EXPERIENCE REPORT

Psychic assistance in the Unified Health System: an experience report

La asistencia psíquica en el Sistema Único de Salud: relato de experiencia

A assistência psíquica no Sistema Único de Saúde: um relato de experiência

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Abstract

The aim was to describe an experience report about the assistance offered by the Unified Health System to psychiatric patients and how this support network can be fundamental in their lives. This is a qualitative, descriptive research, which will report the experience lived in Primary Care correlated with the theoretical aspects of the course, in the context of Mental Health. Some evidenced literatures were selected. Thus, they were used to search for articles on the Google Scholar and Scientific Electronic Library Online search platforms. For the discussion, the two categories were listed: Primary Care in mental health care and multi- and interdisciplinarity in psychiatric and mental health care, which were later analyzed and claimed. It is concluded that the psychic assistance provided to patients with mental problems is essential for them to achieve: autonomy, freedom, exercise their citizenship, equity and access to quality health services.

Descriptors: Unified Health System; Mental Health Assistance; Psychiatry; Family Health Strategy; Health Policy.

Resumén

El objetivo principal fue describir un relato de experiencia sobre la asistencia que ofrece el Sistema Único de Salud a los pacientes psiquiátricos y cómo esta red de apoyo puede ser fundamental en sus vidas. Se trata de una investigación cualitativa, descriptiva, que relatará la experiencia vivida en la Atención Primaria correlacionada con los aspectos teóricos del curso, en el contexto de la Salud Mental. Se seleccionaron algunas literaturas evidenciadas. Así, se utilizaron para buscar artículos en las plataformas de búsqueda Google Scholar y Scientific Electronic Library Online. Para la discusión, fueron enumeradas las dos categorías: Atención Primaria en la atención a la salud mental y multi e interdisciplinariedad en la atención psiquiátrica y a la salud mental, que luego fueron analizadas y reivindicadas. Se concluye que la asistencia psíquica brindada a los pacientes con problemas mentales es fundamental para que estos logren: autonomía, libertad, ejercicio de su ciudadanía, equidad y acceso a servicios de salud de calidad.

Descriptores: Sistema Único de Salud; Atención a la Salud Mental; Psiquiatría; Estrategia de Salud Familiar; Política de Salud.

Resumo

O objetivo principal foi descrever um relato de experiência acerca da assistência ofertada pelo Sistema Único de Saúde aos pacientes psiquiátricos e como essa rede de apoio pode ser fundamental em suas vidas. Trata-se de uma pesquisa qualitativa, do tipo descritiva, que relatará a experiência vivenciada na Atenção Primária correlacionadas com as vertentes teóricas do curso, no âmbito da Saúde Mental. Foram selecionadas algumas literaturas evidenciadas. Desse modo, foram utilizadas para busca de artigos nas plataformas de pesquisa Google Acadêmico e Scientific Electronic Library Online. Para a discussão, foram elencadas as duas categorias: A Atenção Primária na assistência à saúde mental e a multi e interdisciplinaridade no cuidado psiquiátrico e de saúde mental, sendo que, posteriormente, os mesmos foram analisados e pleiteados. Conclui-se que a assistência psíquica prestada aos pacientes com problemas mentais é fundamental para que eles consigam: autonomia, liberdade, exercer sua cidadania, equidade e acesso à serviços de saúde de qualidade.

Descritores: Sistema Único de Saúde; Assistência à Saúde Mental; Psiquiatria; Estratégia Saúde da Família; Política de Saúde.

Introduction

According to Law No. 8,080/1990, of the Federal Constitution of 1988, health is a fundamental human right, and the State must provide the indispensable conditions for its full exercise. Thus, the Unified Health System (SUS) is the set of health actions and services provided by federal, state and municipal public bodies and institutions, by the direct and indirect Administration and by foundations maintained by the Public Power[1].

In this context, it is understood as objectives of the SUS: I - the identification and dissemination of conditioning factors and determinants of health; II - the formulation of a health policy aimed at promoting, in the economic and social fields; III - assistance to people through health promotion, protection and recovery actions, with the integrated performance of assistance actions and preventive activities[1].

With the recent changes in the insertion of psychologists in health and the emergence of new fields of action, qualitative transformations are introduced in practices, as well as new theoretical perspectives, emerging a new field of knowledge[2]. Thus, the role of the psychologist, in a Basic Unit, aims to offer an important contribution in the contextualized and integral understanding of people, family members and the entire assisted community.

The organization of the SUS is carried out by concepts that guide and govern its actions, divided into two types: doctrinal principles and organizational principles.

