

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online


 ISSN 2175-5361
 DOI: 10.9789/2175-5361

INTEGRATIVE REVIEW OF THE LITERATURE

Os serviços de saúde mental na reforma psiquiátrica brasileira sob a ótica familiar: uma revisão integrativa

Mental health services in the brazilian psychiatric reform from the family perspective: an integrative review

Los servicios de salud mental en la reforma psiquiátrica brasileña bajo la óptica de la familia: una revisión integradora

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ABSTRACT

Objective: investigating the contributions of national scientific researches on family knowledge about mental health services after the Brazilian psychiatric reform. **Method:** this is an Integrative Literature Review with simultaneous use of the descriptors "mental health" and "family", in the LILACS database, in the period from 2001 to 2013, selected 24 scientific articles. **Results:** the emerging themes were: "services capabilities in the context of the Brazilian Psychiatric Reform", "family participation" and "weaknesses faced in the execution of Brazilian Psychiatric Reform". **Conclusion:** families recognize the importance of substitute services in assisting their family member with mental disorder. On one side, we highlight several structural, organizational and political weaknesses of these services. The other, identify some successful strategies in Brazil, which demonstrated that the barriers found for the effectiveness of psychiatric reform can be overcome. **Descriptors:** Family, Mental health, Deinstitutionalization, Mental health services.

RESUMO

Objetivo: investigar as contribuições das pesquisas científicas nacionais sobre o conhecimento familiar sobre os serviços de saúde mental após a reforma psiquiátrica brasileira. **Método:** trata-se de uma Revisão Integrativa de Literatura com emprego simultâneo dos descritores "saúde mental" e "família", na base de dados LILACS, no período entre 2001 a 2013, selecionando-se 24 artigos científicos. **Resultados:** os eixos emergentes foram: "potencialidades dos serviços no contexto da Reforma Psiquiátrica Brasileira", "a participação familiar" e "fragilidades enfrentadas para a efetivação da reforma psiquiátrica brasileira". **Conclusão:** as famílias reconhecem a importância dos serviços substitutivos na assistência ao seu familiar portador de transtorno mental. De um lado, destacam diversas fragilidades estruturais, organizacionais e políticas desses serviços. Do outro, identificam algumas estratégias bem sucedidas no Brasil, as quais demonstraram que os entraves encontrados para a efetivação da Reforma Psiquiátrica podem ser superados. **Descritores:** Família, Saúde mental, Desinstitucionalização, Serviços de saúde mental.

RESUMEN

Objetivo: investigar las contribuciones de las investigaciones científicas nacionales acerca del conocimiento de la familia sobre los servicios de salud mental después de la reforma psiquiátrica brasileña. **Método:** esta es una Revisión Integrativa de la Literatura con el uso simultáneo de los descriptores "salud mental" y "familia", en la base de datos LILACS, para el período 2001-2013, con selección de 24 artículos científicos. **Resultados:** los temas emergentes fueron: "las capacidades de servicios en el contexto de la Reforma Psiquiátrica Brasileña", "participación de la familia" y "debilidades que enfrentan en la ejecución de la reforma psiquiátrica brasileña". **Conclusión:** las familias reconocen la importancia de los servicios de sustitución en la asistencia a un miembro de su familia con una enfermedad mental. Por un lado, podemos destacar varias debilidades estructurales, organizativas y políticas de estos servicios. El otro, identificar algunas estrategias exitosas en Brasil, lo que demuestra que las barreras que se encuentran para la eficacia de la reforma psiquiátrica se pueden superar. **Descriptor:** Familia, Salud mental, Desinstitucionalización, Servicios de salud mental.

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INTRODUCTION

In the context of mental illness, the family group plays various roles throughout history, which varied according to the prevailing conception of mental disorder under the influence of the concept of insanity, which in turn passed over several phases, getting magical-religious connotations, philosophical and scientific, the latter, the biomedical and hospital-centered model for psychosocial care based on territory. In each historical moment prevailed the concept that best adapted to the social, cultural and economic context of a particular place.

