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SYSTEMATIC REVIEW OF LITERATURE

As práticas da enfermagem psiquiátrica na transição paradigmática: estudo de teses e dissertações

Psychiatric nursing practices in the paradigmatic transition: a study of theses and dissertations

La práctica de enfermería psiquiátrica en transición paradigmática: estudio de tesis y disertaciones

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ABSTRACT

Objective: To analyze the practice of psychiatric nursing in paradigmatic transition in the mental health area and discuss the possible changes of the psychiatric nursing practices. **Method:** the research carried out at the bank of theses and dissertations of the CAPES in May 2012, using the expression psychiatric nursing. **Results:** this study obtained 288 products. The analysis showed that the core of meaning: tools for nursing care, the nurse's role, hospital practices, hospital-centric mode transition to the psychosocial and health network. These were reassembled in two thematic categories: hospital-central practices and psychosocial practices. After 2001, there has been greater concentration of paradigmatic transition studies, however, the practice of psychiatric nursing, which had its genesis in the hospital, continue to exist in psychosocial services with the necessary transformations of the current paradigm. **Descriptors:** Mental health, Psychiatric nursing, Nursing care.

RESUMO

Objetivo: Analisar as práticas da enfermagem psiquiátrica na transição paradigmática do campo da saúde mental e discutir as possíveis mudanças das práticas desse tipo enfermagem psiquiátrica. **Método:** a pesquisa foi realizada no banco de teses e dissertações da CAPES, em maio de 2012, utilizando a expressão enfermagem psiquiátrica. **Resultados:** foram obtidos 288 produtos. Na análise, ficaram evidenciados os núcleos de sentidos: ferramentas para o cuidado de enfermagem, papel do enfermeiro, práticas hospitalar, transição do modo hospitalocêntrico para o psicossocial, e rede de saúde. Estes foram reagrupados em duas categorias temáticas: as práticas hospitalocêntricas e as práticas psicossociais. Após 2001, houve maior concentração de estudos sobre a transição paradigmática, no entanto, as práticas da enfermagem psiquiátrica, a qual teve sua gênese no hospital, continuam a existir nos serviços psicossociais com as devidas transformações do atual paradigma. **Descritores:** Saúde mental, Enfermagem psiquiátrica, Cuidados de enfermagem.

RESUMEN

Objetivo: Analizar las prácticas de la enfermería psiquiátrica en la transición paradigmática del campo de la salud mental y discutir los posibles cambios de las prácticas de enfermería psiquiátrica. **Método:** la investigación realizada en el banco de tesis y disertaciones de la CAPES, en mayo de 2012, utilizando la expresión enfermería psiquiátrica. **Resultados:** se obtuvieron 288 productos. Em el análisis se evidenciaron los núcleos de sentidos: herramientas para el cuidado de enfermería, papel del enfermero, prácticas hospitalaria, transición del modo hospitalocéntrico para el psicossocial, y red de salud. Estos fueron reagrupados en dos categorías temáticas: las prácticas hospitalocéntricas y las prácticas psicossociales. Después del 2001, hubo mayor concentración de estudios sobre la transición paradigmática, sin embargo, las prácticas de la enfermería psiquiátrica, que tuvo su génesis en el hospital, continúan existiendo en los servicios psicossociales con las debidas transformaciones del actual paradigma. **Descriptor:** Salud mental, Enfermería psiquiátrica, Cuidados de enfermería.

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INTRODUCTION

The genesis of psychiatric nursing in Brazil takes place in the National Hospital of the Alienated, the first mental hospital in Latin America. As an advent of the Republic, breaks up nursing care conducted by religion and gives space to psychiatric nursing. However hospitalization in psychiatric hospital was centered in body issues (food, hygiene, etc.) and the environment (order, control, etc.). And advances have occurred in order to follow the therapy proposed by psychiatry. The work of the psychiatric nursing advances with diverse and heterogeneous characteristics, due to the new equipment, which emerged with the restoration of psychiatric care in Brazil with the objective of replacing gradually the mental hospital.¹

From a practice typically custodial practice developed in hospitals, it becomes the nursing care aimed at psychosocial rehabilitation of those psychically suffering¹. Nursing in day hospitals, for example, started to be responsible for therapeutic projects, coordination of group and individual activities, but also to produce a transformation in the way to learn and to intervene, leading to the clinical nursing fundamentals to carry out mental health care.¹

As the process of critique of hospital-centric model, within the movement of the Psychiatric Reform, the discussion of nursing will move towards providing more effective care that contributes to the psychic well-being. Briefly, the psychiatric nursing is born with the demand of the mental institution hospital in hospitalization, clinic and day hospital and reinvents with the birth and expansion of day-care Centers (CAPS). To this end, it took to transform and adopt the complexity of contemporaneity and performing in different spaces.

Currently, there is a concern with the practice of psychiatric nursing that meets the requirement of the current mental health policies (territorial base services, expanded concept of health, etc.)², i.e. being concerned with psychosocial care demands of users, but leave no clear concepts and care practices in the territory. Studies that address the theoretical subsidies and the clinic of psychiatric nursing do not bring directly care practices enhancing the territorial issues to the well-being of those who care.

The psychosocial area delimited from the broad participation of professionals, managers and users, suggests that the integral attention in mental health should propose a set of sanitary and socio-cultural devices from an integrated vision of the various dimensions of an individual's life, in different and multiple areas of intervention (education, health care and rehabilitation). It should also refer to the principles of universality, completeness, fairness, participation and decentralization. Thus the attention network must override the hospital-centric model for a diversified and qualified network of services.^{3,4}

The theoretical construction of psychiatric nursing in recent decades brought big advances. The practice of psychiatric nursing was defined by the empathic intuit using

theoretical constructs: qualified listen, empathy, readiness to take care, post-demand care, give hope and time. The good care with human attitude sustained these concepts in a dynamic process and indivisible.⁵ And even the "good care" of psychiatric nursing has become with the demands of the Health Policy of Brazil and it was necessary to include other elements related to phenomenon of inclusion of the territory in the practice of nursing.

Objective

To analyze the practice of psychiatric nursing in paradigmatic transition in the mental health area and discuss the possible changes of the psychiatric nursing practices.

METHOD

Conducted by a bibliographical study, which is conceived as one that explains a problem from studies already carried out and published, generally, searching to know or analyze the cultural or scientific contributions that exist on a particular subject or topic.⁶ The research carried out at the bank of theses and dissertations of CAPES (<http://www.capes.gov.br/servicos/banco-de-teses/>), in May 2012 using the term psychiatric nursing, obtained 288 products. There was not established the temporal cutting for targeting the practices of psychiatric nursing in paradigmatic changes during the Psychiatric Reform process, but the results begin in 1987 and increased progressively until 2011. Some steps for the selection of the material and contextualisation were: 1) selection of materials from the site; 2) reading the titles and abstracts; 3) processing of data using Excel spreadsheet; 4) marking of texts according to the topic in practice, theoretical approach, perception/social representation, education, health, history, family/user, chemical dependency and other; 5); selection of products that address the practice; 6) notes after the critically material; 7) analysis and transcription of data for the search report.

After data collection and construction of Excel spreadsheets, the material was read and re-read until it was possible the involvement with the idea, groups, seeking even the subjective dimension embodied in products. The only criteria for inclusion was the topic of psychiatric nursing practice. 110 selected products have integrated the database of research and they were read and analyzed.

The data were submitted to thematic analysis⁷, in three steps: 1) pre-analysis - reading and identification of cores of senses; 2) treatment of results-coding of cores of senses and appointment of the core of meaning; 3) Categorization - Grouping, interpretation of the core and description of categories. Subsequently a review and comparison of thematic core with the historical process of Health Policy in Brazil was performed.

Initially the classification of periods and topics were performed in order to understand the historical process of the psychiatric nursing practices. This thematic contextualization was mainly of thematic adopted in theses and dissertations in the established periods. The result of the search was 288 products distributed in the following thematics: 110 practices, 37 perceptions and social representations, 30 teaching, 25 about the user of mental health services, 21 occupational health, 11 family, 10 chemical dependency and 20 others (ethics, infectious diseases, etc). However, only the 110 products about “practice” were selected for analysis.

Table 1: Classification by thematic and dates of theses and dissertations. (Rio de Janeiro, 2012)

Core of meaning	Untill 1990	1991-00	2001-10	Total
Tools for nursing care	1	16	19	35
the psychiatric nurse's role at the hospital	2	3	5	10
hospital practices	2	4	10	16
Hospital-centric mode transition to the psychosocial	0	9	21	30
Community network	0	0	11	11
Other	1	1	5	7
Total	6	33	71	110

In table 1, it is evident the growth of the scientific production of theses and dissertations in the period. It is important to highlight that with the Psychiatric Reform and the proposed changes in the performance of all the professionals involved, some studies no longer use the term psychiatric nursing, or it uses to report the hospital-centric nursing practice. But this is still the descriptor used for the description of nursing specialty in the mental health area. However, it does not appear in the search of products of important former institutions in Brazil.

