Review Article

Mental health Nursing interventions in Primary Health Care: scoping review

Intervenções de enfermagem em saúde mental na Atenção Primária à Saúde: revisão de escopo

Intervenciones de enfermería en salud mental en la Atención Primaria de Salud: revisión de alcance

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Abstract

Objective: To map and synthesize the mental health interventions performed by nurses working in Primary Health Care in Brazil.

Method: This is a scoping review, carried out in the following databases: VHL, PUBMED, CINAHL, EMBASE, SCOPUS, Web of Science, PsycINFo, EBSCO, BMC Psychology, BMC Nursing, BMC Psychiatry, PEPsic, Google Scholar, CAPES Theses and Dissertations Database. Data were analyzed and synthesized in a narrative form.

Results: A total of 60 studies were included in the review. Most studies were published in Brazilian journals. The mapping of mental health nurses' interventions in Primary Health Care suggests that the most common actions are assisting the users and referring them to the medical doctor or to specialized mental health services.

Conclusion: There is a wide scope of interventions within the competence of Primary Health Care nurses, but the lack of technical-scientific knowledge restricts care to the biomedical model.

Resumo

Objetivo: Mapear e sintetizar as intervenções em saúde mental realizadas pelos enfermeiros que atuam na Atenção Primária à Saúde no Brasil.

Métodos: Trata-se de uma revisão de escopo, realizada nas seguintes fontes de informações: BVS, PUBMED, CINAHL, EMBASE, SCOPUS, Web of Science, PsycINFo, EBSCO, BMC Psychology, BMC Nursing, BMC Psychiatry, PEPsic, Google Acadêmico, Banco de Teses e Dissertações CAPES. Os dados foram analisados e sintetizados de forma narrativa.

Resultados: Foram incluídos 60 estudos na revisão. O maior número de estudos foi publicado em periódicos brasileiros. O mapeamento das intervenções dos enfermeiros em saúde mental na Atenção Primária à Saúde sugere que essas são predominantemente de acolhimento e encaminhamento do usuário ao profissional médico ou aos serviços especializados em saúde mental.

Conclusão: Há amplo escopo de intervenções que competem aos enfermeiros na Atenção Primária à Saúde, mas a carência de conhecimento técnico-científico restringe o cuidado ao modelo biomédico.

Resumen

Objetivo: Mapear y sintetizar las intervenciones en salud mental realizadas por enfermeros que trabajan en la Atención Primaria de Salud en Brasil.

Métodos: Se trata de una revisión de alcance, realizada en las siguientes fuentes de información: BVS, PUBMED, CINAHL, EMBASE, SCOPUS, Web of Science, PsycINFo, EBSCO, BMC Psychology, BMC Nursing,

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Conflicts of interest: none to declare.

BMC Psychiatry, PEPsic, Google Académico, Banco de Tesis de Doctorado y Maestría CAPES. Los datos fueron analizados y sintetizados de forma narrativa.

Resultados: Se incluyeron 60 estudios en la revisión. El mayor número de estudios fue publicado en revistas especializadas brasileñas. El mapeo de las intervenciones de los enfermeros en salud mental en la Atención Primaria de Salud sugiere que estas son predominantemente de contención y derivación del usuario a un profesional médico o a servicios especializados en salud mental.

Conclusión: Hay un amplio alcance de intervenciones que competen a los enfermeros en la Atención Primaria de Salud, pero la falta de conocimiento técnico-científico restringe el cuidado al modelo biomédico.

