



Satisfaction of people cared for in Psychosocial Care Centers during the COVID-19 pandemic


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Objective: to assess the levels of satisfaction of people who underwent treatment in Psychosocial Care Centers during the pandemic of COVID-19. **Methodology:** a cross-sectional, descriptive, quantitative study conducted between November 2021 and January 2022, with users of five Psychosocial Care Centers in five municipalities of the X Região de Saúde of Pernambuco. The Scale of Evaluation of Users' Satisfaction with Mental Health Services was used to collect data, which were treated by descriptive analysis. **Results:** the global score of satisfaction was 4.53, a value considered satisfactory. The dimensions of the scale presented values considered satisfactory, with emphasis on the subscale referring to the welcome from the team and the help received, which obtained the highest average score. As for the analysis of the global scale per municipality, 4.28 was the lowest score presented by one of the municipalities surveyed. **Conclusion:** the people assisted in the Psychosocial Care Centers showed high scores of satisfaction.

Descriptors: Nursing; Mental Health Care; Patient Satisfaction; Health Services Evaluation.

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Satisfação das pessoas atendidas nos Centros de Atenção Psicossocial durante a pandemia da COVID-19

Objetivo: avaliar os níveis de satisfação das pessoas que fizeram tratamento em Centros de Atenção Psicossocial durante a pandemia da COVID-19. **Metodologia:** estudo transversal, descritivo, de abordagem quantitativa, realizado entre os meses de novembro de 2021 e janeiro de 2022, com usuários de cinco Centros de Atenção Psicossocial de cinco municípios da X Região de Saúde de Pernambuco. Utilizou-se a Escala de Avaliação da Satisfação dos Usuários com os Serviços de Saúde Mental na coleta dos dados, que foram tratados pela análise descritiva. **Resultados:** escore global de satisfação foi de 4,53, valor considerado satisfatório. As dimensões da escala apresentaram valores considerados satisfatórios, com destaque maior para a subescala referente a acolhida da equipe e à ajuda recebida que obteve o maior escore médio. Quanto à análise da escala global por municípios, 4,28 foi o menor escore apresentado por um dos municípios pesquisados. **Conclusão:** as pessoas atendidas nos Centros de Atenção Psicossocial apresentaram escores elevados de satisfação.

Descritores: Enfermagem; Assistência à Saúde Mental; Satisfação do Paciente; Avaliação de Serviços de Saúde.

Satisfacción de las personas atendidas en los Centros de Atención Psicossocial durante la pandemia del COVID-19

Objetivo: evaluar los niveles de satisfacción de las personas que se sometieron a tratamiento en los Centros de Atención Psicossocial durante la pandemia de COVID-19. **Metodología:** estudio transversal, descriptivo, con abordaje cuantitativo, realizado entre los meses de noviembre de 2021 y enero de 2022, con usuarios de cinco Centros de Atención Psicossocial de cinco municipios de la X Região de Saúde de Pernambuco. Para la recogida de datos se utilizó la Escala de Avaliação da Satisfação dos Usuários com os Serviços de Saúde Mental, que fueron tratados mediante análisis descriptivo. **Resultados:** la puntuación global de satisfacción fue de 4,53, valor considerado satisfactorio. Las dimensiones de la escala presentaron valores considerados satisfactorios, destacando la subescala referente a la acogida del equipo y a la ayuda recibida que obtuvo la puntuación media más elevada. En cuanto al análisis de la escala global por municipios, 4,28 fue el puntaje más bajo presentado por uno de los municipios encuestados. **Conclusión:** las personas atendidas en Centros de Atención Psicossocial tienen altos índices de satisfacción.

Descriptores: Enfermería; Atención a la Salud Mental; Satisfacción del Paciente; Investigación sobre Servicios de Salud.

Introduction

The Psychiatric Reform movement has driven significant changes in public policies for mental health. It was from this reform that the concept of mental health care that renounces hospital-centric and disciplinary institutions was disseminated in Brazil and emphasizes the reception and the care of people in the territory where they live and coexist⁽¹⁻²⁾.

