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RESEARCH

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Psychiatric Emergency Hospitalization-Meanings, Feelings, Perceptions and the Family Expectation

Internação na Emergência Psiquiátrica-Significados, Sentimentos, Percepções e Expectativas da Familia

Interna en la Emergencia Psiquiátrica-Significados, Sentimientos, Percepciones y Expectativas de la Familia

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ABSTRACT

Objective: The study's purpose has been to grasp the family members' perceptions regarding the psychiatric hospitalization of one of their members. **Methods:** It is a descriptive-exploratory study with a qualitative approach. The study's participants were eight relatives of individuals hospitalized in the Psychiatric Emergency Service of a General Hospital. The data were collected in July 2017, through semi-structured interviews, which were transcribed in full and submitted to the thematic analysis process using the IRAMUTEQ® software. **Results:** The following three thematic axes were identified: The family meanings concerning the mental disorders; The psychiatric emergency hospitalization from the family's viewpoint; The perceptions about medication and therapeutic resources. **Conclusion:** Some families have greater difficulty in accepting the psychiatric hospitalization of one of their members than others. The feelings generated and the routine change, they all differ between the families that have a mental disorder bearing person and those who have chemical dependents with an associated basal disorder.

Descriptors: Hospitalization, Family Health, Mental Disorders, Psyquiatric Nursing.

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RESUMO

Objetivo: Apreender as percepções de familiares frente a internação psiquiátrica de um de seus membros. **Método:** Estudo descritivo-exploratório de natureza qualitativa. Os participantes foram oito familiares de indivíduos internados no serviço de Emergência Psiquiátrica de um Hospital Geral. Os dados foram coletados em julho de 2017, por meio de entrevistas semiestruturadas, as quais foram transcritas na íntegra e submetidas ao processo de análise temática com auxílio do software Iramuteq®. **Resultados:** Foram identificados três eixos temáticos: As significações familiares sobre os transtornos mentais; A transformação no cotidiano familiar após a internação psiquiátrica; Percepções em torno da medicalização e dos recursos terapêuticos. **Conclusão:** Algumas famílias têm maior dificuldade em aceitar a internação psiquiátrica de um de seus membros do que outras. Os sentimentos gerados e a mudança na rotina diferem entre as famílias que possuem uma pessoa com transtorno mental e aquelas que têm dependente químico com transtorno de base associado.

Descritores: Hospitalização, Saúde da família, Transtornos mentais, Enfermagem psiquiátrica.

RESUMEN

Objetivo: Apreciar las percepciones de familiares frente la internación psiquiátrica de uno de sus miembros. **Método:** Estudio descriptivo-exploratorio de naturaleza cualitativa. Los participantes fueron ocho familiares de individuos internados en el servicio de Emergencia Psiquiátrica de un Hospital General. Los datos fueron recolectados en julio de 2017, por medio de entrevistas semiestructuradas, las cuales fueron transcritas en su totalidad y sometidas al proceso de análisis temático con ayuda del software Iramuteq®. **Resultados:** Se identificaron tres ejes temáticos: Las significaciones familiares sobre los trastornos mentales; La transformación en el cotidiano familiar después de la internación psiquiátrica; Percepciones en torno la medicalización y los recursos terapéuticos. **Conclusión:** Algunas familias tienen mayor dificultad en aceptar la internación psiquiátrica de uno de sus miembros que otras. Los sentimientos generados y el cambio en la rutina difieren entre familias que posuen una persona con trastorno mental y aquellas que tienen dependiente químico con trastorno de base asociado.

Descriptores: Hospitalizácion, Salud de la Familia, Transtornos Mentales,Enfermería Psiquiátrica.

INTRODUCTION

As a result of the Psychiatric Reform movement and the implementation of Law No. 10.216 of 2001, Psychosocial Care began to provide assistance in the area from a multidisciplinary, humanized perspective and in order to promote the social reintegration of the subjects and the reduction of stigma.[1] In order to do so, we sought to strengthen the reception, bonding, listening and accountability of individuals with mental disorders, rescuing the relationship between professionals and users, family and community.[2,3]

Therefore, the Psychosocial Care Centers (PSCC) were set up as an alternative to hospitalizations in psychiatric beds decreed for the modernization of the asylum positions of traditional psychiatry.[4,5] Psychiatric hospitalization is indicated and used only for severe cases and/or in situations of in which individuals may put themselves at risk or to other people, and when extra-therapeutic therapeutic resources are exhausted.[6,7]