Between the late eighteenth and early nineteenth century, with the French Revolution, marking the beginning of contemporaneity, madness is reconfigured with the connotation of treatable disease and healing, bringing it to the human realm. In this context, Philippe Pinel, among other pioneers, like Pussin - nursing worker who served with Pinel at Bicetre Hospital in activities that demystified madness - laid the foundation of knowledge about what he called mental illness, leading to Psychiatric science.¹

With the advent of psychiatry, care for the mad no longer racing family and goes for health care professionals in the hospital, especially those in nursing and health. In the presence of this medical hospital-centered model left the family to liability for psychological distress. For this reason, but also to prevent the illness from other members of the family came to be away from the mental and behavioral disorder patients during crises, triggering unconsciousness, segregation and social exclusion of the crazy.²

Inspired by the Reform Basaglia, the Brazilian Psychiatric Reform (RPB) preaches a new conception of madness able to guarantee to patients with mental disorders a new perspective of psychosocial care, away from the logic of asylum and asylum model. The RPB proposes a process of deinstitutionalization that part of the understanding of people with mental and behavioral disorder as a subject in its history,³ opposed to the inflexibility of the hospital-centered model.

In this process, the family plays a central role change, assuming and ensuring an inclusive stance and purposeful through psychosocial care and institutionalization, becoming a participant in the treatment and monitoring of its ill family member from an open assistance community and with the support of social and community network.²

Moreover, considering the current role of the family, it is understood that the same as a social institution that more lives with the subject of mental disorders, feeling and experiencing the mental illness phenomenon, in addition to direct and indirect this live

burden has plenty to contribute to the knowledge and the production of singularities in the mental health field.

The approach of the world of these families might encourage the development of more appropriate forms of care for both the user of mental health services, such as for families. Given the above and the family of essentiality to the success of the current mental health policy, the question is: "What are the contributions of national scientific research on family knowledge about mental health services after the Brazilian psychiatric reform?" Therefore, it is crucial to know what research with these relatives reveals about mental health services in the context of Brazilian Psychiatric Reform.

In this sense, the objective is to investigating the contributions of national scientific research on family knowledge about mental health services after the Brazilian Psychiatric Reform.

METHOD

It is characterized as an Integrative Review of the Literature and obey the following steps: issue identification and selection of the hypothesis or research question; establishment of criteria for inclusion and exclusion of studies/sampling; categorization of studies; evaluation of studies; interpretation of results and presentation of the review / synthesis of knowledge.⁴

Agrees that the integrative review emerges among the increasing amount and complexity of information in health care, as a methodology that provides synthesis of knowledge and the incorporation of the applicability of relevant research results in practice.⁵

There was the selection of publications during the month of July 2014 simultaneously using the descriptors "Mental Health" and "Family" in the database Latin American and Caribbean Health Sciences (LILACS). Then proceeded to the previous reading of the collected material summaries and the selection of studies that met the inclusion criteria: completeness national product resulting from fieldwork research subjects which were relatives of people with mental disorders and behavioral and published in Portuguese from 2001, the year of approval of the Psychiatric Reform Law in Brazil, to 2013, and present relevant to the discussion proposed.

RESULTS AND DISCUSSION

It is presented in Table 1 the review articles captured in the database, where all studies used a qualitative approach, which is justified by the very objectives of research conducted with family members of people with mental disorders today, mostly focused on the investigation of the world of meaning and experience of phenomena as well as the much paradigm crisis experienced by science in our times.

Table 1 - Summary of the studies found according to the titles, authors, year of publication and year of survey, design, periodicals and Qualis CAPES classification, location of study and linking with Postgraduate Program. LILACS, 2001 - 2013.

Title	Training	Year of Publication/ Year of the Research	Delineation	Journal/Qualis CAPES 2013	FU of the Study	Postgraduate Program	
						Yes	No
1. The psychiatric reform in the eyes of the families	E	2004/2003	Qualitative Research	Texto & Contexto Enferm / B1	Ceará		X
2. The care of people with mental disorders in the everyday life of their relatives: investigating the role of psychiatric hospitalization	P	2006/2002	Qualitative Research	Estud Psicol / A2	São Paulo		X
3. Families in mental health network: a brief study Schizo-analytical	P	2006/2004	Qualitative Research	Psicol Estud / A2	Minas Gerais		X
4. The relationship with the families in the treatment of the mentally ill held in Psychosocial Care Center	P	2008/2007	Qualitative Research	Pesqui Prát Psicossociais / B3	Minas Gerais		X
5. Nurse and family of user of the Center for Psychosocial Care: necessity of health expressed	E	2009/2007	Qualitative Research	Rev Gauch Enferm / B1	Rio de Janeiro		X
6. The team work of a day-care Center on the family perspective	E	2009/2006	Qualitative Research	Rev Esc Enferm USP / A2	Rio Grande do Sul	X	

