







## **PROFESSIONAL-FAMILY COMMUNICATION IN A CHILDREN'S PSYCHOSOCIAL CARE CENTER: PRACTICALITIES AND DIFFICULTIES**

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### **ABSTRACT**

**Objective:** to analyze the perceptions of the family members of users of a children's psychosocial care center, regarding the facilitating factors and the difficulties in the communication with the health professionals.

**Method:** a qualitative and descriptive study conducted with 25 family members of users of a children's psychosocial care center in a city of Minas Gerais (Brazil). Data collection took place between April and July 2017 using focus groups and a semi-structured script for the implementation of group sessions. Data was analyzed according to content analysis, thematic category.

**Results:** two categories emerged from the analysis: Professional-Family relationship and Suggestions to enhance communication, which included practicalities and difficulties in communication. The data showed that the professional-family relationship refers to the professionals' positive actions, which facilitate communication, and to their negative actions, which means offering a distant and dehumanized care and failing to provide guidance. The suggestions to enhance communication were directed to the interventions focused on the family and on the dynamics and management of the service.

**Conclusion:** there is a need for collaboration among management, staff and family members, which can contribute to a better health care and to building more solidary and dialogical relationships.

**DESCRIPTORS:** Mental health. Communication. Mental health services. Caregivers. Professional-Family relationships.

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# COMUNICAÇÃO PROFISSIONAL-FAMÍLIA EM UM CENTRO DE ATENÇÃO PSICOSSOCIAL INFANTOJUVENIL: FACILIDADES E DIFICULDADES

## RESUMO

**Objetivo:** analisar as percepções dos familiares de usuários de um centro de atenção psicossocial infantojuvenil, em relação aos fatores facilitadores e dificultadores da comunicação com os profissionais de saúde.

**Método:** estudo qualitativo, descritivo, realizado com 25 familiares de usuários de um centro de atenção psicossocial infantojuvenil, em um município de Minas Gerais (Brasil). A coleta de dados ocorreu entre os meses de abril a julho de 2017, por meio de grupos focais, aplicando-se roteiro semiestruturado para desenvolvimento das sessões grupais. Os dados foram analisados segundo a análise de conteúdo, modalidade temática.

**Resultados:** da análise emergiram duas categorias: Relação profissional-família e Sugestões para potencializar a comunicação, as quais abrangeram facilidades e dificuldades na comunicação. Os dados evidenciaram que a relação profissional-família diz respeito às ações positivas dos profissionais que facilitam a comunicação, e às ações negativas atuação distante, pouco humanizado, com escassez de orientação. As sugestões para potencializar a comunicação foram direcionadas às intervenções focadas na família e na dinâmica e organização do serviço.

**Conclusão:** evidencia-se a necessidade de aproximação entre gerência, equipe de profissionais e familiares; o que pode contribuir para melhoria do cuidado em saúde e para a construção de relações mais solidárias e dialógicas.

**DESCRITORES:** Saúde mental. Comunicação. Serviços de saúde mental. Cuidadores. Relações profissional-família.

# COMUNICACIÓN ENTRE PROFESIONALES Y FAMILIARES EN UN CENTRO DE ATENCIÓN PSICOSOCIAL INFANTO-JUVENIL: FACILIDADES Y DIFICULTADES

## RESUMEN

**Objetivo:** analizar las percepciones de los familiares de los usuarios de un centro de atención psicossocial infanto-juvenil, en relación con los factores facilitadores y las dificultades de la comunicación con los profesionales de la salud.

**Método:** estudio cualitativo y descriptivo realizado con 25 familiares de usuarios de un centro de atención psicossocial infanto-juvenil en un municipio de Minas Gerais (Brasil). Los datos se recolectaron entre los meses de abril y junio de 2017 por medio de grupos focalizados, con la aplicación de un guión semiestructurado para desarrollar las sesiones grupales. Los datos se analizaron conforme al análisis de contenido, con la modalidad temática.

**Resultados:** a partir del análisis surgieron dos categorías: Relación profesional-familia y Sugerencias para potenciar la comunicación; ambas abarcaron facilidades y dificultades en la comunicación. Los datos evidenciaron que la relación profesional-familia se refiere tanto a las acciones positivas de los profesionales, que facilitan la comunicación, como a sus acciones negativas, que significan ofrecer una atención distante y poco humanizada con escasa orientación. Las sugerencias para potenciar la comunicación estuvieron dirigidas a las intervenciones enfocadas en la familia y en la dinámica y organización del servicio.

