

## Perceptions of nurses from Psychosocial Care Centers (CAPS) about practices performed during home visits

### Percepções de enfermeiros de Centros de Atenção Psicossocial (CAPS) sobre as práticas desempenhadas em visitas domiciliares

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**ABSTRACT | OBJECTIVE:** Investigate perceptions about the practices performed by nurses during home visits carried out with patients treated at Psychosocial Care Centers (CAPS). **METHOD:** This exploratory research with a qualitative approach was carried out with six nurses at CAPS in a countryside city of Southern Brazil. Sociodemographic questionnaires and a semi-structured interview were applied, and the data were analyzed through Content Analysis. **RESULTS:** Results were organized into three themes: 1) insufficient training of nursing professionals to work in CAPS; 2) challenges faced by the nursing team during home visits; and 3) impacts of the support network on the recovery process of patients. **FINAL CONSIDERATIONS:** The nurses participating in the study reported not having received adequate training during their undergraduate studies, making it necessary to seek knowledge by their own means. In addition, several challenges were noted during visits, such as patients' resistance to receiving the multidisciplinary team, incomplete or incorrect addresses, patients' absence during home visits, and the difficulty in reaching patients' families. Finally, the importance of family assistance as a support network for users with mental disorders was noted.

**KEYWORDS:** Psychosocial Care Centers. Nursing. Mental Health. House Visiting.

**RESUMO | OBJETIVO:** Investigar as percepções sobre as práticas desempenhadas pelo enfermeiro nas visitas domiciliares realizadas com pacientes atendidos em Centros de Atenção Psicossocial (CAPS). **MÉTODO:** Trata-se de uma pesquisa exploratória de abordagem qualitativa realizada com seis enfermeiros nos CAPS de um município do interior do Rio Grande do Sul. Foram aplicados questionários sociodemográficos e roteiro de entrevista semiestruturada, cujos dados foram submetidos à análise de conteúdo. **RESULTADOS:** Os resultados foram organizados em três temas, sendo eles: 1) Insuficiência da formação do profissional enfermeiro para atuação em CAPS; 2) Desafios enfrentados pela equipe de enfermagem durante a visita domiciliar; e 3) Impactos da rede de apoio no processo de recuperação dos pacientes. **CONSIDERAÇÕES FINAIS:** As enfermeiras participantes do estudo relatam não ter recebido treinamento adequado durante a graduação, sendo necessária a busca de conhecimento por meios próprios. Além disso, são destacados diversos desafios nas visitas, como a resistência dos pacientes em receber a equipe multidisciplinar, endereços incompletos ou errados, ausência dos pacientes durante visitas domiciliares e a dificuldade de alcançar as famílias dos pacientes. E, por fim, constatou-se a importância da assistência familiar como rede de apoio aos usuários com transtornos mentais.

**PALAVRAS-CHAVE:** Centros de Atenção Psicossocial. Enfermagem. Saúde Mental. Visita Domiciliar.

## 1. Introduction

Mental health is a component of an individual's overall well-being, and mental illness represents a significant challenge worldwide, affecting the lives of millions of people.<sup>1</sup> Among the healthcare sectors and professionals working in this context, nurses play a crucial role in assisting patients with mental disorders, although historically they were associated with repressive practices in asylums.<sup>2</sup> In recent decades, the Psychiatric Reform Movement has redirected the role of nurses towards new ways of care, integrating outpatient services and promoting the democratization of healthcare through the Brazilian Unified Health System (SUS).<sup>3</sup>

The National Mental Health Policy strengthened the healthcare network with the creation of Psychosocial Care Centers (CAPS), which offer psychosocial care to people with mental disorders, respecting human rights.<sup>4</sup> CAPS, with their multidisciplinary teams, tailor care according to the needs of patients and their families, representing a significant advancement in mental health care. Home visits by CAPS are also an essential practice, enabling a holistic and personalized approach to patient treatment.<sup>4</sup>

In CAPS, nurses play a fundamental role in providing mental health care, ranging from promoting well-being to specialized treatment and emotional support.<sup>5</sup> This role has evolved significantly over time to better meet the complex needs of patients, especially as they play a crucial role in the assessment and diagnosis of mental disorders. By gathering detailed information about patients' mental states, nurses collaborate with other professionals to ensure an accurate diagnosis, which is essential for developing personalized treatment plans.<sup>6</sup>

