

Original Article

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Mental health care during the pandemic in a detox child and juvenile hospital wing

A assistência à saúde mental na pandemia em uma ala hospitalar infanto-juvenil de desintoxicação

Atención a la salud mental durante la pandemia en un ala de hospital infantil y juvenil de desintoxicación

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ABSTRACT

Objective: To know the perception of professionals about the assistance offered, during the pandemic period, in the care of children and adolescents who use alcohol and other drugs in a detox ward.

Method: Descriptive, qualitative research, carried out from September to December 2021, through interviews with the multidisciplinary team of the detoxification ward of a university hospital, systematized and analyzed according to Minayo.

Results: 19 professionals participated, mainly from nursing and women. Four thematic units were identified: on the difficulties faced in everyday life; about facilities in care; about the team's adaptation to facilities and/or difficulties; about the team-family, team-patient and patient-family relationship.

Conclusion: The ability to reinvent itself was essential for the team to meet the demands of institutionalized children and adolescents.

Keywords: Mental health. Patient care team. COVID-19.

RESUMO

Objetivo: Conhecer a percepção dos profissionais sobre a assistência oferecida, durante o período da pandemia, no atendimento a crianças e adolescentes usuários de álcool e outras drogas em uma ala de desintoxicação.

Método: Pesquisa descritiva, qualitativa, realizada no período de setembro a dezembro de 2021, mediante entrevistas com a equipe multiprofissional da ala de desintoxicação de um hospital universitário, sistematizadas e analisadas de acordo com Minayo.

Resultados: Participaram 19 profissionais, sendo principalmente da enfermagem e mulheres. Identificaram-se quatro unidades temáticas: sobre as dificuldades enfrentadas no cotidiano; sobre as facilidades no cuidado; sobre a adaptação da equipe às facilidades e/ou dificuldades; sobre a relação equipe-família, equipe-paciente e paciente-família.

Conclusão: A capacidade de se reinventar foi imprescindível para a equipe atender as demandas das crianças e adolescentes institucionalizados.

Palavras-chave: Saúde mental. Equipe de assistência ao paciente. COVID-19.

RESUMEN

Objetivo: Conocer la percepción de los profesionales sobre la asistencia ofrecida, durante el período de pandemia, en el cuidado de niños y adolescentes consumidores de alcohol y otras drogas en sala de desintoxicación.

Método: Investigación descriptiva, cualitativa, realizada de septiembre a diciembre de 2021, a través de entrevistas al equipo multidisciplinario de la sala de desintoxicación de un hospital universitario, sistematizadas y analizadas según Minayo.

Resultados: Participaron 19 profesionales, principalmente de enfermería y mujeres. Se identificaron cuatro unidades temáticas: sobre las dificultades enfrentadas en la vida cotidiana; sobre las instalaciones en el cuidado; sobre la adaptación del equipo a las instalaciones y/o dificultades; sobre la relación equipo-familia, equipo-paciente y paciente-familia.

Conclusión: La capacidad de reinventarse fue fundamental para que el equipo pudiera atender las demandas de los niños y adolescentes institucionalizados.

Palabras clave: Salud mental. Grupo de atención al paciente. COVID-19.

INTRODUCTION

The emergence of the new coronavirus pandemic, Sars-CoV-2, which causes COVID-19, significantly increased the demand for health care around the world. Health services had to reorganize themselves to meet all these changes and comply with the recommended safety and isolation measures. These changes affected some forms of care, such as primary care and especially mental health care services, as face-to-face contact was reduced, as the new situation required a reinvention in the way of caring⁽¹⁾.

In Brazil, the treatment of mental suffering and/or problem drug use must guarantee the achievement of citizenship and social rights, encouraging the active participation of users and their families, respecting human rights and the specificities and particularities of the individuals⁽²⁾.

