

O PROCESSO DE TRABALHO DO ENFERMEIRO NA PROMOÇÃO DA SAÚDE MENTAL: ANÁLISE REFLEXIVA

NURSING WORK PROCESS IN THE PROMOTION OF MENTAL HEALTH: REFLECTIVE ANALYSIS

PROCEDIMIENTO DE TRABAJO DEL ENFERMERO EN LA PROMOCIÓN DE LA SALUD MENTAL: ANÁLISIS REFLEXIVA

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RESUMO

Objetivo: refletir acerca do processo de trabalho do enfermeiro na promoção da saúde mental, de qualquer natureza, da população atendida na Estratégia de Saúde da Família (ESF). **Método:** realizada uma reflexão voltada para o processo de trabalho do enfermeiro na promoção da saúde mental da população da ESF. **Resultados:** A reflexão apresenta-se em duas vertentes: a primeira, em 'O processo de trabalho do enfermeiro na promoção da saúde no sofrimento mental', seguida do 'Processo de trabalho do enfermeiro: abordagem familiar e apoio matricial'. **Conclusão:** O processo de trabalho do enfermeiro na ESF deve ter abrangência nas diferentes áreas. No entanto, é necessário que se tenha um foco maior na promoção da saúde mental dos indivíduos e das famílias inseridas, tanto em prol da qualidade de vida daqueles que já possuem algum tipo deste transtorno, quanto da prevenção de agravos àqueles em sofrimento mental. Todavia, para que este processo de trabalho seja eficaz, é necessário que este profissional almeje pela educação permanente, a qualificação e a capacitação para suprir esta lacuna do conhecimento e superar suas dificuldades de atuação nesta área, buscando parcerias multiprofissionais, numa atuação interdisciplinar.

Descritores: Saúde mental; Estratégia saúde da família; Enfermeiro.

ABSTRACT

Objective: to reflect on the nurses' work process in the promotion of mental health, of any nature, of the population served in the Family Health Strategy (FHS). **Method:** carried out a reflection on the nurses' work process in the promotion of the mental health of the FHS population. **Results:** The reflection is presented in two aspects: the first one, in 'The work process of the nurse in the promotion of health in mental suffering', followed by the 'Nursing work process: family approach and matrix support'. **Conclusion:** The nurses' work process in the FHS should be covered in the different areas. However, it is necessary to have a greater focus on promoting the mental health of the individuals and families involved, both for the quality of life of those who already have some type of this disorder, and for the prevention of injuries to those suffering mentally. However, in order for this work process to be effective, it is necessary for this professional to aim for permanent education, qualification and training to fill this knowledge gap and overcome their difficulties in working in this area, seeking multiprofessional partnerships in an interdisciplinary approach.

Keywords: Mental health; Family health strategy; Nurse.

RESUMEN

Objetivo: reflexionar acerca del proceso de trabajo del enfermero en la promoción de la salud mental, de cualquier naturaleza, de la población atendida en la ESF. **Método:** realizado una reflexión orientada al proceso de trabajo del enfermero en la promoción de la salud mental de la población de la ESF. **Resultados:** La reflexión se presenta en dos vertientes: la primera en "El proceso de trabajo del enfermero en la promoción de la salud en el sufrimiento mental", seguida del "Proceso de trabajo del enfermero: enfoque familiar y apoyo matricial". **Conclusión:** El proceso de trabajo del enfermero en la ESF debe tener alcance en las diferentes áreas. Sin embargo, es necesario que se tenga un foco mayor en la promoción de la salud mental de los individuos y de las familias insertadas, tanto en pro de la calidad de vida de aquellos que ya poseen algún tipo de trastorno mental como de la prevención de agravios para aquellos en sufrimiento mental. No obstante, para que este proceso de trabajo sea eficaz, es necesario que ese profesional almeje por una educación permanente, la cualificación y la capacitación para suplir esa laguna del conocimiento y superar sus dificultades de actuación en esa área buscando alianzas multiprofesionales en una actuación interdisciplinaria.

Descriptor: Salud mental; Estrategia de salud familiar; Enfermeros.

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INTRODUCTION

The Unified Health System (UHS) is a set of actions and health services provided by federal, state and municipal agencies and institutions and has as one of the main objectives, assistance to the population through actions to promote, protect, and recover health and preventive activities, based on the doctrinal principles of universality, equity and integrality⁽¹⁾.

