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RESEARCH ARTICLE

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MULTIPROFESSIONAL TEAM ASSISTANCE TO THE INDIVIDUAL AND FAMILY IN FRONT OF MENTAL DISORDERS IN BASIC HEALTH CARE

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ABSTRACT

Introduction: Common Mental Disorders (CMD) are considered clinically significant conditions characterized by depression, bipolar affective disorder, schizophrenia, dementia, intellectual disability and developmental disorders, including autism. The most prevalent symptoms are: insomnia, fatigue, forgetfulness, irritability, concentration difficulties, somatic complaints and feelings of worthlessness, which universally affect people of all ages, genders and in all countries, representing 13% of all diseases and reaching about 700 million of people in the world. It causes great economic, social, political and cultural repercussions for the individual and society and a drop in the quality of life of the subject and family members. **Objective:** To identify and analyze the scientific production about the assistance provided by the multidisciplinary team in mental health in the context of Primary Health Care. **Method:** This is an integrative literature review based on studies available in LILACS, BDENF and Scielo. The search was carried out based on the question-problem to be investigated. Regarding the criteria for selecting the collection used, we opted for the inclusion of articles that discussed PHC and the care of the multidisciplinary team in Mental Health, available in full in Portuguese, English or Spanish. **Results:** Regarding the types of problems found, it was found that the most common are: anxiety (5.2%), conduct/behavior problems (7.0%), hyperactivity (2.7%) and depression (1.6%). Autism and related problems (1%) These data confirm the importance of assistance from the multiprofessional team, not only in the treatment, but for health education with individuals and family members so that they become supporters of people and do not make them feel guilty and ashamed for their disorder. In the meantime, it was also possible to observe that in the field of mental health, Primary Care becomes the main welcoming and decisive link in the care of mental disorders. **Conclusion:** The multiprofessional team in Primary Care, developing its role in relation to users, represents the welcoming and resolute bond from the actions of health promotion and prevention. The diagnosis, treatment and adequate follow-up provide patients with better forms of support and more effective follow-up, providing these individuals with a better quality of life, acting actively in order to reduce the high mortality rates caused by mental disorders.

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INTRODUCTION

In Brazil, the prevalence of common mental disorders (CMD), such as depression, bipolar affective disorder, schizophrenia, dementia, intellectual disability and developmental disorders, including autism, in the general population is 29.9%, reaching 38% in users of Primary Health Care (SARAIVA; ZEPEDA; LIRIA, 2020). In this context, Primary Health Care (PHC) is understood as the first contact with the health system and the main organizer of the health care network, providing care in a regionalized, continuous and systematic way, assuming an important role in the care of individuals in need. Psychological suffering, as it is inserted in the territories, where it is closer to users, families and the community and meeting most of the health needs of a population, including mental health (CARVALHO, 2012). In this sense, MH care has been a major challenge for the multidisciplinary team in PHC, both with regard to assistance itself and the need to promote health and citizenship or social (re)insertion of the subject in psychological distress (SOARES; MARTINS, 2017). However, the guarantee of access offered by PHC to care services does not imply the effectiveness of health care (FRANCO, 2010). In this sense, comprehensiveness advocates that, in addition to promotion, prevention and treatment activities, the way in which care practices for individuals and family members with mental disorders are carried out in PHC is also fundamental to achieving the solvability of care (FRATINI, 2008). Therefore, the actions must be carried out in a humanized way, that is, the professionals of the multidisciplinary team must perceive the user as a subject with subjectivities (LIMA, 2012). Thus, to ensure the quality of care, interpersonal relationships should be considered in the care process (SHIMIZU, 2012).

