EMBRACING THE FAMILY MEMBER THE PERSON IN PSYCHIC SUFFERING IN NURSING STUDIES

Acolhimento ao familiar da pessoa em sofrimento psíquico nos estudos de enfermagem

Acogida al familiar de la persona con sofrimiento psíquico en los estudios de enfermería

Article for Review

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ABSTRACT

Objective: To evidence knowledge published in the field of nursing care on the embracement to family members of people in psychic suffering in health services. **Methods:** Integrative review, accomplished in June and July 2012, in LILACS, BDENF, IBECS, MEDLINE and SciELO databases, using the keywords: "mental health", "user embracement" and "family". The inclusion criteria were met by 14 texts, written by professionals and nursing students, in Portuguese language, published between 2007 and 2011. The data was resumed in four tables and a figure, and analyzed under the framework of the user embracement by the National Humanization Policy. **Results:** No trends related to studies on user embracement can be stated. Most publications adopt a qualitative approach and content analysis, with evidence being type III. There is a predominance of research having health professionals as subjects. However, the family and other actors are starting to get involved. Taking similar care of the family and the person in suffering is highlighted in all of the studies analyzed. It was evidenced need for interaction between the health services and the specialized mental health network and for training the team in order to minimize to the difficulties faced by the family. **Conclusion:** Family embracement was often pointed as a device that facilitates the rehabilitation. There is much to be done toward its embracement in health services, so that the family is allowed to realize that their living is not necessarily the continuity of the trouble faced by the other person.

Descriptors: Mental Health; User Embracement; Family.

RESUMO

Objetivo: *Evidenciar o conhecimento publicado no campo da enfermagem sobre acolhimento aos familiares de pessoas em sofrimento psíquico nos serviços de saúde.* **Métodos:** *Revisão integrativa, realizada nos meses de junho e julho de 2012, nas bases de dados LILACS, BDENF, IBECS, MEDLINE e SciELO, com os descritores "saúde mental", "acolhimento" e "família". Atenderam à inclusão 14 textos, escritos por profissionais e acadêmicos de enfermagem, em idioma português, publicados entre 2007 e 2011. Os dados foram apresentados de forma sintética em quatro tabelas e uma figura, sendo analisados sob o referencial de acolhimento pela Política Nacional de Humanização.* **Resultados:** *Não se pode afirmar uma tendência relacionada a estudos sobre acolhimento. A maioria das publicações analisadas adota abordagem qualitativa e análise de conteúdo, sendo de evidência tipo III. Há predominância de pesquisas tendo como sujeitos profissionais de saúde, no entanto, a família e outros atores começam a ser envolvidos. Cuidar de modo análogo da família e da pessoa que sofre é destaque em todos os estudos analisados. Evidenciou-se necessidade de interação entre os serviços de saúde e a rede especializada em saúde mental, e de preparo da equipe para minimizar as dificuldades enfrentadas pela família.* **Conclusão:** *O acolhimento à família foi apontado com frequência como dispositivo facilitador da reabilitação. Há muito por fazer rumo ao seu acolhimento nos serviços de saúde, a fim de permitir que a família perceba que sua vida não é necessariamente a continuidade da dificuldade que o outro enfrenta.*

