

PERCEPTIONS OF WOMEN AT A PSYCHOSOCIAL CARE CENTER OF CEARÁ

PERCEPÇÕES DE MULHERES EM UM CENTRO DE ATENÇÃO PSICOSSOCIAL DO CEARÁ

PERCEPCIONES DE LAS MUJERES EN UN CENTRO DE ATENCIÓN PSICOSOCIAL EN CEARÁ

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ABSTRACT

To identify the perceptions of women about their treatment in a Psychosocial Care Center II (CAPS II) in Ceará. An applied and descriptive study with a qualitative approach was carried out with patients of CAPS II. A questionnaire was applied using the Google Forms tool, between October 2021 to January 2022. Data were analyzed using the content analysis method, with the identification of thematic categories. 25 patients of CAPS II were interviewed. Three thematic categories were identified: perception of women assisted at CAPS about their mental health status, family context and social context. Based on the participants' statements, the relationship between mental illness and the social, economic and family context was verified. The perceptions learned are common to the study participants, signaling the need for family, social and economic realities to be included in the treatment plan with greater emphasis.

Descriptors: *Women; Mental Health; Therapeutics.*

RESUMO

Identificar as percepções de mulheres sobre seu tratamento em um Centro de Atenção Psicossocial II (CAPS II) do Ceará. Estudo aplicado e descritivo, de abordagem qualitativa, realizado com usuárias do CAPS II, por meio de questionário do Google Forms, entre outubro de 2021 e janeiro de 2022. Os dados foram analisados pelo método da análise de conteúdo, com a identificação de categorias temáticas. Participaram da pesquisa 25 mulheres usuárias do CAPS II. Foram identificadas três categorias temáticas: percepção de mulheres atendidas no CAPS sobre o seu estado de saúde mental, contexto familiar e contexto social. A partir das falas das participantes, verificou-se a relação entre o adoecimento mental e o contexto social, econômico e familiar. As percepções apreendidas são comuns às participantes do estudo, sinalizando a necessidade de que as realidades familiar, social e econômica sejam inseridas no plano de tratamento com maior ênfase.


Descritores: *Mulheres; Saúde Mental; Terapêutica.*

RESUMEN

Identificar las percepciones de las mujeres sobre su trato en un Centro de Atención Psicosocial II (CAPS II) en Ceará. Estudio aplicado y descriptivo, con enfoque cualitativo, realizado con usuarios del CAPS II, entre octubre de 2021 y enero de 2022. Se aplicó un cuestionario utilizando la herramienta Google Forms. Los datos fueron analizados mediante análisis de contenido, con identificación de categorías temáticas. Participaron 25 mujeres usuarias del CAPS II. Fueron identificadas tres categorías temáticas: percepción de las mujeres atendidas en los CAPS sobre su estado de salud mental, contexto familiar y contexto social. Con base en las declaraciones, se verificó la relación entre la enfermedad mental y el contexto social, económico y familiar. Las percepciones aprendidas son comunes a los participantes del estudio, señalando la necesidad de que las realidades familiares, sociales y económicas sean incluidas en el plan de tratamiento con mayor énfasis.

Descriptorios: *Mujeres; Salud Mental; Terapéutica.*

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INTRODUCTION

Psychosocial care constitutes a field of innovative and substitutive practices to the asylum model, in which the term "attention" designates the act of welcoming, receiving and taking into account, and the term "psychosocial" encompasses the political, economic and cultural aspects present in this context. process¹. From the Psychiatric Reform Movement, which began in the country in the 1970s, mental health care has shown changes in the hospital model, with a significant expansion of extra-hospital and community-based services²⁻³. The Psychosocial Care Center (CAPS) provides health care from the insertion in the individual's social scenario and composes the reorganization of the mental health care network at the territory level³.

The CAPS II of a city on the coast of Ceará provides assistance to an expressively female public, in which some demands that are correlated or present similarities can be seen. Such demands of women are based on the contexts of family life and society. They are related to the experiences of childhood, youth and adult life, in a reality of neglect, abandonment and psychological, physical and sexual violence. This history is accentuated in a context of lack of prospects in the job market, abusive relationships and conflicts with family members motivated by the abusive use of substances.

Considering the perspective of mental health and gender, women's mental health is affected by specific conditions such as suffering linked to conjugality; for maternal relationships of loss of the child, fight with the child or involvement of the child with drugs; for relationships with the mother, both the pain of loss and the conflicting relationship; in addition to the impaired work life, with the overload associated with work, especially in the roles of domestic or caregiver of sick people in the family⁴.

However, it is noticed that women have difficulty recognizing, in their treatment, the important influence of history and context on their condition of psychological illness. Thus, the objective of the research is to identify the perceptions of women about their treatment in a CAPS II in Ceará. The description of life situations can help in understanding the context in which mental disorders develop⁵. It is essential to study the understanding of women themselves about their mental health for the development of a health policy that addresses the real needs of this population⁵.

