Bipolar Affective Disorder: health promotion in the light of the Human Becoming Theory and the Galway Consensus

Transtorno Afetivo Bipolar: promoção da saúde à luz da Teoria Human Becoming e Consenso de Galway
Trastorno Afectivo Bipolar: promoción de la salud a la luz de la Teoría Human Becoming y el Consenso de Galway

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Abstract
Objective: To report on the health promotion intervention carried out on a person with Bipolar Affective Disorder, in the light of the Human Becoming Theory and the health promotion competencies of the Galway Consensus. **Methods:** This is a descriptive study, with an experience report, carried out in January 2021 by nursing students from the Vale do Acaraú State University with a person with Bipolar Affective Disorder. The intervention was developed in four stages according to the health promotion competency domains of the Galway Consensus and the principles of the Human Becoming Theory. **Results:** In the intervention, it was possible to identify the meanings, the biopsychosocial repercussions and the main health needs of the subject in coping with bipolar disorder. As a result, four educational actions were developed to help patients deal with the difficulties they were experiencing, change their lifestyle habits and identify care measures to improve their mental health and control the symptoms of the disorder. **Conclusion:** The intervention reinforces the importance of theoretical references and health promotion skills in the care of people with bipolar disorder, since they promote an innovative, holistic and humanized approach to favor the subject's rehabilitation and self-care.

Descriptors: Bipolar Disorder; Health Promotion; Mental Health; Nursing Theory, Psychiatric Nursing.

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Whats is already known on this?
Bipolar Affective Disorder generates biopsychosocial repercussions for the person affected, and psychosocial interventions are key therapeutic tools in promoting the health of this vulnerable population.

What this study adds?
Interventions based on health promotion skills and nursing theories facilitate the nursing process and promote holistic, humanized and effective care for people with Bipolar Affective Disorder.

Resumo

Objetivo: *Relatar a intervenção de promoção da saúde realizada a uma pessoa com Transtorno Afetivo Bipolar, à luz da Teoria Human Becoming e das competências de promoção da saúde do Consenso de Galway.* ***Métodos:*** *Estudo descritivo, do tipo relato de experiência, desenvolvido em janeiro de 2021, por acadêmicos de enfermagem da Universidade Estadual Vale do Acaraú junto a uma pessoa com Transtorno Afetivo Bipolar. A intervenção foi desenvolvida em quatro etapas conforme os domínios das competências de promoção da saúde do Consenso de Galway e os princípios da Teoria Human Becoming.* ***Resultados:*** *Na intervenção, foi possível identificar os significados, as repercussões biopsicossociais e as principais necessidades de saúde do sujeito no enfrentamento ao transtorno bipolar. Por meio disso, foram desenvolvidas quatro ações educativas, que objetivaram auxiliar o paciente a lidar com as dificuldades vivenciadas, a modificar seus hábitos de vida e a identificar medidas de cuidado para favorecer a melhora da saúde mental e do controle dos sintomas do transtorno.* ***Conclusão:*** *A intervenção reforça a importância de referenciais teóricos e competências de promoção da saúde no cuidado à pessoa com transtorno bipolar, haja vista que promovem uma abordagem inovadora, holística e humanizada para favorecer a reabilitação e o autocuidado do sujeito.*

Descritores: *Transtorno Bipolar; Promoção da Saúde; Saúde Mental; Teoria de Enfermagem; Enfermagem Psiquiátrica.*

