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REFLECTIVE ANALYSIS ARTICLE

MENTAL DISORDERS AND THE NURSING CLINICAL: REFLECTIVE ANALYSIS TRANSTORNOS MENTAIS E A CLÍNICA EM ENFERMAGEM: ANÁLISE REFLEXIVA TRASTORNOS MENTALES Y LA CLÍNICA DE ENFERMERÍA: ANÁLISIS REFLECTIVA

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ABSTRACT

Objective: to reflect about the possibilities of expanding the nursing clinical practice. **Method:** study of theoretical and critical reflection, with previous narrative literature review based on scientific studies, books, Ministry of Health manuals and the World Health Organization reports. **Results:** the extensive study of the thematic enable to reflect on the challenges of the nurses and their interface with the formation and possibilities for expansion and sharing of clinical nursing practice in mental health. **Conclusion:** The mental health care should permeate the nursing practice in all settings of care aimed at integrality. The challenges can be overcome by revising the curriculum and continuing education, enabling to build tools that help their practice. It is suggested that the classification of Nursing Process for the incorporation of the Extended Clinical Guidelines. **Descriptors:** Nursing; Mental Health; Integrality In Health; Mental Disorders.

RESUMO

Objetivo: proporcionar reflexões acerca das possibilidades de ampliação da *práxis* clínica de enfermagem. **Método:** estudo de reflexão teórico-crítico, com prévia revisão de literatura narrativa fundamentada em estudos científicos, livros, manuais do Ministério da Saúde e Relatórios da Organização Mundial de Saúde. **Resultados:** o estudo extenso da temática possibilitou a reflexão sobre os desafios do enfermeiro e sua interface com a formação e possibilidades para ampliação e compartilhamento da clínica na *práxis* de enfermagem em saúde mental. **Conclusão:** a atenção em saúde mental deve permear a *práxis* do enfermeiro em todos os ambientes da atenção, visando à integralidade. Os desafios podem ser superados através de revisão da matriz curricular e educação continuada, possibilitando construir ferramentas que auxiliem sua prática. Sugere-se a qualificação do Processo de Enfermagem pela incorporação das Diretrizes da Clínica Ampliada. **Descritores:** Enfermagem; Saúde Mental; Integralidade Em Saúde; Transtornos Mentais.

RESUMEN

Objetivo: proporcionar reflexiones acerca de las posibilidades de ampliación de la práctica clínica de enfermería. **Método:** estudio de reflexión teórico-crítico, con previa revisión de literatura narrativa fundamentada en estudios científicos, libros, manuales del Ministerio de Salud y Relatorios de la Organización Mundial de la Salud. **Resultados:** el estudio extenso de la temática posibilitó la reflexión sobre los desafíos del enfermero y su interface con la formación y posibilidades para ampliación y compartir la clínica en la *práctica* de enfermería en salud mental. **Conclusión:** la atención en salud mental debe permear la práctica del enfermero en todos los ambientes de la atención, visando la integralidad. Los desafíos pueden ser superados a través de revisión de la matriz curricular y educación continuada, posibilitando construir herramientas que auxiliem su práctica. Se sugiere la calificación del Proceso de Enfermería por la incorporación de las Directrices de la Clínica Ampliada. **Descriptores:** Enfermería; Salud Mental; Integralidad En Salud; Trastornos Mentales.

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INTRODUCTION

Mental disorders represent one of the biggest health problems worldwide. They affect and are affected by other diseases, such as cancer, cardiovascular disease and infection with Human Immunodeficiency Virus (HIV), among others.¹ The human illness, whatever its nature, causes subjective distress, being important to consider that each and any health problem is also mental.²

Depression is responsible for 4.3% of the global diseases in the world and is among the leading causes of inability.¹ The harmful use of alcohol is among the risk factors associated with suicide, being the second most common cause of death among young people worldwide.³

The consequences of mental health loss are immeasurable and affect from personal to global dimensions. It is estimated that the global impact of mental disorders in economic outputs, will lose US\$ 16.3 trillion between 2011 and 2030.¹

