

Psychoeducation for families of serious mental disorders in a general hospital

Psicoeducação para familiares de portadores de transtorno mental grave em um hospital geral

Psicoeducación para familias con trastornos mentales graves en un hospital general

RESUMO

Objetivo: relatar a experiência do grupo de “psicoeducação” aos familiares de pacientes com transtorno mental grave internados em um hospital geral do sul do Brasil. Método: relato de experiência sobre o grupo de “psicoeducação” para familiares de pacientes com de transtorno mental grave internados em uma Unidade Psiquiátrica em um hospital geral do Sul do Brasil. As vivências relatadas por duas enfermeiras ocorreram no período de novembro de 2019 a maio de 2020. Resultados: o grupo de “psicoeducação” é um recurso valioso na intervenção com as famílias, mostrando-se ser vantajoso ao ser implementado em um hospital geral, trazendo enfoque ao ato de cuidar dos processos saúde-doença das famílias. Conclusão: Com o grupo de “psicoeducação” é possível implementar estratégias de promoção, prevenção e cuidado de enfermagem, não apenas para o indivíduo, mas também para a família.

DESCRITORES: Educação em Saúde; Família; Transtorno Mental

ABSTRACT

Objective: to report the experience of using the “psychoeducation” group to family members of patients with severe mental disorders admitted to a general hospital in southern Brazil. Method: experience report on the “psychoeducation” group for family members of patients with severe mental disorder hospitalized in a Psychiatric Unit of a general hospital in southern Brazil. The experiences reported by two nurses took place from November 2019 to May 2020. Results: the “psychoeducation” group is a valuable resource in intervention with families, proving to be advantageous when implemented in a general hospital, focusing on the act of caring for the health-disease processes of families. Conclusion: With the “psychoeducation” group it is possible to implement strategies for promotion, prevention and nursing care, not only for the individual, but also for the family.

DESCRIPTORS: Health Education; Family; Mental Disorder

RESUMEN

Objetivo: reportar la experiencia de uso del grupo de “psicoeducación” a familiares de pacientes con trastornos mentales graves ingresados en un hospital general del sur de Brasil. Método: relato de experiencia del grupo de “psicoeducación” para familiares de pacientes con trastorno mental severo hospitalizados en una Unidad Psiquiátrica de un hospital general del sur de Brasil. As vivências relatadas por duas enfermeiras ocorreram no período de novembro de 2019 a maio de 2020. Resultados: el grupo de “psicoeducación” es un recurso valioso en la intervención con las familias, resultando ventajoso cuando se implementa en un hospital general, enfocándose en el acto de cuidar los procesos salud-enfermedad de las familias. Conclusión: Con el grupo de “psicoeducación” es posible implementar estrategias de promoción, prevención y cuidado de enfermería, no solo para el individuo, sino también para la familia.

DESCRIPTORES: Educación en Salud; Familia; Transtorno mental

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INTRODUCTION

The hospitalization of people with Serious Mental Disorders in Brazil dates back to the mid-19th century. Since then, the attention given to the treatment of patients with Serious Mental Disorders has for many years been synonymous with admission to specialized psychiatric hospitals. With the proclamation of the Constitution, in 1988, the Unified Health System (SUS) was created and institutional conditions were established for the implementation of new health policies, including the one on mental health, called Psychiatric Reform. 1

The Psychiatric Reform enabled numerous changes in mental health care, and therapeutic treatment was part of this transformation. Its practice has been strengthened within the new care model, showing that it came to fill the gaps left by traditional psychiatric treatments, where the main target was the patient and their pathology. In most cases, hospitalization occurred for long periods, excluding the person with Serious Mental Disorder from family life, removing them from the responsibility of participating in the care provided to them. 2

The indication for psychiatric hospitalization can be an episode of intense suffering for the patient and their families, as this indication is a consequence of the exhaustion of all extra-hospital therapeutic resources, as well as, when there are no minimum conditions of protection for the patients and their family. 3

Severe Mental Disorder is a chronic disease, affecting not only the individual, but all of them, and the existence of services that contribute to the collective family process of daily coexistence with the mental illness/patient process is extremely important. In mental health care services, family members usually present themselves as mere “informants” of the patient's changes, not being sensitized and guided to become important actors in the process. 4

For patients with Schizophrenia and Bipolar Affective Disorder, psychiatric hospitalization can be seen as a potential space

