

Educating novice mental health nurses to work in the shared care system in Brazil: the rewards and challenges

DÉBORA ISANE RATNER KIRSCHBAUM, RN, PhD
ASSOCIATE PROFESSOR
FACULTY OF MEDICAL SCIENCES
STATE UNIVERSITY OF CAMPINAS
SAO PAULO, BRAZIL

INTRODUCTION



INTRODUCTION

- Brazilian Health Care System
 - universal access
 - publicly funded
 - organized under principles of:
 - ✓Regionalization
 - ✓hierarchy of care and
 - ✓Comprehensiveness
 - ✓ according to the level of complexity of health care needs

Brazilian Health Care System

- ▶ Community Psychosocial Centers
- ▶ Psychiatric Unit care in University Hospital
- ▶ Club houses & Drop-in
- ▶ Family health teams
- ▶ Mental health teams

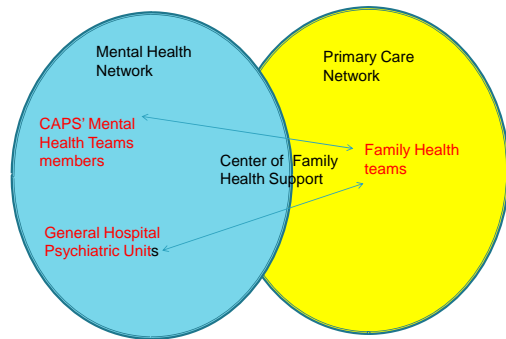


Mental Health network



Primary Care network

Establishing shared care practices



Challenges to practice shared care

- ▶ the lack of funding in mental health and primary care
- ▶ lack of efficient mechanisms and processes for communication between teams to assure good quality and effective shared care
- ▶ lack of preparation of mental health professionals to work together with primary health care teams
- ▶ lack of preparation of family health teams to deal with mental health issues

Nursing Education in Brazil

- ▶ Four year undergraduate course – 4300 hours
- ▶ preparing generalists
- ▶ There is a national curricular guideline
- ▶ Each Faculty establish its own curriculum



The purpose of the study

- ▶ To discuss an experience in teaching involving Brazilian nursing novices whose goal was to learn how to share mental health care interventions addressed to their clients with professionals from primary care

Methodology

- ▶ Self-Study Research
- ▶ Written Narratives produced by Faculties based on their experience teaching how to establish shared care practices
- ▶ Data-collection and analysis
- ▶ Field-notes, drafts, papers
- ▶ Nodal moments

Data analysis

First Nodal Moment

How to teach patient care in mental health?

- ▶ 1. Studying
- ▶ 2. Planning and implementing
- ▶ 3. Making referrals (???)

- ▶ When my choices don't matter
- ▶ When my choices are based on personal issues
- ▶ The discovery of the subjectivity and shared care practices

Second Nodal Moment

How to teach the importance of the first encounter ?

- ▶ 1- Understanding who is the client in a subjective approach
- ▶ 2- Recognizing boundaries
- ▶ 3- Establishing a trusting relationship
- ▶ 4- Constructing a helpful network
- ▶ 5- Overcoming idealizations through communication

Third nodal moment

- ▶ *How to make them to continue working ?*
- ▶ How to support them in formulating a care plan based on the listening of the patients' speech ?
- ▶ *How to conduct them in developing a caring plan and treatment?*
- ▶ *The importance of building knowledge as a condition for working in a network*

Fourth Nodal Moment

- ▶ How to support them in seeing their own clinical practice boundaries and in perceiving shared care practices as a path (or a gateway for new advancements)?

Fifth Nodal Moment

- ▶ How to support them in implementing shared care beyond idealizations ?
- ▶ Working in a network with partners in primary care
- ▶ Community resources

Conclusion

- ▶ Increase commitment to building clinical cases
- ▶ Decrease the idealization about the perfect health system
- ▶ Increase the notion about the importance of assessing the real (material) conditions for providing shared care, beyond the good intentions
- ▶ Improve the understanding that the problems related with communication are actually related to the subjectivity present in this process.

Thank you !!!!

Author's e-mail:
Débora IR Kirschbaum isane@fcm.unicamp.br
Ana Paula RF Garcia apgarcia@fcm.unicamp.br
Teresa C. Silva teresac@enf.ufmg.br
Annette Souza Costa annette@enf.ufmg.br
Our thanks for Joyce Douglas, responsible for the review of this paper
