ORIGINAL ARTICLE

PATIENT SAFETY IN COMMUNITY MENTAL HEALTH SERVICES: BIBLIOMETRIC STUDY

SEGURANÇA DO PACIENTE NOS SERVIÇOS COMUNITÁRIOS DE SAÚDE MENTAL: ESTUDO BIBLIOMÉTRICO

SEGURIDAD DEL PACIENTE EN LOS SERVICIOS COMUNITARIOS DE SALUD MENTAL: ESTUDIO BIBLIOMÉTRICO

Adrielle Cristina Silva Souza¹, Ana Lúcia Queiroz Bezerra², Eurides Santos Pinho³, Fernanda Costa Nunes⁴, Camila Cardoso Caixeta⁵

ABSTRACT

Objective: to identify the scientific production on patient safety in community mental health services. Method: a quantitative, descriptive, retrospective, bibliometric study using the publications indexed in LILACS, PUBMED / MEDLINE. A total of 168 scientific productions were identified. Of these two corresponded to the subject matter, both in the English language, being an Australian study and the other English. Results: evidenced the lack of scientific production in Patient Safety in Community Mental Health Services. It was noticed that the focus of studies found on Patient Safety in mental health was centered on hospital care. Conclusion: research investment is urgently required to overcome this identified knowledge gap in order to highlight the main risks to which these patients with mental disorders are exposed and which measures are most effective in preventing them, achieving a safe care and biopsychosocial well-being of the patient. Descritores: Patient Safety; Safety; Community Mental Health Services; Mental Health; Psychiatric Rehabilitation; Health Services Research.

RESUMO

Objetivo: identificar a produção científica sobre a segurança do paciente em serviços comunitários de saúde mental. Método: estudo quantitativo, descritivo, retrospectivo, do tipo bibliométrico, recorrendo às publicações indexadas na LILACS, PUBMED/MEDLINE. Foram identificadas 168 produções científicas. Destas, duas corresponderam à temática abordada, ambas em idioma inglês, sendo um estudo australiano e o outro inglês. Resultados: evidenciou-se a escassez da produção científica em Segurança do Paciente nos Serviços Comunitários de Saúde Mental. Percebeu-se que o foco dos estudos encontrados sobre a Segurança dos Pacientes em saúde mental foi centrado na atenção hospitalar. Conclusão: urge o investimento em pesquisas para superar esta lacuna do conhecimento identificada, para evidenciar os principais riscos a que estes pacientes com transtorno mental estão expostos e cuáles medidas são mais eficazes para preveni-los, atingindo um cuidado seguro e o bem-estar biopsicosocial do paciente. Descritores: Segurança do Paciente; Segurança; Serviços Comunitários de Saúde Mental; Saúde Mental; Reabilitação Psiquiátrica; Pesquisa Sobre Serviços de Saúde.

RESUMEN

Objetivo: identificar la producción científica sobre seguridad del paciente en servicios comunitarios de salud mental. Método: estudio cuantitativo, descriptivo, retrospectivo, del tipo bibliométrico, recorriendo a las publicaciones indexadas en LILACS, PUBMED/MEDLINE. Se identificaron 168 producciones científicas. De estas, dos correspondieron a la temática abordada, ambas en el idioma inglés, siendo un estudio australiano y el otro inglés. Resultados: evidenció la escasez de la producción científica en Seguridad del Paciente en los Servicios Comunitarios de Salud Mental. Se percibió que el foco de los estudios encontrados sobre la Seguridad de los Pacientes en salud mental se centró en la atención hospitalaria. Conclusión: urge la inversión en investigaciones para superar esta laguna del conocimiento identificada, para evidenciar los principales riesgos a que estos pacientes con trastorno mental están expuestos y cuáles medidas son más eficaces para prevenirlos, alcanzando un cuidado seguro y el bienestar biopsicosocial del paciente. Descritores: Seguridad del Paciente; Seguridad; Servicios de Salud Mental de la Comunidad; Salud Mental; Reabilitación Psiquiátrica; Pesquisa Sobre Serviços de Saúde.

