

## CARE FOR PSYCHIATRIC PATIENTS IN THE EMERGENCY SERVICE: POTENTIAL AND FRAGILITIES OF NURSING

Atendimento a pacientes psiquiátricos no serviço de emergência: potencialidades e fragilidades da enfermagem

Atendimiento a pacientes psiquiátricos en el servicio de emergencia: potencialidades y fragilidades de la enfermería

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### How to cite this article:

Refosco ALM, Buriol D, Machado KC, Ilha S, Zamberlan C, Cesar MP. Care for psychiatric patients in the emergency service: potential and fragilities of nursing. 2021 jan/dez; 13:324-329. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v13.8599>.

### ABSTRACT

**Objective:** to know the potentialities and weaknesses experienced by emergency nursing professionals in the care of psychiatric patients in a Emergency Care Unit of the state of Rio Grande do Sul. **Method:** a qualitative, descriptive and exploratory study, with eleven professionals working in a emergency unit in the central region of Rio Grande do Sul. Data were collected from June to August 2018 through a semi-structured interview. **Results:** After they were submitted to content analysis, allowing the construction of two categories: The importance of nursing care to the psychiatric patient in the emergency room and Difficulties in the practice and performance of the nursing team in front of the psychiatric patient. **Conclusion:** The importance of investing in actions and discussions for nursing professionals regarding the care provided to psychiatric patients in the emergency room is evident.

**Keywords:** Psychiatric emergency services; Nursing; Emergencies.

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## RESUMO

**Objetivo:** conhecer as potencialidades e fragilidades vivenciadas pelos profissionais de enfermagem de emergência no atendimento aos pacientes psiquiátricos em uma Unidade de Pronto Atendimento do estado do Rio Grande do Sul. **Método:** estudo qualitativo, do tipo descritivo e exploratório, com onze profissionais atuantes de uma unidade de pronto atendimento da região central do Rio Grande do Sul. Os dados foram coletados nos meses de junho a agosto de 2018, por meio de uma entrevista semiestruturada. **Resultados:** após foram submetidos à análise de conteúdo, possibilitando a construção de duas categorias: A importância do cuidado de enfermagem ao paciente psiquiátrico na sala de emergência e Dificuldades na prática e atuação da equipe de enfermagem frente ao paciente psiquiátrico. **Conclusão:** evidencia-se a importância de investir em ações e discussões para os profissionais de enfermagem a respeito dos atendimentos ao paciente psiquiátrico na sala de emergência.

**Descritores:** Serviços de emergência psiquiátrica; Enfermagem; Emergências.

## RESUMEN

**Objetivo:** conocer las potencialidades y debilidades experimentadas por los profesionales de enfermería de emergencia en la atención de pacientes psiquiátricos en una Unidad de Atención de Emergencia del estado de Rio Grande do Sul. **Método:** un estudio cualitativo, descriptivo y exploratorio, con once profesionales trabajando en una unidad de emergencia en la región central de Rio Grande do Sul. Los datos se recopilaron de junio a agosto de 2018 a través de una entrevista semiestructurada. **Resultados:** luego de ser sometidos a análisis de contenido, permitieron la construcción de dos categorías: la importancia de la atención de enfermería para el paciente psiquiátrico en la sala de emergencias y las dificultades en la práctica y el desempeño del equipo de enfermería frente al paciente psiquiátrico. **Conclusión:** La importancia de invertir en acciones y debates para los profesionales de enfermería con respecto a la atención brindada a los pacientes psiquiátricos en la sala de emergencias es evidente.

**Descritores:** Servicios de emergencia psiquiátrica; Enfermería; Emergencias.

## INTRODUCTION

The Brazilian Psychiatric Reform movement marked the beginning of a major process of transformations in Mental Health care aimed at humanized and comprehensive care for users with mental disorders and their families. As a result, many psychiatric hospitals have been closed and, consequently, care is being provided in other health institutions.<sup>1,2</sup>

The process of Psychiatric Reform questioned public mental health policies, as well as the form of care in psychiatric hospitals. Thus began a discussion about the end of psychiatric hospitals, which are currently under debate in Brazil.<sup>1</sup> In 2001 at the III National Conference on Mental Health, Federal Law 10,216 was approved. It relates to mental health care, defining the provision of treatment in community-based services to protect and ensure the rights of people with mental disorders.<sup>2</sup>

