

## Professional Conception of a Unit of Psychiatric Hospitalization of Adolescents about Mental Health Care

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**Abstract**

**Objective:** *this study aims to identify the conception of health professionals in a psychiatric ward for adolescents about mental health care.*

**Methodology:** *this is a qualitative study of exploratory and descriptive, developed in a unit of juvenile psychiatric hospitalization. The study subjects were 20 professionals who worked on this unit. Data were collected through semi-structured interviews, which were recorded and transcribed verbatim. Data were analyzed according to thematic analysis Minayo (2007).*

**Results and Discussion:** *data analysis resulted in two themes: conceptions of the professionals about mental health care and characterization of mental health care provided by professionals.*

**Conclusions:** *Professionals conceive care comprehensively, surpassing exclusively biological concepts that involves mental health care. The results show professionals that seek develop an skilled assistance according to the needs of adolescent.*

**Descriptors:** *Mental health, adolescence and health professionals.*

**1. Introduction**

Adolescence is a phase characterized by biological changes of puberty, ie, changes in body proportions, facial features, voice, body hair, strength and coordination in boys, besides the growth of breasts and the onset of menarche in girls. These changes follow a series of behavioral changes required to the young: requires him to assume new responsibilities in the studies, in family life, and thus, begin to experience greater autonomy<sup>1</sup>.

This period of transformation is fundamental to the development of adolescents and therefore it is important that health professionals stay tuned and willing to meet the needs of this population. The care practiced by healthcare professionals with adolescents should be directed to meet the needs, complexities and peculiarities of their demands, in the care plan, protection and recovery health<sup>2</sup>.

We believe that caring signify being together with each other, share experiences lived to build, guide and interact through sincere dialogue and careful listening, taking account of the wishes, values and feelings expressed according to the needs of the individual. Care is more than an act, it is an attitude. Therefore, it covers more than one moment of attention, zeal and devotion. Represents an attitude of occupation, concern, friendliness and accountability with each other<sup>3</sup>.

It is important that health professionals establish a trust and bond with the person who will be cared for, searching for a service that most closely matches the user's needs and encourages the participation and autonomy in their treatment of the same. The link with users expands the shares offered by the health service, encouraging the participation of these individuals when providing care<sup>4</sup>.

Thus, the objective was to study the conceptions of health professionals in a psychiatric ward for adolescents about mental health care.

**Metodology**

This is a qualitative study of exploratory and descriptive, developed in a unit of juvenile psychiatric hospitalization, in Porto Alegre, Rio Grande do Sul, Brazil.

The study subjects were 20 professionals who worked in the said unit including: an occupational therapist, a social worker, a physical education teacher, a nurse, a psychopedagogists, a neurologist doctor, a psychiatrist, a pediatric physician and twelve nursing technicians.

Data were collected through semi-structured interviews, which were recorded and transcribed. Data were analyzed according to thematic analysis<sup>5</sup>. From the data analysis, two themes emerged: professional

concepts of the inpatient unit of the mental health care and the characterization of mental health care provided by professionals. In this article, we present the two themes mentioned above.

Ethical principles were adhered to in accordance with Resolution No. 196/1996<sup>6</sup>. The project was approved by the Ethics Committee in Research of the Psychiatric Hospital St. Peter in the Department of Health and Environment of the State of Rio Grande do Sul, under No. 10033 and all participants signed an Informed Consent.

## Results and Discussion

### *Conceptions of the professionals about mental health care*

The conceptions of the professionals about mental health care in the psychiatric ward goes beyond the issue of mental disorder, surpassing the exclusively biological character, turning his gaze to the subject in psychological distress. Thus, is constituted as an extended care that is guided by relational technologies such as dialogue, listening and therapeutic bond.

The relational technologies are classified as lightweight type technologies, which are produced from live work in action and condense itself relations of interaction and subjectivity, enabling autonomy, understood here as the ability of the individual to lead your own life<sup>7</sup>.

In the encounter between user and professional, it is important that the provider can perform a sincere dialogue and listening carefully, trying to accommodate the real needs and demands of individuals in psychological distress.

Acceptance, dialogue and listening are practices that develop together, and are difficult to establish a separation between them. Together, provide for the establishment of an intimate moment of interpersonal relationship and mutual exchange between the involved<sup>8</sup>.

These health practices help to minimize the problem, since it allows the person in psychological distress the opportunity to talk about their experience and thus may be able to better reflect on their situation and reorganize itself psychically. Particularly when it comes to teenagers, these health practices become crucial for mental health care, since it is a population in phase of discovery and diverse needs.

Adolescence is a time of many physical, cognitive and psychosocial changes, that drive the individual for a period of search for new discoveries. These findings are reflected in the physical aspect of hormonal changes and body characteristics, as the psychological aspect with many doubts and questions on how to live life, ways of being and being with others, to build the future with career choices.

In the speech mentioned below is possible realize that professionals are available to talk, listen and accommodate the demands of teenagers.

