17 - RISK STRATIFICATION OF MENTAL DISORDERS ON A BASIC HEALTH UNIT FROM THE CITY OF TERRA ROXA / PR

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INTRODUCTION

An essential requirement for the process of psychiatric care reform is the deinstitutionalization and hospital release of people with mental disorders; such strategy aims a change in dominant focus of actions on mental health of the specialized in-hospital area to the out-of-hospital, where outpatient services and daily care centers, all referred to the community, gradually start to take over and share the role of mental health care (JORGE; FRANÇA, 2001).

In the last decades, important changes in the area of theoretical knowledge in neuroscience and general medicine technical tools as well as psychiatric in particular, besides those belonging to other areas of knowledge, have facilitated the changes in the field of health policy, favoring the reorganization of mentally ill care (JORGE; FRANÇA, 2001).

Psychiatric care is imposed as a technique and ethically necessary whenever there is an identified mental disorder, presenting the person a clinically significant picture and accompanied by pain or disability. From the outlook of therapeutic supply, psychiatric care is also required when there are available, recognized and effective treatments in the reestablishment of functional capacity as well as clinical stability of the sick person or at least, able to relieve the suffering faced by that person (JORGE; FRANÇA, 2001).

Primary Care is the first contact of individuals, families and communities with the National Health System, bringing health services as close as possible to the life and work places of the people, constituting the first element of a continuous care. It is also defined as a set of individual or collective actions, located on the first level of attention health systems, intended to the promotion of health, prevention of diseases, treatment and rehabilitation (DE ANDRADE; BUCHELE; GEVAERD, 2007).

Primary care is a term used in Brazil, mainly in the context of the Unified Health System (SUS) defining a health care approach, which would correspond to what has been called in international literature of primary health care. This conceptual development is related to the need of building its own institutional identity, capable of establishing a break with the reductionist conception of this level of attention. Conception that understands primary care as a health care provision to the underprivileged population, supported on a standard of primary health care of limited range, low technological density and little effectiveness in solving the health problems of the population. Systems guided by primary care are associated with lower cost, higher satisfaction of the people, better health levels and less use of medications. Besides these evidences, the structuring of health care systems based on primary care is a requirement of modern conceptions of integrated health service systems (DE ANDRADE; BUCHELE; GEVAERD, 2007).

The interest about the theme is to contribute to the improvement and planning of the city's health system, aimed to benefit people with mental disorders, who require special attention and accurate monitoring on their case, being able with this, to amplify the health network to the people with mental disorders and their families with quality service, as well as contributing to the development and organization of the city's health system.

The general goal of this research was to characterize mental disorders of a population using the methodology for health risk stratification and the specific aims were: Understanding the fundamentals that guide the Mental Health Care organization in Paraná; Contributing to the development of competence of technical and managerial staff of Primary Health Care (PHC) in the city of Terra Roxa.

MATERIAL AND METHODS

The study is characterized as a field research and it was carried out in a basic family health unity in the center of the city of Terra Roxa, which is located in the western region of Paraná and which has an estimated population of 16.759 people.

The study subjects were 45 individuals diagnosed with mental disorders registered in the unit. The interviews were conducted at their houses with the participation of the community responsible for the area. The instrument used for data collection was built based on the MANUAL: Risk Stratification of Mental Disorders and Alcohol and other Drugs Dependence in Paraná.

All participants were asked to answer and participate in the research, being clear about their goals by reading the Informed Consent Information Sheet, and only the patients who signed this term, as well as their responsible, participated in the study.

Risk stratification of the target population was performed considering the severity of signs and symptoms presented, without the need to define an initial diagnosis, added to the current living conditions of the user. Mental disorders, as well as drug dependence tend to fluctuate, in its necessity, of attention place lifelong. Thus, the choice of parameters for risk stratification was mainly based in the necessity to define the level in which the health care will occur. Consequently, the signs and symptoms were divided into 6 groups according to the frequency in which they are shown in their psychopathologic syndromes, and were scored according to the degree of severity (PARANÁ, 2014).

It was used the risk stratification map prepared by the State Department of Health of Paraná for data collection.