Chemical dependence can be characterized as a neuropsychiatric disorder defined by a strong desire and total lack of control over the use of these substances, even after the

individual knows and experiences the adverse reactions caused by them⁽³⁾. The onset of substance use usually occurs during childhood and adolescence, a worrying fact, as the earlier drug use begins, the greater the chance of developing chemical dependence⁽⁴⁾.

Regarding dependence on alcohol and other drugs, it causes numerous damages to the health of individuals. These effects can cause neuropsychological problems such as attention deficit, reasoning problems, predisposition for the development and worsening of problems such as depression and personality disorders. Moreover, these individuals also have physical problems associated with illicit substance abuse such as lung disorders, cancer development and liver cirrhosis. Relationship difficulties are also associated with drug use, especially conflicts with the family, distrust and tension in the family environment due to the aggressive behavior of users⁽⁵⁾.

Regarding the treatment for chemical dependents, there are two main aspects: one that involves total abstinence from the use of chemical substances and another of harm reduction and maintenance of life, where a substance can be replaced by other “less harmful” substances to individuals. For the treatment, clinical therapy can also be associated with drug therapy, in addition to behavioral therapies involving patients and their families, and the combination of these measures provides better results⁽⁵⁾.

Family relationships are affected by drug use and abuse, leading to deeper feelings of distrust, fear and insecurity. However, despite these factors, the inclusion of the family in care facilitates the inclusion and social reintegration of these individuals. Therefore, the family needs to be welcomed and assisted together with the user⁽⁶⁾.

To promote mental health care for this group of users of the Unified Health System (SUS), a component of the Psychosocial Care Network is hospital detoxification treatment, characterized as a short period of hospitalization that lasts until the individual stabilizes. It is a crucial period in which these persons are out of their daily environment, and therefore, welcoming and a good relationship with the health team favor the treatment and the creation of a bond between the team and the patients⁽⁷⁾.

Hospital Universitário Estadual do Oeste do Paraná (HUOP, located in the municipality of Cascavel-PR, has a ward that was created in March 2007 for this purpose. This ward is dedicated to the care of children and adolescents, with the aim of achieving detoxification and contributing to their psychosocial rehabilitation. In this place, patients are assisted by a multidisciplinary team, in a comprehensive care that meets the basic needs of these individuals. It should be noted that hospitalization is indicated as a resource to initiate treatment for users dependent on alcohol and other drugs, and after hospital discharge of the

child or adolescent, it seeks to reintegrate the individual into other points of the Psychosocial Care Network, such as the Psychosocial Care Centers (CAPS), for continuity of follow-up that goes beyond hospital-centered care⁽⁷⁾.

Thus, the care provided in the detoxification ward has undergone changes, in line with the modifications that health services have undergone during the pandemic. These changes comprise all the planning and organization in the delivery care by the team, configuring a gap in the understanding of the factors related to the assistance and provision of this health care in the pandemic context^(1,8).

In order to understand the perception of the multidisciplinary team, mainly nursing, regarding the provision of care during the pandemic and considering these facts, in this study we attempted to understand: How was the assistance offered during the pandemic period regarding care to users of the HUOP detoxification ward, according to the perception of the multidisciplinary team?

Thus, the present study aimed to gain knowledge on the perception of professionals about the assistance offered during the pandemic period regarding care, in a detox ward, to children and adolescents that use alcohol and other drugs.

METHOD

Descriptive, qualitative research⁽⁹⁾ that is part of the project entitled “Care in mental health: aspects related to policies, services, support networks, professionals and users”, approved by the CEP of Universidade Estadual do Oeste do Paraná - UNIOESTE under protocol number 4.124.227 CAAE 33352220.2.0000.0107 and CEP of Hospital do Trabalhador under protocol number 4.183.030 CAAE 33352220.2.3001.5225. The research was carried out with the multidisciplinary team of the detoxification ward of a university hospital, from September to December 2021.