Descritores*: Saúde Mental; Acolhimento; Família.*

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RESUMEN

Objetivo: *Evidenciar el conocimiento publicado en el campo de la enfermería sobre la acogida a los familiares de personas con sufrimiento psíquico en los servicios de salud.* **Métodos:** *Revisión integrativa realizada en los meses de junio y julio de 2012 en las bases de datos LILACS, BDENF, IBECS, MEDLINE y SCIELO con los descriptores "saúde mental", "acolhimento" y "família". Fueron incluidos 14 textos escritos por profesionales y académicos de enfermería en el idioma portugués publicados entre 2007 y 2011. Los datos fueron presentados de forma sintética en cuatro tablas y una figura siendo analizados sobre el referencial de acogida de la Política Nacional de Humanización.* **Resultados***: No se puede afirmar una tendencia relacionada con los estudios de acogida. La mayoría de las publicaciones analizadas adopta abordaje cualitativo y análisis de contenido, siendo de evidencia tipo III. Hay predominio de investigaciones con profesionales de salud como sujetos, sin embargo, la familia y otros actores empiezan a ser involucrados. Cuidar de la familia y de la persona que sufre de manera análoga es destaque en todos los estudios analizados. Se evidenció la necesidad de interacción entre los servicios de salud y la red especializada en salud mental y de preparo del equipo para minimizar las dificultades afrontadas por la familia.* **Conclusión:** *La acogida a la familia fue apuntada con frecuencia como dispositivo facilitador de la rehabilitación. Hay mucho por hacer en la acogida de los servicios de salud a fin de permitir que la familia perciba que su vida no es necesariamente la continuidad de la dificultad que el otro afronta.*

Descriptores*: Salud Mental; Acogimiento; Familia.*

INTRODUCTION

The family is a reference for the development of sociability, affectivity and physical well-being of human beings, especially in childhood and adolescence[1]. Although conflicts may be present in relationships, the family is the main support network for the human being who does not live alone, but in a social context. It has been seen as an ally to the care process of the person with mental disorders, but in certain situations, professionals need to offer conditions to keep the family healthy and to take care of the person without the occurrence of health harms to the individual and the family as a whole[2].

The family should be seen as an ally to the healthcare team, as a resource for providing comfort to the person seeking care so he/she can gain confidence and, therefore, be devoted to his/her recovery[1]. Psychic suffering of the family affects its structure and organization, produces anguish and requires adaptations[1]. It is necessary to know the needs of families taking care of people with mental disorders and search for ways to meet these demands with a scientific background[2].

The family has always been on the fringes of health care provided to people in situation of psychic suffering. However, today, Brazil's Psychiatric Reform process is boosting changes which strengthen the *Redes de Atenção Psicossocial – RAPS* (Psychosocial Care Networks), involving different scenarios of social relations in which the family is taken as the object and the subject of care. Also, mental health problems have started being prevented and/or approached at this level of care[3].

In this psychosocial care network, the *Estratégia de Saúde da Família – ESF* (Family Health Strategy) is the main gateway to care and is constitutionally grounded in the right to health, health care equity, hierarchy and regional health planning. It contemplates the territory of common life – and everything that circulates in it – and leads to the reorientation of the health care model in Brazil[4].

One positive aspect that has been observed regarding the family inclusion in care services is fundamentally associated with the low rates of rehospitalizations. Current studies have shown that families receiving outpatient care have a greater reduction in stress overload when compared to those receiving inpatient care. Researchers also concluded that home care relieved family anxiety and hence favored the learning of how to take care of the family member who is suffering through a contextualized and direct work adapted to their needs[1].

These studies show that one of the ways of promoting mental health is through the investment in intra-family relationships. In this sense, Brazil's Mental Health Policy, after defining the role and scope of mental health actions in all spheres of care, has created conditions for integrating people with mental disorders in society and for providing them with the opportunity to receive care in their territory and live with their family – a vital support for the human being[5].

Therefore, the articulation of primary health care and the proposed care network for people with mental disorders has been established by one of the historic guidelines for the consolidation of Brazil's psychiatric reform, which reiterates the centrality of the establishment of community and territory-based instruments as important tools to cope with the iatrogenesis derived from hospital-based mental health care[6].

The Ministry of Health estimates that 10% to 12% of the population does not present severe mental disorders but need mental health-related care, and 12% of the population over 12 years old presents disorders related to the use of alcohol and other drugs (except tobacco) and, therefore, need mental health care services like: consultation with a qualified specialist or primary health care professional, counseling, orientation groups and other actions and forms of approach[7].

The implementation of such actions in the daily routine of health care services is still a challenge for health care professionals and managers. It is possible to observe a common lack of integration of mental health actions, especially through family health care teams, making it impossible to provide effective responses that could ensure accessibility, equity and treatment based on ethics and the struggle for citizenship[8].