Introduction

Psychiatric nursing has undergone profound changes in its way of acting and relating with society in recent decades. The premises of the mental health reform and the election of the territory as the place of care gave a new status to the profession, requiring it to change from a care that actively contributed to the asylum model previously in force in psychiatric hospitals to actions guided by psychosocial rehabilitation, based on tools that put the individuals affected by mental disorders and/or users of alcohol and other drugs on the center of care. In this context, professional knowledge and practices stopped being focused on caring for the insane, locked in asylums, and expand their care to territorial actions outside hospitals.[1]

Historically, territories are important spaces for Primary Health Care (PHC) teams to provide psychological and social assistance to users affected by mental disorders, recognizing them as members of the community, even when they are referred to other levels of care. Therefore, mental healthcare actions must be conducted by teams, guided by a territorial work process with a limited population and linked to local networks, providing an individualized care to users and maintaining bonds between families and the community.[2]

Following these guidelines, the Psychosocial Care Networks (RAPS) were implemented in 2011, including health services in all levels of care and prioritizing PHC as the network device that is the gateway to community care and the organizer of mental health care, being co-responsible for the referral of users to the specialized network.[3]

The nurse is the healthcare professional that works in all network devices, having a leading role in the mental health care offered to the users in the territory. However, even though the role of PHC nurses in the field of mental health has been discussed, encouraged and recognized as an important strategy for coping with psychosocial demands in the territory, the description and classification of their competences and interventions are not thoroughly specified in the literature.[4] Most of the time, their role is described through general interventions shared by a multidisciplinary team, highlighting the difficulties of these professionals in meeting this demand in territorial services.[5]

This scenario can favor an expanded practice in relation to the growing demand for mental health care in PHC services. However, studies have shown that the tools used by nurses for psychosocial care are fragile when compared to the lines of care used with other priority groups.[6,7] Thus, for nurses to be able to provide effective mental health care in PHC, it is necessary to identify and map nursing interventions in mental health in these scenarios. These interventions can be interpreted as competences defined and guided by knowledge and skills, which will be reflected in their specific actions in this scenario.[8] In mental healthcare, these interventions are characterized by a set of actions based on the competences and skills of nurses, built since college, experienced in the course of their professional career, improved through technical-scientific knowledge and capable of improving psychosocial care, reducing stigma and increasing the problem-solving capacity within the territory.[9-19]

Considering that the RAPS has included health services in all levels of care, prioritizing PHC as the network device that is the gateway to community care and the organizer of mental health care; that nurses working in PHC must have minimum knowledge and skills in mental health so they can care for the needs of patients affected by mental disorders and/or alcohol and drug users living in the community; and that mental health interventions

performed by nurses working in PHC are limited and not specific, as shows in the literature, which makes it difficult for this professional to put their knowledge and skills into practice; the following question was raised: "What is knowledge produced on mental health interventions performed by nurses working in PHC in Brazil?"". The objectives of this study were to identify and map the knowledge about mental health interventions performed by nurses working in PHC.

Methods

Study design

Systematic scoping review,[20] which aims to map the main concepts of a given area of knowledge; examine the scope, reach and nature of the investigation; summarize and disseminate research data; and identify existing research gaps. In addition to the items for systematic reviews and meta-analyses (PRISMA)[21], the research also followed the specific PRISMA extension for scoping reviews (PRISMA-ScR), which is ideal for describing the research decision process in detail, considering the method used.[22] The PCC strategy (P: Population = Nurses, C: Concept = Mental Health Interventions, C: Context = Primary Health Care) was used for the elaboration of the study's guiding question, which was: "What is the production of knowledge about mental health interventions carried out by nurses working in PHC in Brazil?"

Search strategy

The search strategy was conducted in three stages. The first stage of the search was conducted at the platforms PUBMED and VHL, analyzing the words in the title and abstract of studies using the following keywords: "Primary Health Care", "Nurse's Role", "Mental Health". In the second stage, the studies were identified using a search strategy adapted to each electronic database: Embase, Web of Science (WoS), Scopus, Medical Literature Analysis and Retrieval System Online – MEDLINE (acessed via PubMed) and Cumulative Index to Nursing and Allied Health Literature (CINAHL). The search was conducted with the following terms – in PubMed, adapted for the other databases: ("Primary Health Care" OR "Basic Health" OR "Community Health" OR "Family Health" OR "Health Center") AND ("Professional Competence" OR Nursing OR "Nurse's Role" OR "Technical Expertise" OR "Clinical Competence" OR "Knowledge" OR "Attitude") AND ("Mental Health" OR "Community Mental Health Centers" OR " Community Mental Health Services" OR "Mental Health Nursing" OR "Psychosocial Nursing"). In the third step, the references of the selected articles were analyzed to find studies that were not collected by the search strategy. After collecting all references, duplicate articles were excluded using the Endnote software (Clarivate Analytics®). The searches in electronic data sources were carried out from April 4 to April 30, 2019.