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for treatment, since inpatient units bring together different professionals, families and the individual in their moment of crisis. 5

In this context, it is worth noting that around 23 million people are suffering from schizophrenia worldwide. In relation to Brazil, there are about two million Brazilians with the aforementioned disorder. Regarding Bipolar Affective Disorder, it affects about 4% of the Brazilian population. 4-5

The family has a very important role in all therapeutic treatment, from patient adherence to drug treatment, as well as to all implemented processes aimed at improving the quality of life of patients with Serious Mental Disorders. 5

The support provided in family life strengthens affective bonds and helps to understand the pathology, improving the services of health professionals in the various institutions that provide assistance to the mentally ill. The meetings held with relatives of people with mental disorders help to understand family life and their difficulties in dealing with their limitations. 5

Psychoeducation is a therapeutic approach in which specific information about the disease is provided to the patient's family, it is a process in which a facilitator (health professional) details and summarizes relevant scientific information to answer the questions. About the origin, evolution and approach of a disease from its environment, a situation that also implies counseling and training in techniques to deal with the problem. 6

One of the main goals of Psychoeducation is medication adherence. It aims to provide family members with information about the nature and treatment of Serious Mental Disorder, providing theoretical and practical lessons so that patients can better understand and deal with their illness. Psychoeducation can address other topics such as psychoeducational interventions, early identification of prodromal symptoms, refraining from drugs of abuse, and managing situations that provoke stress and anxiety. When combined with pharmacological treatment, psychoeducation helps to im-

prove adherence to treatment. 7 Psychoeducation is also useful in helping family members and people close to the patient. 8

The benefits of family participation in the Psychoeducational process for adherence to drug treatment, as well as the therapeutic results obtained in patients with Bipolar Affective Disorder and Schizophrenia, are indisputable. Furthermore, some investigations show that relatives of patients with bipolar affective disorder and schizophrenia have very high levels of stress. 9

Psychoeducation helps patients and families to deal with stigmatization, favors treatment adherence, teaches patients and families to identify early prodromal signs, in addition to promoting healthy habits. 10

In this sense, the present study aims to report the experience of using the intervention technique "psychoeducation" to family members of patients with severe mental disorders admitted to a general hospital in southern Brazil.

METHOD

This is an experience report of a descriptive/reflective nature, of the experience report type, which sought to describe the experience of the "psychoeducation" group for family members of patients with severe mental illness hospitalized in a general hospital in southern Brazil, held from November 2019 to May 2020.

The Psychiatric Inpatient Unit of a General Hospital in southern Brazil was inaugurated in 1988, configuring itself as a service that has 36 beds, of which 26 have agreements with SUS and 10 are private beds. The gateway for SUS patients is regulated by the Rio Grande do Sul State Bed Center. In 2014, there were a total of 435 admissions through the Unified Health System.

The multidisciplinary team of the Psychiatric Inpatient Unit is composed of physicians, social workers, pharmacists, psychologists, nutritionists and physical educators, multidisciplinary residents (doctors, nurses, psychologists and physical educators), nurses and nursing technicians.

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The aforementioned Psychiatric Inpatient Unit provides a weekly family group for family members of patients with Serious Mental Disorder (Schizophrenia and Bipolar Affective Disorder) in order to meet family demands, active listening, and answering questions about psychiatric pathologies. The "psychoeducation" group is coordinated by two nurses (professionals with higher education). It is based on psychosocial intervention, effective for adherence to psychopharmacological treatment.

The criteria for participation in the group were: a) family members over 18 years of age; b) family members of patients with a clinical diagnosis of Schizophrenia or Bipolar Affective Disorder; c) being a family member of patients admitted to the Psychiatric Inpatient Unit of a Hospital in Southern Brazil. As exclusion criteria: a) family members not available and/or interested in participating in the Psychoeducation Group.

Several themes and methodologies were worked on in the group, such as: information on the high rates of recurrence associated with the disease and its chronic condition; information on triggers and personal training to help patients identify their own; information about psychopharmacological agents, their advantages and potential side effects; training in early detection of prodromal symptoms; training in symptom management; information on the risks associated with the use of illegal drugs, coffee and alcohol; promotion of healthy habits; stress management training; concrete information on some subjects such as pregnancy and bipolar disorders and risk of suicide; dealing with stigma and other illness-related social issues that bipolar patients cannot easily discuss with their "healthy" friends.

