06 - TRAINING IN PHYSICAL EDUCATION FOR INTERVENTION IN MENTAL HEALTH

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INITIAL CONSIDERATIONS

During graduation there was nothing that lead to thinking of Physical Education working in the mental health field. It was during an internship in the psychiatric institution where physical education work operates for over thirty years when the first contact with this medium occured. To Wachs, (2007), it is not obvious how close these fields are, as during the academic formation nothing lead to imagine the intervention of Physical Education with psychiatric patients, or individuals suffering from mental disorder. What happens is the bothering of learning by doing, characteristic of this area.

The discussion around Physical Education and mental health is present for some time but it is still little approached in graduation courses or it is done superficially, not worrying about question which are present in public health services in the country. However, the physical education professional is more and more occupying this field and with this the necessity of rethinking the formation in physical education for health inside the context of the unified health system (SUS) has been created.

As for how this process has been occurring for the inclusion of professional physical education in the context of SUS, this route has proceeded slowly, however examining this issue will not be the focus of this work.

At this time we seek to identify as a general objective the core competencies necessary for the physical education professional to work in the mental health field. And as specific objectives: (1) to know the approaches of mental health / mental illness, (2) to understand the work that is done with mental health patients by physical education professionals, (3) to identify the skills to work in the area of mental health, (4) to verify what active professionals think of the formation , and (5) to verify if the formation in Physical Education addresses the subject. We decided to undertake this work by being already inserted for some time in the area of mental health, and the need to share our experiences in these areas and thus collaborate by bringing the work and mental health formation for debate in the area of Physical Education.

FORMATION IN PHYSICAL EDUCATION AND MENTAL HEALTH

Formation in Physical Education within institutions has been improving more and more in search of solidifying the knowledge of this professional for the different practices, but in fact our experience in the mental health field occurred during our practice outside the classroom, that is the construction of theories during the course of practice.

According to Dias (2007), mental health is a field of healthcare, and should work in Brazil according to the principles and guidelines of the Unified Health System (SUS). After the psychiatric reform in 2001 (in Rio Grande do Sul since 1992), various forms of care for patients with mental disorders were created throughout Brazil. The services concentrated before in large psychiatric hospitals now have its attendance more and more to a network of community-based services, promoting actions in health, education, social care, sport, leisure and culture.

The way to manage mental health in Brazil has had for the first time a significant change in 2006, when investments in community-based services exceeded investments in psychiatric hospitals (Brazil 2007). This new form of management constitutes a clear political will to implement the so-called psychosocial approach (Brasil, 2008).

This period was characterized by the strengthening of psychosocial approach services, the formation of a network of attendance and the replacement of the existing beds in psychiatric hospitals for beds in general hospitals. The mark of this process was the Centers for Psychosocial Care (CAPS), which is the main instrument in the consolidation of this new form of assistance, as well as (SRT), therapeutic residential services, which are offered housing in urban space for people with institutionalized mental disorders lacking social support and family ties.

This service has monitoring of health professionals (such as Physical Education Teachers), and has the support or reference the Centers for Psychosocial Care (CAPS).

COLLECTIVE HEALTH, PHYSICAL EDUCATION FORMATION AND SUS

With the constitutional principle "health" as a universal right and duty of the state, and from the concept formulated on the VIII National Health Conference that health must be understood not as the absence of disease, but as a phenomenon totally influenced by the social determinants . It is important for the areas of health to understand these aspects of the meaning of health and to consider these questions in their care:

> Health is the result of feeding, housing, education, income, environment, labor, transportation, employment, leisure, freedom, access and ownership of land and access to health services, and above all, the result of the ways of social organization of production, which can generate disparities in living standards (BRASIL, 1986, p. 4).

Understanding the health / disease process as being aggravated by the social factor , it is important that these professionals on the area in which physical education is inserted, have the knowledge and understanding of the meaning of the concept of collective health, and that it differs from public health, taking into account health as a social issue and using benchmarks coming from human and social sciences.

