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POVERTY AS A PREDISPOSING ELEMENT FOR MENTAL ILLNESS: A REPORT OF EXPERIENCE IN FAMILY HEALTH

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Crysllaine Pinheiro da Silva[1], Marcos Antônio dos Santos Júnior[2], Graciele Rodrigues Nunes da Silva[3], Ramon de Albuquerque Costa[4], Kissá Nathália da Silva Soares Alves[5], Ahmad Machado da Cunha Cavalcanti[6], Tâmara Neves Rodrigues[7], Wellington Machado da Cunha Cavalcanti Caldas[8].

ABSTRACT

Objective: To reflect on poverty and its relationship with the mental illness of users in Primary Care, through an experience report. Experience report: This is the experience of Social Work residents, part of the Integrated Multiprofessional Residency Program in Family Health, within the scope of Primary Care. During the two years of residency, several demands were placed in the scope of Social Work, the mental illness of users resulting from social factors and territorial vulnerabilities, being the most recurrent among them. The violations of rights experienced in the daily life of the working class are embodied in anxiety, stress, depression, eating disorders, insomnia, social phobia, self-mutilation, among others. Final considerations: It was perceived that poverty is configured as a predisposing element for mental illness in the living conditions of the working class. It is necessary, therefore, to think about mental health from the perspective of the social determinants of health, in order to evaluate not only the biological factors, but, above all, the social, environmental and economic factors that act as predisposing elements for illness.

Keywords: Mental health, Poverty, Social determinants of health, Social Work, Family health.

[1] Federal University of Pernambuco
Lattes: http://lattes.cnpq.br/5181671573329400
[2] Catholic University of Pernambuco
Lattes: http://lattes.cnpq.br/5623397350774638
[3] Federal University of Pernambuco
Lattes: http://lattes.cnpq.br/3849883855521690
[4] Federal University of Pernambuco
Lattes: http://lattes.cnpq.br/0463702657467766
[5] University of Pernambuco
Lattes: http://lattes.cnpq.br/8770005308391155
[6] Metropolitan College of the State of São Paulo (FAMEESP)
Lattes: http://lattes.cnpq.br/4855609345139255
[7] Faculty of Communication, Technology and Tourism of Olinda
Lattes: http://lattes.cnpq.br/9163915483484678
[8] Estácio College of Recife
Lattes: http://lattes.cnpq.br/4421220264370207

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INTRODUCTION

During the fifteenth century, especially in the final years, society is dominated by a logic of appropriation of the means of production to obtain profit, which is the main objective, the motivation/reason for being of capital. Thus, with the establishment of the Capitalist Mode of Production, profit becomes the driving force of this production model, bringing the idea of mass production of wealth.

The emergence of the phenomenon of pauperism arises, in capitalism, in parallel with the process of massive production of wealth, in a directly proportional logic. Referring, therefore, to the expression of a broad social and historical process derived from the form of structuring of capitalist society permeated by exploitation.

According to Ordinance No. 224/1992 of the Ministry of Health (MS) of Brazil, poverty can be understood as a context of insufficient material resources to guarantee the basic needs of life, such as food, housing, education, access to health, among others (Brasil, 1992).

It is known that in the capitalist mode of production, poverty causes negative consequences for the working class. The lack of job opportunities, the deprivation of fundamental rights, such as: decent housing, food, quality transportation and, often, the impossibility of access to health services, generates financial stress that is the result of the struggle to obtain basic needs.

This scenario of rights violations materializes in the daily lives of the working class in anxiety, stress, depression, eating disorders, insomnia, social phobia, and self-mutilation (Silva, 2023). In addition to financial stress, poverty can also increase the risk of exposure to traumatic events, such as domestic violence, child abuse, and community violence, which can lead to mental disorders, such as post-traumatic stress disorder, anxiety, and depression (Lipp; Lipp, 2020).

Within capitalist society, mental illness has been one of the most striking phenomena, being a product of the different forms of organization of the production process and class exploitation, which manifests itself through symptoms and disorders, usually associated with each other (Silva, 2023).

Mental illness is a growing problem around the world. It is estimated by the World Health Organization (WHO) that approximately 450 million people worldwide suffer from mental disorders, which represents 4.4% of the global burden of disease. In Brazil, mental

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disorders comprise the third burden of disease, second only to cancers and cardiovascular diseases, and significantly deprive the health of patients at all ages (Silva, et al., 2021).