It was evident the concern of the products with the nursing role, i.e. the search for criticism than it is done and the conceptualization of psychiatric nursing in three periods. Also there is the concern of the thematic studies about the do's of nursing in psychiatric hospital, in clinics, or CAPS.

The practice of psychiatric nursing are frequently handled through the tools (group strategy, therapeutic communication, home care, therapeutic monitoring, reception and listening, systematization of assistance, etc.) that nurses use to perform the care, especially in studies that in the hospital, clinic and hospital day. In three decades the therapeutic relationship, nursing consultation, group work have appeared, i.e. the psychiatric nursing had its origin in the hospital and has maintained its practices, but adapted to the new order: the Health Politics in Brazil. However, it can be noted that in the

80s, studies about hospital-centric practice have prevailed (or clinic liked to the hospital), in the 90s studies about the tools to the care in the hospital or other services, after 2001 the largest number of studies have focused on paradigmatic transition, including the network of care.

The Psychiatric Reform did not propose that the practices/strategies with its genesis in the psychiatric hospital were allowed to exist, but it guided to them being in environments health promoters, with the participation of all those involved in the care, therapeutic work centralized to enrich the global, complex and concrete existence of users.⁸ The great challenge of the clinic of psychiatric nursing at the present time is to incorporate the concepts of citizenship, autonomy, power of collective contracting, social participation and care. However, the dynamics of relationships that happen in the territory allows to innovate the form of exist and signify either for users or for the services or professionals.

It is evident the paradigmatic change of products analyzed in the thematic group about the network, with 11 studies, which extrapolates the mental health services and bring the possibilities of articulating and caring mental health in other spaces: basic care and community. Of these studies, six have as their object the relationship between CAPS and the Family Health Strategy, it is observed that both are on the same territory in order to extend the potential to take care of those who live there. The paradigmatic change claims health care and production built along with the community, using the multiple knowledges, disciplines and resources of the territory.

Uncertainties, setbacks, disagreements are common in the moment of transition. But in the current mental health conjecture, dialogue, exchanges and connections allow reflections able to modify the thinking and making the services. It is really great for professionals and users of mental health through the impoverishment of socialization, preparation for working life and social stigma of madness and who works with the madness, the low self-esteem of the people of society or of the centres of excellence.

Concerning the clinic of psychiatric nursing, in the decades of 80s and 90s, the object of the research elements prevailed, the tools or strategies that constitutes the clinic. After 2001, studies with services, the health network, extended care and connections between departments, disciplines and people as their objective have prevailed. Nursing in the decades of 80s and 90s occupied of care ways formatted by the institutions in which they were inserted, and after 2001 they show marks of a built, broad care involving the context of cared people's lives.

The contents of the products were analyzed in order to understand the practice of psychiatric nursing in recent decades. To this end, we adopt the grouping of the core of meaning and classification of constructive elements, they were regrouped in two thematic categories: hospital-centric practices and psychosocial practices.

Hospital-centric practices

The unit of meaning called tools for nursing care includes a range of nursing practices and constitutes the theoretical perspective of nursing clinical psychiatry. In the analyzed products used; reception, therapeutic monitoring, home care, therapeutic

communication, nursing consultation, transdimensional care, interactive meeting, listening, group strategy, case management, humanization, Imagination, empathic Intuit, playful in psychiatric care Conviviality core, therapeutic or interpersonal relationship and systematization of the assistance.

As the communication tool, one thesis,⁹ concluded that the non-verbal aspects both in interactions that occurred among the nurses and users, as in the context that they are involved, they do not contemplate the precepts of the Psychiatric Reform. For example, the use of physical space, locked doors, access denied to patios, use control of telephones and bathrooms, not always suitable locations where the interactions observed, the time used in these interactions, among others. It was found that the nurses of that study were not attentive to understand non-verbal communication in assisting, demonstrating a contradiction between speech and practice, compromising, the main keynote of the Psychiatric Reform: the humanization.⁹

The therapeutic, interpersonal relationship help relation or nurse-patient relation is based on the idea of conscious interaction of nursing with goal of helping each other to increase the level of well-being. The goal of nurse-person relation cared is the understanding of the problem, the conditions for solution and to believe in learning the person cared. The interpersonal relationship happens in three axes: knowing yourself, knowing the other and applicability in the contexts of life.¹⁰ In practice, the interpersonal relationship enables the refinement of other care, but arouses the other joints according to the needs of the one who wants to help, corroborating the principles of Psychiatric Reform.

