Cogitare Enfermagem

WELCOMING PRACTICE IN PSYCHOSOCIAL CARE FOR THE PERSON-CENTERED CARE*

HIGHLIGHTS

1. There is a coexistence of action in relation to reception.
2. Some professionals continue to work within the biomedical logic.
3. Some professionals use the Person-Centered Clinical Method.
4. There is no practical or methodological alignment of reception in the teams.

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ABSTRACT

Objective: To analyze the practice of welcoming people into psychosocial care for person-centered care. **Method:** A qualitative, strategic social research study based on the Person-Centered Clinical Method, conducted with 17 professionals from two Psychosocial Care Centers in the Central Region of Brazil. Data were collected using a questionnaire to characterize the profession and individual online interviews between June and August 2021. The data was subjected to thematic content analysis. **Results:** the thematic category "Practice of welcoming in psychosocial care" included three categories that showed what is practiced by professionals in welcoming: 1. Family issues; 2. Health issues; 3. Psychosocial issues. **Final considerations:** there has been progress in the welcoming practices of some professionals, which is closer to the psychosocial care model, but there is a need for ongoing education so that person-centered welcoming becomes a common action in the services.

DESCRIPTORS: User Embracement; Mental Health Assistance; Patient-Centered Care; Mental Health; Community Mental Health Services.

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INTRODUCTION

Welcoming is a relational care technology[1], considered one of the most important ethical, aesthetic, and political guidelines of the National Humanization Policy (NHP). The ethical sphere concerns the commitment to recognizing others, respecting their differences, sufferings, feelings, emotions, and way of being, feeling and being in life. The aesthetic issue focuses on relationships and encounters as tools for promoting human dignity. And finally, the political dimension reaffirms the collective commitment to enabling people's autonomy during the encounters provided throughout their lives[2].

The Psychosocial Care Network (RAPS) is made up of various services that care for people with mental disorders, psychological distress, and drug abuse problems. The health care offered by the RAPS services aims to contribute to users' quality of life so that it is possible for them to re-signify and manage the aspects linked to the illness, which is only possible by including the context in which the user lives, their interpersonal relationships and their interactions with the community, in the search for comprehensive care[3].

Despite the potential of the practice of welcoming in the RAPS, scientific evidence shows that multi-professional teams still support 'welcoming' actions based on a medical-centered model[4]. Considering the knowledge that practices persist which are not in line with the psychosocial model, the importance of studies which address this issue with the potential to transform reality is reinforced[5].

One method that is considered to enhance the reception of users is person-centered care, which focuses attention on the person who has a health condition or problem, rather than on health professionals or the disease[6], which favors the participation of users in the construction of their Singular Therapeutic Project because they feel they belong in the psychosocial rehabilitation process as active subjects and protagonists of their own lives.

The practice of patient-centered care should be guided by the following principles: dignity, compassion, and respect; coordination and integration of care; personalized care; support for self-care; information, communication, and education; physical comfort; emotional support, relief from fear and anxiety; involvement of family and friends; transition and continuity of care; and access to care[7].

When thinking about these principles, it is important to recall the Person-Centered Clinical Method (PCCM), an approach corroborating the psychosocial model, advocated by the Pan American Health Organization (PAHO) as well as the World Health Organization (WHO) to deconstruct practices based on the biomedical model in community mental health services[8]. This method directs the operationalization of person-centered care and is made up of four components: 1. Exploring health, illness, and the experience of illness; 2. Understanding the person as a whole; 3. Drawing up a joint problem management plan; 4. Strengthening the relationship between the person and the doctor/health professional[9].

The second component of the PCCM "Understanding the whole person" recommends that professionals pay attention to aspects that allow them to understand the individual by investigating their immediate context, which includes family, financial security, education, employment, leisure and social support, and their broader context, which includes the community, culture, economy, health care system, socio-historical factors, geography, media and ecosystem[9].

Thus, considering that welcoming is an operational guideline of the health units of the Brazilian Unified Health System (SUS) and has a fundamental character for the qualification of care in various scenarios through the mapping of care demands and priorities[10], it is necessary to elucidate which aspects are considered by professionals in community mental health services to welcome and understand users and their families in an integral way. Therefore, the objective was to analyze the practice of welcoming in psychosocial care for person-centered care.