In this sense, the *Política Nacional de Humanização* (The National Humanization Policy) has taken as the guiding values of these actions the autonomy, the expression, the valorization and empowerment of all subjects involved in the process of health care production: users, workers and managers sharing responsibility and establishing solidarity bonds, building networks for cooperation and collective participation in the management process[9].

Thus, investing in embracement and establishing bonds of trust fulfills the technological optimization and responsibility for solutions that have an effective impact on the social processes of health and disease production, redeeming the mission of health care services, the appreciation of life and relationships in the health care act/meeting, and the change in the way health care is provided[10].

Given that, health care services and teams – more specifically, nursing professionals – are encouraged to establish the user embracement in their work process. The user embracement is a technical health care action that assumes the change in the professional/patient relationship and its social network through technical, ethical, humanitarian and solidary parameters, recognizing the person as the subject and active participant of the process of health care production. It is a way of providing care to those seeking health care services, listening to their demands and adopting an attitude capable of listening to and dealing with more appropriate responses. It involves the provision of problem-solving and accountable health care services that should inform, if necessary, the person and the family about other health care services where they can continue to receive care, establishing articulations with these services in order to ensure the efficacy of referrals[11].

To embrace is to protect, admit, accept, take heed, give credit, shelter, receive and serve. Embracement as an act or effect of embracing expresses, in its various definitions, an action of approximation to "being with" and "being close to", i.e., an attitude of inclusion[11]. It is not a space or a place, but an ethical stance. It does not require the right time or a specific professional to perform it; it involves the sharing of knowledge, needs, possibilities, anguishes and inventions. This is how screening is differentiated, for it is not a step of the process, but an action that must take place at all places and times of the health care service[11].

This would be a process of production of health care actions, a soft technology whose components are the way the person receiving care and the professional produce health care actions (including the relative autonomy of the former and the self-governance of the latter), the mutual representation/objectivation of what is health-disease process and what is a health problem, the professionals' capacity to identify the lines of flight within the work structure, the search for plasticity in the use of technologies (soft, soft-hard and hard), the preparation for a relationship, the spacetime devoted to it, the communication and listening, and the responsibility for the work and for helping others to manage their own lives[11].

Therefore, it refers to the process of humanized relationships that should take place at all care levels and in which all the professionals should be held responsible for it. It is not limited to the act of receiving, but it is a sequence of acts and manners that make up the work process in health care[11].

User embracement is the first and indispensable step for the correct and successful medical care[12]; thus, it requires the involvement and participation of the whole multiprofessional team. It is necessarily a collective and cooperative work between subjects that take place within relation networks that require interaction and dialogue[13].

Embracing requires plasticity, which is the capacity a service has to adapt techniques and combine activities in order to obtain better responses, adapting them to scarce resources and social, cultural and economic aspects of daily life[14]. Nursing professionals deal with human suffering in several health care services, and – in order to relieve it – embracing and knowing how to embrace the person and the family is the first condition for the humanized care.

Thus, given the important role and the countless demands of being a member of the family of a person in situation of psychic suffering, the incorporation of user embracement performed by nursing professionals at any type of health care services would have great benefits. Given the aforementioned considerations, the question that guided this review was: what is the published nursing knowledge about the embracement of the family of a person in situation of psychic suffering in health care services?

In order to answer this question, the objective traced was: to evidence the published nursing knowledge about the embracement of the family of people in situation of psychic suffering in health care services.

Evidencing this knowledge encourages the applicability of embracement in the nursing practice at all health care levels. Therefore, considering the provision of health care for people in situation of psychic suffering in addition to recognizing them as totally part of this context,

it is necessary to have an insightful look into their support network, which also lacks care.

The present study focus on the published nursing knowledge about the embracement of the family of people in situation of psychic suffering in health care services. It takes into account the problem related to the inclusion of the family into the process of psychosocial rehabilitation.

METHODS

This is an integrative review, a research method that allows the search for critical appraisal and the synthesis of available evidence about the research theme, and whose end product is the current stage of knowledge in order to provide subsidies for the implementation of effective interventions in the health care provided by nurses and other professionals[15].

