Mental health promotion during pregnancy and early childhood: an action-research project in primary health care

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Background: Primary Health Care (PHC) is usually the first contact with the health system, and health professionals are key mediators for enabling citizens to take care of their health. In Portugal, great improvements have been achieved in the biometric indicators of maternal and child health during the last decades. Nevertheless, scant attention has been paid to the mental health dimension, in spite of the recognition of its importance, being pregnancy and early childhood crucial opportunities in the lifecycle for mental health promotion, especially in the early years of life, with a strong impact in the health of the child.

The impact of early attachment between mother and baby on maternal and child health has long been recognized. This attachment can be influenced by some factors, as the mother's emotional adjustment. Attention to these factors may facilitate implementation of both positive conditions and preventative measures. Family support during the transition to parenthood has been highlighted as an effective measure and PHC professionals are in a privileged position as information sources as well as mediators.

Aims: The project we present describes an action-research process developed together among academic researchers and health professionals to embrace these issues. We intend to enable health professionals to support families in the transition to parenthood thereby promoting children's mental health.

Approach: The project is driven by a participatory approach intended to lead to reorganization of health care during pregnancy and early childhood.

Effective change happens when those involved are interested and motivated, what makes their participation so important. Reflection about current practices and needs, and knowledge about evidence-based interventions have been guiding the selection of changes to introduce in clinical practice for family support and development of parenthood skills and self-confidence.

Development: We summarize the main steps in development: the initial assessment and the picture taken from the community under study; the decision making process; the training programme of PHC professionals in action; the review of the protocols of maternal

The work described in this article is part of a project that is financially supported by the Portuguese High Commissioner for Health, a central service of the Health Ministry.

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Submetido à apreciação: 19 de Setembro de 2009
Aceite para publicação: 30 de Setembro de 2009

consultation, home visits and antenatal education; the implementation planning; the plan for evaluation the effectiveness of the changes introduced in the delivery of maternal and child health care units. The already developed work has shown that motivation, leadership and organizational issues are decisive for process development.

Keywords: mental health; primary health care; family support; participatory research.

1. Introduction

For many citizens, the first contact with health services and the resolution of the majority of reasons for that contact is done in Primary Health Care (PHC). PHC can play a crucial role by its proximity and continuity of care, coordination with other professionals, interventions and hospital services, and bringing together the community to participate in decisions respecting their specificities. By the proximity to people and the knowledge about the context of their lives, PHC teams have the opportunity to respond to local needs, build cooperative relationships with civil society, and influence the determinants of people's health (Broemeling *et al*., 2006).

A comprehensive PHC approach as articulated in the Alma-Ata Declaration (WHO, 1978) remains highly relevant today (WHO, 2007). It strives to provide a system of health care for all, with access and care according to needs and fairness. The comprehensive approach to PHC stresses the importance of answering the global health needs of the individual and some specific groups.

Mental health problems are currently recognized as an important challenge regarding children well-being. The available data emphasizes that ten percent of 5 to 15 year old children in western societies may be experiencing a mental health disorder (St. John, Leon e McCulloch, 2005). Those disorders may have devastating and far reaching consequences (Puura *et al*., 2002, WHO. Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, 2003). The magnitude of mental health problems nowadays (WHO, 2001) puts them in the list of priorities for PHC.

The first years of life can provide a sound base for healthy physical and mental development of the child, but it may also bear an increased risk for psycho-social problems (Australia. NSW Department of Health, 2000). During this period, infants need a supportive and nurturing environment. A sensitive and responsive interaction between a child and the caregiver seems to be the most important factor contributing to their optimal development and emotional adjustment (Australia. NSW Department of Health, 2000; Richter, 2004). This stresses the need to invest early in this interaction.