Resumén

Objetivo: *Describir una intervención de promoción salud realizada a una persona con Trastorno Afectivo Bipolar, a la luz de la Teoría Human Becoming y las competencias de promoción de la salud del Consenso de Galway.* ***Métodos:*** *Estudio descriptivo, tipo relato de experiencia, desarrollado en enero de 2021, por estudiantes de enfermería de la Universidad Estadual Vale do Acaraú con una persona con Trastorno Afectivo Bipolar. La intervención se desarrolló en cuatro etapas de acuerdo con los dominios de habilidades de promoción de salud del Consenso de Galway y los principios de la Teoría del Devenir Humano.* ***Resultados:*** *En la intervención se identificaron los significados, las repercusiones biopsicosociales y las principales necesidades de salud del sujeto en el enfrentamiento al trastorno bipolar. En ese marco, se desarrollaron cuatro acciones educativas, que tuvieron como objetivo ayudar al paciente a afrontar las dificultades que atraviesa, modificar sus hábitos de vida e identificar medidas de cuidado para promover la mejora de la salud mental y el control de los síntomas del trastorno.* ***Conclusión:*** *La intervención refuerza la importancia del marco teórico y las habilidades de promoción de la salud en el cuidado de personas con trastorno bipolar, ya que promueven un enfoque innovador, holístico y humanizado para propiciar la rehabilitación y el autocuidado del sujeto.*

Descriptores*: Trastorno Bipolar; Promoción de la Salud; Salud Mental; Teoría de Enfermería; Enfermería Psiquiátrica.*

INTRODUCTION

Bipolar Affective Disorder (BAD) is a chronic mental illness characterized by mixed episodes in which the subject's mood swings repeatedly between mania and depression, affecting the person's ability to deal with emotions and daily tasks.[1-2] Manic mood occurs when there is an increase in mood, energy and activity, while depressive mood occurs when there is a decrease in mood, energy and activity. Both variations compromise the patient's well-being, causing mental suffering.[3]

People diagnosed with BAD need treatment that takes into account biopsychosocial aspects. Therefore, because this disorder is associated with the risk of suicide, social and/or professional harm, treatment for BAD, in addition to the use of medication, must include psychosocial interventions, in which professionals must build a therapeutic relationship of trust with the client, enabling their active participation in the planning and development of care.[4]

Furthermore, as it is a mental illness that is difficult to adhere to treatment, it is essential to develop and implement non-pharmacological therapies, such as psychotherapy, support groups and psychoeducation, which aim to promote self-care and self-knowledge in people with BAD, in order to improve symptom control, cognitive-functional capacity and quality of life, as well as increasing the possibility of improving prognosis.[4-5]

In this context, health promotion for people with BAD is of great importance, as it can offer a holistic plan of interventions that encourages patients to become the protagonists of their treatment and self-care, stimulating creativity, self-esteem, self-confidence and reinforcing their potential.[6]

Furthermore, in order for these actions to become more effective, it is pertinent to use theoretical references that provide greater rigor and scientific basis. In this sense, Rosemarie Rizzo Parse's Human Becoming theory stands out. Its objectives are to seek to value man, his uniqueness and particularities, so that the nurse, as a mediator and clarifier of the meaning of the health-disease process, contributes to the protagonism of the subject in their self-care, as well as providing opportunities for the active participation of the family in the care plan, helping them to identify strategies that facilitate lifestyle modification and enable greater quality of life and self-care.[7-8]

Also noteworthy in this context is the Galway Consensus, which addresses core competencies for health promotion, health education and workforce training globally. The Consensus defined eight domains for health promotion, namely: Catalyzing change, Leadership, Needs assessment, Planning,

Implementation, Impact assessment, Advocacy and Partnerships. These competencies are essential for the work of health professionals, as they give greater quality to the care provided.[9]

In view of this, it is believed that actions to promote mental health, based on the aforementioned theoretical frameworks, provide greater autonomy and social reintegration for people with mental disorders, as well as favoring the inclusion of the family in care strategies. It is therefore important to develop new studies that address health promotion interventions for people with BAD based on nursing theories and health promotion competencies, which will provide support for the development of new mental health interventions for this vulnerable population.

Thus, the aim of this study is to report on the health promotion intervention carried out with a person with Bipolar Affective Disorder, in the light of the Human Becoming Theory and the health promotion competencies of the Galway Consensus.

METHODS

This is a descriptive study, of the experience report type, developed by nursing students, through the practical experiences of the module The Person with a Mental Disorder, which is part of the curriculum of the undergraduate Nursing course at the Vale do Acaraú State University (UVA). The intervention was carried out in January 2021 with a person with BAD and their family member, who were assigned to a Family Health Center (FHC) located in a municipality in the interior of the state of Ceará, Brazil.