Selection of studies

The selection of studies was carried out by the authors in two phases. Titles and abstracts of potentially relevant studies and articles that seemed to meet the inclusion criteria based on their abstracts were independently examined. In phase 2, the same reviewers read the full-text of all selected articles independently and excluded studies that did not meet the inclusion criteria. Any disagreement, whether in the first or second phase, was resolved through discussion and agreement between the authors. If consensus was not reached, a third reviewer was involved for the final decision.

Data collection process and synthesis of results

A tool adapted to SUMARI® was used to extract from each article the following information: participants, concept, context and study design. The results were presented in diagrams and tables, including a map of interventions and a conceptual framework with a narrative summary.

Results

A total of 11,450 records were identified in the database search and 46 studies were included after re-

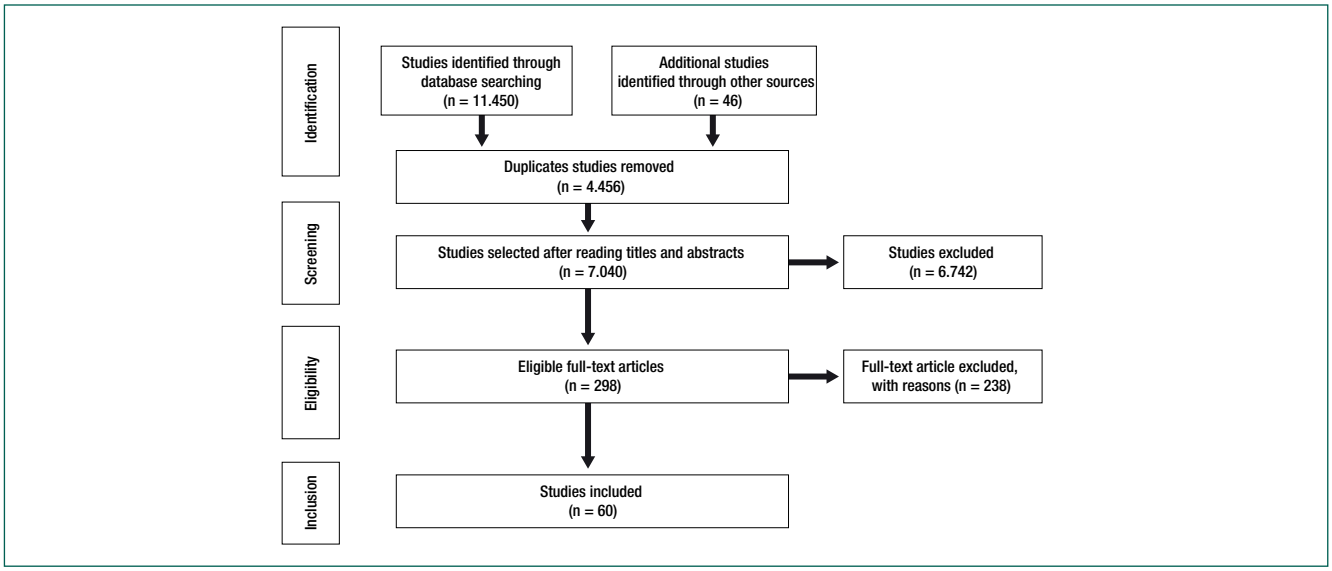

Figure 1. PRISMA Flowchart for study selection

viewing the reference lists. The studies were selected after reading the abstract and titles; after excluding those that did not meet the criteria, 60 studies remained and were used in this review. The entire process followed the steps shown in the flowchart available in figure 1.

