

FAMILY, BIO-ECOLOGICAL DEVELOPMENT AND MENTAL ILLNESS

FAMÍLIA, DESENVOLVIMENTO BIOECOLÓGICO E ADOECIMENTO MENTAL

FAMILIA, DESARROLLO BIOECOLOGICO Y LA ENFERMEDAD MENTAL

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This case study aims to examine the developmental processes of the mother of a patient at the CAPS (Psychosocial Care Centre), in Uberaba – MG, Brazil, before and after the initiation of institutional care. A semi-structured interview was conducted and the life-story technique was used. The data analysis was guided by the Bronfenbrenner bio-ecological model and addressed the main factors that concern the development of the mother and the relations with the impact observed in the bio-ecological systems theory. The illness of a family member caused several changes in the family routine as well as it enabled ecological transitions of the sick child and of the caregiver mother. Such transitions were observed in the psychological, economic, social and religious. The monitoring of the family is essential to the therapeutic process of the patient.

Descriptors: Mental health services; Family relationships; Mental health.

Este estudo de caso teve por objetivo compreender os processos desenvolvimentais de um familiar de paciente de um Centro de Apoio Psicossocial de Uberaba, Minas Gerais, antes e depois do início da utilização do serviço. Foi realizada entrevista semiestruturada e empregada a técnica da história de vida. A análise dos dados, orientada pelo modelo bioecológico de Bronfenbrenner, abordou os principais fatores que tangem o desenvolvimento desse familiar e a relação com as repercussões observadas nos sistemas da teoria bioecológica. O adoecimento de um membro da família promoveu diversas modificações na rotina familiar, bem como possibilitou transições ecológicas do filho adoecido e da mãe cuidadora. Tais transições foram evidenciadas nos âmbitos psicológico, econômico, social e religioso. O acompanhamento do familiar mostrou-se indispensável no processo terapêutico do usuário.

Descritores: Serviços de saúde mental; Relações familiares; Saúde mental.

Este estudio de caso tiene como objetivo analizar los procesos de desarrollo de un familiar de paciente del CAPS (Centro de Atención Psicossocial) en Uberaba-MG, Brasil, antes y después del comienzo de la asistencia institucional. Se realizó una entrevista semi-estructurada y se llevó a cabo la técnica de historia de vida. El análisis de los datos, guiados por el modelo bioecológico de Bronfenbrenner, se dirigió a los principales factores que se refieren al desarrollo de esta familia y la relación con los efectos observados en los sistemas de la teoría bioecológica. La enfermedad de un miembro de la familia promovió diversos cambios en la rutina familiar, así como posibilitó transiciones ecológicas del hijo enfermo y de la madre cuidadora. Estas transiciones se evidenciaron en las esferas psicológicas, económicas, sociales y religiosas. El monitoreo de la familia en el proceso terapéutico del usuario se hizo indispensable.

Descriptores: Servicios de salud mental; Relaciones familiares; Salud mental.

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INTRODUCTION

The impact of living with a person with mental disorder may be perceived in some areas such as psychological, social, financial areas, or even in the environment in which the family is. The psychological and social domains may be affected by issues such as prejudice, exclusion of the family member in psychological distress, fear and shame for the symptoms of the disorder, and not adapting to routine care and treatment¹. In addition, wear perceived by family, arising from care demands with the relative user of Psychosocial Care Centers (CAPS) and from the different dimensions of everyday life, can limit the responses to therapeutic treatment²⁻⁴.

Current practices valued by CAPS try to act in the social world that transcends the physical space of the service⁵. Thus, home is a dimension of this world, where the work of the team also occurs. Many family members of these users report that frequent attendance at CAPS – as well as stabilization and "acceptance" of the disorder crises put forth by them - better the living in home space¹. Both the user and his family agree that the treatment in CAPS contributes in family relationships, because as the user gets better, this reflects in the family conditions⁶.

Urie Bronfenbrenner^{7,8} makes an interesting critique about the current psychology subject: the individual. Psychology, defined as a science of behavior, does not give the necessary emphasis to both sides of the equation in which it is based upon: person and environment. Note that such criticism is consistent because, in considering human development, one realizes that the environment is commonly characterized as a static structure that does not change from the subject- environment interactions; this

relationship instigates, maintains and develops the behavior of individuals in their environment. Regarding the environment in some perspectives, it can be observed the interaction of the subject with their immediate social environment, disregarding the non-social factors and indirect environments.

