Mental health support group in primary health care: an experience report

Vivência de grupo de apoio em saúde mental na atenção primária: um relato de experiência

Grupo de apoyo de salud mental en atención primaria: un informe de experiencia

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Abstract

Problem: Among the challenges faced in the mental disorders field in Brazil, it is pertinent to highlight the scarcity of resources and services, their integration, and the stigma surrounding mental illness. Despite the difficulties, some significant progress is being achieved in this care such as group interventions in primary health care. **Methods:** The implementation of a therapeutic group in a Health Center is described and analyzed in this experience report, aiming at contributing to the enrichment of collective intervention in patients with mental health complaints. The aim was to work together with patients complaining about anxiety or depression after analyzing a great demand in the area for this care. **Results:** After two months of weekly meetings, we could go beyond the conventional practices offered in groups, providing the health teams with the opportunity to reflect on alternatives to promote changes in the forms of mental health care. **Conclusions:** In addition to stimulating the exchange of knowledge between university students, professionals, and the community, the implementation of therapeutic groups showed to be promising in the care of mental disorders and as a psychosocial rehabilitation method in primary health care.

Keywords: Mental health; Public health; Primary Health Care; Self-help groups.

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Resumo

Problema: Entre os desafios enfrentados na temática de transtornos mentais no Brasil, é pertinente destacar a escassez de recursos e serviços, sua integração e o estigma em torno da doença mental. Apesar das dificuldades, alguns progressos significativos estão sendo inseridos nesse cuidado, como é o exemplo das intervenções em grupo na atenção básica. **Método:** Este relato de experiência descreve e analisa a implementação de um grupo terapêutico em uma Unidade Básica de Saúde para contribuir com o enriquecimento da intervenção coletiva em pacientes com queixas de saúde mental. A proposta foi trabalhar em conjunto com pacientes com queixa de ansiedade ou depressão após analisar a grande demanda da população adscrita na área por esse cuidado. **Resultados:** Após dois meses de encontros semanais, foi possível ir além das práticas convencionais oferecidas nos grupos, proporcionando às equipes de saúde a oportunidade de refletir sobre alternativas para promover mudanças nas formas de atenção à saúde mental. **Conclusão:** Além de estimular a troca de saberes entre universitários, profissionais e comunidade, a implementação de grupos terapêuticos se mostrou promissora no cuidado aos transtornos mentais e como forma de reabilitação psicossocial na atenção básica.

Palavras-chave: Saúde mental; Saúde pública; Atenção Primária à Saúde; Grupos de autoajuda.

Resumen

Problema: entre los desafíos enfrentados en el campo de los trastornos mentales en Brasil, es pertinente destacar la escasez de recursos y servicios, su integración y el estigma que rodea a la enfermedad mental. A pesar de las dificultades, se están insertando algunos avances significativos en esta atención, como es el ejemplo de las intervenciones grupales en la atención primaria. **Método:** Este relato de experiencia describe y analiza la implementación de un grupo terapéutico en una Unidad Básica de Salud para contribuir al enriquecimiento de la intervención colectiva en pacientes con problemas de salud mental. La propuesta fue trabajar en conjunto con pacientes que se quejan de ansiedad o depresión luego de analizar la gran demanda de la población inscrita en el área para esta atención. **Resultados:** Después de dos meses de encuentros semanales, fue posible ir más allá de las prácticas convencionales ofrecidas en los grupos, brindando a los equipos de salud la oportunidad de reflexionar sobre alternativas para promover cambios en las formas de atención a la salud mental. **Conclusión:** además de estimular el intercambio de conocimientos entre universitarios, profesionales y la comunidad, la implementación de grupos terapéuticos se ha mostrado prometedora en la atención de los trastornos mentales y como forma de rehabilitación psicosocial en la atención primaria.

Palabras clave: Salud mental; Salud pública; Atención Primaria de Salud; Grupos de autoayuda.

INTRODUCTION

Released every three years, the Mental Health Atlas, of the World Health Organization (WHO), is a compilation of data provided by countries on policies, legislation, financing, human resources, availability, and use of mental health services and systems. According to the latest edition, published in 2020, there are alarming data concerning Brazil: the country has the population with the highest prevalence of anxiety disorders worldwide, with approximately 9.3% Brazilians affected by this pathology.[1]

The high prevalence of mental disorders calls for an integration of all levels of health care. Hence, early detection and treatment of mild and moderate cases in primary health care, as well as the management of care for these cases, pose a challenge.[2-5] One of the main limitations is the lack of coordination between primary health care and specialized services. Consequently, there is a lack of continuity of care in severe cases and the overload of the health system.[6]