Law 10.216 defines that 10% of general hospital beds are destined to meet the demand of mental health patients in crisis. Thus, urgent and emergency care must be performed regularly in emergency units, which are open 24 hours a

day, with the possibility of staying in observation beds for up to 72 hours.<sup>2</sup> This user should be guaranteed care under a multidisciplinary approach and interdisciplinary mode of operation.<sup>3</sup>

With the reorganization of mental health care, the Ministry of Health recently implemented the Psychosocial Care Network (RAPS), aiming to consolidate an open and territorial based care model. This network integrates the SUS and establishes the centers of care for people with mental disorders and harmful use of psychoactive substances. This new health care model is comprised of a variety of services and equipment ranging from Psychosocial Care Centers (CAPS), Street Clinics, Therapeutic Residences and Leisure Centers, as well as hospital beds for cases where hospitalization is needed.<sup>3</sup>

CAPS emerged as a substitute for the centralized model in psychiatric hospital care. Currently, these centers are an important device of the care for individuals with a mental illness. However, it is noted that after the implementation of these services, there is a gap between the supply and the demand for mental health services.<sup>4</sup>

Psychiatric emergencies may be defined by the change and/ or acute disturbance in behavior, thinking and / or mood of a patient. Also, if left untreated, it can result in damage to themselves and others, and may be considered more serious when it involves imminent risk of life.<sup>5</sup>

The approach to the person with an emergency mental disorder is of such importance that, if done safely, promptly and with quality, it can determine their acceptance and adherence to treatment. Also, it can be conceived as the most important technology of an emergency service, through which active listening by the professional can be exercised, expressing respect for the uniqueness of the patient, offering him adequate responses and solutions.<sup>6</sup>

Comprehensive care actions should be coordinated among professionals of existing services in health care networks, allowing appropriate referral of patients to other competent services. This approach to health services allows welcoming the patients and collaborates in establishing the bond between the user of the service and the team.<sup>3,7</sup>

Among the professionals that make up the multidisciplinary health teams that work in the care of psychiatric emergencies, the nursing teams that work in the front line of care stand out.<sup>6</sup> These teams should be prepared to intervene immediately in situations of emergency and crisis and, when possible, to assess mental and physical state, adopting an active, convincing and supportive posture to the patient and his family, in order to avoid further damage to the health of the individual and eliminate possible risks to his life or to others.<sup>8</sup>

Thus, it is important to consider that, for the proper functioning of an emergency service, agility in the management of the situation may imply some limitations, both in relation to the patient's treatment and training of health professionals, especially nursing staff.<sup>9</sup>

The treatment of urgency and psychiatric emergency must meet the objectives including such priorities as the stabilization of the condition (target symptom control), recognition of pathologies and organic changes, establishment of diagnostic hypotheses and referral for continuity of care based on the specificity of each case.<sup>10</sup>

Due to the experience as Resident of Urgency and Trauma, in one of the practical fields was identified the unpreparedness of nursing professionals when treating patients in psychiatric outbreak and attempted suicide in a 24-hour Emergency Care Unit.

Given the above, the question is: what are the potentialities and weaknesses experienced by emergency nursing professionals in the care of psychiatric patients? In an attempt to answer this question, the objective was to find out the perception of the nursing team about the aspects of potentialities and weaknesses in the care of psychiatric patients.

## METHOD

This is a qualitative descriptive study. The study was carried out in an Emergency Care Unit, located in a city in the central region of the state of Rio Grande do Sul. The choice of the unit was due to the proximity to the area of field work of the Residency in Nursing in Emergency and Trauma of the Franciscan University (UFN).

The following inclusion criteria were established: to have been working in the institution for more than six months and have already done some psychiatric patient care. Exclusion criteria were: having some kind of leave or vacation during the research data collection period.

Initial visit included a talk with the nurse in charge of the Emergency Care Unit explaining the research. With those who accepted, the best day and time was agreed for data collection. They met the inclusion criteria, forming the sample for this study that included 11 professionals: one nurse and ten nursing technicians.

Data were collected from June to August 2018 through a questionnaire designed with two questions: What potential do you see in your care for psychiatric patients? What are the weaknesses that you observe in your care for psychiatric patients?