In view of this assumption, the new mental health policy has reached a more communitarian model of care, in which the subject is assisted in the context of the family and society. Thus, assistance to the individual in psychological distress became the responsibility of the family, which for a long time was excluded from the therapeutic process, and which is now a fundamental part, assuming a facilitator position in care.[8,9]

In order to broaden the population's access to psychosocial care, the Psychosocial Care Network (PSCN) aims to qualify care through the reception, continuous monitoring and linking of people to the network's attention points. The PSCN is present in PSCC, Primary Care, Transient Residential Care, Hospital Attention, Urgency and Emergency Care, Deinstitutionalization Strategies, and Psychosocial Rehabilitation Strategies, then guaranteeing continuous care in mental health.[10]

In this background, the Psychiatric Emergency Service (PES) is considered as an alternative in mental health care, with the purpose of offering support both for individuals suffering from the first psychotic crisis and those who need care at the time of crisis or acute disorder. However, there are still cases of long-term hospitalizations, and/or the occurrence of several hospitalizations in a short period of time. These two events weaken intra-family relationships, triggering diverse feelings in people, such as suffering, frustration, and hopelessness.[8,11]

Nevertheless, because it is a procedure directed to crisis situations, in addition to the objective of assisting the individual at that moment, hospitalization can be a device for the family to reorganize itself in the face of the demands and overload that care can generate in daily life.[7]

In this scope of hospitalization, the overload and suffering can be reflected in the subjects that live closest to the individual with a mental disorder, often materialized in the family. This is due to the fact that it is an extension of the sick person, because in addition to adjusting the changes in the daily life due to the care, tends to suffer next to him.[12]

Given the aforementioned scenario, this study targeted to grasp the family members' perceptions regarding the psychiatric hospitalization of one of their members.

METHODS

It is a descriptive-exploratory study with a qualitative approach. This type of research makes it possible to study subjects in their natural environments, valuing the lived experience, understanding the internal meaning of groups and institutions, under the innumerable perspectives that fall on the social processes, such as culture, interpersonal relations, social movements and the implantation of public policies. Therefore, they are attributed to these connections,

meanings, and intentionalities, necessary to clarify human signification.[13]

The participants of this study were eight relatives of individuals who were hospitalized in the PES of a General Hospital from a municipality in *Paraná* State. Inclusion criteria were: to be 18 years old or older and to be a relative and/or a caregiver of an individual hospitalized for the first time in a psychiatric unit, or that the last hospitalization had occurred more than three years previously. On the other hand, the only criterion of exclusion was to present difficulty expressing itself, either by the problem of diction or by not presenting cognitive conditions to be interviewed.

They were contacted the moment they showed up at the institution to visit their family member. In this first contact, they were clarified about the objectives of the study, the type of participation desired, and invited to participate according to their interest and disposition.

The data collection took place in July 2017 through a semi-structured interview held in a reserved room in the institution itself, they were recorded on digital media and had an average duration of 30 minutes, shortly after the invitation to participate or the visiting time.

During the interviews, the following triggering questions were used: "How was it for your family to experience the need for psychiatric hospitalization of a relative?"; "How has the family faced this moment?"; "What are the expectations after the family member's discharge?"; "How did the family members have acceptanced the hospitalization?" Additional questions were used to explore the experiences with greater determination.

All the interviews were totally transcribed and the resulting material was submitted to the thematic analysis process, which consists of discovering the sense nuclei that compose a communication, whose presence or frequency means something for the analytical objective targeted.[13-4] Thus, it was sought to identify key passages that corresponded to the study' purpose.

Furthermore, to support the analysis of the data, IRAMUTEQ® software (*Interface de R pourles Analyses Multidimensionnelles de Textes et de Questionnaires*) was used, which is available free of charge. Its use is anchored in Software R and in the python programming language. It is emphasized that the use of the software is not a method of data analysis, but a tool to process them, with the possibility of five types of analysis: classic textual statistics; research of specificities of groups; descending hierarchical rank; similarity analysis and word cloud. Therefore, it does not conclude the analysis, and the interpretation is essential and the researcher's responsibility.[15-6]

Herein, the word cloud was adopted, in which the words are grouped and organized graphically according to their frequency, which makes it easy to identify them from a single file, called corpus, which gathers the texts originated from the interviews.[15]

In order to meet ethical aspects, the study was submitted and approved by the Permanent Committee on Ethics in Research with Human Beings from the *Universidade Estadual de Maringá*, according to the Resolution No. 466/12 from the National Health Council and under the Legal Opinion No. 2.095.708/2017. All participants signed the Free and Informed Consent Term in duplicate of equal content.

