

## CHARACTERIZATION OF PATIENTS WITH MENTAL DISORDERS FROM A GENERAL TEACHING HOSPITAL\*

Marcio Roberto Paes<sup>1</sup>, Mariluci Alves Maftum<sup>2</sup>, Jorge Vinícius Cestari Felix<sup>3</sup>,  
Maria de Fatima Mantovani<sup>4</sup>, Thais Aidar de Freitas Mathias<sup>5</sup>

**ABSTRACT: Objective:** to characterize the sociodemographic and clinical profile of patients with mental disorders in a general hospital. **Method:** a quantitative, cross-sectional study with 179 patients with diagnoses of mental disorders. The data were collected between 2012 and 2013 in hospitalization units of a general hospital by means of a structured instrument, analyzed by statistical-descriptive methods and later presented as frequencies. **Results:** the women presented higher prevalence of mood disorders and the men of psychoactive substance use disorders. The neurology unit had the highest percentage of cases (27.4%); 67% were receiving psychiatric treatment; 77.7% used continuous psychotropic medication; 23.5% reported suicide attempts; 21.2% had psychiatric comorbidities; 25.3% were dependent on alcohol, 30.7% on tobacco and 17.3% on other drugs. **Conclusion:** the particularities presented by the participants will help in the recognition of signs and symptoms of mental disorders and the planning of nursing care specific to this clientele in a general hospital.

**KEYWORDS:** Health Profile; Mental Health; Nursing; Psychiatric Nursing; General Hospitals.

### CARACTERIZAÇÃO DE PACIENTES COM TRANSTORNOS MENTAIS DE UM HOSPITAL GERAL E DE ENSINO\*

**RESUMO: Objetivo:** caracterizar o perfil sociodemográfico e clínico dos pacientes com transtornos mentais em hospital geral. **Método:** estudo quantitativo, transversal, com 179 pacientes com diagnósticos de transtornos mentais. Os dados foram coletados entre 2012 e 2013 em unidades de internação de um hospital geral por meio de instrumento estruturado, analisados por métodos estatístico-descritivos e, posteriormente apresentados em frequências. **Resultados:** as mulheres apresentaram maior prevalência de transtornos do humor e os homens de transtornos relacionados ao uso de substâncias psicoativas. A unidade de neurologia teve o maior percentual dos casos (27,4%); 67% faziam tratamento psiquiátrico; 77,7% usavam medicações psicotrópicas contínuas; 23,5% referiram tentativa de suicídio; 21,2% apresentavam comorbidades psiquiátricas; 25,3% eram dependentes de álcool, 30,7% de tabaco e 17,3% de outras drogas. **Conclusão:** as particularidades apresentadas pelos participantes subsidiaram o reconhecimento de sinais e sintomas dos transtornos mentais e o planejamento de cuidados de enfermagem específicos a esta clientela em hospital geral.

**DESCRIPTORES:** Perfil de Saúde; Saúde Mental; Enfermagem; Enfermagem Psiquiátrica; Hospitais Gerais.

### CARACTERIZACIÓN DE PACIENTES CON TRASTORNOS MENTALES EN UN HOSPITAL GENERAL E DE ENSEÑANZA\*

**RESUMEN: Objetivo:** caracterizar el perfil social demográfico y clínico de los pacientes con trastornos mentales en hospital general. **Método:** estudio cuantitativo, transversal, con 179 pacientes con diagnósticos de trastornos mentales. Se recogieron los datos entre 2012 y 2013 en unidades de internación de un hospital general por medio de instrumento estructurado y se los analizaron por métodos estadísticos descriptivos, siendo posteriormente presentados en frecuencias. **Resultados:** las mujeres presentaron más prevalencia de trastornos de humor y los hombres, de trastornos asociados al uso de sustancias psicoactivas. La unidad de neurología tuvo el mayor porcentual de los casos (27,4%); 67% hacían tratamiento psiquiátrico; 77,7% usaban medicaciones psicotrópicas continuas; 23,5% relataron tentativa de suicidio; 21,2% presentaban comorbilidades psiquiátricas; 25,3% eran dependientes de alcohol, 30,7% de tabaco y 17,3% de otras drogas. **Conclusión:** las particularidades presentadas por los participantes subsidiaron el reconocimiento de señales y síntomas de los trastornos mentales y el planeamiento de cuidados de enfermería específicos a ese tipo de paciente en hospital general.

