

Odontology and mental health: experience of PET Saúde in the Center for Psychosocial Care Alcohol and Drugs

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ABSTRACT

In order to discuss the importance of multi-professional experiences and the innovation role of the PET - Saúde in academic training, this article reports on the experience PET - Odontology of UFPA with the multi-professional team of a CAPS AD located in the city of Belém / PA, besides evaluating the oral health conditions of chemical dependents. The experience showed the integration among the different professionals and motivated the development of the students' abilities to the planning of integrated and creative actions of health promotion, through active methodologies, pointing out new directions of health care, centered on the logic of the community reality and not only in the clinical environment. The activities carried out by the Dentistry team were integrated with the workshops and groups developed at the unit, such as cooking and cooking workshops and garden care, which provided moments of education in oral health. Was made dynamics and wheels of conversations, and the users are active agents in the process of shared knowledge construction. "D-day at CAPS AD" occurred, in which users participated in supervised brushing activity and were examined by medical and dental staff, collecting clinical information. It is considered that the interaction between teaching, service and community enhanced by PET – Saúde leads health education to a new profile in which professionals become better able to respond to users' needs and act in a shared way in different scenarios.

Descriptors: Mental Health. Integrality in Health. Oral Health.

1 INTRODUCTION

Mental health care in Brazil went through decades of struggles and changes until its consolidation. From the 1970s to the present day, several changes have occurred in the way of receiving and treating patients with mental disorders. As a substitution model for psychiatric hospitals, the Psychosocial Care Centers (CAPS)^{1,2}. The Ministry of Health established, through Ordinance n ° 3,088 of 2011, the Network of Psychosocial Attention (RAPS), which proposes a model of care for people suffering or mentally disturbed and with needs arising from the use of crack, alcohol and other drugs within the Unified Health System³.

The RAPS articulates the various points of attention to mental health, actions and services, at different levels of complexity³. In the Primary Health Care (APS), through actions and services developed by multi-professional teams, mainly of the Basic Health Units (UBS) promotion and prevention, harm reduction and care for people with mental disorders and needs arising from alcohol, crack and other drugs are shared in a way with the other points of attention^{1,3}.

In the RAPS, the point of specialized psychosocial attention is the CAPS which carries out the care and attention of people with severe mental disorders and cases of needs related to crack, alcohol and other drugs. Situations not resolved only within the scope of APS and that demand greater technological complexity should be referred to the CAPS, composed by multi-professional team, in an intensive, semi-intensive and non-intensive treatment regime^{1,3}.

Mental health care in APS is still a challenge that impacts the RAPS workflow and to improve the quality of life of these users. It is important to highlight the essential role of work in the territories, to be developed strongly by the UBS, in the active search, identification,

reception, care and accompaniment of these users, and the appropriate reference, when necessary, to more complex services, such as CAPS. It is, in this sense, fundamental to work, in fact, mental health still in APS and that the dialogue between it and the other different points of attention of the Network.

The CAPS Alcohol and Drugs (CAPS AD) were created in 2002, intended for the treatment of people with disorders resulting from the abuse of alcohol and other drugs². The care consists in the reception and therapeutic planning individualized, of continuous evolution with integrated perspective involving the drug therapy, orientations, realization of groups and therapeutic workshops under the look of the damages reduction police¹. This policy involves practices to reduce the global effects of abusive use of alcohol and other drugs, so that care is focused on what the user wants and can cope with their problem⁴.

The abusive use of alcohol and other drugs is considered a serious public health problem⁵. Studies show the relationship and effects of alcohol and other drugs in the oral cavity, the clinical signs and alterations found and that have been pointed out in the studies are: burn injuries, nibbles injures, friction injuries, signs of bruxism, peeling, tongue smearing, caries disease and generalized periodontal disease, besides the index of teeth, carious, lost and obturated (CPO-D) generally present high in the studies with this public⁶⁻⁸.