The research was conducted in the period from June to July 2012 and was guided by the question: what is the published nursing knowledge about the embracement of the family of people in situation of psychic suffering in health care services?

The following databases have been searched: *Literatura Latino- Americana e do Caribe em Ciências da Saúde - LILACS* (Latin America and Caribbean Health Sciences Literature), *Bibliografia Brasileira de Enfermagem – BDENF* (The Brazilian Nursing Bibliography), Índice *Bibliográfico Espanhol em Ciências da Saúde – IBECS* (The Spanish Bibliographic Index of the Health Sciences), Medical Literature Analysis and Retrieval System Online (MEDLINE) and the Scientific Electronic Library Online (SciELO). The search used the following descriptors: "mental health", "user embracement" and "family".

Inclusion criteria were: authorship should include a nursing professional and/or student; full-text article available in the online version; publications within five years, between 2007 to 2011; the research should mention user embracement in the body text; the research should be in the aforementioned databases; nationwide research. Exclusion criteria were: studies published in languages other than Portuguese; studies that did not mention user embracement in its main text; studies published before 2007 and after 2011.

The LILACS, MEDLINE, IBECS and BDENF databases were accessed via the virtual health library of BIREME (Pan American Health Organization Specialized Center) free of cost and using its free form integrated with the aforementioned descriptors.

The SciELO database was directly accessed online, and the search used the Boolean operator (AND) with the descriptors defined by this study.

The selected articles were fully and exhaustively read. The information obtained was presented in tables and figures and analyzed based on the psychosocial care[3,5,16] and the embracement proposed by the *Política Nacional de Humanização*[9,11], focusing on the embracement of the family of people in situation of psychic suffering in health care services.

The investigation of the articles showed a very different distribution in the investigated databases and considerable overlapping publications in LILACS. A total of 33 articles was found in this database, but only 23 were fully available in the online version, and of these, 12 met the inclusion criteria: four articles that could only be found in this database; four that were shared with SciELO; two that were shared with BDENF; and two with SciELO and BEDENF simultaneously. No texts have been found in MEDLINE. In all, two articles were found in IBECS but they were published in English. Five articles were also found in BDENF; however, they had already been found in LILACS. In the SciELO database, 18 articles were found but only eight met the inclusion criteria; six of them were also available in LILACS, and only two were exclusively found in this database. This is illustrated in Table I.

Thus, the search identified a total of 47 articles; however, the study included only 14 articles for meeting the inclusion criteria. It was used an instrument developed by Ursi[17] that allowed the systematic review of the articles and favored the critical analysis of results.

RESULTS

The distribution of the publication of the 14 articles in the period from 2007 to 2011 evidenced a large amount of research published in a single year. Of the 14 studies found, eight had been published in 2011, one in 2010, three in 2009, and two in 2008. There were no articles published in 2007 as it can be observed in Figure 1.

According to Chart I, a total of 10 different journals have published these articles: seven nursing journals and three journals of other fields of knowledge (communication and health, health promotion and collective health).

Regarding the type of research (presented in Chart I), qualitative research was the most used type, followed by theoretical reflection, bibliographic research, reflexive study and experience report, each comprising one article.

With regard to the theoretical and methodological framework used in the studies, Table I shows that the most used type was the theme-based content analysis (04), followed by dialectical hermeneutic circle (03) and content analysis (03). Four studies did not specify the framework used.

