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Perception and performance of the interdisciplinary team in serving drug dependents in specialized network of mental health Sinop, Mato Grosso

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Abstract. Chemical dependency is currently one of the most important public health problems in our country. The study deals with a quantitative and qualitative research, whose goal is to evaluate the perception and performance of the interdisciplinary team in serving drug dependents in specialized network of mental health Sinop, Mato Grosso. Applied a semi-structured questionnaire with objective and subjective questions with 11 professionals in health care at the Psychosocial Care Center (CAPS) and Medical Specialties Center (EMC). The results reveal the importance of the preparation of these professionals to work in service to dependents and interdisciplinarity proved to be the best option to achieve a dignified and humane care.

Keywords: Addiction, Interdisciplinary, Mental Health

Introduction

In Brazil, the use of alcohol is occurring in individuals with increasingly early age, around 5% of Brazilian youngsters between 9 (nine) and 18 (eighteen) years old (about 1.5 million people) make use of alcohol. The Brazilian Center for Information on Psychotropic Drugs-CEBRID concluded in 2007, through a review, that alcohol is the most consumed drug by Brazilians: 11.2 % of the population are alcoholic drinks dependent and the occasional use of alcohol reaches 84% of the population [1].

In Sinop, as well as in the country, the chemical dependence is gaining more and more importance, being identified as a serious social and public health problem. However, it should be noted that the primary attention does not have an effective service for chemical dependents. The city health services who takes care of this patients are: the Psychosocial Care Center (CAPS I) and the Medical Specialties Center (CEM).

The Dependency Syndrome is defined at CID 10 - International Diseases Classification Version 2008 - as the set of physiological or cognitive and behavioral phenomena, in which the use of a substance reaches a priority much higher for a given individual than other behaviors considered before [2].

In the face of a population with physical and psychological problems, due to the abusive use

of drugs, the need of professionals prepared to serve them is notorious. Chemical dependence for its severity and complexity requires more than one CAPS and CEM for rehabilitation of these patients.

The people with mental disorders and behavioral deficits due to abusive use of drugs need a network of services committed to health breeding.

Both primary health attention and hospital care must be provided of professionals trained to conduct a quality and free of prejudice service.

The National Drug Policy has as premise the strive for the ideal of achieving a society protected from drug use, raising awareness on the society of a social harm that is generated, aiming its consequences. The health promotion must occur in an integrated and individualized manner, so that abstinence is not the only viable and possible goal to users [3].

The interdisciplinary nature, by engaging the dignity on dealing with the customer, integrally, knowing how to respect the patient's space, tends to be the best strategy for the chemical dependent care. The chemical dependent person brings together a set of characteristics, marked by affective, financial and moral values losses[4].

For this reason, these patients' needs an interdisciplinary customer service, with the provision

of care, in which the professionals are representatives of various branch of knowledge. Providing different types of care to one customer, with common purpose of studying somatic and psychosocial interactions in order to find appropriate methods for integrative practice, focusing on the health-disease process [5].

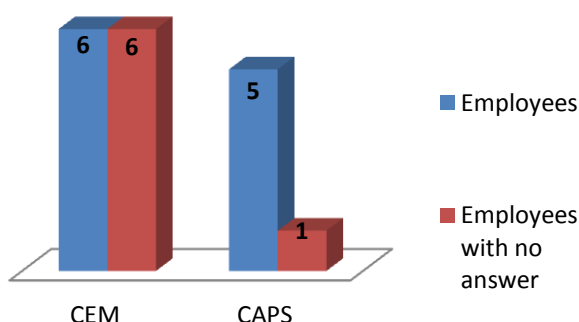
Therefore, both treatment and prevention in chemical dependence are urgent needs. The necessity to achieve an integrated approach to health care is becoming increasingly essential. The patient should be seen as a whole, because the psychological, functional and social alterations interfere on the individual's health and quality of life. The interdisciplinary teams, which, by definition, must be multidisciplinary, develop a patient assessment in their area of expertise. The logic of interdisciplinarity strengthens the assumption that health is a subject for many professionals. Different capabilities can pull out the knowledge of each professional to improve the care provided to the chemical dependent.

In this context, this study aims to evaluate the perception and acting of the interdisciplinary team attending drug dependents in specialized network of mental health of Sinop, Mato Grosso.

