

CONCEPTIONS CONCERNING MENTAL HEALTH HELD BY PROFESSIONAL WORKING WITHIN THE FAMILY HEALTH STRATEGY

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ABSTRACT

The aim of this study was to analyze what professionals from a team within the Family Health Strategy (FHS) understand mental health to be. This descriptive and exploratory study with a qualitative approach was conducted with 16 professionals from a FHS team in the city of Guaiúba, CE, Brazil. Data were collected during January and February 2011 through focal groups in which the dialogues were recorded and later transcribed for analysis. The following categories emerged from content analysis: "Talking about mental health vs. Thinking about mental disorder" and "Understanding mental health more broadly". Some professionals revealed restricted, mental disorder-centered conceptions, while others understood mental health more broadly, recognizing the dynamics of the health-disease continuum and identifying aspects that influence one's mental health.

Descriptors: Mental health. Family health program. Mental health assistance. Primary health care.

RESUMO

A pesquisa objetivou analisar as concepções dos profissionais de uma equipe de Estratégia Saúde da Família (ESF) acerca do que entendem por saúde mental. Estudo descritivo-exploratório, com abordagem qualitativa, realizado com 16 profissionais de uma equipe de ESF do município de Guaiúba, CE. A coleta de dados ocorreu durante os meses de janeiro e fevereiro de 2011, por meio do grupo focal no qual os diálogos foram audiogravados e transcritos. Após, utilizou-se a análise de conteúdo, na qual emergiram as categorias: "Falando de saúde mental x Pensando em transtorno mental" e "Compreendendo a saúde mental de forma ampliada". Constatou-se que alguns profissionais revelam ter concepções restritas, centradas no transtorno mental, e outros entendem saúde mental de forma mais ampliada, reconhecendo a dinamicidade do processo saúde-doença mental, com a identificação de aspectos que influenciam na saúde mental das pessoas.

Descritores: Saúde mental. Programa saúde da família. Assistência em saúde mental. Atenção primária à saúde.

Título: Concepções de profissionais da Estratégia Saúde da Família sobre saúde mental.

RESUMEN

La investigación tuvo como objetivo analizar los conceptos de los profesionales de un equipo de Estrategia de Salud de la Familia (ESF) sobre lo que ellos entienden por salud mental. Se trató de un estudio de carácter descriptivo-investigador con abordaje cualitativo, realizado con 16 profesionales de un equipo de ESF de la ciudad de Guaiúba, estado de Ceará. La recolección de datos se llevó a cabo durante los meses de enero y febrero de 2011, por medio de grupo focal en el cual los diálogos fueron grabados y transcritos. Se utilizó el análisis de contenido del cual emergieron las categorías: "Hablando de salud mental versus Pensando en trastorno mental" y "Comprendiendo la salud mental de forma amplia". Se constató que algunos profesionales tienen conceptos restrictos, centrados en el trastorno mental, y otros entienden la salud mental de forma más amplia, reconociendo la dinámica del proceso salud-enfermedad mental.

Descriptorios: Salud mental. Programa de salud familiar. Atención en salud mental. Atención primaria de salud.

Título: Conceptos de profesionales sobre la Estrategia de Salud de la Familia con relación a la salud mental.

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INTRODUCTION

In 2006, 20 years after the implementation of the Brazilian Unified Health System (SUS), the Ministry of Health established the Primary Health Care (PHC) network as the structuring axis of the health system. To put it into operation, the Family Health Strategy (ESF) was defined as the primary organizational design to strengthen healthcare, enable and concretize the principles of SUS⁽¹⁾.

The ESF works with a multidisciplinary team, in a geographically defined territory, implementing health promotion and disease prevention actions. It has become the primary strategy for the consolidation of the Brazilian healthcare system. Such a process has occurred concomitantly with Brazilian Psychiatric reform, which seeks qualitative transformations in the health care model, specifically in mental health care⁽²⁾.

This reform has been a historical and revolutionary movement, breaking away from paradigms of psychiatric care, shifting from psychiatric hospital-centered interventions to community-centered interventions, as well as shifting interest from being solely on the disease, to the individual as a person. Seeking to achieve this objective, new spaces were created to provide mental healthcare: Psychosocial Health Care Units (CAPs), Therapeutic Homes, and Day hospitals, in addition to the Primary Health Care⁽²⁻³⁾.

In regard to PHC, it is believed that its link with mental healthcare needs to occur as early as possible because the ESF units are the entry door to the health system and have knowledge concerning the local context of its coverage area. Hence, it is expected that a large number of problems, regarding both mental health and other fields, will be resolved within its sphere. Additionally, due to its proximity to families and communities, the ESF staff can implement mental health promotion actions and be a resource for the re-socialization of individuals with mental disorders⁽³⁾.

