Revista Brasileira de Enfermagem
REBEn

Nursing practices in a psychological care center

Práticas de enfermagem no centro de atenção psicossocial

Prácticas de enfermería en el centro de atención psicosocial

Elitiele Ortiz dos Santos[I]
ORCID: 0000-0002-2537-6069

Adriane Domingues Eslabão[I]
ORCID: 0000-0003-1262-6521

Luciane Prado Kantorski[II]
ORCID: 0000-0001-9726-3162

Leandro Barbosa de Pinho[I]
ORCID: 0000-0003-1434-3058

[I] *Universidade Federal do Rio Grande do Sul. Porto Alegre, Rio Grande do Sul, Brazil.*
[II] *Universidade Federal de Pelotas. Pelotas. Rio Grande do Sul, Brazil.*

How to cite this article:
Santos EO, Eslabão AD, Kantorski LP, Pinho LB. Nursing practices in a Psychological Care Center. Rev Bras Enferm. 2020;73(1):e20180175. doi: http://dx.doi.org/10.1590/0034-7167-2018-0175

Corresponding Author:
Elitiele Ortiz dos Santos
E-mail: elitiele_ortiz@hotmail.com

Submission: 04-06-2018 **Approval:** 06-08-2018

ABSTRACT

Objective: To analyze the practices developed by nursing professionals in a Psychosocial Care Center (CAPS). **Method:** A qualitative and evaluative research based on the Fourth Generation Assessment and conducted in a CAPS II of Santa Catarina State in 2014. For data collection, semi-structured interviews, field observation, and data recycling group were used with workers. Constant Comparative Method was used for data analysis. **Results:** Practices aimed at the subject and their clinical, social, prevention, treatment and articulation with the health network were identified. Medication care is a specificity of nursing that aims to promote autonomy and social reintegration. There is a need for greater articulation between the nursing and pharmacy staff, as well as creating spaces for users to talk about medication. **Conclusion:** Nursing practices are focused on biopsychosocial care, aiming to deconstruct care models focused on the disease and symptoms.
Descriptors: Psychiatric Nursing; Nursing Process; Mental Health; Mental Health Services; Health Services Evaluation.

RESUMO

Objetivo: Analisar as práticas desenvolvidas pelos profissionais de enfermagem em um Centro de Atenção Psicossocial (CAPS). **Método:** Pesquisa qualitativa e avaliativa, baseada na Avaliação de Quarta Geração, realizada em um CAPS II de Santa Catarina em 2014. Para coleta de dados, utilizaram-se entrevistas semiestruturadas, observação de campo e grupo de reciclagem de dados com os trabalhadores. O Método Comparativo Constante foi utilizado para a análise dos dados. **Resultados:** Identificaram-se práticas voltadas para o sujeito e seus aspectos clínicos, sociais, de prevenção, tratamento e articulação com a rede de saúde. O cuidado à medicação é uma especificidade da enfermagem que visa promover autonomia e reinserção social. Há necessidade de maior articulação entre a equipe de enfermagem e farmácia, além da criação de espaços aos usuários para falar sobre a medicação. **Conclusão:** As práticas de enfermagem são voltadas para o cuidado biopsicossocial, visando desconstruir modelos de atenção focados na doença e sintomas.
Descritores: Enfermagem Psiquiátrica; Processos de Enfermagem; Saúde Mental; Serviços de Saúde Mental; Avaliação em Saúde.

RESUMEN

Objetivo: Analizar las prácticas desarrolladas por profesionales de enfermería en un Centro de Atención Psicosocial (CAPS). **Método:** Investigación cualitativa y evaluativa, basada en la Evaluación de Cuarta Generación, realizada en un CAPS II de Santa Catarina en 2014. Para la recolección de datos, se utilizaron entrevistas semiestructuradas, observación de campo y grupo de reciclaje de datos con los trabajadores. Método comparativo constante se utilizó para el análisis de datos. **Resultados:** Se identificaron prácticas dirigidas al sujeto y su clínica, social, prevención, tratamiento y articulación con la red de salud. El cuidado de la medicación es una especificidad de la enfermería que tiene como objetivo promover la autonomía y la reintegración social. Existe la necesidad de una mayor articulación entre el personal de enfermería y farmacia, así como la creación de espacios para que los usuarios hablen sobre la medicación. **Conclusión:** Las prácticas de enfermería se centran en la atención biopsicosocial, con el objetivo de deconstruir modelos de atención centrados en la enfermedad y los síntomas.
Descriptores: Enfermería Psiquiátrica; Proceso de Enfermería; Salud Mental; Evaluación en Salud.

INTRODUCTION

With the changes introduced by the Psychiatric Reform in workers' practices since the 1970s, nursing was provoked to replace itself. Nursing moved from a context where it was immersed in the asylum, with fragmented and disease-focused practices and symptom identification in order to discuss and improve interdisciplinary relationship skills and develop knowledge in the psychosocial care field[1].