Psychosocial Care Centers (CAPS) are the substitute services for the hospital-centered and asylum models. In CAPS, it is possible to build a Singular Therapeutic Project (STP) for each person, in which the treatment is done in freedom, through leisure, the exercise of citizenship, access to work, with an appreciation of autonomy, and strengthening of family and social ties. They are services that consider the individuality, culture, and history of the person, through universal, comprehensive, and qualified access⁽³⁻⁴⁾.

In this context, it is emphasized the need for constant evaluation and monitoring of the quality of mental health services offered by CAPS, to analyze their effectiveness, so that they do not lose their focus and purpose, avoiding the regression to the asylum model⁽⁵⁻⁶⁾.

The evaluation of health, within the Unified Health System (SUS), allows the understanding about of health actions and programs. Constant evaluations must be carried out to improve the organization and the quality of services. Thus, to evaluate means to make a value judgment about some intervention, requiring the use of some instrument that allows the extraction of valid information that contributes to the reorganization of the intervention⁽⁷⁻⁸⁾.

Surveys emphasized the importance of conducting evaluations in mental health services⁽⁹⁻¹⁰⁾. The evaluations may involve professionals working in the service, users, and/or family members. In particular, the evaluation of users is of fundamental importance, since they are the real reason for the existence of the services, besides strengthening democracy in health. It is essential that the person exposes his degree of satisfaction with the physical and organizational structure of the service, access, reception, as well as the professional-user relationship^(7,11-12).

To cover the singularity of users, within a collective context, the SUS services must have multidisciplinary teams, in which Nursing, considered a core category in the organization of services, cannot be absent⁽¹³⁾. The uniqueness goes through the degree of (in) satisfaction with health services, which, when identified, can subsidize the (re)organization of the assistance offered, to meet individual and collective needs⁽¹²⁾. Thus, aiming at uniqueness, Nursing professionals list as needs within the context of CAPS, the essentiality of social participation and promotion of autonomy of people,

who should be encouraged to express their opinions to contribute to the strengthening of the care offered⁽¹⁴⁾.

Therefore, satisfaction evaluation surveys are essential for the detection of possible problems in services, as well as serve as planning mediators for decision-making and resolubility. In this context, the study has as a research question: what is the level of (in)satisfaction of people who are treated in CAPS of the X Região de Saúde of the State of Pernambuco during the pandemic of COVID-19?

From the above, the study aims to evaluate the satisfaction levels of people who underwent treatment in Psychosocial Care Centers during the COVID-19 pandemic.

Methodology

Study type

This is a cross-sectional, descriptive study with a quantitative approach.

Setting where data collection took place

The study was carried out in the CAPS of the X Região de Saúde of Pernambuco, located in Alto Sertão do Pajeú.

The region is composed of 12 municipalities, being that Afogados da Ingazeira (headquarters), Carnaíba, Itapetim, São José do Egito, and Tabira has CAPS, and Brejinho, Iguaracy, Ingazeira, Quixaba, Santa Terezinha, Solidão, and Tuparetama are smaller municipalities that do not have CAPS but are assisted by the headquarters of the region, which totals a population of 190,551 inhabitants, and a territorial area of 4,308.55 km²⁽¹⁵⁾.

Regarding the modalities and complexity of CAPS, those of Carnaíba, Itapetim, São José do Egito, and Tabira is configured as CAPS I, while Afogados da Ingazeira is a CAPS III. Still, it is mentioned that Afogados da Ingazeira and São José do Egito have CAPSi, but they were not included in the research because their users are children and adolescents under 18 years of age, which do not fit the inclusion criteria of the study. The municipalities do not have CAPS II or CAPS Alcohol and Other Drugs.

Period

The study was carried out between November 2021 and January 2022.

Population, selection criteria, and sample

The study included people that are followed the five CAPS in the region, who were invited to participate by convenience, respecting the eligibility criteria: being over 18 years old, being in treatment in CAPS for at least two months, and with a stable health condition

for verbal communication. The questionnaires in which the participants abandoned the interview after agreeing to participate and those who were unable to maintain verbal communication after starting the interview were excluded from the sample.