Title	Training	Year of Publication/ Year of the Research	Delineation	Journal/Qualis CAPES 2013	FU of the Study	Postgraduate Program	
						Yes	No
7. The vision of the family about the work of mental health professionals of a day-care Center	E	2009a/2006	Qualitative Research	Esc Anna Nery Rev Enferm / B1	Rio Grande do Sul	X	
8. The experience of the family related to the work of mental health professionals: a phenomenological study	E	2009b/2006	Qualitative Research	Online Braz J Nurs / B1	Rio Grande do Sul	X	
9. Relatives of mentally ill: experiencing care at a day-care Center	E	2009/2005	Qualitative Research	Rev Esc Enferm USP / A2	São Paulo		X
10. The assistencial model changes in mental health and its impact on family	E	2010/2006-2007	Qualitative Research	Rev Bras Enferm / A2	São Paulo		X
11. Assessment of attention to families in a day-care Center	E	2011/2005	Qualitative Research	Rev Bras Enferm / A2	Rio Grande do Sul		X
12. Mental health and solidarity economy: the family in the inclusion at work	E	2011/2008	Qualitative Research	Rev Esc Enferm USP / A2	São Paulo	X	
13. Difficulties faced by the family in the host of the patient with mental disorder after hospital discharge	E	2011/2007	Qualitative Research	Rev Enferm UERJ / B1	Rio de Janeiro		X
14. Treatment of the person with mental disorder in the face of the Brazilian Psychiatric Reform: perceptions of family members	E	2011/2010	Qualitative Research	Colomb Med / B1	Paraná		X
15. Evaluation of a day-care Centre: the look of the family	E	2011/2006	Qualitative Research	Ciênc Saúde Coletiva / B1	Rio Grande do Sul		X
16. Distress in children and adolescents-the search for treatment	E	2012/2008-2009	Qualitative Research	Esc Anna Nery Rev Enferm / B1	Ceará		X

Title	Training	Year of Publication/ Year of the Research	Delineation	Journal/Qualis CAPES 2013	FU of the Study	Postgraduate Program	
						Yes	No
17. Mental health assistance supported the psychosocial model: narratives of family and people with mental disorder	E	2012/2009	Qualitative Research	Rev Esc Enferm USP / A2	Paraná	X	
18. Evaluation of structure and process of family mental health users	E	2012/2006-2008	Qualitative Research	Ciênc Cuid Saúde / B2	Rio Grande do Sul		X
19. Actions of the day-care center for the psychosocial rehabilitation of distress	E	2012/2009	Qualitative Research	Cogitare Enferm / B2	Paraná		X
20. Conceptions of the relatives of users about the care offered in psychosocial care center	E	2013/2010	Qualitative Research	Cogitare Enferm / B2	Paraná	X	
21. The "live" in mental hospital: stories told by family members of ex-"residents"	P	2013/2009	Qualitative Research	Psicol Estud / A2	Paraná		X
22. Mental health care in rural areas	P	2013/2012	Qualitative Research	Mental / B2	Paraná		X
23. The guy lived in a family of users of child day-care	E	2013/2010	Qualitative Research	Rev Gauch Enferm / B1	Paraná		X
24. Therapeutic activities: understanding of families and professionals of a day-care center	E	2013/-	Qualitative Research	Esc Anna Nery Rev Enferm / B1	Santa Catarina		X

Source: research data. Legends: E= Nursing, P= Psychology, FU= Federal Unit.