Results and discussion

The work units where the research took place, at CEM, had an amount of 12 (twelve) professionals and 6 (six) of them did not want to participate. In CAPS the team is composed of 6 (six) professionals, and only two refused to participate in the research, as shown in Table I.

Table I: Regarding the work unit and which one responded to interview.



This makes us look at the supposed difficulty that some professionals have to respond when asked about the current occupation of work. Since the workplace that occupy today was not always by choice and sometimes by causes as relocation or even to complete the team, this fact will be discussed later.

Chemical dependence, despite being considered by CID 10 - 2008 version as a mental and behavioral disorder and that, therefore, the patients require physical and psychic treatment, it is still not recognized as such by the managers and health professionals. This fact is confirmed by the acknowledged deficiency of qualified services to care for drug dependents, by the lack of investment in training and prepare of professionals for this approach.

Because chemical dependent can be poorly understood even by health professionals, the diagnosis is performed with great difficulty and with that, many uncertainties come at the time of receiving and treating this patient. However, this acceptance must be carried out at all levels of care, specialized or not, emphasizing that in Brazil the units of treatment of users with mental illnesses is still scarce, leading users to seek health units of primary attention that supposedly has no groundwork to perform this service.

It is suggested that the trainings should be carried out through activities of the Human Resources Permanent Training Program for attention services of drug dependents at SUS program of Ministry of Health. With this, not only professionals who are part of the healthcare teams of CAPS should be favored, but also those who provide care in units of primary level [6].

It was held a listing of all professionals that fill the framework of teams from each unit. Table II describes this reality; however, it is the insufficiency of professionals more evident in the CEM unit, which does not have a social worker or occupational therapist.

Table II: Occupation of the interviewed at CEM and CAPS

Occupation	Number	%
CEM		
Nurse	1	8,3
Psychologist	2	16,6
Nursing Technician	3	25
Social Worker	0	0
Occupational Therapist.	0	0
No answer	6	50
CAPS		
Nurse	1	14,29
Psychologist	1	14,29
Nursing Technician	1	14,29
Social Worker	1	14,29
Occupacional	1	14,29
Therapist	1	14,29
Doctor	1	14,29

It was noted that in CAPS, as well as at CEM that the number of professionals is not suitable, because the Decree GM no 336/2002 describes that the CAPS I must contain a minimal technical team to work at the attendance of 20 (twenty) patients per shift, with the following

composition: 01 (one) doctor with mental health training; 01 (one) nurse; 03 (three) higher level professionals, among the following professional categories: psychologist, social worker, occupational therapist, educator or other professional necessary to therapeutic project; and 04 (four) technical level professionals: nursing assistant and/or technician, administrative technician, education technician and craftsman [7].

The Decree GM no 336/2002 recommends a minimum of professionals needed for the quality of service to users intending to promote psychosocial rehabilitation [6], and suggests that the treatment of chemical dependence is different, because the assistance and care planning should be carried out in conjunction with entire interdisciplinary team.

It is observed in this study that both the CEM and CAPS are not with a proper framework of employees, and may thereby jeopardizing the assistance quality. It was concluded that since the changes in the psychiatric reform, the speech of innovation is always mentioned upon; therefore, it is necessary to rediscover the true meaning of mental health care. Professionals should be sufficient in number in the team and aware of changes and considering which will help to offer a humanized assistance[8].

When an interdisciplinary assistance is considered, the service is related to all staff and later the same perform an integration to delineate strategies collectively, which will enable a quality treatment. Farther, it can be acquainted that the team attendance is essential to perform a humanized health care and that gathering several professionals of different specialties enables a positive aspect in assistance[5].

A relevant point observed in the survey is that many professionals are working in these sectors not by choice but because they were exchanged for units as shown in Table III; at CEM, this fact is more pronounced, because 41.6% are working in this service because they have been assigned from another unit, which leads us to believe that these professionals would possibly be unhappy with the occupation, and this undoubtedly ends up interfering in some cases on the achievement of quality assistance.

Table III: Reason to work at CEM or CAPS

	Number	%
CEM		
Specialized Education	0	0
Association, aim for specialized education	1	8,3
Single job option	0	0
Assigned from other unit	5	41,6
No answer	6	50
CAPS		
Specialized Education	3	50
Association, aim for specialized education	2	33,3
Single job option	0	0
Assigned from other unit	0	0

No answer	1	16,6
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At CAPS, the result is different: 33.3% responded that they are working at this facility because they identify with the service provided, and a point even more positive is that they show willingness to specialize in the area. With this, the assistance provided is with no doubt competent and humanized.

