Revista Brasileira em Promoção da Saúde
e-ISSN:1806-1230
Original Article
DOI: 10.5020/18061230.2019.9394

PEOPLE'S PERCEPTION OF HOSPITAL DISCHARGE FROM A PSYCHOSOCIAL CARE CENTER

Percepção sobre a alta hospitalar de pessoas internadas em unidade de atenção psicossocial

Percepción de personas ingresadas en unidad de atención psicosocial sobre la alta hospitalaria

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ABSTRACT

Objective: To understand the perception people experiencing psychic suffering and hospitalized in a psychosocial care center have about hospital discharge. **Methods:** This qualitative study was conducted with 13 people experiencing psychic suffering hospitalized in a Psychosocial Care Center of a teaching hospital in the state of Rio Grande do Sul, Brazil. Data were collected using semi-directed interviews held in October 2016 and then analyzed using the content analysis strategy. A total of two categories emerged: meanings attributed to hospital discharge; Strategies for continuity of treatment in the face of hospital discharge**.** **Results**: It was possible to notice some meanings attributed to hospital discharge by hospitalized users, such as feelings of fear, anguish, starting over, and freedom. In addition, it represents a strategy for continuity of care. **Conclusion:** Hospital discharge is understood in several ways and it arouses feelings, expectations and desires in people experiencing psychic suffering who are leaving an inpatient center.

Descriptors: Mental Health; Mental Disorders; Patient Discharge; Nursing.

RESUMO

Objetivo: *Compreender a percepção de pessoas em sofrimento psíquico internadas em uma unidade de atenção psicossocial sobre a alta hospitalar.* ***Métodos:*** *Estudo qualitativo desenvolvido com 13 pessoas em sofrimento psíquico internadas em uma Unidade de Atenção Psicossocial de um hospital de ensino do estado do Rio Grande do Sul, Brasil. A coleta dos dados foi realizada por meio da entrevista semidirigida, realizada em outubro de 2016, e posteriormente analisada pela estratégia de análise de conteúdo. Emergiram duas categorias: Significados atribuídos à alta hospitalar; Estratégias para continuidade do tratamento diante da alta hospitalar.* ***Resultados:*** *Foi possível perceber alguns significados acerca da alta hospitalar para os usuários internados, como sentimentos de medo, angústia, recomeço e liberdade, além de representar uma estratégia para a continuidade do cuidado.* ***Conclusão:*** *A alta hospitalar é compreendida de diversas maneiras, despertando sentimentos, expectativas e desejos para a pessoa em sofrimento psíquico que está saindo de uma unidade de internação.*

Descritores: *Saúde Mental; Transtornos Mentais; Alta do Paciente; Enfermagem.*

Received on: *05/04/2019*
Accepted on: *10/28/2019*

RESUMEN

Objetivo: *Comprender la percepción de personas con sufrimiento psíquico ingresadas en una unidad de atención psicosocial sobre la alta hospitalaria.* ***Métodos:*** *Estudio cualitativo desarrollado con 13 personas con sufrimiento psíquico ingresadas en una Unidad de Atención Psicosocial de un hospital de enseñanza del estado de Rio Grande do Sul, Brasil. La recogida de datos se dio a través de entrevista semidirigida realizada en octubre de 2016 y ha sido analizada por el análisis de contenido. Dos categorías han emergido: Significados de la alta hospitalaria; Estrategias para el seguimiento del tratamiento ante la alta hospitalaria.* ***Resultados:*** *Se ha percibido algunos significados acerca de la alta hospitalaria para los usuarios ingresados como los sentimientos de miedo, la angustia, el recomienzo y la libertad, además de representar una estrategia para el seguimiento del cuidado.* ***Conclusión:*** *Se comprende la alta hospitalaria de diversas maneras, despertando los sentimientos, las expectativas y los deseos para la persona con sufrimiento psíquico que deja la unidad de internación.*

Descriptores: *Salud Mental; Trastornos Mentales; Alta del Paciente; Enfermería.*

INTRODUCTION

Historically, people considered “crazy” were removed from social life and institutionalized in the so-called asylums, where they stayed until the end of their lives without contact with the world. People considered “crazy” or those who did not have social conditions and wandered the streets were imprisoned to maintain social order[1].