Considering the complexity of the topic to healthcare it is important to know their definitions. Public health according to Luz (2007) is:

> Collective health is understood as a field of knowledge and practice which focuses on the social needs of health, with the aim of building explanatory and interpretative possibilities of phenomena related to the disease process, aiming to expand meanings and forms of intervention. It is understood, therefore, that this experience reported as "process" of setting up a field can be analyzed from the perspective of physical education so that it knows other ways of thinking and acting in the world of healthcare.
> (LUZ, 2007, p. 20).

According to Campos (2001), SUS and health concepts aimed at overcoming the previous model, based on curative measures, hospital centric and centric's doctors, this implies the stimulation of a interdisciplinary action on the healthcare having a process of continued professional formation that is also more contextualized, with an emphasis on prevention measures, cure and rehabilitation, taking into account the social, economic and cultural dimensions of the population. "The training of health professionals should consider the preparation to work in multidisciplinary teams with the ideal of interdisciplinarity" (Pustai, 2004, p. 64), that is, acquiring knowledge that addresses the social, biological, cultural and economical aspects of the population, understanding the ways of intervention and thus to follow up with assistance in accordance with the principles and guidelines of SUS, such as universality, fairness and completeness of care.

There are strategies to extend the training of these professionals and prepare them to work in the teams, such as the creation of Law No. 11,129 of 2005 that created the Multidisciplinary Residency in Healthcare with the aim of training the different professionals of healthcare to fit the professional profile to the SUS service needs.

To Nardi and Ramminger (2007): The psychiatric reform [...] contributes to the deconstruction of knowledge and certainty, demands a new employee who no longer works under the protection of the walls of hospitals, but must travel around the city (Nardi and Ramminger, 2007, p. 268).

In this sense the city can represent a potential space for socialization and this a new way of caring.

Working with people with mental disorders following a different model from the one used in psychiatric hospitals that was focused on the patient in bed, and taking on new forms of care appear to be the major challenges for workers on mental health after the psychiatric reform.

To Amorim and Dimenstein (2009), these challenges assume larger proportions if we take into regard the use of the term invention of care used among workers in the area that means caring case by case without a generalized formula. This invention of care should be shared between professionals, users and community.

Some intervention strategies which Physical Education professionals are part of seem to be consolidated as the Therapeutic Monitoring (AT), which performs the care of patients in their daily activities in public and private spaces.

The point is that physical education is increasingly present and inserted into the area of mental health, which refers to the collective health and public health, as they are areas where physical education professionals are increasingly working together to multidisciplinary teams and have their work recognized as essential.

It is important that more and more research happens on collective health and physical education and that this knowledge may be part of the academic training preparing new professionals who also understand this meaning of the Physical Education profession, and not staying only on the perspective of caring only for the body which is also of the same importance.

METHODOLOGICAL PATHS

This study was characterized by qualitative research, which according to (Neves, 1996), is directed during the course of the research, not using statistical data to analysis and its focus is broad differentiating itself from the quantitative method

According Benites (2005), there are two main research paradigms, Positivist and Phenomenological most commonly quantitative and qualitative. The positivists feel that they are apart from what they are researching, as phenomenologists believe they are involved with what is being researched, trying to understand human behavior from the participant: This qualitative proposal emphasizes the subjective aspects of human activity focusing on the meaning and not the measurement of social phenomena.

In qualitative research the researcher often tries to understand the phenomena from the perspective of the participants in the situation studied and from there, situates its interpretation of the phenomena.

In qualitative research all the facts are important and meaningful. The researcher is close to what will be investigated, seeking to capture the essence of the phenomena studied.

For this research we used the interview as an instrument, as according Negrine (1999): “[...] it is a strategy used to obtain information face to face with the interviewee which allows the interviewer to establish a link with the individual and greater depth for the questions” (NEGRINE, 1999, p. 73).

According Negrine (1999), the interviews occur in several situations, such as for selecting people for a particular job, for public office or to learn opinion on a given subject, but the focus given to the interview when used as a research tool in collecting data is that of investigative process.