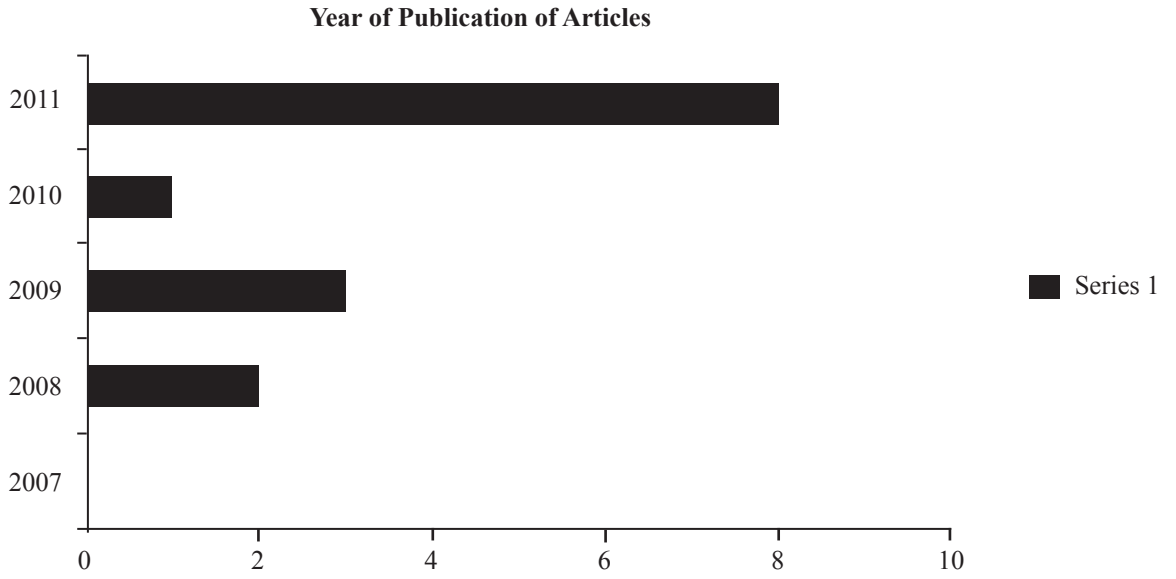

Figure 1 – Distribution of publications by nurses on embracement of the family of people in situation of psychic suffering in national journals in the period from 2007 to 2011 according to year of publication. Maceió, AL, 2012.

Regarding the integration of the several actors involved in the health care process, Table II shows that health care professionals stand out (06), followed by the family (03), counselors/community leaders (01), users (01) and scientific articles (01). Two studies did not provide this information.

The reliability of evidence is classified according to the characteristics of the source[18]. In this sense, nursing is moving towards evidence-based practice. This can be verified in Chart II, which shows the identification of Type III evidence in 10 articles, followed by Type IV evidence in four articles. There was a prevalence of qualitative original articles (10), followed by theoretical reflection (01), reflexive study (01), experience report (01) and bibliographic research (01).

Chart I - Distribution of publications by nurses on embracement of the family of people in situation of psychic suffering in national journals in the period from 2007 to 2011 according to the database, journal and research type/approach. Maceió, AL, 2012.

Database	Journal	Type of Research
1. LILACS/SCIELO	Rev Esc. Enferm USP	Theoretical Reflection
2. LILACS/SCIELO/BDENF	*Esc. Anna Nery*	Qualitative
3. LILACS/BDENF	*Online Brazilian Journal of Nursing*	Qualitative
4. LILACS/SCIELO	*Rev. Bras. Enferm*	Qualitative descriptive
5. LILACS/SCIELO	Rev. Gaúcha Enferm	Qualitative descriptive
6. LILACS/SCIELO	*Interface - Comunicacão*	Qualitative descriptive
7. LILACS/BDENF	*Rev. de Enferm. UERJ*	Qualitative descriptive
8. LILACS	Rev. Bras. Enfermagem	Qualitative descriptive
9. SCIELO	*Interface – Comunic.,Saúde, Educ*	Qualitative descriptive exploratory
10. LILACS/SCIELO/BDENF	*Rev. Esc. Enferm USP*	Bibliographic research
11. LILACS	*RBPS, Fortaleza*	Qualitative descriptive
12. LILACS	*RemE - Rev. Min. Enferm.*	Reflexive study
13. LILACS	*RemE - Rev. Min. Enferm.*	Experience report
14. SciELO	*Ciência e Saúde Coletiva*	Qualitative descriptive

Table I - Distribution of publications by nurses on embracement of the family of people in situation of psychic suffering in national journals in the period from 2007 to 2011 according to theoretical and methodological framework. Maceió, AL, 2012.

