Review Article **GJON (2020) 3:13**

Global Journal of Nursing

(ISSN:2637-4994)

SUPPORT NETWORK FOR FAMILIES WITH MENTAL DISORDERS IN PRIMARY HEALTH CARE: AN INTEGRATIVE LITERATURE REVIEW

Maria Assunção da Silva Lemos[1]* Milena Pereira da Silva[2] Nathália Barreto Januário Chaves de Figueiredo[3] Ana Carla Silva dos Santos[4] Aluska Mirtes de Queiroz[5]

[1]Graduate Student in Nursing at the University Center São Miguel; [2]Graduate Student in Nursing at the University Center São Miguel; [3]Nurse. Post-graduate / Lato Sensu in Public Health with emphasis on Health of the Family of the National Institute of Higher Education and Research -INESP; [4]Physiotherapist. Master in Gerontology, Physical Activity and Health from the University of Trás-os-Montes e Alto Douro; [5]Nurse. Master in Health Education – UFPE

ABSTRACT

Introduction: With the Psychiatric Reform and the closure of some psychiatric hospitals, many patients who had been living in an asylum regime for a long time return to family life. The family then assumes a peculiar role in the monitoring and social reintegration of the mentally ill outside the hospital units. For this, it is necessary that health services in primary care are trained to provide adequate support to these families. **Objective**: to verify the support practices developed by primary health care focused on the family of the person with mental disorders. Methods: Integrative literature review of the last 10 years (2008-2018) using the database of the Virtual Health Library (VHL). **Results**: The study sample was composed of 11 articles. In the analyzed articles, it was identified that families still face difficulties in dealing with the person with mental disorders, requiring the support of the replacement network services in this process. **Conclusion**: It is necessary to invest more in these replacement services and better prepare their professionals so that they know how to deal with the family of the mental health patient.

Keywords: Mental Health, Deinstitutionalization, Primary Health Care, Family Nursing.

***Correspondence to Author:**
Maria Assunção da Silva Lemos
Graduate Student in Nursing at the University Center São Miguel;

How to cite this article:
Maria Assunção da Silva Lemos Milena Pereira da Silva, Nathália Barreto Januário Chaves de Figueiredo, Ana Carla Silva dos Santos, Aluska Mirtes de Queiroz. SUPPORT NETWORK FOR FAMILIES WITH MENTAL DISORDERS IN PRIMARY HEALTH CARE: AN INTEGRATIVE LITERATURE REVIEW. Global Journal of Nursing , 2020, 3:13

eSciPub LLC, Houston, TX USA.
Website: https://escipub.com/

INTRODUCTION

The Brazilian Psychiatric Reform takes place in the context of redemocratization, at the end of the 1970s, as a criticism of the current mental health model and the classic psychiatric institutions that turned to segregation and social exclusion of individuals in mental suffering[1].

In 1989, the bill nº 3.657/1989 was presented, which would come to be known as the Law of the Psychiatric Reform, containing three articles: the first one prevented the construction of new psychiatric hospitals by the public power; the second one foresaw the direction of public resources for the creation of resources not manicomiais of attendance and the third one obliged the communication of the compulsory internments the judicial authorities that should emit opinion on the legality of the internment[2].

In 2001 is sanctioned the Law of the Psychiatric Reform, nº 10.216 of 06 of April of 2001, and the Ordinance GM nº 336 of 19 of February of 2002, that establishes the norms of functioning of the Centers of Psychosocial Attention (CAPS)[3]

With the advent of the Psychiatric Reform and the closure of some psychiatric hospitals, many patients who had been living in an asylum regime for a long time return to family life. However, the patient's return to the family is the greatest challenge to deinstitutionalization, given the lack of preparation of this, which over the years has neglected the task of caring[4].

The family has been seen as an ally in the process of care for people with mental disorders, but in certain situations, professionals need to offer them conditions to keep the family nucleus healthy, caring for the person without any harm to their health or that of the family as a whole. For this, professionals and services with adequate care proposals are needed[5].

Although some authors point out that the family is often responsible for the disorders faced by the individual, in this new vision of health, it is up to the family to act as an adjunct in the treatment and rehabilitation of the mentally ill. It should serve as a fundamental resource for mental health care services to enable their proposal focused on the patient and family, and not on the disease[6].

From the Psychiatric Reform, policies in Mental Health began to be developed in Brazil. Such policies seek to link Mental Health to the concepts of citizenship and quality of life, by encouraging the autonomy of people with mental disorders, through the structuring of programs and devices for mental health care in primary care[7].

