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THERAPEUTIC GROUP WITH FAMILY MEMBERS: A REPORT ON MENTAL HEALTH

GRUPO TERAPÊUTICO COM FAMILIARES: UM RELATO SOBRE SAÚDE MENTAL

GRUPO TERAPÉUTICO CON FAMILIARES: UN INFORME SOBRE SALUD MENTAL

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ABSTRACT
Objective: To report the practice of a therapeutic group in a Psychosocial Care Center (CAPS Geral), with family members/caregivers of patients suffering from mental disorders. **Methods:** This is a descriptive study, in the form of an experience report, developed by a resident nurse, conducted in the municipality of Camocim–CE, between August 2023 and March 2024. Through the analysis of the content of the field diary of the Laços Group, it was possible to assess the main themes that emerged from the group. **Results:** After analyzing the material recorded in the field diary, the most prevalent topics during the group meetings were identified, namely: overload; crises; communication difficulties; fragility in support networks; and the importance of psychosocial support for family members/caregivers. **Conclusion:** The study highlights the importance and impact of therapeutic groups in assisting families, aiming to encourage actions directed at caregivers.
Keywords: *Family Caregiver; Mental Health Services; Community Psychiatry.*

RESUMO
Objetivo: Relatar a prática de um grupo terapêutico em um Centro de Atenção Psicossocial - CAPS Geral, com familiares/cuidadores de pacientes que sofrem de transtorno mental. **Métodos:** Trata-se de um estudo descritivo, tipo relato de experiência, desenvolvido por enfermeira residente, efetuado no município de Camocim–CE, entre os meses de agosto de 2023 a março de 2024. Foi possível, a partir da análise do conteúdo do diário de campo do Grupo Laços, avaliar as principais temáticas que emergiram do grupo **Resultados:** Após análise do material registrado em diário de campo, foram identificados os tópicos mais prevalentes nos encontros do grupo, sendo eles: sobrecarga; crises; dificuldade de comunicação e fragilidade nas redes de apoio, e a importância do apoio psicossocial para familiares/cuidadores. **Conclusão:** O estudo destaca a importância e o impacto dos grupos terapêuticos no auxílio à família, visando estimular ações voltadas para cuidadores.
Descritores: *Cuidador Familiar; Serviços de Saúde Mental; Psiquiatria Comunitária*.

RESUMEN
Objetivo: Relatar la práctica de un grupo terapéutico en un Centro de Atención Psicosocial (CAPS General), con familiares/cuidadores de pacientes que sufren de trastornos mentales. **Métodos:** Se trata de un estudio descriptivo, tipo relato de experiencia, desarrollado por una enfermera residente, realizado en el municipio de Camocim–CE, entre los meses de agosto de 2023 y marzo de 2024. A partir del análisis del contenido del diario de campo del Grupo Laços, se pudo evaluar los principales temas que surgieron en el grupo. **Resultados:** Tras analizar el material registrado en el diario de campo, se identificaron los temas más prevalentes en los encuentros del grupo, siendo estos: sobrecarga; crisis; dificultades de comunicación; fragilidad en las redes de apoyo; y la importancia del apoyo psicosocial para familiares/cuidadores. **Conclusión:** El estudio destaca la importancia y el impacto de los grupos terapéuticos en el apoyo a la familia, con el objetivo de fomentar acciones dirigidas a los cuidadores.
Descriptores: *Cuidador Familiar; Servicios de Salud Mental; Psiquiatría Comunitaria.*

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INTRODUCTION

Currently, Brazil observes a growing number of mental disorders, especially after the COVID-19 Pandemic. According to the Technical Report of the Mais SUS Agenda, an initiative of the Institute for Health Policy Studies - IEPS, launched in June 2023, about 2.5 million Brazilians were admitted to general hospitals due to suffering and mental disorders, with high mortality rates[1].

The high rates cited reverberate not only stigma, but also resistance to treatment, both strongly linked to the history of mental health in Brazil and in the world, marked by segregation, marginalization, and family exclusion. When people presented behaviors that compromised the order or security of society, diverging from what was socially accepted, these individuals were segregated in psychiatric hospitals – asylums – that used practices such as excessive medicalization and isolation, widely reported in historical analyses of the period[2].

