NEEDS ASSESSMENT OF PATIENTS TREATED IN COMMUNITY PSYCHOSOCIAL CENTERS IN SÃO PAULO, BRAZIL

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Introduction
Psychosocial community centers (Centros de Atenção Psicossocial, CAPS) are the principal kind of mental health services established by the Ministry of Health Mental Health Policy in Brazil, and focus their care actions on adults, children, and adolescents with severe mental conditions and substance abuse. The priority of CAPS for adult care is to provide care to patients with severe chronic mental disorders in their community on non-intensive, semi-intensive or an intensive basis.

Few studies in Brazil tried to assess the needs of these patients related to living conditions, routine tasks, social relationships and disabilities associated with their psychiatric illness. These studies can be very important for service planning and for the establishment of treatment goals. The aim of this research was to study those needs in patients intensively treated in 23 CAPS in São Paulo, Brazil, in 2007.

Objective
To describe the needs of patients treated at community psychosocial centers in São Paulo, Brazil.

Methods
Cross-sectional study with 373 patients who were attending psychosocial care activities at least three times per week in community psychosocial centers, during 2007. Sociodemographic data, psychiatric diagnosis and service utilization data were obtained using standardized questionnaires. Psychotic symptoms were assessed using the “Positive and Negative Symptom Schedule” (PANSS).

Needs were assessed using the “Camberwell Assessment of Need” (CAN). This scale comprises 22 individual domains of health and social need. For each domain, the need rating is made: 0 (no problem), 1 (no/moderate problem because of intervention), i.e. met need) and 2 (current serious problem, i.e. unmet need). The domains of need were classified into five conceptual domains of Basic, Social, Functional, Health and Services. Chi-square test and ANOVA were used to perform statistical analysis.

Results
Mean age of patients was 40.0 years (standard deviation, SD = 12.6 years); 57.6% were male, 57.9% had fundamental education, 40.5% have schizophrenia, 15.9% have worked during last 12 months and 14.7% were living alone. Median time attending in community psychosocial centers was two years (range of 15 days to 30 years) and mean number of weekly therapeutic activities done at CAPS was 3.6 (SD = 2.3). The mean score for the total number of needs was 7.1 (SD = 2.8), with a range of 0 to 15. The mean score of unmet needs was 1.48 (SD = 1.67).

Basic needs were reported by 38 (10.2%) patients; at least one social need was reported by 90.9%. At least one functioning need was reported by 94.4%; patients: 85.5% have at least one health need; 86.3% have at least one social need. Women showed higher number of needs than men (p = 0.01) and educational until fundamental level was also associated with more needs (p = 0.02). We did not observe associations between number of weekly therapeutic activities, unemployment, age, diagnosis and number of needs. Patients with higher PANSS scores showed more needs (p < 0.001).

Conclusions
We observed higher number of needs than in studies conducted in Europe, in all conceptual domains assessed by CAN. Many patients showed needs related to health and services, despite the time that they were attending in community psychosocial centers. Patients’ needs should take in account in order to improve the quality of care offered in mental health services.

Few patients referred needs related to alcohol and drugs, probably because patients with substance abuse disorders comorbidity in general do not receive treatment in this kind of services.

The needs that imply therapeutic actions beyond the facilities of service (for example, education, intimate relationships etc.) are still challenges for community mental health services. These domains include issues beyond the psychiatric symptoms and more related to daily and social life – the goal of Psychosocial Rehabilitation.

References: