



RESEARCH

Characterization of users of a psychosocial care center of the city of Teresina-PI

Caracterização dos usuários de um centro de atenção psicossocial do município de Teresina-PI*

Caracterización de los usuarios de un centro de atención psicosocial del municipio Teresina-PI

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ABSTRACT

Objective: Describe the profile of users that require monitoring at CAPS III. Identify the variables and history of hospitalization of users CAPS III. Levantar the most prevalent diagnosis among those who require hospitalization even being followed at CAPS III. **Method:** It is about a descriptive research, in a retrospective quantitative approach. The study was conducted at the Center for Psychosocial Care (CAPS III). A questionnaire for data collection, with closed questions was used. **Results:** The data collected were analyzed using descriptive statistics and the results were presented in tables. **Conclusion:** The data may indicate the profile of the users of CAPS III, indicates that most of the users are male, are aged between 41-50 years, are single, with incomplete primary education, do not work, are referred from other hospitals, have no history of psychiatric hospitalizations and the most frequent diagnosis are schizophrenia, and delusional disorder schizothymes'. **Descriptors:** Mental hospital, CAPS, Mental health.

RESUMO

Objetivo: Caracterizar os usuários de um Centro de Atenção Psicossocial (CAPS III) do município de Teresina-PI. **Método:** Trata-se de uma pesquisa descritiva, retrospectiva, com abordagem quantitativa. O estudo foi realizado no CAPS III. Utilizado um questionário para coleta de dados, contendo questões fechadas. **Resultados:** Os dados coletados foram analisados por meio de estatísticas descritivas e os resultados apresentados em forma de tabelas. **Conclusão:** O perfil dos usuários do CAPS III é do sexo masculino, faixa etária de 41-50 anos, solteiros, com ensino fundamental incompleto, não trabalham, encaminhados de outros serviços, não tem história de internações psiquiátricas e o diagnóstico mais frequente é a esquizofrenia, transtorno equizotipico e delirantes. **Descritores:** Hospital psiquiátrico, CAPS, Saúde mental.

RESUMEN

Objetivo: Caracterizar los usuarios de un Centro de Atención Psicosocial (CAPS III) del municipio de Teresina-PI. **Método:** Tratase de una búsqueda descriptiva, retrospectiva, con abordaje cuantitativo. El estudio fue realizado en CAPS III. Utilizado un cuestionario para recoger datos, con preguntas cerradas. **Resultados:** Los datos fueron analizados utilizando estadísticas descriptivas y los resultados presentados en tablas. **Conclusión:** El perfil de los usuarios de CAPS III es del género masculino, con edades entre 41 a 50 años, solteros, con educación primaria incompleta, no trabajan, referidos de otros servicios, no tienen antecedentes de hospitalizaciones psiquiátricas y el diagnóstico más frecuente es la esquizofrenia, equizotipico y el delirantes. **Descriptor:** Hospital psiquiátrico, CAPS, Salud mental.

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INTRODUCTION

It is estimated that currently about 450 million people worldwide suffer from mental, or neurobiological, psychosocial disorders as well as problems related to the abuse of alcohol and drugs.

In Brazil, since existing public policies in mental health have on the rights of the individual and redirect the assistance model of mental health states and municipalities must conduct a mental health policy fair, inclusion, non-hospital community-based. Managers should allow technical and political conditions that guarantee the right to treatment, the organization of a network of integral health care through sanitary and social-cultural devices that integrate multiple dimensions of individual's life.¹

In Brazil, Law 10,216 of April 6, 2001 provides for the protection and rights of people with mental disorders and redirects the mental health care model. This law presents a proposal for protection of people with mental disorders, defines their rights and intends to redirect the model of mental health care.²

The hospital-centered model began to be replaced by a network of services and varied equipment such as Psychosocial Care Center, the Therapeutic Residential Services (SRT), the Centers for Living and Culture and integral care beds (in general hospitals in CAPS III). Besides these has also the Return Home program that provides scholarships for graduates of long admissions to psychiatric hospitals, which also is part of the Mental Health Policy, supported by Law 10.216/01.³

The rights of people with mental disorders include the care and respect. If the person needs help or treatment, the State may admit it to receive assistance required, considering, ultimately, that he is the guardian of orphans, J. res.: fundam. care. online 2013.dec. 5(6):268-274

