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RESEARCH

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Mudanças ocorridas na prática profissional na área da saúde mental frente à reforma psiquiátrica brasileira na visão da equipe de enfermagem

Changes in professional practice in the mental health area against brazilian psychiatric reform in the vision of the nursing team

Cambios que ocurren en la práctica profesional en cognitiva areas de salud que enfrenta la reforma psiquiátrica brasileña en visualización equipo de enfermería

Mariluci Alves Maftum[1]; Ângela Gonçalves da Silva Pagliace[2]; Letícia de Oliveira Borba[3]; Tatiana Brusamarello[4]; Juliana Czarnobay[5]

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ABSTRACT

Descriptive qualitative study conducted in 2010 in a hospital specialized in psychiatry, in Paraná. **Objective:** To verify the changes in professional practice resulting from the Psychiatric Reform in view of the nursing team. **Methods:** Participants were 15 nurses. The data were collected through semi-structured interviews and the results organized into thematic categories. **Results:** It was obtained that the subjects perceived changes in the organization of care and in order to assist the person with a mental problems, the importance of the multidisciplinary team in this process and the transformation of the role of nursing staff and the nurse in the face of new forms of treatment arising. **Conclusion:** There are advances resulting from the Reform and they directly interfere in the formation and performance of nursing teams generating the need for preparation and training of these professionals.

Descriptors: Mental Health, Nursing, Deinstitutionalization.

[1] Nurse. Doctor in nursing. Professor Nursing School of the Federal University of Paraná – UFPR. Coordinator of the Graduate Program in Nursing (PPGENF/UFPR). Leader of the Center for Studies and Research on Human Nursing Care (NEPECHE).

[2] Nurse. Doctoral Candidate in Nursing from (PPGENF/UFPR). Member of NEPECHE.

[3] Nurse. Doctor of Nursing at (PPGENF/UFPR). Member of NEPECHE.

[4] Nurse. Doctoral Candidate in Nursing from (PPGENF/UFPR). Member of NEPECHE.

[5] Nurse. Doctoral Candidate in Nursing from (PPGENF/UFPR). Member of NEPECHE.

RESUMO

Pesquisa qualitativa descritiva realizada em 2010 num hospital especializado em psiquiatria do Paraná. **Objetivo:** Verificar as mudanças ocorridas na prática profissional decorrentes da Reforma Psiquiátrica na visão da equipe de enfermagem. **Métodos:** Participaram da pesquisa 15 profissionais de enfermagem. Os dados foram obtidos mediante entrevista semiestruturada e os resultados organizados em categorias temáticas. **Resultados:** Obteve-se que os sujeitos perceberam mudanças na organização da assistência e no modo de assistir a pessoa com transtorno mental, a importância da equipe multiprofissional nesse processo e a transformação do papel da equipe de enfermagem e do enfermeiro frente às novas formas de tratamento surgidas. **Conclusão:** Há avanços decorrentes da Reforma e que estes interferem diretamente na formação e atuação das equipes de enfermagem gerando a necessidade de preparo e capacitação destes profissionais.

Descritores: Saúde Mental, Enfermagem, Desinstitucionalização.

RESUMEN

Estudio cualitativo descriptivo realizado en 2010 en un hospital especializado en psiquiatría de Paraná. **Objetivo:** Verificar los cambios en la práctica profesional de la resultante de la Reforma Psiquiátrica en opinión del equipo de enfermería. **Métodos:** Los participantes fueron 15 enfermeros. Los datos fueron recolectados a través de entrevistas semi-estructuradas y los resultados organizados en categorías temáticas. **Resultados:** Se obtiene de los sujetos los cambios percibidos en la organización de la atención y con el fin de ayudar a la persona con un trastorno mental, la importancia del equipo multidisciplinario en este proceso y la transformación de la función del personal de enfermería y la enfermero de la cara de las nuevas formas de tratamiento que surjan. **Conclusión:** Hay avances resultantes de la Reforma y que interfieren directamente en la formación y el rendimiento de los equipos de enfermería que genera la necesidad de una preparación y formación de estos profesionales.

