

Occupational Therapy groups with family members in mental health: The perception of caregivers of people with schizophrenia*

Lígia Beatriz Romeiro Rôse¹

 <https://orcid.org/0000-0001-9811-3748>

Leonardo Martins Kebbe²

 <https://orcid.org/0000-0003-2360-7342>

Luiz Jorge Pedrão³

 <https://orcid.org/0000-0002-0321-0455>

Objective: to analyze, from the perspective of family caregivers, how Occupational Therapy groups in mental health assist them in the care of people diagnosed with schizophrenia. **Methodology:** a qualitative and descriptive research study was carried out with the participation of six family caregivers, subjected to interventions of Occupational Therapy groups, planned in five weekly encounters, lasting fifty minutes each and recorded. The participants also answered a self-applied questionnaire. The contents were analyzed by means of thematic content analysis as per Laurence Bardin. **Results:** the results showed that the Occupational Therapy groups assisted in the care of family members with schizophrenia due to the possibilities of exchanging experiences and understanding situations, contributions to the differentiation of symptoms, non-reinforcement of dependent behaviors that compromise autonomy, opportunities for listening, information regarding mental disorders and strategies for coping with difficulties. It also promoted care for caregivers. **Conclusion:** the Occupational Therapy groups exerted impacts on the care of the family members, helping to formulate strategies to face difficulties, in addition to providing a greater perception of the role played in the family group through occupations and promoting care for themselves.

Descriptors: Caregivers; Family; Mental Health; Groups; Occupational Therapy.

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¹ Universidade de São Paulo, Faculdade de Medicina de Ribeirão Preto, Hospital das Clínicas, Ribeirão Preto, SP, Brazil.

² Universidade de São Paulo, Faculdade de Medicina de Ribeirão Preto, Ribeirão Preto, SP, Brazil.

³ Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto, PAHO/WHO Collaborating Centre for Nursing Research Development, Ribeirão Preto, SP, Brazil.

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Grupos de Terapia Ocupacional com familiares em saúde mental: a percepção dos cuidadores de pessoas com esquizofrenia

Objetivo: analisar, na perspectiva de familiares cuidadores, como os Grupos de Terapia Ocupacional em saúde mental os auxiliam nos cuidados de pessoas com diagnóstico de esquizofrenia. **Metodologia:** estudo qualitativo descritivo, realizado com a participação de seis familiares cuidadoras, submetidas a intervenções com Grupos de Terapia Ocupacional, planejadas em cinco encontros semanais, com duração de cinquenta minutos, gravadas. As participantes também responderam um questionário autoaplicável. Os conteúdos foram analisados por meio da análise de conteúdo temática de Laurence Bardin. **Resultados:** os resultados apontaram que os Grupos de Terapia Ocupacional auxiliaram no cuidado do familiar com esquizofrenia pelas possibilidades de trocas de experiências e de compreensão das situações, contribuições para diferenciação de sintomas, não reforço de comportamentos dependentes e comprometedores da autonomia, oportunidades de escuta, informações referentes aos transtornos mentais e estratégias para enfrentamento de dificuldades. Promoveu, também, o cuidado para as cuidadoras. **Conclusão:** os Grupos de Terapia Ocupacional impactaram nos cuidados de seus familiares, auxiliando na elaboração de estratégias para enfrentamento de dificuldades, proporcionaram uma maior percepção do papel desempenhado no grupo familiar através das ocupações e promoveram o cuidado para elas mesmas.

Descritores: Cuidadores; Família; Saúde Mental; Grupos; Terapia Ocupacional.

Grupos de terapia ocupacional con familiares en salud mental: percepción de los cuidadores de personas con esquizofrenia

Objetivo: analizar, desde la perspectiva de los cuidadores familiares, cómo los Grupos de Terapia Ocupacional en salud mental contribuyen al cuidado de personas diagnosticadas con esquizofrenia. **Metodología:** estudio cualitativo descriptivo, realizado con la participación de seis familiares cuidadoras, sometidas a intervenciones grabadas con Grupos de Terapia Ocupacional, se planificaron cinco encuentros semanales, con una duración de cincuenta minutos. Las participantes también respondieron un cuestionario autoaplicable. Los contenidos fueron analizados a través del análisis de contenido temático de Laurence Bardin. **Resultados:** los resultados mostraron que los Grupos de Terapia Ocupacional contribuyeron al cuidado del familiar con esquizofrenia debido a que posibilitaban el intercambio de experiencias y la comprensión de situaciones, ayudaban a diferenciar síntomas, no reforzaban comportamientos dependientes que comprometen la autonomía, brindaron oportunidades de escucha, información sobre trastornos mentales y estrategias para enfrentar dificultades. También promovieron el cuidado de las cuidadoras. **Conclusión:** los Grupos de Terapia Ocupacional impactaron en los cuidados de sus familiares, colaborando en la elaboración de estrategias para afrontar las dificultades, proporcionaron una mayor percepción de la función desempeñada en el grupo familiar a través de las ocupaciones y promovieron el cuidado de sí mismas.