Thus, Brazil has a network of Mental Health represented by Centers of Psychosocial Attention (CAPS), outpatient clinics, therapeutic residences, beds of comprehensive care in Mental Health in a general hospital, work cooperatives and income generation and actions of Mental Health in primary health care [8,7].

Mental Health actions in primary care should follow the model of care networks that work with the concepts of bonding and welcoming. Such actions should be based on the principles of the Unified Health System (SUS) and Psychiatric Reform, based on: notion of territory, organization of mental health care in a network, intersectoriality, psychosocial rehabilitation, multiprofessional/ interdisciplinary, deinstitutionalization, promotion of citizenship and autonomy of users and families[10].

Based on the problems presented, this study aims to verify the scientific production on the support practices developed by primary health care focused on the family of the patient with mental disorders. Thus, this study seeks to answer the following questions guiding question: what are the support practices developed by primary care aimed at the family of the person with mental disorders?

OBJECTIVE

To verify the support practices developed by primary health care focused on the family of the person with mental disorders.

METHODOLOGY

This is an integrative literature review study, carried out by means of a survey of scientific

articles indexed in the databases: LILACS (Latin American and Caribbean Literature on Health Sciences), IBECS (Spanish Bibliographic Index of Health Sciences), MEDLINE (International Literature on Health Sciences), COCHRANE Library and CIDSAÚDE.

The research was conducted from June to September 2019, through the search for scientific articles published in the last 10 years in the area of health sciences (2008 to 2018) that answer the guiding question.

The descriptors were crossed using three combinations, using the connective "and": mental health and family nursing; deinstitutionalisation and primary health care; mental health and deinstitutionalisation and primary health care and family nursing from the Health Sciences Descriptors (DecS) database.

The inclusion criteria were as follows: scientific articles in Portuguese from 2008 to 2018, availability of the full text by electronic means, research conducted in the network of primary health care and studies that showed the actions of Mental Health practiced in the network of primary health care.

The exclusion criteria were: monographs, theses, dissertations, review articles, congress abstracts, repeated articles in databases, and research focused on a specific mental disorder.

Data were presented in the form of tables and discussed according to the content available in them.

RESULT AND DISCUSSION

When performing the crossings, there were 7,165 articles (Table 1). In order to provide a better direction for the research, a search refinement was made, by type of publication (article) and main subject (mental health), resulting in 1,728 articles.

Table 1: Procedures used in the selection of articles. Recife-PE, 2019.

Descriptors	Search BVS	Search Refinement	Securities Reading	Reading the abstracts	Reading in full
Mental health and family nursing	7.083	1.690	62	34	8
Deinstitutionalization and primary health care	71	27	06	05	02
Mental health and deinstitutionalization and family nursing and primary health care	11	11	09	07	01

The titles were then read out. Those that indicated studies of interest for this research were selected, totaling 77 articles. They were submitted to the reading of their abstracts. Those that were pertinent to the study totaled 46 articles. These were read in full, resulting in 11 selected articles (Table 2).

Table 2: Selected articles for the integrative review.