Among the main changes incorporated by the Psychiatric Reform, there is network care formation and articulation. Within the Psychosocial Care Network (RAPS - *Rede de Atenção Psicossocial*) strategy, there is the direct involvement of primary, specialized, urgent and emergency care services, hospital care, transitional residential services, and deinstitutionalization and psychosocial rehabilitation strategies. In the case of specialized services, Psychosocial Care Centers (CAPS - *Centros de Atenção Psicossocial*) stand out for playing a strategic role as network and mental health policy articulators in the territories, representing meaningful advances in psychosocial care[2].

Nursing is a fundamental pillar, since in all RAPS components, presence of nurses is recommended. Moreover, international and Brazilian psychiatric nursing is recognized as a significant profession, as it improves access and quality in public mental health, having good insertion capacity in multidisciplinary teams. This ability in these cases also brings major challenges to their professional practice[3-4].

For mental health services users, presence of nurses in the therapeutic process is of paramount importance. They are inserted in groups, activities and individual care, playing a role of communicator and intermediator in family relationships and, especially, in the supportive interpersonal relationship during treatment. Users recognize nursing as a profession with the ability to provide guidance pertinent to the moment of suffering and anguish. There is an expectation in creating links with these professionals[5].

Studies also show that nursing teams work from the perspective of developing expanded and integrative care, including family and social context aspects. They are professionals prepared to make connections between mental health and health promotion. They focus on mental well-being, symptom analysis, diagnostic follow-up, medication administration, and other factors related to human life dimensions, helping to improve quality of life and prevent physical illness[4,6].

Nursing plays a comprehensive role, with active participation in care and autonomous profession performance[6]. Nursing professionals have the mission, in the psychosocial care model, to establish more democratic relationships with users and to develop therapeutic proposals that are committed to the Psychiatric Reform guidelines that focus on humanized care, the individual and their biopsychosocial aspects, not focusing on diagnostic framing only.

However, such aspects are considered a challenge, since studies show that health professionals in general have difficulties to include themselves in this new model. This happens due to the academic formation still very focused on the biomedical model and away from the Psychiatric Reform guidelines. Regarding the mental health nursing performance, practice development with biological focus and bureaucratic activities is identified due to comprehensive care[7-8].

There is also a difficulty in understanding the role of nursing in the psychosocial care field, especially regarding skills and competences to work in this area. This lack of clarity has been identified as an obstacle to the elaboration of therapeutic projects and comprehensiveness of actions, thus limiting mental health nursing care contributions in these new equipment[7].

Therefore, this study is justified by the need to improve understanding of the role and practical activities developed by mental health nursing services. It can contribute to qualify interdisciplinary actions that make up the Singular Therapeutic Project (PTS – *Projeto Terapêutico Singular*), improve team relationships, user satisfaction with care, and offer greater possibilities for social reintegration.

The evaluation's theoretical-methodological framework adopted in this study, including a myriad of human, political, social, cultural, and contextual elements, becomes a strategic tool for discussing and building new mental health practices in-site and in Brazil[9]. Considering the need to build innovative practices and psychosocial care in spaces where nursing is inserted and has its protagonism, this study presents the following research question: what are the practices developed by nursing professionals in CAPS?

OBJECTIVE

To analyze the practices developed by nursing professionals in a CAPS.

METHOD

Ethical aspects

This study was approved by the Research Ethics Committee (REC) of the Nursing School of *Universidade Federal de Pelotas* (UFPel) in 2011, according to Opinion 176. In 2014, the research underwent a new appraisal for the data recycling stage, being approved by the UFPel Medicine School's REC, with the Certificate of Presentation for Ethical Consideration (*Certificado de Apresentação para Apreciação*) 32922114.80000.5317. Ethical aspects were assured to participants in accordance with Resolution 466/2012 of the Brazilian National Health Board (*Conselho Nacional de Saúde*) [10]. All participants signed the Free and Informed Consent Term. In order to guarantee participant anonymity in the use and storage of information, speeches were identified with the letter "W" for workers; "FD" for field diary records and "DRG" for Data Recycling Groups.

Theoretical-methodological framework

Type of study

This is an evaluative and qualitative approach study based on the Fourth Generation Assessment's theoretical and methodological framework, which is characterized as a constructive and responsive assessment with focus on the needs, claims and concerns of stakeholders. This evaluative approach occurs from

the daily constructions and part of subjects that propose the evaluation, within the perspective of a hermeneutic-dialectic process of interaction and negotiation between researcher and stakeholders. Stakeholder is represented by people involved and/or affected by evaluation[9].

