



## **Psychiatric hospitalization of minors in the perception of professionals at a psychiatric emergency service**

### **A internação psiquiátrica de menores na percepção dos profissionais de um serviço de emergência psiquiátrica**

DOI: 10.56238/isevmjv2n5-030

Receipt of originals: 10/20/2023

Publication acceptance: 11/11/2023

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### **ABSTRACT**

The restructuring of the care model during the Psychiatric Reform evolved a mental health care policy. Therefore, there has also been an evolution in the treatment of children and adolescents with mental disorders and the consequent increase in hospitalizations in recent years, usually because of aggressive behaviors. Objective: To identify the perceptions of professionals in a psychiatric emergency service about the hospitalization of minors. Method: Descriptive, exploratory research with a qualitative approach. It was carried out in a psychiatric emergency unit of a large regional hospital in the interior of the state of São Paulo. Data were obtained through semi-structured interviews. The research subjects were ten professionals, two nurses, two doctors, three nursing assistants and three security guards. The transcribed material from the interviews was analyzed based on Bardin's Thematic Content Analysis and raised two thematic categories: 1) Feelings aroused in the face of the hospitalization of minors and 2) Difficulties faced by the team. Results: The discourses revealed that the hospitalization of minors arouses various feelings, such as impotence, sense of responsibility and anger. The subjects also reported difficulties in coping with the hospitalization of minors, mainly related to the inadequacy of the physical structure of the place. Final Considerations: It is hoped that the present study will provide a reflection on the hospitalization of minors in the psychiatric emergency room, to establish proposals for improvement of the situation presented.

**Keywords:** Psychiatric emergency, Minors, Compulsory hospitalization.



## 1 INTRODUCTION

The process of Psychiatric Reform began, on the national scene, at the end of the 1970s, based on the concept of deinstitutionalization. After years of struggle, the Psychiatric Reform Law – Law 10.216 of April 6, 2001 – was sanctioned and transformed the main objectives of the Reform into public policy: reduction of beds in psychiatric hospitals and their progressive closure; and the creation of community-based substitute services for the Psychiatric Hospital (COSTA et al., 2011).

The National Mental Health Policy has been consolidating an open and territorialized model of care, inserted in the real contexts of life of people in psychological distress. The course of the Psychiatric Reform does not concern the simple restructuring of the care model, but rather the historical process of critical and practical formulation, which has as its objectives and strategies the questioning and elaboration of proposals for the transformation of the classical model and the paradigm of psychiatry (BRAGA; D'OLIVEIRA, 2015).

In the current practice of the development of Brazilian psychiatry, a specific mental health care policy aimed at children and adolescents is under construction, which aims at prioritizing care for this population. For the Statute of the Child and Adolescent (DIAGIÁCOMO; DIGIÁCOMO, 2013) a child is considered a person up to twelve years of age, and an adolescent is a person between twelve and eighteen years of age.

There has been an increase in hospitalizations in recent years and an increase in the number of minors diagnosed with mental disability, personality and behavioral disorders (SCIVOLETTO; BOARATI; TURKIEWICZ, 2010). In addition, the use of psychoactive substances by minors is an alarming fact for professionals working in specialized psychiatric services (BRAGA; D'OLIVEIRA, 2015). Martins et al. (2015) consider that the prevalence of psychiatric emergency admissions of children and adolescents is mainly caused by aggressive behaviors, which usually have no established cause. However, there are few records in the literature regarding the number of these hospitalizations.

Despite the development of care alternatives that seek to avoid psychiatric hospitalizations, they may still be necessary in cases of extreme exacerbation of the psychiatric condition, with the risk of hetero- or self-aggression. Thus, Article 6 of the Psychiatric Reform Law establishes three types of psychiatric hospitalization: voluntary, involuntary, and compulsory hospitalization. This third modality is determined by the judiciary and is part of the deinstitutionalization processes, as it is intended for people who commit an act defined as a crime by criminal legislation or when the government understands that there is a need for intervention (COELHO; OLIVEIRA, 2014).



Due to the increase in the number of hospitalizations of minors and also the implication of these hospitalizations for their future life, as well as for the urgency and emergency psychiatric services, this study has its relevance, as it intends to identify the implications of the psychiatric hospitalization of minors from the perspective of the service workers themselves.