Characterization of users of a psychosocial... patients with idiocy or mental weakness and abandoned. There are three types of hospitalization in psychiatry: voluntary, it is with the consent of the user, involuntarily, when it is done without the user's consent and at the request of others, compulsory, that is determined by the court. Even if the admission is involuntary or compulsory, involuntary treatment may only be imposed on the customer to meet the best interests of his needs.⁴

The goal of hospitalization is to intervene in the crisis and control it in order to stabilize critically ill patients and ensure their safety and of others. Once determined need for hospitalization, the doctor is obliged to inform the patient about the proposed conduct, and guarantee the right to free will, even, though, supposedly not understand the fact.⁵

To concretely change the daily life of people suffering from mental disorders would be necessary joint actions of the public authorities at all levels (federal, state and municipal) and private services, because these disorders, such as depression, schizophrenia, epilepsy, abuse of drugs and other substances cause enormous suffering for those affected, thereby increasing their vulnerability and lead them to greater poverty.⁶

Considering the above, it was defined as the object for this study the characterization of the users of a Psychosocial Care Center of the city of Teresina-PI.

Therefore the following guiding question of this study has been: Which are the characterization of users of a Psychosocial Care Center? And the objective: To characterize the users of a Psychosocial Care Center.

METHODOLOGY

This is a descriptive, retrospective study with a quantitative approach. The descriptive research observes, records, analyzes and correlates

Coêlho LS, Miranda FM, Landim CAP *et al.* facts or phenomena without manipulating them. Seeks to discover, with the greatest possible accuracy, the frequency with which a phenomenon occurs, their relation and connection with others, its nature and characteristics. Search to know various situations and relationships in the social, political, economic and other aspects of human behavior, both individual taking separately as groups and more complex communities.⁷

Research is a retrospective celebration of events occurred, usually organized at the end of the year regarding the events that occurred during that year. Allows the determination of direction of events (what happened before and what happened after) and show little variability in the nature of the data.⁸

The research was conducted at the Center for Psychosocial Care (CAPS III) located in the south of Teresina-PI. The service takes place at three levels, the first is intensive in that the user stays all day in psychosocial care center until the situation normalizes. The second is the semi-intensive, in which the user is accepted and receives monitoring three times a week, Monday to Friday, and the third is the non-intensive, with accompaniment in average three times a month. Its differential is assistance for those patients whose crisis or clinical status demands a continuous attention. If the crisis is acute and has no family support to take him home, so he is admitted to spend the night on which is also fed and medicated.

The study populations were all users of CAPS III older than 18 years, of both sexes, who began monitoring in the psychosocial care center in 2012. Those who did not agree with these inclusion criteria were excluded.

The study variables were gender, age, marital status, origin, schooling, occupation, history of hospitalization, number of times and

Characterization of users of a psychosocial... more frequent mental disorders according to ICD-10.

A form used as an instrument to collect data from the files of users of psychosocial care center CAPS was developed.

The form is an informal list, catalog or inventory, for the collection of data resulting from observations or questions, and its filling is made by the investigator himself.⁷

Among the advantages that the form displays, we can highlight the direct assistance of the researcher, the ability to contain more complex questions and ensuring uniformity in the interpretation of data and criteria by which they are provided.

Data collection occurred in august 2013 in time from 08:00 to 12:00, using a room / office CAPS III. The medical records of all users who started treatment in psychosocial care center CAPS III in 2012 were separated and individually analyzed to enable the completion of the form that contains closed questions relating to characterize the subjects, need for psychiatric hospitalization, reasons for hospitalization CID, among others.

The collected data were typed within the period specified in the Word program. This is a descriptive statistical analysis using tables to compile the data.

The project was submitted to the ethics committee of the Municipal Health Foundation (FMS) as Protocol 0450012.499/13 and the Ethics Committee of Universidade Paulista (UNIP) which was approved with CAAE: 19429113.3.0000.5512. Data collection was initiated only after authorization from the CAPS and the ethics committee of FMS.

The research was conducted from medical records and there was no need for the Term of Free and Informed Consent Form (ICF). The project is in accordance with Resolution 466/2012, This resolution incorporates the perspective of the the

Coêlho LS, Miranda FM, Landim CAP *et al.* individual and communities, principles of bioethics, such as autonomy, non-maleficence, beneficence, justice and equity, among others, and aims to ensure the rights and duties with respect to the research participants, the scientific community and the state. In accordance with Article IV.8 - In cases in which it is not feasible to obtain the Statement of Consent or this obtaining means substantial risks to privacy and confidentiality of the participant or the bonds of trust between researcher and researched, dispensation of informed consent must be reasonably requested by the researcher responsible to the System CEP / CONEP for consideration, without prejudice to subsequent clarification process. Research projects involving human subjects must satisfy to this Resolution.