The analysis of published research on mental health interventions performed by nurses working in PHC in Brazil resulted in the mapping and classification of 11 mental health interventions under the responsibility of PHC nurses in Brazil (Table 1). These interventions are composed of a set of actions/activities (n=33), which are called, in this study, as sub-interventions (Chart 1).[11-75] It is worth noting that some sub-interventions were identified in more than one of the interventions mapped. Based on this result, the scope of the 11 interventions mapped and the actions and skills involved in their inclusion in nursing practices in PHC, both in expanded clinics (in multiprofessional and interdisciplinary teams), in individual, family and community contexts and in their spaces of action, were defined (Chart 2).[12-75]

Table 1. General characterization of included studies, according to data extraction (n = 60)

Category	Variable	n(%)
Study participants	Nurses	29(48.0)
	Nurses and family health teams	10(17.0)
	Nurses and interdisciplinary teams	6(10.0)
	* Review and reflection studies	15(25.0)
Study design	Qualitative	33(55.0)
	Quantitative	10(17.0)
	Integrative Review	06(10.0)
	Literature Review	3(5.0)
	Mixed	2(3.0)
	Others (Experimental Study, Quasi-experimental Study, Systematic Review, Cartography, Randomized Clinical Trial)	6(10.0)
Interventions in Mental Health of nurses working in PHC	Welcoming	31(24.0)
	Referral	26(20.0)
	Home consultations	17(13.0)
	Matrix support	14(11.0)
	Health education	9(7.0)
	Nursing consultation	9(7.0)
	Family support	7(7.0)
	Complementary integrative practices	8(6.0)
	Patient safety	2(2.0)
	Mental health nursing consultation	2(2.0)
	Continuing education	4(4.0)

Discussion

This scoping review allowed mapping and identifying interventions that are the responsibility of PHC nurses in Brazil. Due to the use of this methodology, the studies included were not subjected to critical evaluation. Therefore, this study did not intend to address the effectiveness of the interventions.

Even though the studies selected were limited to PHC, it was possible to find nursing interventions focused on the mental health population and on the possibilities of improving psychosocial care in the territories. Corroborating these data, the results indicate interventions within the scope of PHC, such as: welcoming, home visits, nursing consulta-

Chart 1. Mapping of mental health interventions and respective sub-interventions performed by nurses in Primary Health Care in Brazil

Mental Health Interventions	
Intervention	**Sub-intervention**
Nursing consultation[11,27,46,53,57,65,67,75]	Substance use screening using ASSIST [74] CMD Screening[24,64] Family Planning[67] Guidelines[24,37,67] Brief Interventions[74]
Welcoming [6,17,21-24,27–29,31–38,55]	Qualified Listening[6,22,23,40] Bonding[31,35,37–39] Counseling[49] Triage[55]
Referral[19,20-22,25,28,31,35,36,41,42,44–50]	Referral to the specialized service (CAPS)[21,22,25,28,31,36,41,42,44,45,47,49,50] Referral to another health professional (physician)[19,20,22,28,42,48]
Home consultations[55,58]	Home Visits[17,20,27,35,37,40,44,46,47,53,54,56–58] Follow-up[17]
Matrix support[21,22,41,51,54,59–63]	Matrix Care [41,54] Singular Therapeutic Project[11,41] Team meeting[21,22,41] Case Discussion[21,22,41]
Health education[19,20,33,47,65,66]	Health Education Groups[65] Educational Activities[19,20] Therapeutic Workshops[66] Lectures[24]
Family support[1,6,24,33,47,58,68]	Family Care [1,47,58] Guidelines for family members [24,68] Health Education Groups[33] Home Visits[58]
Complementary integrative practices [6,18,26,44,57,69,71]	Integrative Community Therapy[18,26,44,57,71] Alternative and Complementary Therapies[6]
Continuing education[31,72-74]	Training in Mental Health[72,73]
Patient safety[24,68]	Guidelines on the rational use of psychotropic drugs Guidelines for family members[24,68] Guidelines for family members[24,68]
Mental health nursing consultation[61,75]	Therapeutic Relationship[13,64] Orientation[24,37,67]

