v. 4, n. 87, 2024

International Journal of Health Science

WHITE JANUARY: WELCOMING PEOPLE SUFFERING FROM MENTAL ILLNESS IN PRIMARY CARE

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Acceptance date: 24/09/2024

INTRODUCTION

Global Mental *Health* (GMH) is a field not only of study but also of practice that aims to reduce inequities in access and health care on a global scale. The main focuses of GMH are: gathering information on the impact of mental disorders on populations; analyzing the current state of access and quality of treatments available globally; proposing/evaluating interventions that seek to overcome the difficulties encountered in this offer, with a view to guaranteeing the best care available for these conditions (WENCESLAU & ORTEGA, 2015).

In 2007, a series of articles entitled *Global Mental Health* was published in the British journal *The Lancet*. Some of the important topics covered were: the health impact and burden of mental disorders; the evidence of effective treatments; the unmet need for care in countries classified as *low and middle* income *countries* (LAMIC) by the World Bank; the scarcity and unequal distribution of resources; the barriers to expanding mental health services (WENCESLAU & ORTEGA, 2015).

This same series of articles found that between 1990 and 2010, mental and behavioral disorders were responsible for about a quarter of all *years lost due to disability* (YLDs). In the same period, *disability-adjusted life years* (DALYs) attributed to mental, neurological and substance abuse disorders increased by 38% and accounted for 7.4% of the total global burden of health problems. Projections made by the World Health Organization (WHO) indicate that by 2020 depression should be the second most important cause of disability, second only to ischemic heart disease. It is worth noting that three quarters of the global burden of mental illness is in countries classified as LAMIC (WENCESLAU & ORTEGA, 2015).

One of the main targets for analysis and intervention in GMH is the so-called *mental health* gap, which consists of the fact that a significant proportion of people with mental disorders do not receive adequate treatment or are even recognized and diagnosed with such problems. Although there are several effective treatments, many mental health patients do not have access to them. It is estimated that the treatment *gap* for schizophrenia is 32.2% and for depression 56%. In LAMIC countries, for every four people with mental disorders, only one receives adequate treatment (WENCESLAU & ORTEGA, 2015).

Rebello et al. (2014) carried out a review that pointed to three main strategies for reducing the treatment *gap* and, consequently, the burden of disease produced by mental disorders: the integration of mental health care into primary care services; the sharing and delegation of tasks; and the incorporation of technological innovations into existing models of service provision in the field of mental health. Integration between mental health and primary care has the potential to reduce stigma and help with the lack of specialized services in the most vulnerable places (REBELLO *et al*., 2014).

With regard to current legislation on the subject, Bill 1836/19 is currently before the National Congress and aims to establish the "White January" campaign, which dedicates the month to promoting mental health (CÂMARA DOS DEPUTADOS, 2019). In the state of Paraná, Law 19.430 of March 15, 2018 is already in force, establishing the month of "White January" to carry out educational actions aimed at promoting mental health (ASSEMBLÉIA LEGISLATIVA DO ESTADO DO PARANÁ, 2018).

MENTAL HEALTH AND PRIMARY CARE

Primary health care (PHC) can be defined as the level of the health system responsible for providing users with the necessary care for their most prevalent health problems, which includes preventive, curative, rehabilitation and health promotion measures, with a resolving capacity of around 80% of such problems. PHC is also the first contact in the care network within the complex health system. It is mainly characterized by the continuity and comprehensiveness of care, as well as the coordination of care within the system itself, family-centred care, community orientation and participation, and the cultural competence of professionals (STARFIELD, 2004).

The document *Integrating mental health into primary care: a global perspective*, produced by the *World Health* Organization (WHO) and the *World Organization of Family Doctors* (WONCA), provides global guidelines and reports of successful experiences from various countries on integrating mental health and PHC. The document lists the following as essential PHC services: early identification of mental disorders, treatment of common mental disorders, management of stable psychiatric patients, referral to other levels when necessary, attention to the mental health demands of people with physical health problems, as well as prevention and promotion of mental health (WHO & WONCA, 2008).

In addition, the report highlights seven main reasons for integrating mental health and PHC: (1) high disease burden of mental disorders; (2) connection between physical and mental health problems; (3) large therapeutic *gap* for mental disorders; (4) increased access; (5) promotion of human rights; (6) availability and cost-effectiveness; (7) good clinical results (WHO & WONCA, 2008).

Correia et al. (2011) carried out a systematic review of the national literature on the subject of "mental health care for people with mental suffering and their families assisted by family health team professionals". Analyzing the 17 articles selected, the authors outlined four central themes regarding the actions developed in the Family Health Strategy (ESF): home visits to people with mental disorders and their families; bonding and welcoming; referrals and therapeutic workshops. It was concluded that mental health actions in primary care are heterogeneous in their execution and depend on individual mobilization by professionals or political decisions by local management. Finally, the best strategy for achieving successful care for mentally ill users in the ESF was to invest in the qualification of professionals through permanent education and training in the field of mental health (CORREIA *et al*., 2011).