With the advent of the Psychiatric Reform, which implemented the anti-asylum struggle, a movement that marks the search for dignified treatment for people in mental suffering, the health system began to aim at the process of deinstitutionalization and, consequently, strengthen treatment in a community/family context. However, studies show that difficulties are still faced when trying to link family, patient, and institution, as there is exhaustion and a dispute for accountability between the family and the institution, with regard to the care of the patient, as well as guilt for the illness, among others[3]. The family faces specific challenges and needs new approaches to deal with the responsibilities that make up mental health care.

This article proposes to report the experience of a therapeutic group focused on family members of patients with mental disorders in a Psychosocial Care Center (CAPS) General Category (II), seeking to know the themes that emerge from the meetings and to understand the impact of therapeutic groups in helping family members/caregivers of patients suffering from mental disorders. This study is justified by the importance of family-focused actions, as well as the need to maintain strategies to strengthen the bond between family, institution, health professional and individual, in the context of mental health treatment.

METHODS

This is a qualitative, descriptive study of the experience report type. Held at CAPS Geral, in the municipality of Camocim, in the interior of Ceará, between the months of August 2023 and March 2024, with biweekly meetings being held. The group entitled "Laços" was open to the public over the age of 18, with no maximum age limit or gender classification or occupation; The participants were: family members, caregivers and people related to patients registered and being monitored in the aforementioned equipment. The participants were recruited through invitations during reception and in waiting rooms of the service itself, emphasizing the non-obligation to participate in the group, but the importance and benefits of their entry and participation.

The group followed an established schedule, and the results of each meeting were reported in a field diary, which described the trajectory of the meetings, as well as the main challenges and possibilities evidenced during the process. At the end of the mentioned period, the diary underwent a Thematic Analysis[4], a method that involves the stages of ordering, classification, and final analysis. The research did not involve the collection of identifiable or evaluative data, meeting the criteria of Resolution No. 466/2012, which dispenses with submission to the REC in such cases.

RESULTS

The group was mediated by three professionals, two of whom were residents – a nurse and a physical education professional – and a social worker (already working in the service). After a period of study, planning and attracting the public, the meetings began, which followed the basic proposal of icebreaker dynamics, development, and feedback. They are summarized in the table below:

Table 1 - Stages of psychological report development and correlation with the constructed instrument.

Date	Thematic	Development
09/06/2023	Presentation	The group was entitled "Grupo Laços", referring to the importance of the various ties that encompass a family composition. The construction of the bond between mediators/participants had begun.
09/20/2023	Family and meanings	It was possible to get to know the different points of view and historical factors about the family, providing a moment of interaction and maintenance of the bond.
10/11/2023	Self-care and self-knowledge	The understanding of self-care began, applied through self-knowledge, in which the participants were encouraged to value their own tastes, feelings and individuality.
10/25/2023	Mental Disorders	The different mental disorders and their impacts on the family were worked on, seeking to understand the clinical part and, along with this, the reports of the family members themselves.
01/11/2024	White January	Moment of interaction with other CAPS II groups during the celebration of the White January campaign, a month of allusion to mental health.
01/17/2024	Resumed	Resuming the group and resuming a new period symbolizes revisiting the previous period and carrying out a self-evaluation, as well as proposing new goals, and so the group was led in this meeting.
01/31/2024	Communication	We introduced how communication problems can generate friction in family relationships and the participants brought several reports.
02/14/2024	Overload	In view of the extensive demand for speech related to overload, we held this meeting, addressing ways to share care among family members.
03/13/2024	Resilience	We sought to understand the participants' view of the impact of the theme on self-care and the meaning of this term.
03/27/2024	Farewell	The farewell party was held. We emphasize that the group would continue, however, new residents would take over the mediation.

Source: Prepared by authors.

DISCUSSION

After analyzing the content recorded in the field diary, the most prevalent themes in the group's meetings were identified, namely: overload; Crises; difficulty in communication and fragility in support networks; the importance of psychosocial support for family members/caregivers.

OVERLOAD

A theme expressed in several reports during the activities of the family group Laços, even if implicitly, was the caregiver's overload. When discussing caregiver burden, it should be understood that the theme is influenced by a series of aspects, such as the characteristics of the patient, the relationship between caregiver and patient, the severity of the disease and the time dedicated to care, being understood as the emotional, physical, and psychological stress faced by the one who is responsible for caring for another[3, 5].

