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## PSYCHIATRIC NATURE CARE PROVIDED BY THE URGENT MOBILE PRE-HOSPITAL SERVICE

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### ABSTRACT

**Objective:** to analyze the consultations of the psychiatric nature, carried out by the pre-hospital emergency mobile service.

**Method:** a retrospective study with the analysis of records of psychiatric consultations performed by the Mobile Emergency Care Service of a Brazilian Northeast capital in 2014.

**Results:** 38,317 consultations were performed by the Mobile Emergency Care Service, of which 1,088 (2.8%) were psychiatric. Most of the sample consisted of male users (64.8%), aged between 20 and 59 years old (81.4%), with an average age of 35 years old. There was a predominance of agitation and/or aggression (65.7%) and 8.0% of the users were suspected of using alcoholic beverages. The Basic Support Units were accessed in 96.8% of the occurrences and 91.6% of the users were referred to the psychiatric hospital. The suicide attempts and ideations are highlighted in 7.6% of the cases, with a majority of females (54.9%). A significant association was observed between the time of care and the variables: care reason ( $p=0.003$ ), performance of procedures ( $p=0.000$ ) and medication use ( $p=0.000$ ).

**Conclusion:** the study showed a high number of psychiatric consultations performed by the Mobile Emergency Care Service, evidencing its importance as one of the components of the Psychosocial Care Network. However, the fate of the users is still the psychiatric hospital.

**DESCRIPTORS:** Nursing in emergency. Emergency medical services. Ambulances. Intervention in crisis. Mental health.

## ATENDIMENTOS DE NATUREZA PSIQUIÁTRICA REALIZADOS PELO SERVIÇO PRÉ-HOSPITALAR MÓVEL DE URGÊNCIA

### RESUMO

**Objetivo:** analisar os atendimentos de natureza psiquiátrica, realizados pelo serviço pré-hospitalar móvel de urgência.

**Método:** estudo retrospectivo com análise dos registros de atendimentos de natureza psiquiátrica, realizados pelo Serviço de Atendimento Móvel de Urgência de uma capital do Nordeste brasileiro no ano de 2014.

**Resultados:** foram realizados 38.317 atendimentos pelo Serviço de Atendimento Móvel de Urgência, sendo que 1.088 (2,8%) eram psiquiátricos. A amostra foi composta, em sua maioria, por usuários do sexo masculino (64,8%), na faixa etária de 20 a 59 anos (81,4%), com média de idade de 35 anos. Houve predomínio de quadros de agitação e/ou agressividade (65,7%) e 8,0% dos usuários encontravam-se sobre suspeita de uso de bebidas alcoólicas. As Unidades de Suporte Básico foram acionadas em 96,8% das ocorrências e 91,6% dos usuários foram encaminhados para o hospital psiquiátrico. Ressalta-se a ocorrência de tentativas e ideações suicidas em 7,6% dos atendimentos, com maioria do sexo feminino (54,9%). Observou-se associação significativa entre o tempo de atendimento e as variáveis: motivo do atendimento ( $p=0,003$ ), realização de procedimentos ( $p=0,000$ ) e uso de medicação ( $p=0,000$ ).

**Conclusão:** o estudo mostrou elevado número de atendimentos de natureza psiquiátrica realizado pelo Serviço de Atendimento Móvel de Urgência, evidenciando sua importância como um dos componentes da Rede de Atenção Psicossocial. Entretanto, o destino dos usuários ainda continua sendo o hospital psiquiátrico.

**DESCRIPTORIOS:** Enfermagem em Emergência. Serviços Médicos de Emergência. Ambulâncias. Intervenção na Crise. Saúde Mental.

# ATENDIMIENTOS DE NATURALEZA PSIQUIÁTRICA REALIZADOS POR EL SERVICIO PREHOSPITALARIO MÓVIL DE URGENCIA

## RESUMEN

**Objetivo:** analizar los atendimientos de naturaleza psiquiátrica realizados por el servicio prehospitalario móvil de urgencia.