In addition, Primary Health Care (PHC) is a gateway to the health care network and has the Family Health Program (FHP) as a priority strategy for its organization, transforming itself into a strategy of national coverage, called the Family Health Strategy (FHS)⁽¹⁻²⁾.

As a result, programs and policies of national scope were developed in PHC, such as: actions aimed at eliminating leprosy, controlling tuberculosis, hypertension, diabetes mellitus, actions on the health of children and adolescents, women's health, mental health, among others⁽²⁾.

In 2001, the National Mental Health Policy was established, which deals with the protection and rights of people with mental disorders and redirects the mental health care model, which aims to deconstruction of a model based on hospital-centered care and progress towards a community-based model. In addition, it makes the State responsible for the development of this policy, the assistance and health actions directed to this population, with the due participation of society and the family⁽³⁾.

In this context, FHS play an important role in mental health, since it considers the individual in its singularity, complexity, completeness and socio-cultural insertion, in addition to having an area of coverage, with a defined population and a minimum team, consisting of nurses, physician, Nursing technician and community agent. These professionals should plan, organize, develop and evaluate actions that meet the needs of the community, working in a network, to promote the health of individuals⁽⁴⁾.

Thus, these professionals are identified as responsible for constituting the strategy proposal, participating in territorialisation, promoting articulation between health service and community, and also identifying the most important health problems and their determinants⁽⁵⁾.

The Mental Health Care Network consists of a Psychosocial Care Center (PCC), a Therapeutic Residential Service (TRS), an Mental Health Clinic,

an Emergency/Psychiatric Emergency, a Psychiatric Hospital in a General Hospital, a Street Doctor's Office, of Therapeutic Communities and Transitional Housing Houses. The FHS plays an important role in this system, being jointly responsible for the rehabilitation process and coping with the different types of psychosocial suffering of the individuals, accompanying the PCC and TRS users in-house⁽⁶⁻⁷⁾.

Since these professionals are able to act extensively in the integral care of these individuals and their relatives, since they know their reality, their relationships, their family and social context, it becomes favorable to act through direct assistance, through visits domicile, and even through health education⁽⁵⁾.

The reflection on professional practice by nurses and other professionals, in order to develop and transform it, with respect to the population with some kind of psychosocial suffering, is relevant because this approach is still incipient.

It is also corroborated that nurses' training to deal with the mental health approach in the FHS is still little explored and developed during graduation, since in the National Curriculum Guidelines (NCG) this theme is open, so that it is explored by undergraduate courses in Pedagogical Political Projects. In addition, the incipience in the processes directed to Permanent Education in this area in question generates, in these professionals, a certain lack of autonomy in the promotion of mental health.

In this context, the objective of this study was to reflect on the nurses' work process in the promotion of the mental health of the population served at the FHS.

The reference for this analysis was the work process in Primary Health Care in the light of the Assistance Model, proposed by the Family Health Strategy and the National Mental Health Policy, which are the light-hard technologies that instrumentalize the organization of work in health⁽¹⁻³⁾.

The reflection is presented in two aspects: the first one in 'The work process of the nurse in the promotion of health in the mental suffering', followed by the 'Work process of the nurse: family approach and matrix support'.

The Nursing work process in promoting health in mental suffering.

The nurses' work process in relation to the promotion of mental health should be based on

strategies that aim at integral care, which encompass the whole social context of the individual and his family, in order to meet the primary needs, when it comes to health mental health, at any level of health care. The nurses who work within the FHS need to find a means of approach that integrates the entire team to meet the demands of mental suffering in the community. Some strategies are group therapies, home visits and simple listening to the users of the service⁽⁸⁾.

The nurse performs numerous functions within an FHS and, in this sense, he and his team must work in an interdisciplinary way in the promotion of the mental health of the attached population, since no professional occupies the central role in this care and all have the responsibility and duty to work together for the restoration of the well-being of individuals.

The approach of the subject should not be authoritarian, as this makes interaction and the creation of a link between user and team difficult. This should be flexible, allowing exchanges of experiences and communication with sensitive listening, so that both professionals and users are able to devise an effective therapeutic plan.

