

THE FAMILY PERCEPTION ON MENTAL HEALTH CARE PROVIDED BY A PSYCHOSOCIAL CARE CENTER II

LA PERCEPCIÓN FAMILIAR SOBRE LA ATENCIÓN DE SALUD MENTAL PROPORCIONADA
POR UN CENTRO DE ATENCIÓN PSICOSOCIAL II

A PERCEPÇÃO FAMILIAR ACERCA DA ATENÇÃO À SAÚDE MENTAL PRESTADA POR UM
CENTRO DE ATENÇÃO PSICOSSOCIAL II

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Abstract

This study aimed to analyze the understanding of families who accompany adult users with mental disorders in a Psychosocial Care Center (CAPS) type II on the paradigms of the Brazilian Psychiatric Reform (RPB) and the new configuration of comprehensive mental health care. This is qualitative descriptive-exploratory research carried out in CAPS II, in the interior of BA with family members/caregivers participating in family groups. Fifteen family members participated, respecting the ethical issues and applied the TCLE, submitted to Content Analysis inspired by Bardin. We observed favorable and contrary positions to the BPR and lack of clarity about its proposal; recognition of the quality and satisfaction about the care offered by CAPS; weaknesses in the care offered by CAPS; lack of support from the executive management, and suggestions for improvement. We conclude that CAPS is seen as a complementary institution to mental health care, being seen as more adequate and satisfactory, due to the actions based on humanization, welcoming, and support. The valorization of the biomedical culture evidenced by the family members and the lack of adherence of users are still barriers that need to be overcome for the provision of care proposed along the lines of the CAPS.

Keywords: Interpersonal Relations; Mental Health; Psychosocial Care Center.

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Resumen

El presente estudio tiene como objetivo analizar el entendimiento de las familias que acompañan a los usuarios adultos con trastornos mentales en un Centro de Atención Psicosocial (CAPS) tipo II sobre los paradigmas de la Reforma Psiquiátrica Brasileña (RPB) y la nueva configuración de atención integral a la salud mental. Se trata de una investigación cualitativa de carácter descriptivo-exploratorio realizada en el CAPS II, en el interior de BA con familiares/cuidadores participantes de los grupos de familiares. Participaron 15 familiares, respetando las cuestiones éticas y el TCLE aplicado, sometidos al Análisis de Contenido inspirado por Bardin. Se observaron posiciones favorables y contrarias a la RPB y falta de claridad respecto a su propuesta; reconocimiento de la calidad y satisfacción respecto al cuidado ofrecido por los CAPS; fragilidades en el cuidado ofrecido por los CAPS; falta de apoyo a la gestión ejecutiva y sugerencias de mejora. Se concluye que el CAPS es considerado como una institución complementaria al cuidado de la salud mental, siendo considerado como el más adecuado y satisfactorio, por las acciones realizadas en la humanización, en el acompañamiento y en el apoyo. La valoración de la cultura biomédica evidenciada por los familiares y la falta de adherencia de los usuarios son, sin embargo, barreras que deben ser superadas para la prestación de un cuidado propuesto por los moldes de los CAPS.

Palabras claves: Relaciones interpersonales; Salud mental; Centro de atención psicossocial.

Resumo

O presente estudo teve o objetivo de analisar o entendimento das famílias que acompanham usuários adultos com transtornos mentais em um Centro de Atenção Psicossocial (CAPS) tipo II sobre os paradigmas da Reforma Psiquiátrica Brasileira (RPB) e a nova configuração de atenção integral à saúde mental. Trata-se de uma pesquisa qualitativa de caráter descritivo-exploratório realizada no CAPS II, no interior da BA com familiares/responsáveis participantes dos grupos de familiares. Participaram 15 familiares, respeitando as questões éticas e aplicado TCLE, submetido à Análise de Conteúdo inspirada em Bardin. Observou-se posicionamentos favoráveis e contrários à RPB e falta de clareza quanto à sua proposta; reconhecimento da qualidade e satisfação quanto ao cuidado oferecido pelo CAPS; fragilidades no cuidado oferecido pelo CAPS; falta de apoio da gestão executiva e sugestões para melhoria. Conclui-se que o CAPS é tido como instituição complementar ao cuidado em saúde mental, sendo posto como mais adequado e satisfatório, pelas ações pautadas na humanização, no acolhimento e no apoio. A valorização da cultura biomédica evidenciada pelos familiares e a falta de aderência dos usuários ainda são barreiras que precisam ser superadas para a prestação de um cuidado proposto pelos moldes dos CAPS.