Descriptorios: Cuidadores; Familia; Salud Mental; Grupos; Terapia Ocupacional.

Introduction

Throughout the history of Psychiatry, while it was establishing itself as a medical specialty, it is notorious that prolonged and iatrogenic institutionalization of people with mental disorders produced social isolation, loss of social skills, changes in occupational roles, reduction of productive and leisure activities and abusive medication use, among other problems. Arising from the Brazilian psychiatric reform, the National Mental Health Policy (*Política Nacional de Saúde Mental*, PNSM) sought to transform the ways of producing mental health care, making the role of the family central in the care of people with mental disorders⁽¹⁾.

However, when the family becomes co-responsible for the treatment of a relative with a mental disorder, it is not always able to articulate as a family group for shared care, delegating care tasks to one of its members, a situation that can cause burden for the caregiver⁽²⁻⁶⁾.

It is necessary to offer psychosocial care strategies to the caregiver and the family group and, therefore, interventions with Occupational Therapy groups comprised by caregivers as a suggested therapeutic strategy. However, there is a need for further studies on Occupational Therapy to enrich the results of these interventions in terms of therapeutic benefits⁽⁷⁻¹⁰⁾.

Occupational Therapy groups in the mental health area are treatment devices historically used in different health services as an effective therapeutic intervention, and they can be described as a group of people gathered to "do", to carry out an activity through actions and use of materials.

They can stimulate choices, assist in expressing interests, favor the exchange of experiences and cooperation among the participants, as well as stimulate interpersonal relationships. They promote cognitive and motor skills, stimulate self-maintenance skills, necessary for carrying out activities of daily living, such as self-care and housekeeping.

They also help the person in the difficulties encountered in everyday life, to bear the frustrations and other constituent factors of mental functioning, interfering in occupational life. Occupational Therapy groups allow sharing difficulties, the perception of behaviors and improvements in performance, in addition to facilitating social reintegration⁽¹¹⁾.

When thinking of integrated care, occupational therapists must mediate the subjects' interaction with their everyday activities and actions. Occupational therapists develop group and individualized psychoeducation interventions with caregivers of people with different needs profiles, such as older adults, addicts to chemical substances, family members with dementia and other chronic diseases^(6,8,11-12).

In the literature, it was identified that psychoeducational, psychotherapeutic and psychosocial group interventions are important care strategies for the family caregivers' support and instrumentalization, as there is a need for actions that provide better health conditions to the caregiver, with psychoeducation groups used as a means to share information according to the demand identified and enabling caregivers to better understand the diagnosis and the role that they should play⁽¹³⁻¹⁴⁾.

In a literature review study carried out by occupational therapists about the importance of family members in the care of relatives with mental disorders, the authors pointed out the need for further research studies on the topic. They considered the qualitative research approaches relevant to the investigation of practices with these caregivers in the scope of Occupational Therapy⁽¹⁵⁾.

Although public mental health policies advocate interprofessional and interdisciplinary care for the population with mental disorders, the current study addresses the caregivers' occupational life, which is the study object of occupational therapists⁽¹⁶⁾. Thus, the need for further studies with Occupational Therapy groups in mental health is highlighted in order to deepen the specific approach to the area⁽¹⁷⁻¹⁸⁾.

In this way, it became necessary and opportune to carry out the current study, whose objective was to analyze, from the perspective of family caregivers, how Occupational Therapy groups in mental health assist them in the care of people with schizophrenia.

Methodology

Through weekly group meetings, the Occupational Therapy groups were conducted by the researcher, who is an Occupational Therapist with experience in the mental health field. Prior contact was made with the family members who visit the locus, in order to present the research objectives and invite them to participate.

Type of study

This is a study of a descriptive and qualitative nature which, through thematic content analysis⁽¹⁸⁾, sought to understand the caregivers' perception of how interventions assist them in caring for family members with schizophrenia.

Locus and period

The research was developed in an Association for the support people with mental disorders, particularly individuals with psychoses, from a philanthropic organization, located in a city from the inland of the state of São Paulo, Brazil, between January 27th and March 16th, 2020.

