

NURSING PRACTICES IN MENTAL HEALTH IN THE FAMILY HEALTH STRATEGY: AN INTEGRATIVE REVIEW*

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ABSTRACT: This integrative review aims to identify the nurse's practices in mental health in the Family Health Strategy. The search for data was undertaken in the period 29th May – 10th June 2014, in the following databases: the Latin American and Caribbean Center on Health Sciences Information, International Literature in Health Sciences, the Brazilian Nursing Database (BDENF) and in the Biomedical Literature Citations and Abstracts. A total of nine articles was found, distributed in three categories: Difficulties and the need for training in Mental Health, Main practices in nursing for the person with mental disorders and the Family Health Strategy: Member of the Mental Health Network. It is concluded that the nurses working in this scenario position their practices in Mental Health based in embracement, in renewing prescriptions, in dispensing drugs and in referral to specialized services. These attitudes, however, are recognized as insufficient in Mental Health care.

DESCRIPTORS: Mental Health; Nursing; Family Health Strategy.

PRÁTICAS DE ENFERMAGEM EM SAÚDE MENTAL NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA: REVISÃO INTEGRATIVA

RESUMO: Revisão Integrativa que objetivou identificar as práticas do enfermeiro em Saúde Mental na Estratégia de Saúde da Família. A busca dos dados foi realizada no período entre 29 de maio a 10 de junho de 2014, nas bases Literatura Latino-Americana e do Caribe em Ciências da Saúde, Literatura Internacional em Ciências da Saúde, Base de dados em enfermagem e na Biomedical Literature Citations and Abstracts. Foram encontrados nove artigos distribuídos em três categorias: Dificuldades e necessidade de capacitação em saúde mental, Principais práticas de enfermagem à pessoa com transtorno mental e Estratégia de Saúde da Família: Integrante da Rede de Saúde Mental. Conclui-se que os enfermeiros, atuantes neste cenário, posicionaram suas práticas em Saúde Mental baseadas no acolhimento, na renovação de receitas, na dispensação de medicação e no encaminhamento a serviços especializados. Entretanto, essas atitudes são reconhecidas como insuficientes na assistência em Saúde Mental.

DESCRIPTORIOS: Saúde mental; Enfermagem; Estratégia de saúde da família.

PRÁCTICAS DE ENFERMERÍA EN SALUD MENTAL EN LA ESTRATEGIA DE SALUD DE LA FAMILIA: REVISIÓN INTEGRATIVA

RESUMEN: Revisión integrativa cuyo objetivo fue identificar las prácticas del enfermero en Salud Mental en la Estrategia de Salud de la Familia. La búsqueda de los datos fue realizada en el periodo entre 29 de mayo a 10 de junio de 2014, en las bases Literatura Latinoamericana y del Caribe en Ciencias de la Salud, Literatura Internacional en Ciencias de la Salud, Base de datos en enfermería y en la Biomedical Literature Citations and Abstracts. Fueron encontrados nueve artículos organizados en tres categorías: Dificultades y necesidad de capacitación en salud mental, Principales prácticas de enfermería a la persona con trastorno mental y Estrategia de Salud de la Familia: Integrante de la Red de Salud Mental. Se concluye que los enfermeros, actuantes en este área, posicionaron sus prácticas en Salud Mental basadas en acogimiento, en la renovación de recetas, en el almacenamiento de medicación y en el encaminhamiento a servicios especializados. Sin embargo, esas actitudes son reconocidas como insuficientes en la asistencia en Salud Mental.

DESCRIPTORIOS: Salud mental; Enfermería; Estrategia de salud de la familia.

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INTRODUCTION

In recent decades, the prevalence of mental disorders in the population has grown. According to the Pan-American Health Organisation (PAHO) and the World Health Organisation (WHO), around 450 million people worldwide suffer from a mental or neurological disorder⁽¹⁾.

In Brazil, 3% of the population requires continuous care related to Psychiatry, that is, approximately five million Brazilians suffer from some serious and persistent mental disorder. This percentage is added to by spontaneous demand, that is, the population which uses these services in response to specific events, totalling 20 million people utilizing treatments covered under Mental Health⁽²⁾.