In order to ensure confidentiality and anonymity, the interviewees were coded, according to the degree of relationship between the hospitalized subject and the numeral order that the interviews interviewed (example: Mother 01).

RESULTS AND DISCUSSION

Primarily, 15 family members who met the inclusion criteria were invited to participate in the study. Nonetheless, six did not accept, claiming lack of time or interest, and one did not attend the scheduled place after the visit ending.

The eight family members are 36 to 66 years old, six women and two men, two mothers, one grandmother, sister-in-law, sister, father, uncle, and aunt. Considering the family members hospitalized: all had basal mental disorders since four of them also had done abusive drug use. Three cases were the first psychiatric hospitalization.

The analysis corpus consisted of 4,970 Initial Context Units (ICU) with 141 analyzed segments, in other words, 63.12% of the corpus. By the cloud method, the most frequent words were people and house, followed by the word medication (**Figure 1**).

Figure 1. The word cloud.

Source: The authors (2017), arranged by the IRAMUTEQ software.

Note: The words were kept in their original language.

After the processing steps, the meanings of the words were interpreted in the families' speeches, so the word "people" was attributed to the sense of collectivity and the "home" was the social and family environment. The term "medication", in addition to the literal sense, refers to the

idea of hospitalization and concern since, in the absence of it, psychotic outbreaks become frequent.

After analyzing the textual corpus, it is possible to identify three thematic axes that are presented in detail below.

The family meanings concerning the mental disorders

The meanings comprehended by the relatives about the mental disorder that witnessed the first crisis and the first hospitalization are related to factors such as stress, due to long periods of study, university pressure and supernatural causes.

"I noticed it slowly, it was when he started college, he stayed only a few days in college [...] He put a lot of effort on his head and I think he could not stand it... he could not stand it and started saying that people did not want it he would stay there, that the teachers wanted to expel him from there, everyone was making his head to leave [...]." (Mother 02)

"We do not imagine the worst, because he is losing weight this way, but we will try to investigate this, why is this happening, he was doing treatment, but it was like this, a problem of young people, stress, much study, he studies a lot in truth." (Mother 06)

"[...] she did not even want to take medicine because she said that she had no problem, she said that her problem was back, in her head the problem was back." (Sister-in-law 01)

It is observed in the reports that the relatives use the term "head" to associate the mental disorders, as a way to explain the unknown. The terms "crazy head" and "bad head" are an example of this since these diseases have no apparent etiological cause. And this state of "madness" causes the family and the subject to reach psychiatric hospitalization.

"She has been hospitalized more than once, only now she has gone crazy. At first, we saw and brought it here, but now it's gone now." (Grandmother 04)

"The problem is much more serious than we thought, the person must be very bad. I never thought his head was that bad, but I think he's completely out of the blue." (Mother 02)

Other relatives demonstrated in their reports that their conception of the treatment does not correspond to the current reality.

"[...] then today she (the mother of the hospitalized subject) has settled... because older people see the same psychological treatment was in the past [...] I think she was a little afraid of something..." (Sister-in-law 01)

The psychiatric emergency hospitalization from the family's viewpoint

Some deponents reported changes in family life after psychiatric hospitalization. However, disagreements were observed in the discourses, since there were reports of negative, positive and even indifferent changes.

"My life changed! Changed in relation to learning, learning from the suffering of others. You end up having a life experience by seeing what the other person is going through. You end up learning to value your health, especially your mental health." (Caregiver 03)

"I realized more union! A mother expects all the best from a child and it seems that it was a shock that life gave us. I think it happened to take a turn, other attitudes. But always be more united." (Mother 06)

"Nothing has changed in our lives, we continue to live in the same way, it does not change anything [...]." (Mother 02)

Another important finding relates to the denial of hospitalization by the family. It is worth mentioning that the denial process is more evident in the statements of relatives who were experiencing the first hospitalization.

"At first, it has a certain rejection, wanting to hospitalize a person from the family and not to accept that she has psychiatric issues. Then she had a bit of rejection, but then they accepted [...] but, from my father-in-law, she would never have hospitalized." (Sister-in-law 01)

On the other hand, acceptance is better understood by family members whose subject makes use and abuse of psychoactive substances, making the hospitalization become an alternative to keep it away from drugs.