Study setting

The study was conducted in a CAPS II of a large city in Santa Catarina State. The setting choice was intentional due to its prominence in the work process evaluation in relation to the other CAPS studied in the CAPSUL research. Among the potentialities of the service, attention was drawn to the organization in reference mini-teams, joint planning of actions, work process organization and daily discussion of cases in the space of team and mini-team meetings. Service has become a useful field for evaluating nursing practices in the mental health field.

Data source

Data from the CAPS of Southern Brazil survey (CAPSUL - *CAPS da Região Sul do Brasil*) were analyzed in two stages: the first stage conducted in June 2011, in which semi-structured interviews were conducted with 14 CAPS professionals and three field diaries from participant observation, totaling 168 hours. These data were collected by three researchers, two professors and one master's student.

The second stage took place in April 2014 and was characterized as Data Recycling phase. It is a step foreseen in the Fourth Generation Assessment, allowing the researcher to delve into the information, issues and concerns of previous evaluation processes[9]. This step took place for a period of two weeks in the field. In the first week, field observations were made, totaling 100 hours of observation; In the second week, a Data Recycling Group (DRG) was held, introducing issues identified in the first step in 2011 regarding work process and observations from the first week of the Data Recycling step. Data from this second stage were collected by two graduate students and one master's student.

Interviews of the first stage were conducted individually, being recorded and applied in a private room. Professionals interviewed were four occupational therapists, two psychologists, two nurses, two social workers, three nursing technicians and one pharmacist. Interviews were guided by the hermeneutic-dialectic circle application. The circle works as follows: the first respondent is submitted to an open-ended question related to the topic of study and pertaining to the interview script. The researcher was aware of the central themes highlighted by participants, their conceptions, values, ideas, concerns, finally, positive and negative aspects that were formulated in the answer. Soon after, the interview was followed by a second participant who, after asking his questions, was invited to comment on the themes arising from the first interview analysis. From the second interview analysis, information emerged not only about his considerations, but also critical to the demands and constructions of the previous interview. The process was repeated with the addition of new informants, allowing each participant to talk about their questions and comment on them in previous interviews[9].

Participant observation, carried out in 2011 and 2014, was based on a previously established observation roadmap, initially aimed at the environment of researchers in the service, identification of agreements, conflicts. Throughout the process, there was a greater focus on the observation roadmap, interspersed with preliminary data analysis periods[9]. Participant observation was carried out with the team in the following activities: team meetings, case discussions, therapeutic workshops, matriculation meetings and home visits. Data were recorded in field diaries prepared individually by the researchers.

DRG lasted approximately two hours and was attended by 17 workers, the same participants in the first stage of CAPSUL research, except one nurse, one nursing technician, one social worker and one occupational therapist. They took on the roles of first-stage professionals, as well as other professionals added to the team, including a psychologist and two nursing technicians. The group was led by a researcher, while the other two performed field diary entries. The issues introduced in the group for deepening and understanding were: practices that promote or hinder CAPS users from discharging; best practices developed in CAPS in the context of psychosocial care, such as matrix; PTS and embracement; work organization in reference teams and mini-teams. The multimedia projector and notebook were used to present the issues introduced in the group. DRG was recorded on audio and later transcribed.

The inclusion criteria of study participants were being a service worker, not being on vacation or on leave during the data collection period. These inclusion criteria were used in the first and second stage of the research.

Collection and organization of data

Evaluation was developed based on the 12 steps of the Fourth Generation Assessment[9]: 1) contact with the field to present and discuss the research proposal, which was held during the CAPS team meeting, when workers agreed to participate; 2) organization, regarding logistics and entry into the field to conduct participant observation, in order to know the reality and context of the service using a previously established observation roadmap; 3) participants were identified and all those professionals working in the service who were directly linked to CAPS user care and who were not on vacation or on leave at the time of data collection were invited; 4) development and joint constructions, in which interviews were conducted through the hermeneutic-dialectic circle; 5) expansion of joint constructions, with the introduction of new information from field observation data and other materials, such as the therapeutic project of the service, minutes of team meetings and medical records; 6) separation of unresolved issues; 7) prioritization of unresolved issues; 8) gathering information to increase clarity; 9) preparation of the negotiating agenda; 10) negotiation execution, in which the interviewees, at the time of the team meeting, participated in a negotiation group, where they had access to the information obtained in the data collection for discussion, debate and clarification about the buildings, having the opportunity to modify them, to reach a possible agreement; 11) dissemination of results in print and electronic form (via email) of the final research report; 12) Data Recycling.

Data analysis

The Constant Comparative Method was used in the data analysis. This method advocates that data collection and analysis be parallel processes, one directed to the other. The method has two distinct steps: The first is the identification of the information units, which serve for the definition of categories, being obtained through the collected empirical material. The second is categorization, whose purpose is to aggregate all units that are related to the same content into provisional categories, aiming at the internal consistency of the categories[10]. The results were classified into thematic categories, one of which referred to nursing attributions in the field of mental health. Within this category, two subcategories were organized, which will be presented in this article: *Nursing and biopsychosocial care; Nursing specificities: administration and medication care*.