Instruments used to collect information

Data were collected using the shortened version of the Rating Scale of Satisfaction of Users with Mental Health Services (SATIS-BR). SATIS-BR was developed by the World Health Organization (WHO), as part of the WHO-SATIS project, which aimed to build instruments to assess the level of satisfaction of users, families, and workers of mental health services⁽¹⁶⁾.

The shortened version of SATIS-BR, validated for use in Brazil, has 12 quantitative items that are used to calculate the degree of patient satisfaction. The instrument is organized into three subscales, where the alternatives of answers to the questions are arranged on a Likert scale, in which a score of one indicates very unsatisfied and five for very satisfied with the service. Subscale 1 evaluates the satisfaction with the team's competence and understanding, 2 with the team's welcome and help received, and 3 with the physical conditions and comfort of the service⁽¹¹⁾.

Data collection

Before entering the CAPS, the collector made an appointment with the coordinator of the units to establish an appropriate time for collection. The collector was previously trained to approach people individually and invite them to participate in the study. The interviews were carried out in the units themselves, in a quiet environment, with no interference from outsiders, lasting an average of 10 minutes.

Data treatment and analysis

The data collected were tabulated in Microsoft Excel 2016 software. The variables were based on the SATIS-BR scale, which was analyzed using Microsoft Excel 2016, and the sociodemographic profile was performed using Jamovi software (1.6), applying the simple descriptive statistical analysis. The results are presented in tables and the discussion is carried out with the literature pertinent to the theme.

Ethical aspects

The research complied with Resolution No 466/12 of the National Health Council of Brazil, which provides for research involving human beings, and was approved by the Research Ethics Committee of a public university. The ethical principles were assured to the participants, guaranteeing total confidentiality regarding the personal

data collected during the research, and the right to withdraw from the interview at any time, which only began after reading and signing the Informed Consent Form (ICF).

Results

Sixty-three people participated, with a predominance of males (65.1%) and unemployed (58.7%). The most present age range was between 21 to 31 years and 41 to 50 years, both with 25.4%. For the level of education, 47.6% had an incomplete Elementary School, and the treatment time predominated from one to two years (36.5%), as shown in Table 1.

Table 1 - Sociodemographic characteristics of participants (n=63). X Região de Saúde, PE, Brazil, 2022

| Variables | Categories | Frequency (%) (n=63) |
|--------------------|---------------------------|--|
| Age | 18 – 20 | 4.8% (3) |
| | 21 – 30 | 25.4% (16) |
| | 31 – 40 | 20.6% (13) |
| | 41 – 50 | 25.4% (16) |
| | 51 – 60 | 15.9% (10) |
| | Over 60 | 7.9% (5) |
| Gender | Male | 65.1% (41) |
| | Female | 34.9% (22) |
| Occupation | Unemployed | 58.7% (37) |
| | Retired | 14.3% (9) |
| | Farmer | 12.7% (8) |
| | Autonomous | 6.3% (4) |
| | Tattoo artist | 1.6% (1) |
| | General Service Assistant | 1.6% (1) |
| | Physical therapist | 1.6% (1) |
| | Attendance | 1.6% (1) |
| | Marketing Digital | 1.6% (1) |
| | Marital status | Married/stable union/lives with a mate |
| Single | | 54% (34) |
| Divorced/separated | | 4.8% (3) |
| Widower | | 4.8% (3) |
| Schooling | Never studied | 6.3% (4) |
| | Incomplete Fundamental | 47.6% (30) |
| | Complete Fundamental | 3.2% (2) |
| | Incomplete High School | 6.3% (4) |
| | Complete High School | 28.6% (18) |
| | Incomplete Superior | 3.2% (2) |
| | Complete Superior | 3.2% (2) |
| Treatment Time | Senior Graduate | 1.6% (1) |
| | 6 to 11 months | 34.9% (22) |
| | 1 to 2 years | 36.5% (23) |
| | 3 to 4 years | 9.5% (6) |
| | 5 to 6 years | 12.7% (8) |
| | 7 to 8 years | 1.6% (1) |
| | Over 9 years | 4.8% (3) |
| Total | | 100%(n=63) |

Table 2 shows that the overall score of satisfaction was 4.53 (SD = 0.13), considered satisfactory as it is close to the maximum score of five. In the analysis per dimension of the scale, we obtained in subscale 1, satisfaction with the team's competence and understanding, a mean score of 4.54 (SD = 0.68), in subscale 2, satisfaction with the team's welcome and help received, a mean score of 4.64 (SD = 0.69), and in

subscale 3, satisfaction with the physical conditions and comfort of the service, a mean score of 4.30 (SD = 0.80).