Palavras-chave: Relações Interpessoais; Saúde Mental; Centro de Atendimento Psicossocial.

Introduction

This study is justified by the relevance of analyzing the understanding of family members/guardians about the care provided by a Psychosocial Care Center (CAPS) for adult users, thus trying to observe the situation of the paradigm of substantial rights in mental health in continuous care, and may also provide an analysis of concerns, affinities and/or anxieties about this new way of doing mental health on the part of family members who are

inserted in the care of users with mental disorders, expanding theoretical formulations about it.

In this context, it is relevant to discuss about the position and the place of the family along the construction of the mental health care process in Brazil, from the hospices to the changes brought by the Brazilian Psychiatric Reform (RPB), having the CAPS as an intriguing study device.

Esquirol listed the five main functions of the hospice, and at first, brought that the hospice should guarantee the personal safety of the insane and their families. Soon, among the therapeutic functions of a hospice, the issue of safety/anger appeared prominently for both the patient and the family. The mentally ill should also be enclosed in a hospice to avoid external influences and to heal themselves with intellectual and moral habits (AMARANTE, 2007).

The Second World War served as a reflection for men, their cruelties, and solidarities, and with that, new looks were directed to the hospices verifying an absolute absence of human dignity, and from there emerged the first impulses to make "Psychiatric Reforms" (AMARANTE, 2007).

During the post-war period, several movements of opposition to the established psychiatric knowledge took place in the world scenario. Among the most prominent are Sector Psychiatry, in France; Therapeutic Communities, in England; and Preventive Psychiatry, in the USA. These movements had the paradigm of reforming the psychiatric care model in force, proposing technical-scientific and administrative changes in psychiatry. However, there was a large expansion of the network of psychiatric hospitals in Brazil from the 1960s onwards, during the military coup, configuring it as "the industry of madness" (FONTE, 2013).

During the fight against the authoritarian state, in the 1970s, there were reports of abandonment, violence and mistreatment of patients hospitalized in hospices in Brazil. In 1978, the Mental Health Workers' Movement (MTSM) was created, which combined labor claims and a humanitarian discourse, the MTSM achieved great repercussion and ended up leading in the following years the events that advanced the against asylum struggle (TENÓRIO, 2002).

In the 1980s, the critique of the privatist/asylum-segregating model was consolidated and three important processes for the consolidation of the current characteristics of the reform movement were seen: the expansion of the social actors involved, the legislative reformulation and the emergence of successful institutional experiences shaped in a new type of mental health care (TENÓRIO, 2002).

After 1989, the first steps were taken towards the Law 10.2016, which would only be approved in 2001. The psychiatric reform law proposed by congressman Paulo Delgado (Law 10.2016/2001) had the exclusivity of being a law with effectiveness before it was approved, because the 1980s had already seen the emergence of successful institutional experiences molded into a new type of mental health care (TENÓRIO, 2002).

The CAPSs emerged as an anti-mental institution, a way to deal with severe mental disorders from the BPS. Through different types of services offered by CAPSs, the goal is to rescue the uniqueness of the subject, his or her autonomy, and the possibility of building a social bond. The CAPSs would come to be provided by law through Ordinances launched after the Basic Mental Health Legislation, configuring themselves as structures of the Psychosocial Care Network (RAPS) (BOFF, 2010).