**DESCRIPTORES:** Perfil de Salud; Salud Mental; Enfermería; Enfermería Psiquiátrica; Hospitales Generales.

\*Article derived from the Doctoral Thesis entitled "Profile and nursing diagnoses of patients with mental disorders in a general teaching hospital", Graduate Program in Nursing, Federal University of Paraná, Curitiba, PR, Brazil, 2013.

<sup>1</sup>Registered Nurse. PhD in Nursing. Professor of the Department of Nursing of the Federal University of Paraná. Curitiba, PR, Brazil.

<sup>2</sup>Registered Nurse. PhD in Nursing. Professor of the Department of Nursing of the Federal University of Paraná. Curitiba, PR, Brazil.

<sup>3</sup>Registered Nurse. PhD in Human Physiology. Professor of the Department of Nursing of the Federal University of Paraná. Curitiba, PR, Brazil.

<sup>4</sup>Registered Nurse. PhD in Nursing. Professor of the Department of Nursing of the Federal University of Paraná. Curitiba, PR, Brazil.

<sup>5</sup>Registered Nurse. PhD in Public Health - Epidemiology. Professor of the Department of Nursing of the State University of Maringá. Maringá, PR, Brazil.

#### Corresponding Author:

Marcio Roberto Paes

Institutional link: Universidade Federal do Paraná

Av. Prefeito Lothário Meissner, 632 - 80210-170. Curitiba, PR, Brazil

E-mail: marropa@ufpr.br

Recebido: 28/08/2017

Finalizado: 06/02/2018

## ● INTRODUCTION

In the last decades, issues related to the mental health of the population have been prioritized in healthcare around the world. This is because the overall prevalence of mental disorders and psychosocial problems caused by the use of alcohol and other drugs has become a serious public health issue and, consequently, the focus of discussions and research by the scientific community.<sup>(1)</sup>

It is estimated that 25% of the world population (one in four individuals) present at least one mental disorder at some stage of their life. The latest data available from the World Health Organization indicate that approximately 450 million people in the world suffer from mental disorders or disorders related to the harmful use of alcohol and other drugs. These figures reflected in health services, especially in general hospitals, show that about 30% of patients hospitalized for clinical or surgical treatment use psychoactive substances (alcohol and other drugs) and the majority of these patients present clinical diseases related to chemical dependency or a mental disorder.<sup>(3-4)</sup> Care for these patients in general hospitals becomes more complex in relation to others, due to their particularities and the behavior of the health team that attends them. This is because, often, the teams are not prepared to meet the care needs for the clinical condition in conjunction with psychosocial conditions.<sup>(3,5-7)</sup>

Study results demonstrate that the health professionals of general hospitals present difficulties in adequately caring for these patients. Usually, the treatment of patients admitted to general hospitals is focused on physical-biological changes and, to a large extent, psychosocial dimensions are not contemplated in the treatments by health professionals.<sup>(3,5-7)</sup>

Currently, there is recognition of a deficit in the training, knowledge and skills of nursing professionals in the development of care for patients with mental disorders in general hospitals. However, this reality needs to be transformed urgently, since the mental health public policies in Brazil have emphatically considered the general hospital essential in the psychosocial care network.<sup>(8)</sup> It is believed that the knowledge about a population at greater risk of suffering from a specific disease contributes to the planning and implementation of national, regional and local policies and subsidizes health professionals in the choice of the best care practices offered to these people. Thus, the comprehension of how mental health issues behave contributes to the advancement of actions to promote, prevent and treat people suffering from mental disorders.

The problem question for this study was: What is the sociodemographic and clinical profile of patients with mental disorders hospitalized in a general hospital? To answer this question, the following objective was proposed: to characterize the sociodemographic and clinical profile of patients with mental disorders.

## ● METHOD

This was a quantitative, cross-sectional study developed in six hospitalization units of a general teaching hospital: Male Medical Clinical (MMC); Female Medical Clinical (FMC); Neurology; Cardiology; Infectology; and Emergency care (EC).