METHOD

This is strategic social research, with a qualitative approach[11] supported by the framework of the Person-Centered Clinical Method[9] and developed according to the Consolidated Criteria for Reporting Qualitative Research (COREQ)[12].

Social research, in the strategic modality, is grounded in the Social Sciences and guided by specific and focal problems that arise in society. Even if the researcher doesn't have practical solutions to the problems they identify, the research is intended to shed light on certain aspects of the reality being analyzed[11].

Initial contact with the field of study took place at a meeting with the mental health coordinator of the municipality in which the research was being carried out, at which time the research proposal was presented and an indication of potential services for participation in the study was sought. Two CAPS in the central region of Brazil were indicated, one classified as a type III Alcohol and Drug Psychosocial Care Center (CAPSad) and the other as a Children and Adolescents Psychosocial Care Center (CAPSi).

The study population was made up of health professionals linked to CAPSad and CAPSi. The inclusion criteria were professionals who provided direct assistance to users and their families. Workers on leave of absence due to licenses and vacations were excluded.

Meetings were held with the managers and teams of the CAPS, the settings for the study, with a view to sensitizing the professionals to take part in the research. To this end, a link was sent to the teams' work groups using a cell phone application, containing a Free and Informed Consent Form ("ICF"), a professional and sociodemographic characterization form and a field to indicate the possibilities for employees to schedule dates for the interviews.

Seventeen professionals took part, six from CAPSi and 11 from CAPSad. Participants were selected for convenience. A total of 44 CAPS professionals were invited during the data collection period, 22 from each service.

The selection of resources and instruments for data collection was carried out by the main researcher, a doctoral student specializing in mental health and psychiatric nursing, and a master's student in nursing, together with the supervisor, with the collaboration of two researchers for refinement. The first is a psychologist specializing in mental health, who also co-supervised the work, and the second is a nurse studying health management and patient safety, both of whom are PhD professors.

The data collection interviews took place between June and August 2021 and were carried out by the main researcher together with the master's student. They were recorded in video format and their content was transcribed in full for later analysis.

The duration of each interview ranged from 15 to 48 minutes, with an average of approximately 25 minutes.

Data was collected using an electronic form with sociodemographic information and a contextualization of the professionals' training, a semi-structured script for individual online interviews via Google Meet with guiding questions about the PCCM, highlighting for this study the second component "Understanding the person as a whole" with the following questions: What are the life stories and needs of users and their families when they seek care at the CAPS? How do you approach these personal and health issues? In addition, notes were taken in a field diary after the interviews by the researchers about their impressions throughout the process, which contributed to the interpretation and analysis of the data and discussion of the results.

Thematic content analysis was carried out, mediated by two researchers, according

to the following stages: 1. Pre-analysis, in which floating reading was carried out and the material to be analyzed was organized; 2. Exploration of the material, a phase in which coding operations were implemented through the identification of units of record and context for the construction of categories through the grouping of nuclei of meaning and; 3. Treatment of the results obtained: inference and interpretation in which the information resulting from the analysis was presented in the form of images, charts, tables, diagrams, among others[13]. The ATLAS.ti software was used to organize the corpus of analysis.

The project was approved by the Research Ethics Committee (opinion no. 4.298.136). To ensure anonymity, the professionals were coded by the letter P, followed by their identification number (P1 to P17) and the types of CAPS to which they were linked (CAPSad and CAPSi).

RESULTS

The age of the professionals ranged from 33 to 61, and females predominated among the participants (15, 88.2%). There was a range of professional categories: five psychologists; five nursing technicians; three nurses; two social workers; one pharmacist; and one speech therapist.