Another concept to be highlighted is the ecological transition, which represents the change in the person's position in their ecological environment, due to the change in their role exercised or their own environment. Through the ecological transition it is considered that, indeed, the development occurred⁷⁻⁹.

Bronfenbrenner understands context as the global environment in which the individual belongs and where developmental processes are unfold. The divisions presented between the systems proposed by the bioecological model⁷⁻⁹ are merely functional, aiming to improve teaching for understanding the contexts analyzed.

The boundaries between these systems are too fluid and dynamic, so it is not possible to speak of different dimensions, from micro to macro, without thinking of a full perspective. It should be understood that these relationships are mutual and bidirectional between humans and the environment. Thus, the development means an interactive process between the individual and the environment, in which the mutant properties of the system (micro, meso, exo and macro) provide a more coherent and expanded conception of the ecological environment. It embraces the changes in a person's characteristics concerning their reorganization, over time and space⁷.

Thus, one can think of the importance of family to support the care that CAPS offers to the user, as well as to maintain the achievements during the

therapeutic process in the support institution. Knowing well that family member who has a mental disorder means knowing his way to experience the disorder. Understanding this can eliminate complexes of the family and help to maintain family stability.

From this background, this case study aims to understand developmental processes of a patient's family member in a Psychosocial Support Center of Uberaba, Minas Gerais, Brazil, before and after starting using the service.

METHOD

The study case

The research was structured in qualitative and cross-sectional approach in the field of developmental psychology. To participate in the study, a family member of a user of a Psychosocial Care Center (CAPS) in the city of Uberaba-MG was chosen. This family member should be the primary caregiver and be present in the activities of CAPS.

After contacting the institution and presenting the study, we selected a participant. This case study emphasizes the multi-dimensionality of a problem and highlights the global and holistic character of the phenomena, which should never be analyzed dissociated from its context¹⁰.

Instruments

It was used: (a) life history technique and (b) semi-structured interview. When considering the importance of subjectivity of individuals, the life history technique aims to understand the perspective that the subject has about their world and their own history, being free to relate it according to their will and listing aspects and experiences that they judge more relevant.

The interview had 18 open questions addressing the interviewee's routine, before and after the input of her family member in psychological distress in

the institution, and the repercussions of this event in his development. The central theme of the interview was the development process of the family member, seeking to cover the continuities, ruptures and ecological transitions experienced by the subject (family caregiver) throughout the illness and treatment process.

Data collection

Data were collected at two meetings, face to face. Two researchers participated as interviewers in this process and the interview was conducted in the participant's home, maintaining the appropriate conditions, such as confidentiality of information, physical and psychological comfort.

The interview was transcribed verbatim and literally for further analysis. The Informed Consent Form was read and signed by the participant on the first meeting. The research was conducted in the first half of 2013.

Data Analysis

Since the psychological distress of those who experience mental illness is also extended to the whole family¹⁻⁴, it is proposed a relationship between the development of these CAPS users of family and the bio-ecological model of Urie Bronfenbrenner⁷⁻⁹.

The bio-ecological model developed by Bronfenbrenner highlights four main dimensions in the understanding of developmental processes, which must be analyzed in an integrated manner: person, process, context and time (PPCT). The person dimension refers to the bio-psychological characteristics exhibited by the subject along with the features constructed in relation to their environment, or derived from the demands of this environment. The process is considered the main responsible for the development and encompasses the

interactions between people, objects and contexts.

The context dimension is divided into micro, meso, exo macrosystem; these systems will be prioritized in this study, which relate to the environments in which the developing person moves and interacts across the life cycle.

The micro system is the environment in which the person is present and interacts in active mode. The ecosystem is the relationship between two or more micro systems in which the person is present. The exo system is an environment in which the person is not present, but that interferes with their development. The macro system, in turn, refers to the cultural, historical and ideological processes shared by a community.

In turn, the time dimension is the one that allows the study on the changes and continuities across the life cycle⁷⁻⁹, enabling discussion on the continuities and discontinuities in the development process.

