21 - THE SCOPE OF STRESS IN SOCIETY AND PSYCHOSOCIAL CARE CENTER A TREATMENT SITE

PALOMA CRISTINA DOS SANTOS;
EMILY KELLY BOLDRIN;
ISABELA MARIA ROSSIGNOLO MUNHATO;
LARISSA BOLDRIN PROVINCIATTI SANTIAGO;
SORAYA GARCIA AUDI
Faculdades Metropolitanas Unidas (FMU) - São Paulo - SP - Brasil
emily.boldrin@gmail.com

doi: 10.16887/85.a2.21

INTRODUCTION

Psychosocial diseases are mental disorders caused or influenced by life experiences, as well as cognitive and behavioral processes misfits (SATCHER, 1999). There are several diseases, such as: anxiety, delirium, phobias, autism, anorexia nervosa, mental retardation, depression, bipolar disorder, obsessive compulsive disorder (OCD), panic attacks, stress, among others.

The history of Psychiatry was marked by opposing directions, which led to the segregation of considered sick and marginal. Society doesn't understand itself madness and let the crazy out of his vision behind the walls of asylums (BLEGER, 1987, AMARANTE e TORRE, 2001, COSTA, 1989).

In the middle ages the madness was seen as an everyday suit or a divine gift. The madness had in society point, a natural ingredient that inhabited the houses, villages and castles (FOUCAULT M, 1987).

The transformations of the psychiatric reform movement had greater visibility in Brazil from the Decade of 1980. This movement was played by mental health workers, having included different stakeholders: users, families, politicians, owners of psychiatric hospitals, artists, among others, and provided several policy changes, in legislation and in the Organization of mental health care, advocating the need for multiple equipment to meet the complexity of distress (WETZEL, KANTORSKI, SOUZA, 2008).

The movement sought to reform the transformations of the hospital-centric system model of attention, replacing it with a network of integral attention to mental health. One of the typical attendance modes are the psychosocial mode CAPS (Psychosocial care center) (WETZEL, KANTORSKI, SOUZA, 2008)

The CAPS appear in Brazil from 1986 with inspiring sources day hospital structures that emerged in France in early 1940.

The CAPS are formally defined by Ordinance No. 224 of January 29, 1992, the Ministry of health, local/regional units, which have a population assigned locally defined and which offer care service intermediaries between the outpatient procedure and hospitalization, in one or two four-hour shifts, for multidisciplinary team. The Ordinance No. 336, of February 19, 2002, stipulates that the CAPS will be defined by ascending order of size/complexity and comprehensiveness in population, constituting in CAPS I, CAPS II and CAPS III, modalities that should be empowered to undertake, as a priority, the care of patients with severe and persistent mental disorders in their territorial area (MINISTÉRIO DA SAÚDE, 2004).

These services are incorporated as public mental health policy for the whole country and enroll in a context that aims to develop new technologies in mental health which respect the user in their right of citizenship and to differentiate themselves from the dominant model excludes asylum (CARVALHO e AMARANTE, 1996).

The centers form a network of daily and integral attention to mental health, territorial and community character, which has been decreasing the number of hospitalizations and their reoffending (GERÊNCIA DE SAÚDE MENTAL, 2012) and also the decrease in the use of medicines.

On 6 April 2001 is adopted Law No. 10,216, which provides for assistance and the rights of persons with mental disorders, so searching ease and treat conflicts so that these people can regain their autonomy and reinsert in the everyday activities and redirect the default mental health outreach.

The financial resources are municipal and federal source, and 90% of the paid attendance SUS (Unique System of Health), but considering the investment and personal expenditure, it turns out that, of the total spent in a Center, 60% come from municipal funds. The cost of attendance at the day-care Center is lower than that of the psychiatric hospital and has a cost of R$ 500, 00 per month per patient (SILVA, 1999).

There are modalities of CAPS: CAPS General organized to House and care for adults with mental health problems in General and their families; (CAPSi) assists children and adolescents (up to 17 years of age), who have mental disorders; CAPSad is proposed to receive and care for people with problems resulting from the harmful use of alcohol and/or other drugs.

Each centre has a multidisciplinary professional team, able to meet the needs of the user, composed of a social worker, nurse, nursing assistant, occupational therapist, psychologist, psychiatrist, nutritionist, interns, "workshop participants", cooks, janitors and guards (SILVA, 1999). In groups of CAPS, this listening constitutes an important tool for the process of autonomy, creativity, improvement of interpersonal relationships and social reinsertion (FURLAN e RIBEIRO, 2004-2008).

The psychiatric treatment is strongly connected to the use of the medicine and the doctor as a precursor of the treatment (MASTAZO, KIRSCHBAUM, 2003).