However, after various social movements and struggles, both from organized society and health professionals, changes were made to the methods of care in the field of mental health. The main change was the formulation of Law No. 10216, known as the Psychiatric Reform Law, which provides for the care of people in psychic suffering with a view to deinstitutionalizing them and reinserting them in society with the support of substitute services. The Brazilian Psychiatric Reform provides for the deconstruction of the hospital-centered and asylum models of care, seeking transformations in the care of people with mental disorders so that treatment takes place, preferably, in their territory. Its objective is to redefine the way of acting towards and caring for people in psychic suffering[2].

In this context, psychiatric hospitalization should be a therapeutic resource used once all the other possibilities based on health care network have been exhausted[3]. Thus, hospitalization is necessary when the person is in a situation of severe psychic suffering, which can be characterized by moments of crisis, aggression, situations in which the user puts himself or others at risk[4], and situations that cannot be resolved in primary care or in a specialized service.

The actions offered during hospitalization must be based on humanized and sensitive care and encourage self-care and family and social bonding with the aim of strengthening relationships. In addition, it is necessary to foster co-responsibility in the treatment based on autonomy in daily activities to provide the individual with the ability to assign meaning to things, their social value and, thus, reestablish their role as citizens[5].

The length of hospitalization varies according to the psychiatric, clinical and social situation of each person. Sometimes, hospitalization for a long period of time generates discomfort and yearning to return home. Thus, hospital discharge planning is an indispensable tool for comprehensive care as it seeks to ensure the individual’s continued self-care at home[6].

The National Health Promotion Policy signals the importance of investing in broader ways of intervening in health and organizing a care network for these people, calling on all affective, sanitary, social, economic, cultural and leisure resources for the production of comprehensive care[7] and hence leading the individual to promote their health.

The present study is justified by the need to give voice to people who have experienced a period of hospitalization in a psychosocial care center so that they can report their views on this experience and its determinants. Given that, the study’s research question was: how does the person in psychic suffering admitted to a psychosocial care center perceive hospital discharge?

Thus, the study aimed to understand the perception people experiencing psychic suffering and hospitalized in a psychosocial care center have about hospital discharge.

METHODS

This qualitative study[8,9] was conducted with people in psychic suffering admitted to a Psychosocial Care Center of a teaching hospital in a municipality in Rio Grande do Sul, Brazil. The center currently has 30 beds for hospitalization

of both male and female adults in severe psychic suffering. The length of stay varies from 15 to 45 days according to the situation of each user.

In choosing the interviewees we selected patients of both genders hospitalized for at least seven days who were cognitively fit to understand the research objectives. The study did not include people who were unable to verbalize their feelings. Such selection was made possible with the collaboration of service workers who indicated potential participants among those who were hospitalized during the data collection period. Thus, a total of 13 participants were reached after data saturation, which occurs when all available participants are included in the study according to the criteria[10].

Data were collected in October 2016 through semi-directed individual interviews. This data collection technique was chosen so that the interviewer could ask the previously defined questions with flexibility so that the interviewee could also take charge at times[9]. The interviews were guided by an instrument containing closed-ended questions about the variables: sex, age, length of stay, marital status and a guiding question: "Tell me, what do you know about your discharge?".

The interviews lasted about 30 minutes and were carried out in a reserved room in the inpatient center with all the care needed to ensure an environment free from external interference and with guarantee of the participants' privacy and confidentiality. All the participants were informed about the research objectives and their related ethical aspects. Data collection started only after the participants gave their written authorization by signing two copies of an informed consent form. The interviews were recorded using a tape recorder and transcribed for further analysis.