RESULTS

Marcia (real name withheld) is a 47 years old woman, married, mother of two, Catholic and homemaker. She did complete her studies as a young woman and, with the birth of children, chose to stay home and take care of them, rather than working outside the home. She has fostered expectations that when her eldest son, Julius (real name withheld), complete the majority, she could devote to work to contribute in household expenditures. However, with his majority, the diagnosis of schizoaffective disorder came together, and Marcia would face with a new reality: family caregiver. Julius, 22, spiritualist, was diagnosed with schizoaffective disorder at 18. At the time of the interview, he was a volunteer at a spiritual center he would frequent. He began to participate in the

activities of "Mary Doll" CAPS after staying four times in the Uberaba Spiritist Asylum, through a medical referral.

The researchers were greeted in a friendly manner by the CAPS user's family in their home when the proposal of the interview was presented. The family member selected a date and was willing to be interviewed. Before the interview began, the interviewee mentioned that her son (CAPS user) was in the institution at that time, and that she had marked that time exactly for this reason. The interviewee quoted being afraid to comment on the events surrounding her son's disease outbreaks in his presence, fearing that the demonstrations returned to occur or that he kept thinking negatively about it.

From this preamble, one can think of Marcia's interaction process with the new environment after the diagnosis of her son's mental disorder and the changes resulting from this diagnosis. As an example of this process, there is a change in the environment-Marcia interaction: *"Everything was normal, you know? When they were small, that way, but then, when he changed a lot, like this, it was after he got sick, you know."*, reflecting a reorganization of its features to maintain a consistent conception of that environment. The child's illness, as reported by the mother, promoted a change in the family, so that development can be observed in this transition process. The state of apparent family balance (*"everything was normal"*) ends up being put to the test from the illness of one of its members, which promotes the reorganization of the entire system. That is, there has been a development process.

She also needed to interact with the environment to acquire new knowledge about the child's illness, although it was difficult to accept this reality: *"It is like, I did*

not know anything about these diseases (...). And there, in CAPS, we can have the possibility to know, right. More about diseases, more about his abilities, you know. Then it helps. Then it help us a bit, but it is complicated, you know."

The perception of the diagnosis in the psychological field can be seen in Marcia's account: *"So it is a thing that interferes with the life of the whole family, right? We get depressed, you know. We get insecure"*, while the perception in the financial field could be perceived when Marcia claims not to have aid to buy her child's medicines: *"So far, only now I managed to win in court the drug. One of the drugs. Because this drug costs seven hundred reais, and since he had the crisis, we have been buying so far."*

On the social issue, we have noticed a removal of those who used to be close to the family: *"Friends, friends, to tell you the truth, right? Even my husband's relatives seem to have evaporated. They have disappeared."* The family reorganization also takes place in relation to the main sources of social support, given that the removal of close friends and relatives eventually has changed the way Marcia understands who her family is or which people she can count on, in fact. The difficulty of these people in dealing with their children's illness ends up distancing them from the family environment, opening space for establishing relationships with others in CAPS that can give them more support and understanding under this new context of their child's development, that affects the whole family structure. Being with people facing the same situation extends not only social relations but also provides the opportunity to exchange experience and to share doubts, feelings and expectations.

Regarding the concept of meso system, it was found that Marcia considers

the family environment of her extended family, especially her sister's family, who lives in another state, as influential in her own family environment: *"And there is my family, who does not even live here, they live in [name of State], and they are the ones who most well support me, so that when I need, my sister comes and help me"*. This relationship perceived by Marcia demonstrates the interrelationship between these two environments: *"Despite living so far, the support is good"*. Also direct relationship to the CAPS environment is comprised under the category of meso system: *"We cannot leave him alone. Is he okay? Is he not okay? So it is a thing that interferes with the life of the whole family, you know? We get depressed, you know. We get insecure. Then when he goes to CAPS, when I went to CAPS, and we got to know a bit more the types of CAPS and the doctors, we were seeing people who were already hospitalized, those who attended the CAPS, and then we got to know what the disease is. There are some patients better, others worse and then we begin to understand, you know"*.