In a study¹¹ guided by the question, what are the practices of nurses of psychiatric institutions? The results show: the reception and listening to people arriving; the interpersonal meeting nurse/client; integration of knowledge with the do's; and teamwork. Nursing care in mental health is sensitive, interpersonal, creative, technological, and shared, valuing the person.

The nursing consultation in a psychiatric clinic with the use of the nursing process contributed to a global view of the patient and better understanding of their problem. However, he claims that the products linked to systematization of assistance has brought issues of biomedical model, built to the psychiatric hospital,¹² i.e. a dichotomy: global and centered in the biomedical model.

The practice of therapeutic monitoring¹³, the dichotomy appears again, initially as being together at different times of life, a kind of data collector, without exercising intervention, perform monitoring in daily tasks in hospitals, or replace the psychiatric hospital for home care. Later, the strategy was also used in hospitals-days as a way to build a connection to life outside the walls and was rebuilding as therapeutic strategy from the appreciation of the potential of different therapeutic community spaces. In this perspective, the therapeutic link allows the user to register their subjectivity actually shared and responsible for its existence.

In the perspective of psychosocial rehabilitation, the therapeutic monitoring⁹ favors social exchanges through meetings and contact with the city. Monitoring promotes health in open spaces, without territorial demarcations, i.e. transit through the city with wide field of negotiation and collective contracting power and exercise citizenship. This strategy

creates new forms of existence, modes of subjectivation and possibilities of temporal and spatial organization.¹³ Thus, the strategy that is born in the hospital, takes psychosocial dimensions.

Home care is presented in three ways: a multidisciplinary program of home care for deinstitutionalization¹⁴, house visits of the psychiatric hospitalization¹⁵, home care to the bearer of mental disorder.¹⁶ However, the program has low membership and service needs of other articulations, still little explored by nursing, perhaps for the viability and structure. The home visit stressed the importance of the participation of the family and of the subject in the continuous process of care, allowing nurses to build creative, supportive and sensitive care, allowing the subject to new contracts with life.¹⁵ In the analysis of the three studies, it is clear that the question problem service, or home visits is on fragmentation: characteristic mental hospital. This strategy of the practice of psychiatric nursing is important, but not effective if separated from other proposals, or other devices care health promoters.

Practices with innovative initiatives represent actions, socializing in the practice of nursing, such as: interactive meeting, Conviviality core¹⁸, group strategy¹⁹, management case.²⁰ The interactive interpersonal relationships inspired encounter represents a space with the proposal to experience a group of exchanging experiences, objective of the implementation of interactive meeting was the appreciation of the need to talk to this clientele, considering the preparation for hospital discharge¹⁷. The core of conviviality was a hospital experience with interns-residents, in order to create new forms of assistance aimed at the potential healthy subject in distress, represents the construction of a place of socialization in the institution.¹⁸

The group's work represents a potentially effective therapeutic modality, allows relationships between members and the group's coordinator, bringing great benefits. However, the results of the study pointed to the need for an investment in the training of nurses in relation to the group's proposal and especially professional institutions incentive to work with groups and nurse's own motivation.¹⁹

Management of cases²⁰, based on experiences of other countries to counteract the traditional psychiatric hospital, constituted an alternative to the mental health care feasible and possible, based on the patient's mental preparation as responsible for his care, for their maintenance in the community and contact with the health service. Healthcare strategy employed was the community case management and intensive, clinical type with emphasis on the difficulties presented by the patients.

The socializing practical initiatives¹⁷⁻²⁰ of psychiatric nursing demonstrates the relevance for care. However, they are trapped by institutions and precepts of the model in which are inserted which limits the autonomy and therapeutic potential of social exchanges in the construction of the therapeutic process of the person cared. The interactive meeting, the core of conviviality and group strategy linked to hospital showed effective in improving welfare, but had its limits.

