NURSING CLINICAL CARE IN MENTAL HEALTH
CUIDADO CLÍNICO DE ENFERMAGEM EM SAÚDE MENTAL
CUIDADO CLÍNICO DE ENFERMERÍA EN SALUD MENTAL

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ABSTRACT

Objective: to identify the elements, that characterize clinical nursing care in mental health in the context of Psychiatric Reform and Humanization of Care. **Method:** this is a bibliographic, descriptive study, of integrative type, with search of articles in the VHL, between 1995 and 2017. The data was systematized using the Content Analysis technique. Results were presented in three categories: Humanization of Care and its implications on Nursing care in mental health; Care strategies in the field of mental health: incorporating new technologies; Humanized nursing care: rescuing subjectivity. **Results:** 16 studies were identified according to established criteria. The characteristics of the selected articles were presented, according to authors, year of publication; title of the periodical; QUALIS; impact factor and level of evidence; place of publication, methodological design adopted; objectives and main results. **Conclusion:** the precepts of the Brazilian Psychiatric Reform and the National Humanization Policy must be respected in nursing in mental health. In addition, interdisciplinarity is considered as a resource for the expansion of the clinic. **Descriptors:** Humanization of Assistance; Nursing; Psychiatric Nursing; Mental Health; Psychoanalysis; Mental Health Services.

RESUMO

Objetivo: identificar os elementos que caracterizam o cuidado clínico de Enfermagem em Saúde Mental no contexto da Reforma Psiquiátrica e da Humanização da Assistência. **Método:** trata-se de um estudo bibliográfico, descritivo, do tipo revisão integrativa, com busca de artigos na BVS, entre os anos de 1995 e 2017. Realizou-se a sistematização dos dados pela técnica de Análise de Conteúdo. Apresentaram-se os resultados em três categorias “Humanização da assistência e a sua relação com o cuidado de Enfermagem na Saúde Mental”; “Estratégias de cuidado no campo da Saúde Mental: incorporando as novas tecnologias” e “Cuidado clínico de Enfermagem humanizado: resgatando a subjetividade”. **Resultados:** identificaram-se 16 estudos de acordo com os critérios estabelecidos. Apresentaram-se as características dos artigos selecionados segundo os autores, o ano de publicação, o título do periódico, o Qualis, o fator de impacto e o nível de evidência, o local de publicação, o delineamento metodológico adotado, os objetivos e os principais resultados. **Conclusão:** constata-se que se devem respeitar, na Enfermagem aplicada à Saúde Mental, os preceitos da Reforma Psiquiátrica Brasileira e da Política Nacional de Humanização. Considera-se, além disso, a interdisciplinaridade como um recurso para a ampliação da clínica. **Descritores:** Humanização da assistência; Enfermagem; Enfermagem Psiquiátrica; Saúde Mental; Psicanálise; Serviços de Saúde Mental.

RESUMEN

Objetivo: identificar los elementos que caracterizan el cuidado clínico de Enfermería en Salud mental en el contexto de la Reforma Psiquiátrica y Humanización de la Asistencia. **Método:** se trata de un estudio bibliográfico, descriptivo, tipo revisión integrativa con búsqueda de artículos en la BVS, entre los años 1995 y 2017. Se realizó la sistematización de los datos por la técnica de Análisis de contenido. Se presentaron los resultados en tres categorías: Humanización de la Asistencia y sus imbricaciones sobre el cuidado de enfermería en la salud mental; Las estrategias de cuidado en el campo de la salud mental: incorporando nuevas tecnologías; Cuidado clínico de Enfermería humanizado: rescatándose la subjetividad. **Resultados:** se identificaron 16 estudios de acuerdo a los criterios establecidos. Se presentaron las características de los artículos seleccionados, según autores, año de publicación; título del periódico; QUALIS; factor de impacto y nivel de evidencia; lugar de publicación, delineamiento metodológico adoptado; objetivos y principales resultados. **Conclusión:** se debe respetar en la enfermería en la salud mental los preceptos de la Reforma Psiquiátrica Brasileña y de la Política Nacional de Humanización. Además, se considera la interdisciplinaridad como recurso a la ampliación de la clínica. **Descritores:** Humanización de la Atención; Enfermería; Enfermería Psiquiátrica; Salud Mental; Psicoanálisis; Servicios de Salud Mental.

