

# Active surveillance to know the reason for users' withdrawals in mental health service

Busca ativa para conhecer o motivo da evasão de usuários em serviço de saúde mental

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## Keywords

Community health nursing; Mental health; Nursing care; Advanced practice nursing; Patient dropouts

## Descritores

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## Abstract

**Objective:** To conduct an active surveillance of users who withdrew themselves from a type I Center for Psychosocial Care over 30 days in order to know the reason for dropping out the treatment.

**Methods:** Cross-sectional research conducted with 24 users who withdrew themselves from treatment for more than 30 days. The research instrument was a questionnaire on socioeconomic data, medical diagnoses, current medication and leading reasons to withdrawals.

**Results:** From the participants, 67% were male with a mean age of 40 years. The disorders diagnosis, which prevailed, were the ones caused by substance abuse, which is also the main reason of withdrawals from treatment.

**Conclusion:** The active surveillance revealed that psychoactive substance dependents are more prevalent in treatment withdrawals.

## Resumo

**Objetivo:** Realizar a busca ativa de usuários que evadiram de um Centro de Atenção Psicossocial tipo I há mais de 30 dias, a fim de conhecer o motivo do abandono do tratamento.

**Métodos:** Pesquisa transversal realizada com 24 usuários que evadiram do serviço há mais de 30 dias. O instrumento de pesquisa foi um questionário sobre dados socioeconômicos, diagnósticos médicos, medicamentos em uso e motivos que levaram a evasão.

**Resultados:** Dos participantes, 67% eram homens, com médias de idade de 40 anos. Prevaleram os diagnósticos de transtornos decorrentes do uso de substâncias psicoativas, sendo este também o principal motivo de abandono do tratamento.

**Conclusão:** A busca ativa revelou que os dependentes de substâncias psicoativas são mais prevalentes no abandono do tratamento.

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## Introduction

Active surveillance is a term widely used in epidemiological and health surveillance as well as workers health, who defined it as "to seek for individuals for the purpose of a symptomatic identification, especially of diseases and disorders of compulsory notification".<sup>(1)</sup> However, this is a strict sense of the term.

During an active surveillance is not only possible to interact with the user in isolation, but also with the world around them, their space and territory. Understanding and knowing the relationships that they create with their home, family and society as well as the degree of involvement with them.<sup>(2,3)</sup>

It also allows us to evaluate the user's psychological distress and their families, their living conditions and quality of life, to assess whether there are comorbidities associated with mental disorders. Nevertheless, seeing them holistically and targeting not only the proper treatment, but also an improvement in their quality of life, aiming at their reintegration to society.<sup>(1-3)</sup>

In a search performed on the Virtual Health Library - VHL, about the studies already published regarding the practice of active surveillance, we found three papers that were conducted between the years 2004 and 2012. The first approached the work of nurses who, through the technique of Active Surveillance, could diagnose the underreporting of cases of mental disorder in a territory.<sup>(2)</sup> The second showed the effectiveness of the active surveillance techniques and home visits, conducted by a special team of mental health and their training with respect to the techniques and instruments established by SUS,<sup>(3)</sup> finally, the third, talked about questioning the itinerant work in mental health.<sup>(4)</sup>

In this study, we intend to carry out an active surveillance for users who withdrew themselves from treatment in a Psychosocial Care Center for more than 30 days. We know that the withdrawals of users of mental health services is a reality, but it has not been published in scientific work yet, which determined the relevance of this study. In addition, the data reported in this study may be used by health services and Regional Health Centers - RHC in order to better target strategies in the area.

Thus, this study aimed to identify the reason for withdrawals of users from Center for Psychosocial Care participant.

## Methods

Cross-sectional research conducted at the Lorena Center for Psychosocial Care, municipality from *Middle Vale do Paraíba Paulista*, southeastern Brazil, with 24 service users who had dropped out of treatment for more than thirty days, in the period between January-August 2012.

We developed a semi-structured instrument for collecting data to characterize sociodemographic factors, diagnostics, use of medications and reason for treatment withdrawals.

Data were processed using the software Excel® - Version 2010 and presented in tables and then proceeded to descriptive statistical analysis of the data.