The CAPSs are structured to organize the RAPS, provide daily care to the population in a delimited territory, provide clinical follow-up and psychosocial rehabilitation of users with mental disorders. Their multidisciplinary team consists of a psychiatrist, psychologist, nurse, social worker, and other professionals, who must provide care to users through individual and group care, therapeutic workshops, home visits, family groups, and community activities, among other services, according to the modality of the CAPSs (MARTINHAGO, 2012).

For the society, there was the invitation to rethink and reedify the (pre) concepts regarding mental illness, thus arising modifications, and among these, there are inherent changes in the participation of family members/caregivers in the treatment, which will happen through opinions, discussions, exchange of information with the team and with other family members and participation/organization of meetings to discuss mental health issues (SANTIN, 2011).

It is in the family environment that their relationships and beliefs are established and that, therefore, are essential in the development of the subject. As the central search of mental health care is the reinsertion of the individual in society, the work with the family then becomes paramount (RODRIGUES, PALMA, p. 2, 2015).

However, considering an adult to be an individual between the ages of 18 and 59 years old, and referenced by the Statute of the Child and Adolescent (1990), which considers the end of adolescence at 18 years old, and the Statute of the Elderly (2003), which defines as elderly those who are 60 years old or older, the present study aimed to analyze how family members/caregivers of this target audience understand the care provided by a CAPS type II that meets daily users in the adult age group, thus seeking to validate the hypothesis that the BPS brought with its new paradigms a proposal for comprehensive care, humanized and citizen to users with mental suffering, and concomitantly, favorable and unfavorable opinions by family members / guardians (BRASIL, 1990; BRASIL, 2003).

Methods

This was a qualitative research approach, which is a study that seeks to analyze the perception of a target audience, aiming to seek closer to the theme in question, deepen it, make it more evident and build hypotheses, thus also presented as descriptive-exploratory research (GERHARDT; SILVEIRA, 2009).

The study was conducted in CAPS II in Vitória da Conquista - BA, which belongs to the municipality's Psychosocial Care Network - RAPS. This unit has been in operation for 14 years, aiming to promote mental health care for users in the adult age group (18 to 59 years old), thus configuring itself as an element of the RAPS for people with mental suffering in the municipality and their families/guardians who participate in the care process. The service works by appointment, spontaneous demand, referral, indication, shared intervention proposal, denunciations, or judicial action.

The construction of the Single Therapeutic Project (PTS), which comprises the therapeutic interventions proposed for each user, only happens after the user is first welcomed. This initial welcome can be done by any senior professional of the multi-professional team working in the CAPS, which includes psychologists, nurses, psychiatrists, pedagogues, pharmacists, and physical educators. The initial reception serves to register the patient or refer him/her to another service. If the patient is registered, a SCT is created, which is a set of therapeutic interventions aiming at the best mental health care for the user, which will have among its proposals the scheduling of an appointment with a psychiatrist and/or psychologist and suggestions for workshops and therapeutic groups, among which are the groups for family members/guardians.

Currently, CAPS II in Vitória da Conquista - BA offers 5 groups of relatives/guardians that occur in the morning or afternoon shifts and weekly, each group consists of 15 to 20 family members, and is a space to exchange information among family members with the objective of welcoming them, guiding them, and offering support for care, thus being a means of transforming-potentiating mental health.

The recruitment process for interviewing family members/guardians took place over two weeks in July 2018, in morning and afternoon shifts, according to the availability of family members/guardians, until a sample of 15 participants was completed. The assessment of availability occurred before the beginning of each group of family members/guardians, in which the entire interview process was explained to the family members/guardians and, after that, a list of availability for participation in the research was made available for the family members/guardians to sign their full names, if they were available to participate. The interview was held with the participants available before, during, or after the family group, individually and confidentially.