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INTRODUCTION

The discussion on the model of care for mentally ill patients centered in psychiatric hospitals began in Brazil at the end of the 1970s. Since then, the Brazilian Psychiatric Reform (BPR) has been initiated, characterized by the restructuring of the care model with the implementation of the Psychosocial Care Strategy (PSCS). The notion of territory, interdisciplinary and intersectoral practice, promotion of citizenship and autonomy of users and their families, psychosocial rehabilitation and deinstitutionalization are pointed out as principles.¹

This process was carried out with the approval of Law 10.216 of 2001.2-3 The Psychosocial Care Centers (PSCC) ⁴ were created and the substitutive devices were expanded in 2011, with ordinance 3088, with the creation of the Psychosocial Care Network (PSCN) for people with mental suffering or disorder and with needs arising from the use of crack, alcohol and other drugs.⁵⁻⁶

The National Humanization Policy (NHP) was implemented by the Ministry of Health (MH) in 2003, which has, as guidelines, the valuation of subjective, collective and social dimensions in all health care and management practices, the strengthening of interdisciplinary work, support for the construction of networks committed to the production of health and subjects, the construction of autonomy and collective protagonist and the appreciation of the environment, with the organization of healthy and welcoming work spaces.⁷

The beginnings of Psychiatric Nursing are characterized by a model of asylum treatment, in which the constant vigilance of mentally ill patients with a focus on disease and medicalization was carried out.⁸⁻⁹ From the BPR and NHP, need for health professionals, especially nurses, to reflect on their.¹⁰

OBJECTIVE

- To identify the elements that characterize clinical Nursing care in Mental Health in the context of the Psychiatric Reform and the Humanization of Care.

METHOD

This is a bibliographic descriptive study of the type integrative review, with search of articles in the Virtual Health Library, published between 1995 and 2017. The following stages of the review are integrated: elaboration of the guiding question; establishment of criteria for inclusion and exclusion of studies/sampling; definition of the information to be extracted from the selected studies; evaluation of the studies included in the review; analysis of the studies/interpretation of the results and presentation of the integrative review.¹¹

The guiding question was established: what is the scientific production about the clinical care of Mental Health Nursing in the context of Psychiatric Reform and Humanization of Care?

The health descriptors were then consulted on the Health Sciences Descriptors (DeCS) platform, with the search by the Boolean operator "and": "Humanization of Care" and "Mental Health" and "Nursing"; "Humanization of Care" and "Psychiatric Nursing"; "Humanization of Care" and "Nursing" and "Psychoanalysis". The data search was the carried out in the Virtual Health Library (VHL). The data collection and the bibliographic survey were carried out in the months of March and April of 2017.

The following were defined as inclusion criteria for publications: complete articles, electronically available, in the Portuguese language and with the theme proposed in the title, abstract or descriptor. The following exclusion criteria were established: letters to the editor, editorials, integrative reviews, theses, dissertations and articles in duplicate. Initially, 75 publications eligible for inclusion in the review were identified. The texts were selected based on the reading of the abstracts and the full reading of the article, when the information contained in the abstract was not enough. Thus, 16 publications were chosen because they met the inclusion criteria and the objectives of this research.

The path was traced in the identification and selection of component articles of the study sample shown in Figures 1 and 2.

Descriptors	AF	SA	S
“Humanization of Care “and” Mental Health “and” Nursing”	24	10	9

“Humanization of Care “and” Psychiatric Nursing”	23	11	5
“Humanization of Care “and” Nursing “and” psychoanalysis”	28	2	2
Total	75	23	16

AF - Articles Found; SA - Selected Articles; S - Sample. Figure 1. Search systematization. Montes Claro (MG), Brazil, 2017.

Figure 2. Flowchart of study selection adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). Montes Claros (MG), Brazil, 2017.

After choosing the search strategies and the inclusion and exclusion criteria, the information to be extracted from the publications was selected: title and authorship; year of publication; title of the journal/database; place of publication/type of study; method/level of evidence; objective and main results. For that, an instrument was used to collect the variables of interest of the research.