**Método:** estudio retrospectivo con análisis dos registros de atendimientos de naturaleza psiquiátrica realizados por el Servicio de Atendimiento Móvil de Urgencia de una capital del Nordeste brasileño, en el año 2014.

**Resultados:** fueron realizados 38.317 atendimientos por el Servicio de Atendimiento Móvil de Urgencia, siendo que 1.088 de los mismos (2,8%) fueron psiquiátricos. La muestra estaba compuesta, en su mayoría, por usuarios del sexo masculino (64,8%), entre las edades de 20 a 59 años (81,4%) y con un promedio de edad de 35 años. Hubo predominio de cuadros de agitación y/o agresividad (65,7%) y 8,0% de los usuarios se encontraban bajo sospecha de uso de bebidas alcohólicas. Las Unidades de Soporte Básico fueron accionadas en 96,8% de las ocurrencias y 91,6% de los usuarios fueron llevados para un hospital psiquiátrico. Se destaca la ocurrencia de tentativas e ideas suicidas en 7,6% de los atendimientos y siendo la mayoría del sexo femenino (54,9%). Se observó una asociación significativa entre el tiempo de atendimiento y las variables: motivo del atendimiento ( $p=0,003$ ), realización de procedimientos ( $p=0,000$ ) y uso de medicación ( $p=0,000$ ).

**Conclusión:** el estudio mostró un elevado número de atendimientos de naturaleza psiquiátrica realizado por el Servicio de Atención Móvil de Urgencia, evidenciando su importancia como uno de los componentes de la Red de Atención Psicosocial. Mientras, el destino de los usuarios todavía continúa siendo el hospital psiquiátrico.

**DESCRIPTORES:** Enfermería en Emergencia. Servicios Médicos de Emergencia. Ambulancias. Intervención en la Crisis. Salud Mental.

## INTRODUCTION

When considering the paradigm shift in the organization of services and practices as the achievement of the Brazilian Psychiatric Reform Movement, it can be affirmed that the scenario of health workers' movement shifted from the hospital-centered pillar to a structure of territorially based services to the social empowerment.<sup>1</sup> In this new context, the crises, previously isolated and hidden behind the asylum walls, gained the social space and demanded the creation of extra-hospital mental health policies and services to meet this new demand.<sup>2</sup>

Thus, in 2001, the Brazilian government instituted the Law No. 10,216, aiming to overcome the asylum model and guarantee the citizenship rights of the person with mental disorders.<sup>3</sup> As a result of this Law, the National Mental Health Policy emerged, which among other objectives aims at reducing long-term psychiatric beds, prioritizing concurrently the implementation of community-based mental health services and actions. In order to support people in mental suffering and those with needs arising from the use of crack, alcohol and other drugs within the Unified Health System (SUS - Sistema Único de Saúde), the Psychosocial Care Network was established, through the Administrative Rule No. 3,088 of December 23, 2011.<sup>4</sup>

Since then, the Mobile Emergency Care Service (SAMU - Serviço de Atendimento Móvel de Urgência) has become part of this network, with the responsibility of attending emergency situations and psychiatric emergencies, among which are the psychic crises, which occur when the subject in crisis needs appropriate care in order to avoid permanent or temporary damage to their physical and mental

integrity.<sup>2,5</sup> To that end, SAMU must perform the psychiatric services in order to act positively in front of the individuals in crisis and to transport them safely to the appropriate service within the care network.

North-American scholars say that services that ensure satisfactory psychiatric crisis management help reduce the problem of the institutionalization and improve the overall performance of the network. In addition, they emphasize that the use of hospital mental health services increases when the community does not provide adequate support to people with mental disorders, as well as when out-of-hospital services are not available, are difficult to access or are slow to respond to the demand of the population.<sup>6</sup>

Thus, the attention provided to the crisis reveals itself as a strategic axis for the care of people in psychological distress, since its feasibility, outside the scope of hospitalizations in psychiatric hospitals, guarantees the permanence of users in their family and socio-community contexts, allowing the care territorialization and interrupting the circuit of hospitalizations, segregations and chronifications.<sup>7</sup>