After assigning a codename and identifying gender, age, degree of kinship with the user, education, and time of participation in the family group, the following questions were asked in a semi-structured script: For you, what did the Psychiatric Reform in Brazil mean? The CAPSs were implanted after the Psychiatric Reform. Do you consider this service more appropriate to care for people with mental suffering in relation to the previous model

(psychiatric hospital)? What are the positive and/or negative points of the CAPSs? How would you describe the care offered by CAPS II to your family members/caregivers? Express your degree of satisfaction or dissatisfaction regarding the care provided by CAPS II to your family/caregiver? Do you have any suggestions for improvement for the service provided by CAPS II?

The transcribed interviews selected information about the family perception about the mental health care provided by CAPS II and other information pertinent to the family members' views on BPS, thus building five themes that deal with the results found and their consequent discussions with the scientific literature in order to give visibility to the experience narrated by these family members/caregivers about their perception of BPS, the care provided by CAPS II to their family members, and possible developments.

In the interviews, which took place during the two-week period in July 2018, questions were asked to family members/guardians of adult users with mental suffering who participate in the groups of family members/guardians of CAPS II in Vitória da Conquista-BA, previously elaborated in a semi-structured script. The interviews were recorded for greater reliability of the data, respecting the ethical issues. From the guiding questions, the subjects of the study indicated their perceptions about the mental health care offered in the CAPS and its relationship with the context of the change of look for the subjects and their families through the BPS.

Meanwhile, discussions emerged based on the visions that the 15 family members interviewed had about the theme. The sample was non-probabilistic intentional, in which the researcher used his judgment to select the members of the population who are good sources of information (OLIVEIRA, 2001).

The inclusion criteria were defined as: family members/guardians who have users using the CAPS II service in Vitória da Conquista-BA under their responsibility, who attend the groups of family members/guardians of the mentioned CAPS and who wish to participate in the research. As exclusion criteria were defined: family members/guardians who do not participate in the groups of family members/guardians and those who refuse to participate in the research.

The content analysis was inspired by Lawrence Bardin, who foresees three fundamental phases: pre-analysis, material exploration and treatment of results - inference and interpretation (CAMARA, 2013). Thus, excerpts were selected from the interviews that describe the discussion addressed in each topic, to illustrate them. The family members were identified by distinct precious stones and metals to preserve the confidentiality guaranteed by ethical issues.

The research was submitted for approval to the Ethics Committee on Research with Human Beings of the Multidisciplinary Institute in Health/Anísio Teixeira Campus - Federal University of Bahia (CEP-SERES HUMANOS - IMS/CAT - UFBA) and the Ethics Committee of the Pole of Permanent Education in Health belonging to the Health Department of the City Hall of Vitória da Conquista-BA according to Resolution 196/96 of the National Health Council and its update through Resolution 466/2012, Data collection started only after approval by the CEP-SERES HUMANOS - IMS/CAT - UFBA, being thus under Opinion Number 2. 712.863 issued by that Committee, the data were collected after signing the Informed Consent Form (ICF).

Results and Discussion

In the process of characterization of the profile of family members/caregivers of the family groups existing in CAPS II that participated in the research, it was observed a mean age of 52.8 years (Standard Deviation $\pm 6, 5$), the minimum age being 41 years old and the maximum, 66 years old. Most family members were female (86.7%), with a higher concentration of incomplete elementary school education (40%). As for the time of participation in the family group, it was observed a mean of 15.2 months (Standard Deviation ± 35.8), with a minimum of 1 month and a maximum of 144 months.

It was observed a predominance of the female gender in the care of the user who attends CAPS II in Vitória da Conquista - BA. Besides mothers, other women such as grandmothers, sisters and wives are responsible for the informal care of a family member with mental disorder, mostly men, young and single. The changes in roles assumed by the

female gender throughout the 20th century have not been pointed out by the health services, and the change in their living conditions also alters their health care needs (PEGORARO & CALDANA, 2008).