Exposure to contemporary stressful events as work hours extended to private life with an intense focus on productivity, insecurity caused by the financial crisis in global contexts reflecting in local and particular contexts. Exposure to environmental disasters, urban violence and family and violence of all kinds have serious consequences for mental health, prompting investment in prevention, attention to initial support approaches, emergency care, and ongoing psychosocial rehabilitation.^{1,4,5}

Health systems have not been adequately answered to mental disorders issues; as result, the gap between the need for treatment and its availability is a major worldwide. In developing countries, such as Brazil, 76% to 85% of people with severe mental disorders do not receive treatment for their disease; in developed countries, this proportion decreases to 35% to 50%.¹

Therefore, the treatments available for public services have quality problems.¹ Among the barriers that hinder the proper care of people with mental disorders, there is the lack of health professionals,

including nurses, responsible for mental health care.^{2,5}

This problem has demanded the incorporation of new knowledge, skills and practices to the nurse that enable them to act competently in promotion, prevention and rehabilitation of mental health. It is urgent to overcome the prejudice related to mental health, because even avoiding the performance in specialized services in the area, which is common, the nurse will identify the various performance scenarios of the Health Care Network (RAS) people who need mental health care in greater or lesser complexity.^{4,6}

OBJECTIVE

- To reflect on the possibilities of expanding the nursing clinical practice.

METHODOLOGY

Study of theoretical and critical reflection about the challenges for the expansion of nursing clinical in mental health. For its construction, it was decided to first conduct narrative literature review based on scientific studies, books, manuals of the Ministry of Health (MS) and Reports of the World Health Organization (WHO). The extensive and exhaustive study of the thematic enabled two main themes as guiding points of reflection: Challenges in nursing performance in mental health and its interfaces with training and Opportunities for expansion and sharing of clinical nursing practice in mental health.

RESULT AND DISCUSSION

- **Challenges in nursing performance in mental health and its interfaces with training**

The transition from the mental health care paradigm is challenging nurses to renew their practices with community-based care, integrated to the principles of the Unified Health System (SUS).^{2,7} The services available in RAS require several performances from this professional, in an emerging context of mental health, arguing that, in any care environment, nurses should assist people taking care of mental health not only in specialized services.

Some studies demonstrated the nurse's performance difficulty in mental health care in different areas; the lack of knowledge in the area; stigma related to mental disorder; and the preponderance of the biomedical system, prioritizing the treatment of symptoms through medicalization, being the main appointed issues.^{4,8,9}

Even in specialized services, authors highlighted some obstacles in the nursing performance. Some of them stated that the practice is still based on a psychiatric clinic, where the nurse reject to the disease of the subject;^{4,10} there are difficulties even in planning and facilitation of experiential therapeutic groups.¹¹ Another challenge is to change this professional work process in these services, there is a professional identity crisis for emergency changes that require a multidisciplinary clinical performance focused on needs of the subject that should engage independently of their care/psychosocial rehabilitation process.¹²

It is important to emphasize that this loss of professional identity roots is also a reflection of the training process in the health area, which still preserves a traditional learning, fragmented and without integration with other courses in the area,¹² each one in its boxes of knowledge and practices.

It is known that health professionals, especially nurses, who are the reflection object of the study, are continuously challenged in their practices in mental health because there is a continuous challenge of dealing with the unknown, with the unusual.¹² There is a need to approach them more of the individual, family and community; and to participate in the construction of a joint work with other professionals and sectors, so it is common for these professionals feel threatened, generating anxiety and derealization.¹²

All this context variables has contributed to the distance of nurse's performance in mental health care within the operating points of the RAS. However, they are not justifications for the (lack of) care of people. The high incidence and prevalence of mental disorders are not only measurable, but reveal more than

anything that there are several people who are mentally suffering and calling for a care in ethical health. In this way, there is a human, professional and especially ethics responsibility to the nurse in mental health, noting that this awareness and changes are connected to a network formed by several social actors.

