

## ORIGINAL ARTICLE

### PROFILE OF FAMILY MEMBERS AND USERS OF A PSYCHIATRIC SERVICE OF CAPE VERDE, AFRICA\*

Ana Suzete Baessa Moniz<sup>1</sup>, Mara Regina Santos da Silva<sup>2</sup>, Edison Luiz Devos Barlem<sup>3</sup>, Luciano Garcia Lourenção<sup>4</sup>

#### ABSTRACT

**Objective:** to characterize the profile of users of the Extensão Trindade Psychiatric Hospital in Cape Verde, Africa, and to characterize the profile of the family members of these users.

**Method:** a descriptive study was conducted in 2016 with 100 people who were hospitalized in the psychiatry service, between 2010 and 2015, and 30 randomly selected family members. Data collected in the psychiatric hospital (medical records) and in the home (interview) were analyzed in a descriptive way.

**Results:** 67.0% of the users were male, 82.0% single and 87.0% had one to ten hospital readmissions; 90.0% of the family members were female, 43.3% mothers and 73.3% did not know the mental disorder of the family member.

**Conclusion:** the study allowed the identification of the profile of users of the psychiatry service in Cape Verde, Santiago Island and that of their family members, contributing to the strategy of nursing care for families and people with mental disorder after hospital discharge.

**DESCRIPTORS:** Health Profile; Mental Disorders; Psychiatric Hospitals; Mental Health; Family.


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<sup>1</sup>Registered Nurse PhD Candidate in Nursing. Nurse of the Extensão Trindade Psychiatric Service of the Agostinho Neto Hospital. Cape Verde, Africa. 

<sup>2</sup>Registered Nurse. PhD in Nursing. Professor of Nursing at the Federal University of Rio Grande. Rio Grande, RS, Brazil. 

<sup>3</sup>Registered Nurse PhD in Nursing. Professor of Nursing at the Federal University of Rio Grande. Rio Grande, RS, Brazil. 

<sup>4</sup>Registered Nurse. PhD in Health Sciences. Professor of Nursing at the Federal University of Rio Grande. Rio Grande, RS, Brazil. 

## PERFIL DE USUÁRIOS E FAMILIARES DE SERVIÇO PSIQUIÁTRICO DE CABO VERDE – ÁFRICA

### RESUMO

**Objetivo:** caracterizar o perfil dos usuários do Hospital Psiquiátrico Extensão Trindade, em Cabo Verde, África, e caracterizar o perfil das famílias destes usuários.

**Método:** estudo descritivo, realizado em 2016, com 100 pessoas que estiveram internadas no serviço de psiquiatria, no período de 2010 a 2015, e 30 famílias selecionadas aleatoriamente. Dados coletados no hospital psiquiátrico (prontuários) e no domicílio (entrevista), analisados de forma descritiva.

**Resultados:** 67% de usuários do sexo masculino, 82% solteiros e 87% tiveram de uma a dez reinternações hospitalares; 90% de familiares do sexo feminino, 43,3% mães e 73,3% não sabiam qual era o transtorno mental do familiar.

**Conclusão:** o estudo permitiu identificar o perfil das famílias e dos usuários do serviço de psiquiatria em Cabo Verde, Ilha de Santiago, contribuindo para o direcionamento de estratégias no cuidado de enfermagem às famílias e à pessoa portadora de transtorno mental, após a alta hospitalar.

**DESCRIPTORES:** Perfil de Saúde; Transtornos Mentais; Hospitais Psiquiátricos; Saúde Mental; Família.

## PERFIL DE USUARIOS Y FAMILIARES DE SERVICIO PSIQUIÁTRICO DE CABO VERDE –ÁFRICA

### RESUMEN:

**Objetivo:** caracterizar el perfil de los usuarios del Hospital Psiquiátrico “Extensão Trindade”, en Cabo Verde, África, así como el perfil de las familias de estos usuarios.

**Método:** estudio descriptivo, que se realizó en 2016, con 100 personas que estuvieron internadas en el servicio de psiquiatría, en el periodo de 2010 a 2015, y 30 familias seleccionadas de modo aleatorio. La obtención de datos ocurrió en el hospital psiquiátrico (prontuarios) y en el domicilio (entrevista), y se los analizaron de forma descriptiva.