Data analysis was performed according to the content analysis technique[9]. The first stage consisted of pre-analysis, a stage in which brief readings were made to establish initial contact with the transcribed text. Readings and re-readings took place until the researchers apprehended the content. The second stage – categorization – consisted of the classification of fragments of the text according to criteria of relevance and repetition and the transformation of raw data into organized data. The third stage consisted of the presentation of the results in a descriptive manner, the discussion of the literature, and inferences[9]. Two categories emerged: Meanings attributed to hospital discharge; Strategies for continuity of treatment in the face of hospital discharge.

In order to preserve identity, privacy and secrecy, the participants' statements in this manuscript are identified using the letter "P" – for participant – followed by an Arabic number (P1, P2, ...). All the stages of this study followed the principles and guidelines of Resolution No. 466/12[11] of the National Health Council and were approved by the Research Ethics Committee of the institution of origin under Approval No. 1.740.283.

RESULTS AND DISCUSSION

The data on the interviewees' identification will be presented in this section and the categories that emerged in the study will be presented and discussed: Meanings attributed to hospital discharge; Strategies for continuity of treatment in the face of hospital discharge.

Participants' identification data

Of the 13 people interviewed, 11 were women and two were men. The participants were aged 30 to 54 years. Regarding marital status, seven participants were married and the other six were single. The length of stay of these people ranged from 15 days to two months. As for the number of hospitalizations, most had a history of readmissions.

Meanings attributed to hospital discharge

The participants' perception of discharge and its meaning for treatment are described in this category. Discharge is perceived by the interviewees as a moment of victory, freedom and a new beginning, not only in treatment, but in life as well:

> *"The discharge, for me, represents a victory, a sign that the doctor thinks I already have the capacity to face life." (P2)*
>
> *"[...] A new perspective on life, we have to be well stabilized here in order to leave." (P6)*
>
> *"The discharge means a new life, a new beginning, the past left behind and me leaving here healed." (P10)*
>
> *"The discharge means that I will be free at home helping my mother. Free to be at home, to be able to hang out." (P11)*

The perception of discharge linked to the feeling of being free from hospital still "imprisons" people too much to stabilize them. Despite the changes in treatment resulting from the Psychiatric Reform, hospitalization signals that the treatment uses limiting rules of functioning and coexistence and still requires the person to adapt to a place for his psychosocial rehabilitation, which can provoke feelings of imprisonment in the person undergoing treatment[12]. Therefore, when leaving the hospital, the person experiences a feeling of freedom, of being able to perform activities as they wish.

Such perception, which relates hospitalization to prison and discharge to freedom, adds to that reported in another study with people hospitalized in a psychiatric center, which indicates that in the face of a situation of improvement and the possibility of discharge patients believe they are healed and there is a masked possibility of freedom for believing that they no longer need treatment[13].

Hospital discharge, seen as a new beginning, refers to the idea of restarting life and forgetting past events, which appears in one of the statements as being linked to the idea of a cure or to the idea that hospitalization and medication adjustments may heal the person. In addition, it is necessary to lecture the users on the role of extra-hospital services, such as primary health care centers, CAPS and others, in the continuity of treatment. Moreover, general hospitals that have a mental health center must provide care based on humanization, thus placing users as the protagonists of their care and not relegating them to technical and minimally sensitive care only.

On the other hand, there is a person who perceives discharge as a simple event and does not have many expectations about it:

> *"Nothing much, because I think I am so well like that, so lucid. In my normal lucidity, and I think it is time for me to come home [...]. But, in anticipation, that is it, I am fine. It is not that expectation: I want to leave, I want to leave. That despair that everyone feels." (P9)*

The participant says that the discharge is not a big deal. When the person in psychic suffering is stable, she/he feels that discharge is a natural event for those who go through some period hospitalization in any hospital. In addition, being well and able to leave do not trigger anguish. Feeling good can be synonymous with having confidence in the treatment that was offered and the guarantee that one is already stable, which generates security and the idea that you are well to face the situation in the best way. However, it can also mean that the patient will feel well and stable after discharge and hence will not follow the recommended therapeutic treatment, which can lead to a new hospitalization[13].