¹Nurse, Municipal Health Department of Aparecida of Goiânia, PhD student, Graduate Program in Nursing, Federal University of Goiás / UFGO, Goiânia (GO), Brazil. E-mail: enfeadrielle@gmail.com; ²Nurse, PhD, Professor, Postgraduate Program in Nursing, Federal University of Goiás / UFGO, Goiânia (GO), Brazil. E-mail: analuciaqueiroz@uol.com.br; ³Nurse, Master in Collective Health, Municipal Health Department of Aparecida de Goiânia. Goiânia (GO), Brazil. E-mail: euridesenf@gmail.com; ⁴Psychologist, Master in Health Sciences, Health Department of the State of Goiás, Mental Health Management, Coordination of Coping with Alcohol and other Drugs. Goiânia (GO), Brazil. E-mail: feridesom@gmail.com; ⁵Nurse, PhD, Professor, Graduation in Nursing, Federal University of Goiás / UFGO. Goiânia (GO), Brazil. E-mail: camilacacixeta@uol.com.br.
INTRODUCTION

In Brazil, the mental health area has undergone strong changes with the Psychiatric Reform, restructuring psychiatric care, through the closure of asylums, and seeking to deinstitutionalize the treatment, culminating in the creation of a psychosocial care network, including community mental health services, called Centers of Psychosocial Attention (CPSA).¹

The proposal of treatment in community mental health services goes beyond the process of only de-hospitalization, since it consists of deinstitutionalization, which is the deconstruction of mental practices, producing new forms of attention in mental health, averse to hospital-centered culture. In order to deinstitutionalize, a commitment is required to promote transformations in social relations, incisive public policies and adequate financing. This process includes practices aimed at the social inclusion of individuals with mental disorders in the territory, respecting their autonomy and subjectivity, as well as promoting the exercise of their citizenship.¹²

Deinstitutionalization is an ethical premise of the Unified Health System (SUS) for people suffering from psychic suffering, and is associated with the ethical principle of “non-maleficence”, which states that a health practice, clinical protocol or model of care can not produce iatrogenic effects, such as those recognized in the process of institutionalization of patients with mental disorders. This means, therefore, that it is necessary to problematize the ways of constructing a safe health care, as well as to reflect its effects on the subjects.³

The bioethical principle of non-maleficence requires that the care action causes the least harm or aggravation to the health of the patient. For this the professional must have the technical competence to evaluate the risks of a certain therapy, through the knowledge of possible adverse events, ensuring that their actions are beneficial to the patient, causing the least harm or aggravation to the health of the patient in favor of a safer and less iatrogenic practice.⁴

The theme of patient safety has become a central issue in the agendas of several countries in the world, since the beginning of the 21st century, because, in the occurrence of errors, patients can suffer serious consequences, even death.³

The principle of patient safety requires rethinking care processes in order to identify the occurrence of failures before they cause harm to patients. Thus, it is important to know and reflect which are the most critical and therefore most likely to occur processes, so that effective promotion and prevention actions can be developed.⁶

Considering the need to develop strategies and actions aimed at health managers, professionals and users on patient safety, to enable the promotion of mitigation of the occurrence of adverse events in the various health services, the Ministry of Health, in 2013, for half of Administrative 529, launched the National Patient Safety Program (NPSP), whose general objective is to contribute to the qualification of health care in all health facilities in the national territory.⁷

In the face of these political advances, in favor of community-based and safe care, it is necessary to know how is the safety of the patient in community mental health services.

OBJECTIVE

● To identify the scientific production on patient safety in community mental health services.

METHOD

A descriptive, retrospective, bibliometric study that uses the results of scientific production on a given subject to answer questions about the impact of research in the scientific community.⁸

The bibliometric study proposes the retrieval of information to support the qualitative evaluation of the fundamental scientific activity so that the researcher follows what is produced in his research area.⁹

The material for analysis was limited to full texts, available from the Virtual Health Library (VHL) links, by consulting the Latin American and Caribbean Literature database in Health Sciences (LILACS), in the Medical Literature Analysis and Retrieval System Online / MEDLINE, by the National Library of Medicine of the United States of America (NLB). These were chosen because they presented a large number of publications in the researched area.