A total of 179 patients with mental disorders participated in this study, selected through the non-probabilistic sampling procedure and by convenience. The inclusion criteria were: to have a medical diagnosis of a mental disorder described in medical charts and to be 18 years of age or over. Exclusion criteria were: patients already interviewed, rehospitalization in one of the units of the study site, and coma or degradation of the level of consciousness.

Data collection was performed from February 2012 to January 2013 through the application of a structured instrument, where some of the data were obtained from the information described in the medical charts: age, sex, origin, education, occupation, religion, unit of hospitalization, main clinical

illness, mental disorder, use of psychiatric medication. The other data were obtained by asking the participants: skin color (self-reported), with whom they reside, marital status, occupation, family income, psychiatric treatment, history of drug use and suicidal behavior.

The data were stored in a spreadsheet created by the Statistical Package for the Social Sciences SPSS® 13.0 software, with double independent input. After the verification and correction of possible input errors and inconsistencies, the data were analyzed through descriptive methods and presented in the form of tables and figures. The results obtained through the descriptive analysis are expressed by measures of central tendency for the numerical variables, with the categorical variables presented as frequency and percentage.

The Research Project was approved by the Research Ethics Committee of the Hospital de Clínicas of the Federal University of Paraná (UFPR), authorization No. 2577.184/2011-08.

## ● RESULTS

### Sociodemographic and clinical profile

During the data collection period there were 2,532 hospitalizations of patients in the units where the study was performed. Considering the 179 cases, the prevalence of patients with mental disorders was 7.1%, of which 96 (53.6%) were female. The mean age of the sample was 48.95 years. Regarding the social variables, it was observed that there was a prevalence of married participants, of the catholic religion, with incomplete elementary education, men working as service providers or women without professions, retirees, with family income between two and four minimum wages, as presented in Table 1.

**Table 1** - Distribution of the participants according to the social variables. Curitiba, PR, Brazil, 2013 (continues)

Social variables	Sex				Total	
	Male		Female			
	(n)	%	(n)	%	(n)	%
Marital status						
Married /stable relationship	44	24.6	41	22.9	85	47.5
Single	27	15.1	23	12.8	50	27.9
Divorced	10	5.6	15	8.4	25	14.0
Widowed	2	1.1	17	9.5	19	10.6
Religion						
Catholic	56	31.3	55	30.7	111	62.0
Protestant/Evangelist	11	6.1	34	19.0	45	25.1
Spiritist	1	0.6	3	1.7	4	2.2
Afro-Brazilian	1	0.6	---	---	1	0.6
Buddhist/oriental	1	0.6	---	---	1	0.6
Others	3	1.7	3	1.7	6	3.4
Without religion	10	5.6	1	0.6	11	6.1
Schooling						
Illiterate	2	1.1	5	2.8	7	3.9
Incomplete elementary education	37	20.7	52	29.1	89	49.8
Complete elementary education	11	6.1	10	5.6	21	11.7

Incomplete high school	6	3.4	6	3.4	12	6.7
Complete high school	19	10.6	13	7.3	32	17.9
Incomplete higher education	3	1.7	4	2.2	7	3.9
Complete higher education	5	2.8	4	2.2	9	5.0
Postgraduate degree	---	---	2	1.1	2	1.1
<b>Profession (area of work)</b>						
Health	---	---	6	3.4	6	3.4
Education	1	0.6	3	1.7	4	2.2
Civil construction	12	6.7	---	---	12	6.7
Administration	1	0.6	3	1.7	4	2.2
Commerce	10	5.6	6	3.4	16	8.9
Industry	2	1.1	---	---	2	1.1
Provision of services	43	24.0	26	14.5	69	38.5
Rural work	2	1.1	2	1.1	4	2.2
Without profession	12	6.7	50	27.9	62	34.6
<b>Occupation</b>						
In the home	---	---	30	16.8	30	16.8
Student	2	1.1	3	1.7	5	2.8
Unemployed	6	3.4	3	1.7	9	5.0
Paid employee	22	12.3	17	9.5	39	21.8
Self-employed	25	14.0	9	5.0	34	19.0
Retired	24	13.4	22	12.3	46	25.7
Without occupation	4	2.2	12	6.7	16	8.9
<b>Family income</b>						
01 minimum wage†	14	7.8	12	6.7	26	14.5
02-04 minimum wages	55	30.7	70	39.1	125	69.8
05 or more minimum wages	11	6.1	9	5.0	20	11.2
Did not respond	3	1.7	5	2.8	8	4.5