**Conclusión:** se hace evidente que es necesaria una aproximación entre la administración, el equipo de profesionales y los familiares, lo que puede ayudar a mejorar los cuidados en salud y hacer posible que se establezcan relaciones más solidarias y con más diálogo.

**DESCRITORES:** Salud mental. Comunicación. Servicios de salud mental. Cuidadores. Relaciones profesional-familia.

## INTRODUCTION

Mental and behavioral disorders, especially in childhood and adolescence, have a significant impact on individuals, families and the community involved. One of the main strategies currently adopted for the treatment of children and adolescents with mental disorders are the Children's Psychosocial Care Centers (*Centros de Atenção Psicossociais Infantojuvenis*, CAPSIs). These services provide clinical and psychosocial treatment through social reintegration of the users and access to education, work, leisure, the exercise of civil rights, and the strengthening of family and community ties.<sup>1</sup>

Considering the importance of therapeutic planning in mental health, the joint and articulated performance of the professionals with family members has been increasingly discussed. After the Mental Health Reform in Brazil, care in the family dimension started to be valued, as it was found that it can positively impact on psychosocial rehabilitation, which can promote the autonomy of the subjects and respect for human dignity.<sup>2</sup>

Family is the focus of the construction, transformation and dynamism of the individuals and a potent institution to educate and empower people. The context in which the family operates influences the relationships and the changes in the life cycle, considering the impact caused by socioeconomic and cultural conditions.<sup>3</sup> Thus, family-centered interventions should integrate the services offered in the CAPSIs.<sup>4</sup> Single-family, multi-family psychoeducation and support groups have been effective psychosocial treatment strategies for family members of people with severe mental disorders.<sup>5-6</sup>

On the other hand, some authors state that families often do not participate or are not included in the mental health services due to family and work commitments, their own care experiences, discomfort with revealing emotions and social situations, and the belief that the experiences are personal.<sup>2,7</sup> It is important to highlight that, regardless of the type of intervention directed to the families, the interpersonal communication between the health professionals and the family members responsible for the users represents a central and transformative foundation for any action,<sup>6</sup> which may facilitate or hinder the relationship between them.

In this study, communication was adopted as the conceptual theoretical framework.<sup>8</sup> Communication concepts and assumptions guided the analysis of results. From this perspective, the patients participate simultaneously in two existential dimensions, one verbal, which gives them an exteriorization of the social being, and another nonverbal, which provides them with an exteriorization of the psychological being.<sup>8</sup>

In the field of mental health, the technical and mechanical professional actions are limited, which leads to the qualification of the inter-subjective relationship and, consequently, to the appreciation of communication as an effective intervention tool. All the care technology in this area needs to be built from the process of interaction. In the psychic sphere, the communication process is characterized by subjectivity and the density of the content to be transmitted.<sup>8</sup>

In this sense, effective and therapeutic communication, especially in children and youth mental health, can contribute for the health professionals to share, with the patients and their families, relevant elements for understanding and coping with the problems, as well as for the perception of their role in their own health.<sup>9</sup>

In the analysis of the national scientific literature on mental health, publications were found related to the work and structure in the CAPSs,<sup>10</sup> to the limits and scope of the CAPSIs,<sup>11</sup> to the care provided in these services<sup>12</sup> and to the search of family members for the treatment of their children.<sup>13</sup> However, the production still seems to be incipient about communication in the CAPSIs. The research on communication is directed, in a limited way, to the CAPSIs users' perception about the communication process, in addition to the focus given to the advances and challenges of these psychosocial care centers.

In the international scientific literature, publications were found on the relationship between mental health workers and family members,<sup>14</sup> the impacts caused by several kinds of diseases, such as schizophrenia and autism;<sup>15-16</sup> the barriers to patient engagement in the health system;<sup>17</sup> the nursing intervention focused on communication with a family caregiver;<sup>18</sup> and the importance of shared decision making for a treatment that ensures information sharing between patients and professionals, in a context based on mutual responsibility, respecting the values and preferences of the users of the service.<sup>19-21</sup>

This study may contribute to trigger discussions about the communication between the health professionals and the family members of users of a CAPSI, as well as enabling the creation of strategies that change communication among health professionals, users and family members. This can evidence the theme and stimulate in-service training.