According to Melo (2017), the care provided in Brazil to users with mental disorders is also the responsibility of Primary Care, whose function in this regard is recorded in various legislation, regulations and techniques of the Unified Health System (SUS). In this sense, Ordinance No. 224, of January 29, 1992, is the first regulation aimed at mental health care in the SUS, which indicates that the Family Health Units (USF) and the Psychosocial Care Centers (CAPS) are preferential mental health services.

The CAPS have the role of providing care to people in psychological suffering or with severe and persistent mental disorders, seeking to ensure family and social inclusion, and autonomy of users. It is a community and open health service in the SUS, aimed at offering support and monitoring mental health in the specialized network, being the main strategy proposed by the psychiatric reform process in Brazil. According to Ordinance No. 3088, of December 23, 2011, in Primary Care, mental health care allows patients to access services, through proximity between professionals and the community. In this sense, the use of promotion and prevention strategies is fundamental, aiming at effectiveness in health services (Brasil, 2011).

While the USF's, when defined as a priority strategy for the reorganization of Primary Health Care, within the SUS, must act jointly with other services at other levels of care, in order to enable the resolution of the population's needs (Silva, et al., 2020). In this same perspective, mental health actions should also be developed within the USF's.

Thus, mental health actions in Family Health are conceived in the daily reality of users, contemplating preventive and welcoming care, transcending the traditional model, through multiprofessional and interdisciplinary care, providing holistic and humanized care, focusing on bringing the patient, family and community closer together, in order to meet their real needs (Silva, et al., 2020).

The Ministry of Health, considering the need to introduce a policy aimed at continuing education in the SUS, proposed a national training and development policy for health professionals, which consists, among other services, of the Multiprofessional Health Residency (RMS) (Silva, 2018).

Regulated in 2005, through the enactment of Law No. 11,129, the RMS are characterized as lato sensu graduate studies, with a minimum duration of two years and a workload of 60 hours per week on an exclusive dedication basis, being marked by in-

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service teaching dialoguing with theory and practice for professionals in the areas of health (Mota, et al., 2023).

In Recife-PE, the Integrated Multiprofessional Residency in Family Health (RMISF) originated in 2008, with the Family Health Strategy (ESF) being the privileged space for action in primary care, aiming to qualify professionals, based on teaching-service-community integration (Mota, et al., 2023).

The choice and definition of the study theme are related to the spontaneous demands and forwarded to the Social Service in the context of the experience as a resident in Family Health. Frequently, in the daily routine of interventions, we observe that the mental illness of users is influenced by socioeconomic dimensions, either due to the deprivations that are expressed related to work, income and education, or due to the overload of domestic work and gender violence. For this reason, the present study aims to reflect on poverty as a predisposing element for mental illness of users, based on the experience in the Integrated Multiprofessional Residency in Family Health.

EXPERIENCE REPORT

This report refers to the professional performance in three USF's of Social Work residents, members of the Integrated Multiprofessional Residency Program in Family Health, in Recife, between the years 2022 and 2024. The residents of this program make up a Multiprofessional Team (eMulti) of the municipality's Primary Care.

The territory of these USF's covers three nearby neighborhoods that, despite the peculiarities of the surroundings of each unit, are very similar. The lack of basic sanitation; the presence of geographical barriers and landslide risk points; The scarcity of social and leisure facilities are one of the common vulnerabilities present in these communities.

The territories in question are located in drug trafficking zones, with constant public use of them, especially at night. The ease of access to alcohol and other drugs in the communities, combined with several other vulnerabilities, creates a favorable situation for their abuse. The mental health of the populations served is clearly fragile and impacted by social factors and territorial vulnerabilities, there are a large number of people who have anxious and depressive symptoms.

It is, therefore, a complex practice scenario, which demands professional interventions of different knowledge to provide comprehensive care for the health needs and improve the quality of life of this population (Gois; Silva, 2020).

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Social Work, when inserted in the socio-technical division of labor, acts under the multiple expressions of the social question, permeating various social policies, among them, health policy. In the field of health, Social Work acts on the social, economic, political and cultural determinants that interfere in the subject's health-disease process (Silva; Silva, 2023).