The intervention was developed in four stages, based on the Galway Consensus health promotion competency domains: Needs assessment, Planning, Implementation, Catalyzing change and Evaluating impact. The definitions of these competencies are presented below:

• Needs assessment: assessing the needs of communities and systems, seeking to identify and analyze the determinants and conditioning factors that promote or compromise health.

• Planning: setting measurable goals and objectives in response to the needs assessment, as well as identifying strategies based on knowledge of theory, evidence and practice.

• Implementation: carrying out effective and efficient, culturally sensitive and ethical actions to ensure possible improvements in health, including the management of human and material resources.

• Catalyzing change: enabling change and empowering individuals and communities to seek improvements in their health.

• Evaluating impact: determining the reach, effectiveness and impact of health promotion programs and policies, including the use of appropriate evaluation and research methods to support program improvements, sustainability and dissemination.[9]

In addition, the educational actions were based on the principles of the Human Becoming Theory,[7] seeking to help patients and their families understand the meanings inherent in the health-disease process, identify and carry out self-care actions and change behaviors in order to cope more effectively with BAD.

In his theory, Parse proposes three principles:

Principle I. Structuring multidimensional meaning consists of cooperating in the creation of reality through the expression of values and images, which proposes that the subject finds meanings for the situation in which they find themselves by idealizing life situations, based on their personal values. Thus, by expressing these meanings, they can better understand their experience. Thus, through this principle, nurses help patients to identify and properly understand these meanings.[7-8]

Principle II. Cooperating in the creation of rhythmic patterns of relationships means living the paradoxical unity of revealing-hiding, enabling-limiting and at the same time uniting-separating. He explains that by living paradoxes in his life, the subject reveals some aspects of his "self" and simultaneously hides others. As a result, the human being reveals their particularities throughout the process of "transforming" themselves, in which, in each situation experienced, the person finds themselves able to move in a certain direction and limited to another. In this way, the nurse seeks to identify with the patient the self-care actions and rhythms of life that the patient performs, in order to help them move towards new possibilities for self-care actions.[7-8]

Principle III. Cotranscending the possibilities means looking for unique ways to start the process of transformation. Cotranscending means moving towards other dimensions with cultivated dreams and hopes in order to elucidate new ways of perceiving what is already known, that is, the meanings attributed by the patient to their health-disease process. Thus, the person is said to co-transcend when they identify new ways of living in order to transform their lifestyle and experience new possibilities. Thus, the nurse

helps the patient to identify these possibilities and guides the development of a change plan that encourages the individual to take a leading role in their self-care.[7-8]

Chart 1 describes the stages of the intervention, according to the objective of each stage, the health promotion competencies of the Galway Consensus and the principles of Parse's theory (1995).[7]

Chart 1. Description of the intervention according to the health promotion competencies of the Galway Consensus. Sobral, CE, Brazil, 2023

Stages	Mastery of skills and principles of theory worked on	Actions performed	Objectives
1	Needs assessment / 1st Principle	- Carrying out home visits with the Community Health Agent (CHA); - Assessment of the nursing history with the identification of the health problems experienced, the meanings of the health-disease process experienced by the subjects and the repercussions of the illness; - Application of the family APGAR scale (SMILKSTEIN), the Montgomery-Asberg Depression Rating Scale (MADRS), the Mania Rating Scale (EACA-M) and the ZARIT scale to assess caregiver burden; - Preparation of the index patient's genogram and ecomap.	- To assess the meanings, health needs and preferences of the subjects in the process of coping with BAD; - Identify the nursing problems to be addressed in educational activities.
2	Planning / 2nd and 3rd Principle	- Definition of the intervention plan and selection of educational methodologies, seeking to meet the patient's preferences and needs.	Agreeing and drawing up a plan of health-promoting activities with the patient and family.
3	Implementation and Catalyzing change / 2nd and 3rd Principle	- Implementation of the planned interventions at home, agreeing self-care actions with the patient and family to promote their self-efficacy and resilience in coping with the health-disease process.	- Implementing the activity plan; - Helping the subjects, according to the principles of the Human Becoming theory, to develop self-care actions in order to cope better with difficulties and change their habits.
4	Impact Assessment	- Obtaining the subjects' evaluation of the interventions by means of a conversation circle.	- Obtain the subjects' evaluation of the educational actions carried out; - Promote a moment of active listening.