In view of the reasons listed, it is considered of great interest to review and analyze the presence of minors in psychiatric hospitalization, due to the importance of professionals being able to work more effectively, in order to modify or minimize the negative aspects arising from the hospitalization of minors. In addition, it is important to reflect on the relationships established between the actors involved in this care, in order to minimize the possible negative effects of this hospitalization, as well as to offer subsidies to improve the care provided. Thus, the proposed objective is to identify the perceptions of the professionals of a psychiatric emergency service about the hospitalization of minors.

## 2 METHOD

It is an exploratory descriptive study, with a qualitative approach, as it aims to seek solutions to problems through observation, records and analysis of phenomena, which will be carried out through interviews in which calculations will be replaced by classification and dissertation analysis (CORREIA, 2013).

The research was carried out in a psychiatric emergency unit located within a large hospital in a city in the interior of the State of São Paulo, serving approximately a population of 722,192 inhabitants throughout the region. This unit was created in May 2010 and aims to provide a new form of intensive care to people with mental problems, thus preventing many of these people from being referred to psychiatric hospitals, caring for patients in psychiatric episodes, taking care of their stabilization, making referrals and outpatient care, in accordance with the Mental Health Policy (BRASIL, 2011).

This place consists of a reception, triage room, two offices, utility room, medication room, pantry, nursing station, television room, linen, purge, four rooms totaling 14 beds, residents' room, preceptor's room and patio. Inpatients are separated between rooms only by gender and not by age group. It operates 24 hours a day, seven days a week and handles urgent and emergency psychiatric cases.

At the time of data collection, the team consisted of 20 nursing professionals, four nurses, four nursing technicians and 12 nursing assistants, as well as five physicians, including psychiatry residents and preceptors, and six security guards. These professionals are divided into a daily shift,



in which there is a nurse, four to five nursing assistants, a medical preceptor, three medical residents in psychiatry and two security guards. On the other hand, during the night shift, there is a nurse – also responsible for other sectors, three nursing assistants, a medical preceptor, three medical residents in psychiatry and a security guard. In this sector there are no undergraduate trainees, but there are trainees from technical nursing courses, both during the day and at night.

The research subjects are the various professional categories that work in the place, in order to obtain the various perceptions on the subject. Taking into account the criterion of saturation of the speeches, the participants were ten professionals who work directly with the people attended, two doctors, two nurses – both on the day shift, three nursing assistants/technicians – all on the day shift and three security guards – one on the day shift and two on the night shift. Professionals who had agreed to participate and who had worked in this place for at least 12 months were included in the study.

The subjects signed the Free and Informed Consent Form and, to ensure anonymity, were designated as: E1 and E2 (Nurses), M1 and M2 (Physicians); A1, A2 and A3 (Nursing Assistants); and S1, S2 and S3 (Security).

Interviews were recorded and later transcribed with the subjects, which took place in the field of activity of these professionals. According to Ribeiro (2008, p. 141):

The most pertinent technique is when the researcher wants to obtain information about his or her object, which allows him to know about the attitudes, feelings and values underlying the behavior, which means that one can go beyond the descriptions of the actions, incorporating new sources for the interpretation of the results by the interviewers themselves.

To guide the interview, a script was previously elaborated that contains objective questions for the characterization of the profile of the subjects and a guiding question for the interview ("In your opinion, how do you perceive the psychiatric hospitalization of minors in this sector?"). The script also addresses two other issues that could be raised if the subject had not been addressed in the participant's answer to the first question (aspects related to the physical structure and the joint experience with the other hospitalized people).

In this study, Bardin's (2011) thematic content analysis and the stages of the technique used by it were used as a methodological framework:

- Pre-analysis: the material was organized to establish the initial ideas, through four floating readings, in which the most significant reports were chosen. Afterwards, hypotheses and categories were elaborated for the interpretation of the results;
- Exploration of the material: at this moment, there were three systematized readings, with



the aim of making the groupings and associations to achieve the objective of the work.

- In the last phase, the results were treated, inferred and discussed the information, based on the literature.

It should be noted that this study was submitted to the Research Ethics Committee (REC) of the proposing university and was approved under the favorable CAAE No. 53083316.5.0000.5515 (ANNEX 1), in compliance with the standards established by Resolution No. 466 of 2012 (BRASIL, 2012).