RESULTS

Nursing and biopsychosocial care

It was identified that nursing plays a biopsychosocial care, directing its practices to clinical, social, prevention and treatment issues. Biopsychosocial care of the CAPS nursing staff showed up in different spaces, inside and outside the specialized service, through care with personal hygiene, care, group activities, attention to medication and activities in the territory, such as home visits and networking with primary care, general hospital, and the Brazilian Emergency Care Unit (SAMU - *Serviço de Atendimento Móvel de Urgência*).

In prevention activities, nursing, investigating clinical situations such as systemic arterial hypertension, diabetes mellitus, heart disease, routine examinations, and in the necessary cases, directs users to referral services, such as primary care.

> [...] *we welcome, accompany in coffee, lunch, make home visit, we have a group. Nursing does everything, because here it is multidisciplinary.* (W1)

> *Here our role of nursing is to try and provide care* [...] *is assisting in care of simple hygiene, bath, food* [...]. *This closeness* [with hospital] *I end up being a link and facilitator, when in operations mainly extra user search CAPS, to make a visit, or if it is a user in crisis at the request of the ministry, referral for hospitalization.* (W5)

> *In the nursing evaluation, the entire user's clinical history is investigated, medication for systemic hypertension, diabetes mellitus and heart disease is used. It is also investigated the issue of lap preventive, and if you are late, is already forwarded and scheduled with the reference BHU.* (FD3)

> *It's changing this thing of "nursing does this, this action." If that at that moment is important to the user.* [...] *have to be careful not to miss it.* (DRG)

Nursing is a care team and contributes to interdisciplinary work through its technical knowledge in the construction of PTS of users inserted in CAPS.

> *Here we work in a very interdisciplinary way. I even notice the differences in contributing time.* [...]*; The other occupational therapist and I are very concerned about the social side. Then comes the nursing staff and gives an alternative to think about other issues, here comes the social worker and says: look I know the context.* (FD2)

> [...] *if I need to do a support group I do, even being a nursing technician, if I need to run a workshop, whatever, I give my opinion.* (W10)

> *Whenever a user is admitted or readmitted, he or she undergoes TO, psychology, psychiatry, nursing assessments, and only then does the mini-team close the PTS.* (W3)

The nurse also takes on the role of articulator of the health network, integrating processes of monitoring the user through the network and in the discharge plan of users inserted in other specialized services. The nursing work in the network appeared articulated to the General Hospital and SAMU.

> *With a regional hospital we have a nurse who every Wednesday he attends a meeting because he is a hospital professional too. So today my team can visit the patients who are hospitalized, who are already in the process of being discharged I think that today we are getting a network.* (W3)

> *With SAMU particularly when we need it, I also end up as a nurse or the afternoon ward, making the bridge, sometimes it is difficult for SAMU logistics, which is a small unit for city size, priorities.* (W5)

Nursing specificities: administration and medication care

Nursing, as part of a multidisciplinary team, has the specificity of taking care of drug therapy. The activities of verification of correct medication, administration, evaluation of use, effectiveness and guidance for the user and family are part of the nurse's duties in mental health.

> *I have noticed that they* [users] *talk a lot with the nursing staff* [...]. *Side effect, pretty much that I don't know, so I see that nursing people have the most access to this information.* (W12)

> *In the house, the mother received us* [...]. *The nursing technician asked to see the medication and her mother brought several bags with the packages of medication not given, apparently from the last two weeks* [...]. *They began to stir and prepare what she could take until Thursday, when she would go to CAPS again.* (DC1)

User autonomy in medication care requires nursing to use strategies for the user and family to take advantage of this activity, developing skills and safety for administering medications at home. These attributions are considered an important condition for the discharge process of CAPS users, maintaining adherence to drug treatment and avoiding return to specialized service and readmissions.

> *And I always seek this discussion with him, what he wants, what he wants and is always very negotiable* [...] *I do this part well that he takes care of* [...] *having control of medication, time, what he wants to do at the moment,* [...] *this discussion of specific and singular*

plan [...] *That's why it's helping.* [medication] *is particularly is a very important pillar in the treatment that I* [CAPS nurse] *see as something that controls many symptoms, finally, she supports him is taking care of other things that will require treatment, even his life.* (W5)

[...] *Another thing I think is important is the patient minimally. Of course, those who are high, they understand a little of their autonomy, in the sense of care in their medication, understand what he takes and how he will take. I at least like that, as a nurse I have a lot of concern when leaving here who will administer this medication, and if this patient is able to take care of his medication himself* [...] *it was a daily job, I went with her and made a little package of everything,* [...] *until she learns and she learns.* [...] *Of course there was also family work together, we managed to organize a little family,* [...] *is medication care of a very chronic and difficult patient and is already discharged.* (W14)