The study included professionals from the multidisciplinary team, consisting of social workers, psychologists, psychiatrists, sociologists, nurses, nursing assistants and nursing technicians, who started work activities in the ward in the period prior to December 2021. Exclusion criteria were: professionals who started their activities in the unit from December 2021; who were away or on vacation; or who refused to participate in the research. These criteria were defined so that responses could be obtained from professionals already adapted to the service and who were familiar with the care flow for children and adolescents who use alcohol and other drugs.

Information was collected through semi-structured interviews⁽⁹⁾ that lasted up to forty minutes, were carried out at the referred service after prior scheduling, based on the following guiding question: What are the challenges faced and strategies used during the pandemic period regarding care for users of the HUOP detox ward, according to the perception of the multidisciplinary team?

A pilot test was carried out with two professionals who worked during the pandemic period, to test the interviews. The interviews were carried out by the academic researcher, who has no conflict of interest with the professionals, face to face, in the referred unit, and recorded using electronic devices, after prior authorization from the respondent and signing of the consent form. The anonymity of the individuals interviewed was guaranteed during the entire process.

Subsequently, the professionals were asked if they would like to listen to the interviews for clarification and confirmation of the answers. The interviews lasted about 30 minutes and were carried out until the researchers found that the corpus obtained responded to the objective of the study. After data collection, the interviews were transcribed in full and the speeches were sorted into thematic groups for analysis and discussion.

The professionals were identified by letter P followed by the interview order number (P1, P2, P3 and so on. The information was analyzed based on the methodological theoretical framework used, which is Minayo's thematic analysis⁽¹⁰⁾. Thus, four emerging thematic units were identified in the professionals' speeches: on the difficulties faced in everyday life; about facilities in care; about the team's adaptation to facilities and/or difficulties; about the team-family, team-patient and patient-family relationship.

RESULTS

The participants were 19 professionals from the multidisciplinary team of the Detoxification Ward, formed by a sociologist (n=1), social worker (n=1), psychologist (n=1), psychiatrists (n=3), nurses (n=3), assistant (n=4) and nursing technicians (n=6). Most of the sample is composed of nursing professionals (nurses, technicians and nursing assistants), corresponding to 13 workers.

The team is predominantly made up of women (15 female professionals and four male professionals). The age of this population ranged from 33 to 62, with an average age of 44.78, and only one professional who is over 60 is considered elderly. As for the employment relationship with the institution, 10 professionals are statutory employees, six were hired via

public call and one through a recruitment process. Two professionals did not answer the question about the type of employment bond.

The difficulties reported include lack of knowledge about the new disease and its consequences, use of Personal Protective Equipment (PPE), lack of face-to-face visits, delay in the result of COVID tests, discontinuation of educational programs and recreational tasks on the ward, lack of inputs, mental exhaustion and difficulty in ensuring permanent extra-hospital care and contact with support networks, as shown in the following statements of professionals:

We noticed, not only at the ward level of our unit, but also in the network service, that at first, people did not have an exact dimension about the consequences of the pandemic; many young people and adolescents stopped attending support units, such as CAPS, CAPS AD. [...] Many services were discontinued, these services as I reported earlier, of recreational and therapeutic activities, help in the rehabilitation process of patients. (P1)

And at the beginning of the pandemic, we didn't know almost anything, everything was new, so we didn't have the resources to deal with the situation. We didn't know how to deal with the virus, there was a lack of material, medical supplies [PPE] [...]. When the unit was closed, we all adapted to the sectors, but when it opened and when our employees started to get sick, there was no such partnership [...]. It's the mental exhaustion caused by listening to the same stories of violence, the same sad stories every day. And with the pandemic, this appears to have become more evident [...]. (P13)

There were also reports of facilitation of care during the pandemic. Health professionals argued that the reduced number of patients and maintenance of a routine were positive factors, as shown in the following statement:

Well, I believe that with the decrease in the number of patients, management became easier, because we used to receive many patients, many interns before. And you couldn't establish a bond with all of them, have a conversation with them. So I believe that in the pandemic, with the lower number of patients, the quality of care improved. [...] (P10).

