

MENTAL HEALTH IN PRIMARY CARE: ANNALS OF THE BRAZILIAN CONGRESS OF NURSING

SAÚDE MENTAL NA ATENÇÃO BÁSICA: ANAIS DO CONGRESSO BRASILEIRO DE ENFERMAGEM

SALUD MENTAL EN LA ATENCIÓN BÁSICA: MEMORIAS DEL CONGRESO BRASILEIRO DE ENFERMERÍA

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How to cite this article: Santos REB, Nóbrega MPSS. Mental Health in Primary Care: Annals of the Brazilian Congress of Nursing. Rev baiana enferm. 2017;31(4):e20134.

Objective: To characterize the scientific production of nurses on Mental Health in Primary Care published in the annals of the Brazilian Congress of Nursing. **Method:** Qualitative, exploratory study and literature review of the annals of the Brazilian Congress of Nursing in the period ranging from 2009 to 2014. **Results:** A total of 70 abstracts were analyzed, most of which coming from Northeastern Brazil (54.3%). The abstracts were grouped into categories: Experiences in the provision of mental health care to individuals and families; Mental Health from the perspective of the Primary Care professionals; and Organization and operationalization of Mental Health in Primary Care. **Conclusion:** The progress made in the Psychiatric Reform and the expansion of the Family Health Strategy are likely to influence the production of work on the subject. The analysis of the scientific production that was investigated indicates that there is a movement towards strengthening coordination among two fields under construction to reach the assumptions of the policies in force.

Descriptors: Mental health. Primary Health Care. Nursing.

Objetivo: caracterizar a produção científica de enfermeiros sobre a Saúde Mental na Atenção Básica publicada nos anais do Congresso Brasileiro de Enfermagem. Método: estudo qualitativo, exploratório e de revisão de literatura dos anais do Congresso Brasileiro de Enfermagem do período compreendido entre 2009 a 2014. Resultados: foram analisados 70 resumos, a maioria proveniente da região Nordeste do país (54,3%). Os resumos foram agrupados em categorias: Experiências da assistência à saúde mental de indivíduos e famílias; Saúde Mental na perspectiva dos profissionais da Atenção Básica; e Organização e operacionalização da Saúde Mental na Atenção Básica. Conclusão: o avanço da Reforma Psiquiátrica e a expansão da Estratégia de Saúde da Família provavelmente influenciam a produção de trabalhos acerca da temática. A análise da produção científica investigada indica que há um movimento no sentido de fortalecer a articulação de dois campos em construção para atingir os pressupostos das políticas vigentes.

Descritores: Saúde mental. Atenção Primária à Saúde. Enfermagem.

Objetivo: caracterizar la producción científica de enfermeros sobre Salud Mental en la Atención Básica publicada en las memorias del Congreso Brasileiro de Enfermería. Método: estudio cualitativo, exploratorio y de revisión de literatura de las memorias del Congreso Brasileiro de Enfermería del periodo comprendido entre

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2009 y 2014. Resultados: fueron analizados 70 resúmenes, la mayoría proveniente de la región Nordeste del país (54,3%). Los resúmenes fueron agrupados en categorías: Experiencias da asistencia a la salud mental de individuos y familias; Salud Mental en la perspectiva de los profesionales de la Atención Básica; y Organización y operacionalización de la Salud Mental en la Atención Básica. Conclusión: el avance de la Reforma Psiquiátrica y la expansión de la Estrategia de Salud de la Familia probablemente influyen a la producción de trabajos acerca de la temática. El análisis de la producción científica investigada indica que hay un movimiento para fortalecer la articulación de dos campos en construcción para alcanzar los presupuestos de las políticas vigentes.

Descriptores: Salud Mental; Atención Primaria a la Salud; Enfermería.

Introduction

Primary Care was conceived to offer resolute care practices for most of the population's health issues and to be responsible for care effectiveness. The care offered by Primary Care is complex given the unique health needs of individuals, families, and communities.