Theoretical and Methodological Framework	n	%
Theme-based contente analysis	04	28.57
Dialectical hermeneutic circle	03	21.42
Content analysis	03	21.42
N/A	04	28.57
Total	**14**	**100**

Table II - Distribution of publications by nurses on embracement of the family of people in situation of psychic suffering in national journals in the period from 2007 to 2011 according to study subjects. Maceió, AL, 2012.

Study Subjects	n	%
Health care professionals	6	42.85
Family	3	21.42
Counselors/community leaders/users	1	7.14
Users	1	7.14
Scientific articles	1	7.14
N/A	2	14.28
Total	**14**	**100**

Chart II - Distribution of publications by nurses on embracement of the family of people in situation of psychic suffering in national journals in the period from 2007 to 2011 according to the title of the article, type of research and level of evidence. Maceió, AL, 2012.

Research Identification	Title	Type of research	Level of evidence
1	The family in mental health: support for clinical nursing care	Theoretical Reflection	IV
2	Actions of mental health in family health strategy and the health technologies	Original/qualitative	III
3	Care of user with suicidal behavior: the view of Health Community Agents – qualitative study	Original/qualitative	III
4	Evaluation of family care delivered at a psychosocial care center	Original/qualitative	III
5	Evaluation of actions in mental health at the family health strategy: needs and potentialities	Original/qualitative	III
6	The concept of integrality in mental health care in the context of psychiatric reform	Reflexive Study	IV
7	Mental healthcare through therapeutic groups in a day hospital: the healthcare workers' point of view	Original/qualitative	III
8	Difficulties faced by family members of patients with mental disorders upon their return to the household after hospital discharge	Original/qualitative	III
9	Actions of nurses in a psychiatric hospitalization unit at a university hospital	Original/qualitative	III
10	Family groups: a healthcare experience for relatives of patients suffering from mental disorders	Experience Report	IV
11	Therapeutic follow-up in hospitalization: social inclusion, recovery of citizenship and respect for individuality	Original/qualitative	III
12	(Re) Constructing scenarios for action in mental health in the family health strategy	Original/qualitative	III
13	Mental health in primary health care: practices of the family health team	Bibliographic Research	IV
14	Mental health and primary care: analysis of a local experience	Original/qualitative	III

DISCUSSION

Families are partners in health care, and their participation should be favored during all the process of psychosocial rehabilitation of the person in situation of psychic suffering. During the analysis, it could be noticed that most publications were indexed in LILACS. This incites the understanding of the regions and countries where these investigations have been happening more frequently and of the results obtained since the present research was limited to articles published in Portuguese.

The predominance of qualitative studies with content analysis in the present study can be explained by its adequacy and the need to understand subjective aspects of nursing professionals' experiences that end up serving as subsidies to the daily actions in health care services.

Nevertheless, the knowledge about the needs and the importance of caring for the family and the patient in a similar way is highlighted by studies analyzed and discussed in conferences.

In order to provide a deinstitutionalized, comprehensive and problem-solving care to people with mental disorders and their families, mental health care network gaps need to be filled, e.g.: adaptation after pathology report; family orientation; adherence to treatment; hospitalization; financial support; transportation assistance; reintegration to society; inclusion in extra-hospital services after hospitalization; and the bond between professional, patient and relative[2].

This fact was highlighted in 2011 when it was evidenced the largest number of publications in this field of research, probably due to the *IV Conferência Nacional de Saúde Mental – CNSM* (The IV National Mental Health Conference) held in 2010 in Brasília – a moment for reverencing the achievement of goals set by the Psychiatric Reform and for identifying new challenges. One of them is the promotion of relationships between workers, users and relatives based on user embracement and bond in order to avoid the reproduction of the asylum model within substitutive services[16].