With the gradual increase in the demands for care for people with mental disorders, the need has arisen for the development of new models of care. Along with the movement for Psychiatric Reform in Brazil, there are new approaches in the treatment of mental health, including the replacement of Psychiatric Hospitals with Psycho-Social Care Centers (CAPS) and the inclusion of the Family Health Strategy (FHS) in this care network⁽³⁾.

The inclusion of the FHS in the mental health treatment network is based on the need for continuous treatment and monitoring, which allows the patients the re-signification of the symptoms and suffering experienced, relying on the practice of embracement, usual in the field of mental health care, as well as the undertaking of collective activities in general, such as walks, seminars and group activities involving the issue in question⁽⁴⁾.

The mental health practices in the FHS must be grounded in the bond, in co-responsibility, in the involvement and the knowledge of the family group. It is fundamental for this service also to practice the methodology of the deinstitutionalization of psychiatric hospitals, adopting a model with a community and territorial basis, in which the service users may receive care in a humanized form⁽⁵⁾.

However, psychosocial care in the primary level of care ends by becoming a complex process, given that this approach takes on the challenge of working with persons experiencing chronic mental illness and, often, the FHS teams

express difficulty in identifying and monitoring these disorders in a community form⁽⁶⁾.

Bearing in mind that Primary Care constitutes a privileged plan for the care of needs in mental health, the nurse, being directly involved in this service, must be prepared for attending those with mental disorders, helping to reduce the harm involved and the possible hospitalization of the patient⁽⁷⁾.

In this context, the nurse must be prepared to conduct the care for the service user, their family and community, promoting actions for the inclusion of the patient in the service's various forms of organization, constructing new spaces for psycho-social rehabilitation⁽⁸⁾.

In the light of the nurse's responsibility and competencies, this study's aim is to analyse scientific production related to the practices in mental health of the nurse working in the FHS. In this perspective, it was sought to provide a framework of information on this issue, aiming to analyze this activity.

METHOD

This is an integrative review, a method which brings together the relevant scientific production on a specific issue, offering rapid and summarised access to the most important scientific results for the area studied⁽⁹⁻¹⁰⁾.

The stages for the elaboration of this review were: a) identification of the problem; b) the search for articles in the literature; c) categorization of the studies; d) evaluation of the sample; e) interpretation of the results; and f) summary of the articles analyzed⁽¹¹⁾.

As guidance for the study, the following guiding question was used: What are the practices in Mental Health of the nurse working in the Family Health Strategy? To this end, the following inclusion criteria were used: original articles, published in scientific journals available in full, free to access and which answered the guiding question; studies available in English, Portuguese or Spanish, published between January 2004 and June 2014.

The following exclusion criteria were used: studies of the experience report type, undergraduate end of course papers, specialization monographs, dissertations, theses, research

reports and abstracts of events; articles of the trial/theoretical type, reflections, bibliographic reviews, letters, reviews, editorials, books, book chapters, governmental publications, and informational bulletins.

The search for articles was undertaken between 29th May and 10th June 2014, using two paths: 1) in the Virtual Health Library (BVS) and 2) Database Bank of the Coordination for the Improvement of Higher Education Personnel (CAPES). The databases included in this study were: Latin American and Caribbean Center on Health Sciences Information (LILACS), International Literature in Health Sciences (MEDLINE), the Nursing Database (BDENF) and Biomedical Literature Citations and Abstracts (PubMed).

The search strategies were guided by controlled terms, taken from the Health Sciences Descriptors (DeCS). The terms selected were: Saúde Mental (Mental Health); Estratégia Saúde da Família (Family Health Strategy) and Enfermagem (Nursing). The same were combined, in English, starting with the descriptor selected as principal (Saúde Mental; Mental Health), as presented in Table 1.

The combining of the descriptors resulted in a total of 1,088 articles, published in the last ten

years, in Portuguese, English and Spanish, and with the entire text available. For the selection of the articles, firstly, the titles were read, resulting in the selection of 66 publications. Subsequently, the abstracts were critically analyzed. After this second point, a total of nine articles was obtained. Table 2 presents the rationale for the exclusion of articles. The articles selected were catalogued according to an instrument⁽¹⁰⁾ which encompasses the following items: a) Identification of the article; b) The principal institution of the study; c) Type of publication; d) Methodological characteristics; and e) Evaluation of the methodological rigor.