In practical work, nurses implement therapeutic interventions, administer psychotropic medications, and monitor patient responses, ensuring proper symptom management and minimizing adverse effects.<sup>2</sup> In addition to their technical duties, mental health nurses provide emotional support to patients,

creating a safe environment for emotional expression and facilitating coping strategies. They also work in multidisciplinary teams to ensure an integrated and holistic approach to patient care.<sup>5</sup> In this regard, the role of nurses in mental health is not limited to direct care, but also encompasses education, prevention, diagnosis, and treatment, significantly contributing to patients' quality of life and emotional recovery.<sup>6</sup>

Specifically, regarding home visits by CAPS, these represent an essential approach in nursing practice, allowing for a detailed assessment of the patient's living environment.<sup>4</sup> This aspect provides valuable information about factors that directly impact health, such as housing conditions, access to healthy food, the presence of environmental stressors, and the availability of social support. Considering these elements, nurses can develop more tailored and realistic care plans that take into account the unique context of each patient.<sup>7</sup>

Such home visits also enable direct observation of treatment adherence, medication administration, nutrition, and patient hygiene.<sup>7,8</sup> This allows for the identification of specific challenges in the patient's daily routine and facilitates the creation of personalized strategies to address them. A crucial aspect of home visits is the opportunity to build a closer relationship between nurse, patient, and family of the patient. This strengthened bond promotes open communication and increases patient engagement in their own care, fostering a patient-centered approach.<sup>8</sup>

In this context, considering that home visits are a CAPS strategy to provide better care and follow-up for its users, this study aims to generate data that can enhance the understanding of this dynamic and support strategies for improving the mental health and well-being of patients. Thus, the objective of this study is to investigate perceptions of the practices performed by nurses during home visits with patients treated at Psychosocial Care Centers (CAPS).

## 2. Method

This is an exploratory qualitative study. This research design aims to investigate and report the complexities and nuances of phenomena, rather than quantify them, with the goal of understanding and interpreting social specificities.<sup>9</sup> In this sense, the focus is on the narratives, perspectives, and experiences of participants through data collection methods such as individual or group interviews, observation, and/or document analysis. These methods are subjective and capture the depth and plurality of each participant's perceptions in relation to the issue being investigated.<sup>9</sup>

Six nursing professionals participated in this study, all working in two different Psychosocial Care Centers (CAPS) in a countryside city of Southern Brazil. All participants identified as cisgender women. The inclusion criteria involved nursing staff professionals with at least six months of experience in their respective CAPS. No exclusion criteria were adopted, in order to allow for a broad range of nursing profiles.

Data were collected using the following instruments developed by the researchers: 1) Sociodemographic data form, which gathered information such as gender identity, age, race/ethnicity, time since graduation, type of CAPS, and length of time working at CAPS; and 2) Semi-structured interview guide, with questions aimed at investigating the perceptions of the practices performed and the challenges faced by nurses during home visits with patients treated at CAPS.

This study was developed as a partial requirement for the completion of the nursing graduation of the first author, under the supervision of the second author. The project was approved by the Ethics and Research Committee (CEP) of the University Center of Serra Gaúcha (FSG) under CAAE 76089323.8.0000.5668.

After approval by the CEP, potential participants were contacted by phone to check upon their interest in participating in the study. For those who expressed interest, a time was scheduled for in-person interviews, conducted outside of working hours, in a private room at the educational institution to which the authors are affiliated. Data collection took place between March and April 2024, with the interviews averaging 30 minutes in duration. The interviews were recorded and later transcribed for analysis.

The research adhered to all ethical principles outlined in Resolution 466/2012 and Resolution 510/2016 of the National Health Council. All participants agreed to the terms of the Informed Consent Form (TCLE). Confidentiality, privacy, and anonymity of participants were ensured. To protect their identities, participants were identified by the letter "P," followed by a numerical code.

Data were subjected to Content Analysis, which aims to systematically interpret the information conveyed through the participants' accounts.<sup>10</sup> This method involves three stages: pre-analysis, material exploration, and the treatment of results, inference, and interpretation. During pre-analysis, the collected material is organized to systematize initial ideas and prepare the data for effective analysis. In the material exploration phase, the content is coded, meaning that raw data are transformed into units that allow for quantitative or qualitative delimitation. This is followed by the treatment of results, inference, and interpretation, where the coded data are categorized, and themes are identified to facilitate the understanding of underlying patterns and essential meanings within the studied content.<sup>10</sup>

The process of structuring, classifying, and analyzing data was maintained without theorization throughout its course. By avoiding theorizing and relativizing arguments — especially subjective ones — it was possible to reach clear, coherent, and assertive conclusions without the interference of external assumptions. Additionally, there was a special focus on attentive and active listening, aiming to listen without relativizing, characterizing, or overemphasizing the arguments of the nurses interviewed. This approach enabled a critical analysis of the collected data, considering concepts, theories, and nursing practices related to mental health care in CAPS, particularly in the context of nurses' practices during home visits.

