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Original Article

Noises of the work process and welcoming the family in psychosocial care on alcohol and other drugs[1]

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This is a qualitative and exploratory study aiming to present noises found in the work process of a Psychosocial Care Center on Alcohol and other Drugs, and possibilities for effective welcoming the family in this service. Data collection was conducted through semi-structured interviews with eight professionals. Data analysis was performed by Content Analysis according to Bardin and the discussion was based on the theoretical perspective of Merhy. The results showed noises produced in the work process and their interfaces with the families welcoming. More specifically, they revealed excessive demand for care, professional unpreparedness, welcoming focused on dependency, difficulties for interdisciplinary work and the absence of an effective network. This study concluded that expansion of bonds, territorialization, articulation with support groups and flexibility of family groups are possible ways for welcoming the families.

Descriptors: User Embracement; Family; Mental Health Services.

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Ruídos do processo de trabalho e o acolhimento da família na atenção psicossocial em álcool e outras drogas

Pesquisa qualitativa, exploratória, objetivando apresentar ruídos encontrados no processo de trabalho de um Centro de Atenção Psicossocial em Álcool e outras Drogas, e possibilidades para o acolhimento efetivo da família neste serviço. A coleta dos dados foi realizada através de entrevista semiestruturada com oito profissionais. A análise dos dados foi realizada através da Análise de Conteúdo na perspectiva de Bardin e a discussão foi fundamentada na perspectiva teórica de Merhy. Os resultados evidenciaram ruídos produzidos no processo de trabalho e suas interfaces com o acolhimento aos familiares. Mais especificamente, revelaram demanda excessiva de atendimento, despreparo dos profissionais, acolhimento focado na dependência, dificuldades para o trabalho interdisciplinar e ausência de uma rede efetiva. Este estudo concluiu que ampliação dos vínculos, territorialização, articulação com grupos de apoio e flexibilidade dos grupos familiares , são possíveis caminhos para o acolhimento das famílias.

Descritores: Acolhimento; Família; Serviços de Saúde Mental.

Ruidos del proceso de trabajo y la acogida de la familia en la atención psicossocial en alcohol y otras drogas

Investigación cualitativa, exploratoria, objetivando presentar ruidos encontrados en el proceso de trabajo de un Centro de Atención Psicossocial en Alcohol y otras Drogas, y posibilidades para la acogida efectiva de la familia en este servicio. La colecta de los datos fue realizada a través de entrevista semiestruturada con ocho profesionales. El análisis de los datos fue realizado a través del Análisis de Contenido en la perspectiva de Bardin y la discusión fue fundamentada en la perspectiva teorética de Merhy. Los resultados evidenciaron ruidos producidos en el proceso de trabajo y sus interfaces con la acogida a los familiares. Más específicamente, revelaron demanda excesiva de servicio, falta de preparación de los profesionales, acogida focada en la dependencia, dificultades para el trabajo interdisciplinar y ausencia de una red efectiva. Este estudio concluyó que la ampliación de los vínculos, territorialización, articulación con grupos de apoyo y flexibilidad de los grupos familiares, son posibles caminos para la acogida de las familias.

Descriptores: Acogimiento; Familia; Servicios de Salud Mental.

Introduction

The Psychosocial Care Center on Alcohol and other Drugs (CAPS AD, in Portuguese) is a care within mental health that has showed effectiveness as a substitute service to admissions, in accordance with the provisions of the Psychiatric Reform. It performs psychosocial care to individuals with needs due to the use of alcohol and other drugs, including family members in attendance in order to promote the recovery and social reintegration of the individual[1]. Thus, the family has the concrete possibility of collaborating in the provided health care and, likewise, receives the care they need on the burden of drug addiction.

Welcoming practices in health services are in a lightweight technology of the intercessor health work process[2] and interrelate with the work process exerting significant influence. In addition, the work process is a strategic place of change, in which, by means of professional-family-users relations, fighting for their commitment to life is possible, with the real needs met in a welcoming disposition[3]. Therefore, it is necessary*[4] that the subjects involved, especially professionals, comply with noises of the work process, since they directly interfere with the care provided.

These are noises of unidentified components so clearly present in everyday life, but that interfere with the final product of health work, especially adding the interrelationships that are established in the organization of the work process[5], compromising both the quality and the effectiveness of assistance. They function as logic questions of care production process[5]. Noise**[4] is what is perceived as something that is not right, that is not happening in the service/ institution the way it should, disquieting the subjects, raising questions on how the work process is happening and allowing unveiling new paths to take.