"[...] we're happier, that's true, I just have to say. We do not see him there at home, accustomed to seeing all the time lying on the couch watching TV day and night and you do not see him there, but it's for a good reason, so we're happy, [...] he is here (hospital) [...] there is hope, so we are happy about this hospitalization." (Father 05)

The perceptions about medication and therapeutic resources

In the word cloud, it is possible to see that one of the words featured is "medication". In this sense, the families reported how is the coexistence with the subject when he does not follow the drug therapy or follows and still occurs the crises. Much of the family's concern is related to the fear of new outbreaks and consequently the need for new hospitalizations related to non-compliance with medications.

"[...] the person is apparently well on medication, but suddenly the cry comes, the sadness comes and she starts to complain." (Caregiver 03)
"Sometimes he says he's tired of taking medicine, that's why I asked for the injection. I was afraid he would stop taking medicine [...]." (Aunt 07)
"We're going to have to stay up so she does not forget to take the medication before we needed to curl her to take it because she would not accept that she had a problem. On the day we could not give it out!" (Sister-in-law 01)

Another important point, involving the aforementioned context, is the hospitalization of the subject. Some families find themselves in a difficult situation having to take the person to the hospital to be hospitalized when they are in crisis due to the lack or failure of drug treatment, and sometimes use the blackmail to "re-admit" to use the drugs correctly.

"I think he forgot what happened at the psychiatric hospital because he stopped taking the medication, but in the beginning we even used it as a bargain with him." (Uncle 08)
"I decided to take him to the hospital, I explained to the physician and she wanted to intern him, but he did not want to, so he increased the dose of the medicine and that's where he got bad, began to go into crisis [...]." (Mother 02)

Still, considering the above, because it is sudden and unexpected, the psychiatric hospitalization of a loved one was referred to as an event permeated by a lot of sadness, worries, and fears.

"It is sad because we do not like to see a loved one in this situation, it is difficult to come here in the middle of other people who also have mental problems comes the concern, the fear of the person being attacked by another mentally ill." (Sister-in-law 01)
"It was a sad time because he was giving time to leave, and he was wearing those hospital clothes. A very vain guy, very tidy, I saw my son on a bed in a situation like this." (Mother 06)

There was also a difference in the reports when family members who are ill have some mental disorder and when they were drug users. Regardless of whether there is a disorder associated with negative feelings in cases where there is chemical dependence, what stands out most as regards to both illness and hospitalization.

"[...] it's sad that you see a depressed person, you end up wanting to help and at the same time end up crying along with the person [...] really sad, it's not easy." (Caregiver 03)
"[...] a lot of anger, a lot of anger... this is not life, so I get mad on these drug dealers [...] my revolt is so big, seing her like this today, a studious, hardworking girl and today she does not know how to do anything, too dope! It ended with everything [...]." (Grandmother 04)
"[...] the feeling is good now, because he is hospitalized and he will be able to get out of this situation [...]." (Father 05)

After the transformations that occurred in the field of mental health from the Psychiatric Reform movement, we realized that the PES are incorporated into the Psychosocial Attention Network (PSCN). In this regard, the Psychosocial Care Center (PSCC) is a service capable of accommodating people with mental disorders and their families in times of crisis and at the same time avoid hospital admissions. However, a study carried out with relatives of patients hospitalized in the Psychiatric Emergency, found that they consider it a place that provides good care and care.[11]

The relatives revealed the difficulties existing through the episodes of crisis, evidencing the impotence of these families in giving support to the subject outside the hospital environment and at the same time a certain resistance when there is a need for hospitalization. Thus, it is through these situations that the caregiver seeks the PES, where they express their feelings of sadness and anguish, but also of relief.[7,11,17]

Consequently, the data from this research resemble the literature, as well as the differences in the feelings lived by the families when the individuals are diagnosed of mental and behavioral disorder and when the same is in drug addiction. This shows that families still have the idea that being a drug user is not a disease. A study carried out with mothers of people with schizophrenia shows the predominance of bad feelings, among them: sadness, fear, despair and loneliness, which are more intense during crises and, consequently, hospitalization.[18]