Within the residency proposal, the Social Service worked by providing shared services with the eMulti residence and eMulti city hall of Recife and/or with the ESF team, home visits, individual consultations and group participation. The actions of the Social Work residents had as their main objective to intervene on the social determinants that interfere in the health-disease process of the user and his family, and to enable access to information, policies and social rights (Gois; Silva, 2020).

The demands for Social Work in the USFs came from referrals through team meetings and/or spontaneously by users when they learned of the existence of this professional in those units. From the notes made in the field diary, it was possible to classify the demands that reached the Social Service, namely: violence against women, the elderly, children and adolescents; guidance and request to receive programs, benefits and social services, such as the Bolsa Família Program, Continuous Cash Benefit (BPC) and the service of basic food baskets; and, above all, people in intense psychological suffering resulting from the situation of hunger and extreme poverty. Each service provided, including situations of violence and negligence, the linked referrals were taken, according to the legal provision.

Thus, in the daily routine of health services, it was possible to explicitly identify the expressions of the social issue, especially extreme poverty, that mark the current contemporary capitalist society. In it, poverty tends to be naturalized as a way of maintaining social, gender, and racial inequalities, in favor of this system, which benefits directly in its accumulation cycle (Fernandes, et al., 2021).

In the municipality of Recife, for example, the most recent data from the National Household Sample Survey (Pnad), released in 2022, show that about 39.7% of the capital's population lives below the poverty line. IBGE data (2019) bring another characteristic of the city of Recife: the municipality is the Brazilian capital with the highest rate of social inequality. This fact reveals not only the massive growth of poverty in recent years in Recife, but also that the municipality, by leading the ranking of social inequality in the

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country, is configured as a locus of reference that produces and reproduces situations of exclusion and violence to a given social class.

It was possible to perceive, in the field of practice, that poverty has important repercussions in the field of Public Health, causing some impacts to the community, namely: 1) it decreases the quality of life of people and collectivities; 2) it causes excessive stress, anxiety, phobias and some other mental and emotional problems; 3) the user is more vulnerable to situations of violence (Fernandes, et al., 2021).

The fragility of the users' mental health resulting from social factors and territorial vulnerabilities was the most observed impact on the demands for Social Work residents, either due to the complexity of the cases or the number of people who presented anxious and depressive symptoms. This daily reality was observed not only in the consultations and home visits, both individually and collectively, but also in the socio-educational actions developed in the prevention and health promotion groups.

In the women's group, for example, - a group aimed at women in situations of social vulnerability, carried out in one of the territories where the residents work - the users had a history of psychological distress due to their economic situation. Hunger, lack of income to pay for basic needs and precarious housing, with irregular structures, were configured as predisposing elements for the triggering of constant stress, anxiety and even depression. In addition, the overload of domestic work, the role of caregiver in the home and reports of domestic and sexual violence were also recurrent reports of the participants that, according to them, contribute to mental illness.

This reality was also observed in the protected childhood groups (carried out in a municipal school in one of the territories where it operates, aimed at children in the 5th grade) and mental health groups (developed in a state school for adolescents aged between 12 and 15 years), in short, groups focused on promoting health, education and citizenship in schools located in vulnerable territories. In these activities, children and adolescents in situations of social vulnerability had a history of self-mutilation resulting from the social context, that is, from the high exposure to domestic violence, hunger and social inequality, in which they were inserted.

According to Silva and Santana (2012 apud Rodrigues; Rodrigues; Cardoso, 2020), the feeling of insecurity, constant social changes, risks of violence, lack of hope, and health problems are factors that explain the greater exposure of people in poverty and extreme poverty to common mental disorders.

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For this reason, mental health must be understood as part of the concrete reality of capitalist exploitation, since associating mental health only with individual/isolated factors, of a biological order, implies excluding its historical and social character (SILVA MG, 2023).

Marx (2013, apud Silva, 2023) stated that capitalism does not have the slightest consideration for the health and duration of the worker's life, because the subaltern conditions in which the working classes are destined to live generate a wear and tear on health beyond the physical aspect, but also mental.

Therefore, in general, it was perceived that the situation of poverty experienced by users of the territories in question is configured as both a cause and a consequence of psychological suffering. Poverty itself is not a determinant for the mental illness of the working class, but a predisposing factor for it.

FINAL CONSIDERATIONS

The experiences lived in the two years of the Integrated Multiprofessional Residency in Family Health were marked by significant learning about the theoretical and methodological bases of health policy. There were countless learnings, as well as some challenges.