**Resultados:** 67% de usuarios del sexo masculino, 82% solteros y 87% tuvieron de una a diez re-internaciones hospitalarias; 90% de familiares del sexo femenino, 43,3% madres y 73,3% no sabían cuál era el trastorno mental del familiar.

**Conclusión:** el estudio permitió identificar el perfil de las familias y de los usuarios del servicio de psiquiatría en Cabo Verde, Isla de Santiago, contribuyendo para el direccionamiento de estrategias en el cuidado de enfermería a las familias y a la persona portadora de trastorno mental, tras el alta hospitalaria.

**DESCRIPTORES:** Perfil de Salud; Trastornos Mentales; Hospitales Psiquiátricos; Salud Mental; Familia.

## INTRODUCTION

The psychiatric reform movement, of which the first manifestations date back to the eighteenth century, represents a paradigm shift in terms of healthcare for people with mental disorders. This new situation suggested that, after hospital discharge, the person with a mental disorder should return to the family and community, which led families to play a fundamental role in caring for the person with a mental disorder, transferring the care burden from the hospitals to the families and other institutions and social organizations<sup>(1)</sup>.

Thus, family members have been a pillar of the care of people with mental disorders. The family that receives the family member with a mental disorder, after discharge, comes to exist daily with the disorder that, although present in their history, was not experienced in a daily way when the user was institutionalized. These families are faced with the repercussions of mental disorders that affect family and community relationships and are manifested through interpersonal conflicts, social isolation, neglect and rejection, among others. Often families do not have the minimum human and material resources that could equip them to manage the problems they face, including lack of knowledge about the pathology, the signs and symptoms of the disease, the adverse effects of drug use and the aggressiveness<sup>(1-3)</sup>.

In Cape Verde, Africa, the families of people with mental disorders are not excluded from this scenario, facing greater difficulties, since the process of restructuring psychiatric care is very incipient, with the hospital-centered model still predominating.

Cape Verde is a mountainous archipelago, of volcanic origin, located in the Atlantic Ocean and constituted by ten islands, nine being inhabited. The Extensão Trindade Psychiatric Hospital is located on the largest island in the country, Santiago, and is the referral center for mental health care for all the islands. This institution is located eight kilometers from the city center, in a region that is difficult to reach, due to the characteristic geography of the country and the lack of public transportation in this region<sup>(4)</sup>.

Mental health is practically not included in primary care. Although community-based health services exist, they do not fulfill the specific requirements of people with mental disorders. Patients attended by psychologists in these services, when necessary, are referred to the Extensão Trindade Psychiatric Hospital<sup>(4)</sup>.

The country's National Health System does not have a policy focused on mental health. It only has a National Strategic Plan for Mental Health, prepared in 2009, based on data from the only epidemiological study of mental disorders, conducted between 1988 and 1989, with a predominance of anxiety disorder and somatic signs and symptoms (one case per 1,000 inhabitants), schizophrenia (0.5 cases per 1,000 inhabitants) and bipolar I disorder (0.3 cases per 1,000 inhabitants). The health system does not have current data on the real situation of mental disorders in the country and, consequently, policies that address the real needs of people with mental disorders and their families have not been developed<sup>(4)</sup>.

In Cape Verde, families of people with mental disorders, in times of crisis, receive assistance in the psychiatric sector of the emergency department of the central hospital. However, these families face various difficulties because they are not prepared to receive the family member with mental disorder at home. They do not have the practical support of health services in the communities, they feel vulnerable and, as a consequence, the person with a mental disorder goes through frequent readmissions to the Extensão Trindade Psychiatric Hospital, constituting a cyclical situation, which oscillates between discharge and readmission<sup>(4)</sup>.

People with mental disorders and their families experience difficult moments that become cyclical, during which they lose the ability to maintain control over the problems of living at home. As a consequence, the person with mental disorder may have relapses, frequent crises and several psychiatric readmissions, a phenomenon known as the revolving

door<sup>(2)</sup>.