Another study by Tanaka and Ribeiro (2009) highlighted the importance of incorporating actions to deal with situations of violence and mental health problems. The study analyzed the care provided to 411 children aged between five and eleven in a health unit in the city of São Paulo. The clinical data obtained was compared with an inventory of standardized symptoms, the *Child Behavior Checklist* (CBCL). Semi-structured interviews were also conducted with the pediatricians who attended the patients. The results showed that pediatricians have a low capacity for recognizing mental health problems in children, the main causes being: deficiency in training and lack of the possibility of concrete action when faced with a complaint or diagnostic hypothesis. The authors therefore stress the importance of offering pediatricians specific technical support in mental health and, consequently, incorporating more appropriate intervention technologies, such as welcoming and qualified listening (TANAKA & RIBEIRO, 2009).

EPIDEMIOLOGICAL ASPECTS OF MENTAL HEALTH

In 2017, the World Health Organization issued a report on the epidemiology of the most prevalent mental disorders, including depression and anxiety disorders. It estimated that in 2015 the total number of people living with depression was 322 million, approximately 4.4% of the world's population, and that it was more common in women (5.1%) than in men (3.6%). The most affected regions are Southeast Asia (27%) and the Western Pacific (21%), followed by the Americas (15%)(WHO, 2017).

With regard to anxiety disorders, approximately 3.6% of the world's population lived with this illness in 2015 (264 million people), and it is more common in women (4.6%) than in men (2.6%). The highest prevalence is in Southeast Asia (23%) and the Americas (21%). As for the most prevalent mental disorders, which make up a large group of depressive and anxiety disorders, the estimated global rate is 4.4% for depressive disorders and 3.6% for anxiety disorders (WHO, 2017).

Another parameter analyzed in the WHO report is the *years lost due to disability* (YLDs). Depressive disorders led to 50 million YLDs in 2015, with more than 80% of this burden of disease occurring in low- and middle-income countries. Globally, depressive disorders are classified as the main contributor to non-fatal disease burden, accounting for 7.5% of all YLDs. Anxiety disorders, on the other hand, led to a total of 24.6 million (3.4%) YLDs in 2015, ranking 6th[o] in the ranking of the biggest causes of YLDs (WHO, 2017).

In Brazil in 2015, the prevalence of depressive disorders was 5.8%, totaling 11,548,577 cases, slightly above the world average (4.4%). Anxiety disorders accounted for 18,657,943 cases, corresponding to 9.3% of the population, considerably above the world average (3.6%). With regard to YLDs, depressive disorders accounted for 10.3% and anxiety disorders for 8.3% of YLDs - both above the world average (WHO, 2017).

A multicenter study carried out by Gonçalves et al. (2014) investigated the prevalence of mental disorders among primary care users in four Brazilian state capitals: Rio de Janeiro, São Paulo, Fortaleza and Porto Alegre. The study used two instruments, the *General Health Questionnaire* and the *Hospital Anxiety and Depression Scale*. The rate of mental disorders found among users was: 51.8% in Rio de Janeiro, 53.3% in São Paulo, 64.3% in Fortaleza and 57.7% in Porto Alegre (GONÇALVES *et al*., 2014).

An ecological study by Souza (2016) shows the magnitude of the occurrence of mental disorders in primary care in Brazilian municipalities, using the Primary Care Information System (SIAB) as the main source of data. The data presented refers to the year 2014, in which 15,216 cases of mental disorders were observed in 42 (0.8%) municipalities, corresponding to 16.9/100,000 inhabitants in Brazil. The recording of mental disorders in primary care was more frequent: in the Southeast and South macro-regions; in state capitals; in municipalities with a population of more than 200,000 inhabitants; in places where primary care coverage was greater than 75%; and in places that had a CAPS. The South region was responsible for 62.6% of the records of mental disorders, 53.3% of which were in Paraná.

MENTAL HEALTH LEGISLATION AND GUIDELINES

In Brazil, the Unified Health System (SUS), according to the National Primary Care Policy, has the Family Health Strategy as its PHC model - or also "basic care", as PHC is called in Brazilian public policies. The ESF is implemented by means of a family health team made up of: a doctor, a nurse, a nursing technician and community health agents (ACS) in numbers proportional to the number of users - a maximum of 12 ACS per team and a maximum of 750 users per ACS. This team is responsible for offering PHC services to the population of a specific geographically delimited territory, also taking into account cultural, economic and accessibility aspects, among others. The recommended average population for each ESF team is three thousand people, with a maximum of four thousand (WENCESLAU & ORTEGA, 2015).

Various SUS legislative, normative and technical documents address the role of primary care and the ESF in mental health. Ordinance No.º 224 of 1992 is the first regulation of mental health care in the SUS and establishes Basic Health Units and CAPS as the preferred services for mental health care, to the detriment of hospitals. Law nº 10.216 of 2001 is the main legislative milestone in the field of mental health in Brazil, guaranteeing people with mental disorders important achievements, such as: access to the best therapy available in the health system; protection against abuse and exploitation of any kind; preferential treatment in community mental health services (BRASIL, 2004).