Welcoming should be a practice valued by the professionals of the multiprofessional team, as it makes it possible to meet the real demands of users (FERREIRA, 2009). As for the organization of the team, the multiprofessional format is valued, by enabling a broader view of the subject and overcoming the biomedical model, are some of the necessary requirements that make the conception that Primary Care has the potential to perform care unanimous. In effective, comprehensive SM and in line with what is recommended by the Psychiatric Reform (SOARES; MARTINS, 2017). In this perspective, the work in a multiprofessional team formed by doctors, psychologists, occupational therapists, speech therapists, social workers and nurses enables the construction of a cooperative work from multiple technical interventions and different knowledge, allowing an integrated 'doing', by through the articulation of multidisciplinary actions and cooperation (PIRES, 2010, RODRIGUES, 2013). In view of this situation, the present study aims to identify and analyze the scientific production about the assistance provided by the multiprofessional team in mental health in the context of Primary Health Care. In view of these issues regarding the assistance provided by the multidisciplinary team to people with mental disorders and their families, the object of this study is relevant to contribute to the formulation of practices that are more consistent with the demands of users regarding health work in Primary Care. To Health, access and satisfaction, resolution and quality of service for people with mental disorders and their families. Thus, the present study has as its guiding question: "what does the literature address about the role of the multidisciplinary team in assisting people with mental disorders and their families, in Primary Health Care?"

METHODS

This is an Integrative Literature Review study, which gathers and synthesizes previous research on a delimited problem, in an orderly and systematized way, which allows for in-depth knowledge on the subject. To this end, the Integrative Literature Review follows some

steps that allow for greater technical and scientific rigor and which is arranged as follows: 1st Step: identification of the theme or formulation of the guiding question; 2nd Stage: establishment of criteria for inclusion and exclusion of studies and sampling or literature search; 3rd Stage: categorization of studies; 4th Stage: evaluation of the studies included in the review; 5th Stage: discussion and interpretation of results (it is about establishing a discussion between the main results found); 6th Stage: synthesis of the knowledge evidenced in the analyzed articles. This research was based on studies available in LILACS (Latin American and Caribbean Literature on Health Sciences), BDNF (Nursing Database) and Scielo (Scientific Electronic Library Online) databases. The search was carried out based on the question-problem to be investigated, using the descriptors: Primary Health Care, Mental Health and multidisciplinary team. Regarding the criteria for selecting the collection used, we opted for the inclusion of articles that discussed PHC and the care of the multidisciplinary team in Mental Health, available in full in Portuguese, English or Spanish.

Other criteria for selection were the time period of publications from 2019 to 2022, provided that the full text was available through open access. Articles that dealt with a pathology or a certain age group and that had no direct relationship with primary health care were excluded. In the initial search, associating the descriptors Primary Health Care and Mental Health, 545 articles were found. After applying the selection and exclusion criteria, 60 articles remained. Then, a new refinement was carried out considering the reading of the Title and Abstract, seeking to identify only those pertinent to the guiding question of this study. In the end, 05 articles were selected, which made up the corpus of analyzed publications, followed by data interpretation and textual elaboration, whose findings are presented below in table 1.

RESULTS AND DISCUSSION

After analyzing these studies, it is observed that the majority (n=2) were published in the year 2022, followed by the years 2021 (n=2) and 2020 (n=1). The fact that there were no publications on this topic in 2019 is considered important. Another important data concerns the region in which the studies were carried out, with the South (n=3), Southeast (n=1) regions being the most represented.), followed by the Northeast region (n=1). The absence of studies in the northern region of the country, in this period, is a loss for Brazilian public health, given that it makes it impossible to know about the practices of the multiprofessional team in mental health developed in primary care for people with disorders mental health and their families. In study E1, it was possible to observe that the professionals who make up the multidisciplinary team who work with care focused on mental health need to be able to offer longitudinal care, integrating the family's participation in the therapeutic follow-up and, when necessary, providing referring patients to specialists. In study E2, it was identified that care for patients with mental disorders is shared with professionals from the Family Health Support Centers (NASF) who work with the Family Health teams, integrating multidisciplinary teams. NASF professionals work to ensure greater resolution to cases of mental disorders in primary care. The work of these professionals has great value in the treatment of patients with mental disorders, as they increase the lines of knowledge about the complexity of these diseases and cover a greater offer of care. As well as, with the shared work of the multiprofessional team, it is possible to maintain the integrality of the service. In addition, in study E3, the interdisciplinary process centered on the user is addressed, making it possible to carry out surveillance, promotion and health care actions for individuals and families. In the E4 study, the matrix support is highlighted, through NASF professionals, which enables a shared form of care in the daily work process and the integration of