The interview is a meeting between two people, so that one obtains information about a particular subject, through a conversation of a professional nature. It is a conversation made face to face methodically. It is an important tool for various professional fields, having as main objective obtaining information from the interviewee on a given subject or issue (LAKATOS, MARCONI, 2001).

In this study we used semi-structured interview that according Negrine (1999), is when this instrument of collection: [...] "is designed to obtain information of specific issues defined by the researcher and at the same time, allows one to perform unforeseen explorations offering freedom to the interviewee to elaborate on the subject. "(NEGRINE, 1999, p. 74).

According Negrine (1999), an interview should be developed in order to help the investigator to achieve answers for their study, therefore the questions may present different formulations, that is, one question may be open allowing information with more meanings, or closed to allow specific responses.

The interview utilized was semi-structured with open questions, in order to bring answers to the goals of this work. They happened within the Psychiatric Hospital São Pedro, the workplace of all those surveyed.

The data collected was treated qualitatively. From the data obtained, transcription, analysis, categorization and discussion of the data presented with bibliographical references were performed.

The technique employed to data analysis was the categorization, which is a kind of structuralist process and involves two steps: the inventory which is to isolate the elements and classification, that is, divide the elements and attempt to impose some organization to messages (Bardin, 2004).

According to Bardin (2004), categorization is:

> The categorization is a sorting operation of the the constituent elements of a set, by differentiation and then by regrouping according to gender (analogy), with previously established criteria. The categories are headings or classes, which meet a group of elements (registration units in the case of content analysis) under a generic title, this grouping made as a result of the common characters of these elements. (Bardin, 2004, p .111).

We built three categories to try to achieve the objectives of this research, they are: concepts and definitions on mental health, the work of the physical education professional in mental health and skills, and the formation in physical education and mental health.

ANALYSIS OF INTERPRETATIONS

In general, mental health is defined according to the speeches of professionals as emotional well-being, absence of pathology and the way we live in society. However one must take into account that a person with mental illness such as schizophrenia can live in society with autonomy in their actions and thus from the social standpoint would have mental health.

Within this context through the speech of the interviewed teachers and confrontation with the theoretical reference one can define mental health as being the way the individual lives in the society in which he is inserted according to their culture and standards, managing to cope with problems in a healthy way, and also managing to live with other cultures comprising the differences and accepting them.

It can be seen that the work done by the professional of Physical Education, is a work aimed at promoting healthcare encompassing all aspects, not focusing only in the corporal parts, with physical activities performed so that the individual is stimulated spontaneously so that he realizes the importance of his achievement and can understand it as something that benefits him.

The research shows us that to work in the area of mental health is necessary to have specific knowledge taking into consideration all the biopsychosocial context of the patient, well as the knowledge of the SUS and the psychiatric reform law, and also the knowledge of the various existent pathologies.

Knowledge goes through a process of multidisciplinary competences, the professional involved with it should be working together with his team to be able to know what should be done for the effective improvement of the patient and also understand that the whole process is inserted, both patient and worker, because this is work that goes beyond the very moment in daily care.

Groups of teachers interviewed, even having their graduation at different times, said in general, that the Physical Education graduation brings no specific knowledge to his intervention, and his knowledge is obtained in specialized courses.

But the formation in the Physical Education brings in its content disciplines that address knowledge of the human being as a whole, including in this context knowledge of physiology, neurology, recreation, fitness, adapted sports among others. Therefore, the professional should feel prepared, at least in theory, to work in mental health. However, it seems this is an area somewhat unknown to the professional of Physical Education, as when this question is approached it seems they are unaware of the issue.

In this sense, mental health should be understood by the professional as an area that covers a biopsychosocial context. One should have the understanding that there are several factors to determine whether an individual has mental health, being its culture and its social environment of great relevance.

However, it was noted that this issue causes much unrest in Physical Education professionals already working for some time with mental health because the understanding of the work performed and skills necessary by this professional, at least in their view were not present in their graduation.