Chart 2. Definition of the scope of the 11 interventions mapped in the studies included in the scoping review (n = 60)

Intervention	
Welcoming[12,15,17,19-21,22-41]	It is considered the main care technology in PHC*. It is a competence of nurses, performed by the nursing team as a change of direction of the care model, associated with the SUS† Humanization Policy. It is defined as the moment when the professional and the health user meet through qualified listening; it is conducive to the establishment of a bond and increases the system's ability to solve mental health demands.
Referral[6,11,12,20,21,27,29,32,36,37,42-51]	In the conception of the Health Care Network, referrals to specialized mental health services are necessary to provide comprehensive interventions. In the same logic, we conceptualize referrals as referring patients who need interventions and who are under the competence and responsibility of other team members to other health professionals. In both situations, nurses must use exhaust the possibilities of interventions within their competence to give quality referrals that respect the longitudinality and comprehensiveness of care.
Home consultations [14,17,20,27,28,31,36,38,41,45,47,48,53-59]	Home care aims to improve the bond with the user/family, get to know the environment and the family/social relationships of the user, increase access to health and intervene in the health-disease process.
Matrix support [13,14,16,21,22,42,53,55,60-64]	Matrix support is an organizational arrangement to increase the ability to solve health problems and expand the mental health clinic of the local team, with the inclusion of specialists from the NASFǁ or CAPS (interdisciplinary teams).
Health education[1,20,31,34,36,48,65-67]	Health education encompasses interventions that enable an organized social response to mental health problems and needs, through educational activities involving teams and users/family/community and carried out in different social facilities.
Nursing consultation [11,13,14,27,28,47,54,57, 68]	It is an exclusive competence of the nurse, regulated in the Professional Practice Law No. 7.498/1986 and guaranteed by COFEN** Resolution no. 358/2009. In PHC,* it is a Health Care practice derived from the Systematization of Nursing Care, which is based in the Theory of Human Needs and the Nursing Process of Wanda Horta, divided into 5 stages: history, nursing diagnosis, care plan, nursing prescription and nursing evolution.
Family support[1,6,25,34,48,59,69]	Mapped interventions related to health promotion for families of people with mental disorders and/or substance users in the territory, represented by care for the demands of family members through tools capable of evaluating and intervening in situations of vulnerability.
Complementary integrative practices[1,6,18,45,6,7,69-71]	Mapped interventions related to health promotion for families of people with mental disorders and/or substance users in the territory, represented by care for the demands of family members through tools capable of evaluating and intervening in situations of vulnerability.
Continuing educatio[n][32,72-74]	Continuing education aims to create spaces for the construction of knowledge that can change health care practices through training in mental health.
Patient safet[y][24,68]	Set of interventions aimed at promoting the rational use of psychotropic drugs, through the evaluation of prescriptions of pharmaceuticals, balancing the benefits and harms along with the prescribers.
Mental health nursing consultation [61,75]	Intervention based on interpersonal relationships. According to the humanist conception of Peplau and Travelbe, it occurs through Therapeutic Communication and Person-Centered Approach.

*PHC – Primary Health Care; †SUS = Unified Health System; CAPS – Psychosocial Care Center; ǁNAPS - Expanded Family Health Center; **COFEN- Federal Nursing Council

tions, referrals, medicalization and health education groups.[15,17,20,35,38,48]

The scoping review analysis methodology allows exploring the analysis of concepts. In this context, we can affirm that the interventions found are not restricted to the nurse-patient relationship. These relationships are broad and include families and the community, as, by intervening in mental health situations, nurses are applying the therapeutic function.