The majority of people with mental disorders in Cape Verde come from families with low purchasing power, which makes it difficult for them to attend the consultations and to buy medicines. As a consequence, there is an aggravation of the disease and an increase in the crisis episodes, contributing to re-hospitalization. Furthermore, a family member often has to give up his or her job to assume the responsibility of caregiver of the person with a mental disorder, making it costly for the family, for the family member with a mental disorder, for the state and for the hospital institutions<sup>(4)</sup>.

Based on these contextual and family characteristics, it was considered pertinent to identify the profile of the families and users of the Extensão Trindade Psychiatric Hospital in Cape Verde, Africa. Therefore, this study aimed to characterize the profile of users of the Extensão Trindade Psychiatric Hospital in Cape Verde, Africa, and to characterize the profile of the family members of these users.

## METHOD

Descriptive study of the profile of families and users of the Extensão Trindade Psychiatric Hospital in Cape Verde, Africa, which is a sector of the Agostinho Neto Hospital. It has 40 beds for psychiatric care, 17 in the women's ward and 23 in the men's ward. It provides outpatient care for children, adolescents and adults, and hospitalization for adults only. The treatment is based on medication, with a limited supply of psychotropic drugs, especially the latest generation, psychotherapy and occupational therapy.

All patients with mental disorders who were admitted to the psychiatric service from 2010 to 2015, lived in the city of Praia, Santiago Island/Cape Verde and that had all the study variables registered in their medical records were included in the study, totaling 100 patients.

Initially, data were collected in the medical records, which made it possible to characterize the mental disorder patient in relation to sex, age, marital status, education, occupation/work, housing, number of children, main diagnosis and number of hospitalizations. Then, among the 100 medical records analyzed, 30 family members were randomly selected to perform the interviews, in their homes, at a previously agreed time and after expressing their agreement to participate in the study, by signing a consent form.

Data were collected in July 2016, in the psychiatric hospital (medical records) and in the home of the family members (interview). The data were stored in electronic spreadsheets, analyzed in a descriptive way and presented in frequency tables.

The study was approved by the Health Area Research Ethics Committee (CEPAS) of the Federal University of Rio Grande/RS/Brazil (authorization No. 144/2016); by the National Committee for Ethics in Health Research of the Cape Verde Ministry of Health (authorization No. 53/2016) and by the Clinical Director of the Agostinho Neto Hospital of Cape Verde (authorization No. 1646/HAN716).

## RESULTS

Regarding the profile of the users, a predominance was observed of males (67 - 67%); aged between 19 and 76 years, with a mean age of 42.3 years (SD:  $\pm 12.6$ ); single (82 - 82%); residents in the city (70 - 70%); with elementary education (20 - 20%); with 10 working in the home (10%), and 18 (18%) having diverse occupations. The main diagnoses of the hospitalizations were Bipolar Disorder, with 36 patients (36%), Schizophrenia, with 31 (31%) and alcohol and other drug use disorder, with 27 (27%). Regarding the number of hospitalizations, 87 (87%) of the patients had one to 10 hospitalizations in the psychiatric

service, in the period from 2010 to 2015 (Table 1).

Table 1 - Distribution of the users of the Extensão Trindade psychiatric service of the Agostinho Neto Hospital, 2010-2015, according to the sociodemographic characteristics. Cape Verde, Africa, 2015 (continues)

Variables	n	%
Sex		
Female	33	33
Male	67	67
Age group		
19 - 30 years	18	18
31 - 40 years	29	29
41 - 50 years	22	22
51 - 60 years	23	23
61 - 76 years	8	8
Marital status		
Single	82	82
Married	8	8
Divorced	1	1
Widowed	3	3
No information	6	6
Residence		
Cidade de Praia	70	70
Interior of Cape Verde	23	23
Another island	7	7
Education		
Elementary Education	20	20
Complete High School Education	8	8
Incomplete High School Education	10	10
Complete Higher Education	2	2
No information	60	60
Profession		
Work in the home	10	10
Public worker	11	11
Retired	3	3
Other	18	18
No information	58	58
Diagnosis		
Bipolar disorder	36	36
Schizophrenia	31	31