The content analysis allowed the construction of the thematic category "Practice of welcoming in psychosocial care", which included three categories that showed what is addressed by professionals to understand users and their families: 1. Family issues; 2. Health issues; 3. Psychosocial issues. Figure 1 shows the content covered in the reception at each service.
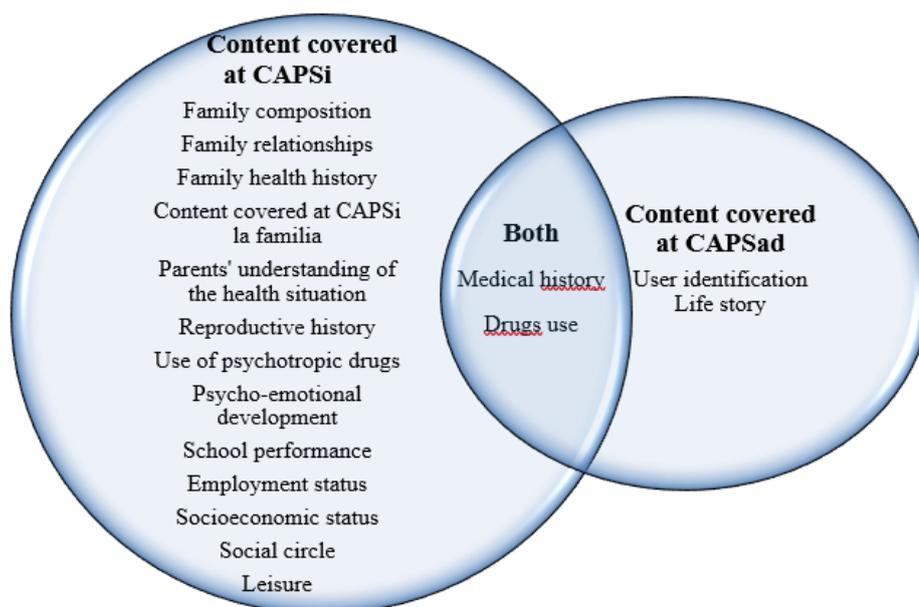
Figure 1 - Contents covered during reception at the services studied. Aparecida de Goiânia, GO, Brazil, 2021

Source: The authors (2021)

Category 1: Family issues

The participants verbalized issues of the family universe that are investigated when welcoming users, such as family composition and how family relationships related to psychosocial care are established, who is most present in the lives of people seeking mental health care:

[...] and of course we always also identify what the family structure is like, which family this is, how it is made up [...]. (P4 CAPSi)

[...] and then we investigate family relationships [...]. (P3 CAPSi).

[...] how this family participates with the patient, who is more present, who isn't [...]. (P4 CAPSi.)

[...] and understand what he [the adolescent] is going through at home, with his family, and his relatives too.

[...] with the problems that young people have at the time of their illness. (P5 CAPSi)

Family health history was another aspect raised by one of the participants in the study, which is explored during reception to see if there are many cases of suffering or mental disorders in the family:

[...] the family's illnesses [...] even because in the past many cases were not diagnosed, but there is a case [...] in the family, many cases they bring the diagnosis like this, but when we start the treatment, thereafter... that is investigating, the families start to identify other people who also have a similar diagnosis [...]. (P3 CAPSi)

Another relevant point investigated by the professionals is the understanding of fathers and mothers in relation to the health situation of the children treated at CAPSi, to help them understand the psychic suffering or mental disorder, to enhance the participation of parents in their children's treatment:

[...] I always try to identify if the mother has any difficulty understanding what is happening to the patient, if the father has difficulty [...]. (P4 CAPSi).

Category 2. Health issues

This category highlights the aspects related to the health situation of the people assisted, which are considered relevant by the teams at the time of the initial reception. These situations are identified as demands for care, elucidated through the complaints verbalized by users and their families, which help in the construction of care projects and the definition of diagnoses:

[...] the father or mother, or some other caregiver who brings them in, tells us about it, and we build up a history, making a... facilitating the diagnosis in relation to the problem they are seeking help for [...]. (P4 CAPSi)

Some participants also pointed out that they take care to gather information about the clinical history to diagnose the user and learn about the reproductive history of the adolescents assisted by CAPSi:

[...] then, according to the pre-diagnosis, I'll also question those who are accompanying the patient, if they notice any behaviors that could lead to that diagnosis, or another diagnosis I think the pre-diagnosis is not so correct, I'll then form it based on the symptoms that the caregiver is reporting [...]. (P4 CAPSi)

[...] the way he [the user] behaves, and even a bit about his health, his mental health [...].

(P9 CAPSad).

[...] and then in this anamnesis we ask questions about pregnancy, how it was [...]. (P3 CAPSi).

