

Similarity Analysis about the Training of Family Health Strategy Professionals for the Psychosocial Care of the Elderly

ORIGINAL

Verônica Lourdes Lima Batista Maia¹,
Eliana Campelo Lago², Carmen Viana Ramos³,
Márcia Astrês Fernandes⁴, Eucário Leite Monteiro Alves⁵,
Patrícia Maria Santos Batista⁶, Rodrigo Batista Maia⁷,
Maria Eliete Batista Moura⁴, Luana Kelle Batista Moura²,
Gerlany Leal Cronemberger⁸

- 1 Physician. Professor of the Medicine course of the Federal University of Piauí, Picos, Piauí, Brazil. Professional MSc in Family Health, UNINOVAFAPI. Teresina, Piauí, Brazil.
- 2 Dentist, Doctor. Professional MSc in Family Health, UNINOVAFAPI. Teresina, Piauí, Brazil.
- 3 Nutritionist, Doctor. Professional MSc in Family Health, UNINOVAFAPI. Teresina, Piauí, Brazil.
- 4 Nurse, Doctor. Postgraduate Program in Nursing. Federal University of Piauí, UFPI. Teresina, Piauí, Brazil.
- 5 Physician, Doctor. Professional MSc in Family Health, UNINOVAFAPI. Teresina, Piauí, Brazil.
- 6 Physician. Professor and coordinator of the Medicine course of the Federal University of Piauí, Picos, Piauí, Brazil.
- 7 Physician, holder of the Brazilian Association of Otorhinolaryngology, medical residency in otorhinolaryngology, Santa Casa de São Paulo.
- 8 Nurse, postgraduate in Mental Health at UFPI.

Abstract

Background: Elderly mental health is an important topic of discussion to Brazilian public health because it involves factors related to the training of health professionals focused on these demands in the Family Health Strategy.

Objectives: To make a similarity analysis about the training of the Family Health Strategy professionals for psychosocial care for the elderly.

Methodology: Qualitative research carried out with 31 professionals from the Family Health Strategy in the city of Picos, Piauí, Brazil. Data were collected through a semi-structured interview script. The interviews were performed in a reserved room and recorded with the aid of an MP4 player. The data were processed by the IRAMUTEQ software and analyzed through similarity analysis that is based on graph theory.

Results: The study participants were 13 doctors and 18 nurses, 27 (87.09%) were female. The training time of these professionals was comprised between 2 to 32 years of training and the duration of the Health Strategy from 1 year to 16 years. According to the co-occurrence tree, the data indicate that: the word "elderly" is at the heart of the ramifications and expresses how family and professionals can contribute to treatment; another demonstrated representation is

Contact information:

Verônica Lourdes Lima Batista Maia.

 veronicabmaia@gmail.com

that it is difficult for professionals to carry out their activities with the elderly due to lack of training in the specific area of mental health.

Conclusion: the family plays a fundamental role in the elderly care with psychosocial needs and the professionals of the Family Health Strategy present difficulties to carry out comprehensive care due to deficiencies in their training.

Keywords

Mental Health; Family Health; Elderly.

Introduction

Global aging is a notorious process and occurs in unequal ways in developing countries. In Brazil, the aging of its population is notorious and the public health services do not meet the demand, so a large number of elderly people are left unattended by the Unified Health System (SUS). Aging is a period of the life cycle in which it is common the manifestation of chronic diseases that compromise the independence of the elderly, among them stand out: mild cognitive impairment; cognitive impairment; depression; dementia; cardiac insufficiency; diabetes mellitus and dyslipidemia [1,2].

Authors report that mental disorders are common problems among elderly people reaching many of them and indicate that there is a gap in the Brazilian literature about epidemiological data about psychiatric illness in general [3].

The health problems that arise with aging are well documented in the literature, however, it is necessary to reflect on the assistance provided to this population group. Health professionals have direct responsibility for comprehensive care for the elderly [4]. In the context of primary care, in which community health professionals are essential to establish bonding with the elderly, because this proximity increases the reliability of users [5].