Communication as a powerful technology for care, especially with regard to mental health, must be essentially based on exchange, respect, more horizontal relationships, and qualified listening. By unveiling the impelling and restrictive aspects for communication between professionals and family members of the CAPSI users, from the perspective of the family members, it is possible to reflect on how relationships are being built; and how they can influence the care and rehabilitation of the individuals. In addition, as far as we know, these aspects have not been identified in this scenario, which was also noted by the gaps in the national and international scientific production on the subject in the context of the CAPSI.

This study aimed to analyze the perceptions of the family members of users of a CAPSI regarding the facilitating factors and difficulties in the communication with the health professionals.

## METHOD

This is a descriptive study with a qualitative approach, conducted in the only CAPSI of a city in the inland of Minas Gerais (Brazil). This service treats children and adolescents aged from three to 18 years old with diagnoses of severe and persistent mental disorders. At the time of data collection, the institution consisted of two psychiatrists, a nurse, four psychologists, two occupational therapists, a pharmacist, a speech therapist, a physical therapist, a social worker, a nurse technician, a pharmacy technician, and three administrative assistants.

From March to April 2017, 221 family members were identified as being present in the service, i.e., who took their children or family members at least once a week to treatment.

The inclusion criteria included the following: being duly registered in the official documents of the institution as a family member responsible for a user of the service; the child or adolescent under his/her responsibility has been undergoing treatment at the service for at least one year, attending the service at least once a week; and being treated by at least two professional categories. The exclusion criteria were defined as family members who, after contacted three times, did not answer the telephone or were not available at the date and time scheduled to participate in the focus group, and family members who did not attend after two appointments confirmed in the focus group.

Of the 221 family members identified as present in the service, 196 were excluded, of which: 75 did not answer the calls after three attempts; 69 had attended the CAPSI for less than a year; 31 confirmed the appointments and did not attend the groups; 20 said they would not attend; and one family member refused to participate after reading the Free and Informed Consent Form (FICF). Thus, of the 221 family members of users eligible for participation, only 25 participated in the proposed study.

For data collection the focus group was used, which presupposes the interaction between the participants and researchers aiming at extracting data through a discussion based on defined topics.<sup>22</sup> As data was collected through a focus group, a phone call was made to schedule the focus groups with all those who met the inclusion criteria.

Before starting data collection, the participants were informed about the research and signed two copies of the FICF; they kept one copy and the researcher kept the other. To guarantee the anonymity of the participants, they were identified with pseudonyms chosen by themselves.

Data was collected from April to July 2017, in the CAPSI's facilities, through focus groups, and they were guided by a semi-structured script designed by the researchers themselves. It is to be noted that this study refers to a doctoral research. The script comprised two parts: the first was related to the participants' socio-demographic data; and the second consisted of guiding questions for discussions about communication between the family members and the health professionals from the CAPSI, including: "What do you consider to be most difficult in the communication between you and the health care professionals here at the CAPSI? What do you think is easier in the communication between you and the health professionals here at the CAPSI? What do you think could be done to improve this communication?"

The participants, arranged in a circle, wrote the names they had chosen to protect their anonymity on their nametags. Subsequently, they were informed about the rules of the groups, such as: one person speaking at a time; avoiding parallel discussions so that everyone could participate; avoiding only one person from dominating the discussion; being honest.

It is noteworthy that the focus groups were managed by a moderator, who was the main researcher, and two research assistants, who made notes in a field diary and were responsible for the actions regarding the record of the conversation through two digital voice recorders arranged in the center of the circle formed by the participants.

The group moderator acted as facilitator of the discussion process, emphasizing the psychosocial processes that emerged on the topic.<sup>23</sup> The moderator was responsible for stimulating the participants to express their perceptions, feelings and opinions about the theme in question, and was also responsible for leading the discussion based on the dimension to be investigated.<sup>24</sup>

The planning of the research data collection with focus groups presupposes the reflection on chance as a criterion in the composition of the groups; the choice of known or unknown groups; the level of group structuring; the size of the group; total number of groups; and the role of the moderator and the analysis of the results.<sup>23</sup>

The choice of focus groups was justified by offering the family members a less formal and more comfortable setting, as they expressed their perceptions without fear of reprisal, answered more freely and thus minimized face-to-face interactions that could be intimidating if individual interviews were conducted. In addition, the focus group made it possible to encourage the participation of individuals who might be resistant to talking about their opinions due to various factors.