### 3 PRESENTATION AND DISCUSSION OF RESULTS

The work developed covers the perception of professionals in the face of hospitalizations of children and adolescents together with adults within a psychiatric emergency service.

The interviews did not always go smoothly, since many participants reported some discomfort in answering the questions. It can be inferred that even though the subject is delicate for the team, there is still resistance from many professionals to participate in scientific research.

The interviews resulted in reports of the experiences of the professionals who work in the psychiatric emergency department of the hospital in question. These reports were rich in subjective content, perceptions, feelings and difficulties that, for analysis purposes, were divided into two categories: 1) Feelings aroused in the face of the hospitalization of minors and 2) Difficulties faced by the team, explained below:

#### 3.1 FEELINGS AROUSED IN THE FACE OF THE INTERNMENT OF MINORS

Several feelings were highlighted in the subjects' discourses, such as impotence, indignation and sense of responsibility. The English language definition of feelings is "the action or effect of feeling; to perceive through the senses; emotion; ability to be impressed or moved by something or someone" (AURÉLIO, 2010).

The feeling of impotence, i.e., incapacity in the face of certain situations aroused by the professionals who work in a psychiatric emergency service, appears in the statements of the subjects heard and can be expressed in various ways.

"... But I think that's it, this feeling of tied hands. We often can't do the kind of activities that should be proposed to them" (E 1)

"... I feel sad that I can't do anything more for those children. The only thing I can do is ensure your safety and nothing else" (S 2)

"[...] I don't see a way to help them, because here they stay in a closed place without having much to do" (A1)



It is possible to notice that the subjects perceive the inadequacy of the service and feel unable to offer better care. It can be seen that feelings are intimately linked to the perception of professionals. In the case of mental health professionals, this perception results from continuous contact with people with mental disorders, including negative feelings such as powerlessness, anger, shock and professional unpreparedness. Most of the time, the feelings are hidden, unconsciously causing high vulnerability in the face of madness, caused by defensive strategies in daily work (MAIA, 2013).

The professionals also demonstrate impotence, related to indignation in the face of the situation encountered, according to the following statements:

"Our conclusion is that it is an anti-therapeutic decision for them, in an inappropriate environment, not having activities that motivate them to improve." (M2)

"... There's nothing for them to spend energy on, to distract themselves with. It is a corridor with a TV room and a very small patio, where they have little time to stay... There's time left to think about messing up." (A 3)

"They experience patients who arrive drunk, drugged, and this is not good for the minor, because instead of him being in a place that is doing proper work with him, doing therapies, trying to get him out of this world, he stays in a place where they only see this, and they see everything here." (E 2)

It is possible to notice, from the statements, the indignation of the professionals regarding the means of treatment of these children and adolescents, in relation to the place where they are hospitalized. In this regard, Camara et al. (2011) state that family support and a healthy environment are foundation factors for emotional development, and a capacity for integration into the environment that generates autonomy in the subject, especially in adolescents. In the absence of these factors, failures can result in gradual and perennial losses.

Impotence also appears in the discourses, related to the team's work process, perceived in the following statement:

"Sometimes we can't keep up with everything that happens here, because there are days when we have two employees, some days when we have three, so it varies a lot. There are days when we have many patients, there are days when there are few patients... Then when there's little, until we can visualize a little more. Now when it's full, there's no way I can tell you that we have this vision." (E 2)

"[...] When there is the right number of employees, we have to go out to help in other sectors and we are left short, we can't give them the attention they deserve." (A 3)

The subjects report that the work process interferes with the care provided, especially with regard to the number of employees present in the sector. The reflection of indignation aroused in a health professional is a feeling of protest, insecurity or frustration against someone or something, which people show when they feel threatened (COCCO; SILVA; JAHN, 2010). Within this



context, one more statement corroborates this reflection:

"I think it's inhumane what they do to these minors. In reality, that's it: they throw the minors in an adult emergency room, where there is only one corridor and they have nothing to do, except the medications we offer, and the corridor they have to walk... it does not have a specific place" (E 2).

