevant element in the mental health care field.

In view of the aforementioned, the following guiding question was proposed: What is the perception of FHS professionals regarding the implementation of mental health services in primary care? In order to address the issue, the following study objective was established:investigating the perception of family health professional on the implementation of mental health actions in primary health care.

METHOD

Qualitative descriptive exploratory study. Qualitative research is concerned with capturing a level of reality that cannot be measured quantitatively. It involves a universe of meanings, reasons, aspirations, beliefs, values and attitudes, which encompasses a deeper area of relations, processes and phenomena [6].

The study setting was composed by a Family Strategy Unit (FHS) unit in the city of Vitória da Conquista, Bahia. The inclusion criteria were as follows: FHS associated to supervised internships and practical classes of the Nursing course of Universidade Federal da Bahia,through the Multidisciplinary Health Study Institute; availability of the minimum composition of health staff recommended by the Brazilian Ministry of Health; and joining the same team for at least six months.

Regarding the sampling, it was purposive: specific individualswere intentionally selected based on

their having similar characteristics or being representative of the target population[6].

Data collection was obtained through semi-structured interviews. Also, interview guides were used to encourage the participants to talk freely about the object of the study based on a line of reasoning and experiences[6]. Data collection was performed between April and June 2013.

Thematic Content Analysis was used for data analysis. The collected information was listed and arranged to facilitate disclosure and understanding[6].

The research project was submitted to the Research Ethics Committee of the Multidisciplinary Health Institute of Universidade Federal da Bahia (UFBA), and was approved under no 301.091.

In order to ensure the privacy of the subjects, these were identified by color names: Red, Black, Green, Yellow, Blue, White, Gray, Pink, Brown, Bronze, Orange, Purple, Beige, Lilac, Golden, Silver, and Maroon.

RESULTS

The sample consisted of 17 workers of a family health team (Physician, Nurse, Nursing Technicians and Health Community Agents). There were 15 women and 2 men. Two participants have been working in FHS for less than one year four of them, from one to five years, and eleven have been working at this program for more than five years.

Therefore, the members of the FHS team interviewed in the study included one physician, one nurse, four nursing technicians and eleven health community agents.

The referred FHS unit has the recommended health staff composition to operate in its coverage area and is inserted in a territory that favors its activities, because it is located in a residential area that also includes social institutions to support its community actions such as churches, neighborhood associations, public and private schools and a Federal Institutethat delivers secondary and higher education).

Based on data analysis, three categories emerged as follows on Chart 1.

DISCUSSION

Thematic Category 1 – Perception of mental health promotion in Primary Health Care

The concept of mental health promotion of most of the respondents was restricted to some embracement actions targeted exclusively to people with mental illnesses, such as listening to the users' demands, provision of general guidance on their needs and referral to specialist units, such as the Psychosocial Care Centers(CAPS).

Besides, as observed in the statements,some respondents are afraid of dealing and embracing the patients because of the prejudice and discrimination associated with mental illness, and, thus, are unable to establish a relationship of confidence with the user.

The reports of most participants on mental health promotionemphasized the biomedical model, disregarding the importance of promoting the mental health of the users of FHS units in a general manner, regardless of wheter or not they are suffering from mental disorders[7].

The challenges to be faced by the FHS team include the development of skills and competencies based on shared relationships, such as embracement, bonding and empowerment "light technologies" [8]. Such strategies allow to increase access to mental health services provided to the population, in order to ensure universal care.

Moreover,the promotion of mental health should be extended to the entire population of the country and not only to patients with mental sicknesses.The lack of investments in the training of workers (e.g. continuing health education) is a gapthat needs to be addressed to empower the users

Chart 1 – Presentation of the thematic categories emerged. Vitória da Conquista, BA, Brazil, 2013