Descriptores: Salud Mental, Enfermería, Desinstitucionalización.

INTRODUCTION

Given the precarious conditions of psychiatric institutions, mainly from the late 1980, allegations of overcrowding and ill treatment for people with mental disorders were intensified, with psychiatric hospitals being questioned as to the quality and effectiveness of the therapy offered.[1]

At the apex of these discussions stimulated by the movement of Mental Health Workers (MTSM) that included family and mentally ill, joined the bandwagon of Anti-asylum the Brazilian Psychiatric Reform (BPR). This movement seeks to transform Brazilian society's relationship with the carrier of mental disorder. This implies changes in the culture, in the organization of the work processes and structure of the services, with a view to deinstitutionalization and the social reintegration of these individuals in order to ensure their rights of citizenship.[2]

The Psychiatric Reform is a key milestone in mental health care policy as a process of reflection and transformation on the different levels of social assistance, cultural, political, economic and conceptual that seeks to ensure the right to citizenship of the mentally ill, demythologizing the stigma of madness.[3] In this set of changes is that we think of the construction of new discourses by expanding the object of knowledge of mental health in order to enable new ways of understanding, living and treating the person with mental disorder.[3]

Thus, the new mental health policies urge changes in care through a movement towards expansion, experimentation and performance of actions directed to the interpersonal relationship.[4] To consider the care this way, mainly in the area of mental health, it is important to highlight and recognize behaviors, understanding the actions and reactions of the nursing staff involved in the care.[4] That's because such changes in assisting in this area are not spontaneous, but some of them have already been and still others are built through the engagement of these professionals in the day-to-day life of its practice in search of a way to do it differently.[5]

In view of the above, the objective was *to verify the changes that occurred in the professional practice resulting from the Psychiatric Reform in the view of the nursing team.*

METHOD

Qualitative research, descriptive-exploratory, held in 2010 in a mental hospital.

The total number of nursing professionals who worked in the hospital was 74 and 15 were subject of this research: four nurses, two technicians and nine nursing assistants who fulfilled the criteria for this research and have agreed to sign an informed consent. As for sex, seven female and eight male, with ages ranged from 46 to 62 years. The time of activity of the subjects in the area of mental health ranged between 20 and 35 years old, confirming that these experienced nursing care before the institutionalization of the Brazilian Psychiatric Reform by Federal Law No. 10216 and therefore accompany the changes that occur in the psychosocial model of attention based current.

The inclusion criteria for this research were: to have expertise in the area prior to enactment of the Federal Law n° 01/6 10,216 and be acting on the proposed model of attention these days.

The project of which derived from this study was approved by the Committee of Ethics in Research in the Health Sciences (UFPR); CAAE 4187.0.000.091-09. The ethical aspects of research were respected in accordance with CNS Resolution nº. 196/1996.

To remain anonymous, subjects are identified by the first letter of their professional category and level E=nurse (enfermeiro, in Portuguese), A=nursing assistant, T=technical assistant followed by Arabic numerals.

The data were collected in the period from July to November 2010, through semi-structured interview, recorded in digital recorder and held at the place chosen by respondents, respecting the availability of time and schedule of each one. The instrument that has guided data

collection contained questions concerning the identification of the subject and an open question: *How do you perceive the changes in mental health care as a result of the Brazilian Psychiatric Reform?*

For the treatment of the data we used the technique of Content Analysis from the steps: *Data Sorting*, which corresponded to the transcription of the interviews in their entirety, the resulting material was read and reread to be organized according to the analytical proposal; *Data Classification*, carried out from the collapsed material based on analytical reasoning on the subject. A thorough reading of the text who admitted seizing the central ideas of the nursing workers about the Psychiatric Reform allowing a deepening in the analysis with the organization of thematic categories. Within these, cuts were made in the reports of the interviewees, which were referenced to the theme; and the *Final Analysis*, that it was a movement between the empirical and theoretical, the concrete and the abstract, and the particular and the general, step in which the interpretations on the subject are made as can be seen in the two categories described in the following item.[7]

RESULTS AND DISCUSSION

The data of the transcripts of the interviews with the subjects were organized into two categories: Changes in watch the person with mental disorder and Changes in nursing practice.