Another feeling revealed was the sense of responsibility that the hospitalization of minors provokes in the work team. This fact can be seen in the following statements:

"There is a great responsibility because the attention to minors needs to be more special, more qualified. There is a greater responsibility on the part of the team, because there are not only minors in the hospital. There we are dealing with patients who are going through various psychiatric problems. So, in the same way that there are some minors hospitalized because of drug use and abuse, there are also patients with some problem related to schizophrenia, bipolar disorder." (M 1)

"... For me, as a mother, it is worrying to think about the future of these teenagers. We see how they behave in here, they can't stand rules. Imagine what they're like out there..." (A 1)

The interviewees perceive the great responsibility of caring for a minor, given the situation exposed. To face this reality, there is a need for professionals capable of exercising appropriate practices with the user as a whole, willing to act interdisciplinarily in the teams, valuing and enhancing themselves and others (FREITAS, et al., 2014). Thus, the flexibilization of practices should be thought of by professionals as an aspect resulting from the intervention performed, and it is possible to broaden the view from a feeling of shock to a feeling of surprise, in the sense of recognizing the offer of care in an inadequate environment in a psychiatric emergency room (CAMARA, et al., 2011).

This category allowed us to discuss some of the feelings revealed from the interviews. It is possible to perceive that the subjects are dissatisfied with the care they provide to hospitalized minors. Lima et al. (2014) emphasize that liking what they do, having working conditions and having adequate work relationships have a great determination on the satisfaction of health professionals. Thus, there is a need for investment – on the part of managers – to offer more adequate working conditions, in addition to the organization of the flow of care for minors.

### 3.2 DIFFICULTIES FACED BY THE TEAM

The subjects interviewed pointed out some difficulties faced by the multidisciplinary team when caring for these users, the main ones being: the coexistence of minors with adults, the inadequacy of the physical structure and the lack of preparation for the training of professionals. Also, the interviewees reported what are the attitudes to try to overcome these difficulties.



The coexistence of minors with hospitalized adults was mentioned several times by the research subjects:

"I think that to intern these minors there should be a suitable place, a specific ward for minors, not to be minors mixed with adults, where their treatment is impaired." (E 2)  
"[...] The adult, already knowing that minors cannot be punished severely, keeps influencing them to do something wrong." (S 2)  
"There is a reasonable degree of difficulty between the interaction of a minor child and an older adult patient, because if adult patients are in the psychiatric emergency room, they have some psychiatric disorder. Sometimes he is not in good mental condition to have an interaction with a minor [...]" (M 1)

There was unanimity in the discourses regarding this coexistence, which was described as harmful to minors, causing a bad influence for them and hindering the work of professionals.

The hospitalization of minors should preferably be carried out in a psychiatric unit of a general hospital or non-asylum psychiatric clinics that guarantee their physical and mental integrity, and institutions that contain specific units for this age group are preferable. In Brazil, there are very few institutions specialized in the treatment of minors suffering from mental disorders due to ineffective investment in the construction or improvement of these places. For this reason, it is often necessary to admit underage patients to hospital units for adult treatment (CORDEIRO et al., 2014). However, this fact still arouses indignation from professionals who work in emergency services.

The employees demonstrate an attempt to minimize the presence of children and adolescents with others:

"We try to rearrange places, see who can be more aggressive or less aggressive. Sometimes, there is a patient with a history of sexual abuse... Then we ended up relocating one room and another." (E 1)  
"We try to work, trying not to mix them so much with a certain type of patient. Generally, when the patient poses a risk to this minor, because there are patients who do offer a risk, we try not to leave this minor with these patients, we try to leave him a little further away" (E 2)  
"[...] Whenever we can, we separate the minors from the room, to try not to be influenced by other adult patients." (A 1)

It is observed that the respondents are concerned about the hospitalization of minors among adults and that they try to find a way to solve or mitigate the problem.

According to the ECA – reviewed and commented (DIGIÁCOMO; DIGIÁCOMO, 2013) children under 18 years of age should be kept in specific places separate from adults and, whenever possible, be organized according to their age group, psychic maturity, physical development and gender. This is also true for recreational or therapeutic activities. However, the observed reality



assumes that there is a risk of possible conflict situations and, possibly, violence in the wards, and the staff of the place have little to do to solve this situation.