	Magazine/Year	Title	Goals
E1	Journal of the USP School of Nursing, 2022	Resistance to interprofessional collaboration in in-service training in primary health care	To analyze the resistance to interprofessional collaboration in the professional practices of residents in primary health care.
E2	Research, Society and Development Magazine, 2022	Mental health in Primary Care: perspectives from the expanded and shared clinic	Understand the organization of care for mental health demands, focusing on psychic suffering, in a Basic Health Unit (BHU) in a small city in the State of Santa Catarina.
E3	Online Research Magazine, 2021	Reception in primary health care in the perception of the multiprofessional team	Understanding the reception in the basic health unit in the perception of the multiprofessional team.
E4	Research, Society and Development Magazine, 2021	Reception and flow of patients with mental disorders in Primary Care: experience report	To report the experience on the development and implementation of the booklet on reception and flows of these users as educational material for Primary Care Health professionals.
E5	Anna Nery School Magazine, 2020	Mental health in Primary Care: challenges for the resolution of actions	Identify the challenges faced by professionals to add resolution to mental health actions developed within the scope of Primary Care.

professionals from other levels of care for a holistic care focused on mental health in the APS. While, in study E5, it shows that care for people with mental disorders must be carried out by a multidisciplinary team that act in an interdisciplinary way and that make the user aware of taking the leading role in their treatment. In addition, qualified professionals are essential since there are numerous obstacles, ranging from the physical structure of health units to the direct care of individuals with mental disorders. The importance of professionals being trained to deal with the care of these individuals and family members makes it even more relevant to focus on mental health. All the selected studies argue that the approach of health professionals in the multidisciplinary team does not stigmatize or blame individuals causing risk factors such as increased likelihood of harmful health behaviors, greater chance of social isolation, dissatisfaction and even suicide. Studies show that it is necessary to think about people with mental disorders not only in the initial phase but also in the chronic phase and to investigate whether families are prepared to get involved in the therapeutic plan, with professionals providing the necessary support. Thus, family members should be encouraged to participate in the treatment and rehabilitation process, as contact with the family allows the subject to develop care and self-care skills in the context of coexistence, as well as access social services in their community in a participatory way, making them that the person with mental disorder feels welcomed and belonging to society. It is noteworthy that the family is fundamental for the user, being essential and facilitating this process, where the treatment does not only involve the health professional, but also the user and their relatives.

CONCLUSION

This study demonstrates the performance of the multidisciplinary team in PHC, where it is understood that users with mental disorders will have a more resolute service for their demands. It is observed that the strategies and practices related to mental health care are still very much focused on consultations with the psychiatrist and on medication, which ends up hurting the objectives of the Psychiatric Reform. Few studies were identified that prioritize the assistance of the multidisciplinary team to individuals and families. The lack of specialized professionals and the lack of training for professionals from the multidisciplinary team who work in primary care are identified as difficulties in offering more resolute and better quality care for people with mental disorders. As well, these professionals should carry out more activities aimed at welcoming issues arising from psychic suffering and mental disorders so that users can develop their autonomy, as recommended by the Mental Health Policy. For resolute mental health care, dialogue and joint planning between team professionals will provide the development of matrix support as a strategy so that a unique therapeutic project can be implemented and so that these points of care can help the multiprofessional team that often they do not feel qualified to provide quality care to mental health users. Finally, as this research has its limitations, both in terms of the literary focus around a specific theme and in the limited number of articles analyzed, it is not possible to generalize the findings to all regions of the country.

However, even with such limitations, this research may support new studies and provoke reflections in the field of care provided by the multidisciplinary team in mental health in primary health care.

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