In this study, the 25 family members were grouped into three distinct groups, Group 1 (G1), Group 2 (G2) and Group 3 (G3), combined due to the similarity of time when, at that moment, children and adolescents were inserted at the CAPSI. Three group sessions were held with each group to investigate the study objectives. The size of each focus group varied according to the participants' greater or lesser adherence to the meetings. The first group had 11 participants, the second, eight and the third, six family members, according to criteria established for the proper functioning of focus groups.<sup>23</sup> All the meetings with the three groups were scheduled by phone call. Three attempts were made to invite family members to participate in the focus group, and then the dates and times were scheduled.

The discussions in the focus groups were digitally recorded and later fully transcribed. The information collected was analyzed through content analysis, thematic category, characterized by a comprehensive reading and skimming of the text, material exploration and interpretative synthesis. The first stage refers to the exhaustive reading of the set of the materials, aiming to get an overview of the data, as well as the particularities of the set. The second stage investigated the material, distributing

excerpts of each analysis text and relating them to the initial classifications. The last stage consists in the grouping of excerpts by themes, in the elaboration of an interpretative synthesis, dialoging with the results, the study objectives and the scientific literature.<sup>25</sup>

Data analysis was performed by the researcher and discussed with another scientific researcher with expertise in the topic and in the methodological framework.

This study was approved by the Ethics Committee for Research with Human Beings, meeting the ethical principles of autonomy, beneficence, non-maleficence and justice.

## RESULTS

Of the 221 family members of users eligible to participate in the study, 25 family members were included, which corresponded to 11.3% of the total. There was a predominance of family members aged from 24 to 34 years old, mostly female, with a total of 20 women (80%). Nine participants had completed high school (36%), seven (28%) had incomplete elementary school, and the mothers were the main responsible for the users who were undergoing treatment at the CAPSI, totaling 16 (64%).

From the data analysis, two thematic categories emerged: Professional-Family relationship and Suggestions to enhance communication.

### Professional-Family relationship

This category includes both the aspects that drive and those that weaken communication in the professional-family relationship, from the perspective of the family members. As for the facilitating factors for this communication, the family members reported positive actions of the professionals, among them, the human and technical performance, characterized by the participants as welcoming the user and the family member, active listening and guidance as to the appropriate way to deal with children/adolescents. This can be evidenced in the following speeches:

*[...] they [professionals] are patient and charismatic [...] they are here. They hug not only our children, but us too [...]* (Aline G3);

*[...] guide us, you know? Guide us on how to act, what we can do at home to help [...]. As she [another member of the focus group] said, these guidelines help us to help our children and sometimes we face situations that we do not know how to act, you know?* (Flávia G1).

Regarding the gaps in the communication between the family members and the professionals, the participants revealed that the professional performance is permeated by indifference and coldness, and that there is difficulty in standardizing the conducts among the professionals. The following speeches exemplify such aspects:

*The atmosphere here is cold [...] I feel they are cold and indifferent [...] there's no warmth, no concern [...]* (Maria G1);

*[...] that is, they should all speak the same language [...]. Because one says one thing, the other says another thing, and you look like [...] yes [...] back and forth, you don't know where you are going, I think everyone should speak the same language. I know you guys have a staff meeting, but I think that in this matter of speaking the same language I think you have a very big gap [...]* (Paula G2).

The lack of guidance from the professionals towards the family members was also identified as hindering communication among them, and was much discussed by the participants. They explained that they wanted to know how care was provided to the patients in the service, and how the family members should behave at home with the child/adolescent. The following speeches exemplify so:

*[...] he [Harley's son] states: I played all the time; okay, but like, we as parents want to know how that game, how that activity being done at that moment might be beneficial for what my son is going through, that treatment that was proposed at first.* (Harley G1);

[...] so sometimes, we found ourselves in a situation that we don't know how to act with them [...] sometimes, here they are behaving one way, and at home they behave differently, you know? (Flávia G1).