In this sense, the mental health of the elderly should be considered, especially by professionals in-

serted in the primary care because they are closer to the families and, consequently, to their health demands. In relation to the specialized mental health care services of the elderly, there is a shortage of specialized care that impedes the access and treatment of elderly people who seek the public health services [6].

With the Brazilian psychiatric reform, the treatment of mental disorders came to be perceived with a more humanized look with the purpose of breaking the old model of health based on the illness in detriment of the promotion and prevention of health. Until the 1970s the treatment for people with mental disorders was completely institutionalized and with the psychiatric reform this health care model began to be rethought [7].

Mental health care is part of the SUS context and has articulation with the Psychosocial Care Network (RAPS). In this context, the Family Health Strategy as a strategy for the reorganization of primary care in the country and the main entry point of the SUS. It is inserted as a space for identification and reception of cases of elderly people with psychosocial demands and guide the process of care of the various levels of SUS care [8].

In this way, the professionals included in the health teams of the Family Health Strategy need to be prepared for the demands of the community, being essential undergraduate courses that have

formations focused on the SUS. There are criticisms about medical graduation courses in Brazil because they do not provide subsidies to students so that they can appropriate knowledge that fills the gap of the need for the Unified Health System, especially the Family Health Strategy [9].

Thus, higher education institutions should update the pedagogical projects of the courses, expanding the pedagogical space seeking integration with the health services in order to guide the training of professionals focused on the demands of the Unified Health System [10]. Changes in nursing undergraduate courses have also been observed [11, 12] and the discussion of curricular changes in health courses was expanded [13, 14].

Given this problem, the study aims to make a similarity analysis of the training of Family Health Strategy professionals for the psychosocial care of the elderly.

Method

This is a qualitative research on the training of the Family Health Strategy professionals for psychosocial care for the elderly, carried out in the city of Picos, Piauí, Brazil, with 31 professionals, 13 medical professionals and 18 nurses.

The inclusion criteria for the selection of the participants were: to be active in the Family Health Strategy with at least one year of work and excluded professionals who performed voluntary activities, as well as trainees.

The data were collected in January 2016 with the support of a semi-structured interview script composed of questions about data on the training of professionals and issues related to the work of the Family Health Strategy professionals in the psychosocial care of the elderly. The interviews were held in a reserved room in the work place of the professionals to guarantee greater privacy to the participants and recorded with the support of an Mp4 and transcribed in its entirety.

The data were processed with the IRAMUTEQ software and analyzed through similarity analysis that is based on graph theory [15].

This research complied with the ethical precepts set forth in Resolution 466 of the National Health Council of Brazil dealing with research involving human beings. It was approved by the Research Ethics Committee of UNINOVAFA-PI, opinion number 1,265,925, and authorization of the co-participant institution, the Health Department of Picos. All the professionals who participated in this research signed the Term of Free and Informed Consent.

Results

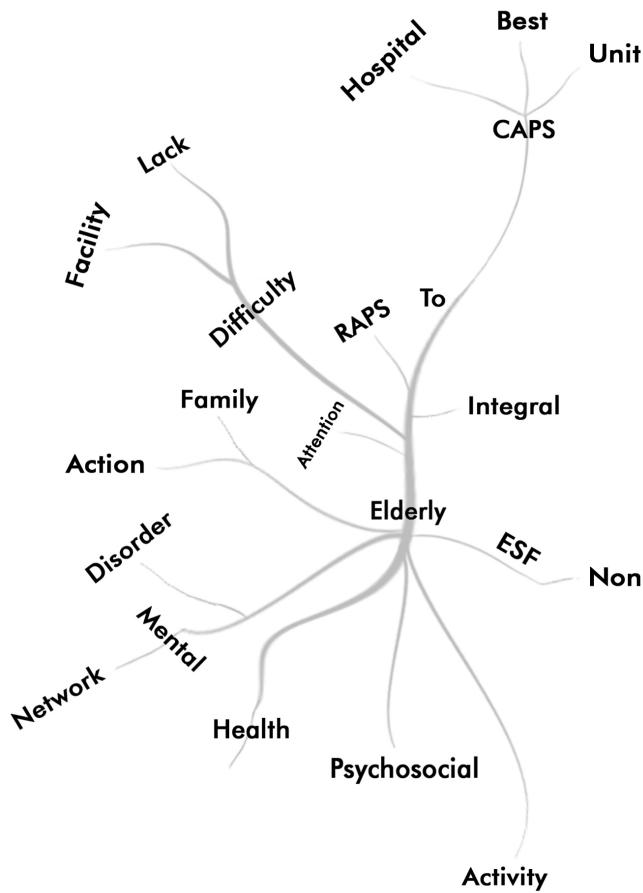
The interviewees had ages ranging from 23 to 60 years, between nurses and doctors, 27 (87.09%) were female, 13 (41.19%) were doctors and 18 (58.06%) were nurses. The training time of these professionals was comprised between 2 to 32 years of training and the duration of the Health Strategy from 1 year to 16 years.