In the field of mental health, national and international studies indicate that depressive symptoms, agitation and problems related to the use of psychoactive substances are the main reasons that lead people to seek the emergency services.<sup>8-9</sup> These symptoms manifest themselves more frequently in people with psychiatric disorders who drop out of the treatment or who do not receive the necessary family and social support, which allows the development of acute psychiatric crises that require quick and effective care.<sup>10-11</sup>

Thus, when considering the operational aspects of care regarding the psychiatric occurrences, SAMU allows health professionals to arrive quickly to the place where the user is, welcoming the individual and the family at the time of the crisis, avoiding unnecessary hospitalizations and enabling more effective and powerful referrals.

Thus, the present study analyzed the psychiatric consultations performed by the Mobile Emergency Care Service of the city of Teresina, in Piauí.

## METHOD

This is a retrospective study, carried out through the records of psychiatric occurrences attended by SAMU, in the city of Teresina/Piauí, from January 1 to December 31, 2014.

The data collection was carried out in January and February 2015, by members of the Nursing, Violence and Mental Health Study Group of the Federal University of Piauí, on the occurrences records attended by the service. The instrument of data collection was a structured checklist, composed of the variables of interest: service reason, age, gender, suspected use of alcoholic beverages, type of ambulance used, average time of on-site care, performance of procedures and referral of the user after the service. A pre-test was performed and it was verified that the instrument met the proposed methodological design.

The entire emergency and psychiatric emergencies requests that generated individual care records from January to December 2014 were included in the study. As an exclusion criterion, the records

referring to occurrences of other natures were considered. The sample consisted of 1088 occurrences.

The data were submitted to statistical treatment using the Statistical Package for Social Sciences (SPSS) software, version 22.0. Descriptive analyzes were used to summarize the characteristics of the participants and the services performed by SAMU. Due to the non-adherence to the normal distribution of variables verified by the Kolmogorov-Smirnov's test, Mann-Whitney and Kruskal-Wallis' tests were applied, adopting a 95% confidence interval and significance level of 5% ( $p \leq 0.05$ ).

The study was authorized by the Teresina Hospital Foundation and approved by the Research Ethics Committee of the State University of Piauí (Opinion No. 887.246/2014 and CAAE: 38979114.3.0000.5209).

## RESULTS

In 2014, 38,317 occurrences were attended by the Mobile Emergency Service of the municipality of Teresina, Piauí. Of these, 1,088 (2.8%) were of a psychiatric nature.

The distribution of psychiatric care services, according to the reason for the service and the gender of the users, showed that the occurrences due to agitation, aggression and agitation with aggression were responsible for 65.7% of the requests, followed by psychotic outbreaks (8.5%) and by suicidal attempts/ideas (7.6%). Most of the consultations were directed to male (64.8%). The female gender appears with a majority of 54.9% for ideas and suicide attempts (Table 1).

**Table 1 - Distribution of psychiatric care services performed by SAMU 192, according to the reason for care and gender. Teresina, PI, Brazil, 2015. (n=1088)**

Reason of the care	Gender						Total	
	Male		Female		Ignored		n	%
	n	%	n	%	n	%		
Agitation	159	14.6	107	9.8	02	0.2	268	24.6
Aggressiveness	136	12.5	49	4.5	-	-	185	17.0
Agitation with aggressiveness	189	17.4	73	6.7	-	-	262	24.1
Psychotic outbreak	64	5.9	29	2.6	-	-	93	8.5
Attempt/suicidal ideas	36	3.3	45	4.2	01	0.1	82	7.6
Hallucination and restlessness	09	0.8	04	0.4	-	-	13	1.2
Restlessness and insomnia	07	0.6	05	0.5	-	-	12	1.1
Abstinence crisis	08	0.7	01	0.1	-	-	09	0.8
Mood disorder	04	0.4	05	0.4	-	-	09	0.8
Others*	10	0.9	09	0.9	-	-	19	1.8