At all times, the necessity for professionals to receive proper training can be noted, so it is believed that this would be a significant improvement in assistance, which would cause a consequent increase in adherence to treatment and lower rates of relapse. In Table IV, at CEM, only 16.6% of professionals have post-graduation courses, even though a low percentage of the specializations are specific in Mental Health.

Table IV: Respondents specialization in Mental Health

Specialization	Number	%
CEM		
Post-Graduation	2	16,6
Master Degree	0	0
Doctorate Degree	0	0
Hour Course	2	16,6
Day Course	0	0
None	2	16,6
No answer	6	50
CAPS		
Post-Graduation	3	50
Master Degree	0	0
Doctorate Degree	0	0
Hour Course	2	33,3
Day Course	0	0
None	0	0
No answer	1	16,6

At CAPS, it is shown that 50% of professionals have graduation courses in Mental Health. However, in this case a question concerns us: the fact that they were professionals who attend in an area that is specialized in mental health, showing, then, an unsatisfactory outcome. It is up to the managers to identify the necessity for preparatory courses, forwarding or allowing them to conduct a post-graduate degree with a view to professional preparation, in order to deal with the drug dependents who suffer with this mental disorder.

When questioned at CEM which professionals were in front of a chemical dependent, it shows that 16.6% already had some type of contact at assistance, but found difficulties because they do not have an initial prepare. In Table V, better results are shown. Since CEM is a place that provides specialized treatment and not only patients with mental disorders, the data showed that only 17% of professionals already had this type of contact. However, at CAPS, which has a specific service type, 92% of the professionals have performed this type of assistance.

It is believed that an assistance specialized service for drug dependents as the CAPS leaves the chemical dependents more comfortable, because when they are in contact with people who do not have or never had problems with abuse of psychoactive substances, the discomfort and lack of empathy is inevitable. Many times patients suffer prejudice from a part of the population that remains misinformed about chemical dependence and this ends up hindering the psychosocial rehabilitation and social reintegration of these patients.

Table V: Interviewees' answers when questioned about attending directly a chemical dependent

	Number	%
CEM		
Yes	2	16,6
No	4	33,3
No answer	6	50
CAPS		
Yes	5	83,3
No	0	0
No answer	1	16,6

It is an urgent necessity to make the professional increasingly instructed and capable to perform proper assistance for these patients, but emphasizes that the population must be provided with information and clarifications in order to minimize the likelihood of exclusion of those who needs assistance [6].

Table VI shows the feelings of the professionals when performing this service.

Table VI: Feeling of the interviewees over assistance to the chemical dependent

Specialization	Number	%
CEM		
Fear	0	0
Anguish	1	8,3
Normal	4	33
Other What?	0	0
No answer	6	50
CAPS		
Fear	0	0
Anguish	0	0
Normal	4	66,6
Other. What?	1	16,6
No answer	0	0

At CEM, 33% of professionals responded that they feel comfortable in the approach of drug dependents and 8.3% present anguish when they perform the assistance. The surprise in both units is that at no time the fear was something presented before the assistance, and it shows that the professionals are able to treat patients in humanely.

Since the professionals provide a constant assistance for the patients dependent on chemicals

(there is a great demand for drug dependents in CAPS), they are comfortable while performing the approach to the patients; at CAPS, 66% of the professionals declare being comfortable in fulfilling the service.

Observing the attendance characterization of the chemical dependence, the respondents generally declare limitations and difficulties: they inform to believe that this approach is of utmost importance for the successful treatment, and also for the establishment of therapeutic bonding with the patient. With this bond, the patient will feel supported by the health team and understand it is possible to seek help, like so minimizing the abandonment of treatment and relapses.

This approach should be held with as much caution as possible, because at that moment any insecurity that the patient may feel can deviate the same from the health unit. It is also suggested to seek for family support and people that the chemical dependent can trust; with this, the network support will be strengthened once the professional does not remain in full time with the patient. This support network should help the chemical dependent to establish, and also help the patient with psychological support, at the time of abstinence crisis, in identifying risk situations for relapse, in relapse, among others.

The applied discursive question referring to how professionals see themselves before this attendance, it should be emphasized the CAPS professionals' discontent when they report:

"Disappointing because we are the only unit which provides assistance to chemical dependent. The necessity to strengthen the network of care is required" and "there is a necessity to perform work in a multidisciplinary team, enabling to deal with the frustrations and relapses."