RESULTS AND DISCUSSION

The current landscape of public policy in mental health in the country has achieved great resoluteness with the improvement of the quality and diversity of assistance applied as a result of Fight Movement anti-asylum and the Brazilian Psychiatric Reform, and with sanction of Law 10.216/01, which provides on the guarantee and protection of the Holders of Mental Disorders.

All this mobilization in defense of a assistance policy to the production of user autonomy and their social reintegration assistance policy resulted in the creation of substitute services, among them is the psychosocial care center.

The study sample was composed of 83 (100%) medical records of the Center for Psychosocial Care (CAPS III) Teresina-PI. All cases opened in the year 2012 were analyzed. The surveyed items were taken from the records used currently in service.

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Table 1 - Profile of Members of the CAPS III Teresina / PI, 2012 (n = 83)

GENDER	N	%
Female	35	42%
Male	48	58%
AGE (IN YEARS)		
18 - 20 years	1	1,2%
21 - 30 years	17	20,5%
31 - 40 years	17	20,5%
41 - 50 years	26	31,2%
51 - 60 years	13	15,6%
60 and up	9	11%
MARITAL STATUS		
Single	46	55,5%
Married	16	19,3%
Separated or divorced	11	13,2 %
Widower	8	9,6%
Stable union	1	1,2%
Not specified	1	1,2%
EDUCATION		
Illiterate	12	14,5%
Elementary education incomplete	26	31,3%
Complete elementary education	3	3,6%
Incomplete high school	11	13,3%
Full high school	16	19,3%
Higher education incomplete	5	6%
Higher education full	2	2,4%
Not specified	8	9,6%
OCCUPATION		
Employed	1	1,2%
Independent	3	3,6%
Retired	13	15,7%
Farm worker	2	2,4%
Not working	38	45,8%
Other	20	24,1%
Not specified	6	7,2%
ORIGIN		
Spontaneous	23	27,7%
Primary care	7	8,5%
Psychiatric hospital	17	20,5%
General hospital	2	2,4%
Outpatient	2	2,4%
Other	26	31,3%
Not specified	6	7,2%
HISTORY OF HOSPITALIZATION IN PSYCHIATRIC HOSPITAL		
Yes	38	45,8%
No	39	47%
Not specified	6	7,2%

Source: CAPS III medical records of the year 2012

According to Table 1 it was found that 48 (58%) of CAPS III users are male and 35 (42%) are female, with regards to their age we distribute in descending order as follows: 26 (31 2%) 41-50 years 17 (20.5%) 31-40 years 17 (20.5%) 21-30 years 13 (15.6%) of 51-60 years 9 (11%) greater than 60 years and 1 (1.2%) of 18-20 years. It was observed that 46 (55.5%) of users CAPS III declare their marital status as single, 16 (19.3%) say they are married, 11 (13.2%) say they are separated or divorced, 8 (9, 6%) say they are widowed, 1 (1.2%) claim to be in a stable marriage and 1 (1.2%) did not specify their marital status.

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Table 2 - Psychiatric Hospitalization Teresina / PI 2012 (n = 38)

NUMBER OF TIMES HOSPITALIZATIONS	N	%
A 1-5	22	57,9%
A 6 - 10	1	2,6%
Over 10	15	39,5%
DIAGNOSIS		
Schizophrenia, schizotypal and delusional disorders	16	42,1
Mental retardation	6	15,8%
Mental disorders resulting from injury and brain dysfunction and physical illness	1	2,6%
Mood disorder (affective)	11	29%
Without diagnosis	4	10,5%

Source: CAPS III medical records of the year 2012

According to the research conducted, we found that the highest rate among service users are men. Men predominate over women in the case of mental, physical and hearing handicap. Are more vulnerable to disease, especially the serious and chronic illnesses and die earlier than women.⁹

The study shows that singles is prevalent among users. Married people get sick less, eat and sleep better than single. Married men have a confidante in companion with whom they share problems that would not be discussed with anyone.¹⁰

As to item schooling was featured in 26 (31.3%) had incomplete primary education 16 (19.3%) have completed high school, 12 (14.5%) are illiterate, 11 (13.3%) have education incomplete high school, 8 (9.6%) did not specify, 5 (6%) had not completed, 3 higher education (3.6%) have completed primary school and 2 (2.4%) have completed higher education.