Reason of the care	Gender						Total	
	Male		Female		Ignored			
	n	%	n	%	n	%	n	%
Not informed	84	7.7	50	4.6	02	0.2	136	12.5
<b>Total</b>	<b>706</b>	<b>64.8</b>	<b>377</b>	<b>34.7</b>	<b>05</b>	<b>0.5</b>	<b>1088</b>	<b>100.0</b>

\*Reasons for the care responsible for fewer than 9 occurrences

As for the age of the users, it was observed that 81.4% were in the range of 20 to 59 years old, with the average age being 35 years old. The age range of 0 to 19 years old corresponded to 7.8% of the appointments and the population with age greater

than or equal to 60 years old, to 5.4%. It should be emphasized that the situations involving both agitation and aggressiveness were predominant in all age groups (Table 2).

**Table 2 - Distribution of psychiatric care services performed by SAMU 192, according to the reason for care and age group. Teresina, PI, Brazil, 2015. (n=1088)**

Reason of the care	Age Group								Total	
	0-19 years old		20-59 years old		≥ 60 years old		Ignored			
	n	%	n	%	n	%	n	%	n	%
Agitation	23	2.1	213	19.6	10	0.9	22	2.0	268	24.6
Aggressiveness	11	1.0	152	14.0	14	1.3	08	0.7	185	17.0
Agitation and aggressiveness	25	2.3	213	19.6	15	1.4	09	0.8	262	24.1
Psychotic outbreak	04	0.4	81	7.3	04	0.4	04	0.4	93	8.5
Attempt/suicidal ideas	10	0.9	62	5.7	05	0.5	05	0.5	82	7.6
Hallucination and restlessness	02	0.2	09	0.9	02	0.2	-	-	13	1.2
Restlessness and insomnia	-	-	12	1.1	-	-	-	-	12	1.1
Abstinence crisis	-	-	08	0.7	01	0.1	-	-	09	0.8
Mood disorder	01	0.1	08	0.7	-	-	-	-	09	0.8
Others*	02	0.2	15	1.4	01	0.1	01	0.1	19	1.8
Not informed	07	0.6	113	10.4	06	0.6	10	0.9	136	12.5
<b>Total</b>	<b>85</b>	<b>7.8</b>	<b>886</b>	<b>81.4</b>	<b>58</b>	<b>5.4</b>	<b>59</b>	<b>5.4</b>	<b>1088</b>	<b>100.0</b>

\*Reasons for the care responsible for fewer than 9 occurrences

Among the psychiatric occurrences, 8.0% (n=87) of the users attended were suspected of using alcoholic beverages, being 79.3% male and 92.0% of

the 20-year-old to 59 years age group. In 47.7% there was no record of suspected alcohol use (Table 3).

**Table 3 - Distribution of the psychiatric occurrences attended by the SAMU 192 involving the suspected use of alcohol, according to gender and age group. Teresina, PI, Brazil, 2015. (n=87)**

Age Group	Gender						Total	
	Male		Female		Ignored			
	n	%	n	%	n	%	n	%
0-19 years old	01	1.1	-	-	-	-	01	1.1
20-59 years old	63	72.5	16	18.4	01	1.1	80	92.0
≥ 60 years old	01	1.1	-	-	-	-	01	1.1
Not informed	04	4.6	01	1.2	-	-	05	5.8
<b>Total</b>	<b>69</b>	<b>79.3</b>	<b>17</b>	<b>19.6</b>	<b>01</b>	<b>1.1</b>	<b>87</b>	<b>100.0</b>

The Basic Support Units (BSU) were accessed in 96.9% of the occurrences, being responsible for the great majority of the consultations of psychiatric nature. In addition, in 5.9% of the appointments,

some procedure was performed, and this information was not recorded in 72.7% of the files. The use of medications occurred in 1.3% of the appointments, with emphasis on antipsychotics (0.7%).