METHODS

The applied and descriptive study, with a qualitative approach, was carried out from October 2021 to January 2022, in a CAPS II in Ceará. 25 women users of the service participated in the study. Female patients, over 18 years old, with internet access and undergoing treatment on the equipment for at least 6 months were included. Those who did not return to contact after two attempts or within a period of 10 days were not included.

Data collection was carried out in the form of a questionnaire, using Google Forms. Sociodemographic data such as age, color/race, marital status, education and income were collected; information about treatment, such as initial demand, current state of health, perception of evolution, treatment time and types of care that had access; and perceptions about care, treatment benefits, necessary changes, relationships between professionals and users, and family, social, and economic contexts.

The organization and analysis of the data were operationalized through content analysis, with the identification of thematic categories, comprising the stages of pre-analysis, material exploration, treatment of results and interpretation, according to Bardin's method⁵. To preserve anonymity, each participant was assigned the letter P followed by the sequential number of responses.

The study was approved by the Research Ethics Committee of the School of Public Health of Ceará, under opinion no. 5,078,758 and CAAE 52308721.0.0000.5037, and complied with the regulations of the National Health Council according to resolutions no. 466, of December 12, 2012 and No. 510, of April 7, 2016. The participants' consent was verified by accepting the Free and Informed Consent Form (TCLE).

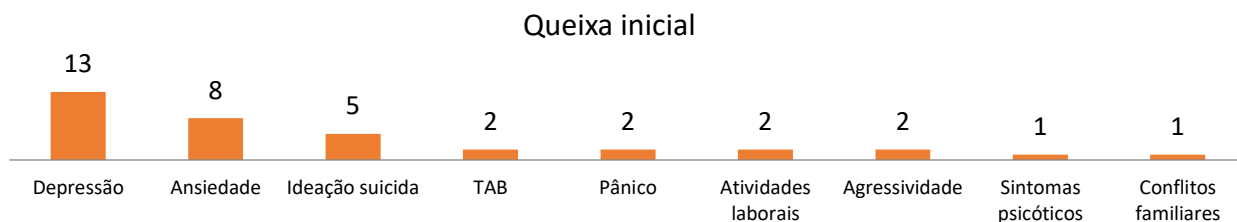
RESULTS

The participants were 25 women users of CAPS II, between 18 and 67 years old, with an average age of 33 years old. As for color/race, 68% (n=17) identified themselves as brown, 24% (n=6) white and 8% (n=2) black. As for marital status, 68% (n=17) declared themselves to be single, 20% (n=5) married, 8% (n=2) in a stable relationship and 4% (n=1) divorced.

Regarding education, 40% (n=10) completed high school, 16% (n=4) had incomplete elementary school, 12% (n=3) completed elementary school, 12% (n=3) had incomplete secondary education, 12% (n=3) have incomplete higher education and 2 participants completed higher education. 44% (n=11) of the participants stated that they do not have a paid job, 44% (n=11) have a paid job and 12% (n=3) are students; 48% (n=12) do not have their own income, 48% (n=12) earn 1 minimum wage and 1 participant earns 2 minimum wages. Most participants live in neighborhoods around the headquarters (n=20) and 20% (n=5) live in distant locations or districts.

Among the main causes/hypotheses that motivated the search for assistance in the service are depression and anxiety, with the attribution of the first assistance to several concomitant causes being common.

Graph 1: Main complaint in the first consultation.

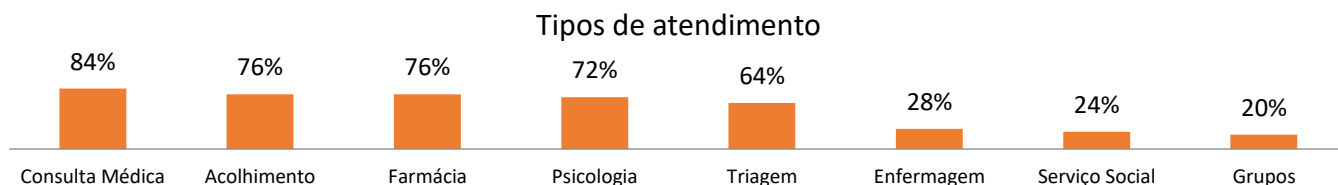


* Queixa Inicial - Initial complaint → Depression (13); Anxiety (8); Suicidal ideation (5); TAB (2); Panic (2). Work activities (2); Aggressiveness (2); Panic Syndrome (1); Family conflicts (1).

Source: own authorship.

