Mental health nursing from a territorial perspective: practices in the face of necropolitics in the pandemic

A enfermagem em saúde mental na perspectiva territorial: práticas frente às necropolíticas na pandemia

La enfermería en salud mental desde una perspectiva territorial: prácticas ante la necropolítica en la pandemia

RESUMO

Objetivo: descrever as práticas em saúde mental dos enfermeiros com base no território e as facilidades e dificuldades encontradas nesse processo. Método: pesquisa realizada de maio a dezembro de 2020, com coleta de dados entre 15 agosto a 20 setembro de 2020. Utilizou o método de narrativa de vida com 10 enfermeiros que atuam em Centros de Atenção Psicossocial. Os resultados foram analisados sob os referenciais de necropolítica de Achille Mbembe. Resultados: As ações em saúde foram orientadas para a restrição de atendimento presencial nos serviços pela pandemia, produziram necropolitização e desvinculação dos usuários de saúde mental e precarização do cuidado da enfermagem. Ainda assim, houve elaboração de estratégias para recondução da comunicação e vínculo com os usuários. Conclusão: foram desenvolvidas re-existências e re-configurações do cuidado de enfermagem, com desenvolvimento de estratégias de comunicação, junto a rede de apoio psicossocial, enquanto aprimoramento de competências de habilidades de produção de viver.

DESCRITORES: Serviços de Saúde Mental; Cuidados de enfermagem; Território; Pandemia; Isolamento social

ABSTRACT

Objective: to describe the mental health practices of nurses based on the territory and the facilities and conditions in this process. Method: research carried out from February to December 2020, with data collection between August 15 and September 20, 2020. It used the life narrative method with 10 scholars who work in Social Care Centers. The results were analyzed under Achille Mbembe's necropolitics framework. Results: Health actions were oriented towards the restriction of face-to-face care in services due to the pandemic, producing necropoliticization and disconnection of mental health users and precariousness of nursing care. Even so, development of strategies to renew communication and link with users. Conclusion: nursing care re-existences and reconfigurations were developed, with the development of communication strategies, together with the psychosocial support network, while improving life productio.n

DESCRIPTORS: Mental Health Services; Nursing Care; Sociocultural Territory; Pandemics; Social Isolation

RESUMEN

Objetivo: describir las prácticas de salud mental de los enfermeros en función del territorio y las instalaciones y condiciones en este proceso. Método: investigación realizada de febrero a diciembre de 2020, con recolección de datos entre el 15 de agosto y el 20 de septiembre de 2020. Utilizó el método narrativo de vida con 10 becarios que actúan en Centros de Atención Social. Los resultados fueron analizados bajo el marco de la necropolítica de Achille Mbembe. Resultados: Las acciones de salud se orientaron hacia la restricción de la atención presencial en los servicios a causa de la pandemia, produciendo necropolitización y desconexión de los usuarios de salud mental y precariedad del cuidado de enfermería. Aún así, desarrollo de estrategias para renovar la comunicación y vinculación con los usuarios. Conclusión: se desarrollaron reexistencias y reconfiguraciones del cuidado de enfermería, con desarrollo de estrategias de comunicación, junto a la red de apoyo psicosocial, mejorando la producción de vida.

DESCRIPTORES: Servicios de salud mental; Cuidado de enfermera; Territorio sociocultural; Pandemias; Aislamiento social.

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Janaina Pinto Janini
Nurse. PhD in Nursing - State University of Rio de Janeiro. University professor. IBMR University Center. São José University Center.
ORCID:0000-0003-2781-7427

Paulo Duarte de Carvalho Amarante
Doctor. PhD in Public Health - Sérgio Arouca National School of Public Health. University Professor and Researcher
ORCID: 0000-0001-6778-2834

Paolla Pinheiro Mathias
Psychologist. Master's student in Social Psychology - University of the State of Rio de Janeiro.
ORCID: 0000-0002-6476-2843

Daniela Bastos Silveira
Nurse. Doctor in Nursing - State University of Rio de Janeiro. Macaé Municipal Health Department.
ORCID:0000-0003-0724-2195

Danielle Bessler
Enfermeira. Mestre em enfermagem- Universidade do Estado do Rio de Janeiro. Professora Universitária. Faculdade Bezerra de Araújo.
ORCID: 0000-0002-6599-9797

Daniel da Silva Granadeiro
Doctoral student in Nursing and Biosciences. Federal University of the State of Rio de Janeiro. São José University Center.
ORCID: 0000-0002-6244-0226

INTRODUCTION

The pandemic has awakened not only the need to improve care, but also a process of reorientation of the care model and the necessary (trans)formations for success in health promotion. [1] This includes the reorientation of care to mental health users or people with psychological demands. Service platforms in the field of psychology recorded an increase of 800% in remote service. [2] Nursing, in turn, including nurses and technicians, has been the real protagonist in this process, together with the community, with emphasis on the territory. [3]