The presentation of the work process noises reveals an established dynamic and can open up new possibilities in health[6], and allows an improvement of care provided to family members, in particular through the welcoming. And on extent that the health practices, especially psychosocial care, seek co-responsibility, with the resolutive intervention with the subject as focus of attention, we recognize that with no welcoming there is no co-responsibility or resoluteness capable of impacting health production and disease processes[6].

Thus, this paper aims to present the noises present in the work process of a Psychosocial Care Center on Alcohol and other Drugs and the possibilities for effective welcoming of these families.

Method

It is a study of qualitative, exploratory approach, carried out in a Psychosocial Care Center on Alcohol and other Drugs type III (CAPS AD III) in a northeastern Brazilian capital, between March 2012 and February 2014. Data collection was made through semi-structured interviews with a guide developed by the researchers in order to understand the subjective dimension of the respondents on the subject. The guide was composed of the following questions: 1) What do you think about the welcoming given to families in this service? 2) What helps and what hinders this welcoming in this service? 3) What do you think it could also be done to welcome these families?

Eight professionals with higher education, chosen at random, participated in the study. Among them, nurses, social workers, occupational therapists, physical educators, physicians and psychologists who performed their activities in the service and assisted the families.

The interviews were recorded with the consent of respondents. Thematic analysis was used to access the core of meaning that were part of these subjects' communication[7]. Through the theoretical perspective of Merhy, making approaches to the work process was possible, which is considered a strategic space where relations between workers, users and families of the service are the welcoming in act[8].

The speeches of the subjects are represented by the letter P followed by Arabic number. Saturation was considered, that is, when new answers of the interviewees have no more content of the study as a criterion to end the data collection[9].The ethical principles of the research were respected according to Resolution CNS/MS 466/12[10]. The study was approved by the Ethics Committee for Research and

* Space of relation that is produced in the encounter of "subjects", that is, at their intersections, and which is a product that exists for the "two" in act, having no existence without this moment in the process, and in which the "inter" appear as establishers looking for a very unique institution process, of this new collective subject that was formed (Merhy, 2004, p.125).

** Noise comprises the notion of everyday silence broken by the presence of instituting processes that are not covered by the model of organization and management of the specific institutional equipment, opening up possibilities of questions on how instituted, how the work is performed and the meaning of their actions in that equipment (Merhy, 2004, p.128).

Education of University Center CESMAC (COEPE), protocol 1.574/12.

Results

From the organization and interpretation of the material produced in interviews with professionals, the noises and the possible paths constituted two analysis categories:

Noises produced in the work process of the Psychosocial Care Center on Alcohol and other Drugs and their interfaces with welcoming the families.

The main noise identified in the discourse of the eight deponents concerns the high demand for the service: *This is the only Psychosocial Care Center on Alcohol and other Drugs that serves more than one million inhabitants and surrounding. Thus, it's overcrowded in here and we only have one 24-hour Psychosocial Care Center on Alcohol and other Drugs, so we turn our weaknesses in strengths* (P1). *We are getting a demand above the welcoming capacity* (P6). *What makes it difficult is the number of users; it is far above the capacity, thus it is much more difficult to receive the patient and the family* (P8).

According to participants overcrowding is another identified noise which has shown undesirable results to the work developed in the Center: *For example, the other day I had seven welcoming, I did them in my time, so I spent from 8 to 12:30 with them, because one has to do the right listening, which is not fast, it is not a quick listen! They fill in the form and it is over, no, you have to listen, you have to look [...] But we realize that many of them are eager to leave, so we assist them very fast and the work falls short. Organization makes the welcoming easier, also when this demand is lower and when we have time to assist them, there is no such thing as 'there is another one, there is another one'*(P2).

However, keeping the assistance is important: *I think that open doors facilitate the welcoming in the Center, not only physically open door [...] it facilitates undoubtedly, because the user does not need a lot of protocol to get here, just come and be accepted*(P4).

Openness to demand that can generate operational difficulties: *The welcoming is done according to each professional, it is not uniform; I think it could be [...] uniform, creating routines, protocols [...] Even though all professionals do a very good welcoming, the fact of not being in uniform, not having an institutional dynamic for welcoming, that's an issue*(P4).