There were taken 792 articles in search of these, we selected 24 scientific articles from the inclusion criteria (Table 1), where 19 are nursing productions, notably in the context of psychiatric reform. There was, on the one hand, that the years of publication of the articles ranged from 2004 to 2013. On the other hand, researches that led to publications were carried out between 2003 and 2012. In addition, although it was among the inclusion criteria published studies since 2001, there were no publications in the years of 2001 to 2003, only publications from 2004 certainly increased by the gradual emergence of mental health services built from the perspective of psychiatric reform across the country.

It is observed that publications found are concentrated in the south-east axis: Six in Rio Grande do Sul, four in Paraná, three in São Paulo, two in Santa Catarina, two in Rio de Janeiro and Minas Gerais, corresponding to the total 18 studies. Of these, five were developed in the Graduate Programs, highlighting the pioneering these regions in conducting studies in the subject area. In addition, the northeast also follows that research on mental health according to the criteria of this study, three held in Ceará and two in Paraíba, totaling five studies where only one was developed in graduate school.

Regarding Qualis/CAPES journals, nine have Qualis A2, ten Qualis B1, and four have Qualis B2, and only one Qualis B3. Considering the good concept of periods, infers the relevance and ratifies the debate about the mental health of people with mental and behavioral disorders and their families as part of the production of scientific knowledge as well as the validity is exalted and originality of the studies published in these strata.

Research results found that families recognize the importance of substitutive services in assisting the family with mental disorders, while highlighting the structural weaknesses and organizational policies of these services, including the effective insertion of the family in these areas and actions for this purpose.

The CAPS is presented as the service better known by the family; however, the day hospital and other institutions are also highlighted in the productions of this period. However, it is significant that the day hospital is a psychiatric service of partial hospitalization, being characterized as an intermediate feature between the outpatient hospitalization and the total created in Brazil in a transitional context from 1992 to overcome the model asylum.⁶ However, it is not inserted between the services outlined by the new Brazilian mental health policy so that service tends to be extinguished to make way for CAPS.

The results of this review in three thematic axes following:

Potential of services in the context of the Brazilian Psychiatric Reform

In table 2 the 17 articles that indicate potential of mental health services in the context of the Brazilian Psychiatric Reform.

Table 2 - Synthesis of the potential of mental health services. LILACS. 2011 - 2013

Title	Year	Potentialities
1. The Psychiatric Reform in the eyes of the families	2004	Enhancement of the user; family participation.
2. Families in mental health network: a brief study schizo-analytical	2006	Cooperative service with the patient and family.
3. The relationship with the families in the treatment of the mentally ill held in Psychosocial Care Center	2008	Humane way to deal with the mental disorder.
4. Nurse and family of the user of Psychosocial Care Center: necessity of health expressed	2009	Host of the nuclear family

Title	Year	Potentialities
5. The team work of a day-care Center on the family perspective	2009	Work planned and organized; diverse attention strategies: home visits, clinical consultations and a variety of therapeutic workshops.
6. The vision of the family about the work of mental health professionals of a day-care Center	2009a	User and host family for part of the team; flexibility.
7. The experience of the family related to the work of mental health professionals: a phenomenological study	2009b	Reception; good relationship family-team.
8. Relatives of mentally ill: experiencing care at a day-care Center	2009	Reception; good family relationship with the service; communication, exchange of experience and qualified, listening the development of new forms of coexistence.
9. Assessment of attention to families in a day-care center	2011	Reception; attention based on humanization and development of subjectivity.
10. Mental health and solidarity economy: the family in the inclusion at work	2011	Inclusion through work
11. Treatment of the person with mental disorder in the face of the Brazilian Psychiatric Reform: perceptions of family members	2011	Work with a view to social reintegration of PTM; Reduction in the duration of hospitalization; Spaces for questions and guidance to the family.
12. Evaluation of a day-care Center: the look of the family	2011	Technical qualification of professionals; therapeutic workshops, home visits and assistance to street people; the search team work the psychosocial rehabilitation of the users; the attention offered the service provides better family and social coexistence, as well as the stabilization of the psychic framework.
13. Mental health assistance supported the psychosocial model: narratives of family and people with mental disorder	2012	Existence of a multiprofessional team, individual therapeutic program and diversified activities; decreased need for hospitalization as a result of the treatment.
14. Evaluation of structure and process of family mental health users	2012	Hosting
15. Actions of the day-care center for the psychosocial rehabilitation of distress	2012	Promotes the resocialization of the PTM; the treatment in the service provides a better coexistence of PTM in family.
16. Conceptions of the relatives of users about the care offered in psychosocial care center	2013	Host, humanization, carefully targeted towards the development of autonomy, inclusion of family in the therapeutic process
17. Therapeutic activities: understanding of families and professionals of a day-care center	2013	Diversified activities with various proposals, as the moment and needed by the user.