The shortage of professionals specialized in mental health care is another obstacle. In December 2019, the Department of Information Technology of the Brazilian Unified Health System (*Departamento de Informática do Sistema Único de Saúde* – Datasus) released data on Psychosocial Care Centers (*Centros de Atenção Psicossocial* – CAPS) and the number of psychologists and psychiatrists in the country. Among the available data, the fact that 300 cities had no psychologists and almost 3,000 had not psychiatrists is alarming. At the time of data collection, there were approximately 4.1 psychologists for every 10 thousand inhabitants in Brazil and 1.1 psychiatrists for every 10 thousand inhabitants.[7] The context of a shortage of professionals is confirmed by health spending; according to the WHO

report, in 2019, Brazil spent only 3.5% of its total health budget on mental health, well below the amount recommended by the organization.[8]

In addition to the lack of resources and services, stigma surrounding mental health may also make it difficult for individuals to seek help, as prejudice is a significant barrier to accessing these services in Brazil, especially among low-income individuals.[9]

Despite these challenges, the country has been recently making significant progress by implementing some care strategies. Among them is the group assistance, which has been proving to be an effective strategy for promoting mental health and preventing illness in the country. Authors of an integrative review published in 2021, which gathered reports from therapeutic groups carried out in Brazil, showed that these interventions can change a social reality, placing subjects in a leading role in caring for their health. According to this study, the therapeutic group can contribute to reducing the stigma related to mental illness and to promoting and preventing mental health using low-cost tools.[10]

Studies carried out during and after the health emergency of the new coronavirus (COVID-19) pandemic demonstrated the relevance of group interventions such as prevention and remediation programs for the damage caused by the pandemic. These interventions considered the psychological repercussions of collective illness and were able to stimulate the participants regarding resources for comfort, tension relief, and creation of a support network.[11-13]

Mental health groups have been strategies for dealing with psychological suffering in different contexts. In this experience report, we aimed to contribute to the enrichment of collective intervention in patients with mental health complaints by reporting the implementation of a therapeutic group in a Health Center (*Unidade Básica de Saúde* – UBS) in a city in southern Brazil.

METHODS

This is a descriptive study of the experience report type, carried out based on the Education Program for Work in Health (*Programa de Educação para o Trabalho em Saúde* – PET/SAÚDE)/Management and Assistance, in partnership between a private university in southern Brazil and the Municipal Department of Health. In this report, the activities developed in the mental health support group were described, focusing on: the processes and dynamics for implementing the group as well as the theoretical basis for the group and the development and structure of the activities. To this end, the authors used the narrative method for describing the experience, developed by Catherine Kohler Reissman, and a reflective analysis based on the literature.[14]

According to Riessman, there are four types of narrative analysis: thematic, structural, dialogic/performance, and visual. In this study, the thematic analysis methodology was used, whose aim is to investigate what is said and experienced by the narrator. This method is based on broad reports that are preserved and analytically treated as units, working with what was said and not with the way of saying it. In narrative studies, context and particularities are valued, preserving the sequence of facts and considering the narrative in its entirety.[14]

This study was not submitted to the Research Ethics Committee and neither the Informed Consent Form was used; the exemption from the Informed Consent Form is justified because:
- It is a retrospective descriptive study, which only used information on experiences and data shared in the study anonymously, without nominal identification of the research participants;

- The study results will be presented in an aggregated form, not allowing for the individual identification of participants;
- It is a non-interventional study (without clinical interventions) and without changes/influences in the routine/treatment of research participants, and, consequently, without adding risks or harm to their well-being.

RESULTS AND DISCUSSION

Processes and dynamics for implementing the group

The group meetings for the development of mental health took place weekly, for two months, lasting 1 hour and 30 minutes, at a UBS in southern Brazil. We studied the historical process of implementing previous groups in the UBS itself, with groups deactivated due to little encouragement from management. There was a sense of hopelessness and a belief that groups would have little or no support. Thus, the first step was to mobilize and align the group's proposal with the UBS management and other professionals.

The group experience was planned in advance and should include the practice of collective and reflective dynamics on everyday topics that affect mental health, such as: grief, anxiety, depression, setting boundaries, among others. Participants were invited to join the group in outpatient care routinely provided by the unit's family doctor — the included patients had complaints and symptoms of depression and anxiety. In addition, the group was open for recommendations from other professionals in the unit and for patients themselves to ask and recommend acquaintances who wanted to participate.

Theoretical basis for the group

The dynamics carried out in the group were inspired by activities from the books *Jogos dramáticos* ["Dramatic Games"], by Regina Fourneaut Monteiro, and *Dinâmica de grupos na Formação de Lideranças* ["Group Dynamics in Leadership Training"], by Ana Maria Gonçalves and Susan Chiode Perpétuo. During the meetings, patients shared their concerns in a spontaneous and collaborative manner, in such a way that a mutual partnership was developed between the participants. To address the demands brought up by the group, the Neurolinguistic Programming (NLP) technique was also used.