The Basic Health Units (BHU), which are located close to where people live, are the central operating facilities, and the Family Health Strategy (FHS) is proposed as the priority instrument for organizing Primary Care work and teams, aiming at expanding, qualifying and consolidating it⁽¹⁾.

Primary Care operates based on this operation logic as the first level of care for the user and, ideally, as the first contact individuals, families, and communities have with the health system⁽²⁾. The Psychosocial Attention Network (RAPS) was established to increase the population's access to psychosocial assistance and to ensure facility coordination and integration in the national territory⁽³⁾.

Multiple health services with different integrated technological densities make up this mental health care network, qualifying care through the reception, continuous monitoring of, and attention to emergencies. Incorporating Primary Care as one of its components, the RAPS determines that health services at this point of care are also responsible for developing actions to promote mental health, prevention, and care for people with mental disorders.

Among the elements that are essential to the RAPS' operation, the center of communication position held by Primary Care stands out, as it

coordinates the care for, dialogue with, and flow of users among the various points of health care. The gradual substitution of traditional psychiatric hospitals for community mental health services and the restructuring of psychiatric care, based on the psychosocial paradigm, explain the current diversification in the nurses' activities in this area of practice.

The structural and operational changes made in the RAPS lead to a rethinking of the mental health care provided by nurses, as well as their insertion in the different care spaces⁽⁴⁾. Studies single out reasons that hinder the satisfactory development of mental health care and promotion actions, such as: lack of structural and human resources, of knowledge to deal with mental suffering issues, and coordination with other actors in the field of health to develop an integral action. They also highlight the tendency towards the biological model of treatment, the lack of support for family health teams, and the lack of training and updates focused on the theme⁽⁵⁻⁶⁾.

The Brazilian Congress of Nursing (CBEn) has been held annually since 1947. This event is an instance in the construction of knowledge in Nursing. It encourages critical reflection on the issues this professional category faces, considering the increasing complexity and pursuit of quality⁽⁷⁾, and it provides researchers with updates and exchanges on scientific progress and productions⁽⁸⁾.

The whole of the scientific production presented by the researchers at the Congress is able to reflect the panorama of Nursing and the profile of its members. The annals of the CBEn bring together abstracts of the papers presented during

the event and represent timely sources of information, considering that these productions are not necessarily published in scientific journals at a later time.

Given the current context of work organization, of public policies, and the changing role of nurses in relation to mental and psychiatric health practices in recent decades, this study aimed to characterize the scientific production of nurses on Mental Health in Primary Care published in the annals of the Brazilian Congress of Nursing.

Method

This is a qualitative, exploratory study and a review of the literature⁽⁹⁾. The guiding question was: What aspects of Mental Health have nurses who study and/or work in Primary Care presented at CBEn?

Data collection was carried out through searches in the CBEn annals of abstracts in the period ranging from 2009 to 2014. The decision to carry out the review in a 5-year period was taken aiming to keep abreast of the latest trends in scientific production on the subject, which is in constant development. The following keywords were used separately: "Mental Health," "Disorder," "Primary Care," "Primary Attention," "Basic Health Unit," and "Family Health."

The search was done using abstract annals keyword indexes, followed by the verification of the full content of each abstract surveyed. The criteria used for inclusion in the sample were: to contain at least one of the descriptors established among the keywords and to address Mental Health in Primary Care.

The contents of the abstracts were analyzed through data categorizing to group elements and ideas around the concepts present in the sample⁽¹⁰⁾. A set of three categories was formulated to expose how often these themes appeared: Experiences in the provision of mental health care to individuals and families; Mental Health from the perspective of the Primary Care professionals; and Organization

and operationalization of Mental Health in Primary Care.

The data were organized per year of publication, abstract registration number in the CBEn annals, state of origin, methodological design, and category of analysis.

Results

In all, 70 abstracts that met the inclusion criteria were analyzed (Table 1). The data for the year of publication indicate that the year with the most abstracts on Mental Health in Primary Care was 2009 (18 abstracts), while the year with the least publications was 2012 (six abstracts).