Source: research data.

Relatives recognize the existence and changes in processes of care for people with mental and behavioral disorders, in recent times, in a different way, which aim to reintegrate them into society, noting a change in the relationship between staff and users of mental health service.⁷

The family identifies the forms of treatment in the face of the Brazilian Psychiatric Reform through practical actions, knowledge and activities of the therapeutic schedule capable of promoting the reintegration of the mentally ill in society, which go beyond hygiene procedures, feeding and maintenance of order, as happened in the asylum model.⁷

It highlights some positive characteristics of assistance under the substitute services, especially CAPS, recognized by family, because this offers a special attention, based on the humanization and valuing of subjectivity.⁸

Family members emphasized the technical qualifications of the CAPS team and involvement in the attention to the user, in psychosocial rehabilitation, seeking ways to break away from restrictive practices to pathophysiological care, expansion of care turned to social reintegration, in the expansion of power contractuality users in their everyday lives by a profession or work activity. We highlight the following activities: therapeutic workshops, home visits, care for people living on the streets and a varied picture of activities. All activities are designed to enhance the capabilities of individuals, as well as providing the opportunity for professional qualification to the user through courses.⁹

They also recognize that the activities are diverse, with different proposals, as the time and the need of the user, and have a dual function: to allow the bond and the user of this service and insert it into an activity, which is why becomes be considered therapy.¹⁰

In another study, households attributed to the dynamics of the CAPS services and Psychosocial Care Center (NAPS) treatment adherence and reducing the need for hospitalization in psychiatric institution, as well as excel monitoring by a multidisciplinary team, treatment based in individual therapeutic program, the existence of various activities and the principle of territoriality as the basis of service.¹¹

The work of the CAPS team is alluded to and relaxed to alleviate the difficulties experienced by the family, based on interest in the attention to the user mental health and the involvement of families through important actions considered not only for individuals in psychological distress, but for society as a whole, especially for families who live on daily.¹²

The work of the CAPS team is planned and organized by professionals in search of a result with users of the service, reflecting positively in understanding the family, such as family visits, clinic visits and a variety of workshops. Thus, there is the existence of a good satisfactory appropriate relationship between the CAPS team and family, for which they feel welcomed, pampered and team care objects.¹³

The CAPS is a warm service, which favors changes in user behavior in society, improving the quality of life of these individuals and making coexistence with them more peaceful, as with treatment in these spaces, crises tend to be less frequent. Thus, CAPS provides a humanized care, the development of autonomy and promotes users' rehabilitation.¹⁴⁻¹⁵ Such service in the design of family, also provides changes in behavior in

relation to mental patients, making possible the formation of new concepts and reducing the bias experienced in own domestic environment.¹⁵

The study period is presented as the implementation, reaffirmation and expansion of spaces and scenarios of psychosocial care in the country. It turns out that the psychiatric day hospital, the transience of the hospital-centered model for the territorial base, is also a service evaluated positively by the families of users,¹⁶ which is: valued, support / housing for abandoned; where: observing the family participation in treatment; develop in diversified therapeutic activities; remains busy patient; the patient likes to go; It is characterized as a hospital to come and go; develops the sense of responsibility of the patient; the patient receives assistance; the team performs home visits; the patient regresses to high; and improved family relationships.

Analyzing the operating dynamics of families of people with mental disorders of the Reference Center for Mental Health (CERSAM) Teresopolis de Betim / BH, it was observed that, in general, family members have a good relationship with the service, highlighted as cooperative towards the patient and family.¹⁷

Family participation

It is presented in Table 3 the directions of the 13 productions as family participation in the therapeutic treatment intended to family with a mental and behavioral disorder.

Table 3 - Summary of the particulars of family participation in therapeutic treatment to mental and behavioral disorder carrier. LILACS. 2011 - 2013.