The CAPS that assumes his work in psychosocial mode must fundamentally believe that this proposal can only be achieved through partnership and family participation. This process is not stable and it's not easy, requiring the user, of the family and the team: will, credibility and desire for conquest (SCHRANK, OLSCHOWSKY, 2007).

CAPS has a major role in helping to treat the stress. Stress is a state of tension which generates an internal imbalance in the body, i.e. loss of homeostasis (LIPP, 2000).

Considered as the disease of the Millennium or even evil of the century, the stress affects both children and adults (LIPP, 2000). The stress doesn't manifest himself alone, for happen there is need of a stressor or a source of stress. The sources of stress are usually internally and externally, and the interns often caused by how we face the world, life, people and even how to interpret certain events. However the external sources are generated before everything that happens in our lives, as for example, fights, profession, losses, lack of money and death, therefore, encompasses everything that requires of our body a great adaptation (LIPP, 2000).

Stress and its effects can be completely reversible, in cases that the individual not evolved into a serious illness (LIPP, 2000), for this we have the help of CAPS.

MATERIALS AND METHODS

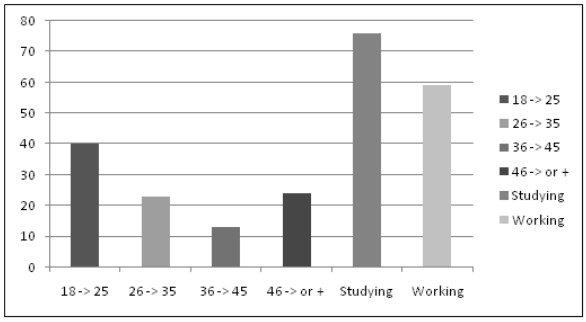
The present study is classified as observational, prospective epidemiological method of causal and non-causal Association, with qualitative and quantitative approach.Obtaining samples was performed from a form of survey of stress symptoms,containing twelve multiple-choice questions, and knowledge about CAPS, containing ten multiple-choice questions. All underwent completing the written informed consent based on the Resolution No.196 / 96; C.N.S-M.S. Hundred individuals who were located in cities of São Paulo were interviewed. Among them, fifty are men's and fifty women's, with ages ranging between 18 and 80 years.

OBJECTIVES

Raise Awareness the population that there are specific locations of treatment for psychosocial diseases and clarify that stress is considered to be such.

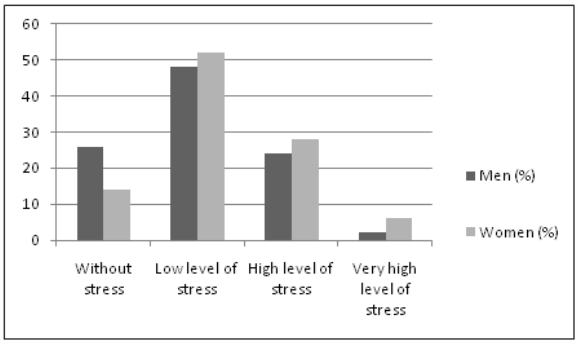
RESULTS

GRAPHIC 1:Distribution in percentages with respect to the ages of the respondents was studying and working in the state of São Paulo, 2014.



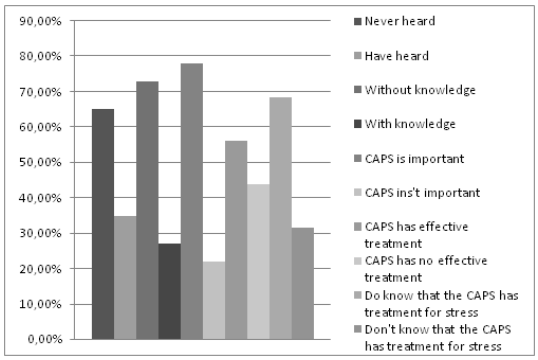
Among the respondents, were men and women with age between 18 to 25 years. Most, regardless of age, studies and works at the same time.

GRAPHIC 2:Distribution in percentages with respect to the stress level in the State of São Paulo, 2014.



Among the respondents, the majority of men are least stressed than women who have a high level of stress.

GRAPHIC 3: Distribution in percentages, in relation to the respondents who have heard talk in the CAPS, as knowledge of respondents about the CAPS believes that the CAPS is important to people, the respondents believe that the treatment of the CAPS is effective, the knowledge of respondents about the CAPS have treatment for stress, in the State of São Paulo, 2012.



Note that the majority of respondents never heard of CAPS and unaware of what is CAPS. Most agreed that the CAPS is important to people, that has an effective treatment and were unaware that the CAPS have stress treatment.