Participants

All family caregivers of people with schizophrenia who use this Association were invited to participate. The research participants at the collection moment did not take part in other specific groups for caregivers, nor in other Occupational Therapy groups. The invitation to participate was handed in at the Association's headquarters, which, at the beginning of this study, had 30 users with schizophrenia.

Selection criteria

The selection criteria were as follows: being the reference caregiver of a family member undergoing treatment for schizophrenia; being over 18 years old; literate; living in the same household as the family member with schizophrenia; regularly attending the Association; and expressing interest and commitment to regularly participate in the group intervention proposed.

The choice to select participants who lived in the same house as the person with schizophrenia was based on the consideration of greater coexistence and proximity in the relationships. It was considered that this would make it easier to access the different aspects related to the caregiver role exercised on a daily basis and to evaluate the help possibilities arising from the group interventions in which they participated.

Among all the invitations, 10 family members attended the first scheduled meeting, although one did not meet the inclusion criteria because he did not regularly attend the Association. Of the nine family members who met the aforementioned criteria, three did not participate in the research because they did not

attend the intervention groups assiduously. Thus, the study participants were six family caregivers of their relatives with schizophrenia.

Data collection

For the interventions with Occupational Therapy groups, five meetings were planned, one each week and lasting fifty minutes. The meetings were recorded with an audio recorder and fully transcribed after the end of the five group interventions.

Prior to the beginning of the interventions, another two meetings were held, the first of which was aimed at presenting the paper and signing the Free and Informed Consent Form. The second was for answering a Self-Applicable Questionnaire, with a part related to personal identification data and questions about the caregiver's occupational profile, answered at that moment.

Once the meetings had ended, three questions related to participation in the Occupational Therapy groups were asked to the participants, namely: Did the Occupational Therapy group help you in any way? Explain: Do you think that interventions like the ones you experienced can help in the tasks of caring for your family member with schizophrenia? Do you think that the interventions were enough to help you?

However, the answers to these questions were only obtained some time later, on July 10th, 2020, and over the telephone, respecting the social distancing biosecurity standards required by the COVID-19 pandemic. The answers were also recorded with an audio recorder. Therefore, the study was carried out in seven meetings plus telephone contacts, as shown in Figure 1 below.

SCHEDULE OF ACTIVITIES	
Date	Activity
01/27/2020	Meeting to present the paper and sign the consent form
02/03/2020	Meeting to apply the Self-Applicable Questionnaire
02/10/2020	1 st Occupational Therapy group - Presentation through the occupations
02/17/2020	2 nd Occupational Therapy group - Basic Activities of Daily Living (BADLs)
02/24/2020	No meetings due to the Carnival break
03/02/2020	3 rd Occupational Therapy group - Instrumental Activities of Daily Living (IADLs)
03/09/2020	4 th Occupational Therapy group - Rest and Sleep
03/16/2020	5 th Occupational Therapy group - Education and Work
07/10/2020	Telephone contact, conclusion and last questions from the Self-Applicable Questionnaire

Figure 1 - Schedule of the activities developed with the participating family members. Ribeirão Preto, SP, Brazil, 2020

The five Occupational Therapy groups had the general purposes of helping the participants share experiences, identify feelings, name sensations, and provide guidance. They were structured to be developed in three consecutive stages: the first was the introductory strategy, where the breathing and relaxation technique

was used in order to increase concentration and self-perception, as some sort of preparation for the following activities; the second one was the triggering strategy where various activities were used, such as graphic activities, music and collage, to work on previously proposed topics related to the Occupations; the third one

corresponded to the discussion and synthesis strategy, where sharing of experiences was encouraged and the participants' testimonies were valued, identifying common contents, which could favor identification between them. One of the precautions taken was to seek a welcoming tone so that the participants could feel in a safe environment, judgment-free, understood and welcomed. It was necessary to encourage the participants who had less initiative to speak and value the changes in perception or behavior presented by the group as a whole. The data collected through the Self-Applicable Questionnaire and the Occupational Therapy groups were analyzed through Thematic Content Analysis, whose set of analysis techniques uses systematic procedures and objectives to describe the content of the messages, with the purpose of interpreting them⁽¹⁸⁾.

After transcribing the testimonies, floating readings were carried out to then constitute the analysis corpus. Thus, the testimonies analyzed were chosen according to the homogeneity principle, that is, data referring to the same topic, collected by resorting to the same techniques with similar individuals and linked to the occupations. As depicted in Figure 1, the topics were previously structured by the researcher and agreed upon with the participants in Group 1 with the theme of "Presentation through the occupations".

Thus, structuring was used as a strategy to facilitate the discussion about basic activities of daily living, instrumental activities of daily living, rest and sleep, study and work. Leisure occupations and social participation would also be topics of another two groups; however, the COVID 19 pandemic made it impossible for them to occur. Thus, the data collected referring to these occupations originated from the groups held.