Title	Year	Participation
1. The psychiatric reform in the eyes of the families	2004	Forms of participation: family therapy, attending meetings, claim the family participation, inform the team about the State of the patient, therapy groups.
2. The relationship with the families in the treatment of the mentally ill held in Psychosocial Care Center	2008	Participation in meetings, in some spontaneous visits, with policy guidance and/or advice.
3. Nurse and family of the user of Psychosocial Care Center: necessity of health expressed	2009	Group for Family support
4. The team work of a day-care Center on the family perspective	2009	Superficial participation and family inclusion.
5. Relatives of mentally ill: experiencing care at a day-care Center	2009	Effective family involvement; meetings; family group.
6. Assessment of attention to families in a day-care center	2011	Group turned to families
7. Mental health and solidarity economy: the family in the inclusion at work	2011	Family involvement, participation through meetings, help in manual labor, sales and distribution of the group, as well as through prestige, encouragement and

Title	Year	Participation
		recognition of the production capacity of the user.
8. Treatment of the person with mental disorder in the face of the Brazilian Psychiatric Reform: perceptions of family members	2011	The work with the family is emerging
9. Evaluation of a day-care Center: the look of the family	2011	There is little participation of the family in the service
10. Mental health assistance supported the psychosocial model: narratives of family and people with mental disorder	2012	Meetings
11. Evaluation of structure and process of family mental health users	2012	Participation in meetings, consultations and workshops.
12. Conceptions of the relatives of users about the care offered in psychosocial care center	2013	The family is included in the therapeutic process; participation in the family group
13. Therapeutic activities: understanding of families and professionals of a day-care center	2013	Therapeutic family support group

Source: research data.

The families of people with mental disorders are part of the therapeutic process in various ways: watching the therapy, participating in meetings, calls to family involvement and asks for information to the team. Credits to this membership the role of institutions in order to inform the components of the social and family network to participate more actively in the user's treatment, strengthening the tie with the institution.¹⁶

Emphasized and valued by family, stands out among others, participation in therapy groups by sharing experiences, common problems, in meetings of families, represented as a rich moment of integration, relaxation and exchange of information.¹⁶

The CAPS and its relationship with users and family has a ratio of "open door".¹⁸ This provides an attention to all the people coming to the service through active listening, as well as offering family group, an exchange space experiences where people can relate to the experiences of other members.

The study conducted with family members attending a family support group CAPS in Rio de Janeiro, showed that families look for, in this space, learning and value both the knowledge gained by living in everyday life with the person in psychic suffering as the exchange of this knowledge among those who experience the same situation.¹⁹

A survey of family participants CAPS members of a group that aims to promote social inclusion through work from the perspective of the Solidarity Economy, highlighted the provision / availability of links family in rehabilitation project of their relatives with mental disorders. According to this study, the family recognizes the important work for users and realize their interest in the activities carried out by the group, recognizing the importance of the inclusion process as a producer of existential meaning and new relationships.²⁰

Participation in meetings and consultations also places the family in the construction of the therapeutic process the user, allowing the manipulation of it to carry out care.²¹

It is noteworthy that, after the family began to attend meetings offered to the family by substitute services, living with the mental patients has improved, therefore, have received information, guidance about the disease and to share experiences, beginning a process of acceptance and understanding of the behavior and way of being integral with the mental disorder.¹¹

Regardless of whether all highlighted positive aspects of mental health services in the context of RP, still have a number of inadequacies and deficiencies, as well as family inclusion still be ignorant for such services, depending on whether function of several works.^{7,8,12,16,22,23,24,25.}

During a study, a family stressed that there is little family participation in the service, which damages the user treatment, and stressed the need for greater attention to family and listening to the family, where it is emphasized that the inclusion of family dynamics CAPS seems to be even superficial.^{12,25}

In other research, a family member said that the family involvement in mental patients the treatment is still incipient, one action that needs to be strengthened in the long term that measures able to include within the service families that have members or not with disorder mental.⁷

The problem revealed by the service in attracting the family may be related to some staff training or even lack of awareness of them about the importance of the family's role in mental patients from therapy.⁸

Weaknesses faced for the completion of the Brazilian Psychiatric Reform

In this category are inserted 17 which indicate the weaknesses encountered for the completion of the Brazilian psychiatric reform, as Table 4.