The professional intervention made it possible to visualize the precariousness of health, social assistance, public security, and housing policies, among others. For this reason, it was realized that it is not possible to intervene in mental health without understanding the influence of public policies and the role of the State in communities. To reduce the impact of poverty on mental health, a collective effort is needed to address the underlying causes of poverty. This includes measures to improve economic equality, provide access to health and education services, and ensure that people have access to decent and protected employment opportunities.

The field of mental health should be perceived as transversal to social policies, overcoming the centralizing and excluding model, acting in an integrated way with social problems. Intersectoriality is, therefore, essential to face the precarious living conditions that affect, directly or indirectly, the mental health of the population (Pereira, 2020).

Additionally, it is important to provide affordable and quality mental health services to those living in situations of social vulnerability. Since, many times, people living in conditions of poverty do not have access to quality mental health services. This can be due to a number of factors, including a lack of transportation to get to health services, the

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absence of mental health professionals in your area, or the stigma about mental health care. Difficulty in accessing mental health services can lead to undertreatment and lack of follow-up of mental health problems, often leading to chronic conditions (Fonseca, et al., 2021).

Existing public policies and interventions to mitigate the impact of poverty on mental health present challenges and limitations. Lack of financial resources, bureaucracy, and lack of coordination between different government sectors can make it difficult to effectively implement these policies. In addition, the stigmatization and discrimination associated with poverty can create barriers in accessing mental health services and seeking help, which can aggravate mental health problems in vulnerable populations.

It is necessary, therefore, to understand the ways in which the process of work and the production of goods is organized, and how this impacts people's lives, in order to think about health and disease, since this understanding makes it possible to understand how people get sick and die in different social classes within capitalist society (Silva, 2023).

We understand poverty here as one of the expressions of the social question present in capitalist society, which is structured from the contradiction between capital and labor, and is configured as a multidimensional phenomenon, that is, it is crossed by other multiple expressions of the social question.

The relationship between poverty and mental health is complex and multidimensional, involving a complex interplay of socioeconomic and psychosocial factors. In summary, socioeconomic factors, such as unemployment and social inequality, as well as psychosocial factors, such as social stigma and lack of access to protective psychosocial resources, are interconnected elements that influence the relationship between poverty and mental health. Understanding these determinations is essential to develop appropriate interventions that address the complexities of this relationship and promote the mental health of people in poverty.

Thus, the practice of Social Work within the multiprofessional perspective as a work proposal was fundamental for the expansion of the understanding of the meanings involved in the illness and monitoring of suffering in the context of the users' lives. The action of Social Work was directed from the expanded clinic, here understood as a health care model that differs from the traditional clinic by adopting actions aimed at social determinants and access to rights as a therapeutic element of self-appropriation, in order to build the autonomy of users (Moura, et al., 2020).

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The expanded clinic is a bold proposal to boost the autonomy of the health service user, the family and the community processes in the production of life. It is also the integration of the team of workers in a multiprofessional perspective in singularized care.

Therefore, the importance of understanding mental illness in the capitalist mode of production from the perspective of the social determinants of health is emphasized, in order to evaluate the social, environmental and economic factors that act as predisposing elements for illness.

The struggle in defense of effective public policies in order to minimize this problem requires intersectoral mobilization, and it is also the role of health professionals to seek to strengthen the social rights of the user population, so that interventions are focused on social and health needs articulated with living conditions.

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REFERENCES

1. BBC Brasil. (2009). Depressão será a doença mais comum do mundo em 2030, diz OMS. Available at: https://www.sbcm.org.br/v2/index.php?catid=0&id=1317. Accessed on: December 29, 2023.

2. Brasil. (2011). Portaria 3088, de 23 de dezembro de 2011. Brasília: Ministério da Saúde. Gabinete do Ministro. Available at: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html. Accessed on: February 20, 2023.

3. Brasil. (1992). Portaria nº 224, de 29 de janeiro de 1992. Brasília: Ministério da Saúde. Gabinete do Ministro. Available at: https://www.saude.mg.gov.br/index.php?option=com_gmg&controller=document&id=836. Accessed on: February 20, 2023.

4. Fernandes, R. A. C., et al. (2021). A experiência do projeto de extensão rede interna de atendimento às pessoas em situação de violência: Contribuições no processo de desnaturalização da violência. Ponta Grossa: Atenas, 1-12.