- Family views on psychiatric reform

When asking what the BPR meant to family members it was observed that unanimously there was no clarity of ideas and concepts, however, they pointed out positions in favor and against the BPR, with statements that the BPR brought family participation, but stressed the importance of the hospital centric model to contain patients with mental suffering in situations they deemed necessary.

"(Silver): [...] I've heard it out loud like this, but... The reform was the one that ended the hospitals, wasn't it? [...]"

"(Tourmaline): The current reform? It was terrible, right? Because we know that mental illnesses are many, and they ended up closing several psychiatric hospitals and reduced the care [...]"

"(Aquamarine): I know a little bit, it meant that it took the mentally ill out of that isolation environment of the mental institutions, right? And it made that individual more familiar, right? [...]"

"(Quartz): Nothing against it, but I see that there are people who have in their family people with very serious problems that need a better support, a more adequate reception, like those who were hospitalized... today they are on the street, so those who are on the street now are vulnerable [...]"

There is a conceptual ideology that adopts the goal of RPB with the extinction of the psychiatric hospital, evidencing concerns about the lack of infrastructure to meet the demands. Thus, the hospital is seen as a necessity given the inexperience of families to manage conflicts arising from the experience with the mental disorder, offering a temporary relief, showing that the "reform" has little expressive connection with the concept of resocialization, which refers to the family the idea of providing the patient with leisure, comfort, and social relationships (RANDEMARK et al., 2004).

Families feel that the basic proposal of BPR is to eliminate psychiatric hospitals by instituting changes in the way patients are treated, as a new mode of treatment, but they emphasize the need to maintain the hospitals. However, families' understanding of BPR has not yet reached the full extent that requires integrated efforts by all those who are interested in the health and well-being of users with mental suffering (RANDEMARK et al., 2004).

It was also of great importance to point out that CAPS II tries to help in the understanding of what RPB was through approaches in groups of family/caregivers with discussions and other interventions that aim to raise the importance of the reduction of asylums and insertion of the patient with mental suffering in RAPS.

"(Citrino): [...] they talked here also in the group about this reform, right? It changed the way of caring for the patient with these problems!"

"(Bronze): I watched about a movie that played there about "Nise" [...]"

Ordinance N° 336/02 (BRASIL, 2002) of the Ministry of Health states that the Pedagogy professional when acting in CAPSs integrates the multidisciplinary team to perform a more humanized work and provide a welcoming environment. Such pedagogical practices are justified by the stimulation of self-esteem and the psychic development of the individual and of the environment in which he/she is inserted. The CAPSs have intentionality in their actions, planning, execution, and evaluation of activities, especially those of an educational nature (DOS SANTOS & DOS SANTOS, 2017).

Modifications have been slowly happening in psychiatric practices. Within the context of BPS, the importance of monitoring and supporting the families of patients in treatment is observed in the process of de-hospitalization and the reintegration of these individuals into society, thus it is necessary to prepare and guide the family to observe the positive results (MACÊDO et al., 2009).

- The family view on CAPS

When asked about the relevance of CAPS II for the care offered to patients with mental suffering it was observed that the family members see CAPS II as an adequate environment, highlighting the support and welcoming offered to both the user and the family member.

"(Citrino): Yes, it is a better attention for the patient, right? He comes here and has a very adequate care [...]"

"(Esmeralda): [...] Now CAPS helps a lot, CAPS besides everything, has the psychologists, has the staff here that gives assistance, right? [...]"

"(Rubelta): [...] it's like I tell you, there is the accompaniment of the girls, they are excellent, if we need them, they go to our homes, we can call them here, they answer and explain something to us, right? [...]"

However, it was still pointed out the issue that CAPS is a complement of psychiatric hospital institutions, that one model complements the other and needs to be available to the population, medical-centered relationships were also pointed out making CAPS an environment that facilitated the scheduling of medical appointments and the availability of medications.

"(Quartz): [...] It is not adequate, because in Afrânio (psychiatric hospital in the municipality in a process of bed reduction) it also had care, as it also has in CAPS, CAPS is just something to add, the two went together but separated [...]"