The doctrinal principles of the SUS are universality, which consists of the right to health for each and every citizen, guaranteed by the government's duty to promote equal care for all, integrality, which guarantees that all people have the right to be attended to according to their basic needs and in an integral way, focusing on health rehabilitation, and equity, which ensures all individuals to be treated equally before the SUS, but understanding that the same service is not offered to all, because each person has their own peculiarities.

On the other hand, the organizational principles of the SUS were used so that the program could be better operationalized, taking into account the doctrinal principles. The first organizational principle is decentralization, which aims to redistribute responsibilities in a single direction, in an integrated manner, both in municipalities and states and at the federal level. The second is regionalization, which follows a line that a more structured municipality should serve people from other municipalities that do not have the same adequate structure to solve the patient's problem, this principle works as an articulation of the health services that already exist. in that region. Hierarchy, which is the fourth organizational principle of the SUS, has the function of facilitating and enabling user access to high, medium and low complexity outpatient networks, always taking into account the particularities of the patient. The last organizational principle is social participation, which consists of a connection between public authorities and users for the formulation of strategies and performance of the work being carried out[1].

In this sense, it is worth mentioning the Primary Health Care - APS, which is organized through the Family Health Strategy (ESF), being a model of community care that focuses on the family unit. Through the ESFs, a set of individual, family and collective health actions are carried out that involve promotion, prevention, protection, diagnosis, recovery, health surveillance, among others[3].

In addition, in 2003, during the processes of strengthening the PHC, the Humanization Policy of the SUS was launched, which proposes to act following ethical, clinical and political postures in its ways of conducting health work. One of the guidelines of this policy is the reception, which must support the relationship between the team/service and users, and must be built collectively, aiming to establish relationships of trust, commitment and strengthening of bonds[4]. In this way, it is expected that PHC is also co-responsible for the care provided to users with mental health needs, since health teams are faced with these patients on a daily basis.

Finally, it is worth mentioning that the main objective of the study in question is to describe an experience report about the assistance offered by the Unified Health System (SUS) to psychiatric patients and how this support network can be fundamental in their lives. Thus, through our perspectives, an analysis will be made of this assistance, judging, for example, if it was positive or negative and if it actually helped the analyzed patient or not.

Methodology

This is a qualitative, descriptive research, which will report the experience lived in Primary Care correlated with the theoretical aspects of the course, in the context of Mental Health. Authors[5] describe qualitative research of the descriptive type as one capable of analyzing, observing, interpreting, describing and recording the linked processes.

For this, the experience lived in Primary Care, in 2022, by six medical students will be described. The locus of this report is a Faculty of Medicine of Minas Gerais and the Family Health Strategy visited. For the collection of information, we used the personal notes and memory of the authors, the documents available on the Faculty website about the Medicine course and theoretical references available in the discipline PIC - Comprehensive Practices for Care II and IV.

Experience Report

L.M.D., 36 years old, male, black, unemployed, lives with his mother and brothers in Matipó - MG. According to the medical records, the patient started treatment at the PHC in Santa Margarida-MG, on May 25, 2010, presenting with psychomotor agitation, extreme irritability, aggressiveness and auditory hallucination, resulting in crises that justified the need for psychiatric care. Subsequently, on August 17, 2010, UBS received a report from the psychiatrist claiming that there was no

neurological change in the patient along with the prescription of Haldol Decanoate.

These facts led to the suspicion of a non-specific mental or behavioral disorder, according to the International Classification of Diseases (ICD-10, F19.2). Currently, the patient is followed up at the Psychosocial Care Center (CAPs) every 3 months, to which he always appears with unspecific complaints and, so far, it has not been possible to establish a specific diagnosis, with suspicion of F44 (dissociative disorders and/or conversion) or F19 (Mental and behavioral disorders due to the use of multiple drugs and the use of other psychoactive substances).

Using the following medications: Chlorpromazine 200mg, Biperiden 2mg/d, Biperiden 2mg/d, Promethazine 50mg/d, Amitriptyline 50mg/d, Clonazepam 6mg/d, Haldol Decanoate 1 ampoule every 30 days. It is also worth mentioning that the patient claims side effects due to the use of medication, such as weakness after taking Haldol, which prevents him from properly performing various activities as well as professional assignments that he had already proposed to perform and, for this reason, he was fired. of jobs. He reports that he received financial aid from the government for a time, which was suddenly cut off, currently not receiving it and depending on his family to meet his needs. Both the patient and the mother claim that he cannot walk alone due to the risk of sudden crises as well as memory failures.