Similarity analysis

The relationships between the terms: elderly, health, psychosocial, activity, to, CAPS, RAPS, integral, difficulty, lack, family, attention, mental, disorder and network are shown in **Figure 1**. It can be noticed that the word "elderly" is in the center of the tree and it gives rise to ramifications that give meaning to the way of perceiving psychosocial attention to the elderly.

The first representation, having the word "elderly" as the center of the branch, is associated with family, action, attention, integral, RAPS, ESF, non, psychosocial and expresses the way of perceiving psychosocial attention to the elderly functioning as an instrument that guides the preventive care of patients with mental disorders, since through psychosocial care and with the help of the family, the patient improves their social and family life.

Figure 1: Similarity analysis of the training of family health strategy professionals for psychosocial care of the elderly in a municipality of Piauí. Picos, 2016.



Source: Direct research, Iramuteq, 2016.

Another demonstration that is related to the words "elderly" and "difficulty" is the expression "lack", demonstrated the difficulty of the professionals to carry out their activities with the elderly due to lack of training in the specific area of mental health and lack of support from the management.

Discussion

Psychosocial attention in the Brazilian reality has made important advances, especially with the psychiatric reform, however, recent investigations point out that the asylum model, even in the face of advances, needs to be broken and new looks

should configure integral care in mental health. Thus, it is important the participation of the family in the CAPS so that the asylum model is overcome and the assistance to the mentally ill person can reach the integrality in the assistance provided by the public health services [16].

In this study, the number of elderly people who seek this type of service is low, and may be due to several factors that need to be better investigated [17]. The participation of the family in the access and accompaniment of the elderly in psychosocial care services is fundamental, specifically in the new proposed model of psychosocial care that includes the family in this context of care. However, the burden of responsibility should not be confused and for families to effectively participate in care, it is necessary for the health system to provide support by providing trained professionals and infrastructure to meet the demands [18].

In this context, it is important to emphasize, besides the support of health services, the establishment of links not only with the users of psychosocial services, but with their families so that trust in health professionals increases. In this way, the demand for services will be greater [5].

With this, it is necessary that the professionals inserted in these realities are able to promote integral care for the elderly with psychosocial needs. Investigations show that professionals inserted in psychosocial care services have training with little focus on mental health and can be the result of remnants of the asylum epochs [19].

In addition, a survey of nurses from eleven Centers for Psychosocial Care showed that the insertion of these professionals in mental health occurred at a late stage of their professional careers, not being a career that was planned and built during the undergraduate course [19].

A study on the training of the Family Health Strategy professionals for the psychosocial care of the elderly showed that it is necessary to develop skills and abilities that follow trends of change, that are

professionals with critical and reflective thinking about the psychosocial care of the elderly, considering the objectives of the implementation of the Psychosocial Care Network with new proposals for comprehensive care [20]. Policies that contemplate continuing training for health professionals in the context of psychosocial care for the elderly are necessary in order to enable professionals to improve the quality of services provided.

Thus, professionals should be prepared to develop health actions for the elderly with psychosocial needs inserted in the social and family reality of the elderly, according to the National Health Policy of the Elderly [21].

Professionals, besides being trained, need to be attentive to the aging process itself, which needs specialized and targeted assistance, and the care should be taken to ensure that this public is integral and humanized [22]. Because the training of human resources to assist the elderly is directly related to the understanding of aging [23].