It is possible to infer from this situation that the SATIS-BR dimensions presented values considered satisfactory, with special attention to the subscale referring to the team's welcome and help received, which obtained the highest average score.

Table 2 - People's satisfaction scores with mental health services of the CAPS* in the X Região de Saúde of Pernambuco (n=63). X Região de Saúde, PE, Brazil, 2022

| Scores SATIS-BR [†] | Average score | DP [‡] |
|---|---------------|-----------------|
| 1. Satisfaction with the competence and understanding of the staff | 4.54 | 0.68 |
| 2. Satisfaction with the welcome of the staff and help received | 4.64 | 0.69 |
| 3. Satisfaction with the physical conditions and comfort of the service | 4.30 | 0.80 |
| Global Scale | 4.53 | 0.13 |

*CAPS = Psychosocial Care Center; [†]SATIS-BR = Scale of Evaluation of Satisfaction of Users with Mental Health Services; [‡]SD = Standard Deviation

In the evaluation by cities, the municipality of São José do Egito (CAPS I) showed the highest mean score in subscale 1 with 4.73 (SD = 0.53). The subscales 2 and 3 in Itapetim (CAPS I) had the highest mean scores with 4.88 (SD = 0.42) and 4.66 (SD = 0.48), respectively.

As for the analysis of the global scale, two cities obtained very close results, Itapetim (CAPS I) with 4.67 (SD = 0.19) and Carnaíba (CAPS I) with 4.66 (SD = 0.18), Afogados da Ingazeira (CAPS III) had the lowest score of 4.28 (SD = 0.20), as shown in Table 3.

Table 3 - Scores of patient satisfaction with mental health services of CAPS* by cities. X Região de Saúde of Pernambuco (n=63). X Região de Saúde, PE, Brazil, 2022

| Scores SATIS-BR [†] | Afogados da Ingazeira | Carnaíba | Itapetim | São José do Egito | Tabira |
|---|----------------------------------|------------|------------|-------------------|------------|
| | Average score (DP [‡]) | | | | |
| 1. Satisfaction with the competence and understanding of the team | 4.32(0.77) | 4.63(0.60) | 4.58(0.81) | 4.73(0.53) | 4.58(0.60) |
| 2. Satisfaction with the team's welcome and help received | 4.35(0.84) | 4.76(0.48) | 4.88(0.42) | 4.61(0.66) | 4.70(0.58) |
| 3. Satisfaction with the physical conditions and comfort of the service | 4.02(1.02) | 4.57(0.50) | 4.66(0.48) | 4.14(0.66) | 4.25(0.84) |
| Global Scale | 4.28(0.20) | 4.66(0.18) | 4.67(0.19) | 4.60(0.45) | 4.56(0.16) |

*CAPS = Psychosocial Care Center; [†]SATIS-BR = Scale of Evaluation of Satisfaction of Users with Mental Health Services; [‡]DP = Standard Deviation

Table 4 shows the detailed percentages per question asked. It can be noted in subscale 1 that the question that obtained the highest percentage of dissatisfaction was related to understanding and listening at admission (4.8%). The item with the highest satisfaction was the type of help offered (98.4%), and the lowest satisfaction index that the subscale presented was regarding the understanding of the staff to the type of help needed (87.3%).

Subscale 2 has an intermediate index of satisfaction (14.3%) in question seven about satisfaction with the

help offered by the team. Within the subscale, the highest dissatisfaction index was found in question eight, satisfaction with the reception of professionals (1.6%).