The samples show the nurse is able to establish a bond based on mutual trust, welcoming the users, understanding their desires and giving them autonomy.[10,24,41] Although we mention that bonding is an intervention in mental health, we expanded its concept and concluded that the bond, when established, can be part of all interventions in a responsible and humane manner, especially in complex situations such as in the field of mental health. [34,39]

In contrast with the concept of welcoming the user with qualified listening and bonding, the findings show that nurses perform reception as a duty and listening as an act of complaint, centered on the disease. This way, the bond is fragile, which limits care, especially for users of alcohol and other drugs.[7,37,39,41,47]

The limitation of care is identified in studies in which nurses cite as a mental health intervention the act of receiving the mental health patient and referring them to the doctor or to specialized health services, transferring the responsibility of the care and reducing their intervention capacity.[4,12,20,24,30,44,34,35,39,55,57] These findings are in contradiction with the ability and autonomy of PHC nurses to provide care to users with conditions considered as priority and with the predominant diseases in the territory, since, through the nursing consultation, they can prescribe and request exams, as recommended in technical manuals, except in the case of psychotropic drugs.

The results showed that nursing consultations with a focus on mental health are still incipient. [61,75] The nursing process is developed without theoretical references and is restricted to physical examination and anamnesis.[44] The analysis of data showed that mental health care is focused on the disease, clinical care and medical diagnosis done by physicians. This reinforces the biomedical conception, reducing care to treatments restricted to medications[34,37,46] and specialized services. Nurses do intervene through the activities determined the Ministry of Health, in specific populations; however, the interventions are influenced by the biomedical model, valuing the clinical findings above other aspects.

The analysis of the mental health interventions with the support of specialized services through matrix support show that the nurse acts as the facilitator of interdisciplinary actions in matrix care.[22,41,54] The nurse is in the coordination of PHC teams and has the role of interlocutor between the health service, the family and the user, ensuring that care is provided at different levels of care in the network. Therefore, matrix discussions related to users with mental disorders aim to enhance the relationships between professionals, the division of care and the accountability for the implementation and execution of comprehensive health care, in the logic of psychosocial rehabilitation.[3,31,39,51]

In contrast to the matrix support, the referrals to specialized services are considered by PHC nurses as mental health interventions. The literature showed that this action hinders bonding and co-responsibility and makes it difficult to implement psychosocial rehabilitation in PHC,[3,19,25,42,44] as it does not follow any established criteria or flowcharts, requiring communication between referral services.[25,41] These situations are more evident in cases involving users of alcohol and other drugs.[36,49]

Given the above, we reinforce the need for nurses to re-signify their care practices, transpose their knowledge and be decisive, exploring the possibilities of implementing creative interventions to overcome care gaps in the field of mental health in PHC.[51]

Research addresses the weaknesses and lack of training of nurses, which result in the insecurity of PHC nurses when dealing with mental health de-

mands. This fact may be related to the reduction of the workload of mental and psychiatric health in undergraduate nursing curricula.[52] This impairs the training of generalist nurses in mental health, resulting in nurses with a deficit in knowledge regarding specific mental health issues, which generates insecurity and reduces their ability to perform mental health interventions.

This context can be modified by recognizing the need to increase the workload of mental health and psychiatric content in universities, as it is known that mental health care will be required at all levels of health care, not just in specialized services. In addition to the increased workload, the quality of teaching is of paramount importance since the subject of mental health can often be too abstract for the undergraduate nursing student. Therefore, the use of active teaching-learning methodologies centered on the student, through pedagogical strategies such as the Flipped Classroom, Project Based Learning, Problem Based Learning and dramatization can improve the teaching of mental health at universities. In addition, the use of these strategies in continuing health education (CHE) can increase the self-efficacy of generalist nurses when carrying out mental health interventions.[76]

In this context, CHE and active teaching-learning methodologies enable PHC nurses to develop theoretical and practical actions in their work environment. This is one of the bets of the Ministry of Health for the implementation of the SUS based on its essential principles: transforming workspaces into spaces for education and learning, which favors the development and transformation of mental health practices.[77]

In addition, the results show that there is a possibility of expanding the scope of mental health interventions in PHC, as users and family members recognize nurses as professionals that are trained to support them socially and to meet their psychosocial demands [50,53,74]. One of these possibilities is the construction of a Singular Therapeutic Project (PTS),[11,17] which is developed through case discussions [51] involving users, family members and health professionals. This can be implemented with the help of formal and informal networks, independently of the support of specialists.