The period of hospitalization in a psychosocial care center causes mixed feelings in the person who suffers from some mental disorder. The following statements also show the feeling of fear of the recurrence of a crisis, of insecurity in the face of discharge:

> *"I think I am afraid of coming home, of being discharged, of being well and of having the whole thing again like it was before within a few days." (P1)*
>
> *"I'm feeling really good right now, but I'm afraid it will happen again. I am not going with all my strength because I have been hanging back since I relapsed once." (P5)*

These feelings cause people to think that hospitalization is an event that provides relative security as they know that in the Psychosocial Care Center there will be the necessary organization for restoring their mental health: regular meals and medications, satisfactory sleep, psychiatric and psychological care, and therapeutic groups, among other constant activities. Upon returning home, people may feel helpless and when faced with the reality of the environment in which they live, they may suffer confrontation, which may trigger a new crisis[14].

A study that monitored and evaluated the adherence of people in psychic suffering to the treatments after their hospital discharge demonstrated that users did not have a therapeutic proposal for post-discharge and that the care provided by the teams was not centered on psychosocial rehabilitation[15]. This result may indicate the weakness of hospital discharge planning along with the user and family, who may be helpless.

In addition, the family environment in which the person in psychic suffering is inserted can interfere with adherence to treatment and the reduction of feelings of anxiety and fear at discharge. Family relationships are mediated daily by emotions arising from the difficulties imposed by psychic suffering. Thus, it is essential for the family to be aware of the conditions of suffering and hence form, together with the person, a support network so that there is a feeling of security when returning home[15].

Hospital discharge also meant the possibility of returning to the family environment:

> *"Oh! I see it as returning home. I return to my little house, my husband, my son, my puppy." (P2)*
>
> *"[...] discharge is always welcome. We go back to the family, to society." (P4)*
>
> *"It is returning home, returning to our loved ones. Going back home." (P7)*
>
> *"The discharge, ah, all the best! I want to go home and see my children, see my grandchildren, that is what I want." (P12)*

If in the past people with mental disorders were institutionalized and permanently removed from the home, the changes in the logic of mental health care started an important debate about the inclusion of the family in the treatment, which can be understood as an opportunity to embrace and take care of the relationships between its members. This process is sometimes described as painful and difficult, but it positively impacts family interactions during treatment[16].

The family has a direct influence on the recovery of people in psychic suffering. However, the inflexibility of some daily routines of services may end up restricting the presence of the family outside predetermined visiting hours, thereby constituting significant obstacles for the subsequent reintegration of patients into family life[17].

An important strategy for inclusion of and care for family members of people with mental disorders during hospitalization and preparation for hospital discharge is the performance of group interventions. Groups for family members have been powerful spaces for the care of families and have had a positive impact on treatment[18]. Those who participate in this type of activity describe it as a space for mutual support and strengthening, in which information about the disease is shared and doubts and difficulties about treatment are jointly discussed[18].

The perceptions that relate the discharge to the return to the family environment reflect the perspective of people who still have the home as a possibility, but it must also be considered that there are hospitalized people who no longer have family ties. For these people, discharge will have other meanings, since their home is the street, the hostels, or long-term institutions. These situations of vulnerability presuppose an opening to intersectoral actions and the formation of care networks that integrate the health field with other fields related to the patient's needs[19].