In this category, it was evident that the health professionals' actions can enable a better communication with the family members, but they can also weaken the process. For the participants, when the professionals act based on scientific knowledge, but also in a humanized manner, with clear guidelines and coherent with the demands of the family members, in a welcoming way, they contribute to the efficient communication and favor the relationship among the subjects. On the other hand, unwelcome interventions and behaviors, lack of guidance to the family members/caregivers, lack of feedback from the professionals regarding the treatment of children/adolescents and home care were described as hindering communication.

### **Suggestions to enhance communication**

This thematic category addresses aspects suggested by the participants ranging from staff meetings with family members to the organizational dynamics, aiming at improving communication between the professionals and the family members. They suggested that meetings between family members and professionals take place with a previously defined regularity. Such meetings would be spaces for talking about the treatment of their children and would enable exchanges and support among the family members themselves.

[...] I think at least once a month or once every two months the professionals assisting the parents should also talk about it, you know, then you can take this attitude, you can say this, because everyone here has a different problem (Leidy G1).

The participants also suggested that the family members should watch how the professionals behave with the child/adolescent, as this could guide them on how to act with the child/adolescent at home. They also proposed the creation of a WhatsApp Messenger (WHA) group. For the users, these actions would clarify the treatment and strengthen the dialog with the professionals. This can be evidenced in the following lines:

*to see if I can work the same way at home, to see if I can learn anything that I can use inside my home too* (Patrícia G2);

[...] if there was a whats group here, I don't know if this is possible [...] a whatsapp group, a group here from the CAPSI, then it works, like whatsapp [...] only the CAPSI staff, the mothers [...] (Sirley G3).

Regarding the dynamics and organization of the service to improve communication, they suggested a more participative and dialogical performance of the service management with the family members, aiming at improving communication, as shown in the following statement: [...] [the management should] *at least approach, treat parents better* [...] *so maybe there is a little lack of encouragement* [...] *I don't know, maybe* [...] *coordination* [...] *is to speed up, improve the communication process* (Maria G1).

## DISCUSSION

The analysis of the socio-demographic characteristics of the participants in this study is convergent with the literature. In a study conducted with family caregivers of people with mental disorders assisted by a CAPS in the state of Ceará (Brazil), it was found that the majority of the caregivers were female, mothers, approximately 32 years old.

Regarding the education profile, the results from this study were partially similar to the publications found, as they indicated that most of the caregivers, 36%, had completed high school. The data identified in the literature generally converge to incomplete elementary and middle education.<sup>26</sup>

It is important to highlight the relevance of the family in the monitoring of patients treated at the CAPSI. Family-Centered Care (FCC) is an innovative approach to health care planning, implementation and evaluation. By recognizing the importance of the family in the user's life, it can help modulate government health policies and programs; elaborate institutional projects, rules and routines; evaluate health care; and direct daily interaction between professionals, users and family members.<sup>27</sup> In this sense, mastery and a greater appropriation of communication and its elements would contribute to the family's cooperation to the service, as well as facilitate the relationship among the individuals involved in the care process.

In this study, the participants showed that the welcoming and humanized attitudes of the professionals of the CAPSI, as well as the exchange of information, favor communication with the family members, strengthening bonding and trust.

These results are consistent with the literature that indicates that professionals, users and their families recognize the importance of the professional-family interaction and its implementation through an ethical and sensitive professionalism that transcends the theoretical knowledge, with interventions that result in more humanized outcomes.<sup>28</sup> Given this, the need to equip the family members of users of the CAPSI is evidenced in order to empower them to deal with the demands of the children and adolescents effectively, humanely and resolutely.

From this perspective, humanized care requires the staff to provide guidance on patient care as well as on their situation. A study conducted with caregivers of children indicated that humanized care actions were related to providing affection and attention to them and to the patients. Another aspect highlighted in the statements was the importance of establishing relationships of trust and respect among the health care team, the patients and the families.<sup>29</sup> This supports the findings of this study that reveal that, in addition to technical care, there must be human care, broadening the view on the patient in mental health.

The professional attitudes based on distance from the family members, indifference and coldness were unveiled as limiting factors for the communication between the family members and the professionals of the CAPSI.

It is essential to emphasize that the human relationship imbued with subjectivity and psychic elements becomes superficial when it comes to establishing bonds with individuals with mental disorders. In this sense, the established communication is more delicately characterized due to the specificities that require from the individuals involved conscious, direct and consistent actions.