Based on the research that identified the largest number of users has only elementary education incomplete (31.3%) are of the total sample. The level of education is seen as crucial element to be assessed both in the analysis of the determinants of health as the population approach J. res.: fundam. care. online 2013.dec. 5(6):268-274

Characterization of users of a psychosocial... to the development of practical promotion, prevention and health recovery. Varying conditions of health care are directly influenced by education. The low level of education can adversely affect the formulation of concepts of self treatment.¹¹

It was found that 38 (45.8%) of users do not work, 20 (24.1%) reported "other", 13 (15.7%) are retired, 6 (7.2%) did not specify, 3 (3.6%) are autonomous, 2 (2.4%) are rural workers and 1 (1.2%) are salaried. In item origin was found that 26 (31.3%) were classified as "other", 23 (27.7%) reported spontaneous as the search for the service, 17 (20.5%) stated that they had been referred to psychiatric hospital, 7 (8.5%) were referred from primary care, 6 (7.2%) did not specify, 2 (2.4%) come from general hospitals and 2 (2.4%) come from clinics. About 39 (47%) of the patients seen at CAPS III has no history of admission to psychiatric hospital, 38 (45.8%) had been admitted to psychiatric and 6 (7.2%) hospitals did not specify a history of psychiatric hospitalization.

Table 2 represents the users of CAPS III who had psychiatric hospitalizations, the results were as follows: Sample of 38 patients (100%). It was observed that 22 (57.9%) of users have already had 1-5 admissions, 15 (39.5%) had more than 10 hospitalizations and 1 (2.6%) had 6-10 admissions.

Regarding diagnoses was identified that 16 (42.1%) was related to schizophrenia, schizotypal and delusional disorders, 11 (29%) related to mood disorders (affective), 6 (15.8%) related to mental retardation, 4 (10.5%) reported as undiagnosed and 1 (2.6%) related to mental disorders due to brain damage and dysfunction and to physical disease.

Research shows that the highest rate of causes of psychiatric hospitalization is Schizophrenia, schizotypal and delusional disorders. Schizophrenia is a mental illness most studied in the world and there are scientific breakthroughs that have contributed to a better

Coêlho LS, Miranda FM, Landim CAP *et al.* understanding of the disease. Many groups around the world investigate various aspects of schizophrenia, such as symptoms, drug treatment, techniques of psychotherapy, and psychosocial approach neurocognitive, brain function, brain development during growth of the person, by means of genetic study of chromosomes and how they affect the disease and social aspects of schizophrenia, particularly the stigma associated with the disease.¹²

Among the types of schizophrenia found in the research we define paranoid schizophrenia (F20.0) considered the most common form of the disease. It is characterized by persistent delusions, usually of paranoid type, or persecution, self reference, jealousy and behavioral changes, accompanied by hallucinations, especially hearing, and perceptual disorders. In hebephrenic schizophrenia (F20.1), is mainly altered the affectivity of patients with delusions and hallucinations fragmented, bizarre and childish behavior and mannerism. In hebephrenic schizophrenia (F20.1), is mainly altered affectivity patients with delusions and hallucinations fragmented, bizarre and childish behavior and mannerism. The affection is inappropriate or superficial, with unmotivated laughter. Thought is disorganized, and speech depleted. Residual schizophrenia (F20.5) is the chronic stage of schizophrenia, in which there was a clear progression from an initial framework for a late framework in which occur predominantly "negative" symptoms.

CONCLUSION

The results indicate the characterization of users of CAPS III. Most users are male, aged 41-50 years, single, incomplete primary education, no work, are referred from other hospitals, has no history of psychiatric hospitalizations, with

Characterization of users of a psychosocial... frequent diagnosis of schizophrenia, schizotypal disorder and delusional.

It can be observed that the psychiatric reform took effect, since users are monitored and have a good adaptation to the service. We have as a good indicator last psychiatric hospitalization occurred among users of CAPS III was in 2008, as found in the records searched in the year 2012. This confirms the reintegration of society and users decreased admissions to psychiatric hospitals.

It can be concluded that the CAPS III is a service that provides daily care people with mental disorders, conduct clinical and social reintegration monitoring, promoting workability, exercise of civil rights and strengthening family and community ties.

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