† The minimum wage was R\$622.00, referring to the 2012 base-year

Table 2 presents the results related to the demographic variables, highlighting the prevalence of participants with self-reported white skin color, from the state of Paraná and from Curitiba or the metropolitan area, residents of urban areas.

**Table 2** - Distribution of the participants according to the demographic variables. Curitiba, PR, Brazil, 2013 (continues)

Demographic Variables	Sex				Total	
	Male		Female			
	(n)	%	(n)	%	(n)	%
Ethnicity						
White	65	36.3	78	43.6	143	79.9
Black	4	2.2	10	5.6	14	7.8
Brown	14	7.8	8	4.5	22	12.3
Birth place						
Curitiba	32	17.9	24	13.4	56	31.3
Metropolitan region	5	2.8	4	2.2	9	5.0

Paraná state	28	15.6	45	25.1	73	40.8
Another state	17	9.5	23	12.8	40	22.3
Another country	1	0.6	---	---	1	0.6
<b>From</b>						
Curitiba	51	28.5	51	28.5	102	57.0
Metropolitan region	18	10.1	29	16.2	47	26.3
Paraná state	9	5.0	14	7.8	23	12.8
Another state	5	2.8	2	1.1	7	3.9
<b>Living arrangements</b>						
Lives with relatives	70	39.1	88	49.2	158	88.3
Lives alone	12	6.7	7	3.9	19	10.6
Institutionalized	1	0.6	1	0.6	2	1.1
<b>Living Area</b>						
Rural	4	2.2	6	3.4	10	5.6
Urban	79	44.1	90	50.3	169	94.4

Regarding the clinical profile of the participants, the prevalence of cases in relation to the hospitalization unit in which they were at the moment of collection, was as follows: neurology, 49 (27.4%) patients; FMC, 36 (20.1%); Cardiology, 32 (17.9%); EC, 22 (12.3%); MMC, 22 (12.3%); and Infectology, 18 (10.1%).

Table 3 presents the results related to the mental or behavioral disorders described in the medical charts of the participants. It should be highlighted that the prevalence of depressive disorders was  $n=72$  (40.2%).

**Table 3** - Distribution of the participants according to sex and diagnosis. Curitiba, PR, Brazil, 2013

Diagnoses	Male		Female		Total	
	(n)	%	(n)	%	(n)	%
Depressive disorders	19	10.6	53	29.6	72	40.2
MBDDU ‡ psychoactive substances	25	14.0	3	1.7	28	15.6
Bipolar affective disorder	5	2.8	15	8.4	20	11.2
Anxiety disorders	5	2.8	15	8.4	20	11.2
MBDDU ‡ alcohol	18	10.1	1	0.6	19	10.6
Schizophrenia	10	5.6	4	2.2	14	7.8
Eating disorders	---	---	3	1.7	3	1.7
Personality disorders	1	0.6	1	0.6	2	1.1
Somatoform disorder	---	---	1	0.6	1	0.6
Total	83	46.4	96	53.6	179	100

‡ MBDDU - Mental and behavioral disorder due to the use of.

Regarding the clinical profile, the study found that 139 (77.7%) participants used continuous psychotropic medication with a mean of 6.2 years of use of these medications, with 69.5% using more than one class of psychotropic medication. Regarding the place of treatment, 67% were carrying out psychiatric treatment, of which 53 (44.2%) were in a mental health outpatient clinic, 39 (32.5%) in primary health units, 16 (13.3%) in general hospitals, 8 (6.7%) in psychiatric hospitals and 4 (3.3%) in Psychosocial Care Centers.