According to the distribution of abstracts based on the region of origin, most abstracts came from the Northeast region (54.3%), followed by the Southeast (18.6%), North (12.9%), South (10.0%) and Midwest (1.4%). Two abstracts did not specify the place of origin of the study (2.9%).

Category I - Experiences in mental health care for individuals and families

Twenty-seven abstracts (39.1% of the total) were grouped into this category. The work exposes and characterizes the nursing practice together with the other professional categories comprising the Primary Care interdisciplinary team and reports on experiences involving the implementation of actions aimed at the population's mental health.

The topics included actions in health prevention and promotion using collective or individual approaches. Reports of experiences were frequent in this category (11 of 27 abstracts).

The collective approach strategies Primary Care nurses and teams describe in the prevention and promotion of mental health were workshops and groups of different formats (41.2%); community therapy (29.4%); alternative therapies (11.7%); educational actions (5.9%), and psychoeducation (5.9%), totaling 17 papers.

Table 1 – Characterization of abstracts, state of origin, methodological design, and category of analysis. São Paulo, SP, Brazil, 2016

No.	Year	Registration	State of origin	Methodological design	Category
001	2009	00041	Ceará	Qualitative, descriptive study	I
002	2009	00042	Ceará	Literature review	III
003	2009	00043	Ceará	Qualitative study, action-research	I
004	2009	00090	Ceará	Qualitative, critical, reflective study	III
005	2009	00345	Ceará	Qualitative study, action-research	I
006	2009	00375	Ceará	Report on an experience	I
007	2009	00446	Santa Catarina	Qualitative study	I
008	2009	00989	Not specified	Literature review	I
009	2009	01321	Alagoas	Report on an experience	I
010	2009	01404	Ceará	Systematic review	I
011	2009	01528	São Paulo	Exploratory, descriptive study	III
012	2009	01681	Piauí	Qualitative, exploratory study	II
013	2009	01747	Ceará	Report on an experience	I
014	2009	02554	São Paulo	Descriptive study	I
015	2009	02556	Ceará	Descriptive study	I
016	2009	02580	Ceará	Report on an experience	I
017	2009	02616	São Paulo	Qualitative, exploratory, descriptive study	I
018	2009	02626	Ceará	Qualitative, descriptive study	III
019	2010	1169	Rio Grande do Sul	Not specified	II
020	2010	1765	Minas Gerais	Case study	III
021	2010	1780	Pará	Report on an experience	I
022	2010	1786	Ceará	Exploratory, literature study	III
023	2010	1799	Goiás	Report on an experience	I
024	2010	2248	São Paulo	Qualitative study	II
025	2010	2251	Amapá	Qualitative, descriptive study	II
026	2010	2298	Paraíba	Qualitative, exploratory, descriptive study	II
027	2010	2384	Paraíba	Qualitative, exploratory, descriptive study	I
028	2010	2399	Ceará	Qualitative analytical study	I
029	2011	0162	Paraíba	Qualitative study	II
030	2011	0816	Rio Grande do Sul	Report on an experience	I
031	2011	0881	Ceará	Qualitative, critical, reflective study	III
032	2011	0993	Santa Catarina	Qualitative, exploratory, descriptive study	III
033	2011	1015	Not specified	Bibliographic research	III
034	2011	1029	Ceará	Case study	III
035	2011	1245	Amapá	Qualitative, descriptive study	II
036	2011	1476	Ceará	Qualitative study, action-research	I
037	2011	1969	São Paulo	Qualitative study	II
038	2011	2021	Ceará	Qualitative, critical, reflective study	III
039	2011	2196	Paraíba	Qualitative, exploratory, descriptive study	II
040	2011	2288	Alagoas	Report on an experience	I
041	2011	2349	Paraíba	Report on an experience	I
042	2011	2362	Paraíba	Report on an experience	III
043	2011	2373	Rio Grande do Norte	Qualitative, exploratory study	II
044	2012	0204	Amapá	Qualitative, descriptive study	II
045	2012	0525	Rio Grande do Sul	Qualitative study	III
046	2012	1132	Amazonas	Report on an experience	III
047	2012	1350	Paraíba	Qualitative, exploratory, descriptive study	II
048	2012	2279	Paraíba	Qualitative, exploratory, descriptive study	I
049	2012	2463	Piauí	Qualitative, exploratory, descriptive study	I
050	2013	0091	Rio de Janeiro	Integrative review	III
051	2013	0413	Rio Grande do Norte	Quantitative descriptive study	III