Fonte: Elaborado pelo autor.

The information relating to each stage of the intervention was collected and recorded through participant observation, using a field diary. They were then analyzed and systematized in a narrative, critical-reflective way.

RESULTS

Corresponding to the above method, in the Needs Assessment domain, in line with the 1st principle of the Human Becoming theory, it was possible to understand the meanings, repercussions, difficulties, needs and weakened self-care actions experienced by the patient with BAD.

Furthermore, by applying the family APGAR scale (SMILKSTEIN) and the ZARIT scale to assess caregiver burden, it was possible to understand the experiences of the subject's family member, providing a holistic view of the implications of the BAD coping process in the family context. In addition, tools such as the genogram and ecomap facilitated the analysis of the social and family contexts, as well as identifying points of support for the patient.

It's worth noting that by assessing the subjects' needs, it was also possible to identify their preferred methodologies and activities, such as art therapy and the use of music to relax. This made it easier to approach patients and their families, promoting their active participation in the planning of educational activities, as well as providing interventions that were in line with their choices.

After analyzing these findings, four educational activities were planned. These were carried out in conjunction with the health promotion domains Implementation and Catalyzing change. Thus, corroborating the 2nd and 3rd principles of Parse's theory, the educational actions were developed with the aim of helping the patient to deal with the current difficulties experienced, to understand their life habits and the repercussions of BAD, as well as to identify self-care measures to be taken on a daily basis in order to improve mental health and control the symptoms resulting from BAD. These actions were also developed with the active participation of the family member to also help them in their process of self-care and coping with BAD.

Chart 2 describes the problems identified through an assessment of the subjects' needs, as well as the educational actions carried out and their respective objectives.

Chart 2. Description of educational actions. Sobral, CE, Brazil, 2023

Nursing problems identified	Description of actions taken	Objective of the action
Difficulty managing impulses due to violent behavior, temper outbursts, irritability and mood disorders.	Art therapy and active listening: a time to express feelings and recover positive memories through drawing.	- Promote dialog about life principles and impulse control strategies. - To promote art therapy as a tool to help with emotional management and control.
Low self-esteem due to feelings of guilt over the disabilities caused by the disease. **Risk of suicide** expressed by the desire to die and feelings of hopelessness. **Compromised mental health of the caregiver,** related to reports of depressive feelings, worry about the care routine, occurrence of family conflicts and difficulties.	Mirror dynamic: the patient and family member were given a box containing a mirror so that they could see themselves.	- Provide a moment of dialog with the patient and their mother about self-knowledge to help them recover personal values and strengthen their self-esteem.
Anxiety and depressed mood generated by feelings of apprehension and irritability.	Relaxation and music therapy with music chosen by the patient.	- Encourage relaxation to relieve anxiety, improve mood, strengthen spirituality and self-esteem. - Encourage the use of music as a strategy for relieving anxiety and improving mood.

Sedentary lifestyle, risk of becoming overweight and ineffective control of hypertension due to low daily physical activity, poor diet and inadequate adherence to drug therapy.	Quiz game on hypertension and healthy lifestyle habits.	- Promoting knowledge about hypertension control and healthy lifestyle habits. - Encourage the adoption of healthy lifestyle habits.

Fonte: Elaborado pelo autor.

Promoting health through such actions helped academics to take a holistic view of the BAD repercussions, as well as to reflect on and plan more effective actions to approach subjects, especially in times of crisis and exacerbation of BAD symptoms. This made it possible to identify destructive and self-care-enhancing behaviors, in order to understand the subject's limitations, difficulties and needs and to value more efficient health actions to favor their well-being.