Thematic Categories	Thematic Approaches
Perception of mental health promotion in Primary Health Care.	*[...] we try to embracethem [people diagnosed with mental disorders], under the conditions available in our Unit[...]. (RED)* *[...] Embracement is necessary, but we do not have much support. We must rely on our training and skills[...]. (WHITE)* *[...] we must care for them because many patients are referred to our service; sometimes when they arrive [PSM] we feel a bit of fear, not knowing exactly what we can and cannot do.(BLACK)* *I think that we are not prepared to embrace these patients, we do not know how to deal with them [...]. (YELLOW)* *[...] When it comes to promote mental health, mental wellbeing, it concerns not only the sick person, but also their families. It is about promoting mental health, not disease, isn't it? (GOLDEN)*
Difficulties / Limitations to implement mental health care actions in this Family Health Strategy unit	*These difficulties and limitations exist because not all the health professionals, particularly in primary health care, have the appropriate knowledge and skills [...] (ORANGE).* *[...]Not only nurses and doctors, but all the professionals of the FHS team (technicians, health community agents, etc. should have appropriate training to be able to identify and deal with these patients. (LILAC)* *Yes, the first difficulty that we face concerns our own training. Mental health is very complex and involves a wide variety of problems. We are not prepared to work with mental health patients because we are very poorly trained for this [...].GOLDEN)* *[...]we really need experts in mental health to assist us, Sometimes we detect mental disorders but cannot refer them to the appropriate unit [...]. (PURPLE)* *I believe that our only limitation is lack of training. I dont't have the necessary knowledge/ skills. When we have the knowledge/skills, then we don't have a problem. People are afraid of mental health patients, aren't they? This fear is caused by prejudice, and we must put an end to it. How? With education, continuing education.(SILVER)*
Strategies/ interventions for the implementation of mental health care in Primary Health Care.	*Our current strategy is to form groups to address the issue [...]. (GRAY)* *[...]we also provide a community therapy service in the neighborhood, which includes support to the families and individuals with mental suffering (PINK)* *In this particular unit we have a service called Community Therapy, Therapy Circle. The Therapy Circle is a space for listening, where people share their problems[...].(SILVER)* *We form therapy groups. There is the community therapy group. We also visit people in their homes and identify individuals with mental health problems[...]. (BRONZE)* *We form groups for these people, it is a space where they can talk and discuss their problems. We also try to include their families, to make them aware of the reality of mental illness. (ORANGE)*

of this FHS unit, a characteristic observed in the statements of the respondents, by means of actions targeted to prevent mental suffering and promote mental health - which is inherent to PHC[9].

Thus, the FHS program aims to promote health care based on the principles and guidelines of Brazil's Unified Health System (SUS), with the participation of all the users of the target population[7]. It has the purpose of stimulating health promotion in order to deliver high quality care and allow human development, through solidarity, interdisciplinarity, coordination and communication between the social actors (FHS and community), so that together they contribute to improve the quality of life of the entire population and not only of patients with mental illnesses[9-10].

Therefore, in addition to embracement, the team should be prepared to developactions targeted to socialization and prevention of possible damage to the users in their coverage area , e,g, generating and encouraging group activities with the population (sick or not sick), their family members/ caregivers, home interventions to reduce the overburden ofcaregivers/families, use of public spaces/ areas in the territory to promote te citizenship of users and address the minimization of damage[11].

The development of a Singular Therapeutic Project, based on a proposal of care aimed to meet the health demands of the individuals assisted by the FHS, while focusing the particularities of each user, involvesthe participation of a multidisciplinary team with knowledge on various aspects of the target community[12].

Thematic Category 2 – Difficulties and limitations to the implementation of mental health actions in the Family Health Strategy

In this category, most statements concerned the lack of training/skills of the professionals to deal with mental suffering, demonstrated in the following elements: the fear of living/dealing with people with mental illnesses and acknowledgment of their inability to implement actions targeted to the promotion of the mental health of the population, which made it difficult to develop new actions of promotion of mental health and prevention of damage for users of the FHS.

Although most workers have already participated in professional courses/training, they said they were not sufficiently prepared to deal with people with mental illness. Thus, we stress the need for effective continuing education of all the family health strategy teams in their different contexts.

In this regard, professional training should be provided at all levels of care, through public policies on coordinated actions of promotion of mental health and prevention of damage illness[13].