Ordinance No.º 336/2002 of the Ministry of Health (MS) sets out in detail the CAPS operating model, which is now organized in three modalities, in increasing order of size/complexity and scope, but without guidelines on the role of primary care. It also states that CAPS have the function of "supervising and training primary care teams, services and mental health programs within their territory and/or care module" (BRASIL, 2004, p.126).

Although there are no specific operational guidelines for PHC in the aforementioned documents, primary care is seen as a fundamental part of the mental health care network. In the book "Reforma Psiquiátrica e política de saúde mental no Brasil" (Psychiatric Reform and Mental Health Policy in Brazil), it is emphasized that primary care teams, due to their proximity to families and communities, "present themselves as a strategic resource for tackling important public health problems, such as problems linked to alcohol and drug abuse and various other forms of mental suffering" (p. 33). The document also states that "there is a component of subjective suffering associated with any and all illnesses, sometimes acting as an obstacle to adherence to preventive practices or healthier lifestyles" (p. 33). According to this publication, the Ministry of Health is encouraging primary care policies to include both guidelines for this subjective dimension of the user, as well as care for the most prevalent mental health problems (BRASIL, 2005).

In terms of guides, guidelines and manuals, the Ministry of Health has a series of publications called Cadernos de Atenção Básica, which are important tools for primary care health professionals. Published in 2013, the Caderno de Atenção Básica em Saúde Mental (Basic Care Notebook on Mental Health) covers a number of relevant topics, and it is worth highlighting the so-called "power of welcoming". Reception in health units is considered a valuable device for forming bonds and practicing care between professionals and users. Already in the first conversation, the health unit team can offer a space to listen to users and their families, so that they feel safe and calm to express their afflictions, doubts and anxieties, knowing that

the unit is available to welcome, monitor and care for the case, and that care can be shared with other services if necessary (BRASIL, 2013).

In addition, the book provides examples of therapeutic actions common to primary care professionals, which can be carried out in the most diverse care sectors. These include: providing the user with a moment to think-reflect; practicing good communication; exercising the skill of empathy; remembering to listen to what the user needs to say; welcoming the user and their emotional complaints as legitimate; offering support in the right measure, so as not to make the user dependent or overload the professional. Recognize the user's models of understanding (BRASIL, 2013).

Another interesting publication from the Ministry of Health is the fifth volume of Caderno HumanizaSUS, which deals specifically with mental health. It is part of a series of thematic notebooks on the so-called National Humanization Policy (PNH) of the SUS, with this volume focusing on the experiences and debates that permeate the Psychiatric Reform. In one of the articles that make up this work, author Sílvio Yasui (2013) states that the PNH and mental health "are bets that are built on the edges [and fissures] of a conservative daily life". In this way, the prospects of the publication are to bring to the debate the struggle for resolutive, comprehensive and humanized health care for users in psychological distress. Therefore, humanization in the field of mental health would mean advancing the principles and strategies of the Brazilian Psychiatric Reform itself (BRASIL, 2013; BRASIL, 2015; YASUI, 2013).

As far as the state of Paraná is concerned, in 2011, the Mental Health Care Network was defined as one of the five priority networks within the Paraná State Health Department, from which the Strategic Planning process began with the participation of various professionals working at the mental health interface. This Strategic Planning established the State Mental Health Policy, which has led to many advances in the field of Mental Health in Paraná, such as the expansion in the number of points of care and continuing education for professionals in the area. In April 2014, the Mental Health Care Network of the State of Paraná was officially launched, an event at which Workshops were held, as well as the inauguration of services. Thus, the "Mental Health Care Guide Line" was built, which aims to contribute to the qualification of the Network, in which the care of users in psychological distress is provided by several professionals, using the logic of shared responsibility (PARANÁ, 2014).

THERAPEUTIC INTERVENTIONS IN MENTAL HEALTH IN PRIMARY CARE

Health units, whether UBS or ESF, have an important potential to offer mental health care to users. First of all, professionals must realize that from listening to the user, through a well-executed welcome, to drawing up a care plan, they are sources of effective interventions (CHIAVERINI, 2011).

The bond with families is an important point to explore (GRYSCHEK & PINTO, 2015; CHIAVERINI, 2011). Primary care professionals often ignore the therapeutic importance of the bond. Given that primary care is the user's gateway to the health system, longitudinal care favors the Health Unit as a place to strengthen the bond between both the system and the user (CHIAVERINI, 2011).