The Imagination²¹ and playful²² in psychiatric care continued poetic, fun, creative and sensitive care.

Care is constructed by the nurse at the moment of interaction - creating more metabolized than thought and it has its support body; take care in Psychiatry implies Union of scattered elements; it is the pursuit of integration of their own being, corresponding to the holistic perspective, who understands the reality in integrated wholes, where each element in a field regarded reflects and contains all its dimensions; take care in nursing is the dynamics of complementary actions in search of an active unit than a intellectuality and creativity. (...) care is the possibility of promoting growth, autonomy and the development of several states of being (...), involves standing, expectation and hope.^{21:10}

Transdimensional care²³ was used with care strategy of nursing workers in order to invest in human potential in hospital care. Even being an experience of nurses care, the theoretical framework used bet on intuition, creativity and human subjectivity to the therapeutic potential of this strategy. The self-knowledge and self-changing are being highlighted with essential in the practice of psychiatric nursing, a movement of valuing the human practices.

The empathic intuit²⁴ is a theoretical proposal for the practice of psychiatric nursing built from the study the practice of psychiatric nursing hospitals for good care. This consists of six dynamic constructs and intentional: listening, post-demand care, qualified readiness to handle, time, hope and empathy. The psychiatric nursing carries with it skills and decisions for care. It is used their experience to the exact moment they demand the care, they can intervene in a personalized manner, because they believe in human potential and wait for the time when the person cared for needs to develop higher levels of well-being. Empathy, a key element of the clinic, requires nurse exercise trying to be with the person cared, understand under their optical experience. From the empathy, other elements arise in a dynamic process of care.

The psychosocial practices

In the period from 2001 to 2010, there was no reversing the publications thematic: while in previous decades the studies were mostly tied to mental hospital, this service practices prevail outside the hospital institution. Considering the Brazilian Psychiatric Reform²⁵ a dynamic process of: critical of hospital-centric mode (stage 1-1979 to 1987), construction and strengthening the mental health network (phase 2-1988 to 2000); and search of the citizenship rights of the users and the completeness of the assistance (3-phase from 2001). Considering the law 10216 of April 6, 2001, who possesses the rights of the mentally ill and redirects the attention model in mental health (for psychosocial) becomes necessary change in structuring of mental health services and the transformation of the action of all the professionals in the mental health area.

In the process of change in the practices of mental health care, there were necessary practices for deinstitutionalization, psychiatric social rehabilitation, psychosocial rehabilitation of those who have suffered great losses by psychic illness or prolonged hospitalization. Forms of psychosocial care in the territory were created: started in the inside of hospitals, continue network services mental health and strengthen the resources of the community. Studies show that nursing practices address the paradigmatic transition and relations with the other provisions of the territory.

The territory is a living strength of concrete and imaginary relationships that people establish between themselves, with the objects, with culture, with relationships that streamline and become themselves.²⁵ In this way, the emerging paradigm of health proposes services providing quality care, without the purpose of institutionalizing, prioritizes the role of users and search of the territorial resources meet the demands of individual users and collective promotion of health.²⁵

It is important to note that the psychiatric nursing has its genesis in hospital, and over the transformation processes of the Psychiatric Reform have changes and innovations in practice. This phenomenon of social and professional transformation takes time, even with investment in vocational training, in reflection of the practice and social construction. In the movement to produce knowledge about the paradigmatic transition there are theses and dissertations which seeks to analyze the Psychiatric Reform inside and outside the mental hospital.

A study entitled: The reinvention of nursing in everyday homecare Anchieta and psychosocial care cores²⁶, it was found that differently in both the nursing services was seeking: a place in the Sun; something flexible to build a relationship with others; of paper being constructed/deconstructed in concrete practice. Thus, the study makes a reflection on the mechanisms of acceptance/denial of the role of supporters of the order about the confrontation of stereotypes assigned to nurses, arriving at an understanding that being a nurse in the daily lives of two institutions constitutes a constant be, therefore, it is continuously reinvented.

A study on the practice of nurses of Rio Grande do Sul²⁷, revealed that the worker process has as object the subject in their existence-suffering, having as purpose the capacity enlargement of autonomy. As an instrumental work, nurses develop an articulated set of individual and collective actions in which the singularities are included in an individualized therapeutic project, intervened in the contractual power of these subjects. However, the process has advanced between conflicts and resistances.