The weaknesses inherent to the training processes affect the activities carried out by the mental health teams and compromise the monitoring of the changes proposed by the Brazilian Psychiatric Reform in the three government spheres[14-15].

In order to maximize the construction of knowledge, it is necessary to provide the workers with different killsthan those usually taught to health workers, such as welcoming, caring, listening, assisting, talking, guiding and negotiating.

Besides, the fear of dealing with people with mental illness provides a significant limitation to the activities of the family health strategy within the community. Some studies also report that negative and scary aspects often associated to mental illnesses during graduation may impact the professional lives of the students[16-17].

In order to minimize the complaints regarding lack of training, the family health teams promote therapy circles between FHS users, families andworkers, to discuss ways to facilitate the implementation of mental health actions, in an attempt to remedy the gaps that prevent the delivery of comprehensive care to people with mental illness[13].

We stress the importance of the involvement of local leaders and representatives of the families of people with mental illness, as a form of social control, as well as that of the formation/training institutions.

Thematic Category 3 - Strategies/interventions for the implementation of mental health in Primary Health Care

In this category, the most significant strategy/intervention that emerged from the statements of the participants was the development of the Community Therapy Circle(RTC), an instrument used by family health teamsto produce mental health care.Individual medical and nursing appointments were not frequently mentioned and/or identified, although they are spaces for dialogue and care shared by professionals and users.

Community therapy was introduced as a modality of care in programs of insertion and support to the mental health of the population. It is a space of embracementfor sharing adverse events and knowledge, where people are arranged in circles to ensure horizontal communication.It is a space for listening, embracement and sharing of experiences, where the participants interact in their search for solutions to personal and family conflicts[18].

The Community Therapy Circle is defined as a group health care practice. These practices consist in

meetings where adverse situations experienced by the individuals in their personal and/or professional lives that may have a negative impacton their physical and mental health are discussed and shared, in an attempt to find a solution[19].

These community therapy circles bring family health teams, people with mental illness, their families and community members closer, increasing their ties and contributing to the delivery of the appropriate treatment to users.

Thus, it can be affirmed that the Community Therapy Circle is a space for embracement of problems, where the individuals meet and share their concerns, difficulties and daily life events, and also for sharing joys, accomplishments and successes[18-19].

Regarding this category, the professionals stressed the importance of focusing on mental health and all the possible treatments available, either in the specialized unit or elsewhere, to ensure mental health promotion in Primary HealthCare, as recommended by the Brazilian Psychiatric Reform. However, the need to comply with the referred recommendation expressed in the statements faces the difficulties of high demandfor services, lack of time, as well as the inability of most professionals to create, implement, manage and deal with actions targeted to the promotion of mental health and the prevention of damage in primary health care.

FINAL CONSIDERATIONS

The results obtained shed light on the perceptions of the health care team on the implementation of mental health actions in Primary Health Care, with conceptual limitation, as most subjects found it difficultto conceptualize and describe actions of mental health promotion targeted to FHS users in their statements.

Besides, the professionals reported not being sufficiently trained to deal with mental health actions in PHC and explained in a concise manner the strategies/interventions, citing embracement and the use of Community Therapy Circlein the production of mental health care under the scope of FHS services.However, their perceptions were mostly focused on people with mental suffering, reducing the possibility of promoting mental health to all the users of that particular FHS unit.

Such reductionist view contributes substantially to the exclusive focus on People with Mental Illness, pointing to the need of (re) thinking the inclusion of actions of prevention of mental illness and promotion of health in the entire territory, recognizing it as a space for the production of subjectivities.

Given the results obtained, we believe it is necessary to maximize the processes of formation/training of workers of FHS services in the field of mental health, based on the guidelines of the National Policy on Permanent Health Education.

Therefore, the present study has achieved its objectives, since it allowed the identification of the perceptions of FHS workers regarding the production of mental care and, concomitantly, the weaknesses and potentialities/strategies that pervade the actions that constitute their work processes. At the same time, the study can be considered an instrument of assessment, both for the workers and the management of health services, providing an opportunity for the different actors to (re)think the introduction of subjectivities in the process of mental health production, as a valuable asset in the delivery of comprehensive care.

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