Strategies for continuity of treatment in the face of hospital discharge

This category points out the strategies used by the patients discharged from the hospital and the need to continue treatment. The participants mentioned their insertion in extra-hospital services, such as the Psychosocial Care Center (*Centro de Atenção Psicossocial – CAPS*), as a possibility:

> *"I will participate in that group at CAPS. Then, they will embrace me there! This group is a group of people who already have a mental problem, that is, who have the desire to commit suicide. Then, we go there, do activities, there is a doctor. We consult with the doctors there." (P3)*
>
> *"[...] then we go there (to CAPS) and do activities and spend time and not just stay at home." (P7)*

According to Ordinance No. 336 of 2002[20], the CAPS is defined as a social rehabilitation institution for people who suffer from mental disorders. The institution must offer care focused on psychosocial reintegration through groups, therapeutic workshops, home visits, family care and community activities[21]. Discharge is seen as an opportunity to continue treatment – not only medication – and participate in therapeutic activities of social reintegration[21].

Psychosocial rehabilitation must be guided by the three spheres of life in society: home, work and leisure. This reinsertion must occur with the recovery of autonomy so that people with mental disorders can play their role as citizens and develop new social relationships. One of the functions of CAPS is to understand the person as a singular being and not focus only on the disease[22].

In order to do so, the CAPS has therapeutic practices guided by collective work and performs multidisciplinary interventions involving the participation of the family and the individual. Some of the activities include user embracement, therapeutic groups and workshops, home visits, meetings, and consultations with psychiatrists, psychologists, social workers and occupational therapists. These practices include individual activities, such as psychotherapies and management and use of psychotropic drugs, and are based on a broader concept of the person as a social being, which includes family care and leisure activities that contribute to the resumption of their independence, thereby reaffirming security in the environments in which they are inserted[23].

A study has shown, however, that although mental health users know the CAPS, there is difficulty in adapting and being linked to this service. Considering the number of readmissions, it is necessary to reflect on the treatment offered at CAPS, which may not correspond to the expectations and individual needs of users[24].

The Singular Therapeutic Project (*Projeto Terapêutico Singular – PTS*) emerges as a necessary and effective interdisciplinary and multiprofessional strategy during hospitalization and after hospital discharge to identify the needs of people according to their family group and territory in which they are inserted[25]. It allows to retrieve the family history, clinical aspects of the user and outline strategies together with those involved so that at discharge there is already contact with the reference team, the CAPS or Primary Health Care Center, which shall facilitate adherence to and continuity of treatment[26].

Primary Care is a point of the Health Care Network (*Rede de Atenção da Saúde – RAS*) that can implement new mental health care practices that should be of great value for users who can thus continue care and treatment close to the reality where they live[27]. Thus, it is possible to realize how important and necessary it is to invest in rehabilitation and mental health care strategies in the territory focusing on the care for the user and their family context, and not only on the disease. Furthermore, activities to promote disease prevention and mental health should be developed and the expanded concept of the health-disease process should be put into practice every day[27].

In addition to that, another study has shown that the lack of follow-up in health care networks after hospitalization and the lack of instruments for longitudinal and integrated care planning can determine possible readmissions and adherence to treatment[28]. Also, the hospital must use instruments that enable the articulation of the different levels of care as they enable the co-responsibility of care and also the guarantee of referral to the reference service so that the user gets the health care they need[28].

Other participants in the present study mentioned the need to improve self-care and medication adherence as strategies to continue treatment after hospital discharge:

> *"I think that when you are discharged from hospital you have to help yourself, you have to help yourself out there as much as you help yourself in here, because it is no use going out there and coming back here in three or four days. Continue the treatment with medications, continue with the psychotherapist..." (P8)*
>
> *"Taking the medication correctly so that you do not have to come back again." (P12)*

The statements demonstrate the importance of continuing drug therapy to avoid readmission. There is an understanding of the importance of the correct use of medications, of consulting with a psychiatrist, of accepting medication as a method of controlling some mental health condition. The psychosocial therapeutic approach is extremely important to help patients work on the repercussions of the disease in their lives and understand the meaning of being ill and also raise awareness about the need to maintain drug therapy[29].