Changes in watch the person with mental disorder

The subjects noted features of the old model of mental health care in which there was an overload of the nursing staff that, in the absence of qualified professionals, assumed activities that should be assigned to other professional categories. They noted the value of the multidisciplinary team in this process, spoke about the importance of team meetings and pointed changes from the exchange of knowledge between the various categories of professionals working today in the treatment of mental disorder to the bearer. They had brought also changes in the process of nursing work in a psychiatric hospital linked to the National Program for the Evaluation of Hospital Services (PNASH).

> *"Today we have a complete team. Before it was the nursing and the doctor, then everything you had to solve, had to do the service of the social worker, the nurse, because there were no such professionals [...]. Today in nursing we have much more tranquility [...] today, with the full team, it has improved." (A4)*

> *"Today the unit has each team's psychologist, occupational therapist, social worker, that helped a lot [...] we have weekly meetings and this is the point. Before it was hard work [...] the patient was there and you had to give a bath, the medication [...]. If he stirred, we would meditate; If he fought, we restrained, that was the job." (A3)*

> *"Today is better for those who work [...] give conditions [...] to make meeting, discuss the issue of the patient." (AT1)*

> *"[...] the entry of other professionals has been helping in matter of seeing with other eyes, hear, observe, I think this is the biggest change that has occurred." (E2)*

> *"I came in here in 1990 and already was good, it wasn't as bad as people talk of previous years. I think from 90 until today has improved a lot, especially with the National Programme for the Evaluation of Hospital Services, the PNASH." (A8)*

Changes in nursing practice

The subject voiced that, arising out of the Psychiatric Reform, there is a transformation in the role of nursing staff that ceases to be just practical procedures for compliant participate actively in treatment through the professional practice more. Pointed new responsibilities that the nurse has acquired after these changes to team role, stressing the importance today given to participation of professional treatment:

> *"The role of nursing was only practical, give medication, help in containing, on patient safety. Today we're doing a different role, participate in groups, discussed the high patient, eveb the conduct of treatment [...] going through us all physical restraint, if we find that we must not contain the patient, we have the autonomy to do so." (E1)*

> *"Within the Reform, we have been able to make groups, see the whole nursing care, make nursing prescription, monitor and make sure that nursing can actually be exercising [...]. Seeing that nursing is not just doing food care, medication [...] but also part of the whole therapeutic plan, make contact with the user." (E2)*

> *"[...] the nurse could not write in medical records, because medical records were responsibility of a physician only. Today there is a requirement of the Ministry of Health that the nurse makes at least once a week notes of the evolution of patients [...] we do; and we make several groups with patients and one of them about hygiene [...]." (E1)*

The BPR has as principle the deinstitutionalization of mental disorder in order to offer this treatment in open places as a means of social rehabilitation. It is worth noting that this process translates into a paradigm shift of the

assistencial model to the attendance in the society that sets up an important step for the resocialization of such patients.[1]

The author[8] outlines three interpretations for deinstitutionalization: Deinstitutionalization as de-hospitalization, deinstitutionalization de-assistance and deinstitutionalization as deconstruction.He argues that the latter is characterized by criticism of medical knowledge in psychiatry inspired by the trajectory of deinstitutionalization developed by Franco Basaglia, in Italy.