Subscale 3 showed the lowest overall index of satisfaction (81%) in question 12 about the general conditions of the facilities, this same item showed the highest overall index of intermediate satisfaction (19%). In general, most of the questions showed a satisfactory answer percentage (score between four and five), when compared to the answers obtained for dissatisfied and intermediate (score variation between one and three).

Table 4 - Percentage of answers for each item of the SATIS-BR* scale. X Região de Saúde of Pernambuco (n=63). X Região de Saúde, PE, Brazil, 2022

| Questions from SATIS-BR* | Unsatisfied | Intermediary | Satisfied |
|---|------------------------------|------------------------|------------------------------|
| | (Score 1 and 2 on the scale) | (Score 3 on the scale) | (Score 4 and 5 on the scale) |
| Sub-scale 1 - Satisfaction with the competence and understanding of the staff. | | | |
| Question 2 - As to the satisfaction of listening at admission. | 4.8% | 6.3% | 88.9% |

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| Questions from SATIS-BR* | Unsatisfied | Intermediary | Satisfied |
|---|------------------------------|------------------------|------------------------------|
| | (Score 1 and 2 on the scale) | (Score 3 on the scale) | (Score 4 and 5 on the scale) |
| Question 3 - Satisfaction with the understanding of the problem at admission. | 0% | 11.1% | 88.9% |
| Question 4 - Satisfaction with the understanding of the staff to the type of help needed. | 1.6% | 11.1% | 87.3% |
| Question 5 - satisfaction with the type of help offered. | 0% | 1.6% | 98.4% |
| Question 6 - Satisfaction with the discussion made about the treatment. | 0% | 9.5% | 90.5% |
| Question 9 - Satisfaction with the competence of the team. | 0% | 6.3% | 93.7% |
| Question 10 - Satisfaction with the competence of the professionals closest to the patient. | 0% | 7.9% | 92.1% |
| Sub-scale 2 - Satisfaction with the welcome and help received | | | |
| Question 1 - Satisfaction about how you were treated, in terms of respect and dignity. | 0% | 6.3% | 93.7% |
| Question 7 - Satisfaction regarding the analysis of the help offered by the team. | 0% | 14.3% | 85.7% |
| Question 8 - Satisfaction regarding the reception by the professionals. | 1.6% | 4.8% | 93.7% |
| Sub-scale 3 - Satisfaction with the physical conditions and comfort of the service | | | |
| Question 11 - Satisfaction with the comfort and appearance of the service. | 4.8% | 4.8% | 90.5% |
| Question 12 - Satisfaction with the general conditions of the facilities. | 0% | 19% | 81% |

*SATIS-BR = Scale of Evaluation of Users' Satisfaction with Mental Health Services

Discussion

The results found corroborate the published literature, and it is possible to infer that the male population presents a higher frequency, being single, with ages ranging from 21 to 50 years old, who are unemployed, and having a low level of education. Among the possible determinants of these data, one can highlight the problems with housing, the difficulty of access to consumer goods, and for marital status, the limitations of socialization, and the way these individuals are seen by society and by their families⁽¹⁷⁻¹⁸⁾.

As for the analysis of satisfaction, this study obtained a satisfactory score, a characteristic present in studies that have analyzed the satisfaction of patients accompanied by the SUS, showing that people assisted in the public mental health care network presented higher scores when compared to patients assisted by private care plans⁽¹⁹⁾.

The user's positive or negative perception of health services is linked to interpersonal relationships established with professionals, facility amenities, quality of consultation and outreach, and availability of inputs, such as medications⁽¹²⁾. These characteristics, together with a differentiated therapeutic proposal, may be related to the positive satisfaction of users of the X Região de Saúde of Pernambuco.

In research that evaluates the experience of users with psychosocial care services in northeastern Brazil, it is highlighted that CAPS offers good environments, in which

therapy is offered in a social space, in a humanized, singular, and welcoming way, in which each individual has his or her subjectivity respected by professionals who value the construction of PTS, but not leaving aside the socialization, collectivity, and bonding⁽²⁰⁾.