In medication care, CAPS nursing, psychiatric doctor and pharmacist work together, highlighting the joint work between nursing and pharmacy. There is a need for greater communication between these two areas in order to avoid errors in medication administration and to strengthen guidance and information to users:

The pharmacist asked if Haldol Decanoate was prescribed yesterday. It was not administered. It gives a discussion because the nursing technician says there was no communication, the nursing did not know. The nurse said this was spoken at the meeting yesterday and was not seen in the afternoon. (FD3)

Pharmacist works closely together and in cooperation with nursing, dispensing medication daily to intensive users, seeking to facilitate the understanding of therapy, exemplifying at what times they should take. (FD1)

According to the nurse, "a pharmacy run by a pharmacist is fundamental", that would not know how the service would work without this device. (FD2)

Professionals identify that although administration is a specificity of nursing, medication care is the responsibility of all staff. Nevertheless, it is necessary to get closer to the user in order to know questions about their medication, the particularities regarding the use, supervision and guidance. It also highlights the need to strengthen the role of nursing in this process and, in addition, create, in the service, more spaces for users to talk about medication, contributing to their autonomy process:

It is remembered that yesterday there was an orange pill left on the table. [...]. *It is reinforced from the user's approach to knowing medication issues. "It's up to the team to take care of each user's medication." It is up to each team to follow the uniqueness and particularity. "It is not the nursing that should take care of the medication of those who bring home, but the staff. Nursing takes care of who takes from the pot".* (FD2)

CAPS could help more in medication autonomy. [...]. *There could be more discussion and guidance spaces for users on medication.* (DRG)

People think that working in CAPS is doing everything, while leaving aside its specificity and contributing little to the whole work. It gives, for example, the nursing that sometimes neglects the injectable Haldol, the medication, or to make an evolution that is proper to its doing. (FD3)

DISCUSSION

The Psychiatric Reform process and the change in the mental health care paradigm have enabled many advances, including the reformulation of the work process of nursing teams. If before nursing had a limited role in personal hygiene and food, in measuring vital signs and restraint, with the new model of mental health care, nursing now acts as an important and active part of a multidisciplinary team and with autonomous exercise of the profession. Nursing requires differentiated ways of caring, with the transformation of power relations between professionals and users and the development of competences and skills that promote attitudes of expanded care[6].

From this perspective, the results of the present study allow us to identify that nursing is inserted in different spaces of care in CAPS, developing practices to meet physical and social needs, extending their work outside the service in the territory of life through visits. and articulation with the other services of the health network. The prevention of clinical diseases is also recognized as a nursing practice in CAPS, ensuring greater possibilities for comprehensive care.

However, it is evident that the nursing staff of this study still suffers from the reductionist attributions of their knowledge, such as hygiene and medication care. In W10's speech, it is possible to notice that the conduction of support groups and therapeutic workshops by the nursing staff is still fragile, even though they are extremely important activities within the CAPS.

Thus, it is understood that the Psychiatric Reform process is slow, but must be continuous to enable spaces that substitute for the asylum do not reproduce reductionist care practices. It is observed that there are care movements of this nursing team that aim to broaden its role, such as the availability to be acting in collective care spaces and therapeutic groups.

Another important fact is the performance of nursing in the multidisciplinary team, as highlighted by W01, contributing with their technical knowledge and helping other service professionals, which enables the construction of strategies that integrate PTS. In another study[11], nursing also appears as a fundamental profession to compose the multidisciplinary team, aggregating different knowledge and contributing to the work of the service.

It is understood that there are different ways to do in the proposed mental health model, being necessary to identify the similarities and intersection points. The specificities of nursing appear differently in the construction of PTS. Intersections with other professionals enrich the spaces of collective construction and care from the perspective of integrality[11]. In the present study, it is also noticed that the nursing team contributes to multidisciplinary work through their specific knowledge, which is important in mental health care.

Considering the important role that nursing develops, it is necessary to advance in the process of training of nurses, to equip them for competencies and skills required in this new care setting proposed by the Psychiatric Reform and the logic of care network, from the territory of life of users and their families[12].

It is understood that there needs to be changes in the academic curriculum bases with greater workload of mental health disciplines, as well as a training exclusively focused on the process of Psychiatric Reform. In the spaces of work in mental health, it is necessary to form and guarantee continuous spaces for ongoing formation and case discussions, because much is learned from the practice of daily life. In this study, W03 identified an important space for PTS construction, which is the case discussion in the mini-team. It is understood that this space must be maintained and strengthened by the professionals of this service.