Nº	Title	Periodic/Year	Author	Objective
01	Therapeutic activities: understanding of family members and professionals of a psychosocial care center	Esc Anna Nery. v.17, n.3, p:534-541, 2013	Pinho LB, *et. al*.	To analyze the understanding of family members and mental health professionals about the therapeutic activities in the daily life of a Psychosocial Care Center.
02	Conceptions of family health strategy professionals on mental health	Rev Gaúcha Enferm. v.34, n.1, p:79-85, 2013	Veloso TMC, Mello e Souza MCB.	To analyze the conceptions of the professionals of a Family Health Strategy (FHS) team about what they understand by mental health
03	Nursing care for people with mental disorders and families in Primary Care	Acta Paul Enferm. v.25, n.3, p:346-351, 2012.	Waidman MA, et. al.	To know how nurses who work in Primary Care, more specifically in the Family Health Strategy (FHS), perceive their training to assist people with mental disorders and their families and identify the activities developed by them.
04	Interfering factors in the actions of the Family Health Strategy team to the person with mental disorder	Rev Esc Enferm USP. v.46, n.2, p:372-379, 2012.	Pini JS, Waidman MAP.	To highlight the factors of contribution or difficulty pointed out by the family health teams in the development of assistance to the person with mental disorders/family.
05	Group of family members of a psychosocial care center: experiences of its users	Rev Enferm UFSM. v.2, n.2, p:375-385, 2012.	Ribeiro JP, Coimbra VCC, Borges AM.	Understand the diversity of experiences of the relatives of the person in mental suffering within the group of relatives.
06	Perceptions and actions of the Community Health Agent in mental health	Rev Esc Enferm USP. v.46, n.5, p:1170-1177, 2012.	Waidman MAP, Costa B, Paiano M.	Identify the perceptions of Community Health Agents about health and mental disorder, as well as verify the preparation of these agents to act in the area.
07	Social representation of family members in psychosocial care centres	sc Anna Nery. v.15, n.2, p:354-360, 2011.	Azeved DM, Miranda FAN.	Apprehend the social representations of family members of CAPS users in the Municipality of Natal-RN, regarding their participation in the activities of these services
08	Therapeutic workshops as an instrument of psychosocial rehabilitation: perception of family members	Esc Anna Nery. v.15, n.2, p:339-345, 2011.	Azevedo DM, Miranda FAN.	Identify the perception of family members about the therapeutic workshops developed
09	Treatment of people with mental disorders in the face of the Brazilian Psychiatric Reform: perceptions of family members	Colomb Med. v.42 (Supl 1), p:63-9, 2011	Jasnievsk CR, Paes MR, Guimarães AN, *et. al*.	Apprehend the perceptions of family members of people with mental disorders about the treatment in face of the Brazilian Psychiatric Reform.
10	Mental health and nursing in the family health strategy: how are nurses working?	Rev Esc Enferm USP. v.44, n.2, p:376-382, 2010.	Ribeiro LM, Medeiros SM, Albuquerque JS, *et. al*.	To describe the activities focused on the attention to the person with mental disorders in the Family Health Strategy and identify if the professionals are prepared to serve this specific clientele.
11	The Psychosocial Care Center and the strategies for the insertion of the family	Rev Esc Enferm USP. v.42, n.1, p:127-134, 2008.	Schrank G, Olschowsky A.	To identify the mental health actions developed in the CAPS aimed at the family in the care of the individual with psychic suffering

For many years, the person with mental disorders was treated in institutions whose fundamental therapeutic principle was isolation. After the movements to criticize the psychiatric institution, psychiatric hospitals were replaced by out-of-hospital services such as CAPS (Center for Psychosocial Attention), Nucleus of Psychosocial Attention (NAPS), Mental Health Clinic, Hospital-dia,Mental Health Services in General Hospitals, Living Together Centers, Protected Pensions, sheltered homes, among others that aim at the reinsertion of the individual with mental suffering in society and the rescue of their citizenship, in a process known as deinstitutionalisation[11]

The guideline for mental health care has been the strengthening of the articulation between mental health and Primary Health Care. This articulation needs to happen as early as possible, because it is the family health teams that know the local reality and are the gateway to the health system, thus hoping for the resolution of a large number of mental health problems. Another factor that makes this integration of services possible is the proximity that primary care provides to families and communities, being possible to carry out actions to promote mental health and be a resource for the rehabilitation of people with mental disorders[12,13].

Mental health actions in primary care, according to the guidelines of the National Mental Health Policy, should transcend the traditional model, essentially medicalizing, breaking with the stigma that the disease brings to the bearer of mental disorder, practicing health promotion according to the uniqueness of people and their protagonism. In the hospital-centric model, the emphasis is on the individual, seen as sick, being understood as the center of the problem and the family will only approach care with a pedagogical and care function. In the psychosocial model, it is considered that the individual is not the only one who deserves attention, being relevant the inclusion of the family, understanding them as agents of change. The reason for this is that mental disorder is not an individual phenomenon, but a social one[13].

The substitutive services created from the Psychiatric Reform, organized around the principles of deinstitutionalization and dehospitalization, comprise the participation of family members in the care of users in a joint responsibility articulation[14].

The articles selected for this study had their researches focused on the support networks represented by the CAPS and ESF, no studies were found during the research, focused on other institutions that replace the hospital-centered model.

The CAPS is a substitute mental health care service that has proven to be effective in replacing long-term hospitalization with a treatment that inserts family members in the care of the mentally ill patient, helping in the recovery and social reintegration of this individual, guiding their practices according to the psychosocial mode, considering the family as the fundamental basis in the process of reinsertion of the person with psychic suffering into society and the family environment itself[11]

According to Ribeiro, *et. al.,* (2012)[14], among the family care strategies, the family group is the most referenced by authors and employed in mental health practice, since it functions as a welcoming space for the emergence of the life experience of each one of its participants.