In relation to psychiatric comorbidities, 40 (22.3%) of the patients had more than one psychiatric diagnosis, 90 (50.3%) had already thought of suicide and 42 (23.5%) had attempted suicide. There were 44 (24.6%) participants who claimed to use some type of illicit drug; of these 37 (20.7%) used marijuana; 33 (18.4%) cocaine; 25 (14%) crack and 34 (19.0%) other drugs. A total of 31 (17.3%) participants reported current and routine use, of whom: 19 used (10.6%) crack; 17 (9.5%) marijuana; and 10 (5.6%) cocaine.

## ● DISCUSSION

There was a prevalence of 7.1% of patients with mental disorders in the general hospital, lower than that found in other studies, which varied between 30% and 36.7% in Brazilian and Colombian hospitals.<sup>(9-11)</sup> These studies present more precise results, as they were developed based on evaluations of psychiatrists, who performed the diagnosis of patients and identified the presence of mental disorders in general hospital patients.

The sample of this study was constituted from diagnoses based on the medical charts, with probably fewer patients than the actual index of patients with mental disorders. This is because health professionals in general hospitals have greater difficulty understanding and recognizing signs and symptoms of mental disorders. It may also be due to the still held belief that the general hospital is not the place to care for this clientele.<sup>(7)</sup> This is confirmed by referring to a similar study in a general hospital, from secondary sources, in which prevalence of 2.84% of patients with mental disorders was observed.<sup>(12)</sup>

The small percentage difference between men and women, presented in the results, is in line with other studies.<sup>(9,11,13)</sup> However, when considering some specific mental disorders, such as depressive disorders or chemical dependence, there was a significant difference between men and women. Depressive and anxiety disorders are markedly more prevalent in women, roughly twice as much as men. However, psychoactive substance use disorders are more common in men.<sup>(9,13)</sup>

Some studies have attempted to demonstrate the correlation between ethnicity and the presence of certain mental disorders, however, it was found that such correlations were weak and were influenced by other aspects such as environmental and genetic factors.<sup>(14)</sup> Thus, even with the result of 79.9% of white people, it was not possible to affirm that this variable correlates with the presence of a certain mental disorder.

The origin of 83.3% of participants from Curitiba or the metropolitan region is due to the policy of decentralization and regionalization of health services promoted by the Brazilian Nation Health System (*Sistema Único de Saúde - SUS*), which ensures access to health services at all levels of attention, as close as possible to the home of the client. The result regarding the living arrangements, 1.1% of the patients institutionalized and 88.3% living with relatives, is a reflection of the acceleration of actions promoted by public mental health policies, such as deinstitutionalization, which seek to provide psychosocial support to patients and their families with the aim of returning them to the family environment and to society.<sup>(15)</sup>

Regarding marital status, 47.5% were married and 29.7% were single. The literature refers to lower prevalence of mental disorders in single people than in married people, however, it is emphasized that this association is weak and not very significant. A low level of marital satisfaction has been correlated with the onset of mental disorders, mainly depression and anxiety.<sup>(16-17)</sup>

Almost all the participants reported practicing a religion. The practice of a religion is usually a protective factor against the development of mental disorders, especially depression, anxiety and substance abuse, and may also be associated with a better quality of life. However, religious practice may trigger psychic harm when in the presence of rigid behavioral discipline, where psychological distress may lead to less adaptive coping strategies.<sup>(16,18)</sup>



The results contained in Table 1, referring to the social variables (education, occupation and family income) corroborate the literature, which classifies them as indicative of an increased risk of mental disorders in low-income populations, with low levels of education and instability in their work.<sup>(16)</sup> It is important, however, not to directly relate the presence of mental disorders to social vulnerability, as the variability of psychic suffering, in general, is present in all social classes, with it not being possible to correlate “poverty” with the presence of mental disorders.<sup>(19)</sup>

The clinical profile showed that the neurology unit had the highest number of cases ( $n=49$ ), which is justified due to neurological diseases, especially epilepsy, with potential psychiatric complications, mainly depressive disorders, anxiety and psychotic symptoms.<sup>(16,20)</sup>

It can be observed in Table 3 that depressive and anxiety disorders were the most prevalent among the women. On the other hand, MBDDU psychoactive substances and MBDDU alcohol (10.1%) had higher frequencies in the men, which is in agreement with the literature, which demonstrates the presence of this correlation.<sup>(4,13,16)</sup>