At the end of each meeting, the two nurses met to record the activities in the medical record, carried out an assessment of the group and directions of the demands. Finally, the recording of the information that composes and equips the study is based on notes taken in the group's own work agenda.

RESULTS AND DISCUSSION

The results were structured and organized from the observation of the weekly group of "Psychoeducation" for family members of patients with severe mental illness hospitalized in a general hospital in southern Brazil, carried out by two nurses from the psychiatric inpatient unit in a general hospital in southern Brazil. The report consists of presenting the perceptions obtained by nurses in a Psychiatric Inpatient unit of a general hospital in southern Brazil.

The experience of the "Psychoeducation" Group was extremely rich for the family members. Through understanding the disease, as well as clarifying doubts, patients felt better understood, which allowed for greater awareness, motivation and hope for an effective treatment.

Psychoeducation in groups enables new knowledge about their demands and also helps directly in the bond between professional and family members, facilitating the understanding of their problems, diseases, by clarifying doubts and showing that family members/companions are active in therapy. 10

Psychoeducation in the family setting generates empowerment processes and grants the necessary resources to its members so that they can develop healthy behaviors. As can be inferred, family responsibility is decisive in the treatment, since it is the first system in charge of influencing people's habits and customs. With all this, health promotion, through Psychoeducation, is necessary, as it acts in a systematic and participatory way with family members, bringing direct benefits to their health. 9

Participants who regularly attended the "Psychoeducation" group were more satisfied with their role, learned new ways to deal with family conflicts and showed greater self-esteem after the intervention.

The application of the psychoeducational group was associated with a significant decrease in workload, which reduced the social and psychological effects of the caregiver after the intervention, such as: little free time, difficulties at work, feelings of

anguish, anger and fear.

Patients whose family members participated in a systematic psychoeducational intervention, adapted to the particularities of personality traits, had better expectations of autonomy and recovery, therefore, the perception of support from the family improved and dissatisfaction decreased.

Psychoeducation has demonstrated its effectiveness in the prophylaxis of all types of relapses at 2 and 5 years, thus reducing the duration of episodes, hospitalizations and adherence problems. Alleviate the caregiver burden and allow families to continue exercising their caregiver role, in order to prevent institutionalization. 9

In addition, multifamily support groups rely on several therapeutic factors, such as instilling hope, solidarity, developing socialization techniques, imitative behavior, releasing emotions and interpersonal learning. 11

A study evaluated the results of offering a support group and found as positive aspects for the participants the expansion of social resources, a higher level of knowledge about diseases, increased ability to cope with life situations, improved self-confidence, decreased fear and ambiguity, emotional relief and reduced hopelessness. 9-12

In relation to the psychoeducational intervention, it is worth noting that this involves a set of approaches that have the function of providing knowledge to patients and their families about the mental disorder, new ways of dealing with it, forms of treatment, the patient's needs, the stress reduction arising from interpersonal relationships, the adequacy of the level of expectations and demands in relation to the patient and the prevention of recurrences. This type of approach can be done together with support groups or individually with each family. 10

In addition, it must involve the participation of a multidisciplinary team to expand information and resolve doubts from all areas of the disease. The effectiveness of this intervention is seen in the significant reduction in relapse and hospitalization episodes and in the improvement of the patient's psychosocial functioning, in addi-

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tion to the general well-being of the family.
8

CONCLUSION

Psychoeducation can provide family members/companions with information about the disorder and with the aim of making them an active collaborator in the treatment, making the therapeutic process more effective.

The importance of group psychoeducation is highlighted as a technique to

engage family members in the treatment, as well as to increase the feeling of mutual help between them. From this work, the importance of the psychoeducational group for family members can be verified. This happens with the purpose of adding important information about psychopathology, and also because of the climate of integration and mutual help present in the context.

Psychoeducation applied by nursing favors a therapeutic alliance, it also recognizes the environment in which the family

develops, helps to increase the skills and behaviors necessary to promote individual and collective health.

As a limitation, this study was carried out in only one service specialized in caring for patients with severe mental illness in a given care context in southern Brazil, and it is necessary to expand the performance of similar studies in other services aimed at mental health care with different epidemiological characteristics and the constitution of a social and health care network.

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