The mental health actions in PHC, as suggested by the Ministry of Health, enabled through the National Policy of Mental Health, should go beyond the traditional, medicalized model, and invest in health promotion taking into account the uniqueness of people, their leading role, breaking with the stigma of the disease.

Some studies, however, reveal that the conceptions concerning mental health held by professionals

working in PHC are still related to stereotypes about what is considered to be normal, mysticism, fear and lack of preparedness⁽⁴⁻⁵⁾. Although there are individuals who see mental health from a broader perspective and seek to incorporate the subjectivity and uniqueness that users demand into their practices⁽⁶⁾.

Given the preceding discussion, the following question guided this study: What do the professionals from an ESF team think about mental health? Health practices, specifically mental health practices, whether consciously or unconsciously implemented, are related to a set of conceptions that ground them. Therefore, understanding what health professionals understand mental health to be can direct the path necessary to enable an effective change of the psychiatric paradigm in order to overcome the asylum model.

Hence, the objective of this study was to analyze the conceptions concerning mental health held by professionals from an ESF team.

METHOD

In this qualitative study, we sought to generate data that would allow one to understand the complexity of the studied context. This is a descriptive exploratory study because it sought to identify the characteristics of certain groups, in addition to developing and clarifying concepts and ideas to enable greater familiarity with the problem, in order to deepen future studies⁽⁷⁾.

Data analyzed in this study are part of a Master's thesis titled "Mental health actions developed in the routine of a Family Health Strategy team: possibilities and limitations."⁽⁸⁾

The study was conducted in an ESF primary healthcare unit in the city of Guaiúba, in a metropolitan region of Fortaleza, CE, Brazil. This unit was randomly drawn from among the eight ESF teams implemented in the city. The inclusion criterion was being a member of the chosen ESF staff and the exclusion criterion was being on leave or vacation during the time of data collection.

Therefore, 16 professionals were included in the study: one physician, one nurse, one dentist, two nursing auxiliaries, one dental health assistant, six community health agents, two receptionists, one person who dispenses medications, and one general services assistant. The participants are identified by fictitious names.

Data were collected during January and February 2011 through four focal groups in which the researcher was the moderator and another person with experience in research was the observer and audio operator. The meetings were held in the ESF primary healthcare unit itself, in the nursing consultation room because it is a large room, with air conditioning that ensured the participants' privacy.

The dialogues, audio-recorded using a professional grade portable digital recorder, then were transcribed and interpreted through content analysis⁽⁹⁾. Content analysis includes three stages: pre-analysis, exploration of material, and treatment of results/interpretation. In the first stage, the researcher becomes familiar with and appropriates the field material. In the second stage, the researcher seeks to classify the material in order to understand the core of the text. Finally, the categories specifying the themes are chosen and inferences are proposed, relating them to a pertinent theoretical framework.

The bioethical principles established by Resolution 196/96, Brazilian Council of Health, were complied with. The research project was approved by the Institutional Review Board at University of São Paulo at Ribeirão Preto, College of Nursing (Process No. 1221/2010).

RESULTS AND DISCUSSION

Two categories emerged from data analysis: "Talking about mental health vs. Thinking about mental disorder" and "Understanding mental health more broadly".

"Talking about mental health vs. Thinking about mental disorder"

Among the conceptions provided by the professionals during the focal groups was the conception linking mental health to a *behavior or action of a person within normal standards*, as shown by the following excerpts:

Mental health is the entire psychological makeup of a person, whether she really acts within correct manners [...] whether she functions normally, whether she has some disorder (Lidia)

[...] it's a balance between thinking and acting, coherence in behavior [...] (Rebeca).

There is an unexplored field out of an "expected" pattern of normality, generically called disease, disorder or disturbance. What is considered normal within human behavior varies according to the society one studies, in which one lives, and the historical time under consideration. Normal behavior is what is socially acceptable in daily life⁽¹¹⁾.

Normal and pathological are normative categories, which propose rules for or impose them on people. Certain fields of knowledge establish patterns of behavior or functioning that determine the pattern of a healthy organism. Evaluation criteria are based on statistical averages of what one should expect as to the how the majority functions and expresses itself based on culture. The truth, however, is that the concepts of normal and pathological are extremely relative because their definitions are inherent to a historical-cultural context⁽¹²⁾.

Given this idea of normal or pathological, there is a conception of health and disease as being opposite situations: one is either healthy or sick. In this case, mental health is the absence of disease, in which an individual's health state excludes the occurrence of disease.