With all these problems, it is urgent to refer to the training of the generalist nurse process. It is expected that during this training, the nurse integrates knowledge and practices that help to manage a professional with skills that favor the recognition of the individual within a collective and social reality.¹³ Such training should support the integrated curriculum model, with the valuation of biopsychosocial aspects of health care, with SUS principles.¹³

The National Curriculum Guidelines (DCN) have established the need for a humanistic, critical and reflective training that enables the nurse to act with social responsibility, commitment and citizenship;¹³⁻⁴ enabling him/her as an integral health promoter of the human being able to act in different fields.¹³

The DCN guide the construction of the curriculum of nursing schools, having the freedom in their composition. The curriculum elaboration should be aligned to changes in political, economic, social contexts, with an epidemiological profile and new health needs of the population, such factors continually influence redeployment.¹⁵

Therefore, reflecting about the teaching of psychiatry/mental health subject, from the teaching plans of some nursing schools in the country, it was found a gap between the emerging needs of the nurse's performance in mental health and the teaching offered, as contradictory paradigms.¹³⁻⁵

Data from a study in Santa Catarina showed that, on average only 4.8% of the schedule of 20 Undergraduate Courses in Nursing analyzed are for this subject.¹⁵ There is still important the normal and pathological education with a predominant use of psychiatric nursing manuals,^{4,13-5} some practical activities are still being carried out within psychiatric hospitals or only in specialized services,

some being restricted only to the performance of technical visits.¹³⁻⁵ Furthermore, there is little integration with other health professionals in training.

Training should provide the development of relevant skills that will enable the generalist nurse to integrate mental health care in the different performance scenarios, while maintaining the specificity and general education.¹³⁻⁵ Therefore, several changes are needed as the curriculum, which should be marked by inserting attitudinal contents, with a view to encouraging the purchase of more positive and creative attitudes;¹³⁻⁴ encourage to the acquisition of interpersonal skills;¹²⁻³ and management skills of therapeutic groups;¹¹ encourage to self-knowledge and internal strengthening of the student; and expansion of the discussions on Mental Health Policy, Humanization Policy and Amplified an Share Clinic.

The internships in mental health should generate opportunity to discuss different ways of caring in different scenarios, integrated to the multidisciplinary team.^{13,15} In this way, it is important that the courses also offer practical learning activities in non mental health services such as primary care and general hospitals.¹⁵

Extra-curricular activities are part of the training process, fundamental to create opportunities and stimulate the involvement of students in research that also study mental health as a transversal theme; consolidation of multidisciplinary research groups; participation in scientific and political events; engagement in projects and teaching-research-extension programs such as the Education Program for Working for Health - PET-Saúde, among others.

The training process is a foundation and should go far beyond the acquisition of technical and scientific knowledge. It is necessary to provide moments of reflection about the nurse's performance in specialized mental health services and other RAS. It is also important to use problem-solving methodologies for nurses to be able to manage complex situations and mobilize internal and external

resources; interfacing the knowledge acquired during the training process.⁶

Co-responsibility of students for their learning, will be contributing to manage a responsible conscious professional and autonomous for their continuing education. Thus, it is still necessary to foster reflection-in-action in graduation, showing that in practical application the user interaction, family, community and other involved actors require new needs that challenge professionals to reflect on their practice toward renewal of knowing and doing. The participation in scientific meetings and study groups for interdisciplinary exchange of experiences and qualifications through graduate school are among the strategies that can be used by professional continuing education.^{6,10}

To overcome the limitations in the nursing professional practice in mental health, there is still a great way to go. The awareness of teachers, students and nurses and the acquisition of an extended look on the mental health needs of people certainly make a difference in this challenge.⁶

• Opportunities for expansion and sharing of clinical nursing practice in mental health.