The group dynamic increases the possibilities of a more dignified and global care, acting towards the transformations that are necessary in the relationship between mental health professionals, users and families. Therefore, it requires specific preparation of the professional, as a way to better take advantage of the potentialities of group dynamics, as well as family members, in assisting the person in mental suffering. It is impossible to deny the contribution of working with groups, but relying only on this resource to deal with the emergence of feelings and emotions of family members can bring difficulties both for users and for the

service in daily life with the person in mental suffering. Ideally, CAPS should have a diversity of strategies to meet the most varied needs, according to the individuality of the user and his/her family.

Home visits are a strategy that also serves to promote family participation in the joint work with the team, because it enables the health team to know and understand the family dynamics of the user, and ensure an interaction of the professional with this family[15].

A study conducted by Azevedo and Miranda (2011b)[16] highlighted the positive impact of therapeutic workshops conducted with family members of CAPS in their treatment and life trajectories, in improving family harmony, stability and reducing mental disorder crises, and in reducing the harm associated with drug use. The satisfaction of family members interviewed with CAPS is so high that even when the researcher mentions the therapeutic workshops as the focus of the interview, they feel "obliged" to talk about happiness and satisfaction when having their family members in treatment in these substitute services.

These family members bring experiences of suffering, anguish and mistreatment experienced from the mental disorder or the use of drugs of their family member. Family members, because they no longer wish to repeat themselves, see in CAPS this possibility of change due to the positive results achieved by the treatment[17].

We did not identify actions aimed at the person with mental disorders in the ESF in a study conducted by Ribeiro et. al., (2010)[14]. Although there is an awareness that it is essential to do a work in this area, the nurses refer as difficulty, the lack of training related to mental health and the absence of a multiprofessional team to provide support to the Family Health Unit. As challenges for mental health in the FHS, it was found that the family health team has few training sessions focused on mental disorders, which maximizes the barriers for nurses not to perform actions aimed at this population. This difficulty was also mentioned by Waidman, Costa and Paiano (2012)[12].

In a study conducted by Janievski (2011)[19], the lack of guidance to the user in the area of mental health was strongly evidenced, because the family did not know how to proceed after hospital discharge, had no information about the disease, effects of medication. With the change in the mental health care model, the relationship between the health team and the family was reviewed, and the family was included in the rehabilitation and care plans. Therefore, the information between the family/team should be constant; if it does not occur, the therapeutic process may be shaken.

CONCLUSION

Through this study, we realized that families face several difficulties in knowing how to deal with the person with mental disorders, requiring the support of the replacement network of mental health services so that they can receive guidance in this process.

The studies that were carried out in the CAPS showed that they have been increasingly consolidated as an effective replacement service that supports not only the patient with mental disorders, but also the family member, not only by restricting drug therapy, but also by broadening the scope of care for the mentally ill involving the family, thus understanding the importance of this service in the recovery and reintegration of the individual into society.

In relation to the Family Health Strategy, we saw from the mentioned studies that it is still very fragile in the sense not only of attending to the person with mental disorders, but also of supporting his family, where little is done in Mental Health, still using an essentially medicalizing therapy, going from a counterpoint to the assumption of the Psychiatric Reform.

The Family Health Strategy, since it works as an entry point for users, should offer care that not only values the disease, but also works with a

holistic view of care, and it is essential that mental health care is performed in an integral manner with the patient's family. However, what we noticed in the study is that professionals are unprepared, restricting their activities in Mental Health to prescribing medications, disfavoring the reinsertion of users, thus ceasing to offer a better quality of life to them and their families.

No studies were found in other substitute services, such as therapeutic residences, NASF, CISAM, among others, demonstrating the need for further studies in these services.