Other noises identified were: payment, lack of professionals and the lack of preparation in relation to the area of operation*: The factors that hinder (using the welcoming) is the professional factor issue, workload, sometimes the payment issue. Many professionals are not happy with the payment. You do not get hazard pay, night additional! Because of those things many professionals are relocated to other places, and thus hours that were to be filled with professionals are empty or they have to be filled by who's here and end up getting overloaded* (P1). *Many people arrive in the service unprepared, do not know what mental health is, the law that protects people who use alcohol and other drugs, Law 10216, they do not study a little about mental health, and don't learn that addiction is a disease. What often makes it difficult (using the welcoming) is that the person comes to the service and often does not even understand what that service is; more study regarding some professionals and training is needed for those who are coming to the service* (P1). *We did not receive any training, each of us has to search for information, because we have not been trained and this is a specialized service, we have no training to deal with the dependent* (P6).

All these noises seem to justify the fact that welcoming to the families is still deficient, which is intended primarily to the individual who uses alcohol and other drugs: *The welcoming is actually made to the user. [...] We listen to the family, but the focus is still the user* (P3). *It's really focused; I work much more with the users; we have more contact with family* (referring to telephone contact) (P5).

The family is considered into the assistance as a source of information and they are provided clarification to the "proper functioning of the service." Approach initiatives are unusual: *When the family comes together we also assist them, but we explain the service as it is; we hear what the family is saying so we can understand the history [...] we listen to the family only to understand the problem* (P3). *The moment they arrived we present the Center proposal, because sometimes people come but they do not know exactly what it is, what it means, so we present the services available, the groups, and how the person will fit in this therapeutic approach. When the person comes to the family I usually invite them to know the Center, I go downstairs with the family, because when one leaves their family member in here for treatment, they get at least curious to understand how that place works. It is my practice, it is not the Center practice; it is my practice as a professional* (P6).

In existing family groups, mediation happens by a psychologist and a social worker: *As the welcoming to the families is done by a psychologist who has training in psychoanalysis, and there is a social worker, I think it is good to know, because they fulfill several needs, both in the social and in mental area* (P2). *Families receive individual care outside the group, because when families come here is to attend the group* (P2). *There is this group that is actually with the family, with a social worker and a psychologist; I'm not in this group because it had already begun, but there is this moment with families* (P3). *Here we have a family group, which is made by a psychologist and social worker every Thursday* (P5).

Difficulties of teamwork also justify the shortcomings of the welcoming: *The fact that the professionals do not talk to each other often in an organized, systematic way on the welcoming already tells me that something is not right [...] with failures* (regarding families welcoming) *perhaps this service is multidisciplinary and at the same time individual* (P4).

The lack of full network of psychosocial care to drug users is another noise identified: *I think the network makes it difficult, because we welcome them in the service, but part of the assistance is that the user leaves the service, that they do not become dependent on the service. And we have nowhere to send them, there is no place. Our users come here and we have to release them, and they go to the street. How can we performe a welcoming, recover that way? There is no psychosocial care network. This is our reality* (P5).

The noises appointed by the professionals of the Center show the need to reassess the work processes established in this service and to indicate paths and possibilities for welcoming the families.

Paths and possibilities for welcoming the families in the Center.

Professionals expressed the need to recover or expand the relationship with the family: *I think the Center needs to invest in rescuing the family ties; the family is not complete part of the treatment yet; there has to be given greater focus on it* (P6). *I believe this: at first some family members do not want to get in touch with the service or with the user. But the service has to articulate this; this is also part of the welcoming! It has to work so that the family approaches the user's recovery, because after the user will return home; this is the proposal, that they come back home, back to the family, return to their context, but if we cannot have contact with the family, we are not welcoming* (P5). *I think that maybe we can create a way to hear more in the listenings, by expanding, hearing the family, and expand their bonds during the process, because we have great difficulty even in the contact* (P3).

The quest to establish new mechanisms for the approximation of the families: *I think that we might have to find more efficient techniques to bring the family here* (P7).

Creating new strategies and qualifying existing ones, making family visits an alternative: *I think the service has yet to articulate a team focused to home visit, to bring the family to the service, so they can know how it works; in addition to the family group, it should articulate in the territory, because in here we have a territorial service; we leave here and go home, to articulate, I think that is what is missing* (P5).

Similarly to articulation with community groups of mutual aid, the professional suggests: *We could have more proximity to the groups that already exist, the AL-ANON, the NAR-ANON, for family members of psychoactive substance users. It is an way out (the group) because not every family member can come to the Center to join its group* (P4).