Ethical aspects

The design of the current study followed the determinations set forth in Resolution No. 466 of December 12th, 2012, which regulates research studies with human beings in Brazil, being appreciated and approved by the Committee of Ethics in Research Involving Human Beings of the Ribeirão Preto Nursing School (*Comitê de Ética em Pesquisa Envolvendo Seres Humanos da Escola de Enfermagem de Ribeirão Preto, CEP/EERP/USP*), under opinion No. 3,654,835 and CAAE: 18989019.6.0000.5393.

Results

Through the Self-Applicable Questionnaire, it can be seen that all participants were female and aged from 42 to 68 years old, three of them married, two single and a widow. In relation to schooling, two had Complete High School, one had Incomplete High School, one

had Incomplete Elementary School, one had Complete Higher Education and one had Incomplete Higher Education. As for religion, three were Spiritists, one was a Catholic, there was an Evangelical and one considered himself a believer in God, although without a specific religion. Most of them were mothers as kinship, with four mothers, a wife and a sister.

It is observed that all family caregivers were female, mothers, a wife and a sister, thus in line with what is found in the literature, which shows that caregivers are mostly women, most commonly the patients' mothers or spouses⁽²⁰⁻²¹⁾.

In order to better understand the characteristics of the participants included in this research, described below, it was decided to name them as follows: Family member 1 (F1), Family member 2 (F2), Family member 3 (F3), Family member 4 (F4), Family member 5 (F5) and Family member 6 (F6).

F1: born in Ribeirão Preto-SP, 46 years old, single, Incomplete High School, no specific religion, but she states believing in God, mother of a person who has had schizophrenia for six years and attending AAPSI for approximately one year and six months.

F2: born in Ribeirão Preto-SP, female, 44 years old, married, Higher Education, Spiritist, sister of a person who has had schizophrenia for 28 years and attending AAPSI for approximately four years.

F3: born in Ribeirão Preto-SP, 42 years old, married, Complete High School, Kardecist, wife of a schizophrenic person (bipolar and borderline) for 37 years and attending AAPSI for two years.

F4: born in Marília-SP and from Ribeirão Preto-SP, 68 years old, married, Incomplete Higher Education, mother of a schizophrenic man for seven years and attending AAPSI for approximately one year.

F5: born in São Paulo-SP and living in Ribeirão Preto-SP, 58 years old, widow, Complete High School, Spiritist religion, mother of a schizophrenic woman (epilepsy and developmental delay), reporting that she treats her since birth and attending AAPSI for approximately three years.

F6: born in Ribeirão Preto-SP, 56 years old, single, Incomplete Elementary School, mother of a person who has had schizophrenia for 10 years, and attending AAPSI for "some time", she does not know how long.

The contents from the aforementioned groups and from the three final questions of the Self-Applied Questionnaire differed in three aspects, giving rise to three analytical categories, namely: 1) Occupations; 2) Caregiver Role; and 3) Perceptions about the Occupational Therapy groups. Each category consisted of its respective thematic units, presented in Figure 2, illustrated with contents from the content analysis of the participants' testimonies recorded in the meetings.