Despite the large number of existing psychiatric drugs, it is noted that only the use of medications does not rule out the possibility of new hospitalizations. However, adherence to drug therapy should be observed as users tend to abandon or decrease the use of medications after the improvement of some symptoms[30,31]. One factor that may be associated with low adherence is the side effects that some medications can cause in addition to the feeling of "cure".

Another study also showed such relationship and demonstrated that the patient's knowledge about side effects can lead to low adherence to medications[32]. This conception on the part of the users can make professionals reluctant to provide information for fear that the users end up not using the medication, which can compromise the user's therapy.

The low level of adherence to psychiatric drugs can also be associated with caregivers' and users' poor knowledge[33]. Thus, the need for educational actions should be highlighted. These actions should be targeted at both the family and the user during hospitalization, in the preparation for discharge and in the services that will assist them after hospital discharge. In addition, they should provide information about the use and effects of medicines, thereby promoting users' autonomy and reordering their psychosocial capacities and their potentialities during their life[30].

In view of the considerations outlined above, it is worth emphasizing the importance of hospitalization for therapeutic adjustment or crisis management. It is also an environment for preparation for discharge and joint work that guarantees the integrality and continuity of care to users[34]. In this perspective, hospital discharge must be planned and articulated with the network devices and, mainly, with the user, respecting the user's wishes and autonomy. In order to do so, it is necessary to create a bond, partnership and mutual support between health professionals in the different points of the health care network guided by dialog and information exchange so that the continuity of care is carried out and a more solid and problem-solving network can be built[35].

The concern with the dissemination of information and health education, which are fundamental to decision-making and important elements of health promotion, seems to be linked to empowerment, which is perceived as a procedure for training individuals and communities to acquire greater control over personal, socioeconomic and environmental factors that affect health[36].

This study has limitations intrinsic to qualitative studies, such as the analysis of only one hospitalization center in the mental health field. However, it offers the possibility of building knowledge in the context of care for hospital discharge of people in psychic suffering who are hospitalized.

FINAL CONSIDERATIONS

This study allowed to understand the perception people in psychic suffering admitted to a psychosocial care center have about hospital discharge. They perceive discharge in different ways through feelings, expectations and desires. Feelings expressed by people who go through a period of hospitalization were revealed, such as fear, a sense of achievement and freedom, which were also felt as something natural.

It should be noted that the interviewees realized the need to continue treatment through activities linked to the CAPS and in informal activities, such as complementary and drug therapies. Hospital discharge was seen as a new phase in life, a new beginning with the family and society, and a personal achievement. After hospital discharge, patients with mental disorders go through the challenge of looking for alternatives to overcome the remaining obstacles.

The present study helps professionals, especially mental health professionals, to reflect on their actions and the guidelines given to people before hospital discharge. The study may assist in reorganizing the work process and preparing for hospital discharge as well as improving health care for hospitalized users.

In addition, it is evident how essential it is to invest in the use of instruments and strategies, such as the Singular Therapeutic Project and assisted discharge, to foster the bonding between the users and the services of the health care network and, thus, longitudinal care. Considering the benefits that these instruments can have, it is emphasized that they should be used in all fields of health and at all levels of care.

CONFLICTS OF INTEREST

There were no conflicts of interest in the development of this study.

CONTRIBUTIONS

Valentine Cogo Mendes contributed to the study conception and design; data analysis and interpretation; and writing and revision of the manuscript. **Marlene Gomes Terra**, **Zaira Letícia Tisott**, **Daiana Foggiato Siqueira** and **Bruno Vinicius Rodrigues** contributed to data analysis and interpretation. **Valquíria Toledo Souto** contributed to data analysis and interpretation; and writing and revision of the manuscript.

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How to cite: Mendes VC, Tisott ZL, Souto VT, Terra MG, Siqueira DF, Rodrigues BV. People's perception of hospital discharge from a psychosocial care center. Rev Bras Promoç Saúde. 2019;32:9394.