The use of alcohol and other drugs, as well as psychotropic drugs and who administers them, are also investigated at the reception to ensure greater safety in drug therapy, especially for children and adolescents, as the following statements reveal:

[...] questions about alcohol and drug use [...] (P3 CAPSi)

[...] if he [the user] used that day or not, mainly for the question... they really go a lot because of hospitalization, a large majority, so we already address this question [...]. (P9 CAPSad)

[...] who administers this medication, whether it's the patient themselves, or the teenager in fact, we ask that no one is left alone with the medication, right, depending on whether it's severe depression, for example, medication is very risky to be left with the patient [...]. (P4 CAPSi)

Category 3. Psychosocial issues

This category deals with the psychosocial aspects that are addressed during the reception of users of community mental health services, such as the identification of the user, whether they are compatible with the CAPS modality in providing continuity of care or referral to other services:

Our reception is already structured [...], there is a part, the first part, which is the collection of identifying data that the administrative person does [...]." (P7 CAPSad)

The investigation of the stage of psycho-emotional development of children and adolescents with mental health care needs at the time of reception was raised by a professional to identify possible causes of the current problems faced by this public:

As I'm a psychologist, from a psychoanalytic line, I work with patients before they're born, so in all situations, depending on their age, I go there to find out who their parents are, how this child came about, if it was a wish, if it wasn't, how the birth went, so we look at the whole previous life of that patient [...]. (P4 CAPSi)

The exploration of the life history of users of alcohol and other drugs was verbalized by one professional as an important factor in welcoming people to facilitate the care provided from a multidisciplinary perspective so as not to reduce assistance to drug therapy:

His [the user's] entire life story is addressed, everything he needs help with, so that's why we have a diversity of professionals here; because we understand that chemical dependency doesn't end with medication, I need to understand him as a whole [...]. (P7 CAPSad)

The school performance of children and adolescents is also checked during reception to see if the student's performance is related to the diagnosis of a mental disorder:

[...] how was their performance at school, has the school ever complained about anything, so we ask a lot of questions to be able to make a good diagnosis. (P4 CAPSi)

The income of the people who are assisted by the services was another concern of the professionals during the intake, who investigate the work and socio-economic situation:

So, at the reception, right, there we already have a whole anamnesis, it's semi-structured, right, and then we address the family's economic situation, answer the socio-economic

profile, the family's work [...]. (P3 CAPSi)

[...] if they have a job if they work all day [...]. (P4 CAPSi)

Questions about users' social lives are also investigated during the psychosocial care reception, such as interpersonal relationships in the social circle and what people do in their leisure time:

[...] relationships with other people outside, social relationships (...) what they do in their leisure time [...]. (P3 CAPSi)".

DISCUSSION

In the "Family issues" category, the composition of the family and the quality of family relationships were aspects addressed during the reception, as it is believed that the family universe can have a positive or negative influence on the mental health of the people assisted. The family is a person's first group of interaction and directly influences the development and personality of the human being. It can be a protective factor or a risk factor for alcohol and other drug abuse. When chemical dependency is established, family conflicts can emerge, causing damage to interpersonal relationships[14].

The family is a very important component in anyone's life. An experience of illness in one of its members can cause a strain on family relationships and the recovery process can require great effort from the others and, often, a change in roles[14].

Investigating the existence of cases of mental disorders in the family is important to find out if they are common episodes in the family and if they influence the current health situation of CAPS users. A study carried out in the north of Minas Gerais, Brazil, found that autism spectrum disorder (ASD) is more common in children and adolescents who have a family history of psychiatric disorders such as ASD, attention deficit hyperactivity disorder (ADHD) and epilepsy[15]. Knowing these factors enables health professionals to take a more systemic view when planning care.

Understanding parents' understanding of their children's health situation during reception is a factor that needs to be investigated. Research carried out with adolescents who practiced self-mutilation treated at a CAPSi in central Brazil showed that parents believe that self-mutilation is something inherent to adolescence and don't pay much attention to their children's mental suffering[16], which highlights the need to investigate family members' understanding of mental health issues involving their children.

In the "Health issues" category, the demands for care and the clinical history brought by family members gain importance during reception. A study carried out in a CAPSi identified that the main complaints of female users were related to self-mutilation, while those of males were linked to aggression and hyperactivity[17]. Identifying the demands for care is the first step to delving deeper into the causal factors so that a Singular Therapeutic Project (STP) can be built that can work on these psychosocial issues in an assertive manner.