The average on-site care time was 12.7 minutes. When assessing the association between the individual characteristics and the average care time, a significant association was observed between the time of care and the following variables: service reason ( $p=0.003$ ), performance of procedures ( $p=0.000$ ), and use of medication ( $p=0.000$ ). Thus, the time of

care was greater in the occurrences involving agitated and/or aggressive users, with some procedure and/or medication administration. It should be emphasized that for this analysis, only the records that presented registers for all the variables involved were considered (Table 4).

**Table 4 - Association between the individual and care characteristics and the average time of care of the psychiatric occurrences by SAMU 192. Teresina, PI, Brazil, 2015**

Variable	n	%	Care time*	p-value†
Gender				.803
Male	648	64.9	12.8	(n=999)
Female	351	34.7	12.4	
Age Group				.961
0-19 years old	81	8.5	12.1	(n=951)
20-59 years old	812	85.4	12.9	
≥ 60 years old	58	6.1	12.7	
Suspicion of alcohol use				.254
Yes	85	15.7	13.6	(n=542)
No	457	84.3	12.9	
Type of ambulance				.107
Basic support	972	96.8	12.6	(n=1004)
Advanced support	32	3.2	14.2	
Reason of the care				.003
Agitation/aggressiveness	667	75.5	13.9	(n=883)
Others	216	24.5	10.2	
Procedure performance				.000
Yes	60	21.7	18.6	(n=277)
No	217	78.3	12.9	
Medication use				.000
Yes	13	1.3	32.5	(n=1004)
No	991	98.7	12.4	

\*Average in minutes; †Mann-Whitney and Kruskal-Wallis' tests

After the initial care for users with psychiatric disorders, 91.6% (n=997) were referred to the psychiatric hospital in the city under study, 7.5% (n=82) for general public or private hospitals and 0.9% (n=09) for Psychosocial Care Centers (CAPS).

## DISCUSSION

The increase in the number of people who have undergone the process of psychic change in recent years, coupled with the deinstitutionalization process, requires extra-hospital services in mental health that are welcoming and are made up of professionals trained to meet this new demand. In this scenario, SAMU is as an important component of the Psychosocial Care Network, since it is responsible for assisting, in a fast and resolute manner, the psychiatric urgencies.

It was identified that 2.8% of the services performed by the SAMU of Teresina in 2014 were of a psychiatric nature, representing a total of 1088 consultations. An average of three psychiatric events per day was observed, evidencing a high number of appointments for users with psychiatric disorders.

It is observed that in the municipality of Teresina, the data on the occurrences attended by SAMU between 2005 and 2009 detected that 7,642 of the appointments were of a psychiatric nature, which represents 3.4% of the total.<sup>12</sup> Thus, the results of this study demonstrated the maintenance of similar annual values, regarding the psychiatric occurrences attended by the service in the mentioned municipality.

When considering other realities, the data found in the present study are similar to those of the international scenario, since psychiatric urgencies

correspond to 3.7% of the services performed by pre-hospital mobile services in Spain, 3.3% in the United States and 1.5% in Turkey,<sup>13-15</sup> as well as those in the Southeast region of Brazil, where the percentage of psychiatric occurrences attended by SAMU ranged from 1.7 to 4.1% of all occurrences,<sup>16-17</sup> and those of the South region, whose observed percentage was 2.6%.<sup>18</sup> In the Central-West region, a study carried out in Cuiabá, Mato Grosso, showed that psychiatric occurrences had the highest proportion among the appointments motivated by clinical causes (23.9% of the occurrences).<sup>19</sup>

In this scenario, a study carried out in New York on the use of emergency medical services in the period from 1999 to 2007, confirmed a trend of growth in the number of psychiatric occurrences attended by the services. Among the major categories, psychiatric care and medication use had the highest percentage increase between 1999 and 2007 (54.4%), with an average increase of 5.6% per year.<sup>20</sup>

Regarding the type of user attended in the occurrences of psychiatric nature, a majority of males (64.8%) were observed, which corroborates with the national and international literature.<sup>17,21-23</sup> This may be due to the fact that men present a higher prevalence of psychoactive substance use disorders, which can lead to psychiatric crises.<sup>24</sup> In addition, it is believed that the greater impulsivity and aggressiveness manifested by the male gender in the course of psychiatric disorders justifies their greater demand for the emergency pre-hospital service.

