

## Mental health care technologies for treating crack users

*Tecnologias de cuidado em saúde mental para o atendimento ao usuário de crack*

*Tecnologías de cuidado en salud mental para la atención al usuario de crack*



Cintia Nasi<sup>a</sup>  
Gustavo Costa de Oliveira<sup>b</sup>  
Annie Jeanninne Bisso Lacchini<sup>c</sup>  
Jacó Fernando Schneider<sup>d</sup>  
Leandro Barbosa de Pinho<sup>e</sup>

### ABSTRACT

The aim of this study was to identify mental health care technologies for treating crack users in a Psychosocial Care Center for Alcohol and other Drugs (CAPSad, as per its acronym in Portuguese). A qualitative, evaluative case study was developed in a CAPSad, using fourth generation evaluation. Data collection occurred from January to March 2013 by means of semi-structured interviews applied to 36 subjects, these being health care professionals, patients, patients' relatives and managers. Data analysis identified the category *strategies in mental health work*. Results showed that recovery programs should provide spaces for dialogue, aiming to clarify the process of psychiatric internment to the user and family, and involve these in the therapy, implementing educational practices and ongoing consideration of mental health activities. In conclusion, it is important to discuss the technologies used in everyday care services, in light of the complexity of crack use.

**Keywords:** Mental health. Health services. Substance-related disorders. Nursing.

### RESUMO

Objetivou-se identificar tecnologias de cuidado em saúde mental para o atendimento ao usuário de crack em um Centro de Atenção Psicossocial para Álcool e outras Drogas (CAPSad). Estudo qualitativo, avaliativo, do tipo estudo de caso, desenvolvido em um CAPSad, utilizando-se a Avaliação de Quarta Geração. A coleta de dados ocorreu de janeiro a março de 2013, por meio de entrevistas semiestruturadas, gravadas, aplicadas a 36 sujeitos, sendo eles: profissionais de saúde, usuários, familiares e gestores. A análise identificou a categoria estratégias no trabalho em saúde mental. Os resultados evidenciaram que se devem propiciar espaços de valorização do diálogo, com intuito de elucidar o processo de internação psiquiátrica ao usuário e à família, bem como envolvê-la na terapêutica, implementando práticas educativas e reflexão permanente das ações em saúde mental. Conclui-se que é importante problematizar as tecnologias de cuidado no cotidiano dos serviços, face à complexidade do fenômeno do uso de crack.

**Palavras-chave:** Saúde mental. Serviços de saúde. Transtornos relacionados ao uso de substâncias. Enfermagem.

### RESUMEN

Se tuvo como objetivo identificar tecnologías de cuidado en salud mental para la atención al usuario de crack, en un Centro de Atención Psicossocial para Alcohol y otras drogas (CAPSad). Estudio cualitativo, evaluativo, tipo estudio de caso, desarrollado desde un CAPSad, utilizándose la Evaluación de Cuarta Generación. La recolección de datos ocurrió de enero a marzo de 2013, aplicándose entrevistas semiestructuradas, grabadas a 36 personas: profesionales, usuarios, familiares y gestores. El análisis identificó la categoría estrategias en el trabajo en salud mental. Los resultados evidenciaron que se debe propiciar espacios de valorización del diálogo con usuarios y familias, hacia el entendimiento de la internación psiquiátrica. Además, es importante involucrar a la familia en el cuidado, sino también implementar prácticas de educación permanente en salud mental. Se concluye que es importante problematizar las tecnologías de cuidado en el cotidiano de los servicios, ante la complejidad del fenómeno del crack.

**Palabras clave:** Salud mental. Servicios de salud. Transtornos relacionados con sustancias. Enfermería.

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<sup>a</sup> Nurse. PhD in nursing. Professor of nursing at the Federal University of Health Sciences of Porto Alegre, Rio Grande do Sul, Brazil.

<sup>b</sup> Nurse. PhD student in nursing at the Federal University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil.

<sup>c</sup> Nurse. PhD student in nursing at the Federal University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil.