As a result, it was observed that there was greater adherence and active participation by the subjects in the activities, especially in relation to the moment of art therapy and music, given that these activities met their preferences. The students also left materials such as coloring pencils, paint, printed drawings and A4 paper to encourage patients to use art therapy as a strategy to express their emotions and help control mood, stress and anxiety.

It should also be noted that the patient and his family member had a positive assessment of the actions taken, since they evaluated the moments as fruitful and positive, as well as highlighting the benefits obtained, such as anxiety relief, self-esteem recovery and help in identifying self-care actions.

DISCUSSION

Through health promotion interventions based on nursing competencies and theories, the aim was to help patients and their families better understand the health-disease process related to the mental disorder they were experiencing, in order to help them identify new self-care strategies or enhance the actions they had already developed, but which were weakened.

In line with the health promotion competencies: Needs Assessment and Planning, the starting point for offering humanized care to patients with mental disorders consists of recognizing the uniqueness of each individual, considering the conditions related to mental illness, such as assessment to detect anxiety and depression, assessing the level of functioning, mental health status, lifestyle and family needs, in order to plan care.[10]

It is therefore imperative to understand that the health-disease-self-care process is the result of a complex and indivisible interaction of biological, social and psychological conditions. Thus, a change in perspective and the promotion of self-care in relation to the human experience of mental disorders provides a more effective therapeutic approach.[6]

Thus, in order to develop mental health promotion interventions, the importance of understanding the preferences, choices and determinants that influence the health of patients with mental disorders is reinforced, since this makes it possible to develop culturally sensitive actions that are closer to the reality of the subjects, consequently favoring their adherence and attitudes in the search for better health outcomes.

With this in mind, four educational activities were planned and implemented to promote self-esteem, counseling, impulse control, emotional support and health education on healthy lifestyle habits, with the aim of meeting the patient's and caregiver's most pressing needs, encouraging their active participation and autonomy, as well as catalyzing changes to acquire constructive self-care behaviors.

Accordingly, a systematic review pointed out that interventions that promote the active participation of patients with BAD in performing behavioral tasks are effective in improving coping and disease management.[11] Similarly, another study reinforces that such mental health-promoting actions are effective in increasing patients' ability to achieve psychosocial well-being and adapt to the adversities and challenges inherent in the health-disease process.[12]

It is therefore worth emphasizing that the development of strategies aimed at promoting mental health should seek to achieve the individual's rehabilitation by recognizing their interests and needs. This enables a more effective welcome, the expression of subjectivities, participation in productive activities and the facilitation of dialog.[6]

Each educational action implemented, according to the principles of Parse's theory, sought to promote the autonomy and active participation of patients and their families in the care process. The first intervention was an art therapy session, in which the patient was given materials such as coloring pencils, crayons, gouache paint and A4 sheets of paper. At this point, the patient was asked to draw a picture of a positive memory or feeling and to express what the picture meant.

As a result, it was discussed about art therapy as a tool that he could use whenever he was experiencing mood swings and to help control impulses, express feelings and control emotions, with the aim of improving crisis control of aggressive behavior and mood.

A study highlights art therapy as an effective therapeutic tool for improving the health condition of patients with mental disorders, as well as contributing to the promotion of their well-being and configuring itself as a preventive approach associated with reducing the incidence of health problems.[6]

The second intervention was called Mirror Dynamics. It sought to promote moments of dialog with patients and family members about self-knowledge in order to help them recover personal values and strengthen their self-esteem. In the intervention, while viewing the mirror inside the box, participants were asked to describe the person they saw, i.e. themselves. They were then asked to say positive words and advice to the person they saw.

It was observed that the participants spoke words of strength and courage. The moment proved to be very fruitful, as it enabled the subjects to listen actively, as well as helping them to express their emotions and identify self-care tools such as maintaining hope and expressing positive thoughts.