## 3. Results

Six nurses participated in this study, affiliated with two different CAPS in a countryside city of Southern Brazil. All participants identified as cisgender women. More information can be found in Table 1.

**Table 1.** General data of participants, Rio Grande do Sul, Brazil, 2024

Participants	Age (years)	Race/ethnicity	Time since graduation (years)	CAPS type	Time working in CAPS (years)
P1	42	White	18	CAPS II	1
P2	32	White	11	CAPS II	1
P3	60	White	37	CAPS AD	1 and 6 months
P4	42	White	18	CAPS AD	10
P5	28	White	6	CAPS AD	4
P6	39	Black	12	CAPS AD	6 months

Source: the authors (2024).

The results of the interviews were organized into three categories of analysis: 1) Insufficiency of nursing education for practice in CAPS; 2) Challenges faced by the nursing team during home visits; and 3) Insufficiency of the support network in the recovery process of patients.

### 3.1 Insufficiency of nursing education for practice in CAPS

In this category, all interviewees pointed out that there is no preparation for this type of work at any stage of nursing education:

*"During my time in college, I didn't have any preparation; we only heard some things that were mentioned to us" (P3).*

In light of this gap in training, the professionals reported that interaction with colleagues, daily experiences, and personal initiative are the main factors that contribute to their knowledge for the job:

*"We don't learn much in college about this area. It's all very superficial. We learn here, in practice; the colleagues help a lot too. We seek out help" (P6).*

Due to the lack of specific knowledge during their training, many mental health professionals seek further education on their own initiative. In this regard, given the adversities, participants indicated that it was necessary to pursue knowledge independently to fill this gap, either through postgraduate studies or through psychotherapeutic treatments:

*"No! I seek to further my education through external means, such as postgraduate studies, therapy... that kind of preparation" (P5).*

### 3.2 Challenges faced by the nursing team during home visits

Among the challenges for conducting home visits, the difficulty in locating the user, their resistance to receiving professionals, and non-adherence to follow-up were highlighted:

*"Most of the time, they are not home" (P1).*

*"There is resistance from users to receive the multidisciplinary team, as they often do not adhere to treatment. They do not attend CAPS and also do not receive the team at home" (P2).*

Still regarding the challenges, one interviewee points out that one of the difficulties they face in conducting the visit arises from the attitude of the family, which does not support the user's follow-up by the CAPS service, preferring to admit them to long-term Treatment Centers (CTs):

*"The family often wants the person to go to another service. Since most of the users here are substance-dependent, the family wants to take them to Treatment Centers" (P5).*

### **3.3 Insufficiency of the support network in the recovery process of patients**

In the perception of the participating professionals, patients with a functional support network tend to adhere to treatment and achieve better outcomes, as they receive more familial support and encouragement. Regarding having a support network, one professional emphasizes that it is common for patients to prefer living on the streets, even when they have the option to live with their families:

*"There are many patients who have family members but prefer to stay on the streets rather than at home" (P5).*

One of the participants expresses that there are cases where the family does not have enough influence in the patient's life to encourage them to adhere to treatment and seek better living conditions:

*"The family often has better conditions but chooses not to invest more in that patient because they have opted for the streets themselves" (P5).*

When a family member faces mental health challenges, the entire family unit is affected. The stress, uncertainty, and additional responsibility can overwhelm relatives, leading to a state of emotional and physical exhaustion:

*"Sometimes the family already feels a bit exhausted by this situation" (P6).*

## **4. Discussion**

Based on the analyzed data, it was possible to address the objective of this study, which was to investigate perceptions of the practices performed by nurses during home visits with patients treated at CAPS.

Initially, a gap in the training of nursing professionals regarding work in CAPS was identified, especially concerning home visits. This finding aligns with the literature in the field.<sup>1,11-13</sup> Universities do not invest in professional training focused on mental health, resulting in a lack of necessary knowledge for nurses to work adequately in this area.<sup>12</sup> In other words, nursing undergraduate programs generally do not provide the necessary support for nurses working in mental health. This leads nurses to seek specific courses on their own initiative, while others only update their knowledge through reading.<sup>13</sup>

At the level of continuing education for professionals, SUS (Unified Health System), as a guiding entity for restructuring policies related to mental health, faces challenges in creating initiatives for the training of both nursing professionals and all members of the multidisciplinary team.<sup>11</sup> This inference highlights that the environment and work experiences are the only perceived resources for training professionals in the field of mental health. In this sense, training in the workplace becomes crucial to ensure good practices in nursing. Therefore, it is essential for hospital and treatment center managers within SUS to promote this type of training for their professionals, aiming to improve the care provided.<sup>14</sup>