The qualifications of the journals of the publications selected according to Qualis in the interdisciplinary category were sought out, classified by the Coordination of

Improvement of Higher Level Personnel (CAPES) and established in eight strata - A1, A2, B1, B2, B3, B4, B5 and C, whose highest value (100) is attributed to journals rated A1 and lowest value (zero), for classification C.¹²

The Impact Factor (IF) of the journals, an instrument for evaluating the quality of publications used as a criterion for the selection of journals to be indexed by the Science Citation Index (SCI), was investigated. The IF is calculated annually by the number of citations included in its articles in another journal, and its value can vary as follows: 0 = FI ≥ 3,8. This calculation is done by the

Institute for Scientific Information/Thompson Scientific Reuters for journals indexed in its database and the result is published by Journal Citations Reports (JCR).¹³⁻¹⁴ Another resource was also used to perform the classification, elaborated by the Scientific Electronic Library Online (SciELO), for being considered more viable in relation to the Brazilian reality.

The articles were analyzed and classified by level of evidence. The degree of evidence was determined in a hierarchy system that covers seven levels: level 1 - systematic reviews or meta-analysis of relevant clinical trials; level 2 - evidence derived from at least one well-delineated randomized controlled trial; level 3 - well-delineated clinical trials without randomization; level 4 - well-delineated cohort and case-control studies; level 5 - systematic review of descriptive and qualitative studies; level 6 - evidence derived from a single descriptive or qualitative study and level 7 - opinion of authorities or report of expert committees.¹⁵

The fourth, fifth and sixth stages of the analysis, interpretation and synthesis of the publications were carried out to present this review. The presentation and discussion of the results obtained were made in a descriptive way, allowing the evaluation of the applicability of the integrative review elaborated, in order to reach the objective of this study.

The studies were analyzed by two independent researchers. The results obtained were individually compared. The disagreements were reviewed and the doubts were exhausted. The results were then presented and three categories were discussed: Humanization of care and its relation with Nursing care in Mental Health; Care strategies in the field of Mental Health: incorporating new technologies and Humanized Nursing care: rescuing subjectivity.

RESULTS

Sixteen articles on the subject were identified (eight published in LILACS and eight in BDNEF), according to the inclusion criteria. The distribution of the articles selected according to the authors, the year of publication, the journal title, the Qualis, the impact factor and the level of evidence are presented in Figure 3.

Nº	Author	Year of publication	Title of the journal	QUALIS	Impact factor	Level of evidence
01	Almeida ANS, Feitosa RMM, Boesmans EF, Silveira LC ²	2014	Research Journal: Care is Fundamental (Online).	B2	Without evaluation	6
02	Nasi C, Cardoso ASF, Schneider JF, Olschowsky A, Wetzel C ³	2009	Mineira Journal of Nursing (REME) - online.	B2	Without evaluation	7
03	Chaves ECL, Furegato ARF, Scatena MCM, Carvalho EC ⁴	2008	Science, Care and Health.	B4	Without evaluation	6
04	Spadini LS, Bueno SMV ⁶	2005	Health Sciences: ActaScientiarum.	B3	Without evaluation	6
05	Oliveira, LC; Silva, RAR; Medeiros, MN; Queiroz, JC; Guimarães, JG ⁸	2015	Research Journal: Care is Fundamental (Online).	B2	Without evaluation	6
06	Moretto CC, Conejo SP, Terzis A ¹⁸	2008	Bond.	B1*	Without evaluation	6
07	Costa JRE ²⁰	2010	The World of Health.	B2	Without evaluation	6
08	Macedo JQ, Silveira MFA, Eulálio MC, Fraga MNO, Braga VAB ²¹	2011	Online Brazilian Journal of Nursing.	B2	Without evaluation	6
09	Oliveira FB, Silva AO ²²	2000	Brazilian Journal of Nursing.	B1	Without evaluation	7
10	Rocha GDSC, Barcelos ICRR, Coloda RG ²³	2010	Research Journal: Care is Fundamental (Online).	B2	Without evaluation	6
11	Costa E, Süsskind MB ²⁴	2004	Text Context Nursing.	B1	Without evaluation	7
12	Zerbetto SR, Rodrigues ARF ²⁵	1997	Latin American Journal of Nursing.	B1	0.634	6
13	Barreto MS, Büchele F, Coelho, EBS ²⁶	2008	Cogitare Nursing.	B2	Without evaluation	7
14	Willrich JQ, Bielemann VL, Chiavagatti FG, Kantorski LP, Borges LR ²⁷	2013	Journal of Nursing of UFSM.	B4	Without evaluation	6
15	Brischialiari A, Maftum MA, Waidmann MAP, Mazza VA ²⁸	2008	Electronic Journal of Nursing.	B2	Without evaluation	6
16	Vieira AN, Silveira LC, Silva LMS, Rodrigues DP, Martins IC ²⁹	2015	Journal of Nursing UFPE online.	B4	Without evaluation	7

*Nursing

Figure 3. Distribution of selected articles, according to authors, year of publication, journal title, QUALIS, impact factor and level of evidence. Montes Claros (MG), Brazil, 2017.