In this study, the nursing staff appears as an important articulation agent of the health services network. Hospital, SAMU and primary care appear as connected network services, as a result of CAPS nursing practice, as seen in D03, W3 and W5's fragment. However, there is a need to expand this articulation with other RAPS services and with services from other sectors, given the complexity of the health needs of each user and their family.

It was pointed out in a study that the articulation, integration and implementation of RAPS are needs in care for users and family members of mental health, as well as the inclusion of users in the labor market[13]. However, there is little articulation between CAPS and other RAPS devices, and one of the reasons is that workers are unaware of all available care points in formal and informal care networks[14].

Connection flows are operated by workers inserted in mental health networks, being these protagonists in care, sharing and articulating among themselves means of care that may result in comprehensive care and allowing users to access different levels of complexity, such as: according to user's therapeutic design[15].

In the psychosocial logic of care, professionals are called to go beyond their technical knowledge, using all physical and relational spaces for exchanges of learning, knowledge and construction of new meanings[16]. There is a good articulation between the members of the multidisciplinary team, but there is a need for closer ties with other workers that make up the mental health care network.

Thus, nursing, as a category strongly inserted in the mental health network, needs to expand its articulation beyond those services linked to its technical knowledge. It must also immerse itself in the numerous RAPS devices, community spaces and other sectors such as education, work, social work, justice and leisure. Thus, it is up to nursing to strengthen its role as network articulator, identifying the functioning of services, other sectors and the user's territory of life and the dynamics of connections needed to care.

Another outstanding practice was medication care for the person in psychological distress, being observed in the speeches and research records as a specificity of nursing. Nursing was identified as a central element in the responsibility for administration, but also for having a broader understanding of good use and adherence practices, using strategies for the user and family member to take care of this therapy at home.

Medication is one of the nursing workplaces that underwent a reformulation within the psychosocial care paradigm. Leaving only its psycho-educational side, nursing has developed new relational skills to provide, in its encounter with the user, possibilities for negotiation, sharing of guidelines and care, in order to contribute to increased adherence and rational medication use[17-18].

In contrast to the proposal of psychosocial care, there is a growing process of medicalization, so that any sign or symptom is synonymous with medication use, and problems are not treated in their complexities and particularities. Among the consequences in Brazil and in the world, there is a significant increase in the consumption of psychotropic drugs, both in quantity and duration of use, with little question[19-21].

The results show an important concern of the nursing staff and other service members with the correct medication use, as it is an important pillar of treatment. In fact, medication is very important in treatment, but far from being the main one, which makes nursing a unique profession in the analysis, administration and monitoring of this process.

Medication use does not determine the work model, since the model occurs from the purpose and the relationship established with the subject, which reflects the way the medication is used[22]. Medication care is also considered one of the features of CAPS discharge process, when users are continuously monitored in primary care. This discharge has been considered a marker in the process of psychosocial rehabilitation, as it allows the user to advance their trajectories in the network in an autonomous and citizen manner[23].

Given this, it is clear that the nursing team under study is concerned about the discharge process developing actions that aim to promote autonomy to the user and family to take care of drug therapy. In the discharge process, nursing can act both in promoting strategies so that the user and family feel safe and organized to administer medication in the territory, as well as in building partnerships with other points in the network, linking users to primary care teams and providing support for those teams in the territory.

In this study, it is identified that the nursing work in medication care is involved with the practices of the pharmaceutical professional, and one of the highlighted aspects that needs improvement is the communication between the two areas to avoid medication errors. A study conducted at CAPS in Minas Gerais State found that most services had occurrences related to medication errors and doses use above the recommended or dispensing error, representing risks to the quality of care and user safety[24].

Better articulation between nursing and pharmacy may represent an alternative to overcome problems related to psychiatric medication use. Among these problems are medication errors, access to information and understanding of drug therapy, which increases the user's appropriation for their treatment. In addition, this articulation is fundamental to ensure better patient safety, reinforcing a care that involves medication use and better therapeutic effectiveness.

Participants also stressed the need for more space for users to talk about medication. In some ways, spaces for users to talk about their medications are still insufficient in mental health services. Users feel inadequate about the medications they use, the side effects, and consider the availability of mental health professionals to answer their questions, criticisms, or dissatisfaction regarding drug treatment[21]. The importance of creating and strengthening the sharing spaces between users and professionals about the

experiences of medication use is emphasized, with clarification and negotiation of this therapy, so that the user feels heard in their aspirations about medication and also participant in this decision-making process.

Therefore, in the present study, it was identified that medication is one of the care resources that make up the PTS and, when used, needs to be evaluated and negotiated jointly between professionals and users. Medication care, as nursing duties in psychosocial care, should be part of a broad proposal for rehabilitation, so that the person feels appropriate in relation to their treatment and has greater autonomy in self-care.