The traditional clinic, based in a biology model, is not enough to meet the health needs of the population, showing evident signs of weakness.¹⁶ To deal with the complexity of the human being in a unique way, health professionals are invited to think and run a more comprehensive, humane and resolute clinic, a larger clinic.¹⁷

Among the different theoretical perspectives that contribute to the health work, there are three main approaches: the biomedical, social and psychological, arising from these various trends of thinking and performance in health. The expanded Clinic recognizes that in times or particular situations there may be a predominance, a choice, or the emergence of a focus or a theme, without restricting the adoption of new approaches or possibilities of action.¹⁷

In the extended clinic view, attention is centered on the person and their needs, which requires multidisciplinary performance towards the integration of

different disciplinary approaches for effective management by the complexity of the human being and the health work.¹⁷

This clinical setting finds harmony with the new mental health care model, which raises awareness of an interpersonal nature activities, with a more horizontal organization chart in the management of care and services.¹² The mental health care has required a more sensitive professional view, comprehensive and integral, requiring flexibility in professional roles, some versatility.¹²

The nurse is a professional who is inserted in several RAS, considered strategic to foster changes in mental health care in an amplified way. It should compose the staff of the various devices of Psychosocial Care Network (RAPS), for the care of people with mental distress or disorder and needs arising from the use of crack, alcohol and other drugs in the SUS. Among the RAPS devices, there is the presence of nurses in the Family Health Strategy (ESF), the Basic Health Unit (UBS) in the Office at the Street (CnR); in Psychosocial Care Center in all its forms (CAPS); in the Mobile Emergency Service (SAMU), the Emergency Unit (UPA); in the Host Unit and Therapeutic Community; in skilled nursing on General Hospitals; and Therapeutic Residential Service (SRT).⁷

However, the implementation of the Nursing Process (NP), scientific method of the profession, in view of the extended clinic, still generates great theoretical and conceptual discussions. The main one relies on criticism of how it is being developed, centered on the nucleus of specific performance, with little interaction with the multidisciplinary team.¹⁶

The logic of expanded Clinic is opposite to the fragmentation of the health work process, advocating the creation of a favorable working context to discussions, sharing of feelings on the issues and not restricted activities to the professional core.¹⁷

The NP has congruence with expanded clinical logic in mental health, relying on a conceptual basis to value the person in his entirety, with his fears, anxieties, concerns and unknowns, which until then the traditional clinic did not consider.

Between consensus and dissent, it is defended the need for qualification of NP for extended clinic, by incorporating concepts, technologies and actions that give grants for a competent clinical mental health nursing.¹⁶

This proposition of a new NP guise in mental health is not the priority of strengthening the core of nursing knowledge in relation to other classes, but, enhancing and effectively aggregating the knowledge and practice of nursing in multidisciplinary discussions. Nurses must overcome the limitations of the nursing work process in psychiatry historically constructed and leave of empirical and mechanical everyday practices.⁷

It should be invested in their core knowledge, the renewal of nursing theories that can support the new practices of mental health, fleeing the disease focus, centering the person and the production of life. The competent work of nurses in mental health is understood as the ability to continually talk on theory and practice, with practice theory and the practice of theories without reductionism.¹⁰

In this context, it is important to emphasize that nurses should prioritize multidisciplinary approaches such as shared between appointments and visits. That does not stop at appropriate times this perform of the NP or nursing consultations, however, they must be qualified by some elements of amplified and sharing clinical, whether in the services of RAS or RAPS.¹⁶⁻⁷

It is important trying to escape the rigid structure, thus it is suggested that the nursing consultations become true encounters between the nurse and the person being cared. These moments should be initiated in the person's subjectivity and the elements of the story of life, demanding nurses' sensitivity, empathy and the use of other relational technologies to facilitate the effective understanding of the person.¹⁶⁻⁸

It is highlighted the use of relational technologies or soft technologies of care in mental health, given the possibility to creatively and effectively access the subjectivity of the other for the integrality and humanization of care.