Alcohol and other drug use psychotic disorder	27	27
Intellectual disability + psychotic decompensation	4	4
Depression	1	1
Psychotic disorder	1	1
Number of admissions in the period		
≤ 10	87	87
11 to 15	9	9
16 to 20	3	3
> 20	1	1

Regarding the family members interviewed, there was a predominance of females (27 - 90.0%); aged between 28 and 89 years, with a mean of 57.1 years (SD:  $\pm 15.2$ ); single (18 - 60%); mothers (13 - 43.3%); with elementary education (14 - 46.7%); that worked in the home (12 - 40%); and had an income of between 5,000 and 10,000 escudos, corresponding to R\$157.00 - R\$314.00 (8 - 26.7%), with the mothers being the main providers (8 - 26.7%). Regarding the knowledge about the diagnosis of the family member with the mental disorder, 22 (73.3%) did not know the mental disorder of the family member (Table 2).

Table 2 - Distribution of the family members of the users of the Extensão Trindade psychiatric service of the Agostinho Neto Hospital, 2010-2015, according to the sociodemographic characteristics. Cape Verde, Africa, 2015 (continues)

Variables	n	%
Sex		
Female	27	90.0
Male	3	10.0
Age group		
≤ 28 years	1	3.0
30 - 46 years	5	16.0
47 - 56 years	11	36.6
58 - 68 years	7	23.2
74 - 89 years	6	19.9
Marital status		
Single	18	60.0
Married	9	30.0
Divorced	1	3.3
Widowed	2	6.7
Kinship		
Mother	13	43.3
Father	1	3.3

Brother/Sister	6	20.0
Wife/Husband	5	16.7
Others	5	16.6
Education		
Elementary Education	14	46.7
Incomplete High School Education	5	16.7
Complete High School Education	3	10.0
No schooling	8	26.7
Occupation		
Public worker	7	23.3
Retired	5	16.7
Pensioner	1	3.3
Independent worker	5	16.7
Work in the home	12	40.0
Income		
< 5 thousand escudos	2	6.6
5 - 10 thousand escudos	8	26.6
11 - 15 thousand escudos	6	20.0
16 - 20 thousand escudos	3	10.0
21 - 30 thousand escudos	7	23.3
31 - 40 thousand escudos	3	10.0
> 40 thousand escudos	1	3.3
Main Provider		
Mother	8	26.7
Brother/Sister	5	16.7
Wife/Husband	5	16.7
Other	12	39.9
Psychiatric Diagnosis		
Do not know	22	73.3
Depression	4	13.3
Schizophrenia	2	6.7
Bipolar disorder	1	3.3
Alcoholism	1	3.3

## DISCUSSION

The users of the Extensão Trindade Psychiatric Hospital were predominantly male, single and adults. According to the literature, adulthood is replete with personal accomplishments such as academic training, marriage, child rearing and work activities. The presence of mental disorders in this age group negatively influences the way of life of



the people, since the chronicity of the mental disorder interrupts the productivity of these people<sup>(5)</sup>.

The main diagnoses observed (bipolar disorder, schizophrenia, and alcohol and other drug related disorders) corroborate an American study, which found predominance of mood disorders and schizophrenia as causes of rehospitalization in adults aged between 18 and 64 years<sup>(6)</sup>. It also resembles a Brazilian study of patients aged 18 to 80, hospitalized in a psychiatric unit of a general hospital in Paraná, with predominance of mental and behavioral disorders due to the use of psychoactive substances, schizophrenia and mood disorders<sup>(5)</sup>.

The high occurrence of readmissions corroborates a Brazilian study carried out in Rio Grande do Norte, which showed a marked number of readmissions. These constant readmissions were due to the inexistence or inefficacy of a network of support and extra-hospital care to the user and to the family members, that is, a lack of services that effectively support the users after the hospital discharge<sup>(3)</sup>.