Continue...

					Continuation
052	2013	0777	Pernambuco	Report on an experience	I
053	2013	1643	Bahia	Qualitative study	II
054	2013	1646	Bahia	Qualitative study	II
055	2013	1768	Bahia	Qualitative study	II
056	2013	1878	Rio de Janeiro	Qualitative study	II
057	2013	1899	Santa Catarina	Report on an experience	I
058	2013	2386	Santa Catarina	Not specified	II
059	2013	2538	Ceará	Qualitative, exploratory, descriptive study	II
060	2014	0145	Maranhão:	Qualitative, descriptive study	II
061	2014	0241	Pará	Report on an experience	I
062	2014	0245	São Paulo	Qualitative, exploratory, descriptive study	II
063	2014	0246	São Paulo	Systematic review	I
064	2014	0297	Ceará	Bibliographic research	II
065	2014	0440	Pará	Quantitative study	II
066	2014	0884	Pará	Report on an experience	III
067	2014	1231	São Paulo	Qualitative study	II
068	2014	1565	Amazonas	Report on an experience	III
069	2014	1673	Rio de Janeiro	Qualitative, descriptive study	II
070	2014	1849	Rio de Janeiro	Report on an experience	III

Source: Developed by the authors.

Category II - Mental Health from the perspective of Primary Care professionals

The 24 abstracts (34.8% of the total) grouped in this category investigated the perceptions, conceptions, knowledge, social representations, and the recognition of the mental health needs of the population and how they are addressed in the field of Primary Care.

Category III - Organization and operationalization of Mental Health in Primary Care

This category consisted of 18 abstracts (26.1% of the total), which addressed topics related to Primary Care commitments, considering the Psychosocial Attention Network; matrix support in mental health; the application of the psychosocial model to assist users, families and communities, and the attributions of the professionals in the scope of post-Psychiatric Reform Primary Care.

Discussion

From 2009 to 2014, the CBEn was held twice in Northeastern states (Ceará, in 2009, and Alagoas,

in 2011); twice in Southern states (Santa Catarina, in 2010, and Rio Grande do Sul, in 2012); once in the Southeast (Rio de Janeiro, in 2013); and once in the Northern region (Pará, in 2014). It is noted that the prevalence of studies in the CBEn annals coming from institutions located in the Northeast region (54.3% of the total sample) goes in the opposite direction of that found in a study that used scientific health databases to collect articles on the same theme⁽¹¹⁾. The analysis of this survey showed that publications from the Southeast region predominated, while there was an absence of articles from the Northern region of the country.

The large amount of work carried out on this subject by researchers from the Northeast region of the country and presented at the CBEn might be explained by the political conjuncture inherent to that region in the recent decades of its history. The FHS grew about 25 percent in Northeastern states in the last ten years, making it the most extensive in the country with a population coverage estimated at approximately 80.0% in 2015⁽¹²⁾. The state of Ceará, the one that had the highest study frequency in the sample, with 19 abstracts (27.1% of the total), was the first state in the Northeast to create a Psychosocial Care Center (CAPS, a community

mental health facility essential for the outpatient network and for social reinsertion) and the second to enact an act in the psychiatric reform perspective in Brazil⁽¹³⁾.