The transition to parenthood begins well before the child is born. During pregnancy, questions and concerns, as well as expectations, doubts and fears about parenting are normal and common. Symptoms of distress (e.g. marital conflict, depression, anxiety, alcohol abuse) also show a marked increase around the birth of a child (Fergusson, Horwood e Thorpe, 1996; O'Hara e Swain, 1994). Maternal distress during pregnancy and the postpartum period have a negative impact on the early mother-child relationship and on the child's social, emotional and behavioural development (Murray e Cooper, 1997). For these reasons, the period encompassing pregnancy and the first years of life seems to be a golden opportunity for mental health promotion. Some effective prevention and health promoting programmes targeted to pregnancy and the first years of life are chiefly directed towards enhancing parenting abilities and self-confidence and this seems to have important benefits over time.

The anxieties and excitement experienced by most parents-to-be and recent parents create a special period of higher receptivity to interventions which can decrease stress and increase self-confidence. Furthermore, pregnancy and the first years of life are also periods when families come into contact with health services, creating the opportunity to provide assistance and enabling them to be more competent about child care (Murray e Cooper, 1997; Olds, 2002). International guidelines regarding provision of care during pregnancy and the post-partum period include recommendations concerning mental health, such as: promoting a positive experience of pregnancy; facilitating a successful transition for parenthood, keeping distress within reasonable limits; identifying parents at risk of mood disorders; actively treating parents who have mental health disorders; identifying early parents at greater risk of poor parenting and providing specific assistance; promoting parental skills; promoting breastfeeding (Australia. NSW Department of Health, 2000; Di Mario *et al*., 2005).

In Portugal, the National Health Plan 2004-2010 (Portugal. Ministério da Saúde. Direcção-Geral da Saúde, 2004), which sets out the new reforms of the health system, focuses on mental health promotion during the perinatal period through Health Care Services. It emphasizes the role of PHC. At the same time, the need to train health professionals for mental health promotion and to enable them for early detection of mental disorders is recognised.

Mother-child health has received a great deal of attention in Portugal and is one of the central areas of

work of Primary Health Care professionals (PHCPs). Documents guiding PHCPs practice for the perinatal period emphasise the importance of assessing maternal mental health and socio-economic condition, supporting the transition to parenthood and promoting breastfeeding (Portugal. Ministério da Saúde. Direcção-Geral dos Cuidados de Saúde Primários, Divisão de Saúde Materna e Planeamento Familiar, 1989; Portugal. Ministério da Saúde. Missão para os Cuidados de Saúde Primários, 2006). In spite of the existence of these guidelines, Portuguese health professionals still demand more practical support in order to integrate mental health promotion and family support during pregnancy and postpartum (e.g. Loureiro *et al*., 2009). The challenge of integrating mental health into PHC has been subject of important reflections (WHO, 2007). This article describes an action-research project — ENCA — to promote mental health early in life through Primary Health Care. We describe the rationale, the process of development of new norms for clinical practice to integrate mental health into Primary Health Care delivery during pregnancy and infancy and their implementation.

2. The Project ENCA

A group of academic researchers and health professionals from a general hospital and several PHC units in the area of Lisbon, Portugal, jointly expressed worries and interests concerning the need for feasible mental health promotion during pregnancy and the first years of life through Primary Health Care. Informal meetings of this group conduced to the development of a partnership between three PHC units, one General Hospital, two Drug Addiction Prevention and Treatment Units, the Regional Health Administration, the High Commissioner for Health (Ministry of Health), and researchers from the University (ENSP/UNL). Each partner named a member to integrate the project team.
The team agreed on the need to develop an effort to integrate mental health promotion in clinical care during pregnancy and infancy, in order to improve the wellbeing of families and the new babies. This project was designed and planned. It was called ENCA project. The development and implementation of ENCA should enable Primary Health Care professionals to strengthen protective factors for mental health during pregnancy and infancy and to prevent, assess, and manage mental health problems. These changes are expected to have a positive impact on:

- mother's socio-emotional adjustment during pregnancy and the postpartum period;
- family's life style (e.g. smoke cessation, physical exercise, adequate nutrition);
- family's social support;
- incidence and duration of breastfeeding;
- parenting skills and self-confidence;
- mother-baby interaction;
- child development;
- child socio-emotional and behavioural adjustment.