Considering the relevance of the recognition of these injuries in oral health, the integration of the dental surgeon to the multidisciplinary team for the attention to alcohol and drug addicts becomes fundamental, but still has to go a long way towards its effectiveness. It is necessary to strengthen the performance of the oral health team since the APS in the promotion, prevention and recovery

of mental health in an integrated way with the other professionals that compose the teams of the UBS. In this way, the extension of this multi-professional integration, with the effective inclusion of the dental surgeon, in the other points of attention of the RAPS, is possible here, emphasizing the CAPS AD.

The integration of the dental surgeon into mental health care is still a challenge and presents many blanks in its development in the points of attention. To transform this reality, the search for changes in the oral health care model is an important tool in order to meet the real health needs of the population. This reorientation of the attention model depends on and is closely related to the professional training in Odontology, which for a long time was focused primarily on curative and restorative aspects and is not sufficient for the resolution of health problems.

In view of these demands, the Work Education for Health Program (PET - Saúde), which, combined with these needs, points to the integration of teaching, service and community as a tool capable of health care and reorienting vocational training⁹.

Thus, this study aims to report the experience of PET - Dentistry of the Federal University of Pará (UFPA) with the multi-professional team of a CAPS AD located in the city of Belém / PA, from December 2016 to August 2017. In addition, it was sought to evaluate the oral health conditions of the chemical dependents who participated in the experience.

2 EXPERIENCE REPORT

This study followed the ethical precepts of research involving human beings, according to Resolution 466/2012, being submitted and approved by the Committee of Ethics in Research with Human Beings of the Institute of

Health Sciences of the Federal University of Pará (CEP/ICS), under CAAE n^o 82117416.0.0000.0018 and opinion n^o 2.481.506.

The Approach

The insertion of Dentistry in CAPS AD occurred in December 2016, as an integral activity of the PET - Saúde group of UFPA. In this work, dental academics were integrated to the existing Nutrition team in the unit. The first moment of the experience was to welcome the students in the CAPS AD environment, aiming at understanding the care flow, attendance routine and interaction with other professionals present in the unit and physical space. The actions developed were planned in an integrated manner with the other health areas active in CAPS AD, especially with the Nutrition team.

The first activities carried out by the Dentistry team were integrated into the workshops and groups already developed at the unit, such as cooking and cooking workshops and garden care. Within these workshops were provided the moments for education in oral health and health promotion activities. The culinary workshops were the primordial spaces for the introduction of questions like the relation of the diet with the oral health. Dynamics and wheels of conversations were performed, with users being agents active in the process of shared knowledge construction.

The following topics were discussed on the talk wheels: cariogenic diet, non-cariogenic diet and detergent foods. The activities were developed through active methodologies, which favored the participation of the group. In addition, diseases involving the oral cavity were discussed, emphasizing the prevention of caries and periodontal diseases, focusing on the preventive means of oral hygiene.

In addition to the activities carried out during the cooking workshops, a conversation about sustainability was also planned with the multi-professional team. Through reports and exchanges of experience, users and professionals discussed ways to reduce waste production and reuse recyclable materials. In this space there was a workshop to create toothbrushes made with plastic bottles.

The diagnostic

Planned in an integrated manner, the "D-day in CAPS AD" occurred, in which users participated in supervised brushing activity and were examined by medical and dental staff. In the dental consultations, clinical information regarding the CPO-D index (summation of decayed, missing and filled teeth) and clinical signs of other oral diseases – dental pigmentation, trauma, signs of bruxism and dental calculus - were observed and recorded in individual records. These data were tabulated and analyzed along with variables present in the medical records.

In total, 22 users participated in the activity. The majority were male (81.8%), aged between 23 and 72 years (mean = 44, standard deviation = 13). Regarding the type of drug used, it was verified that all participants used alcohol, 40.9% used tobacco, 27.2% used marijuana, 22.7% used cocaine, 18.1% used crack and 9.09% used oxy. Regarding drug association, 32% of users used only one type, 32% had an association of two drugs and 36% had an association of three or more drugs. As for time, most users (95.4%) had been using drugs for more than 10 years (Table 1).