"(Diamond): Ah, I think it is more adequate! I think CAPS is more adequate because before CAPS there was difficulty, right? To get a consultation, so I think it is much more... CAPS is much more practical, right? [...]"

Despite the statements about patients resistant to the service, there was recognition that hospital care brings greater harm to mental health, which reinforces the supportive role of CAPS in dealing with the family member/guardian.

"(Topaz): [...] As he has many years of CAPS, here, with my son, for being a difficult person, who does not have a frequency in CAPS, then practically I have to give assistance to know the moment of a need, where to turn to, it is CAPS that has helped me a lot in the question, needed... I already know where to go [...]"

"(Rubelta): Ah, I think this one now. Because my daughter was going through the psychiatrist in the hospital, so it was just that conversation there, that little quick talk, and they would pass medication, dope her [...]"

Users can stay for long periods segregated in mental institutions, but CAPS will be their welcoming space, a social and subjective place where users can be who they are and seek ways for a daily life in society (SALLES & BARROS, 2013).

Regarding the valorization of the biomedical culture attributed to CAPS by family members, the care practices need to be transformed to promote an integral care and the resocialization of the person in psychic suffering (OLIVEIRA et al., 2007).

The home visit (HV) is an important tool to monitor users individually and provide the inclusion of the family in self-care, in addition to promoting a closer relationship between users and the services. Through the HV, it is possible to understand the family dynamics, verify the possibilities of family involvement in the treatment offered to the user and provide support for the continuity of treatment, thus avoiding hospitalizations (PEREIRA et al., 2014).

As for the positive and negative points related to CAPS II, there were very specific statements about this service, negative points were not pointed out in a considerable way, but among those that were stated are the reduced number of doctors, demonstrating the need for medicalization of mental suffering present in society; inefficient security for employees and users of the service in relation to aggressive behaviors, leaving visible the stigma present in the pictures of mental suffering. Lack of user adherence to the service and lack of support from municipal executive management were also scored.

"(Aquamarine): [...]and what has to improve, in my view, more doctors, I find too few doctors for the city's demand [...]"

"(Quartz): [...] The negative part here is that they need a good security guard here, because it is dangerous to deal with these problems!"

"(Tourmaline): [...] And... maybe you could have more staff, to give more support, not overburden the ones you have, you understand? [...]"

As for the positive points, it was highlighted the care offered to the families, reduction of expenses in relation to private health care, ease in scheduling appointments and acquisition of drug or non-drug therapeutic resources, patients and family inserted in the care, humanization of care, attempts to socialize the patient and help the family member in the care.

"(Gold): [...] And the positives, I think so, financial, you understand? [...]"

"(Aquamarine): [...] The positive point is that it gives this sick individual the chance to be with his family and be treating himself at the same time, decreasing isolation, right? Because here they offer sociable treatment [...]"

The social stigma still suffered by patients with mental suffering becomes a problem in the mental health field, because the resocialization of these users becomes unfeasible, hindering the effectiveness of the care recommended by the BPR. The rupture of cultural barriers around mental health, by means of multiplying subjects, offers horizons corresponding to the possibilities that one has as to mitigate these stigmas (CÂNDIDO et al., 2018).

The family is a partner in the care of the user with mental suffering, but it also needs to receive adequate care to overcome the physical, emotional, and mental weariness, and should find with CAPSs the reception of their needs and support for their restructuring. The welcoming and listening can become key strategies to affect the inclusion of families in this service, strengthening the production of mental health care, providing the creation of bonds that enable the family member to achieve a new organization, thus facilitating the process of psychosocial rehabilitation and deinstitutionalization (MIELKE et al., 2010).

"(Quartz): In my point of view, ta supplying this care that you have, because both my daughter and I are being taken care of [...]"