ANALYTICAL CATEGORIES	THEMATIC UNITS
1 - Occupations	BADLs [*] <i>What do I do for myself during the day? I take a shower twice a day, so it gives me a little peace of mind when I go to the bathroom (F1)</i> <i>I don't feel like doing anything, I take a shower just so I don't stink (F6)</i> <i>My husband says: you take too long in the shower. I say: no please, I need this (F2)</i>
	IADLs [†] <i>Buying, cleaning, medicating... paying the bills, then I think about lunch, I have my mother who stays with me too, I have to think about everything (F5)</i> <i>In the morning I prepare my breakfast, but before that I already pack her medication, then I arrange things around the house, I cook lunch and then it's time to come here, and I bring her (F2)</i> <i>The way I'm now, sometimes I can't do anything. There were times when someone went over to the house and cooked beans because I was feeling like lying down (F6)</i>
	Rest and Sleep <i>Rest and sleep? Wow, it's only while D. sleeps because the moment she opens her eyes, it's over (F3)</i> <i>You want to rest but when you try to do it but you can't because you have a whirlwind of things, I stopped doing this, I stopped doing that and so I do very little for myself because I do a lot for them (F5)</i> <i>I take dipyrone, anything to make me sleepy, aspirin, anything to make me sleepy, to relax and sleep (F1)</i>
	Education <i>I've already made bread to sell, I've taken the Senac course (F4)</i> <i>I can't (leave the house) so what do I do? I can't go out to attend a course, I do everything online (F5)</i> <i>I took a sales assistant course at Senac too, but I never practiced (F6)</i>
	Work <i>I had a regular cleaning job, but I lost it passing it on to someone else to take him to the doctor (F1)</i> <i>I'm a simple pensioner from the city hall who struggles to bring food to the house, I do one thing, I do another, take a napkin to do, to bring food to the house, I do a lot of little things (F4)</i> <i>They say: don't you work outside? If you don't work outside, it's like you don't have a job (F2)</i>
	Leisure <i>I can only watch a movie after she sleeps (F3)</i> <i>I really like music;(F4)</i> <i>I watch things on my cell phone, last Friday I watched an entire movie in the bathroom (F1)</i>
	Social Participation. <i>I went there to have fun, but I kept my cell phone in my hand calling there to see if everything was okay (F1)</i> <i>I don't have many friends anyway, I don't, I don't live for myself, I've been living for her (F3)</i> <i>I love talking to her (neighbor) because otherwise I'm sitting there alone and my head goes bananas, right?! It's important for us to have a person from outside to talk to (F5)</i>
2 - The caregiver role	Feelings awakened by caring: sadness, anguish, burden, stress and illness. <i>Then I couldn't take it anymore! Because what happens? Everyone has their limits, right?! Yesterday I had diarrhea all day (F2)</i> <i>I also feel anguished, I feel sad (F4)</i> <i>It's the same thing she said, I'm in the bedroom he's calling me, I'm in the living room he's calling me, he constantly wants to know where I am, it's very tiring (F6)</i>
3 - Intervention with Occupational Therapy groups	Potentialities: welcoming and mutual care, learning to take care of oneself and others, redefining the caregiver role. <i>I stopped to think... I need support to succeed, because there comes a time when it seems I'm going crazy too. And the group helps a lot with that (F3)</i> <i>I think this space is for us to help us more, to be able to put them aside a little and think about what we can improve for ourselves (F2)</i> <i>I look at her and she's giving me strength here and I didn't even imagine that she was also going through it so I come and it gives me strength to remain here to stay close (F6)</i>
	Weaknesses: predetermined number of meetings and non-continuity of the groups. <i>There could be more groups to help us, because some people were leaving their groups a little and joining ours (F1)</i> <i>I just think there should be more people together, arrange some way for more people to participate, more parents and caregivers because many of them work (F5)</i> <i>I think that the group can help, but we also sometimes need individual assistance in the most complicated cases or times when needed (F3)</i>

*BADLs = Basic Activities of Daily Living; †IADLs = Instrumental Activities of Daily Living

Figure 2 - Analytical categories and thematic units. Ribeirão Preto, SP, Brazil, 2020

Discussion

Through the Occupational Therapy groups, it can be seen that the relationship between the participants became therapeutic as they came to understand that they were not alone, as the situations they experienced were similar, translated by externalizations they mutually

identified. Thus, they welcomed and were welcomed and showed concern and care for each other, showing that it is a possible social support network.

The participants in this study demonstrated that caring for their family members was central in their lives. Thus, it was observed that, at the beginning of the Occupational Therapy groups, they had their

Basic Activities of Daily Living (BADLs), sleep and rest compromised, as they allocated little time to these occupations and barely valued their self-care.

The time devoted to sleep, rest and leisure activities was often left aside, increasing fatigue, which possibly contributed to the caregivers' illness. Impaired sleep quality generated a need in the participants to use medication to induce restful sleep. Of all six participants, only two did not mention whether they had used medication to sleep, the others either used it or had used it at some point.

During the Occupational Therapy groups, it was possible for the coordinator, an Occupational Therapist with experience in the mental health field, to help the participants name the sensations related to the situations they explained and, after the group discussions, some specific self-care actions were modified. Most of the participants reported starting to value self-care activities more, recognizing their importance to alleviate burden and improve health conditions.

The Instrumental Activities of Daily Living (IADLs) proved to be the occupations that significantly involved most of the caregivers' time. The participants included in this study often neglected personal care to provide assistance to their family members, such as health management, food preparation and cleaning, organization of the house, financial management and other activities.

The caregivers' leisure and social participation had also been directly affected since, in addition to being overloaded performing all the aforementioned occupations, they also reported feeling little understanding from friends and family members. In this sense, the literature shows that a family member with a mental disorder exerts an important impact on the family interpersonal and social relationships, often resulting in isolation between the dependent member and their relatives^(4,21).