Thus, nurses should base their practice on the host, dialogue, bond, in co-responsibility for each other and sensitive listening.¹⁸

To share care towards integrality, it is pointed out that perceptions and diagnosis by nurses during the nursing consultation must be validated by the user and discussed with the multidisciplinary team, leading to the construction of diagnostic and therapeutic sharing.¹⁶

This aspect is a differential that will allow the most effective contribution of nurses in the constitution of natural therapeutic project (PTS), in reference teams and important elements in care management and reorganization of the health work process.¹⁶⁻⁷

The expansion of the possibilities of nursing clinical in mental health must have consistency with the priorities and recommendations highlighted in local and global contexts. In this context, the World Health Organization (WHO) has listed in the Integral Action Plan on Mental Health from 2013-2020, the need for implementation of strategies for promotion and prevention in mental health; the adoption of mental health approach in policies, plans and services taking into account the health and social needs in all stages of life, from childhood to old age; the inclusion and integration of mental health especially in other priority health programs; as well as expansion of intersectoral approach involving health, education, employment, justice, housing, social, and other important sectors, among other priorities.¹

Reflecting on these priorities, it is urgent to highlight one aspect little emphasized in everyday in services and even in scientific studies, as the prevention and promotion of mental health. Studies have shown that, in primary care, main space for development of these actions, there is a deficit in the prevention of mental illness of the person; or even in the early identification of children, adolescents, adults or elderly who require specific attention in this area, contributing to the increase of people affected and the chronicity of the cases.²

It is known that mental health is related to an individual's ability to manage their lives and emotions within a range of individual variations, however without losing what is real and accurate.² In this context, it is emphasized that individual's mental health is not restricted to genetic or biological component, there is also a subjective component associated with the individual experience in the various aspects and contexts of life.

The Family Health Strategy (ESF), main mode of primary care, is the suitable area of the nurse's performance working together with the principles of the Psychiatric Reform, because it is possible to approach the subject, provide links to intervene with the family and community,² that is a favorable environment to explore the affective dimensions and intervene on individual and collective variables affecting mental health.

The ESF is not bound to work only with the programs established by the ministry of health, and should explore all of the assistance that allowed to include the subjective dimension in health practices, the upgrading of personal relationships, avoiding the scientific-technical and human separation in health care.² In this context, it is important the possible incorporation of mental health as a transversal logic in everyday nursing practice, focused attention on understanding and respect for the person subjective.

Corroborating this enlarged view in mental health, it is worth highlighting the nurses' experience in Paraíba using the Integrative Community Therapy (TC) as The technology of mental health promotion in primary care. TC promotes the consolidation of a horizontal listening area in which occurs the sharing of suffering, experiences, social exchanges and the promotion of popular knowledge; it is anchored in the formation of solidarity networks and the use of popular culture as a support to empower individuals to a better life, to solve personal and family conflicts.¹⁰

With some possibilities for the expansion and sharing Clinic in nursing

practice in mental health, it is important to provide integrality health care. Thus, the view of the transversal mental health care should permeate the practice of nurses with the recognition of risk factors, authenticity and sensitivity to identify subjective suffering in the various environments of care and referral and share with the specialist services of RAPS. To wide and improve the nursing practice in mental health is urgent, as a contribution to go into new directions in mental health care.

CONCLUSION

Due to increasing levels of occurrence of mental disorders and the lack of resources and investment in public health, the nurse's performance has become increasingly complex. The lack of trained professionals and the deficit in the formation directed toward a cross mental health have obstacles that hinder their performance in practice.

From the reform of the curriculum in the generalist nurse training, the development of strong skills could be aimed at a skilled care. Together with this, extracurricular activities provide the best graduating preparedness to respond to the new demands that may arise in their daily lives.

It is up to the nurses in several scenarios of their practices, to seek together with the educational institutions, continuing education of the nursing staff with the implementation of new technologies for care, with the aim of raising the level of quality of service provided to the community.

It is noteworthy the importance of qualifications of PE in mental health from the incorporation of guidelines of amplified clinic and light care technologies. Nurses should take a look focused on all the inherent issues surrounding the patient, with their care in a unique way. However, the reflective analysis does not exhaust the subject, but should encourage reflection on the topic from concerns and proposals for a change in nursing practice in mental health care.

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