*[...] Care is affection, listen, listen, to discuss and create bond, while keeping limits, rules for teen power to reorganize [...] (E1)*

*[...] Care is to talk, listen, try to understand, lend a hand, it is necessary to set limits, rules, attention, teenagers are not heard nor has limits out there ... during the hospital they go improve hundred percent [...] (E2)*

It is noteworthy that professionals perceive to be important during hospitalization, define the limits and establish rules and routines of daily life.

According Serrão e Baleeiro (1999) is important for professional establish with teenagers, basic rules of coexistence with others and clear, fair and objective limits firmly and affective way.

Another issue highlighted was the importance of building the therapeutic relationship, which stems from a relationship of trust between the professional and the adolescent, allowing that there is a space for listening, acceptance and dialogue. Thus, it is possible that the person in psychological distress can feel welcomed, finding spaces to express their doubts, fears and desires.

The establishment of a bond may facilitate the partnership between the user and the health care professional, because, through this relationship, it is possible to establish a more human and natural connection, that search an attendance that best approximates the needs of users<sup>10</sup>.

The statements below summarize how professionals are keen to talk, and how this interaction between staff and teenagers can establish the connection and trust and qualify the assistance provided.

*[...] care is a matter of bond, identifications of adolescents with professionals for care to be more effective [...] (E6)*

*[...] Stay close to them, listen enough, they will form a bond with us and will naturally talking and asking care [...] (E9)*

Care involves tasks like listening, dialogue, feel, touch and help each other in the activities in which he presents difficulties and requires the caregiver knowledge, empathy and sensitivity<sup>11</sup>.

Is possible to realize, from the speech of professionals, that dialogue, the listening are technologies used at all times during hospitalization. Associated with these health practices, the therapeutic bond is established between professionals and teens. This set of relational technologies used by professionals, during hospitalization, may enable the exchange of knowledge and the construction of autonomy, through shared responsibility among those involved.

During the period of stay in the psychiatric unit, the adolescent may experience moments of crisis, established, for example, by means of psychotic and aggressive outbreak. In these moments of increased fragility of psychological distress in adolescents, professionals should act to minimize this suffering, respecting the time and the experience of each and considering the individuality of each adolescent.

The professional who performs the service must have its crisis intervention based on posture support. This means that you should not restrict your use of psychiatric care, but mainly resort the talk and the therapeutic listening, keeping welcoming attitude towards the individual in distress, preserving the respect of your individuality and your time<sup>12</sup>.

In moments of crisis in which psychomotor agitation is present in an exacerbated way, containment can be used in order to protect the patient, other patients and the staff professional.

According to the literature, there are several methods of containment: chemistry, verbal, nonverbal, affective and mechanics. In chemical restraint is used medication prescribed by the doctor in order to minimize psychological distress. In verbal restraint, the communication is the instrument between professionals and users, seeking to reassure him and providing a moment of listening. The affective containment constitutes the use of touch in the act of passing a hand on the shoulder of the user so that the person can feel accompanied in its suffering and in his anguish. Mechanical restraint is used mainly in the crises of unrest, with the ultimate goal of protecting the patient, the other patients and staff<sup>13</sup>.

In adolescent inpatient unit, these types of restraint are used in moments of crisis, jointly, ie, associated with each other, since professionals understand that can not simply contain mechanically without performing an affective control, for instance.

Thus, professionals use the conversation to explain, clearly and objectively, adolescents in crisis that what is being done in support of their care, ie the reason it was decided the kind of restraint, seeking to provide appropriate assistance.

*[...] Because you can give support at the time of the outbreak, to bring the patient back to you, just in conversation, of course have to medicate and do what is customary, but not always the containment is the best [...] (E15)*

*[...] When I'll contain, say it arrived at my limit, that is what we are talking hours and does not help, and to avoid someone gets hurt, I'll hold you [...] (E20)*

Often, the patient's reaction when passing the time of crisis, is of thanks by restraint, because it believes that this way was prevented from carrying out destructive acts.

Is important to highlight the indication of any form of restraint. The contention must be intended to protect the patient in crisis as well as other patients and team. It should not be used under any circumstances as a way to punish the patient in crisis, since it its crisis is a moment of intense psychological distress and requiring assistance and care. Furthermore, the chemical restraint and mechanical restraint are prescriptions medical.

Another point highlighted by the professionals was the importance of encouraging the self-esteem of adolescents, which includes everything from the basic nutritional care, personal hygiene, proper use of medication to attempt to rescue the appreciation itself, valuing it as a subject of desire.

I understand that self-esteem expressed a perception that the subject has of itself, considers itself capable, important and full of qualities.

Adolescence is a phase characterized by the passage of an identity crisis, in which the experiences relating to your body are shown, the choices we must make and their place in society<sup>14</sup>. This identity crisis is characteristic of adolescence, associated with psychological distress may lead adolescents to have a low self-esteem, having no confidence in their own thoughts and attitudes.