On doing so, we expect an improvement in the quality of care delivered at the health units involved in the project and an improvement of families' quality of life and children's well-being.

3. Project development and methods

The principles underlying our work are focused on needs, continuous reflection, participation, evidence-based practices, and experiment new clinical approaches. The action-research process is focused on change for improvement of quality of health care delivery, involvement of practitioners in the research process, training according to the expressed needs, problem solving of situations arising from practice. This methodology is marked by collaboration and participation, it is a cyclical process of collecting, feeding back and reflecting on data, being a process that generates knowledge (Boutilier, Mason e Rootman, 1997; Hampshire *et al*., 1999).
An action research model was choosen (*Figure 1*). Actually, action research has already been suggested as a successful method of promoting change in PHC (Hampshire *et al*., 1999).
In the development process, we used the PRECEDE/PROCEED model (Green e Kreuter, 2005) since it is appropriate for a comprehensive approach, supporting a situation analysis of the factors that can influence the adoption of a new practice by health care providers: predisposing, enabling and reinforcing factors. Predisposing factors are related to knowledge, attitudes and beliefs as well as the perception of self-efficacy, and confidence and perceived skills that practitioners have about the situation. Enabling factors include the increase in skills and the lowering of barriers to change through training and provision of resources to the delivery of services. Reinforcing factors reward and strengthen behaviour change.
The participatory nature of the project, using PRECEDE/PROCEED model, was reflected from the phase of problem definition through all the development and implementation process. The development stages of this project are summarized in *Table 2* and will be explored in this section.

3.1. Problem definition

The initial definition of the problem was made according to the concerns and needs identified by academic researchers and health professionals, based on their perception of the gap between clinical practice and the evidence of the benefits of an investment in mental health promotion during early

Figure 1
Action-Research Model

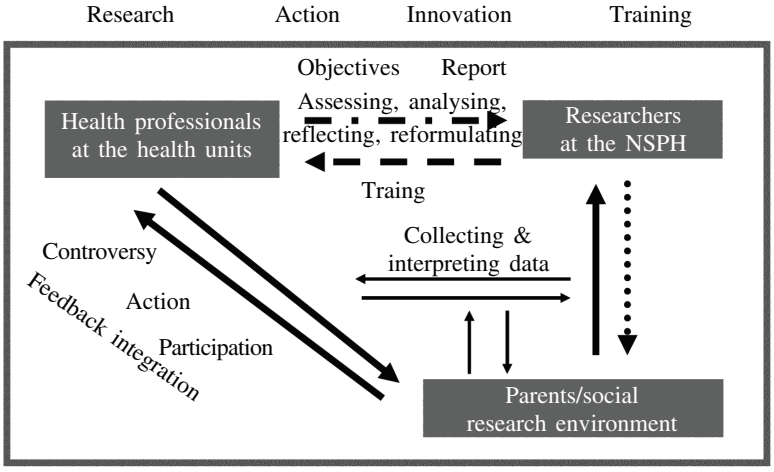

Table 2
Project design

Problem definition and negotiation	Diagnosis		Problem, redefinition, planning preparing implementation
Problem identification Commitment	Exploratory study 1st data collection Quantitative	Exploratory study 2nd data collection Qualitative	Discussion of data from exploratory study Workshop for identification of priorities and defining action plan
June 2006	Sept-Dec 2006	Jan-March 2007	April-June 2007
1st year			

Problem, redefinition, planning, preparing implementation		Action and evaluation	Results dissemination
Training program curriculum design and discussion	Training program implementation Identification of changes to be introduced on perinatal care	Implementation of changes on health care Effectiveness evaluation	Reports Papers Communications Training program manual Guidelines for perinatal mental health
	Evaluate, discuss, redefine, act		
Jul-Sept 2007	Oct 2007 Dec 2008	Jan 2009 Dec 2010	Dec 2011
2nd year	2nd, 3rd and 4th year		5th year

childhood. The literature and official documents about the actual reform of PHC and Mental Health Services were reviewed. Epidemiological data available and specific data on perinatal health care were gathered to build an appreciation of the general health situation in the geographical area of study. Following this work, the problem was refined, targeting this project to increasing investment in pregnancy and infancy and in family support and empowerment through maternal and infant health care at PHC.