The view of health as the absence of disease is widely disseminated. Considering the effort expended, over the course of history, toward reaching an explanation of disease, the concept of health was neglected or overlooked, and became "non-disease". Given the hegemony of the biomedical model for most of the population, being healthy means not being sick. However, this is a restricted definition, since the absence of symptoms does not always indicate a healthy condition, in addition to the fact that there are people with chronic conditions who feel healthy⁽¹³⁾.

Very similar to this conception, there is *mental health care as treatment for disease*. Therefore, mental health in this line of reasoning is a goal to be achieved by means of therapeutic intervention and we suppose that only those who have some disease would need an intervention in the mental health field.

[...] I guess it's follow-up and treatment of a human being's mind (Sara).

[...] there's mental treatment, people who have mental problems. A normal person, how would a normal person have this kind of treatment? (Lidia)

Although this view is very common in health services, since it reduces mental health interventions to those strictly required by patients with mental disorders, it is also a restricted view. The current paradigm, however, indicates the need to broaden the view of the object of work of health professionals and consider health promotion actions as essential to concretizing the ESF proposals given its role in the reform of the hegemonic care model.

The concept of health promotion should be seen as an axis in which various aspects could be articulated. Hence, actions intended for non-specific factors could improve the population's living conditions with a favorable impact on the various forms of disease, including mental disease⁽¹⁴⁾.

The term mental health was also used generically to denote *a group of people who require or are under treatment due to some mental disorder*, popularly known as "mental health group". Even though the term uses the word "health", in reality it refers to a group of people with mental disorders.

I guess that everyone is treated as a mental health patient [...]. I guess that it cannot be treated as disease [...]. I've seen it somewhere [...], one cannot be treated as insane but as a mental health patient (Sara).

This testimony shows that, for some professionals, Psychiatric Reform's issues are still confusing or even distorted and professionals make the mistake of only changing terms in "mechanical transpositions that do not go beyond the repetition of the same essence of the asylum paradigm even if with a new face", without a broad understanding of the principles upon which the Reform is grounded⁽¹⁵⁾.

In its epistemological dimension, Psychiatric Reform is characterized by a set of issues that imply a deconstruction of essential concepts of psychiatry, such as health and mental disease, therapy, and normality, among others. Not only are these concepts denied, but new ones are also produced, moving toward a new theoretical framework. It is not a new view, but an epistemological rupture, focusing on another aspect, encouraging the production of knowledge concerning the potential relationships based on lines of thought that interact while and articulating different disciplines⁽¹⁶⁾.

There were also those who considered mental health to be a *way to provide care to people with mental disorders*, as the following excerpt shows:

[...] it's the care provided to the person [...] if the person is mentally ill and is treated as a psycho, crazy, she won't change [...]. But if you treat the person with affection, attention, with by talking [...] there are some [...] that attention only suffices [...]. Mental health for me is the treatment that we, normal people, provide to the patient (Maria).

This view of mental health includes aspects of humanized care, characterized by affection, attention, talking, indicating a concern and involvement that go beyond biological aspects.

The importance of caring in health practice is basically developed in attitudes and spaces where there is a genuine opportunity for one to move from the technical to the non-technical, seeking greater authenticity. In this sense, the dialogical dimension existing in the meeting of patients and professionals, based on a willingness to listen to one another, breaking from the technical-scientific monologue, is the most basic condition of health actions directed at care⁽¹⁷⁾.

A relationship constructed from this perspective favors security and wellbeing, positively influencing the patient's mental health. This testimony, however, is contradictory from the perspective of care, because the relationship between the professional and patient can be more horizontal, without marking out a difference that consists of an unequal relationship of power, between "us", the ones who know, in this case the "normal people", and "they", those who listen, the "abnormal people".

"Understanding mental health more broadly"

The conception revealed in this category refers to a broadened understanding of mental health, with the recognition of aspects that influence an individual's mental health.

Some people in this group indicated an understanding of mental health as something more than the mere absence of disease. Health and disease are seen as dynamic states, characterized by the natural processes of life, given specific moments that either generate health or trigger psychological suffering, regardless of whether one has or not a disorder, shown by the following testimony:

[...] the mental health condition, which can be healthy or become ill. It depends on the occasion, the moment [...] (Ana).

Therefore, the group came to think that the term health was much more related to one's personal experiences of life. The group recognized that the notions of health and disease are not so oppositionally defined or exclusionary, rather, they can coexist and manifest in daily life in the form of behaviors, which sometimes are closer and sometimes are more distant from what one considers him/herself to be.

The participants mentioned the *direct relationship between mental health and physical health*.