The low Self-esteem can trigger prejudice and discrimination, factors that eventually result in lack of motivation and social withdrawal<sup>15</sup>.

*[...] Making positive reinforcement in the qualities he has, then he will not stand in the negative ... We have to encourage good things for him to come to the side of good, because otherwise he will scribble wall go clubbing and if you begin to strengthen the good things he has, he will encourage you to recognize the other side [...] (E7)*

The intercession of aspects involving the self-esteem of adolescents during the period of hospitalization is one of the activities of the various professionals who make up the team. Redeem the trust and appreciation of yourself is part of mental health care, in the understanding of these professionals.

It is concluded that professionals of health conceive the care comprehensively, surpassing the exclusively biological concept that involves mental health care. Thus, using technologies such as relational acceptance, listening, dialogue and therapeutic bond, in the recovery of self-esteem, seeks to develop a skilled assistance according to the needs of adolescent.

### *Characteristics of mental health care*

Respondents reported that characterize the mental health care provided in an interdisciplinary care and involving the family. In interdisciplinary care, all professionals are responsible for treating adolescent, respecting the specificity of each area. The responsibility is shared among everyone involved in the production of care: professional, user and family, breaking with the logic-centered medical treatment.

In health work, interdisciplinary practice can be understood as a way of addressing certain situations or problems through the integration and coordination of different knowledges and practices generating a common share, valuing the knowledge and duties of each professional category<sup>16</sup>.

Interdisciplinary work provides the user a more suitable to your needs as well as service integration and better quality relationships within the team<sup>17</sup>. When the link between knowledge and practice in the care production occurs, a care quality may occur, satisfying users and professionals.

The statements described below reveal this characteristic of interdisciplinary care, appointed by professionals.

*[...] We seek to work in an interdisciplinary way, considering the specificity of each area, but can share with other colleagues, always seeking the well being of adolescents [...] (E4)*

*[...] We try to make interdisciplinary care, each within its specificity, but all trying to work together for the good of that patient [...] (E11)*

Noteworthy is an articulation between the different professions of knowledge in an attempt to seek to resolve the difficulties and demands faced in daily service. There is integration and shared vision among professionals so that, together with the adolescent, it is possible to make planning your treatment plan.

Interdisciplinarity does not nullify the specificities of each area of knowledge and no means of knowledge overlap, but implies the recognition of the limits and potential of each field of knowledge<sup>18</sup>.

We believe that developing an interdisciplinary care is to be attentive and willing to listen to his colleague, talk, share, exchange ideas, information about the teen to be careful. The look of professionals from various fields can allow are different ways to develop the treatment plan. And this way, can enlarge the scope of care actions, describing the assistance provided.

The care for professionals in the inpatient unit also involves the families of adolescents. Often, the family presents difficulties in dealing with the children, in addition to being presenting psychiatric problems, are going through a phase of transition from childhood to adulthood and therefore raise doubts and questions facing aspects as the transformation of body and drug use.

*[...] Sometimes the family does not have the support from your local authority, we have this care to look more fragile side of the family, we have to see the where the family is and why it was not supported, in order to give support [...] (E4)*

*[...] Because sometimes who needs more attention is the family who does not know how to handle their children, not the patient's own [...] (E10).*

Professionals should be attentive to the needs of these families, seeking to welcome and listen to their worries and difficulties. That's because the family can be a key ally to keep treating adolescents in the territory. The professionals have to listen to the concerns of the family, consider your opinion and encourage their participation in the whole process of care<sup>19</sup>.

The family understands that, understands and clarifies your doubts with health professionals on how to live with the person in psychological distress, therapeutic process can assist in preventing further admissions to psychiatric nature.

It is important to empathize with the difficulties of family members, seek to understand the context in which this family is inserted, is violence, lack material, affective, finally, understand its dynamics, its

functioning so that a person try to help this family of the best way possible without prejudice and discrimination.

The care with interdisciplinary family were mentioned by staff as characteristics of their care, performed daily in psychiatric ward for adolescents. We believe that the interdisciplinary care in mental health work directly reflects the quality of care provided to adolescents, who shall receive a targeted assistance to their needs.

### **Conclusions**

This study provided meet professional concepts of a psychiatric ward on mental health care, which involves the use of relational technologies, the front support to the crisis and the recovery of self-esteem. It was also possible to characterize the mental health care provided by these professionals as an interdisciplinary care and involving the family.

We believe that to the extent that health professionals are building the therapeutic relationship, through attentive listening and honest dialogue with teens, enhances the relationship between the subjects. Building the bonds of trust and respect fosters care in addition to biological issues, allowing the individual could be seen how a whole being. Thus, this individual can participate in the decisions regarding their care in partnership with their families and health professionals.

We believe that developing mental health care guided by professionals in the concepts presented in this study allows it to be offered to adolescents assistance for resolving forward their demands and particular health needs.

Include, in especially, the issue of family involvement in the treatment of adolescents, since it is known that the family is an important partner in mental health care, particularly when dealing with teenagers.

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