In this sense, the words of the subjects bring the recent structural changes in asylum assistance that provided a multidisciplinary care, in which nursing is inserted. This understanding is supported by the Brazilian Health Reform, social change movement that reflected a critical review of the organization of systems and healthcare services and greater involvement of the State. This movement brought the expansion of the concept of health and integrality in health care to the creation of new areas of activity as well as incorporation of other professional specialties that were convened to contribute to the process of change for missing dimensions in the old dominant biomedical model.[9]

The III National Conference on Mental Health[10] consolidates this information in the area of mental health with a human resources policy based on interdisciplinary and multiprofessional work in just one look fragmented under the person with mental disorder and aiming at the prospect of a new health worker. This Conference pointed out the necessity of deepening the reorientation of mental health care model, with this restructuring psychiatric hospital care, besides of course the expansion of the network of community attention, with the effective participation of users and their families. Also contributes to the field of mental health as multidimensional, interdisciplinary, intersectoral and interprofessional, and as a fundamental component of the completeness of the social and health care in general.[11]

The need for multidisciplinary and interdisciplinary work stems from the fact that the person who gets mentally sick needs to be cared for in its entirety due to the complexity of the mentally ill in which humans see affected several areas of life such as health, family and social coexistence, work, housing, requiring the conjunction of disciplinary skills, knowledge and practices covering the uniqueness and complexity of mental health care.[12]

In this context it is essential the adoption of systematic meetings between professionals who make up the team, on which discussions are made to integrate the diverse ways of thinking and acting as a resource to review concepts, postures, attitudes, conduct, provide innovations in practice, work emerging conflicts and facilitate interpersonal and team-patient relationships.[13]

The mention of the PNASH for the improvement of care for the mentally ill person made by the subject A8 corroborates with the purpose of creating such program in which it appears to improve the quality of the hospital services provided to users of SUS through the annual assessment of the quality of these services and monitoring of interventions implemented to improve the quality of these following priority criteria. It is noteworthy that, in addition to the technical assessment, this program has been assessed the degree of users' satisfaction with the service received.[14]

In the evaluation instrument of PNASH there are evaluative questions that reflect the lines of subjects regarding the diversity of professional categories involved in the treatment, the requirements as to the record of the activities of the team of nursing in chart and book of complications and the participation of this effectively in the design of therapeutic patient through weekly meetings with the team and activities and groups with patients and their families. These items are considered important to attest to the quality of service and treatment offered by the institution.[14]

When recovering the historical context of treatment of patients with mental disorder, a rescue of the context in which the Psychiatric Nursing emerged is also made. We see that from the outset it had very precise determinations that stimulated its model of disciplinary assistance, maintainer of the order.[15] This approach is supported by the author[16] when he said that in Brazil, in the early 20th century, the nurse was professional should know how to listen and understand, But in practice it was the one who was responsible for surveillance, observation and control through physical restraint, as well as complementary care to the medical clinic (vital signs control, hygiene, food).

Nursing care were run by mid-level officers presided over, for the most part, by a top-level professional who played under medical prescription. In the asylum/hospital as characteristic of the public service, most professionals were admitted with the same connotation of the admission of a patient: punishment, absence of choice or transfer by showing off as a problem for other institutions.[17]

During the 1970 to 1980 the formation of nurse's management skills emphasized the instrumentals and labor relations in order to support the cooperative effort to ensure the unity and legitimacy.[17] And it is precisely in this period that the claims that resulted in the Psychiatric Reform which comes to reflect directly on the practice and teaching of nursing in mental health, what causes the rethink on training and expertise of professionals in the field.

Therefore, the psychiatric nursing had to follow the movements of the transformation of psychiatry in which the patient becomes seen as subject-active with rights and ability to word, what dissolves power relations and enables a more dignified treatment. The professional ensures its specificity, but with the reorientation of their practice within a multidisciplinary team with proposals of therapeutic activities directed toward shared care of human beings in mental distress.[18]

These transformations are possible also for daily reflection of actions that demonstrate the knowing/doing/thinking of mental health nursing.[4] Thus, arises the need to

develop professional skills and abilities in the approach and in the relationship with the patient, by extending the field of nurses, Psychiatric Reform proposes an approach targeted towards human and social characteristics and allows the bearer of mental disorder to be a subject of the health/disease process.[18]