"(Esmeralda): I found it very good, do you know why? He improved a lot, before he gave me more work, he tired me a lot, he messed with people on the street, people came to the door saying that they were going to kill him because of the wrong things he did, people don't understand the mind, so he is being treated by the doctor and the girls here and he is much better, calmer, he answers when I say, he doesn't go out to the street anymore, he is excellent! I rested about 50%."

The work in Mental Health should be governed by the creation of bonds between professionals, the user, and his family, thus creating confidence in the subjects so that they can expose and have their needs met (LEVY, 2016).

- Family description of the care offered by CAPS to the user

The family members/caregivers described the care offered by CAPS II in a positive way, in some statements there were satisfactory opinions about the care provided because results were seen both for the user and the family. They considered the service qualified and the care considerably good. The word most used to describe the care was "welcoming", however it was quite evident the weakening of care when referring to the adherence of users, but they recognize that there are incentives from the team.

"(Silver): Here they take care, they care, the CAPS pedagogue, even the one who is the coordinator here, she cares about my sister's total control, but the problem is that she doesn't want to participate in any way, in any activity like that, she was in art therapy, but she left [...]"

"(Gold): [...] I think the girls are very interested, they worry, just today I arrived asking if my daughter was coming, how was I doing, so they have that concern, right? [...]"

Some family members cited the care done at home. In the routine of the CAPS under study a considerably new activity is also happening, which is called "Family Core Group" in which professionals go to the user's home to do the family intervention. The care was considered better than in the private network due to the support, the construction of a singular therapeutic project, complementary therapies, multi-professional care, diverse activities developed, and cost reduction. It was suggested to increase the number of employees so as not to overburden and to improve the quality of care.

"(Bronze): [...] but her care is nice, when she is not able to come, the staff goes to the house, she has been a few times with the nurse, it is nice, I think she takes good care [...]"

"(Quartz): [...] my husband who got divorced because of the problem had health insurance, and he would take her to any doctor and there she was drugged and still not taken care of, then I told her that the divorce came, God allowed the divorce for her to receive better care, because now she is being taken care of! Even with this health plan that he is still paying for, I don't go, because there is no help there! Help is here! [...]"

"(Turmalina): [...] For the care that my sister has here I think it's very nice, I think it's good, do you understand?"

In the daily life of CAPS, the devices of care relationships (embrace, bond, co-responsibility, and autonomy) provide the change in psychosocial practice, building and rebuilding spaces for dialogue between mental health workers, users, and family members in search of resoluteness of mental health care (JORGE et al., 2011).

The reception is an organizer of the work in CAPS and a driver of change of the care model focused on the disease for a new model focused on the integrality of the subject/family/community, providing greater resoluteness for the user (COIMBRA & KANTORSKI, 2005).

The work in CAPS can only be effective through the partnership and participation of the family. The individual care, the family/responsible group, the active search, the home visits, the workshops, and other activities are paths followed in CAPS for the insertion of the family in the care (SCHRANK & OLSCHOWSKY, 2008).

- Family member satisfaction with the care provided by CAPS to the user

Regarding the degree of satisfaction or dissatisfaction expressed by family members/guardians regarding the care provided by CAPS II for the user, it was considerably satisfactory, there was no dissatisfaction, however, there were statements of weakened adherence of users to the activities, pointing this as the only personal dissatisfaction that occurs in the family member, but there was no dissatisfaction regarding the care provided by CAPS. The medical-centric issue emerged as a suggestion, demonstrating the impregnation of the biomedical culture and the need for medicalization of mental suffering

present in society, but there was recognition of the benefits that the care offered by CAPS covers in relation to hospital care.

"(Gold): Ah... I'm satisfied! I am, understand? I'm just not totally satisfied is not because of this here, it's because my daughter isn't coming every day that she is supposed to, but other than that I have nothing to complain about [...]"

"(Turmalina): [...] very good! And so, I really admire all the service they provide, they are experienced, qualified, and welcoming, it's very good, wonderful! I just have to thank them!"