The study followed the development of national and international standards of ethics in research involving humans.

## Results

From the 24 users who withdrew themselves from treatment, 16 were men and eight women. The mean age for men was 40 years and for women was 51 years. Thirteen users were in a semi-intensive treatment and 11 in intensive care treatment.

Medical diagnoses were: nine users had mental and behavioral disorders due to use of alcohol and other drugs; eight had schizophrenia and schizotypal disorders. Among men, seven had diagnoses of disorders due to use of alcohol and other drugs, and among women, three were bipolar, had depression and mood disorders.

The prescribed medications in use are antipsychotics (n=9), antidepressants (n=3) and anticonvulsants (n=3). At the time of active surveillance, eight were on medication.

Table 1 shows the reported reasons for withdrawals.

**Table 1.** Reasons for withdrawals

Reasons for withdrawals	Female n(%)	Male n(%)	Total n(%)
Alcohol and drugs	2(25)	8(50)	10(41.7)
Lack of transportation	3(37.5)	1(6.25)	4(16.7)
Family disintegration	2(25)	2(12.5)	4(16.7)
Moved from city	0(0)	3(18.75)	3(12.5)
Transferred to another service	0(0)	2(12.5)	2(8.3)
Denial mechanism	1(12.5)	0(0)	1(4.1)
Total	8(100)	16(100)	24(100)

During the visits of surveillance, we found that the reason that prevailed among the 24 users who had withdrawn themselves from treatment was the alcohol and other drugs, resulting in 41% (n=10). Among these 80% (n=8) were men and 20% (n=2), women.

It is worth mentioning that among the ten users with psychoactive substance disorders, one had a diagnosis of mental disorder developed as a result of it, identified in the medical records and confirmed later in the interview, during the active surveillance.

## Discussion

The research question of this study is to find out what was the reason for the withdrawals from CPC and the fact is that the withdrawals of the mental health service is an outstanding characteristic among users, which makes it difficult to their health care to be effective.

In this study, the data recorded on the variables of diagnosis and reasons for withdrawals demonstrated that psychoactive substance use and disorders arising from their prior use prevailed, when compared to other reasons and diagnostics. These findings are supported by another study in the same Center, which also identified behavioral disorders due to psychoactive substance use as the most prev-

alent diagnoses.<sup>(5,6)</sup> This data indicates the epidemiological profile of the municipality in question, as in other study,<sup>(7)</sup> schizophrenia was the main morbidity among users, a serious and persistent disorder.

Users who withdrew themselves from treatment were under intensive or semi-intensive care, which suggests that the bond established between him/her and reference professional and technical team was not enough to keep them adhered to treatment.<sup>(8)</sup>

Men were more prevalent than women, which can be explained by the fact that the psychoactive substance dependence is more prevalent among men, moreover, in general, women seek health services for treating addiction much less than men.<sup>(9,10)</sup> These data, as the mean age of men users (20-59 years) were found in other studies.<sup>(6,7)</sup> They are under economic activity, which generates negative impact on the city's economy.

About 54% of participants had stopped abruptly drug therapy and the other 33% held it irregularly, without guidance on dosage and frequency of administration. This finding was corroborated by a study, which showed that drug therapy in mental service users, as well as its prescription and dispensation are disjointed among the professional team, occurring sometimes indiscriminate, random and non-orientation prescription for user and family.<sup>(9)</sup> Consequently, the authors listed abusive use, dependence, interruption and interaction with other substances, which offers potential risk to users. Other authors confirm the data about the indiscriminate use of psychoactive drugs without psychiatric and/or psychological follow-up.<sup>(3-5)</sup>

Regarding the regions of the city, we observed the majority of patients came from the West, where the service is located. We believe that because this is not a specialized service, in the treatment of users who are dependents of alcohol and other drugs, the treatment withdrawals are high.

## Conclusion

The main reason for withdrawals from the treatment was the psychoactive substances dependence.

## Collaborations

Pereira MO; Amorim A and Vidal V contributed in the design and project planning, data collection and interpretation of data. They contributed to the preparation of the draft, critical review of the content and approval of the final version of the manuscript. Falavigna MF and Oliveira MAF collaborated with the approval of the final version of the manuscript.

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