With the new therapeutic proposals cited by the subjects, there is an increase in the use of groups in the care of the human being, being this a fundamental resource for the performance of any health professional, including the nurse. This feature can be used to improve the quality of life of people, being driven and organized in various situations and for various purposes, reflecting in relationships, in the family, at work and in society in general. Therefore, the nurse should get the basis for a competent performance, based on a specific training, enabling the achievement of the goals of this feature in the treatment.[19]

The use of the group involves conceptions of caregiving as an educative process used as an instrument of empowerment that allows the development of autonomy and patient safety, either to face situations and/or strengthen relations with other people.[4] A study[20] found that this method allows the verbalization of sufferings and overcome fears for people who go through similar situations favoring the exercise of exchanges and the creation of links.

It is worth noting that such changes in the rehabilitation process suffer direct influence of institutional organization, area of practice of professional and time when its practice is exercised which are determining factors. Such process requires time for being a continuous action that involves not just health professionals, but users, their families, the Government and various segments of civil society to which all assimilate these new concepts reflecting changes in practice to then propose to accept the bearer as a subject in the social environment.[21]

The report of the subject E1 demonstrates the advances in the process of mental health care that reflect in the profession in which the work of the nurse undergoes transformations that incite the re-reading of his attributions as a professional focused on therapeutic care based on communication and interpersonal relationship.[20]

However, the reality of health institutions still occurs with an organizational structure not well-defined, with unclear roles and bureaucratic overload. Such situations contribute to the nurse's distance from direct care to the patient, restricting most of its professional performance with routines and procedures related to managing nursing care and bureaucratic organization of the institution. In short, their participation in therapeutic activities common in mental health services like tours, groups, workshops, meetings, among others, is impaired.[4]

This understanding is in line with a study[20] in which nurses operating in specialized psychiatric service still voiced the predominance in the use of work time on administrative and bureaucratic activities with less participation in therapeutic activities in relation to other members of the multidisciplinary team. According to them, its activities focus on supervision, relocation of personnel, nursing staff orientation and environment maintenance on the furniture, instrumental and physical structure, what causes this professional to not understand exactly what its role in the care to the carrier of mental disorder is.[22]

CONCLUSIONS

The BPR brings the proposed new spaces and new models of attention to the person with mental disorder based on reversal of sovereignty of the technique at the expense of the subject. To this end, the Reform proposal is not restricted to creating extra hospital services, but has the emphasis in the production of a new do in health based on re-socialization and, above all, in ensuring the rights of people with mental disorders.

Within this perspective, the subject of this research bring structural changes in asylum assistance citing the importance of the multidisciplinary team in this process and the changes from the exchange of knowledge between the various professional categories working today in treating the person with mental disorder. According to them, this restructuring reflects directly in the organization of care and practice of nursing work.

Thus, changes in the role of nursing and the role of the professional nurse in mental health leaving these to exercise a limited role to the measurement of vital signs, food and hygiene care and restraint during the complications.

Nursing starts to act within a multidisciplinary team and to play a more comprehensive role with active participation in the treatment and autonomous exercise of the profession. Of nurses in mental health is required a differentiated performance focused on new proposals in which there is a therapeutic transformation of the power relations between the professional and the subject that generates the need for developing skills and abilities in the approach and in the relationship with the patient.

In the health services, attention to the mental patient requires the professional to have a differentiated attitude towards the subject, less focused on the diagnostic label and more committed to humanized care.

On the exposed, there are advances arising from the BPR on assistance to the mentally ill and that these interfere directly in the formation and performance of nursing teams, generating the need for preparation and training of mental health teams and health professionals as a whole since these patients sometimes need to be assisted in other services where the carrier of mental disorders is still victim of stigmas and prejudices that surround the madness.

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Author responsible for correspondence:
Ângela Gonçalves da Silva Pagliace
Rua Visconde de Guarapuava, 2058 – apto 404
Centro. Cascavel, Paraná, Brasil
E-mail: angela.mestrado@yahoo.com.br
ZIP-code: 85.810-110