In the analysis of the data collected it was verified that the average of the general CPOD index of the sample was 0.86. Evaluating the components of the index, it was found that the mean number of teeth obturated was 0.28%,

while lost and decayed was 8.09 and 2.9, respectively. The clinical alterations still observed were dental pigmentation, trauma, bruxism and presence of dental calculus; the signs of bruxism appeared in 20% of the individuals, the dental calculus was present in 50% of the sample.

The intervention

After identification of the treatment needs recorded in data collection files, the patients were referred to the dentistry network of the municipality.

The experience gained culminated with the analysis of the data obtained from the clinical exams and the medical records of the users in order to provide information, as yet little available, on the profile of caries disease in alcohol-dependent patients and users of CAPS AD.

3 DISCUSSION

The political and social environment was never a constancy, its modification occurs with time, historical and social moments. In this way, attention and health care also changes, from, for example, a disease-centered and merely therapeutic approach to an expanded vision, which reaches out to several factors and actors that are capable of promoting health and also citizenship, critical thinking, social and political insertion, providing autonomy to individuals in their health and illness process¹⁰. Rediscover and value the expressive role of each of the actors in health care - professionals, students and users - are challenges launched in the integration between teaching, service and community, which has in the Program of Education by the Work for Health (PET - Saúde) an important tool¹¹. In this context, it was verified that in the reported experience, the work of the Dentistry team in the CAPS AD, through

activities related to PET Odontology, sought to create open spaces of integration between professionals and users of the unit, preceptors, tutors and students linked to the program.

Table 1. Distribution of participants regarding sex, age, CPO-D, drugs used and time of drug use

Participant	Sex*	Age (years)	CPO-D individual	C	P	O	Drugs	Time of drug use (years)
1	M	72	1.8	3	17	0	Alcohol	>10
2	M	47	0.39	3	5	1	Alcohol and tobacco	>10
2	M	43	1.8	3	17	0	Marijuana and Crack	>10
4	F	30	1	3	12	0	Alcohol	>10
5	M	23	0.36	5	3	0	Alcohol, tobacco, marijuana and cocaine	>10
6	M	48	8.33	0	25	0	Alcohol e tabacco	>10
7	M	54	1	0	14	0	Alcohol and tabacco	>10
8	M	58	1.30	2	15	0	Alcohol	>10
9	M	60	0.86	13	6	0	Alcohol and tabacco	1
10	F	53	2	5	17	0	Alcohol	>10
11	M	39	1.05	11	9	0	Alcohol	>10
12	M	36	0.11	0	2	1	Alcohol and oxy	>10
13	M	31	0.35	10	0	0	Alcohol, tabacco and crack	>10
14	M	40	0.11	2	1	0	Alcohol, tabacco, crack and cocaine	>10
15	F	57	2	2	18	0	Alcohol, marijuana, crack, cocaine e oxy	>10
16	M	31	0	0	0	0	Alcohol, tabacco, marijuana and cocaine	>10
17	M	33	0.30	7	2	0	Alcohol, marijuana and crack	>10
18	M	42	0.19	2	2	1	Alcohol	>10
19	M	50	0.34	2	5	1	Alcohol e cocaine	>10
20	M	36	0.40	1	6	2	Alcohol, tabacco and oxy	>10
21	F	61	0	0	0	0	Alcohol	>10
22	M	25	0.03	1	0	0	Alcohol, tabacco, marijuana, crack e cocaine	>10

*M: male; F: sexo female

Melo *et al.* (2016)¹⁰, when reporting the experience of integration between PET activities in a ESF in Natal / RN, evaluated that the dialogue between academic and popular knowledge has as great advantage the opportunity of the development of skills to the health students. Given this scene, the team developed the means and skills to create and plan differentiated and creative activities that would meet the public's demand.

