

## REPRESENTATIONS OF MENTAL ILLNESS CONSTRUCTED BY HEALTH PROFESSIONALS IN PRIMARY CARE IN BRAZIL: AN INTEGRATIVE REVIEW OF THE BRAZILIAN LITERATURE

**N.R. Sartori**<sup>1</sup>, Z.A.P. Scherer<sup>2</sup>, R.W. Neves Barbosa<sup>3</sup>, C.M. Galhardi<sup>4</sup>, J.O. Martins<sup>5</sup>, R.M. Servilha<sup>6</sup>

<sup>1</sup>Psychiatric Nursing Doctoral Program, <sup>2</sup>Psychiatric Nursing Program, Ribeirão Preto College of Nursing at the University of São Paulo, Ribeirão Preto, <sup>3</sup>Department of Infectious Diseases, FAMEMA, <sup>4</sup>Department of Occupational Therapy, UNESP, <sup>5</sup>Instituto de Idiomas Europe, Marília, <sup>6</sup>FADAP/FAP, Tupã, Brazil

History of madness in Brazil is marked by a disease-centered care and asylum model. With the onset of the psychiatric reform in Brazil, new public health policies that intend to replace the current hospital-centered model for people with mental disorders are being considered and articulated with other substitute services. Until recently the responsible for these individuals have been mental health experts in Ambulatory Health Services, with the new policies primary care professionals are also responsible. Studies show that not all primary care professionals have the same perception and understanding in relation to the care of the person with mental disorder, demonstrating resistance to care for these individuals.

**Objectives:** To assess the knowledge produced in Brazilian literature on the social representations of madness on the part of health professionals in primary care.

**Method:** Integrative review. The question that guided this study was: what are the health professionals' social representations about madness in primary care?

**Results:** Six articles were selected; the articles were written by nurses, psychologists and psychiatrists and published in refereed journals. All articles were qualitative and published between 2005 and 2012.

**Conclusion:** Professionals are centered in an organicist model, on the doctor, on medicalization, and have ambiguous and often unscientific concepts about mental illness. Some believe there is no cure or improvement for mental illness, relate aggression and violence to mental illness, and admit to having little knowledge about mental health and feel unprepared to work with these individuals. Social reintegration practices were not identified.