As an important form of social support, the participants highlighted support from neighbors who were sometimes closer than family members, accompanying everyday difficulties and participating in religious activities. Although the participants expressed feelings of guilt for leaving their homes to perform leisure activities, participation in the Church was not considered a reason for guilt, thus helping them cope with the difficulties experienced. Another form of support they found was social participation on the Internet, which was sometimes useful when face-to-face meetings were not possible.

In relation to work, the participants mentioned difficulty reconciling it with managing the care of the family member, mainly due to the extreme need to work outside their homes. Of the six participants, only one

continued to practice her profession as a seamstress, as she did her work in her house, one was retired, and the others had left their professions. One took over a family business, as she could take the family member who needed care with her, working and providing care simultaneously.

Historically, caring ends up attributed to women, even with all the changes in family composition and their inclusion in the labor market. Even so, they are expected to assume the role of caregivers. In this way, sometimes they stop paid works outside their homes or live a double workday⁽²²⁻²³⁾.

The routine changes experienced by the family caregivers of people with schizophrenia make them have higher burden levels when compared to non-caregivers and caregivers of family members with other chronic medical conditions⁽¹⁹⁾. Higher burden levels were also associated with some characteristics of the family caregivers, including being older, female gender, earning lower incomes, and having other family members that depend on them⁽²²⁾.

In this regard, it was identified that, of the six participants included in this research, only two had not sought treatment with a psychiatrist; the remaining four were undergoing treatment or had already taken medication to sleep or improve sleep quality, or medications for anxiety and depression. In addition to that, they reported that they often felt helpless because, even though their health was impaired, they were not understood by their family members, who continued to rely on their participation in care provision.

Given the propensity for caregivers to become ill, the national and international literature suggests greater attention to burdens and difficulties to avoid diseases caused by stress and overload. Professional support is necessary to provide information about the mental disorder, support measures that consider its protection and therapeutic resources aimed at family members^(10,13-24).

In this sense, this research can identify that the participants' burden was associated with some factors such as lack of information about the mental disorder symptoms and the person's personality, as well as the functioning of the relationship between the sick family member and the caregiver. The group interventions allowed the participants to understand what needed to be understood as something that exceeded their control possibilities (such as positive symptoms, even medicated) and what was part of the relationship that might be modified.

It could be observed that the family members were very dependent on them, even when they were not as symptomatic. Thus, psychoeducation work was carried out through the Occupational Therapy groups, permeating the differentiation of what was a symptom and what was a behavior reinforced by the stance of

the caregivers who tended to carry out the activities for them with the intention of caring, although this did not encourage their autonomy and independence.

It was observed that the participants started from the perception that their family members were dependent on them, starting to relate to how much their behavior could also reinforce this dependence. There were reflections on the role played in the family group, identifying how overloaded they were by taking on the care alone, in addition to the distortion of the occupational role as in the case of the sister and wife, who found themselves playing the role of caregivers to the detriment of the fraternal and marital relationship.

They also verbalized positive perceptions regarding participation in the Occupational Therapy groups, as they reported feeling welcomed, cared for and with greater understanding about the disease and the care to be offered, which gave them "more arguments" to talk to their family members when they did not agree with their guidelines, reducing conflicts in relationships with their family members. Most of these caregivers, who at the beginning only expressed dependence on their family members, began to value initiative and independence on their part.

By taking complaints about their own illness to the role of caregivers, they had the opportunity to report their suffering and be heard and, in this way, receive stimuli to take care of themselves. Thus, in addition to the group space, they began to look for other ways to invest in their health, such as physical activity practices, or even how to seek help in a health institution, such as a Psychosocial Care Center (*Centro de Atenção Psicossocial*, CAPS). Two participants reported wanting to do family therapy to improve their relationship with their relatives.

The participants recognized the importance of the care offered to them as achievements for Mental Health since, before the Psychiatric Reform Movement, stigma and prejudice made access to treatments very difficult. Thus, the openings facilitated by the Psychiatric Reform, evolving over time, made it possible to also care for family caregivers, highlighting the importance of the family being heard and also cared for when accompanying their family members to some health service, as they often do not feel understood; on the contrary, they feel judged as if they were neglecting care because the family member had a crisis at that moment.

Finally, it is important to highlight that the participants expressed a desire to continue the Occupational Therapy groups, as the current study had a predetermined number of meetings, although necessary for control purposes and adaptations to the research situation. There was a reason for the Association to include Occupational Therapy groups in the list of its activities.

Conclusion

According to the participants' perception, the Occupational Therapy groups assisted them in the care of their family members with schizophrenia due to the exchange of experiences between them and between them and the researcher that was coordinating the groups, providing a better understanding of the situations, contributions to the differentiation of symptoms, and the actions of the family itself in the sense of not reinforcing dependent behaviors that compromise autonomy.