<sup>d</sup> Nurse. PhD student in nursing at the Federal University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil.

<sup>e</sup> Nurse. PhD in Psychiatric Nursing. Professor, Graduate Program in Nursing at the Federal University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil.

## ■ INTRODUCTION

The shocking growth of drug use throughout the world is contextualized by the characteristics of the post-modern world, which is marked by diverse changes in peoples' everyday customs and values. New cases of individuals with mental health problems are constantly being identified, and in order for these individuals to reinsert themselves into society, they need social support.

In this context, crack is becoming a significant public health problem, causing physical, psychological and social damage to individuals and families. Given the complexity surrounding the phenomenon, mental health care involves more than the treatment of symptoms, including care technologies that allow for the reintegration of crack users into life in society. This is because individuals integrated into their communities have greater resources to deal with psychological, physical and social suffering affecting their health.<sup>(1)</sup>

Technology is not only a device, but is also "knowing-doing" and "going-doing," which gives meaning to health care practice based on an instrumental reason of work. As part of a certain social reality of an intervention model, technology enables the creation/re-creation of work from the subject's operative knowledge, considered in the technical and political dimensions that accrue in the daily context of health care services.<sup>(2)</sup>

In the current scenario, the psychosocial care center (CAPS, as per its acronym in Portuguese) is an innovative service that seeks to overcome traditional mental health care practice and diverge from traditional psychiatry. In these spaces, care for mentally ill patients stands out in the effort to promote citizenship and a greater degree of autonomy and social interaction.<sup>(3)</sup>

In this perspective, in the municipality of Viamão, the Psychosocial Care Center for Alcohol and Other Drugs (CAPSad, as per its acronym in Portuguese) provides spaces in which health care professionals develop mental health care practices that may enable the social integration of crack users. In this health care service, mental health work consists of practices that aim to reduce prolonged internment, since this needs to be implemented with other institutions from the public health care network.

Thus, the need for family involvement in care of individuals in psychological distress, as well as the dedication of care towards better conduct of their lives, justify the importance of discussing the internment of CAPSad users, family involvement and ongoing education in mental health care practice. Thus, this study is important in that it gives voice to users and their families, health care

workers and managers by evaluating the care technologies provided by the service.

Given the above, the aim of this study was to identify mental health care technologies for treating crack users in a CAPSad.

## ■ METHODOLOGY

This is part of the study "*Avaliação qualitativa da rede de serviços em saúde mental para atendimento a usuários de crack (ViaREDE)*," an evaluative case-study<sup>(4)</sup> that researches a given reality established *a priori*. The study was developed in the municipality of Viamão, in the southern Brazilian state of Rio Grande do Sul, and fourth generation evaluation was used as the theoretical and methodological framework,<sup>(5)</sup> in which the central focus of the evaluation process was to qualitatively evaluate the network of public mental health care services for crack users in Viamão.

Fourth generation evaluation proposes a constructivist, responsive evaluation. The term "responsive" is used to designate a different manner of focusing the evaluation, framed by means of an interactive process and negotiation involving stakeholder groups. The term constructivist, also called interpretive or hermeneutic, is a responsive way to focus and a constructive way of doing.<sup>(5)</sup>

In the ViaREDE study, data were collected through observation and semi-structured interviews with interest groups composed of the health care team, managers, users and their family members, from January to March 2013. Field research totaled 189 hours, and notes were recorded in a field journal. Thirty-six interviews were conducted at the CAPSad facilities with health care professionals on staff, users who receive mental health care services, family members who had a relative in treatment and managers of mental health services in the municipality.

In this study, the findings were focused on mental health care technologies for treating crack users, with emphasis on internment of users, family involvement and ongoing education. Team members were identified with the letter E, managers with the letter G, users with the letter U and family members with the letter F, followed by a number indicating the interview order, e.g., E3, E10.