The results are in agreement with the literature that shows that, despite the changes resulting from the Brazilian mental health reform, the interaction between the family members and the professionals has been difficult, as the team often ends up blaming the families for the patients' mental illness.<sup>30</sup> This distances the professionals from the family members and compromises communication among them. In this sense, it appears that the family members of this study move actively and innovatively, trying to occupy central places in care, claiming possibilities, suggesting critical alternatives and practices



based on specific and inclusive transformations. The participants made the desire explicit to be co-participants in the process of caring, building relationships, with communication as its central axis.

According to a survey made with nurses about their actions regarding patients with mental disorders, it was evident that there is no listening between the lines, the said and the unsaid, what is behind the appearances. Only complaints related to the biological aspects are heard.<sup>31</sup> This is in line with the findings of the study, which evidenced the fragility of communication in the verbal dimension, when the professional does not share the evolution of the treatment of children/adolescents, and when they do not provide guidance according to the demands and needs of family members. In the nonverbal dimension, it was evidenced that the professional behaves in a distant and indifferent manner. Such aspects weaken the relationship, which should be a relationship of trust; they also compromise communication.

In this sense, the family members highlight their need to know how to act with their children in the daily life, in order to favor the treatment. They demand clarification on what happens to their children and how they can understand signs and behaviors of the children/adolescents. They state that they need guidance as to the functioning and institutional dynamics performed, so that they can understand the best action to be taken in the daily life, aiming at minimizing the aggressive and impulsive behaviors of the children and adolescents in question.

The expectations and desires permeate the meeting between the family and the professional. First, the family member believes that the professional has a different knowledge and will help them solve their problem. There is an appreciation of the professional by the family member. However, this relationship does not always meet their expectations. The practitioner may not meet the family member's needs, feeling helpless, and the family member may be frustrated and feel no less unfit.<sup>30</sup>

In this study, it was observed that the participants gave evidence, through their statements, that their expectations are often not met because they seem to be unaware of the best way/attitude to deal with their children and feel disappointed with cold and distant attitudes from health professionals.

There are gaps in the assistance provided by the mental health team to the family members of people with mental disorders, and they long for emotional and technical support.<sup>2,5,32</sup> Given this, it is crucial that the health professional be aware of the needs of the individuals and their families and understand their peculiarities. The professionals need to be able to exchange information with the individual, the family, the community and with other professionals, generating in the user a sense of belonging to the space where they are inserted. In addition to training, it is important to reflect on the professionals' need for support as they deal directly and indirectly with situations of psychological and emotional distress in an intense and frequently manner. It is also noteworthy that the professional is submitted to a work context that can generate overload and stress.

In the same direction, some authors clarify that the CAPSs, including the CAPSIs, need to support family members to maintain and strengthen the professional-family bonds, valuing the family's relevance in the services and considering the family member as a partner and co-responsible for the patient's treatment. The bond and mutual responsibility are nowadays the foundation of the treatment of children and adolescents with mental disorders.<sup>23,26,33.</sup>

The participants suggested that the family participate in meetings and discussions, as this may contribute to improve the communication between the professionals and the family members. These findings are in agreement with a research conducted in a mental health outpatient clinic, which showed deficient communication among the professionals and highlighted the absence of meetings at the service and the lack of internal communication, elements that, if present, could favor communication and exchange of information.<sup>34</sup>

In a study conducted in a mental health service, it was found that the benefits of a family group were the following: a reduction in the participants' feeling of isolation; the strengthening of the sense

of a collective experience; the feeling of being heard; the reduction of stigma and shame; in addition to an increase in knowledge about mental illness and improved support skills directed to the person cared for.<sup>7</sup> This supports the results of this study, as the family members suggest more meetings and guidance as strategies to enable communication.

It is important to note that many aspects mentioned by the participants in this research as hindering communication among the professional/user/family were consistent with the suggestions offered to promote the communication between the health professionals and the family members. This means that they provided coherent proposals to overcome the difficulties.