However, it is known that minors can only be admitted in places where there is no structure for these separations after the recommendation of the doctor, legal or judicial guardian. Thus, the following account demonstrates this difficulty:

"There is the question of rooms, they usually stay in separate rooms. There is this priority of keeping minors separate from adults, and in addition to attention, a more rigorous observation of minors, observing their conduct, observing if they are having interaction with older patients, there is this thing of more rigorous observation" (M 1)

The psychiatric hospitalization of children and adolescents is possible judicially, when it is for the benefit of the child or adolescent, and some special conditions must be met, such as the permanence in the same environment of adults and minors only for leisure and recreation activities, as long as there is proven safety for the minors (RESENDE, 2009). However, unfortunately, hospitalizations due to court orders have become more frequent and without the participation of the mental health team of the recipient institution, much less the consideration of the adequacy of the environment (BRAGA; D'OLIVEIRA, 2015).

The physical structure of the hospital unit was emphatically mentioned by the interviewees as an inadequate place for the hospitalization of minors.

"It's... Both the space, which is small here in the service, and being an emergency room, right? [...] Today there in the service there is no such structure to welcome them." (E 1)  
"I think so... What people still don't understand is that you can't keep the minor in the emergency room. For example, we already had a minor here who was hospitalized for 1 year and 6 months in a small corridor, that he only slept and stayed awake, it was the only thing he did here." (E 2)  
"The environment is inadequate, there is no structure to shelter an adolescent." (S 2)

It can be inferred that the subjects consider this place too small for the demands of a child or adolescent. According to Sorrochi and Pettengill (2008), it is necessary to provide safe care to this population, to help them cope with the hospitalization situation in order to ensure the reestablishment of physical and mental health, with a minimum of harm to the psycho-emotional state. Thus, it is essential to plan the physical environment so that minors are hospitalized, being harmonious with the needs of the family and the health team. As a recommendation of the authors for a better adequacy, there is the awareness of managers regarding the need for a better structure to sustain the development of more safety for children and adolescents, in addition to the promotion of continuing education for professionals.



The interviewees commented on the attitudes that are carried out to minimize the difficulties encountered, with constant vigilance being the most present:

"... We can't keep a patient contained all the time, so we do surveillance... it's one of the actions, we try to stay in the corridor all the time someone from nursing, always all the time, passing through the rooms, to look, see and talk to them" (E 1)

"[...] I walk down the hallway, checking if everything is okay, if everything is okay with the patients, it's one of the only ways I can help" (S 1)

"When it's possible, we stay in the hallway. An auxiliary one sits at one end. The other at the other end and another in the middle to ensure that all patients are being cared for" (A 2)

It can be perceived by the discourses that the inadequacy of the physical space, together with the mixture between minors and adults, causes professionals to maintain rigid attitudes towards users. These attitudes may hinder the bond between the team and the users, as well as not be therapeutic to facilitate the improvement of psychiatric symptoms.

According to Merhy (2007), a health establishment is an organization in which there are relations and power games, cultural and bureaucratic processes and institutional relations. However, in the hospital environment, it is much more favorable to act as a professional under a tutelage granted, with castrating attitudes, which are characterized by an authoritarian position, with self-centered or punitive processes. The author believes that, in spite of this, it is possible to constitute ways of caring that have a strong content of liberating action, that is, full of respect for citizenship and encouragement of social coexistence between professionals and other individuals.

This category of analysis showed that the professionals are dissatisfied with the way in which the hospitalization of minors in this service has taken place, either due to the coexistence with adults, the inadequacy of the physical structure or the need for constant surveillance. Such reflections can be used to discuss possible proposals to improve the reality of the internment of minors in the researched environment.

#### **4 FINAL THOUGHTS**

The present study identified the perception of some professionals of a psychiatric emergency service about the hospitalization of minors.

The results show that the hospitalization of minors in the psychiatric emergency service is not perceived as adequate by the professionals who work there. And this can directly affect the users who use the psychiatric emergency service, as well as the employees present there.

The study presented important reflections, such as the feelings aroused by the hospitalization of minors in the service and the difficulties faced by the team. The limitations of



the research include the short time available by the subjects to conduct the interviews and the discrete manifestation of some of the professional classes interviewed – perhaps due to fear of addressing this subject.

It is hoped that the accomplishment of the present study may result in improvements in the conditions of care provided to users, continuously favoring the service provided by the team. For this to occur, it is also recommended that further studies be carried out on the reorganization of the RAPS in the municipality, so that the hospitalization of minors can be rethought, respecting the precepts of the Psychiatric Reform and the recommendations of the competent bodies for the care of children and adolescents.



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