In this sense, the professionals of the Family Health Strategy play an important role in the development of preventive actions as well as in the early diagnosis of the elderly with psychosocial needs. In addition, the Psychosocial Care Network contributes to comprehensive care for the elderly, fundamental for the maintenance of the elderly in SUS services and the Family Health Strategy involved in the insertion of the elderly in the system and for promoting healthy aging [20].

It is important to reflect on professional training for the SUS in the perspective of new curricular guidelines, focusing on curricular change and the integration between teaching and services. Such integration gives graduates greater contact with SUS realities [24]. In a study carried out in Mato Grosso do Sul, Brazil, with professionals of the Family Health Strategy on the determinants for the choice of family health as a field of work, it was evidenced that the choice for the area was due to the expansion and offer of employment, there is no planning or training directed to the area [25].

The training of professionals committed to the SUS and its demands, with a focus on family health, need to be encouraged through investments that enable timely interventions in professional training even during undergraduate courses, since a strategic moment to intervene is during the [26, 27].

Thus, the training of professionals in the Family Health Strategy for the psychosocial care of the elderly should be started at the undergraduate level following the new curricular guidelines and be able to provide theoretical and practical subsidies so that professionals are able to act in different areas according to the demands of SUS.

Conclusion

This study provided a similarity analysis about the training of the Family Health Strategy professionals for psychosocial care for the elderly and the aspects that are involved in this issue, such as the important role of the family and the difficulty of the professionals in performing activities with the elderly caused by lack of training in the specific area of mental health.

Family, when present, collaborates positively for the access and follow-up of the elderly in psychosocial care services, especially in the initial contact with SUS services through the Family Health Strategy, corroborating the effectiveness of the new model of psychosocial care.

In addition, the training of health professionals for SUS should be valued and policies of permanent education for psychosocial care of the elderly in the context of family health should be implemented to ensure integral care.

References

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Envelhecimento e Saúde da Pessoa Idosa. 1.^a edição 1.^a reimpressão Série A. Normas e Manuais Técnicos. Cadernos de Atenção Básica, n. 19 Brasília: Ministério da Saúde, 2007.