In a literature review, Mira *et al.* (2016)¹¹ put the viability of interdisciplinarity as an important impact of PET Saúde, because it allows the interaction between academics of different courses and professionals inserted in the service. This aspect was lived in the experience discussed here by the integration of the Dentistry team with the health teams that are part of the CAPS AD and by the integrated planning of the workshops with the Nutrition

team, favoring the integrality and interdisciplinarity in the subjects worked.

Souza *et al.* (2014)¹² reported that the experience of Dentistry in PET Saúde in two Family Health Units (USF) in Montes Claros / MG allowed the insertion of Dentistry in the new directions of health care, centered on the logic of the community and not only in the clinical environment. This could be experienced in the development of this work, which allowed the introduction of a team of Dentistry in a unit linked to RAPS, reinforcing the importance of the articulation of oral health with RAS.

According to the National Curricular Guidelines for Odontology courses, among the skills and competences inherent to the training of the dental surgeon, attention should be paid to all levels of health care; multi-professionality; articulation of their performance with the social context of individuals; search for solutions to oral health problems and the global needs of the population¹³. In addition, the experience of the PET-Saúde group reported by Morais *et al.* (2012)⁹ pointed out as one of the great results the contribution of the integration between teaching and service in the academic formation, leading to the emergence of a new professional profile that develops abilities and potentialities to face limitations, creating solutions and improvements of the health services.

In this sense, the results of the experience reported here also reflect directly on the profile of the professional and academic training in Dentistry, which points to a reorientation of the graduation to the realities of health work in Brazil, showing the relevance of teaching-service-community integration in this process.

Changes in society, in the individual, and in the way they get sick show that changes in the way of health care are needed. Fragmented practices of caring for human beings need to

give way to creative, reconnected and integrated forms¹³. The experience at CAPS AD sought to respond to this need by developing means, scenarios and moments for health promotion and care through talk wheels, group discussions and therapeutic workshops.

The wheels of conversation, through the use of a horizontal relationship of knowledge and can, create spaces of shared dialogue and mutual construction of knowledge through the exchange of experiences among participants¹⁴. Melo *et al.* (2016)¹⁰ report that the use of this methodology in a USF has made important contributions to the health work process, since it has reinforced the interaction of the participants, the establishment of a link between the team and the population, the strengthening of community participation, self-care and the autonomy of the users. In this report the contributions of the conversation wheels were also relevant, because it was noticed that each activity users were more integrated, willing to dialogue about their experiences and "played in the wheel" their knowledge about the issues addressed. In this way, knowledge could be built with the participation of all those involved.

In his study on the instrument wheel of conversation in mental health care, Costa *et al.* (2015)¹⁴ observed that with this methodology we obtained better performance in the interpersonal communication of the individuals, greater capacity in the resolution of conflicts in front of the challenges of the society and consequent reduction of aggravations related to the psychological sufferings. Using the talk wheel mechanism to approach health promoting issues within the needs found in the CAPS AD, addresses the perspectives of the Psychosocial Care Network, which has as one of its guidelines the diversification of care strategies³. In this more diversified space in health care, knowledge ceases to be centralized in the

professional, as it happens traditionally, starting to be constructed and shared.

Some of the activities reported in this work took place between therapeutic groups and workshops, among them the vegetable garden workshop, the cooking workshops and the workshop for the preparation of alternative methods of oral hygiene and plastic bottle brush holder. The therapeutic workshops, as well as the talk wheels, stand out in the new model of care for mental disorders, they can be considered clinical and political instruments, which favor expression and autonomy¹⁶.

According Souza e Pinheiro (2012)¹⁷, the therapeutic workshops allow the work from the perspective of harm reduction, favor co-responsibility and make the user active in the health process. In the workshops held in the CAPS AD, especially the culinary workshops and the workshop for making bottle brush holders, users found themselves faced with the possibility of intervening actively in the construction of some product. In the therapeutic context, this process was of fundamental importance, because it enables the participation in health.