The presence of anxiety disorders is commonly found in populations hospitalized in general hospitals for the treatment of clinical diseases and may arise as a temporary response to the adjustment to hospitalization (adjustment disorder) and as a result of stress related to the process of illness and clinical treatment.<sup>(4,16)</sup>

The finding that 67% of the participants were in psychiatric treatment is important due to the increase in the chance of improvement in the quality of life and prognosis of the disease. However, there is concern regarding the 33% who were not, since the non-adherence to the treatment by people with mental disorders can be considered a serious problem in mental health care, with consequences, such as lack of control of the symptoms, increase in the number and in the length of integral psychiatric hospitalizations and increase in the cost of the healthcare.<sup>(21)</sup>

The percentage of patients undergoing treatment at the Psychosocial Care Center (CAPS) (3.3%) contrasts with the emphasis that the National Mental Health Policy has given to this service, which is a national reference for mental health care and a strategic device of the psychosocial care network, replacing psychiatric hospitals, historical-social icons of the asylum model.<sup>(15)</sup>

The presence of psychiatric comorbidity in 22.3% of the participants converges with the literature that reports that almost 50% of patients with mental disorder end up concomitantly presenting more than one psychiatric diagnosis. The complexity of psychiatric comorbidities requires a greater qualification of professionals for the recognition of signs, symptoms and care needs and for the planning of multiprofessional care within the psychosocial context, becoming a challenge for the staff of the general hospital.<sup>(4,8,16)</sup>

The results regarding suicidal thoughts among the participants showed a considerable prevalence (50.3%) and reinforced the association demonstrated in the literature between mental disorders, mainly mood disorders, and suicidal behavior, considered a risk factor for suicide.<sup>(16)</sup> The nursing team spends more time with the patient, which becomes extremely important for the practice of Nursing, in the identification of the characteristic signs of suicidal behavior, as well as in the implementation of preventive actions for the suicidal act in the health services.<sup>(4,16,22)</sup>

The phenomenon of psychoactive drug use and dependence becomes more complex when epidemiological data show that initiation of drug use is becoming increasingly precocious (children and adolescents), with doses increasing and the emergence of drugs with greater dependence capacity and the presence of multidrug use. When comparing the distribution of drug use and focusing on the indices of crack, it was noticed that its prevalence was rare (0.1%). However, the preoccupations of the healthcare providers, based on estimates, is the accelerated increase in these indices, the high degree of addiction that this drug has, as well as the devastating short-term effects.<sup>(15,16)</sup>

Crack dependence is one of the most important global public health problems, given the magnitude of the problems caused by this drug to individuals, their families and society in general. Among the

various psychosocial implications of crack dependence, the following can be highlighted: increasingly early use, involving the group of children and adolescents, short-term physical consequences (heart diseases, pneumopathy, encephalopathy, sexually transmissible diseases) and psychic damage.<sup>(23)</sup>

From the consideration of the innumerable physical consequences caused by crack, the identification of 10.6% of crack-dependent patients among the participants of this study who were hospitalized for clinical treatment is important, with the added concern due to this index being high in comparison to the prevalence in the general population.

## ● CONCLUSION

The distribution of some variables related to the sociodemographic profile of the patient resembles general data on the population and reinforces the assertion of the World Health Organization that mental disorders can occur at any stage of life, without distinguishing gender, age, social class or ethnicity, although some groups are more susceptible, such as those with low income, low education, advanced age and chronic disease, among others. The clinical characteristics of the participants allowed it to be verified that the structural changes promoted by Mental Health Care in Brazil have advanced in the sense of giving coverage and greater accessibility to services in this area. However, an important fact was the low number of cases undergoing treatment/monitoring in CAPS, which is considered the main mental health service in the psychosocial context.

The indexes presented on suicide ideation and attempts serve as support for new studies on suicidal behavior in general hospitals, as well as for the creation of qualification strategies for health professionals, in order to reduce the risks of this problem identified by the nursing diagnoses.

The limitations of this study were to have a cross-sectional methodological design, which did not allow a causal relationship to be established between the factors studied.