5. Flor, T. B. M., et al. (2022). Formação na Residência Multiprofissional em Atenção Básica: Revisão sistemática da literatura. Ciência & Saúde Coletiva, 27, 921-936.

6. Fonseca, K. K. D., et al. (2021). Nível de pobreza e sintomas depressivos em mulheres mães. Brazilian Journal of Development, 7(1), 11411-11427.

7. G1 PE. (2020). Recife tem maior desigualdade entre capitais em 2019 e PE fica em terceiro no país em concentração de renda, diz IBGE. Available at: https://g1.globo.com/pe/pernambuco/noticia/2020/11/12/recife-tem-maior-desigualdade-entre-capitais-em-2019-e-pe-fica-em-terceiro-no-pais-em-concentracao-de-renda-diz-ibge.ghtml. Accessed on: April 1, 2023.

8. Gaudenzi, P. (2021). Cenários brasileiros da saúde mental em tempos de Covid-19: Uma reflexão. Interface-Comunicação, Saúde, Educação, 25(Supl. 1), e200330.

9. Silva, C. C., & Silva, A. M. M. F. (2020). A atuação do assistente social na residência multiprofissional em saúde da família: Um relato de experiência. Serviço Social em Revista, 22(2), 283-303.

10. Lipp, M. E. N., & Lipp, L. M. N. (2020). Stress e transtornos mentais durante a pandemia da COVID-19 no Brasil. Boletim-Academia Paulista de Psicologia, 40(99), 180-191.

11. Lucas, Á. B., et al. (2016). Sentimentos que transpõem a residência multiprofissional em saúde da família: Relato de experiência. SANARE-Revista de Políticas Públicas, 15(2).

Revista ARACÊ
ISSN: 2358-2472

12. Melo, A. P. de, et al. (2017). Análise da articulação entre a atenção básica e o centro de atenção psicossocial-CAPS no município de Recife: Problematizando as possibilidades das práticas em saúde mental no distrito sanitário VI. Trabalho de Conclusão de Curso (Bacharelado em Saúde Coletiva) - Vitória de Santo Antão, Pernambuco, 43p.

13. Lima, M. M., et al. (2023). Residência multiprofissional em saúde da família em Pernambuco: Do compromisso teórico ao fazer profissional no território. Revista Eletrônica Acervo Saúde, 23(12), e14423-e14423.

14. Moura, D. de T., et al. (2020). Clínica ampliada e articulação em rede: Relato de experiência no SUAS. Revista do NUFEN, 12(2), 118-139.

15. Nepomuceno, B. B. (2013). Pobreza e saúde mental: Uma análise psicossocial a partir da perspectiva dos usuários do Centro de Atenção Psicossocial (CAPS). Dissertação (Mestrado em Psicologia) - Universidade Federal do Ceará, Fortaleza, 151p.

16. Pereira, S. L. B. (2020). Saúde mental e intersetorialidade: Reflexões a partir de demandas aos assistentes sociais. SER Social, 22(46), 72-98.

17. Rodrigues, T. A. S., Rodrigues, L. P. de S., & Cardoso, Â. M. R. (2020). Adolescentes usuários de serviço de saúde mental: Avaliação da percepção de melhora com o tratamento. Jornal Brasileiro de Psiquiatria, 69, 103-110.

18. Silva, A. P., et al. (2021). Os desafios da organização em rede na atenção psicossocial especializada: O caso do Recife. Saúde em Debate, 45, 66-80.

19. Silva, C. A., & Araújo, M. D. (2019). Programa de residência multiprofissional em saúde: O que mostram as publicações. Saúde Debate, 43(123), 1240-1258.

20. Silva, C. P., & Silva, G. R. N. (2023). Serviço Social e educação em saúde: Um olhar a partir das vivências no hospital universitário. Revista Eletrônica Acervo Saúde, 23(7), e12900-e12900.

21. Silva, J. A., et al. (2020). Práticas de cuidado em saúde mental desenvolvidas por enfermeiros na Estratégia Saúde da Família. Nursing (São Paulo), 23(262), 3638-3642.

22. Silva, L. B. (2018). Residência multiprofissional em saúde no Brasil: Alguns aspectos da trajetória histórica. Revista Katálysis, 21(1), 200-209.

23. Silva, M. G. (2023). Notas sobre a saúde mental no capitalismo. Boletim de Conjuntura (BOCA), 13(37), 44-52.