Study limitations

The study is characterized by the perception of professionals, requiring further research that includes the view of users and their families regarding nursing practices in CAPS.

Contributions to nursing, health or public policy

Contributions of the study can be highlighted in expanding the still shy role of nursing teams within CAPS, with their technical knowledge and an expanded look at users' life needs. Another important and innovative contribution is care regarding medication use in mental health, being used as an adjunct in the treatment and not as the main method. There is a concern to share this care for the entire team and, especially, to use strategies that promote user and family autonomy in self-administration of drug therapy. The research has implications for teaching, as it demonstrated the need to strengthen the curricular basis of nursing education for the proposed new model of mental health care, as well as the need for continuing education. New research evaluating the role of nursing in CAPS and RAPS is suggested, considering the importance of these professionals in the network and mental health care.

CONCLUSION

In the present study, it was possible to highlight the importance of the work of the nursing team in mental health care within the CAPS, and as a member of a multidisciplinary team. It was identified that nursing develops practices of its core knowledge, such as prevention of clinical diseases and medication care, which is very important for the user. However, there was a need to expand the actions of these workers to other activities in the psychosocial field, such as therapeutic groups and articulation with other care sectors.

Regarding medication, as a specificity of the nursing staff, workers perceive it as an important care method that makes up the PTS. Its use, in addition to symptom control, has been used as another therapeutic resource in the user's autonomy, self-care and social reintegration processes. It was also identified the need for greater articulation between nursing and pharmacists in order to avoid medication errors and strengthen care practices focused on drug therapy. In addition, it is emphasized that more service spaces are needed to listen to users about the issues surrounding their drug therapy.

FUNDING

A special thanks to CNPq (*Conselho Nacional de Desenvolvimento Científico e Tecnológico* – Brazilian National Council for Scientific and Technological Development for financial support in CAPSUL research, and Graduate scholarship grant.

REFERENCES

1. Oliveira AGB, Alessi NP. O trabalho de enfermagem em saúde mental: contradições e potencialidades atuais. Rev Latino-Am Enfermagem [Internet]. 2003 [cited 2017 May 16];11(3):330-40. Available from: http://www.scielo.br/pdf/rlae/v11n3/16543.pdf
2. Ministério da Saúde (BR). Portaria nº 3088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União 2011; 23 dez.
3. Silva NS, Esperidião E, Bezerra ALQ, Cavalcante ACG, Souza ACS, Silva KKC. Percepção de enfermeiros sobre aspectos facilitadores e dificultadores de sua prática nos serviços de Saúde Mental. Rev Bras Enferm [Internet]. 2013 [cited 2017 May 28];66(5):745-52. Available from: http://www.scielo.br/pdf/reben/v66n5/16.pdf
4. Phoenix BJ, Hurd M, Chapman SA. Experience of Psychiatric Mental Health Nurse Practitioners in Public Mental Health. Nurs Admin Q [Internet]. 2016 [cited 2017 Jan 10];40(3):212–24. Available from: https://www.ncbi.nlm.nih.gov/pubmed/27259125
5. Biffi D, Nasi C. Expectativas de usuários sobre a prática de enfermeiros de um Centro de Atenção Psicossocial. Rev Rene [Internet]. 2016 [cited 2017 Jan 30];17(6):789-96. Available from: http://www.periodicos.ufc.br/rene/article/view/6496/4732
6. Maftum MA, Pagliace AGS, Borba LO, Brusamarello T, Czarnobay J. Changes in professional practice in the mental health area against brazilian psychiatric reform in the vision of the nursing team. Rev Pesqui Cuid Fundam [Internet]. 2017 [cited 2017 Mar 18];9(2):309-14. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3626/pdf
7. Lopes PF, Garcia APRF, Toledo VP. Processo de Enfermagem no cotidiano do enfermeiro nos Centros de Atenção Psicossocial. Rev Rene [Internet]. 2014 [cited 2017 Jan 08];15(5):780-8. Available from: http://repositorio.ufc.br/bitstream/riufc/11316/1/2014_art_pflopes.pdf
8. Esperidião E, Silva NS, Caixeta CC, Rodrigues J. A Enfermagem Psiquiátrica, a ABEn e o Departamento Científico de Enfermagem Psiquiátrica e Saúde Mental: avanços e desafios. Rev Bras Enferm [Internet]. 2013 [cited 2017 Jun 08];66(spe):171-6. Available from: http://www.scielo.br/pdf/reben/v66nspe/v66nspea22.pdf
9. Guba EG, Lincoln YS. Avaliação de Quarta Geração. Newbury Park: Sage Publications; 2011.