On the circle of friends of the family, she reports that *"Friends, friends, to tell you the truth, right? Even my husband's relatives seem to have evaporated. They disappeared. Then, at this point, I have no friends, no. This is just me, my husband and the two of them, my son and her. So we are the family"*. This report indicates that when friends moved away, the family environment has become more consistent and emotional bonds between family members have become stronger and valued. The difficulty of this inner circle to understand what was going on with the family has made the members of this family to approach more and collaborate for the treatment of one of its members. That closer approach has become a power to cope with the disease

and to constant support for treatment in CAPS.

The religious environment was also related to the family environment. Marcia reports that: *“No, we used to go to Mass. Every Sunday we would go to Mass, and even after he became ill and people talked to take him the spiritual center, and I took him, right. So every Sunday we used to go to Mass, but then he began to have a crisis and once he had a crisis in the church, during Mass. Then I got, you know, we get worried, that fear to take him and it happens again, you know. But it was hard for us to take him out of the church. It was crowded. Then I stopped to go to Mass. Then we keep praying here, sometimes there are days when I go and he gets here”*. Thus, she points out that she no longer attends church services because of the son’s crisis, and now she prays at home, only sometimes going to Mass. The child’s illness and the difficulty of managing their crises put the family away from society represented by the church. Marcia does not report support of this religious community, only highlights the fear of the child to have a new crisis in that environment, which makes the family avoid this exposure and the possible negative social consequences arising from this crisis.

As for the exosystem, there is influence of those environments in which Marcia does not participate actively, but that somehow affect her development, such as microsystems that are experienced in her son’s immediate relations, such as the spiritual center: *“I do not insist, because he already goes to the center. So he wants us to... He follows all of Spiritualism in the letter, you know? All he will do is all too deep, it is intense. (...) And then sometimes he wants us, where he goes, everybody goes, too”*. The child’s relationship with the spiritual center seems to reflect in some way the family environment, when he no

longer goes to Mass, the Catholic religion environment, to visit the spiritual center, and when he asks his family to accompany him on these visits.

Another element of Marcia’s exosystem would be the husband’s employment issue, observed especially when asked about the family income: *“No, I do not know an exact value, because [husband’s name] is autonomous, self-employed painter. So, it varies greatly. Sometimes in a month, he can earn more, sometimes less, but it is ranging up to three salaries”*. Thus, her husband’s professional environment, with which Marcia has no direct contact, is an environment with events that impact the family environment indirectly.

There is also the sanatorium, environment in which Marcia’s son has been hospitalized for times when he is in a crisis. The impact of this environment within the family is caused by the fear that Marcia has about the possibility of Julius get involved with drugs. The admission to the sanatorium influences, then the family, and Marcia’s decision to enter him, even though she has no direct contact with the institution.

In the interview, and in informal comments after the conversation about some points, it is observed that her son’s social life is predominantly limited to the family environment in which the mother has a controlling role over these relationships, which is evident when she reports that seeks to control the home environment censoring TV programs containing scenes of violence and avoiding couple fights, that before her son’s crises were more common.

The CAPS has influence on the development of Marcia, as this is an environment that her child attends and reflects on family microenvironment, even though Marcia does not visit assiduously

the institution: *"Because there are many CAPS patients who walk a lot. So I am very afraid of he gets involved with drug, alcohol or something. That is why we sometimes hospitalize him, because at the time of crisis he wants to leave the house, he does not go out often, he stays very much at home, so he was never like that. So that is what I am telling you, the CAPS help in this point, you know. There is the psychologist there, and now he only goes twice a week. But I think it is a very good place"*.

We identified structures of cultural level, called macrosystem, in Marcia's speech, such as when she quotes some features of her religion and her beliefs: *"And then sometimes he goes to the center, and he wants us to go, but I cannot go, then I say I will not go. It is not that I have anything against it, I have nothing against it. But it is like, I like to go to church because I do not know, I was baptized in the Catholic Church, I have married there, everything. So there is no, there is no reason for me to stop going there, you know"*. In this sense, the cultural system in which Marcia is immersed seems to influence the other lower order systems (micro, meso and exo).

Also in macro-level, we perceived characteristics of the functioning of the Brazilian judicial structure, demonstrating that the process involved in trying to get help for the child's medicine involves certain legal procedures. Thus, the macro-system emphasizes structures to which Brazilian citizens are submitted, without power to direct medication. In Marcia's case, this structure turns out to be important in the child's treatment, because the drug supply occurred through interference of judiciary system. In this sense, public policies in mental health can be considered examples of elements of macro-system that interfere with how

treatments, referrals and follow-up of cases occur, such as Julius' case.