Because the investigated articles often included health care professionals as study subjects, their reflections are repeated countless times: the valorization of teamwork, the inclusion of multiple points of views on the assistance, and the overcoming of the biomedical care model in mental health care in order to meet the needs of people in situation of psychic suffering and their closest affective support network[19]

In order to do so, the expression of all actors involved in health care should be favored, and professionals should promote training courses and appropriation of new concepts in mental health care for the embracement of users and families in the services according to their needs. Considering the importance of the partnership between health services and families, it is worth saying that the study 10 (Chart II) – an experience report in which family associations fill gaps in the assistance provided to families in health care services – reveals an urgent need for intervention by the State and institutions in order to discuss and set goals aimed at this population[20].

The study 8 (Chart II) identifies difficulties faced by families that should be taken into account in their embracement after patient's discharge from hospital, e.g.: non-adherence to medical treatment; difficulty to access extra-hospital services; need for reorganizing the family space; conflicts caused by the relative's need to continue treatment; consecutive crises and consequent rehospitalizations; insufficient financial resources and poor orientation about existing extra-hospital services given by professionals[21].

This study[21] also reports that family's expectations about patient's return to home after hospital discharge are sometimes frustrated because most patients have chronic diseases, the treatment is long, and there is no total remission of signs and symptoms of some psychiatric disorders. Families understand that mental disorders impose restrictions in many spheres of life.

The families' knowledge and perceptions of the suffering and treatment provided are important because they show the development of the process of inclusion of families as caregivers and care receivers in addition to the quality of the treatment provided to them[5].

Such findings point to the need for public policies that can give support to the needs of families of people in situation of psychic suffering and be able to provide embracement care in similar situations. User embracement should be intersectoral and multiprofessional in order to implement contextualized practices concerning the countless problems associated with the patient's return to family living[22]. In this sense, the health care team should work within the context of mental health care networks in order to provide support to the patient and the family and hence ensure the continuation therapy and prevention of relapses.

Thus, new actors recruited as subjects of the investigated research articles allowed to look beyond health care professionals, improving subsidies to the embracement of families of people in situation of psychic suffering in health care services. The professional, during the act of caring, should consider different views and provide welcoming spaces that allow the exchange of experiences, the sharing of joys, doubts and sorrows, improving autonomy and reducing the suffering and emotional overload of families[5].

CONCLUSION

According to evidences published in nursing literature regarding the embracement of families of people in situation of psychic suffering in health care services, there is a need to provide embracement care to the patient and the family in a similar way, although it is sporadically performed depending on the awareness and previous knowledge about the Brazilian strategy for the humanization of health care.

The studies accessed by this review show that the new paradigm of mental health care, guided by Brazil's Psychiatric Reform process, requires greater investment, attention and participation by families. To do so, there is a need for greater interaction between health care services and the specialized network of mental health care to minimize the difficulties faced by families and strengthen them so they can cope with an ill relative.

Thus, nursing professionals, in cooperation with other professionals in the service, contribute to tackling obstacles to families by keeping a permanent space for listening, orienting and referring patients to reference and counter-reference services within the perspective of care networks in order to maximize the availability of existing services and the role of the family as the caregiver of its members.

It was also evident that there is a need for a better qualification of the team through professional awareness and training, focusing on the importance of having families and health care teams working together and valorizing the shared responsibility for user embracement.

According to the articles, in both hospital and primary health care the care provided to families has been considered important for the life of the person with mental disorder, acting as a partner that contributes to a successful therapy. The recognition of such importance should be considered by health care services that aim to provide quality, humanized and comprehensive care.

Based on evidences, it is possible to state that the embracement of families has been frequently pointed in articles as a tool that facilitates the rehabilitation process but is little explored by professionals. Health care services lack spaces, especially a space for therapeutic groups to discuss cases and exchange experiences since those who participate in this strategy can learn from mistakes and successes, enabling the family to understand that its life is not an extension of the difficulty faced by someone else.

This integrative review showed that there is still much to be done for the embracement of families of people in situation of psychic suffering. Thus, the next big challenge to health care is the development of a "new look", a new way to perform mental health care actions through the use of soft technologies as tools for providing care to users and families seeking health services in primary health care, *Centros de Atenção Psicossocial – CAPS* (Psychosocial Care Centers) or hospitals.

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