Research points to the difficulties that Nursing professionals face when developing actions aimed at mental health in primary care, such as the fear of dealing with mental suffering due, mainly, to the inadequate academic training and the unpreparedness of these professionals to intervene in this field of health⁽⁹⁾.

Therefore, there is a need to reorient Nursing education in universities, with reference to the National Mental Health Policy, in order to train professionals who are capable of acting effectively in this area⁽³⁾.

Although the National Curriculum Guidelines (NCGs) for Nursing undergraduate courses advocate content aimed at the integral health of the human being, the issue of promoting the mental health of the population is still poorly addressed and, a viable solution, would be its approach in the other disciplines so that Nursing students are able to assimilate the theme and, therefore, identify the psychosocial dimensions to act integrally in the health of the individual and community, so as to leave aside the fragmented and biologicist gaze.

Therefore, it is undeniable that there are several barriers to integrating the field of mental health into primary care, mainly due to the persistence of fragmented work processes

centered on the biomedical model, as well as factors related to stigma and prejudice regarding the area mental health⁽¹⁰⁾.

The fragmented model, which has a biologicist view, ends up focusing only on the disease and, in the case of the mental health area, is turned only to the mental disorder itself. Thus, there is no holistic view, which negatively affects the work process of the professionals, since they will not have a point of view aimed at promoting mental health.

In order to propose changes in the progress of mental health, it is necessary to replace the hierarchical, fragmented, technical-bureaucratic care models, through listening technologies, reception/dialogue and negotiation. Therefore, it implies the production of a model of health management, in which managers, workers and users can dialogue and deliberate on the conduction, implementation, financing and evaluation of public health policies, as well as on the work processes carried out in daily life of services⁽¹¹⁾.

Despite the paradigm shift, there still exists in the praxis a strong support of the biomedical model in the work process of the health professionals, implying in retrograde actions that do not allow significant advances in relation to the health practices, mainly to mental health where one has a very stigma.

It is of utmost importance to insert mental health practices in primary health care, mainly to obtain a comprehensive and humanized assistance to the public attended by the FHS, together with the articulation of all the professionals who form this team, nurse can mediate such involvement.

It is the duty of the professionals who make up the FHS team to know the reality of the population served, so that the educational processes in relation to mental health are rethought and re-dimensioned, with the purpose of guaranteeing access, reception and bonding, in order to have a practice focused on comprehensive care, even in the face of a territorially fragile service network⁽¹²⁾.

In this way, the listening of these professionals is a light technology, of relevance in the scope of mental health, so that the individual expresses the diverse feelings that integrate their routine of life, and that can generate or aggravate the mental suffering both individually and collectively.

In this context, the nurses' work process must be based on the promotion of mental health, both for the mentally ill user and for their relatives, since there is a family rearrangement when a person suffers from a mental disorder.

In order to systematize the work process in these services, it is necessary to pay attention to the needs of these families with mental suffering, seeking resolutions in a systematized, integrated and humanized way to better assist this part of the population. In addition, the nurse is the professional who plays a major role in this care, which reinforces the importance of having an improvement in his work, following a scientific basis, in order to have greater resolve⁽¹³⁾.

The nurses' work process: family approach and matrix support.

The family system plays an important role in relation to the person with some kind of mental suffering, since it is composed of individuals who share a relationship of care, protection, socialization, affection, and have the same culture, which favors the establishment of a closer relationship, enabling assistance, care and, also, promoting the well-being of this subject.

In this sense, thinking about the advantages that the family system offers to the person with this type of suffering, the nurse must involve him in the treatment of these individuals, in order to help in the maintenance of health, in the prevention of aggravations and, mainly, in the promotion of health.

For this, it is important to remember that the nurse must know the population that compose their assigned area, which is done by means of the registration of the families in the FHS and, from then on, the nurse and his team, through home visits, can use familiar tools such as the genogram and ecomap, to promote the creation of bond with these relatives and with the patient, helping in the knowledge of the problems of this population.

When identifying potential or occurrence of users in mental suffering, this relationship should be deepened, using sensitive listening and welcoming, so that together they can draw a real realistic and flexible therapeutic plan, so that a health education is carried out in which both the family and the user are aware of the importance of this plan and succeed in achieving it.