Also noted was the interest of the nurses who presented their work at the CBEn to explore matrix support as a strategy to produce health in the network. In fact, responsibilities shared between the CAPS and Primary Care teams in preparing mental health cases avoid practices that lead to psychiatrization, medicalization, to prejudice, and to the segregation of insanity, favoring the permanence of the individual with mental disorders in their communities⁽¹⁴⁾.

It was noted that the issue of lack of training and preparation among the Primary Care workers was pointed out as a serious obstacle to effective mental health care in this scenario. Even the FHS teams still have a limited understanding of the mental health-illness process⁽¹⁵⁾ and tend to perpetuate the hospital-centric model of care⁽¹⁶⁾.

The stigma and prejudice issue permeated, directly or indirectly, a large part of the production on Mental Health in Primary Care in the sample studied. Health service organization and the action scenario are important predictors of the professionals' attitude toward mental illness⁽¹⁷⁾. Adapted to the Brazilian context, this notion allows the understanding that workers in hospital health services may have different attitudes from those who work in community-based health services. The likely explanation for this phenomenon is the fact that the health facilities that work with the outpatient or inpatient modes tend to serve more users who are recovering from an acute illness and returning to their normal social life. Meanwhile, at healthcare facilities that work with a longitudinal care model (such as Primary Care), professionals are more likely to deal with patients with chronic illness.

Considering these peculiarities of the populations served by different health services, it may be that Primary Care professionals tend to discredit the possibility of rehabilitation of individuals with mental disorders and to produce stigma due to the wear and tear generated by these recurring cases. Having said this, it is understood

that the stigma phenomenon must be considered when planning the teams' training and refreshing actions to build and sustain an inclusive, rehabilitative practice.

The mental health prevention and promotion actions in Primary Care were portrayed through operating groups, workshops, community therapy, educational actions, and psychoeducation actions, among others. The reason for using these technologies was justified by the potential to improve quality of life and to promote mental health in an affordable, low cost manner⁽¹⁸⁾, similarly to the priority disease or illness groups prevalent in the population (groups of people with diabetes, high blood pressure, among others)⁽²⁾.

Through the reports, it is understood that technique effectiveness with groups in the communities is due to the reception of the individuals' suffering and to the strengthening of their social support networks. These findings are validated by Ministry of Health recommendations that point out that using techniques that involve working with groups are important instruments for psychosocial intervention in Primary Care, provided they are well designed for their purposes, structures, and management. Through the group health care production process, and thanks to the plurality of its members, it is possible to achieve subjective transformations and experience exchanges that individual care would not allow for⁽²⁾.

The professionals' ideas were explored in relation to mental health care and to the mental health-illness process in Primary Care. There was a polarization on the theme: On one hand there was concern with the incorporation of the psychiatric reform process in the practice of care; on the other hand, there was difficulty in departing from medicalization practices centered only on mental illness. The professionals demonstrate an understanding of the relevance of the work based on the ideas of integration, articulation, and intersectoral communication so that Primary Care is a point of access and linkage of people with mental suffering⁽¹⁹⁾.

The studies that aimed to describe the actions carried out by the Family Health Strategy

nurses and professionals show that, despite the undertaking of actions in the daily Primary Care routine aimed at mental health (such as reception, bonding, and identification of health needs), they consider it essential that changes are made, beginning with professional training so that the teams seek to develop a more effective, targeted practice^(20,21).

The studies that sought to identify the professionals' difficulties noted, above all, the lack of preparation and skills to deal with the demand of this population and their relatives⁽¹⁵⁾. Faced with this inability, mental health issue management manifests itself in inexpressive care actions such as referrals to other services and the dispensing of medications⁽²²⁾.

It turns out that, to some degree, the Primary Care workers still show stigma and prejudice in relation to mental illness. The challenge of transforming the view that many professionals have that individuals with mental disorders should be exclusively served by specialized services, even for care that demands primary health care is evident, violating the principles of universality and integrality of the Unified Health System (SUS)⁽²³⁾.