"(Opala): I'm satisfied, it's like I said, only the doctors, right? There need to be more, because there are only two! That's all I see! Everything else is great!"

"(Rubelta): I am satisfied because it has produced results, I am finding my daughter calmer, she has her relapses, I will not say that she is 100% well because she is not, and neither will I say... After the hospital at CAPS, she had a change of... of.... I'm going to put 70% improvement!"

Empowerment, through voice and listening, gives the family the right to be part of and engage side by side with mental health services in search of supplanting stigma, in addition to strengthening the reform movement and reversing the hospital-centric model (TREICHEL et al., 2016).

Many are the possibilities that the CAPSs have with the purpose of de-medicalizing, thus being able to propose new therapeutic arrangements to users. Among these are: consultation-service; home visits; therapeutic groups and workshops (ZANELLA et al., 2016).

- Suggestions for improvement for CAPS II

The suggestions for improvement for the service offered by CAPS II were very specific, but all were about increasing the number of different professionals that make up CAPS, qualification of the services offered, and diversification of the therapies offered. There were also family members/guardians who were not clear about the suggestions for improvement because they were weakened by the low adherence of their family members or because they thought that CAPS did not need to improve anything. A delicate look from

the municipal management bodies towards CAPS II was highlighted, pointing out the lack of resources for the service and for the users.

"(Quartz): Only the psychologist, because the psychiatrist asked for my daughter and so far he hasn't got one, he said that the line is long, right? So we need more psychologists here at CAPS to take care of these people [...]"

"(Marine Water): I think that in the sense of listening, of psychotherapies, and also needs more doctors! [...]"

"(Rubelta): So, in the activities, right? In my daughter's case, I'm going to talk in her case [...]"

"(Topaz): That's the question, right? It's hard for me, because we've been looking for alternatives, but so far we haven't found a way for us, for them, right? To take some measure like that [...]"

"(Esmeralda): It's like I told you, is the public bodies give more attention to CAPS, I think so that so need to give more help and more attention, to have more care, I think if they invested more it would be better, because then it would help better the staff here and the patient too, right? [...]"

"(Sapphire): No.... here, for example, in the case like this, there are many things that are lacking [...] I know that from time to time there are difficulties, right? These days we didn't have... sometimes we had some snacks for the patients, not for us, but for the patients [...]"

It is necessary to build interdisciplinary relationships in CAPSs for a promotion of mental health that exceeds the specificity of their knowledge, of broad action and based on a network work to overcome various difficulties (LEAL & ANTONI, 2013).

CAPSs use several therapeutic resources, such as therapeutic workshops, mental health workshops, home visits, individual and group care, physical and sports activities, outings, and other leisure activities. However, these therapeutic resources are considered support activities that allow for the exercise of citizenship, the expression of freedom, and therapeutic spaces, offering due care (KANTORSKI et al., 2011).

To make the BPR proposal effective, it is necessary to develop actions aimed at discussing family relationships in groups with families, with users and with users and their families, stimulating protagonism, autonomy and co-responsibility (COELHO et al., 2017).

The change of a model is something that is not suddenly modified or imposed, this change is built with the participation of professionals, managers, users and community, the support of this apparatus and the organization of general health services (networks), contribute to the mental health model being referenced and qualified continuously (HECK et al., 2008).

Final considerations

Despite the restructuring of the network of care in mental health, coming from the Brazilian Psychiatric Reform movement, the substitutive services implemented - CAPS, remain as complementary institutions in mental health care in the view of family members / guardians, maintaining a valuation of hospital-centered health care, to the detriment of a territorialized care. It is verified that the valorization of the biomedical culture and the need for medicalization of mental suffering by family members in the framework of care and the lack of adherence of users are still barriers that need to be overcome for the provision of care proposed by the CAPS. Thus, the family participation in the care of the user and in the co-management of services and devices offered by CAPS become essential tools for improving the quality of care and the re-signification of the place of care in mental health.

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