The contribution is highlighted regarding the knowledge of the profile presented by the patients in general hospitals for the elaboration of a specific care plan with support for the psychosocial and physical aspects. The development of studies that correlate the prevalence of mental disorders with general hospitals and with the implementation of the Nursing Process in mental health services is recommended.

## ● REFERENCES

- 1.Coutinho LMS, Matijasevich A, Scazufca M, Menezes PR. Prevalência de transtornos mentais comuns e contexto social: análise multinível do São Paulo Ageing & Health Study (SPAH). *Cad.SaúdePública*. [Internet] 2014;30(9) [accessed on 20 Aug 2017]. Available at: <http://dx.doi.org/10.1590/0102-311X00175313>.
- 2.World Health Organization (WHO). Depression is a common illness and people suffering from depression need support and treatment. [Internet] Genebra: WHO; 2012 [accessed on 20 Aug 2017]. Available at: [http://www.who.int/mediacentre/news/notes/2012/mental\\_health\\_day\\_20121009/en/](http://www.who.int/mediacentre/news/notes/2012/mental_health_day_20121009/en/).
- 3.Moll MF, Silva LD, Magalhaes FHL, Ventura CAA. Profissionais de enfermagem e a internação psiquiátrica em hospital geral: percepções e capacitação profissional. *CogitareEnferm*. [Internet] 2017;(22)2 [accessed on 21 Aug 2017]. Available at: <http://dx.doi.org/10.5380/ce.v22i2.49933>.
- 4.Botega NJ, organizador. *Prática psiquiátrica no hospital geral: interconsulta e emergência*. 4ª ed. Porto Alegre: Artmed; 2017.