The implementation of interventions can value social and family aspects in a therapeutic approach, combined with non-pharmacological resources recommended in PHC. In this sense, the nurse is considered responsible for the co-management of care.[41,43,44] In view of this, it is possible to say that the nurses' interventions in mental health are complex and that they are opposed to promotion and prevention in their usual care practice. These interventions, when found, are mostly individualized. Individual mental health care generates a bottleneck in the work process and work overload of nurses; therefore, it is necessary to implement group interventions.[1,6,18,24,34,35,43,44,57,61,65]

In this scoping review, health education in PHC is identified as an intervention that occurs in all the healthcare devices in the territory, referred to with different names in the programmed group activities.[19,20,33,47,65,66] Group consultations to specific populations and/or health conditions are consolidated interventions in PHC. The construction of specific groups for mental health can be therapeutic[34,35] or exclusionary. Therefore, as health groups are already established and encouraged in PHC, nurses are expected to be able to address mental health issues in a comprehensive manner, including people with mental disorders and substance users.[3,6,71]

Integrative and Complementary Practices (PIC) require specific competences and skills that can be acquired through specialization courses recognized by the Ministry of Education (MEC), with a specific amount of hours for each practice.[78-80] However, Integrative Community Therapy (TCI) has been proven possible and is becoming a new instrument of mental health care,[44] building community spaces with the objective of welcoming users, through a methodology that can add knowledge and help the community members to share their suffering and, in a social perspective, promote therapeutic group meetings and interpersonal relationships.[6,18,44,57,70,71]

The TCI is within the competence of nurses, which makes them community therapists that are autonomous and can promote interventions based

on social insertion, providing a transforming care that transcends the biomedical model that was instituted since their training and throughout their professional trajectory.[44,71]

Nurses are trained to meet demands according to health conditions and life cycles, within parameters pre-established in biomedical models, based on technical manuals. Thus, nurses who work in PHC do not need to become mental health specialists, but, as in other situations in health care, their training should allow them to reinvent their psychosocial care practice, giving them the right abilities and increasing their autonomy,[70] expanding clinical care with approaches centered on the person,[51] and valuing their therapeutic role.

Conclusion

This scoping review allowed identifying the interventions in the field of mental health as reported by nurses and consolidated and recommended in PHC. The findings reveal a wide variety of mental health interventions, but also point out that nurses are restricted to welcoming and referring users, transferring the responsibility of care to other services - making this care bureaucratic, fragmented and focused on the biomedical model. Permanent and continuing education should provide the PHC with the skills to intervene in psychosocial care in a competent manner. They also should be able to reduce the gaps associated with the lack of technical and scientific knowledge, especially in matters involving the use of alcohol and other drugs. In this review, we raise possibilities of expanding the scope, identifying that nurses intervene in groups that involve families and communities. Some limitations of this review should be considered, such as the fact that the studies mapped in the Brazilian literature are qualitative, reflective and derived from reviews, which results in the perception of nurses and PHC teams in relation to mental health interventions. Therefore, it is necessary to conduct studies aimed at PHC nurses, with methodologies capable of showing the effectiveness of the interventions identified, for a later validation of mental health competencies. To consolidate psychosocial interventions in PHC, it is necessary to disseminate scientific knowledge and elaborate protocols that support decision-making according to the psychosocial dimensions, without being restricted to the biomedical model, standardizing nurses' actions in Brazil. Finally, nurses must recognize their therapeutic role in care so they can develop appropriate skills and abilities and use their knowledge to improve psychosocial care in PHC territories.

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