The knowledge of the family members of people with mental disorders and their perceptions on the treatment are relevant as they are tools to evaluate the effectiveness of the process of inclusion of the family as a caregiver and receiving care. This knowledge contributes to the design of new interventions and to the readjustment of the services, as well as to designing projects and implementing actions, contributing to a better quality care.<sup>20,35-36</sup>

The use of information and communication technologies directed to health care is considered promising as it enables self-care and encourages healthy habits, information exchange and emotional support. Among these technologies, the phone is highlighted.<sup>37</sup> The participants in this research revealed that they often use the phone to communicate with the professionals of the CAPSI in question, suggesting that a WhatsApp group be created to facilitate communication.

The idea of using a digital mean of communication in light of the current need for family co-participation in the CAPSI turns out to be even contradictory, especially focused on the human relationship and nonverbal signals so superficially valued by the participants of this study.

It was found in the focus group that there is a need for the service management to be closer and to stimulate the improvement of the communication process between the family members and the professionals of the CAPSI.

Working in management, consistent with the National Humanization Policy, requires the manager to have leadership, organization, planning, agility, good-relationship, knowledge, motivation and communication skills. Thus, the local manager needs to direct the other individuals to achieve the goals of the health service through teamwork,<sup>38</sup> strengthening the bond between the service and the users served.

The need is emphasized for closer ties among the management, the professional team and the family members, which can contribute to health care, strengthening ties with the users of the services, and enabling more solidary relationships and dialogs. It is important to emphasize that the results signal communication as a device to enhance the relationship between the health professionals and the family members of children and adolescents with mental disorders.

As limitations of this study, the small number of participants involved in the research is emphasized. However, this reflects the influence of feelings of discomfort or shame linked to the theme and to the possible exposure, as well as the limited financial conditions of the families to participate in the focus group. Another limitation is the fact that this study was conducted in a single CAPSI, which implies the impossibility of generalizing the results.

However, it is noteworthy that the reality experienced in this study may be similar to many other services, and the results offer an important support to understand communication in different contexts and raise strategic elaborations that foster a more effective communication process.

## CONCLUSION

In the relationship between the family and the professional of the CAPSI, human and technical professional performance and providing guidance to family members are perceived as facilitators for communication. The distant, poorly humanized professional performance and the lack of guidance to family members hinder professional-family communication.

The suggestions to improve the communication process were part of the possible strategies to be adopted, focusing on the users' family members, the dynamics and the organization of the service.

As suggestions to improve communication between the family members of children/adolescents undergoing treatment at the CAPSI and the professionals, the participants proposed to hold team meetings with the family members, in a more systematic way, that is, using the *WhatsApp* app to enable the communication and joint work and activities involving professionals/users/families within the CAPSI.

A contribution of this study highlights the need for more participative and closer actions of the service management with the family members and even that management stimulates a close relationship between the family and the professionals. This finding is groundbreaking. It concerns the leading role of the managers in the search for educational programs, aiming at contributing to the mental health practices, encouraging the professionals to communicate properly, with dialogical postures, promoting the transformation of daily life.

Another contribution was the feedback to the CAPSI team and the family members participating in the study regarding the main results and the proposed suggestions. This represented an attempt to raise awareness among the professionals and the management so that the family members can play a leading role, considering communication as a powerful tool.

The results of this study can also evidence communication as a fundamental technology for mental health care, in order to potentiate the meetings between professionals and family members as spaces that produce autonomy and health promotion. The curriculum of undergraduate courses should be changed to incorporate or reinforce communication as a fundamental tool for health care.

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## NOTES

### ORIGIN OF THE ARTICLE

Extracted from dissertation- Communication between health professionals and caregivers: the perspective of family members of users treated at a CAPSI, presented to the Graduate Program of the *Univerisdade Federal doTriângulo Mineiro*, in 2018.

### CONTRIBUTION OF AUTHORITY

Study design: Kappel VB.

Data collection, analysis and interpretation: Kappel VB, Goulart BF.

Writing of the article and/or critical review of the content: Kappel VB, Goulart BF, Pereira AR, Chaves LDP, Iwamoto HH, Barbosa MH.

Final approval of the final version: Kappel VB, Goulart BF, Pereira AR, Chaves LDP, Iwamoto HH, Barbosa MH.

### ETHICS COMMITTEE IN RESEARCH

Approved by the Research Ethics Committee of the *Univerisdade Federal doTriângulo Mineiro*, Opinion No.1,941,859, Certificate of Presentation for Ethical Approval No. 64429317.1.0000.5154.

### CONFLICT OF INTEREST

There is no conflict of interest.

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