The ecological transition observed in Marcia's lines allows her to pass the role of a person who was unaware of the mental diseases and their treatment options and symptoms, to assume the role of a caring mother who understand her son's disease, mainly due to medical explanations sought for several years: *"It is like, I did not know anything about these diseases. Sometimes, for example, since when I was little, we are used to hear others say: 'Ah that guy is schizophrenic'. And I did not even know what it was. Same happens nowadays, people often do not know what they are talking about. Sometimes the person is grumpy and then people say, 'Oh, so and so is bipolar!'. So we knew nothing, nothing, nothing, nothing. So, we get very frightened, you know. So this is it, it was really suffering, and it changes our lives a lot, because then we get, although we trust in God, we trust in doctors and in God himself, we are always suspicious, right?"*.

Also, Marcia experiences the transition when ceases to be a mother who yielded many pleasures to her son to be a mother who knows when to say "no" to Julius: *"And then sometimes he wants us, where he goes, everyone goes, too. But I decided that things are not that way. I could not help it. Because at first, when he got sick, we would say: 'Julinho wants it. So we have to do it' - not now. And there, at CAPS, they also teach a lot, even to the families, that they have to take their responsibility and that sometimes we cannot yield too much. And then sometimes he goes to the center, and he wants us to go, but I cannot go, then I say I will not go. "*

DISCUSSION

The development process is done by the change caused by the subject-environment interaction and as a need to respond to the

new demands of the environment. Knowing the disease and its treatment has been an important move towards enhancing the role of the family in the development of all its members⁸. The diagnosis of mental disorder also affects the family structure, especially in the psychological and financial fields, and also in social relations^{3,4}, as in the case studied.

It can be identified in Marcia's story the significant role of home, since it is a microsystem that is defined as its main development field, comprising the microsystem, in Bronfenbrenner definition⁷⁻⁹, as a pattern of activities, roles and interpersonal relationships in an environment with specific physical and material characteristics. These interactions range from tasks of domestic care, such as sewing and making some clothes, to occupy her time, to care for the child who is dependent on her attention. That is, the domestic circle microsystem is perceived by Marcia as a limited field, which comprises her children and her husband.

For the bioecological model, the microsystem is the environment in which the person is under development, the environment with greater potential for transformation, i.e., which can promote the development, more precisely by embracing the proximal relationships established face to face⁸. Thus, the nuclear family is a space in which Marcia develops and it is from that family she tells her story and her routine, transformed from the child's illness. The disease has an important happening, because it is the event that promotes not only a significant change in Julius, but in the whole structure of the microsystem, causing the family to reorganize.

It may be noted that Marcia incorporates the idea that monitoring and family involvement are needed for the patient's deinstitutionalization^{1,11}, and the

family microenvironment becomes significant, as a consequence. Such analysis may explain the strong valuation of the microsystem, perceiving its great influence on the interviewee's development process. While this environment fosters a host for the patient and allows their development - considering the more intense involvement of the family in the treatment, it is observed that this system moves away from the others, that is, Marcia's interactions end up being more restricted to her own house, so that she no longer attends other places with the same frequency. So, we have to think of family care models that recover the need of caregivers to engage in different activities and participate in other important environments for their development. The CAPS, accordingly, can provide an opportunity for creating new links and meeting the needs of attention and care of these caregivers also¹², such as Marcia.

As in another study¹³, the patient suffering from mental disorders in Marcia's family chooses a different religion from that of his family, seeking comfort in spiritualism, while his family still has held values in Catholic customs. In addition, the family gathers in times of difficulties supported by religion, seeking to share the experience of the moment¹⁴.

The dimension of spirituality seems to occupy an important role in Julius' treatment, like a weekly escort which aims to give the family more structure to cope with the disease. At the same time, is an important social context, as it represents the "outside view" to the family, a network of interactions able to promote changes, but also able to perpetuate prejudice marks and external judgment, a look of strangeness in relation to Julius' disease and its manifestations. This look, of course, affects the rest of the family, which now

take the disease of Julius as an identity marker of the nuclear family.