Regarding the evaluation of CAPS by city, there was a higher degree of satisfaction among users assisted in CAPS I, which has a lower contribution compared to CAPS III. In consonance with this finding, a study⁽¹⁰⁾ performed with 467 users of 11 CAPS of different modalities, raises a hypothesis of explanation to be considered the fact that CAPS III are 24h services, which allow the integral reception, clinically justified. The authors pointed out that the deprivation of freedom, even for a limited period, does not correspond to the users' expectations, thus, in a state of lucidity, as during the interviews, users may not remember the acute stage of their diseases, that triggered the full reception, which would justify a lower degree of satisfaction.

In the analysis by subscales, it can be observed in this and other studies that the reception and help received in the service presented the best indices, followed by competence and understanding of the problem. These aspects reaffirm the CAPS as an effective therapeutic space of care and monitoring, capable of offering a resolutive therapy for people in psychological distress⁽¹⁸⁾.

A case study that evaluated the assistance provided in a CAPS to a patient in acute condition, evidenced the importance of creating and strengthening the professional-patient bond for the therapy. It was

shown that the success of the treatment depends, in part, on the delivery and preparation of professionals, who must understand the state of suffering, so that together with the patient and the family, they can build together the SCT⁽²¹⁾. The humanized and welcoming character of mental health professionals reflects positively on user satisfaction.

Users are satisfied with the assistance of CAPS but recognize the need for improvement in the physical conditions and the comfort of the service, this being the item that received the lowest scores in this and other studies⁽¹⁷⁾. Is explicit the need for a better analysis of the places where the services are allocated that, in their majority, are adaptations in residential properties, with physical limitations and low accessibility.

The physical structure of CAPS is raised, both by users and professionals, as a difficulty for care⁽¹⁴⁾. The Ministry of Health has a manual about the minimum physical structure to be adopted for the construction of CAPS⁽²²⁾. However, it is common that these services are installed in existing residential buildings, thus, not following the minimum required characteristics, not having, for example, adaptations for special needs, such as ramps and bathrooms adapted for elderly accessibility⁽²³⁾.

The positive satisfaction with mental health care in CAPS also extends to other health services. This phenomenon can be found in the satisfaction analysis of primary care, which observed good rates of satisfaction in items related to the competence and understanding of the team; as well as the team's reception and the help offered. The dissatisfaction with infrastructure is also repeated in primary health care services⁽⁷⁾. Satisfaction is not limited to users; it is also positive for family members and caregivers. Studies show high levels of approval for the welcoming and competent staff, as well as for treatment outcomes. This level of satisfaction is an important tool for better treatment adherence and effectiveness⁽²⁴⁾.

Being satisfied with a mental health service is an integral part of the treatment, since this aspect is fundamental for better adherence of the person to treatment and maintenance of care, being directly or indirectly linked to a decrease in the occupation of hospital beds, leading to social reintegration and strengthening of care.

Regarding the limitations of the study, due to the pandemic of COVID-19, the CAPS were working only with appointments, which made it difficult to collect data due to the significant lack of people in scheduled appointments, or for not meeting the eligibility criteria. The lack of specialized CAPS for alcohol and other drugs in the region is also noteworthy.

Furthermore, the research promotes knowledge about user satisfaction with mental health services. Knowing the degree of user satisfaction with health services, especially mental health services, enables professionals, particularly those in Nursing, a category considered core to the services offered by SUS, to plan and (re)organize their care, to meet, whenever possible, the needs of the population. In addition, from the users' point of view, the study serves as a warning for the competent bodies to provide improvements in the services offered in CAPS, such as infrastructure.

Conclusion

The people assisted in the CAPS of the X Região de Saúde of Pernambuco presented high scores of satisfaction, an affirmation that is repeated in the analyses performed individually in the five CAPS of the region. On the other hand, people are aware of the necessary adjustments to be made, especially regarding the precarious infrastructure.

It is suggested to expand the analysis to other points of attention to mental health in the X Região de Saúde of Pernambuco, to show the results that can strengthen the psychosocial network throughout the region. Besides the satisfaction of the people assisted in CAPS, it is important to have future studies that analyze the satisfaction of professionals and caregivers in this region, to consolidate the results found in this study.

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