The groups also provided listening opportunities and information regarding mental disorders, assisting in the development of strategies for coping with everyday difficulties with the family members. They provided a greater perception of the role played in the family group by looking at the Occupations and promoted care for the caregivers. The participants exposed their perceptions about feeling better prepared for the tasks of caring for themselves and their families after participating in the Occupational Therapy groups.

It is therefore understood that studies involving Occupational Therapy groups with more meetings, and aimed at more family caregivers of their relatives with schizophrenia, can show even better results and with benefits to more family members with characteristics similar to that of the participants of this research.

References

1. Mexko S, Benelli S. A Política Nacional de Saúde Mental brasileira: breve análise estrutural. *Rev Em Pauta*. 2022;49(20):33-48. <https://doi.org/10.12957/rep.2022.63480>
2. Gomes MLP, Silva JCB, Batista EC. Escutando quem cuida: quando o cuidado afeta a saúde do cuidador em saúde mental. *Rev Psicol Saúde*. 2018;10(1):3-17. <https://doi.org/10.20435/pssa.v10i1.530>
3. Zanetti ACG, Vedana KGG, Gherardi-Donato ECS, Galera SAF, Martin IS, Tressoldi LS, et al. Expressed emotion of family members and psychiatric relapses of patients with a diagnosis of schizophrenia. *Rev Escola Enferm USP*. 2018;52(52):e03330. <https://doi.org/10.1590/S1980-220X2016042703330>
4. Ioiá SC, Oliveira EN, Lopes MVO, Parente JRF, Eloia SMC, Lima DS. Sobrecarga de cuidadores familiares de pessoas com transtornos mentais: análise dos serviços de saúde. *Ciênc Saúde Colet*. 2018;23:3001-11. <https://doi.org/10.1590/1413-81232018239.18252016>
5. Dias P, Hirata M, Machado FP, Luis MAV, Martins JT. Bem-estar, qualidade de vida e esperança em cuidadores familiares de pessoas com esquizofrenia. *Rev Port Enferm Saude Mental*. 2020;23:23-30. <https://doi.org/10.19131/rpesm.0269>