The increase in groups for family members and the flexibility in hours of operation are indispensable: *More family groups are still missing, not only at night, because some people do not come because of the time, because they live far, because it starts 6pm, so I think it could be groups during the day; there was even a proposal to do it, but it was not consolidated. And groups with more days, two days a week, a day at the weekend* (P2).

Therefore, the participation of different professionals is proposed: *I think it could be more groups and with different professionals due to the humanization, not only a psychologist and a social worker, I think that all professionals should be involved, to listen to this family, to understand what is happening; this is very important* (P2). *I think that maybe offering more activities for them [...]every professional offering what is best for these people* (speaking in relation to the family group) (P7).

Discussion

According to Ordinance GM no. 130 of 26 January 2012[11], the capital that was carried out this research has an estimated population in 2013 of 996,733 inhabitants[12]. Thus, this city should have at least three Centers in this modality. Currently there is only one Center serving this population, which creates a restrained demand, overloading the service. Through

this study[13], high demand and workload discouraging welcoming the families can be proven, compromising the quality of care.

Although this high demand is a factor that prevents the welcoming, there is the importance of maintaining the "Open doors" service, which metaphorically brings the sense of the service to provide a feedback in relation to demands of all who seek it, regardless of whether they were referenced or not, being the target audience or not. The available service represents to the user the ability to share, understand, take responsibility and seek solutions to existential problems and lived materials[14].

The noises that emerged from the interviews bring up the question of welcoming as an organizer of accessibility to the service, with the ultimate objective their incorporation into the health work process, regulate access and to facilitate the opening of services with accountability for all (Health worker, managers, patient and family members)[15].

Welcoming, when incorporated into the service, can make changes in work organization, expanding access to comprehensive care. However, it is noteworthy that an open doors service is also likely to present operational difficulties that could jeopardize the assessment and solution making in the complex work process, especially when this value "Protocol" standards in their care[16].

As a specialized area, working in the Center requires personal identification with the care being provided. The absence of such identification, combined with the lack of financial incentive, promotes high professional turnover in the service and undermines the establishment of bonds, weakening the welcoming[17]. Similarly, the permanence of professionals who do not have identification or proper qualification to the area in the Center compromises the welcoming.

Welcoming the family members takes place mainly in the family group, which is performed in the service, mediated by a psychologist and a social worker. However, this particular and valuable space to welcoming the families is being carried out by only two professionals, generating noises of difficulties of working in team. Restlessness of professionals towards team relationship indicates the existence of several professionals exercising their activities in the service without the necessary interaction between them. In teamwork, although interdisciplinary, professionals contribute to the technical and scientific knowledge of their areas; they are open to change, seeking new approaches and are interested in the combinations of prospects for overcoming the previously paths[18].

The participation of only two professional categories as mediators of the family group restricts the range of available knowledge. However, the participation of other professionals in the group extends the different views about the experience of these families and enables the search for possible solutions to the problems faced, considering the complexity of the issues surrounding drug addiction and family.

Families are welcomed in the Center with attention focused on drug addiction of their members, being considered as a source of information and allied to the proper functioning of the service. However, a new attitude towards the family is necessary, not just as a mere informant or maintainer the order (emphasis added), but as a protagonist in the reform process of mental health care[19]. Including the family as target for care through the welcoming shows their importance not only because they are part of the individual's social environment, but because they need assistance too. Thus, welcoming them is imperative in specialized psychosocial care devices to drug users.

The health service with its work process focused on the subject and including the family as part of this process helps in strengthening linkages, integration between individuals, and integral development of the human being[20]. Aiming at the full development of the individual and the totality of care, undergoing through a network of attention is necessary to users and their families. Joint prospects in well-defined network favor the comprehensive care in the health field and guarantee a safe and resolving routing, considering that each health care level meets a certain complexity[21]. Furthermore, to ease the family burden and to promote mental health as recommended by the Psychiatric Reform, building a network of care that integrates all possible strategies for comprehensive care and humanized is necessary[22].

Thus, it is essential to plan flows with resolutive actions of health teams, focused on welcoming, informing, answering and referring for a caregiver network. It would be a reference and counter reference, such as a web of care[23]. The lack of this web of care worries the professionals interviewed. Similarly, the joint in other areas of life of the individual and family members guarantees the rights of citizenship.