The collected data was grouped as follows: GROUP I – symptoms related to common mental disorders (CMD); GROUP II – symptoms related to severe and persistent mental disorders; GROUP III – symptoms related to alcohol and other drugs dependence; GROUP IV – symptoms related to changes in mental health that are manifested in the childhood and/or adolescence; GROUP V – symptoms related to changes in mental health of the elderly; GROUP VI – factors that could constitute aggravating or justifying factors of already identified mental health problems; special conditions and acute events (PARANÁ, 2014).

The project was approved by the Ethics Committee of Universidade Paranaense (UNIPAR) under the protocol 723.988, considering the ethical percepts regarding research involving human beings established by the Resolution 466/12 of the National Health Council, being data collection conducted after the approval of the Ethics Committee, in the period from July 1st to August 15th, 2014 (BRAZIL, 2012).

RESULTS AND DISCUSSIONS

The downtown family basic health unity of the city of Terra Roxa has its area of 211 registered families, with a population of 622 inhabitants, and of these, 75 have mental disorders. The research involved 45 individuals who were nominated by the local health team. The researcher carried out all interviews. From the total interviewed, 33% are male and 67% female.

Studies evaluated the mental disorders prevalence rates with household sample in adults in the Brazilian community. Among them, Ludemir (2000), carried out with 1.277 people aged 15 and older, in households around Pelotas, RS, which corroborates the results of studies conducted abroad. This study used the SRQ-20 as instrument and obtained an overall prevalence of 22.7%. According to gender, the prevalence was higher among women (26.5%) compared to men (17.9%).

Taking age as reference, 45% of the individuals interviewed, aged 21 to 59 years had the highest rates of Mental Disorder; the prevalence was 29% in the age group from 60 to 79 years.

As for education level of the studied individuals, the low level of education is highlighted and when added to illiterate and complete or incomplete primary school, a prevalence of 52% of the researched population is found. In a study conducted by Marin-León et al (2007), in the city of Campinas (SP), a global prevalence of 17% was identified, being 8.9% in men and 24.4% in women and the highest prevalence occurred in people with less than five years of school, unemployed or underemployed, and who are in poor socioeconomic conditions. Some issues related to socioeconomic conditions, as unemployment, low educational level, marital status (divorced, separated or widowed), gender, poor housing, informal jobs and no access to consumer goods, can be identified as potential determinants of the high level of mental disorder in the analyzed studies.

In the family income category, it was found that 2% has no income, 33% receives a minimum wage; 49% receives from 2 to 3 and 16% from 4 to 5 minimum wages.

According to Carvalho; Almeida (2003), the financial conditions of low income families depend on the stage of life and the number and characteristics of its members – in the case of the studied families, of having or not the Continuous Cash Benefit – with the amount of a minimum wage a month, granted to whom fills out the necessary conditions to it, or even disability retirement, when the taxpayer is active at the time of their illness; both from the National Institute of Social Security.

Regarding the financial aspect, it is seen in the interviewed families that the patient with mental disorder or is a mainstay of family income (when receives a benefit or retirement) or he/she is an overweight to use the scarce resources existent. When receiving aid, the money is welcome to the group, being essential to the survival and conservation of daily life. Usually unable to manage their income, it is the responsible for the family who performs this function. It is observed that when this occurs, the patient hardly presents personal expenses /and does not have autonomy over his/her salary, receiving (when it happens) a small amount for personal expenses.

When the mentally ill patients have no income, what happens sometimes, and being able to work, they represent a burden to the family who sees another adult to support. In this sense, the families that do not have the benefit live in a constant effort to achieve it. However, in reality, it becomes increasingly difficult to acquire this concession of the State, which is a source of complaints and frustrations among the interviewees family (ROMAGNOLI, 2006).

Of the interviewees, 86% have medical care and 14% does not follow any treatment because they do not accept that they have mental health problems, while others do their own medical diagnosis by comparing their symptoms with what their neighbors and friends had. It is necessary to distinguish what is normal and pathological from the patient. People are all different from one another and each has its own traits of temperament, skills, flaws and intelligence. There are behaviors considered normal in a culture and bizarre in others. Therefore, what is normal and pathological depends on the culture that we live in. Some behaviors are normal at some stage in life, but if they persist, they are considered pathological. Other behaviors are normal when they occur in a particular intensity and sick when they are so frequent that cause problems.

So, when a behavior or feeling goes over the normal range and deserves to be examined by a psychiatrist? In a brief way, because only the psychiatric interview can lead to a diagnosis (Canguilhem, 2006).