Although the family shows signs of tiredness and demotivation, it continues to support its familiar drug user in the hope of rehabilitation. A study carried out with relatives of adolescents who use crack cocaine in a treatment unit for detoxification point out that they believe that the direct or indirect support they offer to the subject is what can be done at the moment of hospitalization. Nonetheless, suffering from the use of psychoactive substances significantly affects, besides the dependent himself, his family as well. While there are no analogous families or who refute chemical dependency in the same way, there are only common feelings and behaviors that prevail in almost every family that accommodates a dependent. The main feelings of the families that coexist with the drug addiction are: anger, resentment and fear of the future.[19]

Under such circumstances, it becomes evident that health professionals need to intervene in the family, helping people to understand the meaning of the mental disorder, its chronicity and what it implies for the family, so that changes in thinking, behavior, and routine of the group. Because, it is known that the subject undergoing psychic suffering alters

the life trajectory of the whole family, causing changes and demanding adaptations to deal with the new reality that presents itself. The Ministry of Health recognizes that the introduction of mental disorders in families, modify their daily life.[21] A study with caregivers in a psychiatric institution shows that the disease generates overload, increases the level of anxiety, physical fatigue and that changes in family life that commitment to the dependent member.[7]

The findings of this study show that families see the illness of their entity in a different way, which corroborates the result of a study carried out from the medical records analysis, which found that for families the main reasons for the emergence of psychic suffering are the abuse of substances, triggering behaviors, and spirituality.[22]

So, among the families in study, one can perceive that some recognized the situation of illness and sought to understand and minimize suffering, as well as to create strategies to deal with these situations in a way more adapted to their reality. Others associate psychic distress with the signs and symptoms presented such as, for instance, the behavior of studying hard and not leaving the house. Ultimately, there are those who associate with the supernatural, this is often found in studies, since the psychotic outbreaks cause visual and auditory hallucinations, which causes the families to point them as causing the mental illness.[22-4]

Nevertheless, when there is a need for hospitalization, in some cases relatives do not understand and accept the illness or hospitalization, while in others they even prefer that the sick member be hospitalized in either a PES or even in a hospital psychiatric. Fear becomes an important impediment to family acceptance due to the difficulty in an interpersonal relationship related to the prejudice suffered by both the mentally disordered person and the family. Hospitalization is the last alternative in the management/coping of mental disorder. However, for most of the relatives, it was not associated with something bad, because they understand their need in the conduct of the crisis. As identified in another study,[11] hospitalization in the psychiatric emergency is perceived as an aid to intervene in the situation.

Although at the beginning it is difficult to accept or even perceive the symptoms, with the evolution of the disorder the relatives end up accepting the hospitalization before the disorder of the subject and the risks to their health and others. They approve the picture slowly, although it is not complete in the majority of the deponents, mainly the mothers, who come to nourish the hope in the possibility of a cure.[7]

Ultimately, the state of normality and improvement can be considered one of the main objectives in psychiatry. The positive expectations acquired during the hospitalization corroborate the results of other studies.[11] Thus, in wishing to improve, the relatives seek a state that differs from the current one. The desire for improvement in the clinical picture, that the person can live life in an active and independent way and the belief in the recovery of the psychiatric patient is what sustains the family and gives him the strength to face adversities.[25-6]

Hence, the subject is expected to overcome in the social environment, the possible relapses in the post-hospitalization period. The realization of daily activities may mean that such patients are acquiring responsibility and autonomy in their tasks, and that these can be financially independent and can constitute their own families. Therefore, it is expected that the patient, with the improvement of his health, actively pursued their plan of life and citizenship.[25]

The study has some limitations such as the reduced number of participants, occurs because the relatives approached do not accept to participate. This fact attributed to the singular moment experienced by the families. Another limitation came from the hurry that family members had to complete the interview to leave, then resulting in not so in-depth interviews.

CONCLUSIONS

This study identified that some families have greater difficulty in accepting the psychiatric hospitalization of one member than others. The feelings generated and the routine change, they all differ between the families that have a mental disorder bearing person and those who have chemical dependents with an associated basal disorder. In these cases, speeches value drug addiction and hospitalization is seen as a relief for the family and a resource to keep the individual away from the streets and drugs. Moreover, it was observed that the need for psychiatric hospitalization is considered as the last alternative.

Therefore, recognizing these families as units of care and understanding their reality and their experiences facilitates the process of post-hospitalization care, which may prevent them from egressing. A well-informed and informed family on mental illness and the types of possible therapeutic treatments favor the care given to the individual and to the family itself.

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