From the identified noises, it is important that plans and possibilities for welcoming families in the Center are planned, so that they can increasingly participate in the process of take care and be taken care, sometimes being the caregiver, now subject to whom care is intended. The daily care given to the

family is identified, especially as economic, social or personal burden. This overload added to physical and mental fatigue can transform the care into a constant burden to the family member and appears to contribute to wear out a possible relationship of affection and reciprocity between the user and family member, making it stressful for the caregiver and painful for the care receiver[24]. Thus, disruption of family ties is common, breaking the link between the addicts and their family. With this breaking of family ties, many of these individuals end up becoming homeless, making it even more difficult to contact the health service with the family and, therefore the establishment of ties.

Building links between professionals and family members facilitates the partnership desired for the service, because through the relationship a more human and natural connection is generated, which provides the search for the service that best fulfills the needs of users and their families. It also enables to implement a more sensitive team performance for listening, understanding vulnerability issues and the construction of individual therapeutic interventions. Respect to the specific reality constructs partnership possible and concrete[1]. These points enable the family to renew their forces towards care, since it makes it possible to share the experiences, the suffering, and the burden they face.

According to the professionals of this study, establishing new mechanisms for the approximation of families is necessary, since, in order to understand the needs, it is necessary to go beyond the walls of the Center and see what is real in people's lives, as opposed to remain self-absorbed in the service. It is mainly outside the institution that the daily lives of individuals are outlined, composed of their relations, their spaces where they circulate, their activities. That is where the answers to their needs must be considered[25]. In the patient's environment the daily lives of families are visualized, the reality they experience can be seen with the "naked eye". It is mainly in these extramural spaces that the individual can be seen without commas or parentheses, often imposed by institutional rigidities, and seek possible solutions to the suffering experienced, by welcoming their needs.

Through home visits and territorial actions the world of families can be visualized and therefore the possibility to better understand the user's life; understanding familiar environment and intrafamily relations, addressing issues that go beyond the disease that also address the social and emotional issues. Thus, it is possible to provide more focused guidelines for real health needs and seek singularities in the form of care[26]. Recognizing home as one of the spaces in mental health care points out to the community as a social space to be explored. However, their actions must break the boundaries of the service and the service at home, encompassing other social spaces[19], such as those articulated in the community, such as the self-help groups targeted to families, as groups for families of alcoholics – AL-ANON and general chemical dependents – NAR-ANON. These help groups, although not currently in public policies as formal devices of psychosocial care network, represent a form of civil society participation in the care network. They are organizations that provide assistance to family members and friends, encouraging social interactions through group activities where there is the sharing of experiences in a supportive atmosphere protected by anonymity.

Whereas the strengthening of social support consists of an effective intervention, the health professional, especially of the Center, needs to articulate and rely on other support organizations, such as self-help groups, strengthening community action in decision making. In this sense, it allows the articulation of technical and popular knowledge and the mobilization of institutional and community resources for understanding the issue and developing strategies for resolution, through the process of empowering individuals to improve and manage their health[27].

Another path indicated during professionals' interviews for welcoming the family in the service concerns the increase in the number of groups for family members and flexibility of periods of operation thereof. Having the family group in a single day of the week at night prevents the participation of other members, especially those who have work commitment in the period. The opening of the professional team for new groups at other periods, in addition to the period established, would allow the inclusion of these families' members who often wish to participate but have no opportunity. Therefore, it is necessary to reorganize the care and incorporate the idea that families are also the target of the care provided and that the service needs to be adapted to meet the families' needs. This flexibility would meet the demands of those in need of care and not only the institution or professionals who provide the service. Opening the service to meet the singularities would approach families and would enable to increase ties.

Final Remarks

Welcoming the family members is still under construction in the Psychosocial Care Center on Alcohol and other Drugs (CAPS ad, in Portuguese), represented mainly by groups of the users' families. Excessive demand; unpreparedness of professionals; welcoming focused on the user's drug addiction; difficulty in interdisciplinary work and absence of a structured care network, are barriers to the service performed in the Center and point out new paths to be followed by the team in the pursuit of effective welcoming the families. The expansion of ties, home visits, partnership with community services such as support groups and changes in the operation of family assistance within the service, allow a glimpse of investment required to welcoming the families. However, more is needed, that is, seeking daily creative strategies that enable welcoming and approaching the families, considering their individual needs and resulting from the interference of drug addiction in the relationships.

Incipient studies aimed at welcoming the families in the scenario indicates the need to develop new research that addresses this issue, aiming to promote the enrichment of psychosocial care provided to beneficiaries of this type of service.

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