Related to the participation in some therapeutic activity, 91% of respondents have no access or no knowledge of therapeutic workshops, as they are unaware of the importance and the objectives to a mentally ill patient.

Therapeutic workshops are activities of life experiences among people in psychological distress, promoting citizenship expression of freedom and coexistence of differences especially through the inclusion of art.

CONCLUSION

The knowledge about the established population's mental health, the comprehension and acceptance of patients with comorbidity complaints were possible through this research. Therefore, a medical diagnosis and treatment on the cases of nonspecific mental suffering as well as the investigation of possible organic causes for the disorder was searched.

It is also highlighted the importance of attention to the patients' relatives, since they are also a vulnerable population. Therefore, a teamwork with the family was carried out to estimate the actual needs of the community through the participation in the planning of actions and to achieve full compliance with this demand. Resources such as trainings and updates should be used, being important that healthcare professionals follow the changes proposed in the guidelines of the Brazilian Psychiatric Reform, as the integral care is one of the reform proposals.

The focus of the work is on the care and attention to the patient. Promoting mental health includes developing some actions who aim to minimize injuries and social determinants of illness.

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RISK STRATIFICATION OF MENTAL DISORDERSON A BASIC HEALTH UNIT FROM THE CITY OF TERRA ROXA / PR

ABSTRACT

The aim of this field research is to characterize the mental health disorders of an enrolled population using the methodology to risk stratification in health implemented by the federal government in all Brazilian states and cities. The study subjects were individuals diagnosed with mental disorders registered at the Health Family Unit, downtown. As a result, the survey was carried out with mentally ill people registered at the health unit of the city of Terra-Roxa – PR. The disease has reached 67% women and 33% men being interviewed from the age of 0 to over 79 years old, and 29% of the disease has reached the age group between 60-79 years and other values distributed among other age groups. A great number of 67% with low education considering being illiterate and 33% completed high school. 98% of the interviewees have a household income, being minimum wage, assistance illness or retirement and 2% with no income. The barrier between the mentally ill and family was clear through the interview. 14% of respondents do not consider themselves sick so they do not seek treatment and other 86% follow some treatment and the medical follow-up with return appointments is established according to the stabilization of the clinical picture and the patient's need. All respondents use psychotropic medications and the majority (34%) use antidepressants. Only 9% carry therapeutic activity while 91% does not know it. The final results concluded that 33% of the population is in the low level of the disease and the other 67% is in medium and high level of disease.

KEYWORDS: Mental Health, Quality of Service, Benefit.

STRATIFICATION DU RISQUE DES TROUBLES MENTAUX DANS UNE UNITÉ DE SANTÉ PUBLIQUE DE LA VILLE DE TERRA ROXA, PARANÁ, BRÉSIL.

RÉSUMÉ

Cette étude s'agit d'une enquête de terrain, afin de caractériser les troubles mentaux d'une population inscrite en utilisant la méthodologie pour la stratification du risque en santé mis en place par le gouvernement fédéral dans tous les Etats et les municipalités brésiliens. Les sujets de l'étude ont été des individus diagnostiqués avec un trouble mental inscrits à l'Unité de Santé de la famille du Centre-ville. En conséquence, l'enquête a été menée avec les malades mentaux enregistrés à l'unité de santé de la ville de Terra Roxa, Paraná, Brésil. Depuis la maladie a atteint 67% de femmes et 33% d'hommes, les interwiés sont des zéro ans à plus de 79 ans, en étant que 29% de la maladie a atteint le groupe des 60-79 ans et d'autres valeurs réparties entre les autres groupes d'âge , un grand nombre de 67% avec un faible niveau d'éducation étant considérés analphabètes et 33% on terminé leurs études secondaires, 98% des répondants ont un revenu; soit-il, salaire minimum, assurence maladie ou assurence retraite et 2% sans aucun revenu. Il est devenu clair qui s'établi une barrière entre les malades mentaux et de la famille, car 14% des personnes interrogées ne se considèrent pas malade à cause de cela ne cherchent pas de traitement et d'autres 86 % font un traitement , le suivi médical avec la visite de retour est d'accord la stabilisation du cadre clinique et le besoin du patient, tous les interrogés prennent de médicaments psychotropes et la plupart, étant 34% prennent des antidépresseurs, seulement 9% ont une activité thérapeutique et 91% ne connaissent pas cette activité. Comme résultat final on conclu que 33% de la population est au niveau bas de la maladie et d'autres 67% se trouve dans le niveau moyen et élevé de maladie.

