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Oral health promotion in a mental health group in primary health care

Promoción de la salud bucal en un grupo de salud mental en atención primaria de salud

Promoção de saúde bucal em um grupo de saúde mental na atenção primária à saúde

ABSTRACT

The objective was to report the experience of a professional Dentist, resident in Family and Community Health, in the participation of a Mental Health Group, developed by the Extended Nucleus of Family Health – Primary Care in a Primary Health Care Unit. It is a descriptive research that addresses a case study with qualitative analysis. The group consists of 12 women who suffer from Common Mental Disorders. The participation of oral health in the mental health group occurred in the months of June and July 2019, with 08 active members of the group. During the educational activity, the patients showed to be very involved with the theme, constantly interacting and raising doubts about the content covered. Education and health care when worked in an interdisciplinary way, provide satisfactory results, as they put SUS principles into practice and establish a humanized and comprehensive care for patients.

DESCRIPTORS: Interdisciplinary Practices; Health promotion; Health education.

RESUMEN

El objetivo fue reportar la experiencia de un Odontólogo profesional, residente en Salud Familiar y Comunitaria, en la participación de un Grupo de Salud Mental, desarrollado por el Núcleo Extendido de Salud de la Familia – Atención Primaria en una Unidad de Atención Primaria de Salud. Investigación que aborda un estudio de caso con análisis cualitativo. El grupo está formado por 12 mujeres que padecen trastornos mentales comunes. La participación de salud bucal en el grupo de salud mental se dio en los meses de junio y julio de 2019, con 08 integrantes activos del grupo. Durante la actividad educativa, los pacientes mostraron estar muy involucrados con el tema, interactuando constantemente y planteando dudas sobre el contenido tratado. La educación y la salud cuando se trabaja de manera interdisciplinaria, brindan resultados satisfactorios, ya que ponen en práctica los principios del SUS y establecen una atención humanizada e integral al paciente.

DESCRIPTORES: Prácticas interdisciplinarias; Promoción de la salud; Educación para la salud.

RESUMO

Objetivou-se relatar a experiência de uma profissional Dentista, residente em Saúde da Família e Comunidade, na participação de um Grupo de Saúde Mental, desenvolvido pelo Núcleo Ampliado de Saúde da Família – Atenção Básica em uma Unidade de Atenção Primária à Saúde. Trata-se de uma pesquisa descritiva que aborda um estudo de caso com análise qualitativa. O grupo é composto por 12 mulheres que sofrem de Transtornos Mentais Comuns. A participação da saúde bucal no grupo de saúde mental ocorreu nos meses de junho e julho de 2019, com 08 membros ativos do grupo. Durante a atividade educativa, as pacientes mostraram-se bastante envolvidas com o tema, interagindo constantemente e expondo dúvidas sobre o conteúdo abordado. A educação e o cuidado em saúde quando trabalhado de maneira interdisciplinar, proporcionam resultados satisfatórios, pois põem em prática os princípios do SUS e estabelecem um cuidado humanizado e integral aos pacientes.

DESCRIPTORIOS: Práticas interdisciplinares; Promoção da saúde; Educação em saúde.

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INTRODUCTION

Primarily Health Care (PHC) in Brazil has three important particularities that differentiate it from models in other countries, such as: presence of community health agents, multi-professional responsibility over a territory and inclusion of the Oral Health Team in the Family Health Strategy (FHS).¹

The inclusion of dental practices in the Unified Health System (SUS) in conjunction with the other health services occurred in 2004 with the Brasil Sorridente program, when the guidelines of the National Oral Health Policy were published, which brought as priorities the readjustment of the work, with the use of multi professionalism and interdisciplinarity, intersectoriality, comprehensive care, the definition of standards and the qualification of assistance to guide work.²

In this context, the inclusion of Oral Health in the FHS constitutes a possibility to break the biologicist, technical and exclusive dental practice, promoting a prospect of change in the work method.³

In relation to Mental Health, the psychiatric reform provided a diversification of therapeutic practices, and in this context, PHC now has its support,

expanding the composition of its field of knowledge and performance.⁴

The support offered by the team of the Family Health Support Center in Primary Care (NASF-AB) to the ESF teams has incorporated an important set of health actions, with greater emphasis on socio-community interventions, such as interventions in community groups as part of mental health actions in PHC.⁴

Health education activities, as a way of promoting health, aim to enable individuals to assume and improve their living conditions, which can be not only individually, but also collectively, with a view to promoting information and motivating habits that maintain health and prevent disease.⁵