3.2. Contractualisation

The project officially started with the signing of a protocol of commitment by the key stakeholders involved at the organisational and political level according to the following criteria (Durie *et al.*, 2004; Sweeney, 2006):

- recognition at the local level that things were not working well enough, or could be changed providing better outcomes for users;
- leadership: demonstrating genuine commitment to aspirational goals and a set of values through which coherent action can be expressed;
- behaviour change intentions by the agents, to configure new relationships among staff and between staff and users;
- the intention to engage other agents to co-create and adapt the system;
- giving importance to communication (interpersonal and between and within organizations).

3.3. Initial assessment

The initial review of data available regarding mental health at the geographic area of the project revealed a great lack of data. As so, during the first year of the project, we agreeded to develop an exploratory study to investigate the particular characteristics and needs of families during pregnancy and the perinatal period and the kind of care they were receiving. It focused on the following main objectives: (1) characterization of pregnant women attending antenatal care at PHC; (2) characterization of health care during the antenatal period; (3) description of families' needs during pregnancy and the first year of life; (4) description of pregnant women and health professional's proposals for improving antenatal health care. This study informed decision making regarding priorities and strategies. The methods and results of this initial assessment and decision making process were further described in a previous paper (Loureiro *et al.,* 2009) and are summarized in *Table 3*.

Table 3
Exploratory study design

Survey	Themes
Primary health care professionals $n = 19$	Perinatal care characteristics Common psychosocial problems in perinatal care and its management Difficulties and needs
Pregnant women $n = 81$	Satisfaction with perinatal care Socio-demographic characterization Pregnancy history Psychiatric antecedents Pregnancy experience
Interviews	**Themes**
Health professionals (General Health Practitioner, Primary Health Care Nurse, Primary Health Care Paediatrician, Hospital Paediatrician, Obstetrician, Obstetric Nurse, Psychiatrist, Paedopsychiatrist)	Needs of families during the transition to parenthood Strengths of perinatal care Needs of perinatal care Transition to parenthood: needs and resources Strengths of perinatal care
Pregnant women and new mothers	Needs of perinatal care

The results from pregnant women and health professionals confirmed the local relevance of the project and gave some tips on how to proceed.

3.4. Problem redefinition and priorities selection

As a result of the initial assessment and decision making process, it was possible to redefine the problem, to prioritise action and to find strategies for the integration of mental health promotion into antenatal care and the first months after birth. At this time we identified the following priorities to approach based on the results of the exploratory phase: (1) a high incidence of psychosocial problems; (2) health professionals training needs regarding assessment and management of these issues; (3) need of a referencing network. The reflection about the data also brought to some strategies to move on:

- Integration of mental health concerns in the protocols of maternal health care delivery. This should be ensured therefore providing antenatal and postnatal continuity on assessment of risk and family needs; this support should be guaranteed in the context of health appointments, home visits and antenatal education;
- Training Primary Health Care Professionals (e.g. communication, assessment of risk factors during pregnancy and post-partum, mental disease, intervention and referring to specialized mental health services when needed);
- Increasing collaboration between different levels of health care delivery;
- Increasing collaboration between health and community resources relevant to mental health (eg. social support, health literacy, *empowerment*).

3.5. Programme development

Having in mind the results from the initial assessment and decision making process as well as the models in which this project is grounded, the final training curriculum was a result of discussions among health professionals from different levels of care, community members and researchers. So, the training programme was discussed according to the initial assessment and regarding core themes for mental health promotion presented in the scientific literature for this period of life. It was then agreed by all PHCPs.

We also identified that health professionals training and increasing collaboration between health care services and community resources were conditions for the development of the programme components and tools to be delivered to families.