The relationship between health professional and user can in itself be therapeutic, provided it is well structured. Thus, four pillars of the therapeutic action of the bond can be listed: (1) welcoming, (2) listening, (3) support, (4) clarification. The first of the-

se, welcoming, will be responsible for establishing the bond and enabling care. The second, listening, will allow the user to let off steam and create spaces for reflection on their suffering and its causes. The third is support, which represents a continent for the feelings involved, in a way that reinforces the security of those who suffer, which results in empowerment in the search for solutions to their own problems. Finally, clarification dispels fanciful ideas and increases the user's level of information, which can reduce anxious and depressive symptoms; it also facilitates reflection and allows the user to restructure their thinking, with repercussions on both the emotional and physical spheres (CHIAVERINI, 2011).

These strategies to strengthen the bond can act therapeutically, reducing emotional suffering and even promoting personal restructuring and helping to manage the mental disorders present in users. In addition, they can have an impact on improving the ability to *cope* with life's problems, as well as increasing self-esteem and resilience (CHIAVERINI, 2011).

Thus, with adequate training and support, health units can be places not only for diagnosis and referral to other services, but also for providing mental health care (GRYSCHEK & PINTO, 2015; CHIAVERINI, 2011). The aim of this study was therefore to develop an intervention plan focusing on the reception of people suffering from mental illness at a Health Unit in the municipality of Ponta Grossa, Paraná.

METHODOLOGY

An intervention plan was drawn up, based on consistent strategies derived from the literature review, aimed at training health professionals and educating the community about the issue.

The intervention plan was guided by the "White January: welcoming people in mental distress" action research. Action research can be defined as a spiral of stages, made up of cycles of planning, action and discoveries resulting from that action. It also allows for extensive and explicit interaction between the researcher and the people involved in the situation under investigation, thus resulting in the prioritization of problems to be researched and the solutions to be worked on (QUEIROZ *et al*., 2012).

Action research is made up of five stages: exploratory; interest in the research topic; definition of the problem; theoretical bases; preparation of the proposal. In the exploratory stage, a situational diagnosis was carried out, which revealed a demand for mental health care on the part of users and a lack of training on the part of the team. With regard to the interest in the research topic, estimates from the Ministry of Health indicate that the demand for mental health in primary care consultations ranges from one third to 50% of demand, and is therefore a common and relevant problem (GRYSCHEK & PINTO, 2015). The demand from both the team and the healthcare services corroborated this data from the literature.

With regard to the definition of the problem, a lack of knowledge on the part of health professionals was revealed in the face of a significant demand from mental health patients. It can thus be considered a problem of low control in terms of governability, as it requires the engagement of both the unit's staff and users (LACERDA *et al*., 2016).

With regard to the theoretical basis, a literature review was carried out to build the intervention plan. Finally, with regard to drawing up the proposal, we opted for an intervention plan aimed at training health professionals and educating the community about mental health.

The preparation of the proposal followed a months-long work plan and meetings with the Unit's team, so that the most important problems could be prioritized, as well as the development of coping strategies (CALVO *et al.*, 2016). The intervention consisted of four actions during the month of January 2021 - White January, mental health awareness month: (1) production of an educational video on mental health to be shown on television at the reception desk of the Unit, with the aim of promoting health education among the population during White January; (2) production of a poster on mental health promotion to be shown at the reception desk of the Unit, with the aim of promoting health education among the population during White January; (3) production of a *flyer* for health professionals at the Unit on how to manage people suffering from mental illness, with the aim of providing training on the subject; (4) distribution of buttons to health professionals at the Unit, with the aim of promoting the White January campaign.

All the actions were evaluated using a questionnaire distributed to the Unit's staff, which was filled in anonymously, with objective and subjective questions about the actions.

RESULTS AND DISCUSSION

The first action in the intervention plan was to make an educational video on mental health, which was aimed at users of the Unit. The script for the video was based on the concept of mental health proposed by the World Health Organization, in which mental health is defined as "a state of well-being in which an individual realizes his or her own abilities, can cope with everyday stresses, can work productively and is able to contribute to his or her community" (WHO, 2014).

Thus, the following key points were addressed in the video: (1) knowledge of one's own abilities; (2) contributions to the community in which one lives; (3) productivity at work; (4) stress management. Finally, wellness techniques such as regular physical exercise, healthy eating and health care were highlighted (ANDREWS, 2014; GAINO *et al.*, 2018).

The second action in the intervention plan was to make a poster to display in the reception area of the unit, with motivational phrases drawing attention to the cause of mental health, all taken from the website of the official "White January" campaign in the state of Minas Gerais.

The idea of building a poster and putting it up in the Unit's waiting room was to raise the profile of the issue, given that for any service at the Unit you have to get a ticket and wait in the waiting room. The poster was on display throughout January. Both the video and the poster were designed with the Unit's users as the target audience.

FIGURE 1 - WHITE JANUARY: EDUCATIONAL POSTER FOR USERS

SOURCE: The author (2021).

Bastos (2010) highlights the underutilization of waiting room space, a place where users circulate and stay for some time, often deprived of quality information about mental health. Although the video for this action research was shown for a whole day in the Unit's waiting room, its reach was reduced

due to the health limitations imposed by the current coronavirus pandemic. Thus, patients waiting in the waiting room were able to watch the video, but the number of patients seen was considerably lower than in pre-pandemic times. In any case, the aim was to transform the waiting time into a moment of health education (PORTUGAL et al., 2011).