This lack of extra-hospital care and support services is the reality of the users of the Extensão Trindade Psychiatric Hospital of Cape Verde, who do not have extra-hospital monitoring in the primary care network. The psychiatric hospital remains the center for the captation of these users and their family members, with there being few care resources and, when they exist, being unknown to patients and their families. This reality causes negative feelings, such as distress, fear and despair in people with mental disorders and their family members, leaving them helpless to assume the care in the family environment. Because of this reality, the majority of users remain with the family for a short time, with them having constant readmissions into the psychiatric hospital.

The lack of a policy of deinstitutionalization impacts on the treatment and recovery of the people with mental disorders, compromising their citizenship and the support for the patients with the disorder and their family members<sup>(7)</sup>. In addition, the absence of a support network and extra-hospital care favors the isolation of the person with a mental disorder, compromises coping with the disease and the family and social life, potentiates the social stigma that associates the mentally ill with dangerousness, marginality and aggressiveness, generating intolerance and violence towards the person mentally suffering, and contributing to hospital readmissions<sup>(3,7)</sup>.

The profile of the family members of this study - predominantly female, mothers, single, working in the home, with fundamental schooling and aged between 28 and 89 years - is similar to the profile observed in international studies. In Dar es Salaam, Tanzania, the family caregivers were women, aged between 35 and 60 years old, with basic schooling and that worked in the home<sup>(8)</sup>. In Ghana, 56% of the caregivers were female and 60% were between 35 and 64 years of age; more than 65% had no formal education and most of them had no paid occupation<sup>(9)</sup>. Likewise, a study with family caregivers of patients with schizophrenia of the Farshchian Hospital of Psychiatry in Hamadan, Iran, showed that 73.7% were female<sup>(10)</sup>.

The predominance of female family caregivers is common throughout the world and may be related to the social and cultural role of taking care of the home and of the children that the woman historically plays in society, while the man assumes the condition of financial provider of the family<sup>(11)</sup>. However, changes within families, with the integration of women into the labor market, have modified the structure and functioning of the traditional model, in which the man was the sole provider for the home. The woman has accumulated diverse social roles and, at present, occupies the role of mother, who cares and educates, and head of the family, that is, is responsible for providing the sustenance for the household<sup>(12)</sup>.

This study also showed that, in the majority of situations of the family members interviewed, the mothers were the main providers of the home. According to data from the Statewise System for Data Analysis Foundation (SEADE), in 2012, the amount of women in the labor market in the metropolitan region of São Paulo was 56.1%, due to the increase in job opportunities<sup>(13)</sup>.



Therefore, to comprehend the profile of the families of patients with mental disorders becomes essential for structuring the care for the person with mental disorder, from a new perspective of nursing work. This is characterized by the transition from the eminently hospital based practice, to a care that incorporate new principles and knowledge and is also guided by the recognition of the person with mental disorder as a human being included in a family and community context.

In this context, the results of this study are fundamental for reflection and change in the nursing practice in Cape Verde, characterized by hospital care, and can contribute to seeking strategies to care for the families and the person with mental disorder after the hospital discharge.

However, in order for this change to be effective, it is necessary that nursing leave the hospital environment and go in to the community, to identify and establish links with these families, in order to allow the identification of the difficulties that permeate the care for the family member with a disorder mental. In this context, care for the family requires changes in the concept of the mental disorder and how to deal with it, aiming to guarantee autonomy for the caregivers and to increase the possibilities of coping with the difficulties.

For this, families need support to carry out integral and humanized care, otherwise they will become vulnerable. This will require new dynamics in the functioning of the health services, especially the psychiatric service, greater investment of economic resources, investment in the specialization of the human resources, creation and implementation of care protocols according to the framework in which the care for people with mental disorders and their family members is carried out in an integral way.

From this perspective, it is necessary to focus on the training of Cape Verdean nurses at the national (undergraduate) and international (postgraduate) levels, so that these professionals acquire skills for the provision of humanized assistance to people with mental disorders and their family members, considering that the majority of the nurses do not have training/specialization in the area of mental health. Investments in transformative educational practices can favor the training of nurses and lead to changes in the profile of future professionals, making them capable of comprehending people with mental disorders and their families as members of the social environment.

Furthermore, it is essential to expand the nurse's role beyond the assistance in the psychiatric service, through diversified activities, such as home visits, with a relational character and directed toward the integral approach to the people with mental disorders, allowing the understanding of their personal requirements and those of their social and family network.