In the evaluation of the studies' quality, a previously-validated instrument was used – the Critical Appraisal Skills Programme (CASP) – which offers a means of assessing the methodological quality of quantitative and qualitative studies, objectively, systematically, and in a way that is easy to understand. This instrument is made up of 10 scoreable items, and according to the score obtained, the articles are classified in two categories: A (06 to 10 points) studies with good methodological quality and low bias, and B (a minimum of 5 points) studies with satisfactory methodological quality, but with increased potential for bias⁽¹²⁾.

Table 1- Number of steps for combining the descriptors. Recife-PE-Brazil, 2014

Steps	Combining of the descriptors
1 st	"Mental Health" AND "Family Health Strategy"
2 nd	"Mental Health" AND "Nursing"
3 rd	"Mental Health" AND "Family Health Strategy" AND "Nursing"

Table 2 – Criteria for the exclusion of articles by databases Recife-PE-Brazil, 2014

Criteria	BDENF	MEDLINE	LILACS	PubMed	Total
Total located	48	825	115	100	1.088
Does not fit in the issue studied	26	800	74	91	991
Repeated articles	4	8	21	2	35
Does not correspond to the guiding question	13	17	16	7	53
Total Selected	5	0	4	0	9

RESULTS

The nine articles which make up the sample were read in full, catalogued and assessed in relation to their methodological rigor. Of these, eight articles obtained the concept A and one, concept B, according to the CASP analysis⁽¹²⁾. Below, Table 3 summarises the sample in catalogued form.

It was ascertained that the majority of the studies analyzed used qualitative approaches. All were published in the Portuguese language. Among the works, those found most were from the North-East and South-East regions of Brazil. Table 4 summarises the aspects analyzed, allowing the comparison and better understanding of their objectives, the type of study, and the main results and conclusions.

Table 3 – Code of the articles by title, author, database, journal and year of publication of the sample. Recife-PE-Brazil, 2014

Code	Title of article	Author	Base	Journal	Year
1	Mental health and nursing in the family health strategy: how are the nurses working?	Ribeiro LM, Medeiros SM, Albuquerque JS, Fernandes SMBA.	BDENF	Revista da Escola de Enfermagem da USP	2010
2	Embracement and mental health: the professional challenge in the Family Health Strategy.	Sucigan DHI, Toledo VP, Garcia APRF.	BDENF	Revista de Rede de Enfermagem do Nordeste (Rene)	2012
3	The nursing work in mental health in the Family Health Strategy.	Oliveira FB, Silva JCC, Silva VHF, Cartaxo CKA.	BDENF	Revista de Rede de Enfermagem do Nordeste (Rene)	2011
4	The perception of the nurses of a public university of Piauí regarding mental health in the Family Health Strategy.	Moura MC, Bernardes SB, Rocha MLF.	BDENF	Revista Enfermagem em Foco	2010
5	Mental health in the Family Health Program.	Souza AJF, Matias GN, Gomes KFA, Parente ACM.	BDENF	Revista Brasileira de Enfermagem	2007
6	Nursing care for people with mental disorders and their families in primary care.	Waidman MAP, Marcon SS, Pandini A, Bessa JB, Paiano M.	LILACS	Acta Paulista de Enfermagem	2012

7	The nurses' strategies for mental health care in the family health program.	Amarante AL, Lepre AS, Gomes JLD, Pereira AV, Dutra VFD.	LILACS	Texto Contexto Enfermagem	2011
8	Profile of the nurses of the family health strategy and their skills for working in mental health.	Gonçalves RMDA, Pedrosa LAK	LILACS	Ciência Cuidado e Saúde	2009
9	The nurse and the mental health actions in the primary care centers	Caixeta CC, Moreno V.	LILACS	Revista Eletrônica de Enfermagem	2008

Table 4 – Code of the article by type, objective, results and conclusions. Recife-PE-Brazil, 2014