CONCLUSION

The results suggest a high knowledge of the subjects of research with respect to stress and Psychosocial Attention Center (CAPS). Due to this high level of ignorance there needs to be a greater visibility of the CAPS in society,that the population is aware that there is a suitable place and prepared to meet people with stress and other psychosocial disease.

BIBLIOGRAPHY

1.AMARANTE, P. E TORRE, EH. G. Protagonismo e subjetividade: A construção coletiva no campo da Saúde Mental. Ciência e Saúde Coletiva. Rio de Janeiro: V.G, n.1, p. 73-85. 2001.

2.BLEGER, J.B.Temas de Psicologia: Entrevista e grupos. São Paulo: Martins Fontes, 1987.

3.CARVALHO ALL, AMARANTE P. Avaliação de qualidade dos novos serviços de Saúde Mental: Em busca de novos parâmetros. Saúde em Debate. 1996; S2: 74-82.

4.COSTA, J. F. Psicanálise e contexto cultural: Imaginário psicanalítico, grupos e psicoterapias. Rio de Janeiro: Campus, 1989.

5.FOUCAULT M. História da loucura na Idade Clássica. 2º Ed. São Paulo (SP): Perspectiva; 1987.

6.FURLAN, Valquíria E RIBEIRO, Sandra Fogaça Rosa. A escuta de psicoterapeuta em grupo com pessoas em sofrimento mental atendidas em Centro de Atenção Psicossocial (CAPS). 2004-2008.

7.GERÊNCIA DE SAÚDE MENTAL, 2012.

8.LIPP, Marilda. Livro: O Stress está dentro de você, São Paulo, 2000.

9.MINISTÉRIO DA SAÚDE (BR). Legislação em Saúde Mental, 1990-2004. 5ºEd. Brasília (DF): Secretaria Executiva; 2004.

10.MOSTAZO, Rubiane Rodrigues; KIRSCHBAUM, Débora Isane Ratner. Usuários de um Centro de Atenção Psicossocial: Um estudo de suas representações sociais acerca de tratamento psiquiátrico; Campinas (SP), 2003.

11.SATCHER, David. DistúrbiosPsicossociais. 1999

12.SILVA, Adélia Cristina Zenbrãoda.Centro de Atenção Psicossocial. Rio de Janeiro (RJ), 1999.

13.SCHRANK, Gisela; OLSCHOWSEY, Agnes. O Centro de Atenção Psicossocial e as estratégias para inserção da família; Rio Grande do Sul, 2007.

14.WETZEL, C. E KANTORSKI, L. E SOUZA, J. Centro de Atenção Psicossocial, trajetória, organização e funcionamento. Rio de Janeiro, 2008.

Rua Rosário Inserra, 120, apartamento 17
Taboão da Serra – SP - Brasil

THE SCOPE OF STRESS IN SOCIETY AND PSYCHOSOCIAL CARE CENTER A TREATMENT SITE

ABSTRACT

Objective: Educate the population that there are specific locations of treatment for psychosocial diseases and clarify that stress is considered to be one of those. Methods: It is an observational, prospective study with an epidemiological method of causal and non-causal Association, with qualitative and quantitative approach in which 100 people have agreed to participate in a survey, responding to a form, containing objective questions which were used as variables. The data, once compiled, were presented in tables and graphs of simple frequency expressed in numbers and percentages. Ethical aspects have been respected, in accordance with resolution No. 196/96 (CNS-MS). Results: 50% Women; Men 50%; the majority of respondents 65.16% never heard of CAPS, while the minority 34.84% already heard something about the CAPS; 56.13% of respondents believe that the CAPS have an effective treatment, while 43.87% believe that the treatment of CAPS is not effective; 68.39% of respondents don't know that the CAPS have stress treatment, 31.61% know that the CAPS have stress treatment; most men are less stressed that women who exhibit a high level of stress. Conclusion: The results suggest that most people consider themselves to be stressed, but didn't know it was a psychosocial illness and had treatment offered by the psychosocial care center (CAPS).

KEYWORDS: CAPS; Stress; Psychosocial Illness.