For mental health, the use of group therapies allows participants an interdisciplinary approach that complements and/or is consistent with resolute and equitable human clinical practice. Therapeutic groups should gain space in PHC services and institutions, as they enable important clinical interventions with positive results in the monitoring of various diseases and conditions.⁶

Group work is an alternative to be used as a strategy in the health education process, as it promotes the strengthening

of various individual and collective potentialities, such as the valorization and promotion of health, the demystification of knowledge, the promotion of self-esteem, the use of available resources and the exercise of citizenship.⁷

In general, health groups aim to complement the care provided in consultations, reduce anxiety and understand more clearly the feelings that arise in daily life, improve adherence to general and specific essential care, in addition to allowing approximation between professionals and users, contributing to the provision of humanized assistance. In this context, the interdisciplinarity between mental and oral health becomes an opportunity of great value, knowledge and interaction between users and professionals.

Thus, this work aims to report the experience of a professional Dentist, resident in Family and Community Health, in the participation of a Mental Health Group, developed by the NASF-AB team in an PHC Unit in the city of Fortaleza, Ceará.

METHOD

The methodology of this report is based on the type of descriptive rese-

arch, in which researchers are usually concerned with practical action, with the main objective of describing the characteristics of a given population or phenomenon under study,⁸ in which it fits into a field of social research, which allows obtaining new knowledge in the field of reality and social knowledge.⁹

It describes a case study, which consists of a research modality that aims to study about a specific case, in a unit, delimited and contextualized, with defined time and space for information to be acquired.¹⁰

With regard to nature, it is a qualitative analysis, as it aims to interpret and critically analyze a given situation and the impact it brings on the lives of the individuals involved.⁸

The present study presents an experience report of the intervention of a dental professional in a mental health group of a PHC unit in Fortaleza-CE. The participation of oral health in the UBS mental health group took place in the months of June and July 2019, with 08 active members of the group.

The activities of this group are women aged between 30 and 70 years old and who present complaints of common mild/moderate suffering or mental disorders, such as anxiety and depression, which are usually caused by grieving processes, nest syndrome emptiness and trauma resulting from abuse and violence.

Two psychologists and an occupational therapist are responsible for the group that works in biweekly meetings, with about 12 patients, in the BHU itself, lasting approximately 60 minutes. Participation in the meetings takes place through the screening of referrals from the UBS to Psychologists or Occupational Therapists, where at that moment, if necessary, there is the invitation, the perception of desire and the availability of users to participate in the group.

Thus, the study included 08 women who were part of the Mental Health Group of UAPS, who had their records updated in the Municipal Health System and who were present on the day

of the meeting on Oral Health. Women not belonging to the UAPS territory and those who, for some reason, did not accept to participate in group activities were excluded.

It describes a case study, which consists of a research modality that aims to study about a specific case, in a unit, delimited and contextualized, with defined time and space for information to be acquired.

Initially, at the meeting on Oral Health, a conversation was held with an explanation of oral health care and demonstration of the correct brushing in macro model, clarifications about daily oral care, as well as the necessary care for the use of dental prostheses. At the end of all information passed on, the “myth or truth” dynamics was carried out as a methodology for establishing knowledge. In addition to all this educational moment of health promotion,

there was also the availability of dental care for the participants in the activity, which took place in two alternating weekly shifts.

The Mental Health Group emerged at UBS in April 2018, from the identification of a great demand for psychological referrals perceived by the NASF-AB psychologist present at the unit. The activities that are developed in the meetings are very diverse, varying in cognitive, perceptual, therapeutic, labor, self-expressive, according to the needs of the group. There is also the approach of campaign themes from the Ministry of Health, such as Agosto Lilás (fight against violence) and Outubro Rosa (month of prevention and fight against Cervical and Breast Cancer), where, according to the topic addressed, there is openness for the participation of other health professionals, such as nutritionist, social worker, dentist, nurse, among others, but without losing the therapeutic character. Each quarter, a group self-assessment is carried out, a space for praise, criticism, debate on the perception of individual and collective improvements, as well as a space for discussion and suggestions for themes and future activities.

The invitation destined to the dentist for a moment with the mental health group, aimed at clarifications and instructions on oral care, arose from some meetings that took place with psychoeducational actions in health education, where in a meeting where worked on Activities of Daily Living with an emphasis on self-care and hygiene, the need for working on oral health care emerged.

After the development of oral health actions together with the necessary dental treatment in each group participant, the data from this study were analyzed and treated based on the women’s own report, as well as observing their expressions of joy, affection and gratitude for being able to improve their oral and general health, self-esteem and well-being.