Regarding adaptation, the team was able to adapt to the new situation, often with difficulty and the need to reinvent themselves in order to provide humanized and first-rate quality care, as shown by the statements of the following professionals:

Greater adaptation and readjustment was necessary. It should be said that professionals who previously carried out activities within the ward, therapeutic activities, as volunteers or who were here to develop some activities and were not regular members, team members, could no longer enter the ward due to the pandemic. So, professionals from the multidisciplinary team [...] had to reinvent themselves as therapists. (P1)

It was also difficult to adapt to this moment, because the closer contact of the technicians with us had to be restricted a little. They (technicians) used to pick up and put the children on their laps, sitting close, sometimes, in the TV room, they would sit with the children on their laps. It was a therapeutic moment too. This care could not be provided for some time [...]. (P14)

Regarding the team-family, team-patient and patient-family relationship, the responses revealed that there was a distancing in all types of relationship, with the search for a form of replacement, as in the case of visits through video call, described in the speeches of the professionals:

Before the pandemic process, the families had the opportunity to carry out weekly on-site visits and this service was suspended and replaced by video calls [...]. The team-family relationship was very damaged because when families came to the unit to visit the patients, this moment was very productive, the team had the opportunity to better understand the social reality of these young people, to know more about their family environment, and this was beneficial for the team, who could think of alternatives in the therapeutic work. (P1)

[...] So, for us, the lack of visits was also a problem, because patients feel welcomed with the presence of family members. When they cannot see or feel the physical presence of their relatives, as it happened in video calls, as soon as the calls were ended, they became anxious, nervous, they almost always had to be medicated, because they were distressed. And dealing with that was also quite a lot of work for us in those days. So, the family team was actually composed only by the social worker who communicated with them (with the family) [...]. (P9)

Therefore, the testimonies of the health professionals demonstrated perceptions about the significant daily difficulties, as well as the factors that facilitated care during the pandemic period, such as the decrease in the number of patients to be assisted. The team's need to adapt to the new health scenario and the reconfiguration of interpersonal relationships, which became more distant, between the components of this care: the team, the patient and family/support network, were also described

DISCUSSION

The HUOP is a public hospital, which is a reference for the entire western macro-region of the state of Paraná. The detox ward is the only hospital unit dedicated to the care of

children and adolescents who use drugs and have psychological disorders resulting from such use in the West and Southwest of Paraná⁽¹¹⁾.

Most of the multidisciplinary team of the ward is made up of women (78.94% of the health professionals). These results are consistent with studies carried out in other teams of health professionals, where females predominate in most professional categories in hospital environments⁽⁸⁾.

Regarding the professionals' bonds with the institution, 10 are statutory employees (52.63%), 6 were hired (31.57%) via public call and 1 via PSS (Simplified Selection Process) (5.26%), two professionals (10.52%) did not answer this question. The diversity of bond formats was also reported in a study on the workforce in public hospitals⁽¹²⁾. Moreover, in 50% of the samples, there was a greater number of statutory professionals.

As for the difficulties encountered during the pandemic, many are related to lack of knowledge about the pathology and its consequences, fear of contamination, use of PPE and lack of supplies, in addition to the delay in releasing test results for the detection of Sars-CoV-2. These results corroborate those of other studies on the worrying scenario at the beginning of the pandemic period, evidenced by the lack of knowledge about the pathology, the high rate of transmissibility, the number of deaths, the fear of contamination and the need for social distancing, together with the correct use of PPE and intensification of hygiene measures^(13,14).

Health services faced a critical period because there was no specific treatment to fight Sars-CoV-2 infection, no vaccine against the virus, nor adequate infrastructure and specialized equipment (respirators, for example), which required government measures to expand services in temporary hospitals and the expansion of beds in existing institutions. Due to the high demand of health services for consumables and PPE, these have become scarce, contributing to the weakening of care and stress for health workers⁽⁸⁻¹⁴⁾.