The physical education teacher works with a multidisciplinary team, through various actions and treating the patient holistically seeking to recover the subject or at least minimize the damage caused by the disease process that they are going through, and his work goes beyond walls of institutions, using all possible public spaces not restricting itself only the part of recreation and exercise in hospitals and clinics that care for users suffering from psychological distress.

In this process it was realized that the existing knowledge of diseases appropriation of public health policies (SUS), and its understanding, appear to be basic factors of extreme importance, mentioned by workers to care for this population, which according to the discourse of professionals was not present in their initial training.

This work points out that in order to physical education teachers to act with mental health it is necessary to have a broad comprehension of historical, political, cultural and social aspects related to this subject, and going beyond knowledge of the Physical Education Graduation, knowledge on existent pathologies and the Unified Health System.

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TRAINING IN PHYSICAL EDUCATION FOR INTERVENTION IN MENTAL HEALTH

ABSTRACT

This work had as objective the investigation of training in Physical Education for intervention in the mental health field. Thinking about the increasing more and more effective participation of physical education in this area, this research had as general objective to identify the core competencies necessary for the physical education professional to work in the mental health field. And as specific objectives: to get to know the approach to mental health / illness; to understand the work that is done with mental health patients by physical education professionals, to identify the skills to work in the mental health field and check what active professionals think of the training and whether training in physical education addresses the subject. Training in Physical

Education and the activities conducted in the area of mental health in psychiatric institutions and issues on public and collective health are concepts that underlie this work. The methodology used was qualitative. The survey was conducted through semi-structured interviews with workers in the mental health team where they work. Through the speeches were created units of meaning. The data were categorized, analyzed and based on discussion with the specialized literature, we constructed three categories: concepts and definitions of mental health, the work of the physical education professional in mental health and their skills and training in physical education and mental health. The studied group was found to be knowledgeable of the issues that guide the work on mental health and, in general brought in theirs speech homogeneous responses. The analysis identified that the knowledge of existing conditions, the appropriation of public health policies (SUS), and its understanding, appear as essential skills for this professional, and that they were not present in their initial training.

KEYWORDS: Formation, Physical Education: Mental Health.

FORMATION EN EDUCATION PHYSIQUE D'INTERVENTION DANS LE DOMAINE DE LA SANTÉ MENTALE

RÉSUMÉ

Cette étude visait à étudier la formation en éducation physique de l'intervention dans le domaine de la santé mentale. Penser la participation à l'éducation physique de plus en plus efficace dans ce domaine, cette recherche visait à identifier les compétences nécessaires de l'éducation physique professionnel pour travailler dans le domaine de la santé mentale. Et les objectifs spécifiques sont: connaître l'approche de la santé/maladie mentale; comprendre le travail qui est fait avec les malades mentaux par des professionnels de l'éducation physique, l'identification des compétences nécessaires pour travailler dans le domaine de la santé mentale et de voir ce qu'ils pensent de la formation des professionnels et des actifs si la formation en éducation physique aborde le sujet. La formation en éducation physique et les activités menées dans le domaine de la santé mentale dans les établissements psychiatriques et sur les questions de santé publique et collectives, sont des concepts qui sous-tendent ce travail. La méthodologie utilisée est qualitative. Le sondage a été réalisé par entretiens semi-structurés avec les travailleurs en équipe de santé mentale où ils travaillent. A travers les discours ont été créées des unités de signification. Les données ont été classées, analysées et après discussion avec la littérature, nous avons construit trois catégories, les concepts et les définitions de travail en santé mentale de l'éducation physique professionnelle en santé mentale et leurs compétences et la formation en éducation physique et à la santé mentale. Le groupe d'étude a été trouvé à être au courant des questions qui guident le travail de la santé mentale et, en général, ses réponses ont été homogènes. L'analyse a identifié que la connaissance des conditions existantes, l'appropriation des politiques de santé publique, et sa compréhension, apparaissent comme des compétences essentielles pour ce travail, et qui n'étaient pas présents dans leur formation initiale.