6. Santos JG, Lima MDC, Inácio A, Silva EMO, Silva RAS, Silva FP. Conhecimentos e sobrecarga do familiar cuidador frente ao paciente com demência. *Rev Bras Geriatr Gerontol.* 2021; 23:e200231. <https://doi.org/10.1590/1981-22562020023.200231>
7. Kebbe LM, Rôse LBR, Fiorati CR, Carretta RYD. Cuidando do familiar com transtorno mental: desafios percebidos pelos cuidadores sobre as tarefas de cuidar. *Saúde Debate.* 2014;38(102):494-505. <https://doi.org/10.5935/0103-1104.20140046>
8. Reis E, Novelli MMPC, Guerra RLF. Intervenções realizadas com grupos de cuidadores de idosos com síndrome demencial: revisão sistemática. *Cad Bras Ter Ocup.* 2018;26(03):646-57. <https://doi.org/10.4322/2526-8910.ctoAR0981>
9. Bernardo LD, Raymundo TM. Physical and social environment in the occupational therapeutic intervention process for elderly with Alzheimer's disease and their caregivers: a systematic review of the literature. *Cad Bras Ter Ocup.* 2018;26(02):463-77. <https://doi.org/10.4322/2526-8910.ctoAO1064>
10. Squarisi LS, Ferreira PN, Martins CMSM. A importância da família no tratamento de pacientes psiquiátricos e a contribuição da Terapia Ocupacional: uma revisão da literatura. *Ling Acad São Paulo [Internet].* 2018 [cited 2022 Jun 06];8(4):11-26. Available from: <http://web-api-claretiano-edu-br.s3.amazonaws.com/cms/biblioteca/revistas/edicoes/6059fe25c0ce6055c496d14f/605b6e3b28675c916d868d5c.pdf>
11. Silva ML, Araujo ME, Silva NR. Grupo de Terapia Ocupacional na prevenção de recaídas de dependentes químicos. *Saúde (Santa Maria).* 2021;47(1). <https://doi.org/10.5902/2236583442639>
12. Gomes D, Teixeira L, Ribeiro J. Enquadramento da Prática da Terapia Ocupacional: Domínio & Processo. 4. ed. Leiria: Politécnico de Leiria; 2021. <https://doi.org/10.25766/671r-0c18>
13. Meng N, Chen J, Cao B, Wang F, Xie X, Li X. Focusing on quality of life in the family caregivers of patients with schizophrenia from the perspective of family functioning: A cross-sectional study. *Medicine.* 2021;100(5). <https://doi.org/10.1097/MD.00000000000024270>
14. Silva P. Psicoeducação na visita domiciliária do enfermeiro especialista em enfermagem de saúde mental e psiquiátrica à família e doente após o primeiro internamento por sintomatologia psicótica [Thesis]. Portalegre: Escola Superior de Saúde; 2020 [cited 2022 Jul 05]. Available from: <https://comum.rcaap.pt/bitstream/10400.26/33514/1/BCTFC102.pdf>
15. Maximino VS. Grupo de atividades com pacientes psicóticos. São José dos Campos: Ed. da Univap; 2001.
16. Liberman F, Maximino V. Planos grupais e experiência estética: friccionando ideias, emoções e conceitos. In: Liberman F, Maximino V, organizators. *Grupos e Terapia Ocupacional, formação, pesquisas e ações.* São Paulo: Summus; 2015. p. 115-27.
17. Montrezor JB. Occupational Therapy in the practice of therapeutic groups and workshops with mental health patients. *Cad Bras Ter Ocup.* 2013;21(3):529-36. <https://doi.org/10.4322/cto.2013.055>
18. Bardin L. *Análise de conteúdo.* Lisboa: Edições 70; 2011.
19. Ferreira DF, Souza NM, Batista EC. Sentidos de ser mulher cuidadora de um familiar com transtorno mental grave na região Amazônica. *Aletheia.* 2019;52(2):36-51. <https://doi.org/10.29327/226091>
20. Nunes DP, Brito TRP, Duarte YAO, Lebrão ML. Cuidadores de idosos e tensão excessiva associada ao cuidado: evidências do Estudo SABE. *Rev Bras Epidemiol.* 2018;21 (2):1-14. <https://doi.org/10.1590/1980-549720180020.supl.2>
21. Belo JF, Belo SF, Vicente FC. Resiliência em famílias de pessoas com esquizofrenia: um estudo qualitativo. *Int J Develop Educ Psychol [Internet].* 2020 [cited 2023 Jan 23];1(2):245-54. Disponível em: <https://revista.infad.eu/index.php/IJODAEP/article/view/1974>
22. Hsiao C, Lu H, Tsai Y. Caregiver burden and health-related quality of life among primary family caregivers of individuals with schizophrenia: a cross-sectional study. *Qual Life Res.* 2020;29(10):2745-57. <https://doi.org/10.1007/s11136-020-02518-1>
23. Silva JB Filho, Oliveira EN, Lima LMC, Costa ABS, Vasconcelos MIO, Ávila REL, et al. Materiais educativos e de apoio ao familiar cuidador de pessoas com transtorno mental: revisão integrativa. *Res Soc Develop.* 2022;11(5):e30611528314. <https://doi.org/10.33448/rsd-v11i5.28314>
24. Machado BM, Dahdah DF, Kebbe LM. Cuidadores de familiares com doenças crônicas: estratégias de enfrentamento utilizadas no cotidiano. *Cad Bras Ter Ocup [Internet].* 2018 [cited 2022 Jun 29];26(2):299-313. Available from: <https://www.cadernosdeterapiaocupacional.ufscar.br/index.php/cadernos/article/view/1979/977>
25. Araújo AS, Pedrosa TG. A relação entre emoção expressa e variáveis sociodemográficas, estresse precoce e sintomas de estresse em cuidadores informais de pessoas com transtornos mentais. *Cad Bras Ter Ocup.* 2019;27(4):743-53. <https://doi.org/10.4322/2526-8910.ctoAO1843>
26. Silva M, Sá L, Sousa L. Eficácia dos programas psicoeducacionais na sobrecarga nos familiares cuidadores de pessoas com demência: Revisão integrativa. *Rev Portuguesa Enferm Saúde Mental.* 2018;19:54-60. <https://doi.org/10.19131/rpesm.0202>

Authors' contribution

Study concept and design: Lígia Beatriz Romeiro Rôse, Leonardo Martins Kebbe, Luiz Jorge Pedrão.

Obtaining data: Lígia Beatriz Romeiro Rôse. **Data analysis and interpretation:** Lígia Beatriz Romeiro Rôse, Leonardo Martins Kebbe, Luiz Jorge Pedrão.

Drafting the manuscript: Lígia Beatriz Romeiro Rôse.

Critical review of the manuscript as to its relevant intellectual content: Leonardo Martins Kebbe, Luiz Jorge Pedrão.

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Corresponding Author:

Lígia Beatriz Romeiro Rôse

E-mail: ligia.rose@alumni.usp.br

 <https://orcid.org/0000-0001-9811-3748>

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