To this end, the inclusion criteria were: a) for health care professionals and managers: having worked in the CAPSad and mental health management in the municipality for at least six months; b) for users: attending the CAPSad or having already attended another service of the mental health network for crack use, being able to communicate well, and not being in clinical conditions that impaired their interview; and c) for relatives: having accompanied a crack

using relative in treatment in the CAPSad or in another service of the mental health network.

The interviews were conducted by means of application of the hermeneutic dialectic circle. Hermeneutic because it is interpretive, and dialectic because it represents the comparison and contrast of views for achieving a high degree of synthesis.<sup>(5)</sup> For workers and managers, three guiding questions were applied that explored the treatment of crack users in the service and public health care network. Three guiding questions were also used for users and families, which sought to explore the care they received in the health care network.

In this sense, the initial respondent R1 participated in an open interview to determine an initial construction in relation to the research focus. The respondent was questioned and asked to construct, describe and comment. At the end of the interview, the respondent was asked to recommend another respondent, who was called R2.

The central themes, concepts, ideas, values, concerns and questions proposed by R1 were analyzed by the researcher, who formulated a construction designated C1. The second respondent (R2) was interviewed, and if some construction broached by R1 was not considered by R2, he/she was asked to comment on it. The interview with R2 produced information and a critique of the construction of R1. The researcher concluded the second analysis resulting in C2, a more sophisticated and informative construction, and so on until the end of data collection. This form of conducting the analytical process parallel to data collection is what defines the constant comparative method<sup>(6)</sup> on which fourth generation evaluation is based.

After data collection and organization of the constructions of each group, the negotiation stage was performed, in which all the study respondents were brought together and presented with the interim results of the data analysis, so that they could have complete access to all the information, and the opportunity to modify or affirm its credibility.<sup>(5)</sup>

The researchers then proceeded to the final stage of data analysis, in which the issues raised were regrouped, thereby enabling the construction of thematic categories. The results of this study were organized based on the thematic category "features of mental health work with crack users," in which the internment of CAPSad users, family involvement and ongoing education emerged as technologies for mental health care.

The research proposal was approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul (UFRGS). It was also approved by the National Commission of Ethics in Research (CONEP) (No. 337/2012).

The research subjects' anonymity was guaranteed, and the study complied with all ethical-legal principles governing research with human subjects according to the Ministry of Health (National Health Council Resolution No. 466/2012). The subjects' autonomy to decide to withdraw from the study was respected, as per the Free and Informed Consent Form signed.

## ■ RESULTS AND DISCUSSION

Thirty-six individuals were interviewed, namely eight professionals on the CAPSad health care team, ten users of this health care service, eleven family members of users, and seven managers of mental health services in the municipality of Viamão.

From the interviews, the importance of the work of the Viamão CAPSad in treating crack users was observed. The possibility to monitor these individuals without the need for lengthy internments was demonstrated, and, in contrast, other participants demonstrated that in specific situations, internment is a resource for treating crack users, and an internment period of one year would enable control of the addiction by means of constant mental health monitoring and administration of medications:

*We managed to enable the treatment of that person [...] without the need to isolate him from the world for an extended period of time [...] Thus, we don't do so many long-term internments, which is the idea of the Psychiatric Reform, i.e., to no longer institutionalize people, but to try to resolve their situations within the environment in which they live (E6).*

*No one recovers after being hospitalized for 20 days, 30 days [...]. You leave there still addicted to crack. Honestly, the body needs one year, one and a half year to get clean (U7).*

*20 days is just enough to put on a little fat, to fatten up a bit, then leave and get lost again. You need at least nine months to a year (U8).*

*[...] he has to be admitted, there's no point, no way [...]. That way, at least there they have all the medication, because he's not taking the medication for alcohol; he's just taking anti-anxiety medication (F6).*

From the interviews, it was noted that the CAPSad enables mental health care that seeks to reduce long-term internments. In addition to organization of care of crack users and family support provided by the CAPSad, in order to re-

duce prolonged internments, spaces for self-help and the promotion of efforts to strengthen services and develop existing networks and systems are essential.