Code	Type of study	Objectives	Results	Conclusions and/or recommendations
1	Analytical with qualitative approach	To describe the activities geared towards care for the person with mental disorders in the FHS.	There are no activities geared towards the person with a mental disorder and there is a lack of training among the nurses.	It is necessary that there should be professional qualification.
2	Exploratory-descriptive, with a qualitative approach.	To understand how the FHS nurses undertake the embracement of the mental health patients.	The embracement is characterized by referral to specialized services.	Characteristics: handing out of prescriptions, guidance regarding medications, and referral to other services.
3	Exploratory-descriptive with a qualitative approach	To identify and assess the care offered by the nurses of the FHS regarding the mental health needs.	Practices in mental health: home visits, referral to specialized services and guidance for the Community Health Workers (ACS), for undertaking active searches. Concepts based in the biological model.	The lack of interaction between the FHS and specialist services in mental health is seen as a big problem.
4	Qualitative approach	Identify the perceptions of the nurses who work in teaching regarding the actions undertaken in the FHS for individuals with mental disorders.	It was evidenced that the nurses of the FHS work in a restricted way in the scenario of mental health.	The lack of training may determine difficulties for undertaking actions.

5	Quantitative descriptive.	Identify the training and the actions of the nurse in Mental Health in the FHS.	The majority do not have experience, and their mental health actions happen sporadically.	Public policies directed towards this area must be re-discussed so as to guide paths to reform in the actions and in the services
6	Exploratory-descriptive with qualitative approach.	To investigate how the nurses who work in the FHS perceive their training, to assist the person with mental disorder and his family.	The nurses do not feel trained and the mental health activities are restricted to the actions of the routine of the Primary Care Center.	There are no activities geared toward the promotion of mental health.
7	Exploratory-descriptive, with a qualitative approach.	To describe the strategies used by the “nurses of the family”, in the care of patients with mental illness.	There is difficulty in identifying the attention to the health of persons with mental illnesses as part of the operationalization of the actions in the FHS.	Specific actions are not planned, but there are indirect strategies for care for persons with mental illness.
8	Quantitative, with a descriptive and transversal character.	To identify the skills of the nurses of the FHS for working in mental health.	Most nurses feel unprepared to deal with mental health in the FHS.	It is necessary to establish an interface for the mental health actions and the FHS.
9	Qualitative descriptive/ exploratory	To understand how nurses in primary care units recognize the mental health actions.	There are no programmatic actions directed towards mental health, with only control and guidance regarding the use of psychiatric drugs being seen as mental health actions.	Training is necessary and it is fundamental to establish an interface with the actions directed towards mental health.

DISCUSSION

The majority of the articles selected had good methodological quality and reduced bias, according to the CASP analysis, offering credibility to the results achieved. All of the articles were in Portuguese, which may be explained by the fact that the FHS is a model of healthcare in practice in Brazil⁽¹³⁾.

There was great recurrence of research of the qualitative type. This approach corresponds to a domain of the relationships and works in a universe of the meanings⁽¹⁴⁾, evidencing that the authors sought to understand how the nurses see their work in mental health within the FHS.

Furthermore, there emerges from this research the existence of few studies regarding the mental health activities of the nurse in the FHS, which raises the necessity for research of an exploratory character, seeking greater theoretical deepening for investigating phenomena better⁽¹⁵⁾.

The relevant data found in the sample were grouped in three categories, in the search to summarize and articulate the knowledge obtained, as addressed below:

Difficulties and the need for training in mental health of the nurses working in the FHS

The nurses who were the subjects of the studies analyzed reported lack of preparation, training and empowerment to work with the demands of mental health, which may reflect individual limitations, lack of experience in the area, being a beginner in the FHS, and shortcomings in the academic training. These factors cause them to experience major difficulties regarding the different and challenging situations in the care for the person with mental disorders⁽¹⁶⁻¹⁸⁾.

The articles describe that the nurses do not receive encouragement from management in Mental Health training courses⁽¹⁶⁻¹⁹⁾, and that the proportion which seeks this training, on their own initiative, is very small⁽²⁰⁻²¹⁾. In the light of this context, it can be asserted that training and qualification in care for the person with a chronic mental disorder, by nursing professionals working in the FHS, can contribute to improving the quality of care in mental health⁽²²⁾.