RESULTS AND DISCUSSION

The therapeutic group was created by the NASF-AB team in April 2018, after referrals from ESF professionals, in general Doctors and Nurses, due to the great demand of patients in psychological distress of anxiety and depression with conditions that varied from mild to moderate. These patients were originally referred for individual psychological care. However, the NASF-AB team is interdisciplinary and composed of other mental health professionals, such as occupational therapists, who contribute to health promotion, articulating the practice with the psychologist and focusing on collective activities, often interdisciplinary and multiprofessional, such as also in health education activities.

Health education must be based on instruction as a potential to build and contribute to the development of the individual, encouraging him to reflect and develop autonomy, citizenship, critical awareness, in addition to enabling the transformation of his reality and history.¹¹

It is noticed that the mental health group appeared in the Health Unit with a therapeutic purpose, where several themes were worked on, according to the needs exposed to each meeting. Although the group is classified as a Mental Health Group, working in an interdisciplinary way exploring other themes is of great relevance, since, when looking at a human being in an integral way, all professions exert influences on their physical well-being, psychic and mental.

In this context, oral health education within a mental health group collaborates for comprehensive health promotion, which aims at personal care autonomy, enhancing self-esteem, as well as breaking various paradigms and associations that health oral care should only be sought in times of suffering or pain.

Interdisciplinary education presents teamwork with a commitment to solving problems and negotiating decision-making with remarkable character-

istics, where there is the valorization of several professional areas, considering the other as a legitimate partner in the construction of knowledge, respect for differences, commitment and responsibility.¹²

Health education must be based on instruction as a potential to build and contribute to the development of the individual, encouraging him to reflect and develop autonomy, citizenship, critical awareness, in addition to enabling the transformation of his reality and history.

During the performance of the interdisciplinary activity built in the mental health group, the importance of the partnership found between the ESF health team and the NASF-AB team was noticeable. This interprofessional collaboration provided a moment of health education in an integral and equitable way, since patients, in need of more cli-

nical care shifts to conclude their treatments, had this access on a continuous basis at the UBS, reducing the system's bureaucracy.

The work of the NASF-AB teams arises from the challenges and demands that arise from the ESF teams and the agreement that is made between the two teams. Where, thus, it is possible to work with the needs of the population that lives in the territory covered by the health units.¹³

Due to the age variation present in the group profile, some participants experienced times of totally curative health practices, and, in relation to oral health, mutilating, which may be the reason why some users had absences of dental elements, use of prostheses, as well as a strong feeling of fear for the figure of the dentist and great resistance to perform professional dental practices.

Fear and anxiety negatively influence the oral health of the individual and his community. Often, these feelings influence the patient to remain without due care for oral health, or even sick, despite being faced with resources available for care and resolution of oral problems.^{14,15}

During the group activity and with the possibility of future appointments, it was reported by some participants, the decrease, or even the break/absence, of the "fear of dentist" paradigm, which led all users of the group to receive dental care that, for some, they had not received for a long time due to the presence of this fear arising from the dental past being very associated with tooth loss without the use of local anesthetics. In these cases, the need for a comprehensive and expanded view of the professional who will perform the dental care is essential, as it is necessary to understand this issue as a problem, in order to be able to provide an efficient and humanized care, seeking to solve the problem of each patient, restoring their oral and general health.^{15,16}

During the educational activity, the patients showed to be very involved

with the theme, constantly interacting and raising doubts about the content covered. They also reported a great deal of interest and commitment to improving their oral and general health habits, as well as showing improvements in self-esteem, through dialogues and spontaneous smiles with the commitment to attend the dental care provided to them at UBS.

Through this interaction between professionals and users, provided by the interdisciplinarity of care, the importance and the creation of a link between oral health and mental health

were clearly perceived: two very different cares, but for the patient, when seen in full, they are completely interconnected.

CONCLUSION

Education and health care, in general, when worked in an interdisciplinary way, provide satisfactory results, as they put SUS principles into practice and establish humanized and comprehensive care for patients.

During interprofessional practices, it is possible to perceive the importan-

ce of the interaction between professionals and users, the valorization of health care, both preventive and curative, according to the individual's need, in addition to the easy access to public health services, through reducing the bureaucracy of the system.

Observing the activities developed by the NASF-AB teams in interaction with the reference team of a Health Unit, it becomes noticeable that these health promotion and recovery actions are essential for the quality of life of individuals in the territory covered by the UBS. ■

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