10. Ministério da Saúde (BR). Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União 2013; 13 de jun.

11. Pessoa Jr JM, Clementino FS, Santos RCA, Vitor AF, Miranda FAN. Nursing and the deinstitutionalization process in the mental health scope: integrative review. Rev Pesqui Cuid Fundam [Internet] 2017 [cited 2017 Jun 28];9(3):893-8. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4475/pdf

12. Rocha EN, Lucena AF. Single Therapeutic Project and Nursing Process from an interdisciplinary care perspective. Rev Gaúcha Enferm [Internet]. 2018 [cited 2018 Jan 10];18(39:)1-23. Available from: http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/79537/46532

13. Pinho ES, Souza ACS, Esperidião E. Working processes of professionals at Psychosocial Care Centers: an integrative review. Ciênc Saúde Colet [Internet]. 2018 [cited 2018 Jan 10];23(1):141-51. Available from: http://www.scielo.br/pdf/csc/v23n1/en_1413-8123-csc-23-01-0141.pdf

14. Eslabão AD, Coimbra VCC, Kantorski LP, Pinho LB, Santos EO. Mental health care network: the views of coordinators of the Family Health Strategy (ESF). Rev Gaúcha Enferm [Internet]. 2017 [cited 2018 Jan 24];38(1):1-8. Available from: http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/60973/41291

15. Quinderé PHD, Jorge MSB, Franco TB. Rede de Atenção Psicossocial: qual o lugar da saúde mental? Physis [Internet]. 2014 [cited 2018 Jan 20];24(1): 253-71. Available from: http://www.scielo.br/pdf/physis/v24n1/0103-7331-physis-24-01-00253.pdf

16. Farias ID, Thofehrn MB, Porto AR, Kantorski LP. Oficinas terapêuticas: percepção de trabalhadores dos Centros de Atenção Psicossocial. J Nurs Health [Internet]. 2017 [cited 2018 Jan 20];7(3):1-8. Available from: http://www.scielo.br/pdf/ean/v21n3/pt_1414-8145-ean-2177-9465-EAN-2016-0375.pdf

17. Kantorski LP, Hypolito ÁM, Willrich, JQ, Meirelles MCP. Atuação do enfermeiro nos centros de atenção psicossocial a luz do modo psicossocial. REME Rev Min Enferm [Internet]. 2010 [cited 2017 Jun 14];14(3):3999-407. Available from: http://www.revenf.bvs.br/pdf/reme/v14n3/v14n3a15.pdf

18. Kantorski LP, Guedes AC, Feijó AM, Hisse CN. Negotiated medication as a therapeutic resource in the work process of a Psycho-Social Care Center: contributions to nursing. Texto & Contexto Enferm [Internet]. 2013 [cited 2017 Jun 12];22(4):1022-9. Available from: http://www.scielo.br/pdf/tce/v22n4/en_19.pdf

19. Cadilhe S. Benzodiazepinas: prevalência de prescrição e concordância com os motivos de consumo. Rev Port Med Geral Fam [Internet] 2004 [cited 2017 Jun 2];20(2):193-202. Available from: http://www.rpmgf.pt/ojs/index.php/rpmgf/article/view/10025/9763

20. Hull SA, Aquino P, Cotter S. Explaining variation in antidepressant prescribing in east London: a cross sectional study. Farm Pract [Internet]. 2005 [cited 2017 Out 12];22(1)37-42. Available from: http://www.rpmgf.pt/ojs/index.php/rpmgf/article/view/10025/9763

21. Gonçalves LLM, Campos RTO. Narrativas de usuários de saúde mental em uma experiência de gestão autônoma de medicação. Cad Saúde Pública [Internet]. 2017 [cited 2017 Jan 12];33(11):1-11. Available from: http://www.scielo.br/pdf/csp/v33n11/1678-4464-csp-33-11-e00166216.pdf

22. Willrich JQ, Kantorski LP, Antonacci MH, Cortes JM, Chiavagatti FG. Da violência ao vínculo: construindo novos sentidos para a atenção à crise. Rev Bras Enferm [Internet]. 2014 [cited 2017 Jan 12];67(1)97-103. Available from: http://www.scielo.br/pdf/reben/v67n1/0034-7167-reben-67-01-0097.pdf

23. Guedes AC, Olschowsky A, Kantorski LP, Antonacci MH. Transferência de cuidados: processo de alta dos usuários de um Centro de Atenção Psicossocial. Rev Eletrônica Enferm [Internet]. 2017 [cited 2018 Jan 14];19:1-9. Available from: https://www.revistas.ufg.br/fen/article/view/43794/24694

24. Silva SN, Lima MG. Assistência Farmacêutica na Saúde Mental: um diagnóstico dos Centros de Atenção Psicossocial. Ciênc saúde colet [Internet]. 2017 [cited 2018 Jan 14];22(6)2025-36. Available from: http://www.scielo.br/pdf/csc/v22n6/1413-8123-csc-22-06-2025.pdf