In addition to the interventions of education and health promotion, as a transversal step throughout the experience of the dentistry in the unit, the moment of clinical evaluation of the users was important for the data collection, to know the oral health profile of the dependent chemists under treatment.

As in previous studies, in this study, males were identified as the most frequent among users of alcohol and other drugs^{6,7,18}. The predominant drug consumed by users of CAPS AD was alcohol, the results of Costa *et al.* (2011)¹⁸ and Albini *et al.* (2015)⁸ showed the same results. In the present study there was a high prevalence of users for more than 10 years, an important variable to be analyzed, since

some studies revealed that the longer the dependency time, the more affected were the oral health of the individuals and the higher was the CPOD index found^{8,18}.

Romão *et al.* (2016)¹⁹ indicate high CPOD rates in this population, with the carious and lost components being the most relevant. The results of SB Brazil 2010 revealed a CPOD index of 16.75 for the population aged 35-44 years²⁰. The mean age of the subjects in this study was 44.2 years, with a CPOD index considerably lower (1.006) than the national average. In studies that traced the epidemiological profile of chemical dependents, high values of the CPOD index were observed, the components being caried and lost the highest^{7,8}. In the report of SB Brazil 2010 it was pointed out that the lost component was responsible for about 44.7% of the index in the group of 35 to 44 years²⁰. These results are in line with the findings of this study, the carious and lost components of the sample were considerably high. Falcão *et al.* (2015)⁷ observed that more than half of the users treated in a CAPS AD presented supra and / or subgingival calculus and that a considerable number showed signs of bruxism, which were also evidenced among the users participating in this experiment.

4 FINAL CONSIDERATIONS

The experience of PET-Dentistry in a specialized unit of the Psychosocial Care Network showed the potential of integration between teaching, service and community in the production of new methods of health care, allowing the creation of methodologies that respond to the health needs of the community. The exploration of new scenarios shared with other professionals and areas was important, pointing to the need for change in the training in integrated dentistry and working in different environments, not limited to isolation and merely clinical practice.

RESUMO

Odontologia e saúde mental: experiência do PET Saúde no Centro de Atenção Psicossocial Álcool e Drogas

A fim de discutir a importância de experiências multiprofissionais e o papel de inovação do PET - Saúde na formação acadêmica, este artigo relata a experiência do PET - Odontologia da UFPA junto à equipe multiprofissional de um CAPS AD localizado no município de Belém/PA, além de avaliar as condições de saúde bucal dos dependentes químicos. A experiência mostrou a integração entre os diferentes profissionais e motivou o desenvolvimento de habilidades dos discentes para o planejamento de ações integradas e criativas de promoção de saúde, através de metodologias ativas, apontando novos rumos de atenção à saúde, centrado na lógica da realidade da comunidade e não somente no ambiente clínico. As atividades realizadas pela equipe de Odontologia foram integradas às oficinas e grupos desenvolvidos na unidade, como oficinas culinárias e de confecção e o cuidado de hortas, que propiciaram momentos de educação em saúde bucal. Foram realizadas dinâmicas e rodas de conversas, sendo os usuários agentes ativos no processo de construção compartilhada de conhecimento. Ocorreu o “dia D no CAPS AD”, no qual os usuários participaram de atividade de escovação supervisionada e foram examinados por equipe médica e odontológica, com coleta de informações clínicas. Considera-se que a interação entre ensino, serviço e comunidade potencializada pelo PET - Saúde conduz a formação em saúde a um novo perfil, em que os profissionais se tornam mais capazes de responder às necessidades dos usuários e atuar de maneira compartilhada nos diferentes cenários.

Descritores: Saúde Mental. Integralidade em Saúde. Saúde Bucal.

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