MOTS-CLÉS: Santé Mentale, Service de Qualité, Profits.

ESTRATIFICACIÓN DEL RIESGO DE LOS TRANSTORNOS MENTALES EN UNA UNIDAD BÁSICA DE SALUD DE LA CIUDAD DE TERRA ROXA/PR.

RESUMEN

Se trata de una investigación de campo, con el fin de caracterizar los trastornos mentales característicos de la población, utilizando la metodología para la estratificación del riesgo para la salud implementado por el gobierno federal en todos los estados y ciudades brasileras. Los sujetos del estudio eran individuos diagnosticados con trastorno mental registrada en la unidad de salud de la familia del Centro. Como resultado la investigación se llevó a cabo con los enfermos mentales registrados en la clínica de la ciudad de Terra –Roxa-Pr. Dado que la enfermedad ha acometido 67% de las mujeres y 33% hombres, entrevistado a los mayores de 0- años a más de 79 años. Siendo 29% de la enfermedad que alcanzó el grupo de edad de 60-79 años y otros valores distribuidos entre otros grupos de edad , un gran número de 67% con baja escolaridad, considerando analfabetos y 33% completado la escuela secundaria, el 98% de los entrevistados poseen una renda familiar; sea un salario mínimo o jubilación, y 2% con ninguna renda mensual, ampliase una barrera entre el enfermo y la familia eso se manifiesto por la entrevista, el 14% de los entrevistados no se consideran enfermos por eso no buscan tratamiento, y otro 86% lo hace el tratamiento, el seguimiento médico con la nueva visita se da a la estabilización del cuadro clínico y la necesidad del paciente, todos los entrevistados hacen uso de medicamentos psicotrópicos, 34% hacen uso de antidepresivos, sólo el 9% realiza actividad terapéutica y el 91% desconocen la actividad, alcanzando los resultados finales concluimos que 33% de la población está en el bajo nivel de la enfermedad y otros 67% está en el nivel medio y alto de la enfermedad.

PALABRAS CLAVE: Salud Mental, Atendimiento de Calidad, Beneficio.

ESTRATIFICAÇÃO DE RISCO DOS TRANSTORNOS MENTAIS EM UMA UNIDADE BÁSICA DE SAÚDE DO MUNICÍPIO DE TERRA ROXA/PR

RESUMO

Tratou-se de uma pesquisa de campo, com objetivo de caracterizar os transtornos mentais de uma população adstrita utilizando a metodologia para a estratificação de risco em saúde implantada pelo governo federal em todos os estados e municípios brasileiros. Os sujeitos da pesquisa foram os indivíduos diagnosticados com transtorno mentais cadastrados na unidade de saúde da família do Centro. A pesquisa foi realizada com os doentes mentais cadastrado na unidade de saúde da cidade de Terra-Roxa –Pr. Sendo que a doença atingiu 67% mulheres e 33% homens, sendo entrevistado da faixa etária de 0-

anos até acima de 79 anos. Sendo 29% da doença atingiu a faixa etária de 60-79 anos e outros valores distribuídos entre outras faixas etárias, um grande número de 67% com baixa escolaridade considerando ser analfabeto e 33% concluíram o ensino médio, 98% dos entrevistados tem uma renda familiar; seja salário mínimo, auxilio doença ou aposentadoria e 2% sem renda alguma, estendesse uma barreira entre o doente mental e família, fica claro através da entrevista, 14% dos entrevistados não se consideram doentes por isso não procuram tratamento e outros 86% fazem tratamento, o acompanhamento médico com a consulta de retorno se da conforme a estabilização do quadro clínico e a necessidade do paciente, todos entrevistados fazem uso de medicamentos psicotrópicos, 34% fazem uso de antidepressivos, apenas 9% realizam atividade terapêutica e 91% desconhecem a atividade. Chegando aos resultados finais concluímos que 33% da população se encontra no baixo nível da doença e outros 67% se encontra em médio e alto nível da doença.

PALAVRAS-CHAVE: Saúde Mental, Atendimento de Qualidade, Benefício.