In the transpersonal care study of nursing home care to the carrier of mental disorder and their family: a contribution to social reintegration.²⁸ It is clear that the initiatives comes accompanied by difficulties. Home care faced with a lack of engagement in their community activities or activities of daily living, in its own family, the unpreparedness of the family caregiver, the stigma of mental disorders on society and the low self-esteem of the user. Even so, the study points out that the assumptions of the Psychiatric Reform changed positively assistance practices.

As for the care for psychiatric deinstitutionalization²⁹, it is emphasized the complexity of the output process of hospitalization in long-stay asylum institution. The care articulates among various professionals, and services sectors to facilitate the lives of the users in the community. The output of the ex-interns process took place in three steps: still in hospital care to arouse the willing of the discharge (differentiation of the asylum institution); to enable the high care (citizenship rights of ex-interns); and care to help them restart life in the community.

A study focuses on emancipation, “empowerment” and autonomy of users of mental health and proposes to practice provocations: the access to the network of health services

and the social and community spaces; the articulation of these spaces; unveiling paths that meets the individual needs of users; production of life projects; interactions with the territory that proposes dialogue spaces and formatting of life projects; diversity of connections through the production of meanings and choices essential to life; strategies for reconstruction of connections in search of consolidating the citizenship of each user; among others.³⁰

However, when analyzing the representations about users, their families, the practice of workers and service, a research found³¹ that the relationship with users established by the benevolence, the family care was represented by distancing mental health practices marked by uncertainty and the organization represented innovation service (network access, insertion in the community). Workers are living a paradox: on one hand, they offer inclusive practices and on the other they are responsible for the removal of the families from the service. The speech shows difficulty to establish precise limits on the practice: first they get lost in the discourse of multiprofessional team and then in the modes that the worker is included in the speech.

A research³² describes nurse's work in CAPS in individual Assistance: (reception, nursing consultation, screening, medication administration, etc.); group assistance (operating, educational groups, guidance, relaxation and workshops); family assistance (consultations, groups and home visits); community activities; bureaucratic and administrative activities (control of medication, referrals for team meetings, supervision of mid-level professionals, preparation of reports, material request, nursing scale, among others).

The tests of paradigmatic changes in practice of nursing in the psychosocial area include products with thematics over the network and basic care. Mental health actions carried out by the staff of the Family Health Strategy involve: reception, listening, bond, home visit, discussion of cases, staff meeting, consultations and therapeutic groups.³³ The same study points out as easily for such actions the proximity of theory and practice in training and as difficulties the fragmentation of health network, exacerbated by insufficient amount of mental health services and the difficulties of articulation within the network. In this way, a territorial service is connected to other services, which is connected to other territories, for examples, the trainers.

If the training of professionals not combining theory and practice, does not produce effective paradigmatic changes.³³ Especially, considering as psychosocial mental health practices the health production which is built on the territory. The constitution of the team by workers from different occupations or different sectors enriches the practice in mental health, promotes innovation and assistance enabling the exchange of experience, knowledge and practices.

CONCLUSION

The practice of psychiatric nursing has its genesis in the hospital, however carries its essence of care, without the details of the institution, with new concepts and new arrangements. The role of the users are presented in the publications, reaffirming the humanism and the constant search for new forms of production of health.

The care provided by psychiatric nursing is customized, unique, human and technological. The prerequisite for mental health care is the ability for users to reconstruct healthier ways of living, in the same scenarios in which they built their life stories. Using as tools the significant elements for the user, so the knowledge is also with him. Before assisting a user, it is not possible to predict what to do. Anyway, any ideas or practices after meeting are discussed and reviewed and possibly changed.

The publications have initially, as the hospital scenario and gradually appear publications which involve other scenarios where users of mental health services are living. Initially they worry about hospital care, pervades CAPS and begin to deal with issues involving citizenship and quality of life of users. The emerging thematic approaches in community care networks seek citizenship and wellbeing, among them: care network, social inclusion, well-being of families and actions for promotion of mental health in primary care.

Emerging thematics addresses the Psychiatric Nursing care broadly and adopts the logic of the territory in order to increase the levels of health. The logic of the territory holds in relationships, knowledge and practices from the community to the collective and individual development. The nurse psychiatrist constructs and accompanies Therapeutic Projects that really boosts the production of subjects' life care, supported the territory's resources. Therefore, the Psychiatric nursing lives a transformation in conceptual, technical, ethical, political and practical terms.

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