2. Fochat RC, Polonini HC, Barbosa EMS, Chicourel EL, Raposo NRB. Prevalências de doenças de grande impacto na saúde pública em idosos frágeis residentes na zona da mata Mineira - Brasil: um estudo de base populacional. *Revista de APS*. 2017; 19:268-76.
3. Clemente AS, Loyola Filho AI, Firmo JOA. Concepções sobre transtornos mentais e seu tratamento entre idosos atendidos em um serviço público de saúde mental. *Cad. Saúde Pública*. 2011; 27: 555-64.
4. Amthauer C, Falk JW. Discursos dos profissionais de saúde da família na ótica da assistência à saúde do idoso Speeches of family health professionals in optics of assistance to the elderly. *J. res.: fundam. care*. Online. 2017; 9: 99-105.
5. Moura LKB, Sousa LRM, Moura MEB, Mesquita RF, Matos FRN, Lago EC et al. Satisfaction of users of the Family Health Strategy in a capital city of Northeast Brazil. *International Archives of Medicine*. 2017; 10:1-8.
6. Tavares SMG. A Saúde Mental do idoso brasileiro e a sua autonomia. *BIS, Bol. Inst. Saúde*. 2: 87-9.
7. Maciel SC, Barros DR, Silva AO, Camino L. Reforma psiquiátrica e inclusão social: um estudo com familiares de doentes mentais. *Psicologia: ciência e profissão*. 2009, 29 436-47.
8. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde, Departamento de Atenção Básica, Departamento de Ações Programáticas Estratégicas. Coordenação de Saúde Mental. *Cadernos de Atenção Básica 34 – Saúde Mental*. Brasília: Ministério da Saúde, 2013.
9. Campos MAF, Forster AC. Percepção e avaliação dos alunos do curso de medicina de uma escola médica pública sobre a importância do estágio em saúde da família na sua formação. *Rev. bras. educ. med*. 2008; 32: 83-9.
10. Brandão, E. R. M. et al. Práticas de integração ensino-serviço-comunidade: Reorientando a formação médica. *Rev. bras. educ. med*. 2013; 37: 573-7.
11. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES nº 3 de 7 de novembro de 2001: Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Brasília: Ministério da Educação, 2001.
12. Silva MG, Fernandes JD, Teixeira GAS, Silva RMO. Processo de formação do (a) enfermeiro (a) na contemporaneidade: desafios e perspectivas. *Texto Contexto Enferm*. 2010; 19:176-84.
13. Brasil. Ministério da Saúde. Implantação das Redes de Atenção à Saúde e outras estratégias da SAS. Brasília-DF, 2014.
14. Fiúza TM, Ribeiro MTAM, Gomes KWL, Pequeno ML, Barreto ICDHC, Miranda AS et al. Necessidades educacionais dos profissionais da Estratégia Saúde da Família (ESF): possibilidades de Educação em Saúde no município de Fortaleza (CE). *Rev Bras Med Fam Comunidade*. 2012; 7: 139-46.
15. Camargo BV, Justo AM. Tutorial para uso do software de análise textual IRAMUTEQ. Laboratório de Psicologia Social da Comunicação e Cognição- LACCOS. Universidade Federal de Santa Catarina. Brasil, 2013.
16. Oliveira T. O serviço de encaminhamento e acompanhamento dos usuários de álcool e outras drogas num CAPS AD do município de Ouro Preto-MG. 2016.
17. Pillon SC, Cardoso L, Pereira GAM, Mello E. Perfil dos idosos atendidos em um centro de atenção psicossocial: álcool e outras drogas. *Esc Anna Nery Rev Enferm*. 2010; 14: 742-8.
18. Mielke FB, Kohlrausch ER, Olschowsky A, Schneider JF. A inclusão da família na atenção psicossocial: uma reflexão. *REE*. 2010; 4:761-5.
19. Dias BC, Silva ALA. O perfil e a ação profissional da (o) enfermeira (o) no Centro de Atenção Psicossocial. *Rev Esc Enferm USP*. 2010; 44: 469-75.
20. Maia VLLB, Lago EC, Ramos CV, Fernandes MA, Alves ELM. Training of Professionals from the Family Health Strategy for Psychosocial Care for the Elderly. *International Archives of Medicine*. 2017; 10:1-8.
21. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. *Cadernos de Atenção Básica: envelhecimento e saúde da pessoa idosa*. 2006
22. Silva IT, Junior EPP, Vilela ABA. Auto percepção de saúde de idosos que vivem em estado de coresidência. *Rev. Bras. Geriatr. Gerontol*. 2014; 17:275-87.
23. Motta LB, Caldas CP, Assis M. A formação de profissionais para a atenção integral à saúde do idoso: a experiência interdisciplinar. *Ciênc saúde coletiva*. 2008; 13:1143-51.
24. Carvalho YM, Ceccim RB. Formação e educação em saúde: aprendizados com a Saúde Coletiva. In: CAMPOS, G. W. de S. [et al]. *Tratado de Saúde Coletiva*. São Paulo: Hucitec; Rio de Janeiro: Ed. Fiocruz, 2009; 5:137-170.
25. Manoel RA, Combinato DS, Gomes FMDA, Silva KFD. O papel do trabalho e da formação acadêmica no projeto profissional do trabalhador da saúde. *Trab. educ. saúde*. 2014; 12: 595-614.
26. Baldoino AS, Veras RM. Análise das atividades de integração ensino-serviço desenvolvidas nos cursos de saúde da Universidade Federal da Bahia. *Rev Esc Enferm USP*. 2016; 50: 17-24.
27. Lago EC, da Silva Oliveira AD, Almeida CA, Ramos CV, Ribeiro IP, de Moura Neiva LB, Feitosa LG. Family Health Medical Practices and Nursing Care: a Bibliometric Approach. *International Archives of Medicine*. 2017 May 1; 10.

Publish in International Archives of Medicine

International Archives of Medicine is an open access journal publishing articles encompassing all aspects of medical science and clinical practice. IAM is considered a megajournal with independent sections on all areas of medicine. IAM is a really international journal with authors and board members from all around the world. The journal is widely indexed and classified Q2 in category Medicine.