The third action in the intervention plan was to draw up a *flyer* on the reception of users in psychological distress in primary care, aimed at the health professionals at the Unit. The language used was clear and concise to facilitate understanding, given the heterogeneity of the care professionals in terms of academic training.

FIGURE 2 - WHITE JANUARY: FLYER FOR PRIMARY CARE PROFESSIONALS

SOURCE: The author (2021).

Concepts about the origin of the "White January" campaign were brought up, explaining that in this month people are usually more likely to think about their lives, emotions, social relationships, conditions and existential meanings, given the prevailing cultural traditions. Thus, analogous to a blank "sheet" or "canvas", users can be encouraged to write or rewrite their own stories (UFAM, 2020). In addition, the concept of mental health brought up by the World Health Organization was highlighted as "a state of well-being in which an individual realizes his or her own abilities, can cope with everyday stresses, can work productively and is able to contribute to his or her community" (WHO, 2014).

Once the purpose of the campaign had been introduced, strategies were presented on how to promote mental health in the health unit, with a focus on encouraging health promotion practices such as physical activity, as well as reinforcing the importance of strengthening the bond between the person suffering from mental illness and the team. To support this process of effective bonding, the pillars of the therapeutic action of bonding proposed by the Practical Guide to Matrix Support in Mental Health organized by Chiaverini and collaborators (2011) were presented. These are: welcoming, listening, support and clarification.

The first of these, welcoming, is responsible for establishing the bond and enabling care. The second, listening, allows users to vent and create spaces for reflection on their suffering and its causes. The third is support, which represents a continent for the feelings involved, aiming to reinforce the safety of those who suffer, with consequent empowerment in finding solutions to their own problems. Finally, clarification demystifies fanciful ideas and contributes to the user's level of information, which can even reduce anxious and depressive symptoms. Clarification also facilitates reflection and opens up the possibility for users to restructure their thinking, with emotional and physical repercussions (CHIAVERINI, 2011).

In addition to producing the *flyer*, the material was distributed and presented during a team meeting in January, with the aim of aligning the action research proposal with all team members. On this occasion, buttons with the White January campaign logo were also distributed, so that the professionals at the Unit could wear them throughout the month, helping to raise awareness of the

issue (Figure 3). The event was announced to the professionals in person during a visit by the author of this action research to the Unit, when she briefly explained the four actions planned for White January and their respective objectives. The team meeting was attended by all 11 employees who were present at the Unit on the day in question: a janitor, an administration assistant, two community health agents, an endemic disease agent, three nursing technicians, two nurses and a doctor, as well as the author of this action research.

FIGURE 3 - WHITE JANUARY: BUTTONS FOR PRIMARY CARE PROFESSIONALS

SOURCE: The author (2021).

Once the *flyer* had been presented at the team meeting, participants completed an anonymous evaluation of the action research. The questionnaire contained objective and subjective questions about the White January actions. Of the 15 members of the Unit's team during the month of January - the others were on vacation - 11 attended the team meeting where the *flyer* was presented. The four who didn't attend were on sick leave with a suspected coronavirus.

The event evaluation questionnaire was answered by all the participants (N= 11), showing satisfactory participation. To identify the questionnaires, they were randomly numbered from 1 to 11, and the answers to the subjective questions were transcribed with the respective number preceded by the letter "P", alluding to "participant". The answers were kept confidential, as the questionnaires were not identified.

With regard to the objective questions evaluating the event itself, all the participants (n=11; 100%) considered the topics covered to be "excellent". The programming and organization of the event, as well as the lecturer's knowledge of the topics covered, were considered "excellent" by 10 of the 11 participants (90.9%). The adequacy of the facilities where the event was held, i.e. the Unit's meeting room, was considered "excellent" by more than 70% of the participants (n=8). Publicity was considered "excellent" by 63.63% (n=7), "good" by 27.27% (n=3) and "fair" by one participant.

All the participants (n= 11) said they would recommend the event to other people. Among the answers as to why they would, there were two main groups: the importance of the theme and the experience at the event; personal impressions and reflections arising from the event. The theme was considered "*very interesting, because it made it clear how important it is to welcome and listen to the patient*" (P2), as well as a tool that "*helps develop team activities*" (P3). Some of the impressions and reflections arising from the event are worth highlighting: "*we can motivate ourselves to put ourselves in the patients' shoes*" (P7); P8 would recommend the event because "it *helps a lot to understand people*"; while P10 considers that "*discovering that we can give support already when listening, that was worth the afternoon*"; finally, P9 says that the event was of "*great value, because if we get physically ill, we also get mentally ill*".