The reproductive history of the adolescents received at CAPSi is an aspect that is explored by the team. A scoping review pointed out that there is a lack of publications on topics that deal with lethal violence, social determinants of health and mental and digital health in adolescents, and most of the studies found dealt with sexual and reproductive health[18], which highlights the importance of broadening the view of health professionals and researchers on the health of adolescents that goes beyond this dimension of life.

The use of alcohol and other drugs, including psychotropic drugs, is also investigated in psychosocial care. A study of 246 medical records from a type II CAPS in the northern region of Brazil showed that the majority of psychotropic drugs prescribed at the service were

antipsychotics and neuroleptics (33.1%) and mood stabilizers (18.51%); however, records of non-pharmacological therapeutic activities were scarce, which reveals the strengthening of the biomedical model within the community mental health service[19], which goes against what is advocated by the psychosocial and person-centered care model.

The Psychosocial Issues' category illustrates the issues that concern the uniqueness of each user who arrives at the mental health services. One participant reported that the administrative team at the health unit collects data to identify the user during the initial reception. Identifying the profile and characteristics of the users who seek care at the CAPS is a stage that makes it possible to ascertain whether the demand is compatible with the type of service[20].

The search to identify the stage of psycho-emotional development of children and adolescents emerged as an item explored during reception. Healthy individual development can have a positive influence on a person's self-esteem, autonomy, and relationships. Therefore, understanding the individual's current stage of development together with the crises of the life cycle enables health professionals to recognize problems and their impact on the person's life story[9].

Getting to know the life history of users and their families was another aspect mentioned by the participants that is present in the welcoming process. One strategy implemented in the context of psychosocial care to recognize the subjectivity of service users based on their personal stories was the implementation of a therapeutic group called *"Jornal do CAPS"* (CAPS Journal) with the aim of recovering the life trajectory of users through the speech of its participants and the qualified listening of the facilitators, which provided a welcoming space[21].

The school performance of children and adolescents cared for by CAPSi is also investigated in psychosocial care. A mixed-method study indicated that the poor school performance of children and adolescents is closely linked to social vulnerability, lack of family motivation, lack of teacher preparation and a culture of exclusion[22], factors that have a direct impact on the mental health of this population.

The universe linked to the financial lives of the people cared for in CAPS is explored by some professionals, such as the work and socio-economic situation. A survey carried out in the psychosocial care scenario showed that most of the people seen in the service are men, unemployed and with low levels of education[23], which can have a detrimental effect on physical and mental health due to the lack of financial resources to acquire a better quality of life, as both unemployment and a toxic work environment can have a detrimental effect on the person[9].

Finally, only one professional mentioned exploring issues such as leisure activities and the composition of the social circle of the people being cared for. Taking part in leisure activities improves the emotional state and broadens interpersonal relationships[9]. It is therefore important for CAPS teams to encourage users to have leisure time in the local area to promote the process of social reintegration.

In this way, care that is coordinated and consistent with the user's needs is one of the Ministry of Health's recommendations[24] for implementing person-centered care, which favors people's autonomy in making decisions about their own health. Another important premise is to ensure that people are treated with dignity and respect.

The research carried out in a virtual environment generated an unstable internet signal at times, making it difficult to understand the audio, and it was necessary to ask the participants to repeat the information, which was a limitation of the study.

FINAL CONSIDERATIONS

The data from the study made it possible to understand the coexistence of modes of action in relation to reception in community mental health services, with professionals working within the biomedical logic of surveying care needs, and others moving towards the care proposed by the PCCM, extrapolating aspects centered on pathologies and drug treatment, such as family and psychosocial issues.

It was clear that the CAPSi professionals, despite having the smallest number of participants in the study, were the ones who presented the most significant number of approaches oriented towards the psychosocial model of care and centered on the person, compared to the CAPSad team. Therefore, there is still no practical or methodological alignment of this approach in the teams studied.

The study brings contributions to the field of care, as it shows advances in the practice of welcoming by some professionals, which is closer to what is recommended by the psychosocial care model. However, it highlights the need for ongoing health education so that person-centered welcoming becomes a common action in the services.

It is recommended that further studies on the subject be carried out in other RAPS services to elucidate this phenomenon from the perspective of various important social actors in the mental health care process, such as users and their families.

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