The data were submitted to the Thematic Content Analysis proposed by Minayo (2014)<sup>11</sup>, which included three stages, namely: pre-analysis, material exploration or coding and treatment of results / interpretation. The pre-analysis stage comprises fluctuating reading, research sample constitution, formulation and reformulation of hypotheses or assumptions. Still in the pre-analysis the researcher proceeds to the formulation and reformulation of hypotheses, which is a process of resuming the exploratory stage through the exhaustive reading of the material and the return to

the initial questions.<sup>11</sup> The ethical and legal precepts that involve research with humans were in line with the Resolution 466/2012 of the Ministry of Health.<sup>12</sup>

Participants signed the Informed Consent Form (FICF), in two copies, one remaining with the participant and the other with the researcher. The Project was approved by the UFN Research Ethics Committee by Opinion No. 2,643,045, on May 8, 2014, (CAAE: 88950618.2.0000.5306). To maintain anonymity of the participants, they were identified by the letters E (Nurse) and T (technician).

## RESULTS

Out of 11 professionals interviewed, ten were nursing technicians, five male and five female. And only one of the interviewees was a nurse. The predominant age group was from 23 to 49 years old.

The analyzed data were transcribed and grouped into two categories: Potential of nursing care for psychiatric patients in the emergency room and weaknesses experienced by emergency nursing professionals in the care of psychiatric patients.

### Potential of nursing care for psychiatric patients in the emergency room

When questioning the professionals who were the target of this research, about the potential that the nursing staff faces when providing psychiatric care in the emergency room, some situations were listed: attempt to refer the patient to a specialized service, patient care without the structure necessary, provide the best care.

Within this category issues were divided into two further categories:

#### Service and resolution of referral

*He receives the clinical care of his needs according to the protocol of the institution. Whenever necessary he is medicated and referred to a competent body. (T1)*

*Decision on referring the patient to the correct treatment as soon as possible. (T2)*

*[...] Commitment to referral for evaluation with the specialist. (E1)*

The statements of three interviewed participants show that every psychiatric patient who arrives at the emergency room will receive clinical medical care and will be evaluated, receive medication if necessary, and referred to a specialized unit.

### **Attempted dialogue, humanized listening, bonding and material resources**

*Listening more humanized in an attempt to establish bond in order to help their recovery. (E1)*

*We do not have much resources in the unit, but with what we have we try to do the best for the patient, when possible we try to dialogue ... (T4)*

One of the interviewees stated that there was a lack of material resources and trained professionals to assist a psychiatric patient in an outbreak.

*Within the resources that are made available the team does its best for the patient. (T5)*

It was also highlighted by professionals that despite the little resource offered by the service, they always do their best for the patient, whether through dialogue, more humanized listening and/ or bonding.

### **Weaknesses experienced by emergency nursing professionals in the care of psychiatric patients**

It was highlighted by the majority of professionals interviewed that the most common weaknesses found in the service are: the lack of trained professionals to receive a patient in crisis, the risk that these patients may mean to the nursing staff, lack of structure, lack of specialized units to receive the patient and subsequently continue their treatment.

Within this topic two further categories were identified:

#### **Physical structure and professional knowledge/qualification**

*We have no professionals in this area in our unit. Usually the patient poses a risk to the nursing staff. (T1)*

*Little or no training for the nursing staff, little structure often. (T3)*

*Lack of preparation along with the lack of structure as well as knowledge of the causes and the best way to act. (T4)*

*Firstly, the lack of the institution's structure to serve a patient in crisis, the lack of training of the nursing staff to provide greater support and patient care. (T5)*

*Lack of training in the pathology, besides the inexistent and inadequate infrastructure. (E1)*

### **Difficulty of to find places for patient referral**

*The place that has expertise in psychiatry is hardly ever vacant, which makes the patient stay days and days in emergency units. (T1)*

*There is no place to refer these patients after stabilization. (T2)*

*Often the patient arrives in crisis and we have few colleagues to help contain and perform the procedure with that patient. (T3)*

*Also the lack of places for these patients to continue treatment, where it ends up overloading the emergency care, often the team suffers aggressions when these patients are "hospitalized" in the institution awaiting destination. (T5)*

*Lack of planning in interventions in basic units and specialized units, overloading the urgency and emergency service. (E1)*

Most professionals report the lack of preparation and structure to receive psychiatric patients in the red room. Therefore the importance of keeping qualified and prepared professionals.