The discussion of the matrix support as a network strategy appeared in five abstracts of this category. There was a mention of the terms "consulting and liaison activities"⁽²⁴⁾ and "Regional Mental Health Collegiate"⁽²⁵⁾ grouped in this group because they are working methods that closely resemble the matrix support with regard to the organization dynamics of the teams and their purposes. Among the functions mentioned with regard to the training teams, which render them indispensable to the functioning of the Psychosocial Care Network, are those of empowering and sharing responsibilities with the Primary Care teams, strengthening their problem-solving capacity and, therefore, minimizing the referral logic within the network⁽²⁶⁾.

In the current context of the fragmented work done by the Psychosocial Care Network teams, practices that are more oriented toward a psychosocial aspect still compete for space with a clinic oriented towards healing and focused on injury control⁽²⁷⁾. Even in contexts where the flow

of care for people with mental disorders occurs as established by the health policies, one must consider that there are still frequent failures in processes such as referral and counter-referral between health facilities⁽²⁸⁾.

Experiences involving training the community health agents (CHAs) and nursing teams in Primary Care are presented as strategies capable of deepening their knowledge to better organize the flow of care between the BCUs and other network facilities⁽²⁹⁾. Inserted in this post-psychiatric reform mental health care context, the nurse assumes a central role in the Family Health Strategy teams, in the coordination of the CHAs, nursing technicians and assistants, enabling these professionals' qualifications and the inclusion of new care practices into their reality⁽³⁰⁾.

Study limitations are the fact that it is a single source of data to survey the Mental Health in Primary Care theme. Despite the number of abstracts surveyed, no generalization may be made, and it is not possible to say that little is produced on the subject. Because it is a broad event, the CBen aggregates studies from all areas of knowledge in nursing, and they can experience the same reality regarding the production presented each year.

It was found that the cataloging of the CBen's annals is not uniform insofar as descriptor definition is concerned, which changes at each congress. It is believed that such updates are necessary to incorporate the growing scope of knowledge. However, these changes compromise material collection fluidity, demanding more time and attention when compared to the survey of scientific production in the virtual health databases.

The study translates the nurses' production in a theme that needs to advance in the country and meet the proposal of mental health care in the field of Primary Care. It is a compilation of materials from the period ranging from 2009 to 2014, in an event that brings Brazilian nursing around different topics. The results help encourage future investigations that deepen the monitoring of this production. Faced with the reflections of the authors of the study, the data,

which are rigorously presented, are relevant to the current panorama of the National Mental Health Policy.

Conclusion

The analysis of the investigated scientific research exposes several paths that nursing has taken to distance itself from the outdated model of care for people with mental disorders, and indicates that there is a movement to strengthen the coordination among two fields that are under construction to reach the assumptions of existing policies. The abstracts provide a view that can increase knowledge about what is currently being produced on Mental Health in Primary Care, especially on the reality of professionals who are directly involved in health care and students inserted in this scenario.

The place where the events are held may influence a greater or lesser participation of researchers, either due to the proximity of their institutions of origin and/or possible convenience. However, this factor may not be able to explain, in isolation, the high frequency of work coming from states in Northeastern Brazil.

We believe that the progress made by the Psychiatric Reform and the expansion of the Family Health Strategy are likely to be influencing the researchers' growing production on the subject. In view of these findings, we believe that for mental health actions to be provided in sufficient amounts and quality to users with these demands, it is essential for there to be investments in professional training and in continuous qualification for the teams.

Collaboration

1. design, project, analysis and interpretation of the data: Renato Eiji Bellochi dos Santos e Maria do Perpétuo Socorro de Sousa Nóbrega.

2. article writing and critical review of the intellectual content: Renato Eiji Bellochi dos Santos e Maria do Perpétuo Socorro de Sousa Nóbrega.

3. final approval of the version to be published: Renato Eiji Bellochi dos Santos e Maria do Perpétuo Socorro de Sousa Nóbrega.

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Received: November 12, 2016

Approved: October 9, 2017

Published: December 20, 2017