According to the bio-ecological model of development, an ecological transition occurs every time the position of a person in the ecological environment changes. This results in a change of role in the environment, or in the environment itself, or both^{7-9,11}. Marcia, at times, reveals examples of ecological transitions, some of which actually occurred and others that the interviewee wished to occur.

Marcia hoped that her son went through an ecological transition by the time he got 18 years old (admission to university), but this transition never happened, since she assumes that the child is still totally dependent on her care. This failure to achieve her son's ecological transition made impossible for herself to make her own transition to become a woman who would have free time to work and study. The illness of the child allowed the ecological transition both in Marcia as in Julius, i.e., promoted the development of the dyad: Marcia came to understand her son's illness and he started to attend the CAPS and get professional specialized help for his mental suffering¹⁴.

This reorganization and these new roles they both started to play not only within the family¹⁵, but also socially, promoted development, change, movement of these members. The illness brought thus the possibility of such members to develop new skills and reorganize within the existing social and family structure, changing perceptions, concepts and patterns of interaction.

Change in this care process receives, therefore, the direct influence of the practices developed by health professionals working in CAPS in terms of social inclusion of these sick people¹⁴. When considering them people with potential and skills, it is operated a change

in order to view them not as abnormal, but as people in development, and who need special care, and they may play other roles, take responsibility, i.e., they can relate to others from an inclusive perspective and respecting their individuality, desires and experiences.

The CAPS, as a privileged ecological context for the promotion of mental health, can act as a protective factor¹⁶ to the ill person and their family, since it understands the access to health not only as a right but as a possibility to extend the quality of life and social and family ties¹⁷. In this perspective, CAPS can promote family participation in treatment, incorporating them in activities, meetings and groups focused on caring the ill person, but also creating spaces for listening and reception for family caregivers, understanding them also as people under development.

It is noticed that members of family of CAPS users are too affected by the condition of their children, both in the socioeconomic, psychological or physical field.

Studies on this subject may facilitate the development of interventional practices in the context of the family of CAPS users, explore the CAPS environment while atmosphere of promotion of quality of life and of knowledge about the disease process, and of the impact of the disease in the different systems in which the family is immersed.

In this sense, considering that users of CAPS and their families are subjected to such effects, it is essential to monitor both the user and the family. The first because it is necessary to continue the therapeutic process in environments outside the institution, requiring support that sustain them in the extra-institutional environments. And the second, in order to offer them a better understanding of the user's illness condition, so that they feel

themselves supported and can also support their family member who is CAPS user in psychological and social issues, that is, acting as their extra-institutional support.

Mental illness, in this view, can be approached as a development promoter context, since it will require changes not only in people in development, but also in their relations with the environments in which they work or which they are influenced by. These transitions can be investigated as promoters of development, taking the family to a new condition, so they should also be the target of interventions, looks and investigations aimed at their welfare.

CONCLUSION

After the completion of this study, one can understand the developmental processes of a family member of a CAPS user, their features, changes and continuities to adapt to the new reality. Their ecological context has undergone significant changes to accommodate at its core the specificities demanded by the treatment of their child.

From this route, it was possible to list some potentialities and limitations encountered. Because it is a case study, its findings cannot be generalized. For further development, it could be conducted interviews with other family members, especially with the sick member and in treatment, in order to increase the understanding of family structure and readability from the bio-ecological model.

Regarding the potential of the study, its implementation allowed to offer a more consistent basis for intervention policies geared to family members of CAPS user, contributing to the promotion of a network of support and assistance to these users' families and thus enabling a better quality of life on both sides of this group.

Another potential identified is the fact that this study can provide theoretical

support for other studies on the subject, from the same reference. More than understanding which elements belong to different bio-ecological model systems, it is important to develop a comprehensive vision that encompasses these influences and allows the construction of a developing human being. These environments can act as dimensions of development analysis, but can not be analyzed in a sealed manner: the ecological transitions, accordingly, enable a more fluid view of the process.

Encompassing the process of the temporal dimension of the process, with a longitudinal monitoring of the case, for example, can be useful to understand how the various elements may change over time, how new positions can be assumed by the members of the structure and how the treatment can evolve from the invitation for the family to involve more directly in the process.

Further analysis from the bioecological model could elucidate other elements important for the understanding of the case. The choice of context, in this study, was a necessary cutout and can provide new research in the mental health field.

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CONTRIBUTIONS

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