During the second year of the project, PHCPs were involved in the training programme oriented towards the identification of predisposing, reinforcing and enabling factors for mental health promotion during this period of the lifecycle (e.g. mental health literacy and self-efficacy improvement; risk assessment and possible predisposing factors for maladjustment during pregnancy and postpartum; selection of needs-targeted interventions; life styles assessment and strategies for change; mother-baby interaction assessment and support). At the same time, the training aimed to contribute to PHCPs personal development, therefore investing in active and participative methodologies and including issues related to general principles of family work: empowerment and participation, needs-centred and evidence-based care, focusing on establishing supporting partnerships and the use of modelling, communication and problem solving skills.

During the same period, we started the process to increase resources and support for Primary Health Care Professionals. We identified key elements from hospital and community services in order to: define roles, define referencing criteria, and develop consultation conditions from specialized care professionals (e.g. psychiatrists) for PHCPs.

Following the initial training and increasing of resources and support for PHCPs we constituted working groups to develop the programme components and materials. Each group addressed one of the dimensions of care selected from the initial assessment: antenatal care, antenatal education, and home visits. The groups were multidisciplinary and included: nurses and family doctors from PHC, a psychologist, a psychiatrist, and a public health doctor. The groups established the goals, strategies and activities for each dimension of care as a result of confronting their practices with evidence based programs and literature recommendations. Each group was also responsible to select or develop the necessary tools to support the implementation (e.g. psychosocial assessment tools, flyers). The groups worked with close interaction in order to guarantee complementarities between the dimensions and comprehensiveness of care. As a result of this work we got:

- A set of written guidelines for the implementation at each dimension, which include an universal component and a risk reduction component;
- Tools for psychosocial assessment during pregnancy, postpartum depression screening, mother-infant interaction evaluation;
- Printable materials for parents.

3.6. Programme implementation

The final programme set out in the guidelines produced is now in the initial stage of implementation. In order to guarantee the programme adequate implementation and sustainability, the team established strategies and activities:

- *Participation*. The programme was developed by the same health professionals that will implement it. This should help to transfer scientific evidence to practice;
- *Peer review*. During the programme development we received input from different specialists;
- *Barriers.* During the implementation planning we identified barriers and tried to solve them out;
- *Roles definition*. During programme development and implementation planning we clearly defined health professionals roles and procedures to guarantee information sharing;
- *Leadership*. Each site has a health professional of reference for the programme implementation, which is responsible to keep health professionals focused and to continuously identify needs and barriers;
- *Close monitoring and supervision*. We identified process indicators to monitor during the implementation, in order to guarantee programme quality and fidelity to guidelines; we also planned technical supervision sessions oriented to case studies;
- *Effectiveness evaluation*. The impact of the programme on family well-being indicators is an essential condition to keep the implementation of the programme and to its dissemination. After an initial period of pre-test that should enable some programme refinements, we will start the effectiveness evaluation;
- *Feedback*. In order to guarantee health professionals feedback on the progress of the implementation and information sharing between different health professionals involved, we are creating a newsletter. It will include progress reports on implementation, case studies for reflection and literature data on mental health promotion during the assigned period.

3.7. Theorisation, evaluation and dissemination of results

The process described in this project will re-design the local antenatal and postnatal healthcare delivery system and will be evaluated to provide evidence of the Project benefits in order to eventually disseminate them. We expect:

- to increase the ability of PHCPs in reflecting about their own practices, communicating more effectively with users, and being able to show empathy;
- to enable PHCPs to orient their actions towards a salutogenic perspective, enabling users to give meaning to health messages and to find and make use of their own and community resources;
- to test the effectiveness of the antenatal and postnatal health care delivery model and to produce a guide for knowledge translation into other contexts;
- to disseminate the practices identified as pointers towards promoting mental health in this life cycle period in PHC settings.

As previously stated, an action-research methodology implies continuous evaluation and restructuring. Therefore, during the implementation of changes, there should be a rigorous and attentive monitoring of all the process in order to identify strengths and any need for modification. As mentioned before, effectiveness evaluation will take place. For this purpose we are planning a longitudinal comparative study *(Table 4)*.