However, there are clinical situations in which internment is a prudent measure. For instance, situations in which the user presents behavior that is harmful to their physical and/or moral integrity, or that of others.<sup>(7)</sup> In this perspective, one of the issues raised by the psychiatrist was in regard to compulsory internment, that is, internment without the user's consent.<sup>(8)</sup> It was noted in the CAPSad that in the dynamics of care, the service is faced with numerous requests for compulsory internment, since one of the challenges is to provide and evaluate all treatment alternatives within the health care service:

*We face a lot of pressure [...], it seems like this is the answer to the problem and we know it's not [...]. As regards compulsory internment [...], we compulsorily intern people as a last resort, if the person is at some risk (E2).*

*We seek compulsory internment as a last resort, when there is a risk to the user and others (E6).*

*I think it varies from case to case, and sometimes internment is necessary [...]. This business of involuntary compulsory [internment] is complicated because you aren't addressing the user's wishes. (E4)*

Based on the statements above, compulsory internment was characterized as a protective resource for crack users and their families; however, the CAPSad workers were aware that this measure should be used in particular cases, which required constant communication with the public defender.

At the same time, compulsory internment was characterized as a positive resource that contributes to crack users starting treatment. Yet it was also characterized as a misguided choice because it isolates users from their social circle. Thus, actions such as forming bonds and negotiation with the user and their family are essential in the process of psychiatric internment, as explained below:

*Our first choice is always to form a bond, to persuade the person and expose the movements, and present them so that she can understand and realize the risks, [...] and accept internment (E1).*

*The need for internment of compulsory internment cases demanded by public defenders is evaluated by the CAPS team (G2).*

*For me, compulsory [internment] doesn't make any difference. The guy is going to go in there, stay for a year, and when he gets out he is going to do the same thing (U8).*

*That [compulsory internment] would be good; even though she doesn't want to, she has to get treatment [...]. That would be good too because she needs treatment. (F8)*

*The family arrives with the idea that only internment will resolve [the problem], [...] but I think it has to go through a professional and the work of CAPS, because then you see if there is the need for internment or not. (E5)*

The statements above reveal that there is no consensus as to compulsory internment for the treatment of crack users. Professionals point out that in particular cases, internment is one alternative; in turn, users understand that in order to be effective, internment should also take into account their wishes, whereas the family, which experiences the impact of drug abuse, sees internment as a way to relieve its burden and resolve the user's problems.

Internment in specialized centers and therapeutic communities for drug users, as recommended by those who oppose the Psychiatric Reform, are present in the popular imagination, which dreams of quick fixes. This leads to the users' removal from social life, since many have comorbidities and are involved in difficult, marginalized and even illegal situations.<sup>(9)</sup>

Thus, partnership between the team and the family is fundamental to working with dichotomous views as regards possibilities for treatment of the user. This partnership requires a contract in which the user's care can be negotiated, and that includes support strategies for the burdened family.<sup>(10)</sup>

Given their daily experiences, families of crack users can be depressed, exhausted and in need of care. The families live with the reality of drug use by one of their members, and suffer from not knowing how to deal with the problems caused by chemical dependency.<sup>(11)</sup>

The CAPSad also needs to use strategies to involve the family in the care of the crack user, such as listening, family group, embracement and ensuring adherence to the treatment service:

*The involvement of the family in treatment occurs at meetings of workers of the CAPS with the relatives of users treated in the service, and who are interned in the municipal hospital (G2).*

*The family is exhausted and seeks out the CAPS when it is in despair [...], searching a solution in the service (G5).*

*The service (CAPSad) is good, it is well attended, there is always someone to talk to us, from reception, everyone there talks with us, we are well received (F2).*

*[...] who welcomed him and she talked to me, and that's where she got me, because his appointment wasn't going to happen now. And she managed to bring it forward. He was treated well, and I discussed everything with them. They always responded to me (F6).*