Community leisure spaces, such as multipurpose centers, associations, cultural groups and churches, should be used for the promotion of mental health and community reintegration of people with mental disorders, since these places allow interaction with other people and the development of activities that stimulate the self-esteem and valorization of the person with a mental disorder.

The lack of knowledge about the diagnosis of the family member with the mental disorder, observed in this study, directly influences the process of caring for this person. Due to this lack of knowledge, families find it difficult to identify signs and symptoms of possible crises and, most of the time, they cannot react to inappropriate behaviors presented by the patient.

The literature highlights that the lack of knowledge about the disease and the lack of clarity about what happens to those with mental disorders causes the family members to feel lost regarding the attitudes to be adopted with this family member, which generates emotional and physical exhaustion. Given this, the family feels vulnerable and unable to cope with everyday situations, presenting feelings of fear, insecurity and guilt about the onset of the disease<sup>(14)</sup>.

In this context, the intervention of healthcare providers, especially the nursing team, is fundamental, as a facilitator of the process of caring for the person with a mental disorder in the family environment. Thus, the restructuring of the care of people with mental disorders in Cape Verde is not yet a reality, and the important role that nursing plays in teaching, clarifying doubts, alleviating fears, reducing anxieties and, above all, stimulating feelings of security and family care must be taken into account.

It is the responsibility of nursing to seek mechanisms to modify the paradigm of care for the person with a mental disorder, updating its concepts and practices, in order to qualify the care to this clientele, guided by the ideals of social reintegration, freedom and family-centered care<sup>(14)</sup>. From this perspective, the home visit constitutes an important tool, since it allows users to be individually accompanied, understanding the dynamics and providing their integration in the family, with the possibilities of family involvement in the treatment being verified and support for the continuity of care being provided<sup>(15)</sup>.

The home visit is also important for the care for the family. It allows professional activities to be carried out in the home and facilitates the identification of the family needs, allowing the approximation of the health service to the family environment and the involvement of the family members in the care of the person with a mental disorder, considering the cultural, social and economic aspects present. In addition, the home visit allows the continuity of care after discharge, favoring the reduction of rehospitalization rates, hospital costs, family abandonment, the burden on healthcare providers and the family and, above all, the guarantee of humanized care for people with mental disorders and their family caregivers<sup>(16)</sup>.

Limitations presented by this study include the relatively small and limited sample from a single island, which does not allow the results to be generalized to other islands of the Cape Verde archipelago, as well as the lack of information about the therapeutic processes of Cape Verdean patients with mental disorders.

## CONCLUSION

The study made it possible to identify the profile of family members and users of the psychiatric service of Santiago Island, Cape Verde, characterized by users with various hospital readmissions, male, single, adults, with predominantly bipolar disorder, schizophrenia or psychotic disorder due to the use of alcohol and other drugs; with the family members being female, mothers, single, working in the home, with fundamental education, and ages ranging from 28 to 89 years old, who present difficulties in caring for the mental disorder patient.

The families of people with mental disorders who live on the island of Santiago in Cape Verde do not have community care for the sick relative, and the Extensão Trindade Psychiatric Hospital is the only health service that provides care for this population. They are poor families, without adequate social support, who have difficulties in accessing the hospital, located in an isolated region without public transportation, compromising the participation of Cape Verdean families in the process of caring for people with mental disorders.

This profile refers to the reflection regarding the factors that are contributing to this reality and the measures that can be implemented, mainly in the maintenance of the extra-hospital treatment for these users and their family members. The care for the person with a mental disorder must be centralized in interventions that offer strategies for promotion, recovery and maintenance of their state of health, within their context and family and social quotidian.

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**Corresponding author:**

Mara Regina Santos da Silva

Universidade Federal do Rio Grande

R. General Osório, s/n - 96203-900 - Rio Grande, RS, Brasil

E-mail: marare@brturbo.com.br

**Role of Authors:**

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - ASMB, MRSS

Drafting the work or revising it critically for important intellectual content - ASMB, MRSS, ELDB, LGL

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