There were the highest number of publications in the year 2008 - four (25%) followed by two (12.5%) in 2010 and another two in 2015. The largest number of publications was found in the journal "Research Journal: Care is Fundamental "(online), with three (18.75%) articles. It was published, in relation to the classification of Brazilian journals, elaborated by CAPES, the majority of studies in Qualis B2 journals - eight publications (56.25%). It was recorded, as to the Impact Factor, that only one journal was classified: "Latin American Journal of Nursing " (0.634). The result of the IF is considered low, which is due to the fact that the publication is little sought by the international researchers to carry out their researches.¹⁶

The journals were found in the SciELO electronic library: " Brazilian Journal of Nursing" (0.2455); "Latin American Journal of Nursing" (0,3856) and " Text Context Nursing " (0,1948). It was identified that the low Impact Factor of these journals can be justified, mainly, due to the lack of articles written in the English language, preventing a more expressive repercussion of the publications.¹⁷

The level of evidence of these studies was reported as 11 (68.75%) are level 6 and five (31.25%) are level 7. This distribution is explained by the subjective theme of the studies - humanization.

It was observed that the Brazilian region with the most publications was the Southeast, with eight (50%) placements. It is observed the predominance of qualitative studies, with respect to the methodological design, with 11 (68.75%), according to figure 4.

Nº	Place of publication / Type of study	Objectives	Main results
01	Location: Rio de Janeiro-RJ Type: Qualitative	Understanding how clinical Nursing care can be developed from a perspective that considers the person in psychic suffering as the subject of this practice.	Subject and Listening and Listen to who cares. The workshop allowed nurses to approach other theoretical and methodological approaches that conceptualize the subject beyond the Cartesian, such as the referential of psychoanalysis, enabling the nurse to recognize that the process of caring is complex and demands actions based on the singularity of each subject.
02	Location: Belo Horizonte-MG Type: Reflexive	Reflect on the principle of integrality and its insertion in the area of Mental Health, addressing this principle in the network of substitutive services in Mental Health as an indicator device for a new way of thinking and attention in Mental Health	It is necessary that the professionals of the health services develop an integral service to their users, sharing experiences, with the participation of the family and the community.
03	Location: Maringá - PR Type: Descriptive, qualitative approach.	To report the experience of interpersonal communication between a nurse and a client with schizophrenia, based on the technical principles of non-directive relationship, centered on the person, seeking to analyze the relevant aspects of this process, of this interaction.	The nurse sought to clarify the ideas exposed and create favorable conditions for the client to reach the meaning of his illness for himself. The center of the interaction was the customer and everything he considered significant. The nurse was the vehicle of help. "Non-directivity" is a complex approach, being therapeutic whenever the client exposes their feelings and the nurse can understand it and help it according to their needs.
04	Location: Maringá-PR Type: descriptive exploratory qualitative	To identify the understanding that the students of the Specialization course in Psychiatric Nursing and Mental Health have on the position of the nurse of this area of action and its relation with the problematizing education.	The students punctuated, for problematizing conduct in assisting humanization: dialogue as the basis for transformation and construction in the nurse-patient relationship; respect for the citizenship of the patient and the commitment of the professional to the concrete application of truly humanized care, as a proposal to care for the mentally ill.
05	Location: Rio de Janeiro-RJ Type: exploratory research of a qualitative nature	To analyze nurses' perception about the humanized care in the routine of Nursing care in a Mental Health hospital unit, identifying their skills and abilities in the assistance to the client in this type of hospitalization unit.	Respondents understand that humanization means caring for people, collectively, with responsibility, commitment, and ethics, helping them overcome their limitations. They are based on the conception of the Psychiatric Reform as a movement, which has brought significant gains to the new Mental Health approach, in which the philosophy of humanization can contribute to effective and resolute Nursing care.
06	Location: São Paulo-SP Type: descriptive and exploratory, with qualitative analysis	Reflect on the experience of an Institution, which has as its guiding humanist character, besides the contributions and difficulties faced by the multidisciplinary team, highlighting the role of the psychologist in Mental Health and the subjectivity that it involves.	It presents the partnership with the Unified Health System (UHS), based on the National Humanization Policy (NHP). It ends with the reflections provided by the study showing that humanized work in health can be feasible and long-lasting.
07	Location: São Paulo-SP Type: Experience report	Address the issue of psychiatry and humanization - or dehumanization - when bioethics is not present in the psychiatric environment	We believe that we have a responsibility to change the state of Mental Health and psychiatry, and we should never accuse others of the fact that change is not possible. It is noticed that there is an urgency in humanizing the practice and the care in psychiatry, and to humanize is to understand the other in its totality. A patient is not limited to the disease, but is a human being worthy of attention and respect.
08	Location: Niterói-RJ	To understand the social representations of Nursing Care in Mental Health	Mental Health Nursing care is represented in the humanization of Mental Health