MOTS-CLÉS: formation, l'éducation physique, la santé mentale.

FORMACIÓN EN EDUCACIÓN FÍSICA PARA LA INTERVENCIÓN EN EL ÁMBITO DE LA SALUD MENTAL

RESUMEN

Este estudio tuvo como objetivo investigar la formación en la Educación Física para la intervención en la área de la salud mental. Se piensa en la efectividad de la participación de la Educación Física en la salud mental y esta investigación tuvo como objetivo identificar cuáles las competencias fundamentales necesarias para demostrar que el trabajador de la Educación Física dede desarrollar a trabajar en la área de la salud mental. Y tiene los seguientes objetivos: conocer la abordaje de la salud/enfermedad mental; comprender la labor hecha con los enfermos mentales por parte de los profesionales de la Educación Física; identificar las aptitudes para la labor en la área de la salud mental y constatar lo que piensan de la formación y se en la capacitación en Educación Física, aborda el tema. Capacitación en Educación Física, y las actividades realizadas en el ámbito de la salud mental en las instituciones psiquiátricas y en cuestiones de salud pública y colectiva, son conceptos que son la base de este trabajo. La metodología empleada és cualitativa. La encuesta se realizo por entrevistas semi-estructuradas con los trabajadores de los equipos de salud mental donde trabajan. A través de las declaraciones se crearon unidades de significado. Los datos fueron categorizados, analizados y sobre la base de la discusión con la literatura, hemos construido tres categorías; conceptos y definiciones de la salud mental; la labor de profesional de la Educación Física en la salud mental y sus habilidades y la formación en la educación física y la salud mental. El grupo de estudio se encontró que era conocedor de los temas que guían el trabajo de la salud mental y, en general, trajo en sus discursos, respuestas homogêneas. El análisis identificó que el conocimiento de las patologías la apropiación de las políticas públicas en salud (SUS), y su comprensión, aparecen como aptitudes indispensable para este trabajo, y que no estuvieron presentes en su formación inicial.

PALAVRAS CLAVE: Formación, Educación Física, Salud mental.

A FORMAÇÃO EM EDUCAÇÃO FÍSICA PARA A INTERVENÇÃO NA ÁREA DE SAÚDE MENTAL

RESUMO

Este trabalho teve como objetivo investigar a formação em Educação Física para intervenção na área de saúde mental. Pensando na participação cada vez mais efetiva da Educação Física nesta área, esta pesquisa teve como objetivo geral Identificar as principais competências que se mostram necessárias ao profissional de Educação Física para atuar na área da saúde mental. E como objetivos específicos: conhecer a abordagem de saúde/doença mental; compreender o trabalho que é feito com doentes mentais por profissionais de Educação Física; identificar as competências para atuação na área de saúde mental e verificar o que pensam da formação os profissionais ativos e se a formação em Educação Física trata do assunto. A formação em Educação Física e as atividades desenvolvidas na área da saúde mental dentro das instituições psiquiátricas e temas sobre saúde publica e coletiva, são conceitos que fundamentam este trabalho. A metodologia utilizada foi de cunho qualitativo. A pesquisa foi realizada através de entrevistas semi-estruturadas com trabalhadores da equipe em saúde mental no local onde trabalham. Através das falas foram criadas unidades de significados. Os dados foram categorizados, analisados e fundamentados em discussão com a literatura especializada, construímos três categorias; conceitos e definições sobre saúde mental; o trabalho do profissional de Educação Física em saúde mental e suas competências e a formação em Educação Física e a saúde mental. O grupo estudado mostrou-se conhecedor das questões que norteiam o trabalho em saúde mental e, de modo geral, trouxe em seu discurso respostas homogêneas. A análise identificou que o conhecimento das patologias existentes, a apropriação das políticas públicas de saúde (SUS), e seu entendimento, aparecem como competências indispensáveis para este profissional, e que não estiveram presente em sua formação inicial.

PALAVRAS-CHAVES: Formação; Educação Física; Saúde mental.