This research was guided by the question “What was produced about patient safety in community mental health services in the scientific literature?”. The search was developed independently, by two researchers in October 2016. Terms used for the search, selected from (DeCS) were Patient Safety and Community Mental Health Services. The Boolean operator AND was used to guide

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research into studies addressing patient safety in Community Mental Health Services.

In the data collection process (figure 01), 168 publications were found using the descriptors mentioned above in English and Portuguese. At PUBMED, 166 indexations were found. After the analysis of the title and summary, 14 studies remained. These 14 studies were read and analyzed in full, remaining two publications that presented data on patient safety in community mental health services. In LILACS, initially, there were two indexations. After reading the title and summary were excluded, because they did not deal with the subject in question.

Thus, for this bibliometric study, only two publications were considered relevant to the study object.

In order to perform the analysis and synthesis of articles included in the bibliometric study, the following aspects were evaluated: type of study, year of development of the study and year of publication, country where it was developed, thematic and main results found.

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In this investigation, it was evident that the field of studies on patient safety is centered in the hospital context, although a large part of the care is provided at the primary health care level. One of the studies that compose the sample of this investigation (study 01) evaluated 46 health institutions (of 18 types) in the State of South Australia, examining those with more or less cultures favorable to patient safety. He pointed out that primary health care services tend to have more

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Figure 1. Data collection process. Goiânia (GO), Brazil, 2017.

In the characterization of the publications, according to Table 1, it was noticed that both studies found, that deal with Patient Safety in Community Mental Health Services, are indexed in PUBMED, in the English language.

As for the type of study, one is about original research and the other, about a systematic review. Regarding the topic addressed, one of the studies examined 46 health services and classified them with more or less favorable cultures for patient safety, including a psychiatric hospital and community-based mental health services in the State of South Australia. another study carried out a systematic review on medication error in the area of mental health, where nine published studies were found.11

The original study was conducted in the year 2009 and published in the year 2012 in the International Journal for Quality in Health Care and the systematic review was conducted and published, in the year 2006, in the magazine Qual Saf Health Care.

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Even in the face of the growing literature on patient safety, the publication of this subject in mental health is still extremely scarce, a fact that may be associated with the specificity of care for patients with mental disorders, which requires principles of safety, often, differentiated from general principles of patient safety.

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positive safety score profiles. Services that serve mental disorder patients, as well as, psychiatric hospitals were among those with more negative safety cultures. It should be emphasized that the study included only one psychiatric hospital, in the State, since the emphasis is on treatment in community-based mental health services.10

The other study found (study 02) addresses a systematic review of the literature on medication errors in mental health care. It has been shown that adverse events involving psychotropic drugs are common and some may be due to errors in medical prescription or drug monitoring. An example is the case of medication prescribed with spelling, often illegible or described “as needed”, interfering with communication, compromising the safe management of the drug.11

Electronic prescriptions have the advantage of being readable and thus potentially reducing prescription errors. Another advantage of having electronic prescription programs is that they alert to drug interactions and adverse effects, thus reducing the occurrence of these events.13

Another flaw cited in study 2 refers to the fact that many primary care teams have received no training in the potential uses and side effects of psychotropic drugs, increasing the unintentional risk of harm in two ways: through inadequate counseling and through omission.11

The fact that some patients may have reduced capacity for understanding as a result of mental disorder may also increase the likelihood of certain types of medication errors.11

It is noteworthy that most of the investigations analyzed in the review occurred in the hospital setting, reinforcing the need for research in non-hospital mental health settings.11

In Brazil, due to the paradigm shift of the mental health care model, a considerable reduction of psychiatric beds was observed. In 1996 the country had 72,514 beds, in 2010 with 32,735, representing an inactivation of more than 50% of UHSS psychiatric beds, and in parallel, an extension of the network of Community Mental Health Services, called CPSA.14

The lack of publications in the field of patient safety in community mental health services implies the absence of reflections and implementation of policies to improve patient safety, making it impossible to design initiatives to improve professional practices, aiming at barriers to occurrence of errors.15

Due to the fact that, it does not find systematic studies in community mental health services, the potential to prevent errors, damages and deaths in these services is unknown.