## **DISCUSSION**

This study showed that there is a gap in the care of psychiatric patients in the emergency room, corroborating studies that report that urgency and emergency services are tense and stressful spaces for professionals, patients and families.

In addition, too much of patient care occurs in critical situations, and low capacity of care teams and structural shortcomings of the service and the health system as a whole lead the professionals of these services to position themselves impersonally and with difficulty of acting in a humanized manner.

Psychiatric emergencies can be defined as any acute changes of psychiatric origin in which an individual's mental state changes, which may imply a current and significant risk of death or serious injury, for the patient or others, requiring intervention and immediate therapy.<sup>13</sup>

There are difficulties such as deficits in training, lack of professional development and training in mental health and the lack of physical structure of emergency units observed by the team when providing care when the patient presents a psychiatric comorbidity together with the clinical condition<sup>68</sup> corroborating the statements of professionals who report a lack of training and staff development.

Patients with psychiatric comorbidities also seek care in these services for depressive symptoms, psychomotor

agitation and / or aggression and suicidal attempt or ideation, in addition to other biological needs that may arise, clinical, surgical and / or obstetric.<sup>14</sup> Most health professionals have difficulties in the care of patients in psychiatric crisis, either due to the lack of experience and knowledge about mental health; the fear of being attacked or for not believing that the patient is suffering mentally.<sup>8</sup>

In some studies, professionals report the need to use physical force to contain these patients, causing risk to both professionals and patients themselves. Healthcare professionals are afraid of being beaten and demonstrate the lack of experience in the management of psychiatric patients.<sup>4,8</sup> It is necessary to give due importance to the initial approach of the person with mental disorder in an emergency situation. It is essential for it to be conducted safely, promptly and with quality by the nursing staff.<sup>15</sup>

It is assumed that high rates of mental disorders impact on high rates of emergency care and psychiatric emergencies. Most of the time, the nurse and his/her team are the professionals who have the first contact with the patients in these situations, demanding from these workers immediate intervention, together with the multidisciplinary team, in order to avoid greater damage to the individual's health and eliminate possible risks to their life and to others.<sup>8</sup>

Despite the importance of adequate care for people in psychiatric emergencies, studies have shown that nursing teams encounter communication difficulties, lack of knowledge, training and experience in the area. These factors, associated with poor physical structure, lack of human resources and the stigma and prejudice against these ailments, constitute limitations for adequate nursing care for patients.<sup>4,8</sup>

Care in psychiatric emergencies is complex and challenging. Psychiatric emergencies can occur in all care settings and are diverse in clinical presentations, complexity and evolution.<sup>10</sup> In addition, they require immediate action and presuppose the tension in terms of observance of ethical principles.<sup>5</sup>

## CONCLUSION

This study is considered satisfactory, as it was possible to reveal the perception of health professionals and their performance regarding in terms of care provision to psychiatric patients in the emergency room by nursing staff, as well as the potential and difficulties in this practice.

The following weaknesses were identified: the lack of structure, the lack of trained professionals, risk to the nursing staff, little or no training for the team. And the highlighted opportunities were: humanized listening, dialogue and attempt to refer the patient to a specialized service.

Patient care with psychiatric comorbidity is challenging in any health unit, and even more so in a non-specialized and dynamic units such as the emergency service.

Some limitations permeated the construction of this study, among them the qualitative approach that, because

it is the subjectivity of the local reality, cannot be used to generalize the results found. Thus, it is necessary to conduct exploratory research with the population in other contexts. Difficulties include the incompatibility of schedules for data collection. However, understanding that the difficulties are part of every study, researcher and respondents were (re) adjusted and the meetings were rescheduled and rescheduled a few times until the research was carried out.

The professionals participating in the study reflected on the need for knowledge to assist in psychiatric emergency situations in the red room, as they have already assisted people in this condition, even if with less complexity. Thus, greater investments are needed on issues related to urgent care and psychiatric emergency.

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Received in: 07/03/2019

Required revisions: 29/07/2019

Aproved in: 07/08/2019

Published in: 15/03/2021

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**Disclosure: The authors claim to  
have no conflict of interest.**