Emotional exhaustion was perceived not only in the concern with the new virus, but also with the population that is the target of care. Coexistence is a way to strengthen bonds and create affective bonds that allow interaction, facilitating the design of care⁽¹⁵⁾.

Adolescents' resistance to adopting precautionary measures was noticed, with the aggravation of the ban on face-to-face visits, discontinuation of educational programs and recreational tasks in the ward, difficulty in visualizing the prolongation of extra-hospital care and contact with support networks. Health professionals managed to provide the necessary assistance to users and ensure the continuity of recreational and teaching-learning activities, aware that hospitalization requires these activities⁽¹⁶⁾. They reinvented themselves to fill this

gap caused by the suspension of these services, favoring development during patients' hospitalization⁽¹⁷⁾.

As in the detox ward, group consultations were suspended at the CAPS, and only individual appointments were maintained. Furthermore, many users did not attend the appointments scheduled at the unit, and so the service was empty. The CAPS in the Psychosocial Care Network is a body that maps problems and difficulties in coping, acting to prevent violence and abuse and as a form of social protection, reinforcing the importance of mental health care, especially during the pandemic. The authors also point out that the consequences of the pandemic can only be assessed after the resolution of the current health crisis⁽¹⁸⁾.

According to the perception of some professionals, the care provided did not differ from that of periods other than the pandemic, indicating that care was facilitated due to the reduction in the number of hospitalized patients, so that precautionary protocols were maintained. In this regard, the bond between patients and their families and the healthcare team allows the provision of comprehensive care, the creation of emotional ties, respect and appreciation of the knowledge of those involved (patient/professional/family), providing autonomy and co-responsibility for the improvement in the quality of life of individuals with mental disorders⁽¹⁹⁾.

The patient-staff relationship did not change much, and precautionary measures had to be taken. Thus, although the reduction of groups has been cited as a facilitator in the therapeutic relationship, closer contact, such as a hug, cannot always be offered. It is worth noting that a therapeutic relationship can be influenced by external and internal factors, so that a welcoming attitude strengthens the bond and may even favor adherence to treatment and expand the potential of patients^(19,20).

On the other hand, patients and family members had fewer face-to-face contacts as a result of health security measures. The weekly visits were replaced by video calls with the adolescents, so that only the professionals responsible for the calls had closer contact with the family/support network.

As a strategy in the unit, media technologies allowed for safe contact between families and patients in a period when physical contact was impossible, minimizing distances and maintaining a communication channel, since social distancing has consequences for mental health and well-being in the short and long term. In this regard, the use of Information and Communication Technologies can be understood as a complementary way of enabling

services, especially during the pandemic, although it cannot fully replace face-to-face contact⁽²⁰⁾.

FINAL CONSIDERATIONS

The pandemic led to changes in everyday life, in relationships and ways of interacting, as well as in health services, so that the new demand could be met. Mental health services also faced challenges and sought strategies to offer high-rate, comprehensive and humanized care, in accordance with the preventive measures against Sars-CoV-2.

The study achieved its objective gaining knowledge of the perception of health professionals about the assistance offered in the care of children and adolescents who use alcohol and other drugs in the detox ward of a university hospital during the pandemic, revealing the difficulties faced in everyday life; care facilities; adaptation of the team to the advantages and/or difficulties and; team-family, team-patient and patient-family relationship in the pandemic period.

Based on the understanding of the professionals' perception, especially about the human relationships involved in the process, the adaptation process required by the pandemic scenario can be seen in greater depth. The ability to reinvent oneself was essential for the team to meet the demands of institutionalized children and adolescents.

A limitation of this study is the methodological design, as the field is restricted to the care for detoxification of children and adolescents in the hospital environment. However, it contributes to understanding the disadvantages and advantages, adaptations and interpersonal relationships experienced, making it possible to reveal innovative practices of multidisciplinary teams regarding care and management.

In addition to collaborating with the training of health professionals, especially nurses, in mental health care in the current pandemic period, the present study can inspire further studies based on other methodologies and contexts that wish to address the topic in more depth.

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