In the UK, there is priority for risk management for the prevention of suicide and homicide by people with mental disorders. England and Wales accounted for about 1,200 suicides and 50 homicides by people who had recent contact with hospital mental health services and it was realized that, perhaps, one-fifth of these events could have been prevented by some form of prevention.11

A number of suicide prevention measures in inpatient mental health services, are implemented, for example, structural facilities can not allow patients to be suspended.16

On the other hand, the prevention of suicide, after discharge from psychosocial services or within primary health care services, requires distinct strategies for perceived persons at high risk of self extermination, such as qualified hearing, to perceive risk, supervision, medication, psychotherapy and patient orientation and their caregivers.

It is imperative to train health care teams to identify, address, manage, and refer a suicidal person to the community working on suicide prevention.17

Most suicides are prevented, by reducing access to suicidal methods, or even by promoting health, continuing education for professionals, restricting the sale of pesticides, quality database information and appropriate care for the individual. Commitment, sensitivity, knowledge, concern with another human being and the belief that life is a worthwhile learning are the primary resources that primary health care workers have, supported in that they can help prevent suicide.18

The risks perceived evidence the quality of the assistance. Thus, when they are raised, should be evaluated to elucidate the possible causes, directing reflections and ongoing education to the team of professionals of the service. Nevertheless, they should receive special attention from managers, who can encourage and enable professionals to prevent, notify and effectively manage these risks during the performance and evaluation of the care provided.19

There is a need to disseminate the safety culture, in the various types of health services, in order to qualify patients and professionals to recognize and manage risks,
being sensitive to their shared capacity for change, reducing errors and tensions between professionals and the population.12

Every health service has an iatrogenic potential, which consists of undesirable or unintentional events that considerably reduce the chances of security of the care offered in the health system, which can cause physical or psychic harm to the patient.20

The situations involving iatrogenic events and patient safety in the care field is a complex phenomenon that has not yet been overcome, despite advances in science (technological innovations related to health system assistance and management). Iatrogeny and patient safety are new challenges to health systems.21

Reducing risks and damage to health care depends on the real change in the culture of professionals, in line with the nationally established patient safety policy. It should be noted that investing in the improvement of the health team, the use of good practices and the improvement of working environments are key issues in achieving the best results for users of health, family and community services.6

However, for the safety agenda to move forward, research into patient safety in mental health means and implies a fundamental requirement.

Filling this gap in knowledge is important, if inadequate safety interventions and improvement initiatives are to be avoided, to be implemented in the context of community mental health services.15

CONCLUSION

Scientific evidence and practice reflections on patient safety in the area of physical health have been increasing in recent years. However, there is insipid research on these issues in the area of mental health.

The shift from the health care paradigm of patients with mental disorders extends the care settings to these, as well as the services offered, which become prevention, promotion, recovery and rehabilitation of their health. In order for this change to reach the expected benefits, the quality and safety of the patient should be guiding principles for health and teaching practices.

Research on this theme should be carried out by exploring all health care scenarios in order to highlight the main risks to which these patients are exposed and what measures are most effective in preventing them.

Professionals, patients and family / caregivers should be aware of their role in care, forming a network that targets the patient’s biopsychosocial safety and well-being.

This knowledge gap must be overcome in order to reduce the occurrence of damages during the care of patients with mental disorders, ensuring quality care in any health care setting.

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Corresponding Address
Adrielle Cristina Silva Souza
Programa de Pós-Graduação em Enfermagem
Faculdade de Enfermagem / Gabinete 09
Universidade Federal de Goiás/UFGO
Rua 227, s/n - Setor Leste Universitário
CEP: 74605-080 – Goiânia (GO), Brazil