Table 4 - Summary of weaknesses indicated in Brazilian Psychiatric Reform. LILACS. 2011 - 2013.

Title	Year	Weaknesses
1. The psychiatric reform in the eyes of the families	2004	Lack of reference institutions in assisting in mental health; Lack of infrastructure to meet the demands of the customers.
2. The care of people with mental disorders in the everyday life of their relatives: investigating the role of psychiatric hospitalization	2006	Insuficiency by the public services
3. The relationship with the families in the treatment of the mentally ill held in psychosocial care center	2008	Family interaction with mental health services is a source of stress.
4. The team work of a day-care Center on the family perspective	2009	Absence of family participation in therapeutic individual project construction; the logic of flow

Title	Year	Weaknesses
		orientation shall be without prejudice to the access to the service
5. The vision of the family about the work of mental health professionals of a day-care Center	2009a	Information about family-user treatment insufficient and vague; scrapping and insufficient number of mental health services.
6. The experience of the family related to the work of mental health professionals: a phenomenological study	2009b	Dependence of the user regarding the service team.
7. The assistencial model transformations in mental health and its impact on family	2010	Structural problems: inadequate physical structure, human resource shortages, difficulty of transport from home to the service.
8. Assessment of attention to families in a day-care center	2011	Difficulty in attracting the family service.
9. Difficulties faced by the family in the host of the patient with mental disorder after hospital discharge	2011	Difficulties of access as: spending on tickets, geographical distance and the resistance of the patient; families do not receive support in terms of guidance and referrals.
10. Treatment of the person with mental disorder in the face of the Brazilian Psychiatric Reform: perceptions of family members	2011	The work of the Family is emergent
11. Evaluation of a day-care Center: the look of the family	2011	Structural inadequacy and lack of equipment; There is little participation of the family in the service.
12. Distress in children and adolescents-the search for treatment	2012	Difficulties of access; number of inadequate services in the communities.
13. Mental health assistance supported the psychosocial model: narratives of family and people with mental disorder	2012	Difficulty of access; shortage of vacancies.
14. Evaluation of structure and process of family mental health users	2012	Structural deficiencies, insufficient human resources
15. The "live" in mental hospital: stories told by family members of ex-"residents"	2013	Inaccurate and unclear guidelines.
16. Mental health care in rural areas	2013	Does not meet the needs of the users of the countryside;
17. The guy lived in a family of users of child day-care	2013	The families do not receive adequate attention and information.

Source: research data.

The family's interaction with mental health services can be a source of stress, where contact with health professionals generally results in a frustrating experience, confused and humiliating because these professionals knowing the meaning of living with mental illness and

feelings the family, coming often to judge and guilt the family instead of trying to understand it.²² Added to the lack of action regarding guidance and referrals, often inaccurate and undefined, leaving the confused family, taking patients feel helpless. Such actions are essential for the continuing treatment of the subject with psychological distress .^{24,26}

It appears from reports in the family that they do not receive, within the service, due attention in order to know about the user treatment, receive psychological support and guidance on disease.²⁷

It is noticeable also that accessibility to specialized services becomes difficult due to several factors such as, for example, the burden of these services and the direct access of difficulty, beyond the barrier created by the very basic care that often is not prepared to diagnose and refer these patients to mental health service.²⁸

Family members often feel lonely, helpless, and without having to turn to, for though the clearance service to be reference to the patient and to work continuously, does not have all the technical, especially with the doctor during 24 hours and on weekends and holidays.²³

Furthermore, it is evident that PCC has studied a series of structural mismatches that affect the production of health is by no perception of a physical environment friendly, either because of discomfort generated from the existing furniture, as well as the lack of equipment.²⁵

CAPS reported in two studies^{21,23} also showed deficiency in physical infrastructure, working in adapted homes, suffering from the numerical shortage of staff to meet demand, especially with the absence of the doctor in emergency situations, and the lack of treatment proposals appropriate profile and patient history.