With regard to the positive points of the event, P1 said that he thought it was "*very important, since we have a lot of mental health patients*", confirming the situational diagnosis

of the high prevalence of mental disorders in the population assigned to the Unit. P8, on the other hand, emphasizes the importance of the event for the team as a whole, saying that "*it helps us to get along more with each other*" and P10 highlights the way the topic was approached: "*It's good when we treat a topic that can be 'heavy' in a 'light' way, it makes us feel more at ease*".

Some optional comments that could be made in the questionnaire also caught the eye, such as P9's statement on the issue of fear in relation to mental health patients "*We shouldn't show fear towards them (because they are sick and need treatment) and they are like children who need to be re-educated*". P5, on the other hand, emphasizes the importance of listening "*It's very important to know how to listen and all the difference that makes to patient care*."

Finally, participants were able to raise topics of interest in the event of new editions of the event. Some topics were suggested: mental health of frontline workers in the face of a pandemic; mental health - caring for the caregiver; the role of occupational therapy in mental health; how to approach mental health patients in their own homes, during home visits, and in cases of psychomotor agitation; how to start approaching a suicidal patient.

A study carried out by Santos (2018) provides an example of an action research project that aimed to empower elderly people to prevent depression through educational interventions. After the educational activities were carried out and evaluated by the elderly, there was a better understanding among the elderly of depression, its forms of prevention and treatment (SANTOS, 2018). Like this action research, the work of Santos (2018) brought educational actions as an object of empowerment, and in this action research the professionals of the Unit who deal with a large public of mental health users were able to have contact with the theory behind the reception of the person in mental suffering, optimizing this management.

Another important point raised at the unit's team meeting was the stigma attached to mental health patients. P9 brought up the issue of fear, which is closely related to this stigma "*We shouldn't show fear towards them, because they are sick and need treatment*" (P9). In this context, it is worth highlighting the study by Ferreira and Carvalho (2020), which aimed to assess the stigmatizing attitudes of students on a technical course in Nursing, in relation to mental disorders. These attitudes were assessed before and after an intervention in the mental health subject, which included strategies for coping with the stigma associated with mental disorders, as well as the application of the Scale for Measuring Stigmatizing Attitudes and Opinions on Mental Illness (ODM) (FERREIRA & CARVALHO, 2020).

The results showed a positive evolution in terms of students' attitudes, especially with regard to the stigmas of irrecoverability, dangerousness, stereotyped appearance, as well as the etiology of mental disorders (FERREIRA & CARVALHO, 2020). In this action research, there was no pre- and post-intervention evaluation as in the study mentioned above, but the subjective responses to the questionnaire showed unanimous satisfaction with the topic and the way it was approached. Perhaps the stigma of the mentally ill is an interesting topic to work on, given the issue of fear raised by P9, as well as the suggestions for topics involving the approach to the mentally ill, such as the management of suicidal patients and patients with psychomotor agitation at home.

FINAL CONSIDERATIONS

Health units have considerable potential for providing mental health care to users. From a well-delivered welcome, with good listening to the user, to drawing up a personalized care plan - all are sources of effective interventions. Considering primary care as the gateway for users into the health system, the Health Unit is a very important place to strengthen the bond between the system and the user (GRYSCHEK & PINTO, 2015; CHIAVERINI, 2011).

The main limiting factor for this study's intervention plan was the restrictions imposed by the current pandemic, since continuous actions, meetings with a larger number of people and prolonged interactions were not possible. Another important limiting factor was the fact that the unit is located in another municipality from where the author of this action research currently lives, making it difficult for her to go frequently to better publicize the event and promote links with the community.

Through the actions carried out, it was possible to raise the issue of mental health in a light and accessible way. The participants showed, both in the questionnaires and in informal conversations, satisfaction with the actions and a desire for future meetings. This action research contributed to both the professionals and the users by offering a valuable tool for welcoming mentally ill patients: the therapeutic action of bonding.

For future interventions, it would be interesting to take into account the topics requested, as well as explore possibilities for greater community engagement, with a view to broadening the scope of the knowledge shared with users.

REFERENCES

ANDREWS, S. **Stress a seu favor: como gerenciar sua vida em tempos de crise**. São Paulo: Ágora, 2014.

ASSEMBLÉIA LEGISLATIVA DO ESTADO DO PARANÁ. Janeiro Branco - Campanha pela saúde mental. Curitiba, 2018. Disponível em: http://www.assembleia.pr.leg.br/index.php/agoraelei?showPopup=janeiro-branco-campanha-pela-saude-mental. Acesso em: 23 nov. 2020.

BASTOS, G. B. P. **Comunicação e saúde: utilizando recursos tecnológicos como estratégia para esclarecimento dos usuários do SUS**. 25 f. Monografia de pós graduação (Especialização em Atenção Básica) - Universidade Federal de Minas Gerais, Belo Horizonte, 2010.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica **Cadernos de Atenção Básica, nº 34, Saúde Mental**. Brasília: Ministério da Saúde, 2013. E-book. Disponível em: https://www.saude.sc.gov.br/index.php/documentos/atencao-basica/saude-mental/8838-caderno-de-atencao-basica-saude-mental-n-34/file. Acesso em: 20 set. 2020.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. **Caderno HumanizaSUS**, **v. 5, Saúde Mental**. Brasília: Ministério da Saúde, 2015. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/saude_mental_volume_5.pdf. Acesso em: 20 set. 2020.