Working in CAPS imposes several challenges on professionals. Generally speaking, a combination of situations such as patients at CAPS not wanting to receive the multidisciplinary team at home, incomplete or incorrect addresses, patients being absent at the time of the visit, and families preventing the team from carrying out specific procedures during the visit, are just a few of the challenges faced by nurses and the multidisciplinary team. This finding is consistent with the literature, as available evidence suggests that during home visits, the nursing team encounters many challenges ranging from logistical issues to the complexity of clinical cases, requiring effective strategies to ensure the quality of care provided.<sup>8</sup>

The available literature indicates that the main obstacle to caring for people dependent on SUS is the difficulty in reaching their families, due to the fragility of the healthcare network or the lack of acceptance of the illness within the family context.<sup>15</sup> Additionally, anxiety, tension, and fear of users receiving care can generate emotional conflicts, painful and complex experiences, altering their daily lives regarding the provision of primary health care.

Moreover, assisting family members in understanding that treatment needs to continue after discharge from CAPS, especially for addicted patients, is a significant challenge for the multidisciplinary team.<sup>15,16</sup> The support network, often composed of the immediate family, is a crucial foundation in the user's recovery process.

However, in some cases, dysfunctional families can create obstacles in the treatment and rehabilitation process of patients, by seeking quick solutions. They often fail to comprehend the importance of maintaining treatment continuity at home, which is essential for regular intervention. In the context of substance dependence, families frequently struggle to maintain an adequate connection, which may stem from stressful situations that arise during interactions and the lack of connection among family members.<sup>15</sup> Therefore, when considering the family as the primary support network for the patient, it is essential to remember that its influence on the user's mental health also stems from the family's history.<sup>16</sup>

From another perspective, the literature also emphasizes that the family can act as an ally in the treatment of patients with mental disorders, being viewed as a system that requires guidance and support for effective patient treatment.<sup>7,17</sup> On the other hand, it should be noted that people with a family history of mental disorders are more predisposed to develop mental health issues themselves, which could imply a weakened support network. This constant demand may lead to family exhaustion, highlighting not only the complexity of these challenges, but also the

urgent need for support and understanding for those facing these situations. Thus, the impact of mental health transcends the individual, profoundly affecting the family environment.<sup>17</sup>

Therefore, the complex interaction between social and individual factors has a significant impact on individuals' mental health.<sup>5,16</sup> Caring for and protecting family members who are users of CAPS has become an increasingly challenging task in our contemporary society, reflecting the complexity of family and social relationships, especially in contexts marked by poverty, misery, violence, unemployment, and drug addiction. These factors can contribute to the development of mental disorders in individuals who, in a state of fragility and social vulnerability, face stressful situations, desperation due to lack of resources, and feelings of social exclusion.<sup>8</sup>

## 5. Final considerations

With the development of this study, it was possible to understand the perceptions of nurses at CAPS regarding home visits and to identify the challenges faced by nurses in performing this practice.

Working in CAPS requires nursing professionals to have specific preparation that is not addressed during academic training. The lack of investment by universities in mental health education results in professionals seeking knowledge on their own, whether through postgraduate courses or psychotherapy treatments. This absence of prior preparation directly impacts the challenges faced during home visits, such as patients' non-adherence to treatment and resistance to receiving the multidisciplinary team.

The support network, particularly familial, is crucial in the recovery process of patients but can encounter difficulties in cases of dysfunctional families or when patients choose to live on the streets. The lack of adequate support can lead to negative impacts on

the mental health of not only the patients but also their families, highlighting the complexity of family and social relationships in challenging contexts.

The main limitation of the study lies primarily in the small number of participants, which necessitates caution in interpreting the results. Although invitations to participate in the research were extended to several CAPS in the city, few professionals expressed interest in participating, which may already indicate a certain disinterest in the topic. For future studies, we suggest conducting interviews with other professionals who make up the multidisciplinary team involved in home visits at CAPS, in addition to integrating different methodological techniques, such as the use of quantitative instruments and participatory observations.

### Authors' contributions

The authors declare having made substantial contributions to the work in terms of the conception or design of the research; acquisition, analysis, or interpretation of data for the work; and drafting or critically reviewing content of relevant intellectual importance. All authors approved the final version to be published and agreed to take public responsibility for all aspects of the study.

### Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, companies, and private foundations, etc.) were declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

### Indexers

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