The absence of financial incentives obstructs the expansion of the CAPS physical structure, preventing the use of spaces that service for building purposes a meeting environment among individuals with mental disorders and their families.²¹

Among the main complaints of 16 families studied are: the lack of infrastructure of these institutions with regard to the granting of remedies, receipts and food; the inadequacy of the activities the patient's age; reducing the number of calls; non family insertion in the therapeutic process of the patient by the absence of active participation and the absence of the home care team members.

The extra-hospital services have a strategic role in the process of psychiatric reform. However, families suggest several barriers to access these services, such as guidance from the logic of the flow of access to CAPS, spending passages, geographical distance and the user's own resistance.^{12,24,29}

Such problems become more evident in the context of rural areas, given that the resident family in these spaces does not consider that their needs are met by the CAPS therefore it is an eminently urban service, which, in addition to better serve the people of city, to be used by the residents of rural areas, daily demand financial investments, which is great interference to these subjects.²⁹

In a study family exposed the difficulty of transporting the person sickened by the service when it is in crisis. According to the family, transportation is done by the Emergency Medical Service (SAMU) which, in most cases, these leaves in the background requests, as well as intervention is considered highly stressful for the family and for the user. However, resort

to other means of transport involves emotional stress, time; help to other members of the family group and financial burden.²³

The family reported the scrapping of the mental health service and cutting of funds, compounded by insufficient number of such services. They emphasize the need for there health facilities similar to CAPS in several districts of the city for easy access to those who need this type of service.¹²

Given this reality, families highlights the need for more professionals and the expansion of the CAPS number in the city as well as the disclosure of that service, since the population is not aware about the services provided by mental health authorities and the existence and the role of CAPS in society, but also there is sufficient and available services that can meet the demand of the mentally ill and their families effectively.^{25,28}

The problem is translated when families complain about the lack of reference institutions in mental health care in order to ensure the effectiveness and continuity of user treatment after discharge, in order to avoid remission of symptoms.¹⁶

In this context, it identifies in another study that there are individuals who have become "residents" of psychiatric hospitals in the last decade, since the enactment of Law No. 10.216/2001, which provides for the protection and rights of people with mental disorders and behavioral and redirects the mental health care model, predicting the Community treatment, given that, in times of crisis, the only recourse was found psychiatric hospital.²⁶

Facing the situation of public service failure in mental health not resolute, and accessible to address the health needs of users in full, families indicate a complementary relationship with the informal resources of churches, religious associations, cults, among others. Thus, the support given by the secondary social networks, albeit fortuitously, play a role in the gaps of what established and operated by the network of mental health care.³⁰

The government actions in the field of mental health, there is no ideology or strategies, missing objectives, intentions and methods, so that the difficulty regarding access to free treatments confirms a policy that seems bureaucratically satisfactory, but cannot meet the needs of the population, given the lack of alternative psychiatric services to accommodate an individual with psychological distress.³¹

In this sense, there is a lack of political interest of managers and a lack of investment of resources by the government hamper the consolidation of psychiatric reform, interfering directly in the operation of substitute services. Thus, health policies within the municipality directly reflected in the daily work of mental health teams, the users and their families, particularly as regards the number of failure and the scrapping of existing services.²⁵

CONCLUSION

The studies in this review showed the importance of substitutive services in assisting individuals with mental disorders, and that these are insufficient and often suffer in fulfilling its primary forward role to the various types of disabilities, whether structural or organizational policies, generated by interference in the implementation of mental health policies and the misapplication of funds, which directly affects the success of the psychiatric reform process.

It is understood that an appropriate network of mental health services should be easily accessible, able to involve the family in the care of mental patients, to heal their inquiries, to provide the transformation of trivialized conceptions of mental illness, to promote as far as possible, the emancipation of mental patients and to prepare the family institution for a healthy coexistence with the said human condition. However, it is possible to identify some successful strategies in Brazil, which demonstrate that the obstacles faced for the realization of the psychiatric reform can be overcome and that it is possible to de-institutionalization, socialization of people with mental and behavioral disorder and a good relationship with madness in society.

It emphasizes and recognizes the limitations of the study to the need for development of new studies and actions that promote overcoming the difficulties encountered in this work and contribute to the success of psychiatric reform in Brazil.

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Received on: 19/08/2014
Required for review: No
Approved on: 17/09/2015
Published on: 07/01/2016

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