REFERENCES

1. LAVALL A. N. D., OLSCHOWSKY A., KANTORSKI L. P. Family assessment: social support network in mental health care. Rev Gaúcha Enferm., Porto Alegre (RS) 2009 jun; 30 (2): 198-205. Available at: https://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/4200
2. VASCONCELOS I. N. From hospice to community: yes change, no neglect. Belo Horizonte: Segrac, 1992.
3. BRAZIL: GM Ordinance No. 336. Creates and establishes the norms for the functioning of psychosocial care centers (CAPS). Official Gazette [of] Federative Republic of Brazil. Feb. 2002. Available at: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html
4. ALBUQUERQUE E. M., *et al*. The mentally ill and their family: a look at family dynamics. XI Latin American Meeting of Scientific Initiation. Universidade do Vale do Paraíba, 1139-1142, 2007. Available at: http://cronos.univap.br/cd/INIC_2007/trabalhos/saude/inic/INICG00237_01C.pdf
5. BESSA J. C., WAIDMAN M. A. P. Family of the person with mental disorder and their needs in psychiatric care. Text Nursing Context. 22 (1): 61-70, 2013. Available at: http://www.scielo.br/scielo.php?pid=S0104-07072013000100008&script=sci_arttext&tlng=pt
6. PITTA A. M. F. What is psychosocial rehabilitation in Brazil today? Psychosocial rehabilitation in Brazil. São Paulo: Hucitec Publishing House, 19-26, 1996.
7. OLIVEIRA T. T. S. S., RUDDER F. R. G., GODOY K. R. G. Care begins with listening: mental health professionals and the vicissitudes of the practice. Mental. 7 (12): 119-138, 2009. Available at: http://pepsic.bvsalud.org/pdf/mental/v7n12/v7n12a07.pdf
8. MINOZZO F., *et. al*. Groups of mental health in primary health care. Rev Psicol. 24 (2): 323-340, 2012. Available at: http://www.scielo.br/pdf/fractal/v24n2/a08v24n2.pdf
9. GONÇALVES D. M., KAPCZINSKI F. Prevalence of mental disorders in individuals of a reference unit for the Family Health Program in Santa Cruz do Sul, Rio Grande do Sul, Brazil. Cad Saude Publica. 24 (9): 2043-53, 2008. Available at: http://www.scielo.br/pdf/csp/v24n9/10.pdf
10. BRAZIL Secretariat of Health Care. Mental health and basic care: the necessary bond and dialogue. Brasília: Ministry of Health, 2003. Available at: https://www.nescon.medicina.ufmg.br/biblioteca/imagem/1734.pdf
11. SCHRANK G., OLSCHOWSKY A. The Psychosocial Attention Center and the strategies for family insertion. Rev Esc Enferm USP. 42 (1): 127-34, 2008. Available at: http://www.scielo.br/pdf/reeusp/v42n1/17.pdf
12. WAIDMAN M. A. P., COSTA B., PAIANO M. Perceptions and actions of the Community Health Agent in mental health. Rev Esc Enferm USP. 46 (5): 1170-1177, 2012. Available at: http://www.scielo.br/pdf/reeusp/v46n5/19.pdf
13. VELOSO T. M. C., MELLO E SOUZA M. C. B. Conceptions of family health strategy professionals on mental health. Rev Gaucho Enferm. 34 (1): 79-85, 2013. Available at: http://www.scielo.br/pdf/rgenf/v34n1/10.pdf
14. RIBEIRO J. P., COIMBRA V. C. C., BORGES A. M. Group of family members of a psychosocial care center: experiences of its users. Rev Enferm UFSM. 2 (2): 375-385, 2012. Available at: https://periodicos.ufsm.br/reufsm/article/view/4582/3762
15. PINHO L. B., et. al. Therapeutic activities: understanding of family members and professionals of a psychosocial care center. Esc Anna Nery. 17 (3): 534- 541, 2013. Available at: http://www.scielo.br/pdf/ean/v17n3/1414-8145-ean-17-03-0534.pdf
16. AZEVEDO D. M., MIRANDA F. A. N. Therapeutic workshops as an instrument of psychosocial rehabilitation: perception of family members. Esc Anna Nery. 15 (2): 339-345, 2011. (b) Available at: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/11482/13335
17. AZEVEDO D. M., MIRANDA F. A. N. The social representation of family members in psychosocial care centers. Esc Anna Nery. 15 (2) :354-360, 2011. (a) Available at: http://www.scielo.br/pdf/ean/v15n2/v15n2a19.pdf
18. RIBEIRO L. M., et. al. Mental health and nursing in the family health strategy: How are nurses acting? Rev Esc Enferm USP. 44 (2): 376-82, 2010. Available at: http://www.scielo.br/pdf/reeusp/v44n2/19.pdf
19. JASNIEVSK C. R., *et. al*. Treatment of the person with mental disorder in face of the Brazilian Psychiatric Reform: perceptions of family members. Colomb Med.

42 (1): 63-69, 2011. Available at: http://www.bioline.org.br/pdf?rc11041