The study respondents demonstrated the work by the CAPSad to serve the families, signaling the importance of strategies to care for the families of crack users. Thus, the CAPSad team can establish ongoing strategies for approximation with the family, since its support in treatment and partnership with the health care team are always required to ensure greater chances of rehabilitation.<sup>(12)</sup>

In addition, in the CAPS, the insertion of the family is also a unique dynamic in which the relationship must be based on deconstruction of the idea of coping with mental suffering alone. This underscores the need for actions that seek to integrate, embrace and include these actors in everyday life spaces.<sup>(13)</sup>

However, this mental health care requires a lot of investment in formulating and developing teamwork capable of meeting and responding to the social needs and health care of the entire population under its responsibility. But, specifically from the definition of priorities, the health care team should produce and monitor participatory therapeutic projects guided by the needs of users, according to their life contexts.<sup>(14)</sup>

In this perspective, it is necessary to rethink the knowledge and practices of mental health professionals in terms of the current public policy, given the assumptions of the Psychiatric Reform and the need for an active, ongoing education in these spaces.<sup>(15)</sup>

In the reality of the Viamão CAPSad, ongoing education can foster reflection on mental health activities by raising awareness, education and addressing the demands of health care professionals, since health care work is constantly being constructed in the daily discussion of the work processes of the teams, daily meetings, discussion of cases, creation of mental health care technologies and treatment of themes relevant to the service, as noted below:

*Change of organization of work is not easy, as it involves listening to the user and workers, as well as greater investment in education. [...] It is necessary to invest in continuous professional training [...] in the pursuit of new care technologies (G1).*

*Ongoing education is an important strategy for the mental health care network, and this should train and sensitize workers about crack (G4).*

*Continuous education [...] serves to raise awareness, teach/train, and enables the employee to talk about their difficulties at work (G7).*

*[...] This issue of ongoing education is important for us workers, [...] it is necessary to recycle [knowledge] on a daily basis, there should always be that movement of questioning and thinking. (E2)*

It is important to understand that ongoing education must not be understood as a way of getting people to change their habits and assimilate health care practices and recommendations, but rather a chance to educate and assist care professionals and users to better understand health and disease. With this understanding, ongoing education becomes the locus for reflection of knowledge, as a means for performing a health care practice that promotes transformation of the social reality.

As a basic tool for the transformative change of work processes in health care and education, teaching implies a resignification of concepts and practices. In this sense, incorporation of ongoing education as a mental health care technology can produce a workforce capable of understanding the changes that the professional praxis needs to implement.<sup>(15)</sup>

Thus, based on the discussions about compulsory internment of crack users, family involvement in care and ongoing education in this process can aid the resignification of mental health care practice so as to contribute to improve the work, relationships and people.

## ■ CONCLUSION

Analysis of mental health care activities in the CAPSad reflects the importance of this service in the consolidation of mental health care strategies. In this care, it is fundamental to develop teamwork committed to knowing and meeting the social and health care needs of crack users and their families, increasing closer links between all actors and the appreciation of subjects' subjectivities.

The results showed that in the everyday life of the CAPSad, it is necessary to provide spaces for dialogue and social interactions to clarify the process of psychiatric internment to crack users and families, as well as involve the family in treatment and implement educational practices aimed at permanent reflection of mental health care actions offered by the health care team.

Another aspect to highlight is the potential of the CAP-Sad, based on the technologies for mental health care, to enable professionals to incorporate new practices by reflecting on strategies for their implementation. In this perspective, reflection on these health care technologies can contribute to the reinvention of working in health care by professionals, with a view towards consolidating the psychosocial mode.

In conclusion, further work is needed on ongoing education as a policy for training mental health workers, in view of the importance of revisiting the use of technologies for the mental health care of crack users. In this sense, it is believed that this kind of study can advance the process of constructing mental health care activities based on subjects and their families, thereby allowing crack users to be protagonists in their lives.

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## ■ Author's address:

Leandro Barbosa de Pinho  
Rua São Manoel, 963, Rio Branco  
90620-110 Porto Alegre/RS  
E-mail: lbpinho@ufrgs.br

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