Despite the aging of the population and the increase in the rates of chronic degenerative diseases, especially in the elderly, the present study found that 81.4% of users with psychiatric disorders attended by SAMU were in the age range of 20 to 59 years old. In addition, the occurrences involving young people up to 19 years old (7.8%) and elderly people aged 60 or over (5.4%) did not constitute a significant number of appointments.

These findings have also been confirmed in a study carried out at SAMU in the city of Botucatu, São Paulo, which indicates that among users with psychiatric disorders attended by the service, 72.6% were in the age range of 20 to 59 years old. In addition, it found a significant association between the age range of 20 to 59 years old, and the triggering of aggression and agitation.<sup>17</sup>

Regarding the reason for the care, the agitation and the aggressiveness were responsible for the greater number of requests to SAMU, since they were detected in 65.7% of the occurrences. This result corroborates a study carried out in Alagoas,

in which 50% of users with psychiatric disorders attended by SAMU showed signs of agitation and/or aggressiveness.<sup>25</sup>

Another reason for psychiatric care that deserves discussion is the suicidal behavior. The ideas and suicide attempts represented 7.6% of the psychiatric occurrences attended by SAMU, with a predominance of females (54.9%). Similar results were found in studies on suicide attempts attended by emergency mobile pre-hospital services in the Northeast and Southeast regions of Brazil.<sup>17,26</sup>

In this scenario, domestic violence, greater exposure to sexual abuse in childhood, vulnerability to psychosocial stressors and the development of psychopathologies, as well as cultural aspects related to gender equality are pointed out as factors that make women more susceptible to suicidal behavior.<sup>27</sup>

Suicide has been presented by the World Health Organization (WHO), worldwide, as the second leading cause of death of young people between 15 and 29 years old.<sup>28</sup> Such evidence has led OPAS/WHO to recognize suicide and suicide attempts as a priority on the global health agenda, encouraging countries to develop and reinforce the prevention, stigma and taboo strategies on the subject. Teresina has been pointed out as the first capital of the Northeast and the second of the country with the highest suicide rate.<sup>29</sup> Therefore, attempts that are treated as psychiatric events by SAMU deserve to be scored as of relevant interest, both for mental health and for public health.

Another important aspect raised in this study corresponds to the suspected use of alcohol by users with psychiatric disorders. It was found that 87 (8.0%) of the users attended by SAMU were under suspicion of being under alcohol use, with 79.3% of them being male. However, 19.6% of the victims with suspected alcohol use were female, evidencing that even if the alcohol consumption is still higher among men, women have significantly increased their use pattern. In addition, urgencies and psychiatric emergencies may be directly linked to the consumption of psychoactive substances.<sup>30-31</sup>

Researches indicate that more than 20% of the appointments performed in the psychiatric emergency services correspond to disorders related to the use of psychoactive substances, especially the alcohol consumption. In addition, as detected in the present study, most of these patients are young, male and present psychiatric comorbidities.<sup>22,32</sup>

People who use alcoholic beverages and develop a probable dependence on alcohol can present

both physical signs and symptoms as well as psychic alterations, among them agitation, auditory and/or visual hallucinations, disorientation and suicidal behavior.<sup>33</sup> These evidences confirm the possible link between the alcohol use and the onset of psychiatric crises, which potentiates the need to trigger urgency and emergency services.

When considering the flow of users in the services that make up the Psychosocial Care Network, a study carried out in Campinas points out that about 5% of the patients who enter the hospital emergency psychiatric service arrive through the Mobile Emergency Care Service.<sup>32</sup> In this scenario, the Basic Support Units are responsible for most of the consultations, both of a psychiatric nature and also of other natures, being accessed in more than 85% of occurrences.<sup>16,18</sup>

The present study confirms these affirmations, since 96.8% of the appointments of users with psychiatric disorders were performed by the Basic Support Units. This result represents an already expected tendency, since these ambulances are the first options in the cases and situations of lower severity and, consequently, are implanted in greater number in the service.