According to a study carried out using the Zarit scale, an instrument that identifies the impact of care on the lives of caregivers, the caregiver's burden is reflected in the quality of life of the same, directly affecting their well-being, which can generate physical and emotional exhaustion, resulting in disorders such as anxiety, depression and exhaustion, such situations can be aggravated in the presence of vulnerabilities and influenced by factors such as social determinants[6]. In addition, as highlighted in the study by Cham et al. (2022), the relationship between patient and caregiver also influences the burden experienced by the latter. When the caregiver is a family member who lives with the patient, the burden tends to be more intense due to daily contact and the constant vigilance necessary to ensure the patient's well-being, depending on the severity. The time invested in care, added to the complexity and unpredictability of mental illness (such as schizophrenia, for example), puts caregivers in a vulnerable position, increasing the risk of compromising their own health[5].

There are also some social and cultural factors that influence the perspective of care and were observed in the group in question. Most participants in the ties group were women, which is consistent with studies that highlight women as historically the main caregivers and who tend to perceive their health in a more negative way. This phenomenon is strongly associated with the greater amount of work related to care that women perform, which is reflected in an overload, both physically and psychologically[6].

CRISIS SITUATIONS

Mental health crises can be characterized as an aggravation/urgency in an individual's condition, which may present behavioral and emotional changes, generating temporary inability to deal with everyday situations, being caused by factors of the preexisting condition or external factors, such as traumas[2].

In addition to suffering for the patient, moments of crisis generate disorders and changes in family life. According to the reports of participants in the Ties Group, crises are usually associated with patients who refuse to take medications correctly or go through moments of great stress. According to family members, sometimes patients do not understand that they are in crisis, and the first signs are perceived by the family[7].

However, there is unpredictability and diverse symptoms, which may present mood swings, aggressiveness, among others, which, depending on the crisis, can put the patient and third parties at risk[8].

Feelings such as fear, incapacity and guilt are present in several reports when family caregivers are questioned about the theme. However, when seeking to understand the care strategies adopted, it is observed that, in some cases, family members reported not knowing at all the emergency flow in crisis[7]. In this context, studies indicate that the lack of knowledge about mental disorders, the components of the Psychosocial Care Network (RAPS), and the absence of an adequate support network also generate stigmatization, which further aggravates the health of those involved, leading to a break in family dynamics and significant emotional distress of caregivers[3, 6,8].

DIFFICULTY IN COMMUNICATION AND FRAGILITY IN SUPPORT NETWORKS

The role of caregiver can generate stress and problems that are accentuated by dysfunctional issues[6]. Weaknesses in support networks and communication difficulties were the main themes that emerged about family vulnerabilities.

When addressing this theme, it is necessary to recognize that each family is full of individualities. According to the group's reports, in a given home, the group participant was responsible for the patient's care and all household chores. In another case, the family member performed the patient's external care (taking them to appointments, groups) and was also responsible for the financial support of the home, evidencing different types of difficulties. There are also singularities in relation to the severity of the illness that will imply the degree of dependence[3].

Lack of communication appears as a factor that hinders the improvement of family relationships and, consequently, mental health treatment. Difficulty in delegating functions and asking for help implies more suffering for the main caregiver who sometimes overloads himself to avoid resorting to other family members. Adequate communication between family, patient and RAPS then becomes an essential factor for the construction of collective care.

THE IMPORTANCE OF PSYCHOSOCIAL SUPPORT FOR FAMILY MEMBERS OF PATIENTS WITH MENTAL DISORDERS

Collective activities in the psychosocial care of patients generate more security for family members. The consolidation of treatment for the patient and psychosocial support, through groups and other collective activities, allow both the patient and family members to experience forms of care that go beyond the medication context[9].

Psychosocial support is also included in the adequate reception of family members[2], which has been shown in studies to be a determining factor for the construction of bonds and appreciation of the caregiver. Health environments that include and integrate the family, through the provision of care and information, tend to make caregivers feel more confident and calmer during treatment[10].

FINAL CONSIDERATIONS

Actions focused on psychosocial care, through therapeutic groups, adequate reception and multiprofessional attention contribute to the well-being of the components and reinforce the importance of holistic care. These groups strengthen belonging and solidarity, using the exchange of experiences, enabling participants to understand that they are not alone in this journey.

The limitations of the study are related to the small sample size and the avoidance of family members during the meetings, although we offered invitations and reminders. In addition, the number of participants was inversely proportional to the number of patients and family members followed up at the CAPS mentioned, which exposes a low adherence to the groups. This situation leads us to suggest that future studies seek to understand the factors that distance and approximate the participation of family members in treatment, as well as insertion in the competent health service. Thus, it is essential that there be research that supports the need and importance of support for caregivers in mental health policies and, especially, that they are effective in mental health treatment spaces.

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