BRASIL. Ministério da Saúde. Secretaria-Executiva. Secretaria de Atenção à Saúde. **Legislação em saúde mental: 1990-2004**. 5a ed. Brasília (DF): Ministério da Saúde, 2004. E-book. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/legislacao_saude_mental_1990_2004_5ed.pdf. Acesso em: 20 set. 2020.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. DAPE. Coordenação Geral de Saúde Mental. **Reforma psiquiátrica e política de saúde mental no Brasil**. Documento apresentado à Conferência Regional de Reforma dos Serviços de Saúde Mental: 15 anos depois de Caracas. Brasília (DF): OPAS; 2005. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/Relatorio15_anos_Caracas.pdf. Acesso em: 20 set. 2020.

CALVO, M. C. M.; MAGAJEWSKI, F. R. L.; ANDRADE, S. R. **Gestão e avaliação na atenção básica**. Florianópolis: Universidade Federal de Santa Catarina, 2016. 3ª ed. E-book. Disponível em: https://unasus.ufsc.br/atencaobasica/files/2017/10/Gest%C3%A3o-e-Avalia%C3%A7%C3%A3o-na-Aten%C3%A7%C3%A3o-B%C3%A1sica-ilovepdf-compressed.pdf. Acesso em: 27 out. 2020.

CÂMARA DOS DEPUTADOS. Agência Câmara de Notícias. CCJ aprova proposta que institui o Janeiro Branco, para promoção da saúde mental. Brasília, 2019. Disponível em: https://www.camara.leg.br/noticias/611595-ccj-aprova-proposta-que-institui-o-janeiro-branco-para-promocao-da-saude-mental/. Acesso em: 23 nov. 2020.

CHIAVERINI, D. H. *et al*. (Org.). **Guia prático de matriciamento em saúde mental**. Brasília: Ministério da Saúde: Centro de Estudos e Pesquisas em Saúde Coletiva, 2011. E-book. Disponível em:<https://bvsms.saude.gov.br/bvs/publicacoes/guia_pratico_matriciamento_saudemental.pdf>. Acesso em: 22 nov. 2020.

CORREIA, V. R.; BARROS S.; COLVERO, L. A. Saúde mental na atenção básica: prática da equipe de saúde da família. **Revista da Escola de Enfermagem da USP**, v. 45, n. 6, p. 1501-6, 2011. Disponível em: https://www.scielo.br/scielo.php?script=sci_abstract&pid=S0080-62342011000600032&lng=en&nrm=iso&tlng=pt. Acesso em: 22 nov. 2020. https://doi.org/10.1590/S0080-62342011000600032

FERREIRA, M. S.; CARVALHO, M. C. A. Educação para o enfrentamento do estigma: Uma intervenção educacional com alunos de enfermagem. **Revista Portuguesa de Enfermagem de Saúde Mental**, Porto, n. 23, p. 15-22, jun. 2020 . Disponível em: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1647-21602020000100003&lng=pt&nrm=iso. Acesso em: 01 jan. 2021. http://dx.doi.org/10.19131/rpesm.0268

GAINO, L. V. *et al*. O conceito de saúde mental para profissionais de saúde: um estudo transversal e qualitativo. **SMAD Revista Eletrônica Saúde Mental Álcool Drogas** (Edição em português), Ribeirão Preto, v. 14, n. 2, p. 108-116, 2018. Disponível em: https://www.revistas.usp.br/smad/article/view/149449. Acesso em: 01 jan. 2021. https://doi.org/10.11606/issn.1806-6976.smad.2018.149449

GONÇALVES, D. A. *et al*. Estudo multicêntrico brasileiro sobre transtornos mentais comuns na atenção primária: prevalência e fatores sociodemográficos relacionados. **Cadernos de Saúde Pública**, Rio de Janeiro, v. 30, n. 3, p. 623-632, 2014. Disponível em: https://www.scielo.br/pdf/csp/v30n3/0102-311X-csp-30-3-0623.pdf. Acesso em: 01 jan. 2021. http://dx.doi.org/10.1590/0102-311X00158412.

GRYSCHEK, G.; PINTO, A. A. M. Saúde Mental: como as equipes de Saúde da Família podem integrar esse cuidado na Atenção Básica? **Ciência & Saúde Coletiva**, v. 20, n. 10, p. 3255-3262, 2015. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232015001003255&lng=pt&tlng=pt. Acesso em: 31 out. 2020. https://doi.org/10.1590/1413-812320152010.13572014

JANEIRO BRANCO. Quadrinhos. Disponível em: <www.janeirobranco.com.br>. Acesso em: 20 set. 2020.