4. Discussion

The perinatal period is a golden opportunity for mental health promotion and PHC has a strategic role to play regarding this issue (Australia. NSW Department of Health, 2000; Di Mario *et al*., 2005; Portugal. Ministério da Saúde. Direcção-Geral da Saúde, 2004; Portugal. Ministério da Saúde. Direcção-Geral dos Cuidados de Saúde Primários, Divisão de Saúde Materna e Planeamento Familiar, 1989; Portugal. Ministério da Saúde. Missão para os Cuidados de Saúde Primários, 2006).

PHC plays a role as a sole determinant of health "through factors related to the organization of the health care system (physical, financial, psychosocial, cultural and administrative access) as well as factors related to the health care provider (skills, knowledge, approach to the patient)" (De Maeseneer *et al.*, 2007).

The project here described intends to help PHCPs to be active and competent mediators, to contribute to mental health promotion during the antenatal and post-natal period through the delivery of primary health care. It is part of the rationale for this project that antenatal care should support and empower

parents in their parenting role, after a careful evaluation of their needs.

We have selected an action-research approach, in the belief that a changing process should look for questions that arise from practice. The path we are building is investing in finding answers to local questions and concerns of users, health practitioners and academic researchers.

The initial assessment allowed us to confirm the need to take close attention to mental health problems during pregnancy. At the same time, it provided prominence to the importance of relationships and communication between providers and users and gave important guidance regarding the families' needs during the perinatal period and the resources they value to face them. The importance of users' experiences has been widely emphasised, "it is the patient's contribution that is more important in creating personal significance (...)" (Sweeney, 2006, 44).

Previous studies have already pointed out that psycho-social aspects of care as communication, information, relationships with health providers and receiving support from them are factors associated with satisfaction (Williamson e Thomson, 1996; Young, 1998; Hildingsson, Waldenström e Radestad, 2002; Hildingsson e Radestad, 2005).

The diagnosis also contributed to emphasising that the change process should be built locally, focusing on local needs and particular circumstances, as those offered by this local study. Behavioural and psycho-social indicators are valued in evaluating the health of populations as well as the quality of services provided (Broemeling *et al*., 2006).

The process used for problem definition and redefinition has shown its suitability for planning and implementing reorganization meaningful to both users and providers. The initial problem definition was made according to the evidence available but also incorporated the concerns of health professionals. The findings from the initial assessment provided the basis for joint reflection and decision-making, which have led to the identification of priorities and strategies with a local meaning and relevance. This kind of process has already been argued to be conducive to the promotion of teamwork, decision-making, ownership and the implementation of change (Robinson e Stacy, 1994; Hampshire *et al*., 1999).

The introduction of the new protocols for antenatal and postnatal health care was guided by the principles of local relevance and participation. The decision-making process took into account the

Table 4
Effectiveness evaluation

Action and evaluation			
Results evaluation on services			
Results evaluation on families Longitudinal comparative study 80 families from the PHC Units involved 80 families with traditional perinatal care(mother socio-emotional adjustment during pregnancy; family social support; incidence and duration of breastfeeding; rate of smoke cessation among pregnant women and partners; parenting skills; mother-baby interaction; degree of satisfaction of parents and health professionals; child development; child emotional and behavioural problems)			
T1 Collection of data 2nd-5th month of gestation	T2 Collection of data 7th-9th month of gestation	T3 Collection of data 1st month after delivery	T4 Collection of data End of 1st year of the baby
Process evaluation Training program evaluation (participation, satisfaction, needs, results) Implementation evaluation (participation, satisfaction, needs, "treatment" fidelity)			
Jan 2010 May 2010	Jan 2010 May 2010	Jan 2010 May 2010	Jan 2010 May 2010
4th year			5th year

translation of the best scientific evidence available into the local situations. The training programme intended to bring the best evidence available as well as the opportunity to acquire important skills and methods by the PHCPs. This training also enabled PHCPs to develop the programme guidelines, which should be a guarantee of its adequate implementation. On the other hand, we should bring the project development and implementation to the broader community, using a community empowerment approach (WHO. People's Health Movement, 2007), once the participation of local people and organizations is recognized as having a powerful effect on the effectiveness and sustainability of programmes (Jané-Llopis e Barry, 2005). The involvement of local partners and the improvement of links to specialised care are conditions for the sustainability of the project and have already been highlighted as conditions for the integration of mental health into PHC (WHO, 2007).