These transformations reverberated in mental health and in the prerogatives proposed by the psychiatric reform, in Brazil, which proposes assistance in a deinstitutionalizing perspective, with the reintroduction of this in society and in its territory, [3] and it is necessary to reflect on actions and resources that this territory has in order to contribute to the management of these issues. [3,5]

In this context, the practices performed by the nurses who work in the teams of the RAPS (Psychosocial Care Network), has as a guideline the assistance that conceives the territory beyond a geographic space and considers its active role in the dynamic relations with the subjects that inhabit/interact in it, as a living, dynamic space, in constant creation and recreation. The Coronavirus Pandemic, reconfigured the relationships between subjects and their displacements, due to the use of social distancing as a valuable strategy to prevent the transmission of the disease and configured as a marker of inequalities, suppressor of human circulation and compulsorily promoted social (re)arrangement and forms of (re)existence. [4, 6-8]

The pandemic has been associated with a condition of death, given the disease itself and the difficulties of health services in adapting or opposing structural changes, which brings us to the theoretical framework of necropolitics developed by the Cameroonian philosopher Achille Mbembe, [8-10] which refers to the pandemic scenario as times without guarantee and without promises, in the struggle between making the subject live or letting him die. [9-11]

In view of the change in living spaces, the commitment of nursing to promote and protect the mental health of users in the territory and the need to obtain greater understanding about the impact of these practices, the study aims to describe the mental health practices of nurses based on the territory and the facilities and difficulties encountered in this process.

METHOD

It has a qualitative, descriptive and exploratory nature, a fragment of the research project 'Nursing mental health in care in the Pandemic period'. The life narrative method was used, which presents the lived experience of the interviewees in order to elucidate questions regarding their social world. [12]

The survey included nursing professionals from different health segments, including primary care, hospitals of medium and high complexity and psychosocial care, totaling 200 respondents. Interviews with 10 nurses working in the field of mental health were used, 9 were women and 1 man. The research was developed in the city of Rio de Janeiro, in Psychosocial Care Centers-CAPS I, II, III and AD in the city of Rio de Janeiro.

As an inclusion criterion, nurses working in CAPS who provide care during the pandemic period were considered, regardless of the users' profile and organizational structure. The exclusion criteria were nurses who work in general hospitals or who have never had experience in caring for mental health users.

Data collection took place between August 15 and September 20, 2020. The data collection technique of the narrative interview was used, with the following question: Tell me about your experience in nursing care in the context of the new Coronavirus pandemic.

The selection of these interviewees took place to delimit nursing actions in the field of mental health, selected from the snowball technique, where an interviewee

indicates the next participant in the research. [13]

Thematic analysis of the data was used, systematically reading the transcripts of the interviewees' life narratives and grouping them into themes, which took place in three phases: pre-analysis of the data, exploration of the material and organization by similarity and treatment of the data. 14 The organization of the data originated the category: the pandemic and nursing care in the territory. For analysis and discussion of the data, a triangulation will be made between Mbembe's necropolitical theoretical framework.

The work was duly approved by the research ethics committee, following the requirements of resolution 510/16, referring to research on human beings. The work had as protocol CAAE nº 31451620.4.0000.5266, approved by the opinion embodied in 4,087,673 and the interviews carried out after the interviewees signed the free and informed consent form.

RESULTS AND DISCUSSION

The pandemic and nursing care in the territory

Social distancing, advocated in the pandemic, as a tool for isolating cases and quarantining its contacts, has been effective in controlling the spread of the disease, 15 which brought health complications for the mental health user, described by all nurses (10) of the CAPS, referring to nursing practices, in particular, on the homeless population. The increase in the occurrence of crises was reported by 7 nurses, observed in the period of radical isolation in the pandemic in Rio de Janeiro.

> *"People understood a lot, you know?! That hand washing thing, using PPE when necessary. It was all a re-education that is typical of health education. [...] Several users had this too, they don't believe that the pandemic is actually happening, right? They think this is a conspiracy, right?" (E4)*

As necrobiopolíticas geram destituições de direito à vida das julgadas socialmente como sem valor, como usuários em situação de rua, que, para terem o mínimo de acesso em saúde, sofrem processos higienistas, racistas, privação de direitos e violência10-11,17.