5. Fernandes MA, Pereira RMF, Leal MSM, de Sales JMF, Soares e Silva J. Nursing care of psychiatric patients in a general hospital emergency. *Rev Enferm UFPI* [Internet]. 2016;5(2) [accessed on 22 Aug 2017]. Available at: <http://ojs.ufpi.br/index.php/reufpi/article/view/5241/pdf>.
6. do Prado MF, Sá MC, Miranda L. O paciente com transtorno mental grave no hospital geral: uma revisão bibliográfica. *Saude debate*. [Internet] 2015;39 [accessed on 25 Aug 2017]. Available at: <http://dx.doi.org/10.5935/0103-1104.2015S005419>.
7. Hildebrandt LM, Marcolan JF. Conceptions of nursing staff about psychiatric care in general hospital. *Rev Rene*. [Internet] 2016;17(3) [accessed on 28 Aug 2017]. Available at: <http://dx.doi.org/10.15253/2175-6783.2016000300011>.
8. Paes MR, Maftum MA. Difficulties of nursing team of a general hospital in the care of patient with mental disorder. *J Nurs UFPE on line*. [Internet] 2013;7(9) [accessed on 27 Aug 2017]. Available at: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/13675>.
9. Brunoni AR. Transtornos mentais comuns na prática clínica. *Rev med*. [Internet] 2008;87(4) [accessed on 18 Dec 2017]. Available at: <http://www.revistas.usp.br/revistadc/article/view/59087/62073>.
10. Soeiro RE, Colombo ES, Ferreira MHF, Guimarães PSA, Botega NJ, Dalgalarondo P. Religião e transtornos mentais em pacientes internados em um hospital geral universitário. *Cad. Saúde Pública*. [Internet] 2008;24(4) [accessed on 18 Dec 2017]. Available at: <http://dx.doi.org/10.1590/S0102-311X2008000400009>.
11. Castro-Camacho L, Escobar JM, Sáenz-Moncaleano C, Delgado-Barrera L, Aparicio-Turbay S, Molano JC, et al. Salud mental en el hospital general: resultados del Cuestionario de Salud del Paciente (PHQ) en cuatro servicios de atención. *Rev. Colomb. Psiquiat*. [Internet] 2012;41(1) [accessed on 26 Aug 2017]. Available at: [http://dx.doi.org/10.1016/S0034-7450\(14\)60069-X](http://dx.doi.org/10.1016/S0034-7450(14)60069-X).
12. Fonseca CAM. Prevalencia y tendencia de los principales trastornos mentales en la Ciudad de México; análisis de datos del 2004 al 2009. *Actualidad clin Psicol*. [Internet] 2010;(9) [accessed on 23 Aug 2017]. Available at: <https://actualidadclinica.wordpress.com/2010/09/21/prevalencia-y-tendencia-de-los-principales-trastornos-mentales-en-la-ciudad-de-mexico-analisis-de-datos-del-2004-al-2009/>.
13. Eaton NR, Keyes KM, Krueger RF, Balsis S, Skodol AE, Markon KE et al. An Invariant Dimensional Liability Model of Gender Differences in Mental Disorder Prevalence: Evidence from a National Sample. *J Abnorm Soc Psychol*. [Internet] 2012;121(1) [accessed on 18 Dec 2017]. Available at: <https://www.apa.org/pubs/journals/releases/abn-121-1-282.pdf>.
14. Gonzalez JM, Alegría M, Prihoda TJ, Copeland LA, Zeber JE. How the relationship of attitudes toward mental health treatment and service use differs by age, gender, ethnicity/ race and education. *Soc Psychiatry Psychiatr Epidemiol*. [Internet] 2011;46(1) [accessed on 18 Dec 2017]. Available at: <http://dx.doi.org/10.1007/s00127-009-0168-4>.
15. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Coordenação Geral de Saúde Mental, Álcool e Outras Drogas. Saúde Mental em Dado. [Internet] Brasília: Ministério da Saúde; 2015 [accessed on 18 Dec 2017]. Available at: [http://www.mhinnovation.net/sites/default/files/downloads/innovation/reports/Report\\_12-edicao-do-Saude-Mental-em-Dados.pdf](http://www.mhinnovation.net/sites/default/files/downloads/innovation/reports/Report_12-edicao-do-Saude-Mental-em-Dados.pdf).
16. Sadock BJ, Sadock VA. *Compêndio de Psiquiatria*. 9ª ed. Porto Alegre: Artmed; 2007.
17. South SC, Krueger RF, Iacono WG. Understanding general and specific connections between psychopathology and marital distress: a model based approach. *J Abnorm Psychol*. [Internet] 2011;120(4) [accessed on 26 Aug 2017]. Available at: <http://dx.doi.org/10.1037/a0025417>.
18. Weber SR, Pargament KI. The role of religion and spirituality in mental health. *Curropin psychiatry*. [Internet] 2014;27(5) [accessed on 28 Aug 2017]. Available at: <http://dx.doi.org/10.1097/YCO.0000000000000080>.
19. da Gama CAP, Campos RTO, Ferrer AL. Saúde Mental e Vulnerabilidade Social: a direção do tratamento. *Rev. latinoam. psicopatol. fundam*. [Internet] 2014;17(1) [accessed on 27 Aug 2017]. Available at: <http://dx.doi.org/10.1590/S1415-47142014000100006>.

20. Terra JR, Valerio NI, de Oliveira GNM. Correlações clínicas entre as epilepsias e transtornos psiquiátricos: considerações da literatura. *J. epilepsy clin neurophysiol.* [Internet] 2013;19(1) [accessed on 18 Dec 2017]. Available at: <http://files.bvs.br/upload/S/1676-2649/2013/v19n1/a4875.pdf>.
21. de Sousa LPCS, Vedana KGG, Miasso AI. Compliance with medication treatment by people with anxiety disorder. *CogitareEnferm.* [Internet] 2016;21(1) [accessed on 28 Aug 2017]. Available at: <http://dx.doi.org/10.5380/ce.v21i1.43510>.
22. Simon H. Prise en charge infirmière du suicidant. *Soins.* [Internet] 2017;62(814) [accessed on 18 Dec 2017]. Available at: <http://dx.doi.org/10.1016/j.soin.2017.02.010>.
23. Horta RL, Schäfer JL, Coelho LRM, Rodrigues VS, de Oliveira MS, Teixeira VA. Condições associadas a prejuízo de desempenho em habilidades sociais em uma amostra de conveniência de usuários de crack. *Cad. Saúde Pública* [Internet] 2016;32(4) [accessed on 18 Dec 2017]. Available at: <http://dx.doi.org/10.1590/0102-311X00010715>.