[...] sometimes an imbalance is so great that it is reflected in the organic part. It is necessary for there to be balance... With treatment from both sides, concomitantly, because we cannot live separately, body on one side and mind or spirit on the other side [...]. If you don't treat this issue, it will invariably impact your organism (Rebeca).

From this perspective, the decline of mental health impacts the body, leading to physical diseases of a psychological nature, the so-called psychosomatic diseases or somatization, characterized by the presence of various symptoms without a medical explanation, often associated with psychological distress, which are commonly observed in primary healthcare services⁽¹⁸⁾.

Such an idea brings with it a non-fragmented conception of the human being. But to what extent does this conception influence the type of care provided in the healthcare unit? Has the delivery of care beyond the physical body been a concern of healthcare services?

In addition to this reflection, the group's discussion included the recognition of factors that influenced their own mental health or that of people to whom they were close. Hence, they listed factors that favor mental health: experiencing a religion through prayer or the support of religious people, having the support of family and friends who are willing to listen, as well as having a more comfortable economic situation.

As observed in another study, the participants understood that factors not specific to the health field directly contribute to improved mental health such as having the support of family and friends and religious practices⁽¹¹⁾.

Mental health is a consequence of multiple and complex interactions of biological, psychological and social aspects, and among the social

determinants of mental health, are factors such as working conditions, education, poverty, living conditions, urbanization, the early experience of stressful experiences⁽¹⁹⁾.

Even the group was not aware of it, as they discussed another model, another way of understanding the health-disease continuum, that of social determination. According to this model, there are various dimensions of life involved in this process, such as historical, economic, social, cultural, biological, environmental, and psychological factors that are connected and are called Social Determinants of Health. This model holds that the living and working conditions of individuals and population groups are directly related to their health situations⁽²⁰⁾.

Even though the studied group overcame a strictly biologicistic conception, the collective dimension, that concerning the role of the social structure and responsibility of the State, which is involved and influences the health-disease continuum, was seldom discussed.

In this understanding, the notion of the "cause" of disease is replaced by "determinants and constraints," seeking a broader explanation, integrating various dimensions of life in a systemic manner. This knowledge should influence interventions, from health policies to health practices in services where people are committed to promoting healthy lifestyles, reducing risk factors for psychiatric distress⁽¹⁹⁾. For that, one needs to review the object, the subjects, the work means, and the organization of practice, not only looking to the disease⁽²⁰⁾.

A discussion, based on a reflection upon the group's daily practices, was established and the group questioned itself about the importance that has been given to certain therapeutic schemes, such as they extreme value placed on medication at the expense of other aspects of care that participants deemed to be more important when providing mental health care.

The family environment and its relationships were indicated as factors of psychological suffering. But what is the view, concerning this issue, held by health professionals working in the ESF services intended to provide care focused on the family? How is the family integrated into care delivery? What kind of needs do the family have? Is the family overwhelmed, disoriented, feeling guilty or forgotten?

This discussion is very important because this group is part of a team who works directly with families and also because breaking from the asylum paradigm, which is the proposal of the Psychiatric Reform movement, implies implementing the psychosocial model, which among other aspects, includes the family in a differentiated way.

The emphasis, in the asylum paradigm, is on the individual who is seen as a sick person, both in relation to her/his family and in relation to the family's broader social context; for this reason, the intervention is centered on the individual. The individual is seen as the center of the problem and the family only gets closer to care having a pedagogical role and also the role of providing care⁽¹⁵⁾.

In the psychosocial paradigm, the individual is not only one who deserves care, the family, or even a larger group, also deserves to be included in the care process, which is relevant due to the emphasis given to the individual in his/her family and social group, who are seen as agents of change. The reason lies in understanding mental disorder not as an individual phenomenon but as a social phenomenon and it should be considered as such. Hence, the ways the family can participate in care outweigh the assistive and guiding postures, characteristic of the asylum paradigm⁽¹⁵⁾.

FINAL CONSIDERATIONS

The testimonies show that some professionals working in the ESF conceive mental health from a restricted, mental disorder-centered perspective, while others have a broader understanding and recognize the dynamics of the health-disease continuum, identifying the influences of various factors that often transcend the health field.

This broader concept of mental health needs to be solidified through the identification of the main social determinants related to a greater psychological suffering so that ESF teams can plan activities to promote mental health.

It is believed that the development of projects that encourage teams to cooperate with each other to provide activities integrated with leisure, sport and culture are crucial; cities already have these available. Additionally, it is crucial to devise actions able to strengthen family bonds and integrate families into care, which is one of the most important ways to break away from the asylum model of psychiatric care.

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Received: 05.04.2012
Approved: 04.02.2013