The main nursing practices for the person with a mental disorder

The studies analyzed here show that three decades after the beginning of the Psychiatric Reform, there have been few changes related to the practice of health professions who provide care for the person with a mental disorder. These are still centered on individualized care and on medicalization, with emphasis on disease and not on the subject's suffering⁽²¹⁾. Many professionals do not keep up with changes that the movement has brought, and, therefore, the new practices inserted in the scenario of mental health care are not appropriate⁽²³⁾.

In the FHS, the nurses of the studies researched mention the inexistence of a specific action for mental health, such that the care for mental health is within the unit's routine activities, with referral to specialized services, counseling undertaken regarding the crisis⁽²¹⁾ and the transcription of medication⁽²³⁾ being recognized as most important in this ambit.

There is a therapeutic tendency geared towards the biological model which privileges the medicalization of the patient, there being thus the transcription of the medication without the appropriate clinical evaluation, leading to the abusive consumption of psychiatric drugs leading to dependence⁽²³⁾. This occurs due to the lack of preparation of the FHS professionals, limiting the care offered to the person with a mental disorder and the routine practice of the services to the knowledge of traditional psychiatry⁽²¹⁾.

Another practice found in attending mental health in the FHS is referral as a form of embracement. It was evidenced that the role of nursing in embracement is based in listening to the complaint and evaluating the patient's need to be attended by the unit's physician⁽¹⁶⁾.

The National Mental Health Policy proposes that the practices in this field of knowledge should substitute the traditional model, the producer of the psychiatrization of the subject⁽²⁴⁾. The following are important: insertion in groups and social support networks and the undertaking of psycho-social interventions, for example, community therapy⁽²⁵⁾.

The Family Health Strategy: Member of the Mental Health Network

One of the studies in this research showed the nurse's difficulty in knowing what to do while attending a person with a mental disorder in the

FHS. This fact ends in resulting in the referral of these patients to a specialized service, a practice seen as the only alternative for resolving this impasse⁽¹⁶⁾.

This fact is reinforced in other studies revealing that the services for referral in psychiatry are frequently used as an alternative for resolving mental health problems, including the Psychiatric Hospital and outpatient center⁽²⁰⁾. This situation breaks the integration of the FHS in the Mental Health network, in which it was inserted following the Psychiatric Reform⁽¹⁷⁾. This problem arises because of a lack of articulation between the FHS and these specialized services⁽²⁶⁾.

The activities of planning of organization of services in Mental Health allow the broadening of the access and diversification of the health care directed towards the comprehensiveness, with the objective of minimizing the practice of referrals and raising the care's resolute capacity causing the professional, including the nurse, to recognise the social conditions of the demand and possibly to overcome the drug-based health conducts⁽²⁷⁾.

The present time requires the combination of efforts, so as to viabilize new ways of thinking and acting in relation to the mental health-illness process, making possible the production of a network of spaces for embracement and bonds in the FHS' territory. The interlocution between the specialized networks of the FHS broadens the potential of this care instrument for new forms of care, so as to gradually reduce the demand for referral of these service users⁽²⁴⁾.

CONCLUSIONS

It was evidenced in the studies analyzed that the nurses working in the FHS position their practices in Mental Health based in embracement, the renewal of prescriptions, the dispensing of drugs and in referral of these cases to other specialized services. However, these attitudes are recognized by these professionals as insufficient regarding the treatment of these disorders.

The studies showed the low incidence of health promotion activities undertaken by the FHS nurse, directed towards mental disorders. This condition corroborates the non-identification of this professional, and the little recognition of the

FHS as part of the Mental Health Care Network, besides the reports of lack of skill and training for dealing with this issue.

It is necessary for there to be greater concern with this aspect of training from the undergraduate level onward, preparing the future nurses to function better in mental health in the various scenarios of care. The need for continuous training and updating of professionals inserted in the FHS is also evidenced, with a view to greater interaction with the population and the implementation of more efficient techniques involving Mental Health.

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