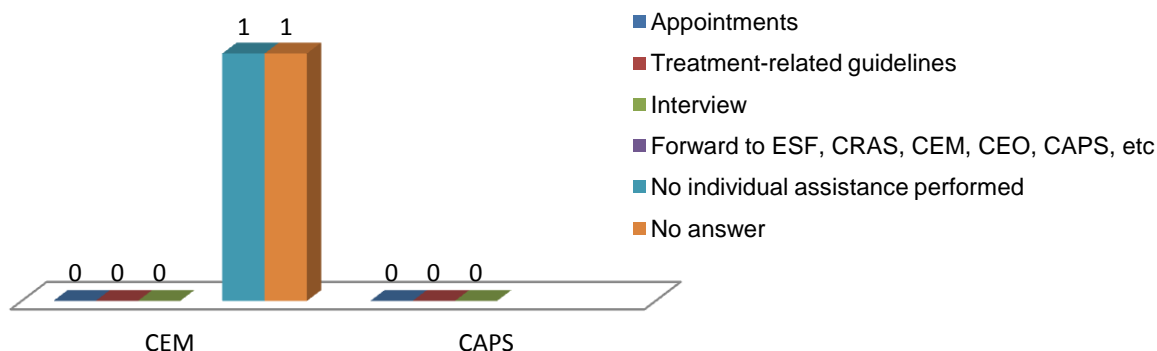
It should be recognized that the CAPS should not be the only unit prepared to attend these patients, the specialization should be extended to primary and hospital assistance for the drug dependents feel embraced in every area of health. The psychosocial healthcare assistance must be performed in an intensified and continuous manner; the outlined strategies should involve all health professionals and also the population.

It is of utmost importance to the achievement of educational measures such as lectures and seminars for discussion aiming the population enlightenment on damage to health caused by alcohol and other drugs. These actions as well as to promote habits of healthier lifestyles and prevent chemical dependency in the community, they will also help to minimize the prejudice and discrimination, and with that promoting the social reintegration of drug dependents.

In Table VII, it shows how this service is performed as soon as the patient arrives at the health unit, when the patient is led to another

treatment, and when the assistance is performed on site.

Table VII: Individual assistance: actions performed with patients.



At CEM, as in CAPS, the forwarding to other units were not identified. When asked about the assistance performance in groups of drug dependents at CEM, it was responded that it is not performed.

At CAPS, there are groups and workshops, other actions such as home visits, active search for absentees, monitoring in drugs use, family supervision, and control of presence at the activities. It was identified that these activities occur routinely, because they are part of the therapeutic plan for chemical dependence, established by the unit.

In conclusion, the study claims that the professional should change the posture regarding the assistance to chemical dependents and increase the number of services able to assist these patients, since it identifies a significant number of dependent on alcohol and other drugs in our city[9].

Conclusion

The results of this study indicate that the capacitation of professionals for drug dependents assistance is fundamental, in both primary care institutions, hospital units, as in the specialized networks in the city. In order for health professionals to be able to deal with the peculiarities of the chemical dependent (abstinence crisis, relapse and evasions) it is necessary that these professionals are progressively specialized.

That said, a low percentage of specialized professionals for the treatment in chemical dependence was identified, but it is important to emphasize that it is in the interest of these professionals the improvement of skills on the provided assistance.

On the other hand, the interdisciplinary assistance has proved to be the best option to achieve a decent and humanized attendance; this type of assistance is real when various health professionals such as nurses, doctors, psychologists, occupational therapists, social workers and nurses technicians come together to support the treatment of one single patient.

It should be pointed out, however, that the interdisciplinarity in the health services studied is still far from being a reality: still there is a long way to go in the direction of the desired interdisciplinary work. Professionals should be perceptive about the necessity for changes and reflections that may assist in receiving these patients. It is clear that if these professionals are willing, together strategies can be drawn, in order to deliver a better quality of life to the patient, as well as offering a dignified and quality assistance.

It is clear that the success of the treatment in chemical dependence occurs when there is an interdisciplinary work, a team engaged in the same goal, health promotion and harm reduction. Thus, it is important to achieve greater investments in treatment to chemical dependent, for the expansion of eligible services for this assistance and, also, the promotion of more research related to the therapy, because the number of patients is increasing in Brazil every year.

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