Self-knowledge plays a crucial role in managing unpleasant emotions and integrates emotional awareness. Through this, the individual is able to identify their moods, apply them and adjust them according to the situations they face. In this way, self-knowledge enables the person to recognize moments of stress or pressure, being constantly influenced by the circumstances experienced and the behavioral responses of others.[13]

The third intervention involved relaxation and music therapy to relieve anxiety and improve mood. The songs were chosen by the patient. It was noted that the moment strengthened the spirituality of both the patient and the family member, as well as boosting their self-esteem and improving anxiety, as expressed by the subjects.

Incorporating musical resources into mental health interventions promotes the processes of communication, interaction and expression of feelings. Music influences the autonomic nervous system, facilitating moments of relaxation and fun, while contributing to positive changes in mood. In addition, improvements are seen in emotional, physical, mental, spiritual and cognitive aspects.[14-15]

In the fourth intervention, a question-and-answer game was played about healthy lifestyle habits and hypertension, at which time they talked about dietary habits and the importance and benefits of physical activity. At this point, according to the assumptions of Parse's theory linked to the identification of self-care strategies and the promotion of subjects' autonomy, goals were also set with the patient and caregiver, such as returning to walking, returning to the gym and gradually reintroducing healthy eating, while also reinforcing care with impulsive thoughts and behaviors so that the patient could continue his self-care with autonomy.

The consumption of healthy foods in conjunction with health-promoting habits is essential due to the resulting benefits, such as promoting longevity and reducing the risk of developing chronic diseases, including those of a mental nature. The relationship between mental health and diet becomes even more evident in the light of research that highlights this influence. For example, a dietary pattern characterized by a higher consumption of vegetables, white meat, fruit and various grains is associated with a lower likelihood of developing illnesses such as depression and other mental disorders.[16]

Furthermore, researchers have shown that interventions promoting physical exercise improve well-being and depressive symptoms, as well as facilitating the acquisition of a healthy lifestyle.[17] Engaging in physical activity is directly related to a reduction in mortality and morbidity from various diseases. Regular physical activity not only offers a protective effect against cardiovascular and musculoskeletal diseases, but also plays a key role in improving mental health.[18]

The limitation of this study is associated with the short period of student involvement with the patient with BAD, which made it challenging to consolidate the bond established with the subjects and prevented the intervention from continuing and a more in-depth evaluation of the therapeutic approach used.

The study's contributions include the description of educational interventions based on pertinent theoretical references and the competences of the Galway Consensus, which could guide and subsidize nursing and multi-professional actions to promote the health of people with mental disorders, such as BAD.

CONCLUSION

Carrying out the actions described provided learning and a critical view of the biopsychosocial repercussions of BAD and the main health needs of those affected by it. This provided the opportunity to develop skills, attitudes and abilities to promote mental health and approach patients with BAD, favoring the planning and development of interventions aimed at strengthening their autonomy and self-care.

Therefore, the experience described reinforces the relevance of innovative interventions, based on theoretical references and health promotion skills, for people with BAD, with the aim of promoting transformative, holistic and humanized care. With this, we hope to stimulate reflections and transformations in care practices for people with BAD, in order to promote more qualified and effective care approaches.

It also encourages the development of experimental studies aimed at evaluating the effectiveness of mental health promotion interventions based on the theoretical frameworks discussed in this study.

CONTRIBUITIONS

Contributed to the conception or design of the study/research: Cavalcante FML, Paiva TS, Campos MP. Contributed to data collection: Cavalcante FML, Paiva TS, Campos MP. Contributed to the analysis and/or interpretation of data: Cavalcante FML, Paiva TS, Campos MP, Aragão JMN, Oliveira EN, Silva MAM, Ávila REV. Contributed to article writing or critical review: Cavalcante FML, Paiva TS, Campos MP, Aragão JMN, Oliveira EN, Silva MAM, Ávila REV. Final approval of the version to be published: Cavalcante FML, Paiva TS, Campos MP, Aragão JMN, Oliveira EN, Silva MAM, Ávila REV.

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