The treatment time in the service ranged from 6 months to 17 years. Among the patients, 80% (n=20) noticed evolution in their treatment and 20% (n=5) little and slow evolution. Regarding the types of care that patients have access to, there was a predominance of medical care (84%), followed by receiving medication (76%) and reception (76%), and psychological care (72%). Twenty-two participants declared having access to 2 types of assistance or more and 3 stated having access to only 1 type of assistance.

Graph 2: Types of care that patients have access to.



* Tipos de Atendimento – Types of Assistance → Doctor's appointments (84%); Reception (76%); Pharmacy (76%); Psychology (72%); Screening (64%); Nursing (28%); Social service (24%); Groups (20%).

Source: own authorship.

The completion of the study favored knowledge about how women see themselves and their experiences in relation to mental health, originating three thematic categories.

PERCEPTION OF WOMEN SERVED AT CAPS ABOUT THEIR MENTAL HEALTH STATUS

Regarding the state of mental health, responses ranged from feeling good or stable, improving or evolving, not well or unstable. The relationship between the feeling of well-being and the continuous use of medication was perceived

“It's not very good. Because the problems still exist. Medicine relieves. When I stop taking the medicine, my head gets worse”.
(P-11)

In addition, patients recognized the importance of participating in occupational therapy and psychotherapy.

“Today it is 98% compared to before, I was conscious and looked for help, it depended on myself, I saw that I needed it. Here I was well attended and welcomed, I participate in occupational therapy and psychology”. (P-12)

A desire was identified for improvements in the service, such as the provision of professional courses, faster resolution of crises, better interaction between patient and team and greater availability of time during the consultation.

“I wanted to have more time with the doctor in the consultation”. (P-17)

The importance of carrying out groups and family monitoring was highlighted, in addition to activities carried out outside the equipment and routine of the service.

“If there was more family support”. (P-09)
“There could be commemorative dates tours, beauty salon groups, to get a haircut, go out to the place, to the beach”. (P-13)

Most characterized the relationships between patients and professionals in a positive way, highlighting the importance of simplicity. However, the importance of listening and bonding between professionals and patients became evident.

PERCEPTION OF WOMEN SERVED AT THE CAPS ABOUT THEIR FAMILY CONTEXT

Participants perceive that the family context influences mental health both as a support network and as a factor of illness.

“My family knows about my emotional disorders. In addition to trying to understand me, they cooperate with my recovery”. (P-05)
“Bad. My family is not very helpful. It's not easy for me to talk to my family. My family is one of the main reasons why I undergo treatment at the CAPS”. (P-21)

“In the beginning, I noticed a prejudice. My sisters kept saying: this is something you put in your head”. (P-12)

They highlighted prejudice, misunderstanding and judgment, making the relationship between family context and mental health difficult.

PERCEPTION OF WOMEN SERVED AT THE CAPS ABOUT THE SOCIAL CONTEXT

It was learned that the socioeconomic context can influence mental health, and the main difficulty pointed out was the lack of work.

“Yes, there is and there isn't. I need things. How am I going to get a job, a job? Everything is difficult for us”. (P-11)

Regarding social life, some participants feel participatory and maintain a good relationship with the community.

“Today I am accepted. In the past I was not. She was called the crazy woman from CAPS”. (P-24)

“In the beginning, I noticed a certain prejudice, I felt ashamed. Afterwards, the important thing is that I get well, it's my life. Today I am no longer ashamed. It is important that I am happy with myself”. (P-12)

However, there is also the perception that they are isolated, feel ashamed, suffer prejudice and are treated with indifference.

*“Someone who doesn't make much difference to society.”(P-04)
“Before the pandemic, I participated in groups, but after this disease it ended and the problems increased”. (P-20)*

It is worth highlighting, in relation to the groups, the difficulty arising from the changes that occurred due to the Covid-19 pandemic scenario.

DISCUSSION

In consultations with women at CAPS II, there were common complaints among patients and, in general, associated with their life contexts, involving family, social and economic issues. In addition, it was noted that most of them did not identify a relationship between their health-disease process and such contexts.

During screening sessions in mental health, it is noticeable that patients do not relate their symptoms to their daily lives, alienating themselves in relation to the origin of their illness. And some of them try to deal with it only through medication, as if medication were the only possibility of treatment⁷.

However, it is known that the therapeutic project is built from the co-responsibility between user, family and professionals, in order to increase the user's autonomy and their ability to understand and act in their own treatment⁸. The subjects involved must act with a focus on the patient's quality of life and encourage their ability to face problems, considering the social, economic and cultural context in which they are inserted, in favor of their reintegration into society⁸.

In this study, participants reported their own perception of the relationship between family and socioeconomic contexts and their mental health condition. Most of them stated that they felt well or that they

were improving and related this evolution, among other factors, to participating in therapeutic activities, such as theater groups and group walks around the city.

