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WORK PROCESS IN PSYCHIATRIC EMERGENCY: CREATING A TOOL FOR PRESENTATION OF SERVICE TO FAMILY CAREGIVERS OF INPATIENTS

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ABSTRACT

Objective: To present the service of a psychiatric emergency of a referral hospital in the city of Belém-PA to the family caregiver, through the creation of a tool that describes the work process of the place. **Method**: This is a descriptive study with a qualitative approach, experience report type, conducted in a reference hospital in psychiatry, cardiology and nephrology of high complexity, in Belém do Pará. **Results:** There was a need to integrate the users and their families to the health service, so that, in addition to merely enjoying it, they can also understand the operation, dynamics and objectives of the care provided at the place in question, considering the specificities of care in psychiatry. Thus, a guide was prepared directed to the caregivers responsible for the patients, containing the basic guidelines about the service offered at the hospital, allowing the knowledge of the work process. The material was presented to the employees of the service, who considered the tool very important and innovative. **Final Considerations:** Over the years, services in psychiatry have evolved, bringing the need for new care and management strategies. Among them, approach and integrate users with the service. Thus, the elaboration of the guide helps the care team to provide a broad, integrated and humanized assistance.

INTRODUCTION

Specialized psychiatric emergency services have been considered essential in US local policies since the 1960s as a way of ensuring mental health care to communities.

In Brazil, patients with psychiatric demands rarely had priorities in public policies, because until the 1980s, when the mental health care reform process began, these patients received care at the asylum entrance door, in the health

services. Non-psychiatric health, improvised, or even non-medical approaches, such as police and religious services (BARROS; TUNG; MARI, 2011). With the process of Brazilian Psychiatric Reform, the community-based mental health care network is born, drastically changing the landscape of care previously provided. This aims to assist the patient in mental distress, providing various services such as Psychosocial Care Centers (CAPS), Therapeutic Residential Services (SRT), Living Centers, Mental Health Ambulatory and General Hospitals (BRASIL, 2005). Also part of the proposal is the expansion of psychiatric emergency services to better serve the patient in crisis (BARROS; TUNG; MARI, 2011). Thus, it is understood that as a condition derived from pathology, the Psychiatric Emergency can be characterized as a clinical situation where there is imbalance and mental change in the individual, generating risks for themselves and others (MARCOS; DE OLIVEIRA; DE SOUZA, 2016). In the context of health services, Psychiatric Emergency is conceptualized as a diagnostic and treatment service, quickly and efficiently, in situations of mental imbalance (BURIOLA *et al.*, 2016). And currently the number of people in mental distress who resort to psychiatric emergencies care is growing in Brazil, mainly motivated by signs and symptoms such as aggression and motor agitation (DE SOUZA, 2014). In this context of restructuring mental health care and transformation of the services offered, the need and importance of family presence in the care provided to relatives diagnosed with mental disorders is highlighted, being an essential support to treatment (MARTINS; GUANAES-LORENZI, 2016). Brazil (2005) considers it to be a treatment partner in new care settings, being considered a unit of attention and care. Thus, this study aims to create a tool for presenting the service of a psychiatric emergency of a referral hospital in the city of Belém-PA to family caregiver, highlighting the importance of this knowledge for good care. To this end, this tool will describe the organization of the Psychiatric Emergency work process in order to familiarize caregivers with the routine of the place.

MATERIALS AND METHODS

This is a descriptive study with qualitative approach, the type of experience report. It is understood that the research of qualitative approach has the intention of understanding, interpreting, understanding and unveiling possible understandings about the object of study that needs a careful, peculiar and proper analysis. Being also of a descriptive nature, therefore, it seeks to report, present and expose with the greatest attention and richness of detail, besides performing an analysis along with the observation and recording of the phenomena during the research (YIN, 2016). The research was carried out in a reference hospital of high complexity psychiatry, cardiology and nephrology, located in Belém of Pará. This hospital has spontaneous demand of open character in the Psychiatry sector, which is composed by the Urgency and Psychiatric Emergency and the Sector Brief Admission (SIB). Still, the hospital is part of the Psychosocial Care Network (RAPS), providing care not only to the municipality, but to the entire state territory. Thus, we chose to use the Maguerez Arc Problematization Methodology, which is divided into five phases: (1) Reality Observation, (2) Key Points Survey, (3) Theorization, (4) Hypotheses solution and (5) Application to reality (BERBEL, 2011). The development of the first stage occurred during the practical classes of the Curriculum component of Mental Health Nursing II, from

August 12, 2019 to August 20, 2019, in which a careful and thorough observation was made about the work process in the psychiatric emergency and how it relates to patients' relatives. Following the methodology proposal, the researchers gathered and started the Key Points Survey, highlighting the most relevant topics for the development of this research and it was decided to investigate the work process in the psychiatric emergency and its relationship with family caregivers of hospitalized patients. Therefore, a search was made in the current literature on the subject, with the survey of articles, monographs and publications in general. After careful reading, the data that subsidized the development of this study were selected, thus completing the third stage of the arc, which is Theorization. The last two steps - hypotheses of solution and return to reality - consisted of building a guide for the companion and presenting it to the team that develops assistance in the hospital's psychiatric emergency department.