The isolation of users in mental health revealed that the pandemic excludes the right to life as well as demonstrates the reality that it excludes. [9-10] The institutional discontinuity impacted the relationships of nurses between users and the nursing professional who worked in the CAPS and characterized a necrobiopolitical action, to control bodies and death. [11-12] Not all users had remote communication, a communication strategy used by nursing with the user. [16-17]

Another obstacle identified in nursing practices was the difficulty in guiding users about the pandemic reported by 7 nurses inherent to the communication losses caused by social distancing:

> *"They think this is a construction, right... because that, too, is already part of his delusional construction, right... so, because they didn't believe, they didn't put on the mask at all. There are some who think they are God. And then we say: 'Oh but God can also get COVID!'; Then you need to work with people and then we try to do this negotiation." (E4)*

The relationship between the CAPS user and exposure to biological risks is complex, which 'is invisible to the eyes' and this should be the focus of attention of the nursing professional, in the sense of reinforcing the user's protective measures. [10] Regarding the actions of the pandemic on nursing care, there was a counterflow of mental health care from the anti-asylum perspective in the narratives of all nurses, due to the difficulty of maintaining the bond with the user [(7)], interdiction of access to the territory [(9)], social and institutional difficulty in welcoming and caring for them in CAPS [(8)], discontinuity in care and difficulty in promoting health and guaranteeing minimum conditions of existence [(8)]:

> *[...] "the work in all scenarios has changed a lot in the CAPS, we have a work that is aimed at a longitu dinal service, and it was difficult to*

carry out this follow-up to be able to minimize the moments of a more intense crisis." (E3)

For nurses who worked with users who abuse substances and/or have mental disorders, they understood some health conditions as interfering in their care for the promotion of mental health:

"There's no way to promote mental health if you're hungry." (E10)

Black users [5] were found to be socially vulnerable, associated with low-income people [6], unemployment [4], lack of state income support [6] and homelessness [7].

"Look, blacks were 99% of the population in the scene of use, so much so that the people I saw as white drew attention there in the scene of use. And I was wondering why. Why has it become so common for society to associate black people with the margin, with the vulnerable. It's very common to see a scene of use with black people, and then when people look, they pull out their bags. But if you see a white person there, people look and think: 'Oh my God! Poor thing!' And then I keep thinking about how difficult it is for these people to have access, including healthcare. Oh come back later!" (E1)

Necrobiopolitics generate destitution of the right to life of those judged socially as worthless, such as street users, who, in order to have minimal access to health, suffer hygienist, racist processes, deprivation of rights and violence. [10-11,17]

Nursing professionals expressed an attentive look at this issue, since understanding that the black and low-income population is the most necropoliticized generates a differentiation in the demand for care, whether due to psychological or social issues.

The absence or late training of CAPS nurses and the precariousness of work was something that emerged in a powerful way in the limitation of nursing care in mental health and was necropoliticizing care. The absence of personal protective equipment-PPE and subsidies for a healthy work environment were stressors that promoted psychic suffering for nurses. [18-19] The work overload of nursing professionals [7] and risk to their health due to the lack of PPE for professionals, including tests [9] were also highlighted:

"We had very little PPE, we had this great difficulty since April". (E6)

"Work ends up being a disappointment [...] there is no mental health care... there is no political and social appreciation of our role." (E8)

In relation to care action and innovation strategies, the interviewees reported the search for articulation with the territory from other resources such as the offer of meal/basic basket[5] and the offer of masks [2], hygiene[1], work [1].

The interviewees also reported that the CAPS offered food [8], workshops [2] and actions in the territory that proposed social inclusion, autonomy and minimum subsistence conditions. In their absence, 9 professionals interviewed sought, together with the Psychosocial Care Network, ways to guarantee minimum subsistence conditions for users:

"I make a deal with the guy from the church, with the guy from the spiritist center [...] the guy who is going to use a lot of drugs will have 20 days of lunch, because I guarantee the minimum of a meal there for this guy." (E1)

The interviewees also listed forms of resistance in the face of distancing and negligence of public policies, relocation in the forms of care for users in times of a pandemic, such as teleconsultation[5] and telephone contact[9].

The pandemic was considered a limitation of the study, as it makes face-to-face contact and data collection difficult, since the life narrative method provides for an adaptation process with the interviewees.

As necrobiopolíticas geram destituições de direito à vida das julgadas socialmente como sem valor, como usuários em situação de rua, que, para terem o mínimo de acesso em saúde

CONCLUSION

Public security and health policies guided service restrictions, as well as social isolation and care in the territory was interrupted, and produced psychological suffering for health workers and deepening vulnerabilities for CAPS users, with the greatest impact on the black, poor, alcohol and other drug abuse and homeless population.

The explicit exercise of necropolitics, through the unequal distribution of resources and, during the deepening of social chaos by the Coronavirus, led to the development of a series of re-existences and reconfigurations of care management by nursing professionals, even with the need to retreat from the territory, lack of PPE and other crucial inputs for the work.

The improvement of skills and abilities developed by nursing configured real potentialities in care, as a practice of life, even in the context of a death policy.

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