Development and structure of the activities

At the first meeting, we asked participants to briefly introduce themselves; we explained that the group would meet weekly, always on the same day and time; and we clarified that the goal of the group was to share feelings, such as anxiety and sadness, so that, together, we could work on improving each participant. After the presentations, we began a dynamic inspired by the concepts of *Jogos dramáticos*, in which we asked participants to draw a monster with physical characteristics narrated by the physician. With this activity, we showed that everyone has their own particularities and interprets pain differently, so that it is necessary to respect others' pain. Subsequently, the participants shared their losses and their mourning experiences. The conversation continued from that point onward, and everyone spoke at least a little about themselves, sharing and identifying themselves in many situations such as anxiety attacks,

physical symptoms, pain caused by longing, and moments of sadness. Thus, at the end of the meeting, there was a feeling of identification between them and a strengthening of the relationship, leading to the desire to participate in future meetings.

In the second meeting, we suggested that they talked about how each of them identified possible anxiety triggers and how they managed their feelings in the event of an anxiety attack. We chose an individual dynamic for them to apply it throughout the week. Each participant received an elastic band to put on their arm, and they had to switch arms every time they thought of something negative or faced a trigger. This way they could identify more clearly what triggered the anxiety attacks and how to overcome this situation. This practice, based on NLP, helped to identify negative thought patterns and anxiety triggers. The main point was the exchange of information, with participants reporting their anxiety attacks and sharing tips. In the end, everyone mentioned the feeling of welcome and belonging. The objective of this meeting was to identify triggers in everyday life to work on them in the coming weeks.

In the third meeting, we addressed the issue of mourning again, as it was important for the participants — who, already familiar with the group, shared their mourning stories in greater detail. We asked each individual to personify their pain in an animal that represented the size of that pain and what made it grow. After the dynamic, the participants related their anxiety attacks to an animal that was large and feeding on bad feelings. All of them reported experiencing physical symptoms during the anxiety attacks, such as: chest pain, tachycardia, dyspnea, and a sense of death, sometimes even seeking emergency care. Taking this into consideration, we discussed how the brain can generate physical symptoms from thoughts, highlighting the influence of NLP in managing these feelings. This activity helped participants to better visualize and understand feelings of anxiety and grief.

In the fourth meeting, we began by giving the participants small stones, which we called "gratitude stones," in such a way that, when they touched or saw them, they would remember to be grateful for three important points in their lives, concretizing the practice of NLP. The conversation flowed easily and, in the end, it was clear on the faces of each participant how much the meeting had done them good, with expressions of happiness and relief in contrast to the expressions of concern and indifference with which they had arrived. The objectives of the dynamic were to demonstrate how NLP works and to incorporate this practice into the participants' routine based on positive feelings.

In the fifth meeting, we presented the book *O poder do agora* ["The Power of Now"] to reflect on how thoughts that lead to the past generate frustration, and those that lead to the future generate anxiety. With this reflection, the participants talked about how their anxiety attacks are triggered by events in the past or anxieties about the future, never by feelings in the present. Everyone committed to focusing their feelings more on the present situation each time they felt anxiety approaching, in order to control their attacks. The objective was to provide support for anxiety attacks. At the end of the meeting, we gave the patients balloons and instructed them to fill them with flour and to shape them, bringing them to the next meeting for a new dynamic.

In the sixth meeting, everyone brought their balloons and we addressed the topic of "resilience," based on the books *Jogos dramáticos* and *Dinâmica de grupos na Formação de Lideranças*, showing how the balloon becomes malleable and it is possible to modify it according to their feelings, thoughts, and mood, showing that we adapt differently to adversity, allowing us to overcome it in a healthy way. Everyone discussed it and agreed that it is possible to learn to deal with feelings and adapt to each anxiety attack that occurs. After the discussion, the participants reported how they envisioned the group when they first came and how they were surprised at each meeting, finding support in the group to talk, work on their

weaknesses, and express themselves. They reported how they built a feeling of friendship between them, motivated to share their feelings and help each other. The objective of the meeting was to demonstrate how each person is shaped by life events and that this is a natural human process.

In the seventh meeting, the main topic identified by the group was the difficulty in saying "no" and setting boundaries. We encouraged the participants to share moments when they were able to say "no" and others when they were unable to do so. This dissonance generated reflection on the potential for overcoming, discussing when to set boundaries and when relationships are emotionally draining.

In the eighth meeting, we proposed a closing activity in which they should bring up the events of the week in which they applied the learning developed with the group. There was a connection with the discussion of the previous week's topic and moments of overcoming during the period. The meeting ended with the participants' feedback on what these eight meetings meant to each of them. Analyses were made on how each participant arrived at the mental health group and how they evolved over two months. In eight weeks, participants were expected to show improvement in their initial complaint based on the dynamics and dialogues between the PET team. This expectation of improvement by the team was met and exceeded by the participants' report, enriching the experience and encouraging the team and the unit's management to promote new groups in the future.