RESULTS AND DISCUSSION

From the observation of the reality in the psychiatric emergency sector, which took place during the practical classes, there was a need to integrate users and their families into the health service, so that, besides merely enjoying it, they can also understand the functioning, dynamics and objectives of the care provided at the place in question, considering the specificities of psychiatric care. This was because it was perceived that the family members had some difficulties in being within the service, presenting questions such as where they should leave the patient's belongings, where to get sheets and other basic supplies of the place. In addition, they also had some resistance to meeting some hospital standards. And this may be related to the fact that there is no instrument to clarify to the family caregivers and visitors the operation of the sector. Thus, a guide was developed directed to the caregivers responsible for the patients, containing the basic guidelines about the psychiatric service offered at the hospital. This tool confirms the idea of the "Biopsychosocial individual", since it was designed to bring the social dimension of the patient, represented by his family and friends, closer to his biological and psychological dimension treated in the health-disease process (CONEJO; COLVERO, 2005).

Source: personal archive with adaptation of SOARES images (2019) - front; and HOLISTEPSIQUIATRIA (2018) - verse

Image 1. Front and Back Illustration of the Passenger Guide

The Companion Guide has been produced in the form of a booklet, which is 16 pages long and contains the following

topics: introduction to psychiatric emergency; services offered; care team; accommodations; hospitalization; informed consent; patient care and programs; visiting hours for patients; brief inpatient sector; health care; visits and companions; hospital discharge; recommendations and specific situations. In the image below we can see the illustration of the front and back of the Guide. This strategy of using tools to place users within the service has already been used by other health institutions, especially private ones. An example is the patient manual created by UNICA - Intermediate Crisis and Life Support Unit, which is a private psychiatric care institution. They primarily treat patients over the age of 18, with the cases of minors evaluated (UNIICA, [2016?]).

Source: personal archive, 2019.

Image 2. Presentation of the companion guide to hospital professionals

The elaboration and distribution of these tools is a way of valorization of the user, as well as of their family, because it allows a good reception to them, transmitting security and tranquility during the permanence in the service (UNIICA, [2016?]). As well as, the use of these materials allows a greater participation of these subjects in the treatment and control of psychiatric disorders, making them an integral part of the work process. Professional nurses should be recognized for articulating the care dynamics, as they have managerial competence for this, as well as directing and organizing multiprofessional care and facilitating the traffic between the team and their families, keeping the service fully functioning. This facilitating role can and should be maintained through strategies and tools that assist in the development of patient care (BURIOLA *et al.*, 2016).

Thus, once built, the guide was presented to two hospital nursing professionals, who represented the other members of the health team working in the sector. The professionals considered the information contained in the material important, as it is an innovative tool in place, which allows clarifying the main doubts of the companions, presenting the norms, principles and purposes of the service so that there is familiarity between the users and the system. Cheers. Below is an image of the moment of presentation of the tool to hospital professionals. This bond is important because the family needs to be included in the patient's care plans, becoming a Care Agent, based on appropriate inclusion strategies that clarify their fundamental role, as well as allowing them to know the functioning and dynamics of the service (CONEJO;

COLVERO, 2005). Family participation in treatment is presented as a form of learning about mental illness and ways of dealing with it. Contact with the health team and other family members makes the hospital a reference space for information and technical resources related to how to cope with certain situations with their ill family member (MARTINS; GUANAES-LORENZI, 2016). It is worth remembering that family participation in treatment is associated with various other tasks present in her daily life, such as: her jobs and occupations; caring for your own health and relationships other than that with your patient. Thus, it is understood how important it is that the offer of assistance to the family is characterized as a support and support, facilitating the understanding and its daily life. (MARTINS; GUANAES-LORENZI, 2016).

It is known that the psychiatric nursing service takes care not only of patients with mental disorders, but also of their family, and this care should be performed in acts that take into account the uniqueness, experience and culture of family members, helping them to overcome the problems experienced, and reestablishing the physical and mental health of the patient (CONEJO; COLVERO, 2005). In addition, the professionals contributed some suggestions to complement the information in the guide and pointed out that some rules are strongly disputed by the companions, such as those related to visiting hours, the place to store personal effects and clothing. And with the existence of the guide, these and other standards can be documented and thereby promote better acceptance and understanding of them. In addition, it was also suggested that the guide may guide the creation of a protocol to formalize the information and improve the service. The creation of programs and strategies aimed at providing information to family members, in a didactic way, should be a priority in the service of mental health professionals, as access to specialized information helps these family members create daily care plans for their families. his patient, understanding his specific behaviors associated with the symptoms of his pathology (MARTINS; GUANAES-LORENZI, 2016). The importance of family members in the service demonstrates how much integration between them is necessary, and for these moments to become therapeutic, both parties need to be aware of the establishment's rules, the care offered and the patient's clinical conditions, as well as the measures taken in each condition, all based on integration strategies (CONEJO; COLVERO, 2005).

Final Considerations

Over the years, psychiatry has evolved its services, which has brought the need for new care and management strategies. One of these new strategies is precisely to approach and integrate users with the service, clarifying its operation, dynamics and care, so that family members and patients participate, with the health team, in their care plan. Studies to expand and improve this integration are very necessary, since it helps the patient improvement, strengthens the exchange of experiences and knowledge, as well as the social reintegration of the patient. Thus, the use of the Companion Guide directed to Psychiatric Emergency is a necessity of the daily life of the hospital sector in question, since it is characterized as a tool for elucidation to the companion, about the dynamics and purposes of psychiatry. Thus, the guide assists the nursing staff and provides comprehensive, integrated and humanized care, characterizing itself as a valuable tool for optimizing service in this sector.

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