Finally, the patient has a good relationship with the members of the FHS and with their family members, being very careful with their treatment, in view of the disorders resulting from sporadic forgetting to take a medication

Discussion

Primary care in mental health care

The psychiatric reform made possible a more humanized care in the area of mental health. As a result, the Psychosocial Care Network (RAPS) was formed as a means of increasing accessibility to psychosocial care, linking people with mental disorders and/or abuse of alcohol and other drugs and their families to the network's care points and to guarantee the articulation and integration of the network, aiming at the reception, continuous monitoring and attention to emergencies. In this way, the services present in the network include Basic Health Care, Specialized Psychosocial Care, Urgent and Emergency Care, Residential Care of a Transitory Character. In Brazil, mental health care is more performed in Primary Health Care (APS) and in Psychosocial Care Centers (CAPS) according to the territory and the patient's needs, in order to maintain a bond between society and the patient, as advocated by the psychiatric reform. With this, it was possible to stimulate humanization in health, social insertion and breaking of all the stigma surrounding mental health[6-8].

The activities carried out at the Basic Unit are aimed at primary health care, aimed at the community in the area of coverage, constituting the main gateway and communication center with the entire Health Care Network. Usually installed close to the places where users reside, work, study and live, it plays an important role in ensuring the population's access to quality health care. Among its main attributions are health promotion and protection, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, aiming to develop comprehensive care for the population served.

Given this, Primary Care can play a vital role in the treatment of depression and anxiety disorders, providing timely treatment through symptom assessment, along with appropriate counseling. In this way, by performing simple measures and screening procedures, clinicians can identify significant signs and symptoms associated with mental distress in general practice settings. The objective should be to provide early action and minimize delays in assessment and treatment to mitigate possible harm to the individual. It is worth mentioning that mental well-being begins in childhood and continues throughout life. In this context, the performance of basic units, with the essential attribute, longitudinality, is an artifice capable of promoting such performance, allowing their assisted to fully monitor their psychological development[9].

Multi and interdisciplinarity in psychiatric and mental health care

The complexity of the process of building an interdisciplinary program involves not only the need to understand it conceptually, but also mainly the need to deconstruct, and soon after rebuilding in new premises, the basic rules of the current scientific paradigm. When choosing a new path, it is necessary to reformulate the rules that help us to problematize and limit the acceptable paths for their solutions. Thus, when it comes to its conceptualization, this process of construction of a true theoretical concept is put in several studies where they turn to delimit and differentiate some categories that were often confused with an interdisciplinary work, and the distinction between the , pluri, inter and transdisciplinary is highlighted by many so that there is a distinction between the purposes of each of these practices[10,11].

This report addresses the need for professionals to be aware of all the existential dimensions of each human being who make up the family, without forgetting to see it as a whole. Thus, the multidisciplinary coexistence brings the understanding of the different realities and knowledge enabling learning. The reflection of interdisciplinarity for the transformation of practices is characterized by teamwork, which reinforces the feeling of inclusion, commitment to ruptures of conceptions and the synthesis of changes for mental health.

Final Considerations

According to the Ministry of Health, the National Mental Health Policy aims to consolidate an open and community-based care model, with the main proposal being to guarantee the free movement of people with mental problems through services, the community and the city. Thus, as already mentioned, the Psychosocial Care

Network (RAPS) establishes the points of attention for the care of people with mental problems, including the harmful effects of the use of crack, alcohol and other drugs. It is also worth mentioning that this Network is part of the Unified Health System (SUS).

In addition, it is made up of various services and equipment, such as: Psychosocial Care Centers (CAPS); Residential Therapeutic Services (SRT); the Living and Culture Centers, the Shelter Units (UAs), and the integral care beds (in General Hospitals, in CAPS III), which aim to provide maximum assistance to patients and their families, promote health care inclusive and of quality and to make possible the access to the services in an individualized and humane way.

Thus, through the ESFs, patients with mental disorders can enjoy a set of individual, family and collective health actions that involve promotion, prevention, protection, diagnosis, recovery and health surveillance, which is essential for them to be able to be reinserted, with dignity, in society and have access to quality health.

It is worth mentioning that an important point is the establishment of a multidisciplinary team (Family Health Team – ESF), which is basically composed of: general practitioner, or specialist in Family Health, or Family and Community doctor; general nurse or specialist in Family Health; nursing assistant or technician; and community health agents, and this group of professionals work together for the diagnosis, treatment and recovery of the patient. Therefore, consensus is prioritized in the decisions of each intervention and the goal is that the results achieved are the best possible.

Finally, it is evident how the psychic assistance provided to patients with mental problems, such as the experience report described, is essential for them to achieve: autonomy, freedom, exercise their citizenship, equity, access to quality health services - through comprehensive care and multiprofessional assistance, under an interdisciplinary logic -, in addition to enjoying different services for different needs, respecting the individuality of each patient.

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