5. Conclusion

The importance of including mental health promotion in maternal and infant health care has been argued for long. However, the precedence given to biomedical aspects of care tends to remain, and a lack of psycho-social training amongst health care providers is still an unsolved constraint.

The project described in this article intends to make a contribution to refreshing these issues in Portuguese PHC, empowering PHCPs in supporting parents to promote their children's mental health and to feel more confident in their parenthood.

We are aware that a process of change always faces great challenges. Within a process of improvement, working practices need to become quite different and in order to achieve this, relationships need to be created and recreated.

In any process of change, communication and language are crucial.

With this in mind, we expect that the participative and reflective approach used will contribute to the implementation and sustainability of the changes agreeded. To recognize social learning, and implement behavioural consistency, flexibility in negotiation with the stakeholders, capacity in problem solving with a progressive decrease of dependence on external support are important goals to be achieved. Furthermore, an investment on a warmer relationship between health professionals and health care users, empathy, and improved self-efficacy and self-esteem are central.

We hope to support the evidence that it is worthwhile to invest in early ages, paying special attention and supporting families especially during this period of the life cycle. Better policies to protect parenthood and legitimate health professional practices have to recognise that this investment requires time as well as work in the field in order to reach the most underprivileged parents.

We also intend to instigate innovation in PHC through the permanent practice of surveillance, critical reflection and the dissemination of good practices and solutions. This can save resources, through the avoidance of time lost and risks avoided by peers facing similar problems (Covita, 2006).

Reformulating clinical practices, integrating mental health promotion in maternal and child care, and improving functional, interactive and critical health literacy of health professionals and parents may contribute to a healthy start in life. To sustain this process it is crucial to strengthen organisational leadership, to recognise learning as central to health care innovation, to develop social networks to support families, and to establish strong partnerships with local government. Technical and political recognition are the following steps for the dissemination of results.

Acknowledgments

This paper results from the involvement of a vaster team in the project. We would like to thank all the primary health care professionals involved and the academic research team for their commitment. Special thanks to Manuel Gonçalves Pereira, João Sennfelt, Maria Antónia Frasquilho, Levy Aires, Mariana Dupont, Amílcar do Vale, Lina Guarda, Paula Marques, Ana Jorge, Manuel Hermida and Isabel Brito for their enthusiastic involvement and contributions.

Pedro Aguiar (ENSP, UNL) has been responsible for statistical consultation and João Barbosa (Ministry of Education) provided valuable advice on qualitative research methodologies.

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□ Resumo

PROMOÇÃO DA SAÚDE MENTAL NA GRAVIDEZ E PRIMEIRA INFÂNCIA: UM PROJECTO DE INVESTIGAÇÃO-ACÇÃO NOS CUIDADOS DE SAÚDE PRIMÁRIOS

Os Cuidados de Saúde Primários são habitualmente o primeiro contacto com o sistema de saúde e os profissionais de saúde são mediadores chave na capacitação dos cidadãos para cuidarem da sua saúde. Em Portugal, nas últimas décadas, têm-se alcançado grandes melhorias nos indicadores biométricos de saúde materno-infantil. Contudo, tem-se dedicado pouca atenção à dimensão de saúde mental, apesar do reconhecimento da sua importância. A gravidez e primeira infância têm sido apontadas como uma oportunidade crucial no ciclo de vida para a promoção da saúde mental. É dado especial enfoque aos primeiros tempos de vida, dado o forte impacto na saúde da criança.

O impacte da vinculação precoce entre a mãe e o bebé na saúde da mãe e da criança há muito que é reconhecido. Esta vinculação pode ser influenciada por vários factores, nomeadamente pelo ajustamento emocional da mãe. A focalização nestes aspectos pode facilitar a criação de condições favoráveis e a implementação de medidas preventivas. O suporte familiar durante o período de transição para a parentalidade tem sido enfatizado como uma medida eficaz e os Cuidados de Saúde Primários estão numa posição privilegiada como fontes de informação e como mediadores.