The NLP was chosen because it has techniques that help to improve self-confidence, overcome fears and limitations, assist in resolving conflicts, and assist in achieving personal and professional goals. However, while this technique can provide significant benefits in helping participants reframe negative thoughts and behaviors, it is crucial to consider the ethical and technical implications of this approach. The lack of scientific consensus on the effectiveness of NLP and the need for well-trained professionals to apply it correctly are points that must be considered.[15-17] Furthermore, it is paramount to ensure that these techniques are used ethically, respecting the individuality and limitations of each participant.

As highlighted, the NLP was chosen both due to the possible benefits of the technique and the familiarity of the team members who implemented it. Nevertheless, some benefits go beyond technical specificity and could occur through different strategies. The transformation of the therapeutic relationship by promoting an environment of mutual support and collective development of knowledge is not specific to NLP and can be promoted by different care approaches.[18,19] In addition, there was the creation of stronger bonds between participants and the team, allowing for greater openness and trust in the therapeutic process. The exchange of experiences and the active participation of users contribute to the redefinition of their experiences and the development of new coping strategies, strengthening the autonomy and self-esteem of participants.

Synthesis of the group structure

Eight meetings were held and, afterwards, we analyzed how each participant arrived at the mental health group and how they evolved over these two months. In eight weeks, participants were expected to show improvement in their initial complaint after developing dynamics and dialogues between the PET team.

The group's aim, which was to work together with users of the health unit who had anxiety or depression, was achieved. The result also had an impact on the unit's consultation demands, considering that complaints — such as depression and anxiety — were the unit's greatest demand and the group

was able to address the complaints, alleviating the demand for consultations. In the end, as described in the eighth meeting, the importance of approaching mental health in different ways became evident, contributing to a larger portion of patients, at a higher frequency, and with the advantage of forming a support network between community members and healthcare professionals.

This becomes even more relevant in a scenario in which the demand for mental health in Health Centers in Brazil has significantly increased in recent years. The identification and monitoring of these situations, incorporated into the activities that primary health care teams develop, are fundamental steps toward overcoming the psychiatric model focused on medication and hospital admission for mental health care.[20]

One of the limitations to be highlighted is maintaining the interest of participants throughout the meetings. To minimize this, dynamics that promoted a more pleasant and relaxed environment were used. Moreover, as an attempt to maintain consistency regarding the presence of each individual, a group chat was created with the participants on the online platform WhatsApp®; thus, the participants themselves encouraged each other and requested the presence of their peers.

From this perspective, the group becomes an interesting strategy, as it encourages the exchange of information and positive interaction between patients and doctors. Therefore, through interactive reflections, it is possible to make the individual an active agent in the self-care process.[21] The expanded mental health care of this project takes into account team exchanges and developments, which allows for the resignification of the subject beyond the place of a sick person, enabling the construction of new social contracts that point toward the retrieval of singularity.[22]

One of the techniques used was NLP, created by systems analyst Richard Bandler and linguist John Grinder, which advocates the possibility of promoting rapid and positive changes in behavior through the use of specific linguistic patterns.[23] During the meetings, we worked with participants on how to formulate thoughts and how to receive them in a positive way, in order to break down barriers and previously established mental models.[24]

Topics, such as anxiety, depression, and grief, were also recurrent during the meetings. Anxiety generally precedes a moment of doubt or concern in which individuals find themselves and, in most cases, the fear of what is to come appears far from reality, causing people to feel unable to carry out their daily activities.[25] Often associated with it, depression promotes symptoms of sadness, irritation, and hopelessness. Group therapy, as a technique for interaction between participants, seeks to intervene in these dysfunctional thoughts, behaviors, and feelings.[26]

We conclude that the experience developed based on PET was relevant in providing an exchange of knowledge between university students and popular communities, contributing to the social inclusion of this population — which often finds itself in a situation of social vulnerability and without psychological care.

From the perspective of psychosocial care, changes are introduced in the way users relate to themselves, to their treatment, and to the specialized approach to mental health. Throughout the meetings, the users were reoriented, and they began seeing themselves as active subjects of their own health, establishing a closer dialogue with the technical professionals and questioning the procedures and prescriptions proposed to them.

Thus, reporting the experience developed by university students, professionals, and the community fosters a more comprehensive view of mental disorders and can contribute to encouraging similar practices in health units, improving health care and stimulating new research in the area.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

RSF: Supervision. ESJS: Conceptualization, Validation. ACTB: Writing – original draft. IRM: Project administration, Writing – review & editing. MRS: Visualization. NAB: Methodology.

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