It is also corroborated that the nurse, together with the family health team, should offer support and guidance to these family

members, since it may be difficult to deal with crisis situations, with guilt, frustration, the social isolation in which they are subject and the ignorance of the disease. In addition, nurses should seek to raise awareness among family members to understand that care requires availability, effort, and understanding, including for caregivers to find strategies to deal with their own emotions⁽¹⁴⁾.

Therefore, the family should collaborate in the construction, implementation and follow-up of what is advocated by the Public Policies of Attention to Mental Health. Thus, it is important that monthly meetings are held, engaging family health team members in case discussions, planning, stock assessment, and knowledge sharing with an interdisciplinary approach⁽¹⁴⁾. Once there is this sum of actions between family and team, a more effective care will be provided, reflecting on the quality of life of people with mental suffering.

For an articulation between mental health and primary care, an important strategy is the matrix support, which develops integral care, articulated with the managers that compose the FHS⁽¹³⁾.

In this perspective, matrix support is a strategy that assists health, family and community professionals in the care, promotion and restoration of the health of people with mental suffering.

The matrix support in mental health, implements a multidisciplinary action, with the purpose of generating assistance flows between the health services, so that the psychosocial field has a comprehensive approach in the different areas of health services, demanding their proper promotion and prevention in the environment⁽⁹⁾.

The existence of *matriciamento* refers to networking, that is, it can be compared to a web that has interconnections. Thus, there is a strong link between the work of the FHS with the mental health services, in order to build therapeutic plans for the user and his family. In this way, the two teams must work simultaneously and the FHS should have knowledge about the family routine of the patient in mental suffering. Mental health services should establish necessary actions for this population.

The matrix support is a flowchart that allows the user and his/her family members to be cared for in an articulated way in relation to mental health, which leads not only to the interdisciplinarity between the teams, but also to

the intersectoriality, since other means may be connected to this network, especially in relation to social aspects, which can support the problems encountered and help to complement the therapeutic plan of this patient.

In this way, this strategy will culminate in positive repercussions on the life of the user and improvement in the quality of life of their relatives, because the team, being multidisciplinary, gathers its knowledge about him and his family, which provides a better therapeutic plan.

There should be the understanding that the matrix support is not an individual care performed by the mental health specialist within the primary care, just as it is not the collective care done by this same specialist. Matrix support goes beyond that; "Constitutes a tool of transformation, not only of the health and illness process, but of the whole reality of these teams and communities"^(15:15), since it is constituted by the articulation of primary health care professionals and of mental health specialists, ie a multi-professional and interdisciplinary approach⁽¹⁵⁾.

This notion of network should be well-instrumented, so as to allow an overview of users, families and community, so that there are improvements in health care, noting that there are several actors involved in this network and influencing the life of this individual as, for community, family, health services, schools and the social network of the user.

Matrix support may be requested in a number of cases, such as in cases where it is necessary to design a therapeutic project and a family approach, when it is necessary to carry out specific psychosocial interventions in primary care and to integrate the specialized level with primary care in the treatment of patients with mental disorder⁽¹⁵⁾.

Therefore, matrix support is a differential in mental health, since it is not a reference action and against reference, but rather a link between several services and sectors, whether public or private, maintaining a continuous follow-up, favoring an integral assistance to these users.

FINAL CONSIDERATIONS

The nurses' work process in the FHS should be covered in the different areas. However, it is necessary to have a greater focus on the promotion of the mental health of individuals and families inserted, both for the quality of life of

those who already have some type of mental disorder and in the prevention of injuries to those in mental suffering.

The nurse, at the FHS, is the professional that can act both in the prevention of injuries and in the promotion of mental health, in an integrated, holistic and humanized way. However, in order for this work process to be effective, it is necessary for this professional to seek permanent education, qualification and training to fill this gap of knowledge and overcome their difficulties in acting in this area, seeking multiprofessional partnerships in an interdisciplinary action.

Thus, in mental health, the matrix support strategy subsidizes the performance of psychosocial interventions within the FHS, seeking a more efficient follow-up both to the population with some mental suffering and to the population as a whole.

To that end, it is fundamental in the training of nurses, contents/disciplines that conform competencies for mental health work, giving them mainly tools related to light technologies for welcoming, bonding and listening to individuals in PHC, providing integral and holistic assistance.

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