O projecto que apresentamos descreve um processo de investigação-acção desenvolvido em parceria entre investigadores académicos e profissionais de saúde para abordar os aspectos referidos. Pretende-se capacitar os profissionais de saúde para apoiarem as famílias na transição para a parentalidade, promovendo assim a saúde mental das crianças.

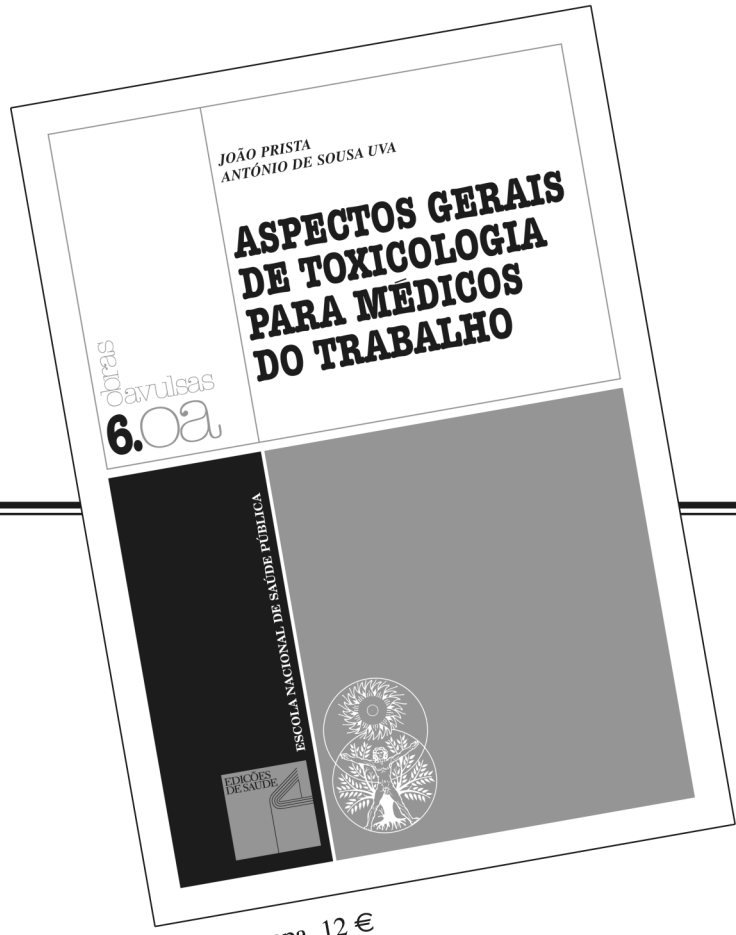
O projecto baseia-se numa abordagem participativa, direccionada para a reorganização dos cuidados durante a gravidez e primeiros tempos de vida.

A mudança efectiva acontece quando os envolvidos estão interessados e motivados, o que torna a sua participação tão importante. A reflexão acerca das práticas e necessidades actuais e o conhecimento acerca de intervenções baseadas na evidência têm guiado a selecção das alterações a introduzir na prática clínica, no sentido de promover o suporte familiar e o desenvolvimento de competências parentais e auto-confiança.

Neste artigo, apresentamos as etapas principais do desenvolvimento do projecto: avaliação inicial da comunidade em estudo; processo de tomada de decisão; programa de formação dos profissionais dos Cuidados de Saúde Primários; revisão dos protocolos da consulta de saúde materna, visita domiciliária e educação pré-natal; planeamento da implementação; plano de avaliação da efectividade das alterações introduzidas na prestação de cuidados.

O trabalho já desenvolvido tem mostrado que a motivação, liderança e aspectos organizacionais são decisivos para o processo de mudança e de criação de um novo paradigma de cuidados a prestar às famílias.

Palavras-chave: saúde mental; cuidados de saúde primários; suporte familiar; investigação participativa.



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