LACERDA, J. T.; BOTELHO, L. J.; FLEMMING, C. **Planejamento na atenção básica**. Florianópolis: Universidade Federal de Santa Catarina, 2016. E-book. Disponível em: https://unasus.ufsc.br/atencaobasica/files/2017/10/Planejamento-na-Aten%C3%A7%C3%A3o-B%C3%A1sica-ilovepdf-compressed.pdf. Acesso em: 20 set. 2020.

PORTUGAL, C. M. *et al*. O uso de audiovisual na construção compartilhada de conhecimento em saúde: uma experiência na emergência psiquiátrica. Revista Eletrônica de Comunicação, Informação & Inovação em Saúde, Rio de Janeiro, v. 5, n. 2, p.86-91, jun. 2011. Disponível em https://www.arca.fiocruz.br/bitstream/icict/3843/1/Uso_audiovisual_construcao_compartilhada_conhecimento_saude.pdf. Acesso em 01 fev. 2021. doi: 10.3395/reciis.v5i2.492pt

SANTOS, J. F. **Intervenções educativas como possibilidade de prevenção da depressão em idosos**. 74f. Trabalho de Conclusão de Curso (Bacharelado em Enfermagem) - Centro de Formação de Professores, Universidade Federal de Campina Grande, Cajazeiras, Paraíba, Brasil, 2018. Disponível em: http://dspace.sti.ufcg.edu.br:8080/xmlui/bitstream/handle/riufcg/8417/JOVELINA%20FERNANDES%20DOS%20SANTOS.%20TCC.%20BACHARELADO%20EM%20ENFERMAGEM.2018.pdf?sequence=1&isAllowed=y. Acesso em 01 fev. 2021.

QUEIROZ, A. C. L.; CARDOSO, L. S. M.; HELLER, L.; CAIRNCROSS, S. O uso da pesquisa-ação para a avaliação e o aprimoramento de práticas integradas para a vigilância da qualidade de água para consumo humano: potencialidades e desafios. **Engenharia Sanitária e Ambiental**, v. 17, n. 3, p. 277-286, jul./set. 2012. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-41522012000300004&lng=pt&tlng=pt. Acesso em: 31 out. 2020. http://dx.doi.org/10.1590/S1413-41522012000300004.

REBELLO, T.; MARQUES, A.; GUREJE O.; PIKE, K. Innovative strategies for closing the mental health gap globally. **Current Opinion in Psychiatry**, v. 27, n. 4, p.308-14, 2014. Disponível em: https://journals.lww.com/co-psychiatry/Abstract/2014/07000/Innovative_strategies_for_closing_the_mental.12.aspx. Acesso em: 31 out. 2020. doi: 10.1097/YCO.0000000000000068

SOUZA, M. L. P. Registro de distúrbios mentais no Sistema de Informação da Atenção Básica do Brasil, 2014. **Epidemiologia e Serviços de Saúde**, Brasília, v. 25, n. 2, p.405-410, 2016. Disponível em: https://www.scielosp.org/article/ress/2016.v25n2/405-410/. Acesso em: 31 out. 2020.

STARFIELD, B. **Atenção Primária: equilíbrio entre necessidades de saúde, serviços e tecnologia**. Brasília: Unesco Brasil, Ministério da Saúde; 2004.

TANAKA, O. Y.; RIBEIRO, E. L. Ações de saúde mental na atenção básica: caminho para ampliação da integralidade da atenção. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 14, n. 2, p. 477-486, abr. 2009. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232009000200016&lng=en&nrm=iso. Acesso em: 06 dez. 2020. https://doi.org/10.1590/S1413-81232009000200016

UFAM. Cartilha Janeiro Branco. Uberlândia, 2014. Disponível em: http://www.icet.ufam.edu.br/wp-content/uploads/2019/02/Janeiro-Branco.pdf. Acesso em: 30 nov. 2020.

WENCESLAU, L. D.; ORTEGA, F. Saúde mental na atenção primária e Saúde Mental Global: perspectivas internacionais e cenário brasileiro. **Interface**, Botucatu, v. 19, n. 55, p. 1121-1132, dez. 2015. Disponível em http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832015000401121&lng=pt&nrm=iso. Acesso em: 01 nov. 2020. https://doi.org/10.1590/1807-57622014.1152

World Health Organization (WHO). **Integrating mental health in primary care: a global perspective**. Geneva: World Health Organization, 2008.

World Health Organization (WHO). **Mental health: a state of well-being**. Geneva: World Health Organization, 2014. Disponível em: http://www.who.int/features/factfiles/mental_health/en/. Acesso em: 23 nov. 2020.

WHO. **Depression and Other Common Mental Disorders: Global Health Estimates**. Geneva: World Health Organization, 2017.

YASUI, S. Entre o cárcere e a liberdade: apostas na produção cotidiana de modos diferentes de cuidar. **Revista Polis e Psique**, Porto Alegre, v. 2, n. 3, p. 5, jun. 2013. Disponível em: https://seer.ufrgs.br/PolisePsique/article/view/40317. Acesso em: 06 dez. 2020.