The holding of groups in the health service is extremely important, as well as the use of creative practices in the promotion of mental health, as a way of coping with emotional or social suffering, strengthening bonds and finding community solutions to problems, experienced collectively⁹. Participation in groups can promote the feeling of relaxation, fun and distraction, being considered by the participants as a moment of self-care and mental health⁹.

The patients also related their improvement to the use of medication. There may be varied beliefs and feelings regarding the use of psychotropic drugs. Some patients believe that only the doctor is competent to identify needs and know the best way to meet them, others may believe that the medicine is something that jeopardizes their autonomy and are also influenced by the social and cultural context in their beliefs about the drug treatment⁷. The medicine can be seen as controlling behaviors considered undesirable; moreover, the psychotropic used regularly is given the stigmatized meaning, different from the sporadic use, for example, to deal with stress or losses¹⁰.

Listening and the bond between professionals and patients are highlighted in the treatment offered at CAPS. Such a bond between professional and patient is one of the pillars of the teams' performance. Living in groups helps to strengthen women who already experience aggravating situations for mental health, such as domestic violence, and empower other women, preventing them from experiencing such a situation, with the CAPS being a place of reception and humanized care¹¹. The realization and continuity of groups in the service depend on the professionals involved and their permanence in the equipment. However, the reality found in the CAPS is a high turnover of professionals, which limits the ideal organizational dynamics¹².

The benefits of treatment identified in the study were the development of confidence, resilience, autonomy, in addition to improving social interaction, quality of life and contact with professionals. At the service, women reported feeling well treated, respected, heard, with good interaction or, sometimes, lost. The perception of people who attend the CAPS is that the service is an important source of support and emotional support, being considered a safe place to express expectations and emotions; and, sometimes, dependency relationships are also created with the service¹⁰.

The sad statements that the family can receive both as a support network during treatment and as a factor in illness. It was evident that, in some cases, there is opposition between mental well-being and family relationships. The family can be seen as a source of support, but also as a source of stress for its members, affecting the health and disease processes of the group¹³. It is important to consider that the family group can also be permeated by prejudice, which can result in distance in family relationships¹⁰.

The need for family support becomes evident in view of the perception that families are not prepared to play an active role in the social rehabilitation of people in mental distress and have difficulty interacting with service professionals and participating in the moments of guidance offered¹⁰. Therefore, the family needs support to elaborate their feelings and understand what roles they can play when faced with the reality of the mental disorder¹⁴.

Regarding the influence of the social context, the economic factor was highlighted in the interviewees' speeches in which the most common theme was the lack of employment. Among the particularities that permeate comprehensive care for women's health, poverty, economic dependence, double working hours, violence, stand out, the unequal distribution of tasks in the domestic environment, which are presented as difficulties in addition to the psychological problems that affected women's health¹⁵. One of the nurses in the illness process is the loss of work skills, as well as the feeling of inability to work¹⁰.

The participants pointed out the difficulties faced related to the changes that occurred due to the Covid-19 pandemic scenario, whether it be worsening of symptoms, absence of group activities in the service, among others. In the context of social isolation, some changes in the functioning of the CAPS were the creation of a

virtual group and social networks to keep in touch with the user, the suspension of workshops and group consultations, increased difficulty for the user to access the service and social isolation¹⁶. The pandemic period was a trigger for psychiatric disorders, such as depression, anxiety and insomnia, related to false or alarming information, fear of contracting Covid-19, financial difficulties and outbreaks about the future¹⁷.

Regarding the significant number of female patients in CAPS II, the risk of “psychiatrization” of women stands out. Some conditions that imply illness may be directly related to gender, such as relationships permeated by misunderstandings, losses and mistreatment with the mother and father; situations involving motherhood, such as crises after the birth or death of the child; marital relations, involving divorce, separation, fights, suicide attempts; violence suffered throughout life; impaired work life and the function of caring for others and the home⁴.

CONCLUSION

It was found that the apprehended perceptions are common to most of the study participants, signaling the need for family, social and economic realities to be inserted in the treatment plan with greater emphasis. Therefore, it seems that there is a strong relationship between mental illness and the social, economic and family context, with poverty, family conflicts, precarious work and social exclusion being considered risk factors for mental health.

Attendance at the specialized service provides evolution in treatment through the bond with professionals and other patients, with emphasis on group therapeutic activities. Women recognize the importance of family monitoring in the health-disease process and point out the potential of offering professional training courses. The construction of the Singular Therapeutic Project together between the team, patient and family is a tool with great potential to contemplate, in the care offered, the life context of each user.

The research presented as a limitation the difficulty of some users to answer the electronic questionnaire, which was used for data collection due to the social isolation of the pandemic period and the decrease in the attendance of patients to the service. It is expected that the publication of this study will contribute to the advancement of CAPS care technologies, considering the perceptions of the patients assisted.

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