LA PORTEE DE STRESS DANS LA SOCIETE ET LE CENTRE D'A ATTENTION PSYCHOSOCIALE, UN LIEU DE TRAITEMENT

RÉSUMÉ

Objectif:Conscientiser la population qu'il y a des lieux spécifiques pourle traitementdes maladies psycho sociales et expliquer que le stress en est considéré une. Méthodes: Il s'agit d'unétude d'observation, prospectifavec une méthode épidémiologique d'association causal et non-causal, avecl' approche qualitative et quantitative, danslequel 100 person nesonta cceptéen participer de larecherche, enrépondantun formulair eavecd esquestion sobjective squiontété utilisées commevariables. Lesdonnées, une foiscompilées, ontété présenté es dansles tableaux etgraphiques de fréquencesimpleex priméesenchiffres et pourcentages. Lesaspect séthiquesont étérespectés, enfonction de laRésolution No 196/96 (CNS-MS). Résultats: lesfemmes 50%; leshommes 50%; laplupart desinterrogés 65,16% n'ont jamais entenduparler de CAPS, alors que laminorité 34,84% ont déjà entendupar lerquelquechosesur CAPS; 56,13% desinterrogéscroient que CAPS a untraitementefficace, pendant que 43,87% croient que letraitement de CAPS n'est pas si efficace; 68,39% desinterrogés ne saventpas que CAPS a untraitementpourle stress, lorsque 31,61% savent surcetraitement de CAPS; Lesfemme sontunniveau de stress trèsélévé, avec 6% contre à peine 2% deshommes.Conclusion: Les résultats obtenusnous montrent que laplupartdes personnes considèrentelles-mêmes stressées, mais qu'elles ne savaient pasqu'ils'agissait d'une maladie psychosociale et qu'il y avaitun traitementoffert par le Centre d'Attention Psychosocial (CAPS).

MOTS-CLÉS: CAPS; Stress; Maladie Psychosocial;

EL ÁMBITO DE ESTRÉS EN LA SOCIEDAD Y EL CENTRO DE ATENCIÓN PSICOSOCIAL

RESUMEN

Objetivo:Concienciar a la población de que hay sitios específicos de tratamientos para trastornos psicosociales y aclarar que el estrés es considerado un de ellos. Métodos: Se trata de un abordaje cualitativo y cuantitativo de un estudio epidemiológico observacional y prospectivo de asociación casual y no casual, en que cien personas aceptaron participar en una encuesta contestando a un formulario que tenía preguntas objetivas que fueron utilizadas como variables. Los datos, una vez compilados, fueron presentados en tablas y gráficos de frecuencia simple y expresados en números y porcentajes. Los aspectos fueron respetados de acuerdo con la Resolución Nº 196/96 (CNS-MS). Resultados:50% de las mujeres, 50% de los hombres y 65,16% de la mayoría de los entrevistados nunca habían oído acerca del Centro de Atención Psicosocial (CAPS), sino la minoría (34,84%); 56,13% de los participantes cree que CAPS tiene un tratamiento eficaz mientras que el 43,87% no lo cree; 68,39% no sabe que existen tratamientos para combatir el estrés, al contrario del 31,61% que sí que lo sabe. Las mujeres tienen un alto nivel

de estrés con 6% frente a un 2% de los hombres. Conclusión:Los resultados sugieren que la mayoría de las personas se consideran estresadas, pero no sabían que el estrés es un trastorno psicosocial y que se pueden cuidar a través del tratamiento ofrecido por el Centro de Atención Psicosocial (CAPS).

PALABRAS CLAVE: CAPS; estrés; Trastorno psicosocial;

O ÂMBITO DO ESTRESSE NA SOCIEDADE E O CENTRO DE ATENÇÃO PSICOSSOCIAL, UM LOCAL DE TRATAMENTO

RESUMO

Objetivo: Conscientizar a população que existem locais específicos de tratamento para doenças psicossociais e esclarecer que o estresse é considerado uma dessas. Métodos: Trata-se de um estudo observacional, prospectivo com um método epidemiológico de associação causal e não causal, com abordagem qualitativa e quantitativa, do qual 100 pessoas concordaram em participar da pesquisa, respondendo a um formulário, contendo questões objetivas que foram utilizadas como variáveis. Os dados, depois de compilados, foram apresentados em tabelas e gráficos de frequência simples expressos em números e percentagens. Os aspectos éticos foram respeitados, de acordo com a Resolução Nº 196/96 (CNS-MS).Resultados: Mulheres 50%; Homens 50%; 65,16 %dos entrevistados nunca ouviram falar do CAPS, enquanto 34,84 % já ouviram sobre o CAPS; 56,13 % dos entrevistados acreditam que o CAPS tem um tratamento efetivo, enquanto 43,87 % acreditam que o tratamento do CAPS não é efetivo; 68,39 % dos entrevistados não sabem que o CAPS tem tratamento para o estresse, quanto 31,61 % sabem que o CAPS tem tratamento para o estresse; a maior parte dos homens são menos estressados que as mulheres que apresentam um nível altíssimo de estresse. Conclusão: Os resultados obtidos sugerem que a maioria das pessoas se consideram estressadas, mas não sabiam que era uma doença psicossocial e que tinha tratamento oferecido pelo Centro de Atenção Psicossocial (CAPS).

PALAVRAS-CHAVE: CAPS; Estresse; Doença Psicossocial.