It was also identified that the pharmacological management was performed in only 1.3% of the cases, and its main objective was to reduce the symptoms of agitation and aggressiveness. A Belgian study having 108 physicians working in the psychiatric emergency services found that antipsychotics are the most widely used drugs in clinical practice in situations of acute agitation,<sup>34</sup> which corroborates the findings of this study.

One of the factors that may explain the low number of drug administration in the analyzed cases in the research is the predominance of services performed by the Basic Support Units, which did not count on the presence of psychotropic drugs in their interior, in 2014. These vehicles have the purpose of inter-hospital transportation of patients with known life-threatening risk or the pre-hospital care of patients with unknown life-threatening risk, and those who do not present a potential need for medical intervention at the location or during transportation. The team consists of a driver and a nursing professional.<sup>35</sup>

It should be emphasized that the performance of pharmacological intervention and other procedures required significantly more time at the location of the occurrence. Thus, the average time of care in the situations that required procedures was 44.1% higher, and the occurrences that required

medication administration had an average time of care 162% higher.

Occurrences of a psychiatric nature require professionals who are capable of acting in situations of crisis, through an active, convincing and supportive posture to the patient and their relatives.<sup>36</sup> Such situations, especially when involving agitation and aggressiveness, require more time and professional ability for the performance of an appropriate approach. Thus, it is necessary to establish a bond with the user in mental suffering, with emphasis on environmental modification and verbal and non-verbal therapeutic communication as priority strategies, to the detriment of physical restraint and pharmacological treatment.<sup>37-38</sup>

Because they are present in the Basic Support Units without the figure of the medical professional, and because they are often faced with psychiatric disorders, the importance of the nursing professional in this care system is emphasized, whose conduct requires improved and continuous knowledge, as well as the capacity to deal with stressful situations.<sup>39</sup>

However, an integrative review about the performance of nursing professionals in situations of psychiatric emergencies showed that the care occurs in a fragmented way and that professionals lack knowledge, confidence and interaction skills.<sup>36</sup> Thus, Australian studies point to the need of improving mental health education at the undergraduate and postgraduate levels in nursing, as well as the development of continuing education in the services scope.<sup>40-41</sup>

In addition, a study on the management of the psychiatric crisis in emergency services pointed out to deficiencies in care. In addition to an inadequate welcoming by health professionals, it was observed the disarticulation of the services that make up the Psychosocial Care Network and the systematic referral to the psychiatric hospital as a priority strategy.<sup>42</sup>

The role of hospital-centered care was also detected in the present study, since in 91.6% of the cases the users were referred to the psychiatric hospital. This reality is contrary to the principles of the psychiatric reform, since it favors care in general hospitals or other community-based extra-hospital mental health services.

In this scenario, it is evident the need for a greater articulation between the Mobile Emergency Care Service and the new mental health care devices. This approach can contribute to the strengthening of comprehensive interventions during psychic crises,

as well as to the rupture of the centrality assumed by psychiatric hospitals when referring users with psychiatric disorders.

## CONCLUSION

The results obtained in this study, by showing a high number of psychiatric appointments and their characteristics, indicate the need for greater attention to the mental health of the population, given that in addition to the situations involving agitation and aggressiveness, they indicate, in considerable numbers, records for the suicidal behavior.

It is believed that the study will make it possible the broadening of the discussion on emergency care and psychiatric emergencies in pre-hospital emergency services, as well as the reflection of managers and health professionals on the need for care in mental health that is in accordance with the principles postulated from the psychiatric reform. In addition, due to the fact that they are care services in the first instance, performed by nursing professionals, it is recommended a greater discussion regarding competencies, working conditions and health risk factors of these professionals.

Regarding the limitations of the study, the quality of the records made by the professionals of the service in the charts stands out. Some charts did not have the complete and adequate information, which resulted in small gaps at the time of tabulation and data analysis.

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