	Type: Qualitative	elaborated by the graduates of undergraduate Nursing courses in Campina Grande, PB	care. This representation facilitates the change in the perception of the graduates from the theoretical-practical experiences and allows them to visualize a distinction between the professional practice of the nurse in the current context and the role attributed to it according to the precepts of the Psychiatric Reform.
09	Location: Brasília-DF Type: Essay	Reflect on the concepts of psychosocial rehabilitation and interdisciplinarity in the field of Mental Health. It is tried to show the importance and the actuality of these subjects in the construction of the knowledge and practices in the Nursing area in Mental Health or psychiatric.	Psychosocial rehabilitation is understood as a conception and not as a technique, a process that increases the user's ability to establish social and affective exchanges in the different settings: at home, at work and in the social fabric. Interdisciplinarity is the ability to converge expertise by orchestrating efforts in building a single text, written in multiple hands. The discussion of these themes enables the Nursing professional to constitute practices and knowledge anchored in a utopian, ethical and aesthetic dimension.
10	Location: Rio de Janeiro-RJ Type: Qualitative and descriptive study-Experience report	Identify the challenges of the field of practice in Mental Health in the production of knowledge about the impact of the change of the stigmatized to the humanized look on the psychiatric asylums.	We observed focus on the care of the body and the Nursing performance with relation to the characterization of the client; specificity and fear of treatment; the concern to know the environment; discipline activities before and during practical instruction. The perception of the academics occurred in a humanized way with respect to the Nursing care of the psychiatric asylums, not prejudiced concerning them and not stigmatized referring to the psychiatric world
11	Location: Florianópolis-SC Type: Experience Report	To develop with the Nursing team a reflective process about care in the perspective of reaching the humanization of care, exploring the work condition and education, based on the Freirean methodological theoretical framework.	They point out that the knowledge and understanding of the historical process make it possible to think and generate the necessary changes that constitute the beginning of the transformations that we intend, because we can perceive that it can do different. They emphasized the importance of listening, observing and respecting the client's subjectivities as a fundamental point for the humanization of care.
12	Location: Ribeirão Preto-SP Type: Qualitative	Establish and analyze the therapeutic relationship with the patient in the process of resocialization, according to the humanistic view of care. To evaluate the non-directive approach used in the interaction, from the theoretical foundation on therapeutic relationship, centered on the person in relation to help.	The nurse's anxiety identified mainly in the application of the technique, however, was attentive, without interfering in the patient's point of view. The patient's anxiety reflected the consequences of her adjustment outside the hospital setting.
13	Location: Curitiba-PR Type: Experience Report	Redeem daily life skills of institutionalized sufferers by promoting educational activities and personal skills, encouraging them to perform daily activities.	It was shown that the group of psychic sufferers, when accompanied, care with attention and adequate guidance, perform with greater dexterity the activities considered basic in daily life, those that have lost over the years that remain hospitalized. It also showed experiences full of meanings, suggesting a practice of psychiatric Nursing care focused on the process of humanization, seeking simple alternatives, but at the same time, full of practical subsidies for a group of people who lost autonomy in self-care by the institutional process.
14	Location: Santa Maria-RS Type: qualitative study in the form of a case study	To appreciate the importance of the environment of a Psychosocial Care Center and its relationship with the therapeutic process in Mental Health.	It is evidenced that the construction of a comfortable environment that invests in the production of subjectivities is a tool capable of enhancing the process of psychosocial rehabilitation. And it is in the encounter, among team users, that affective bonds are built and this is the primary component that qualifies the environment.

15	Location: Goiânia- GO Type: exploratory and descriptive	It was to describe and evaluate the result of the implementation of workshops of sensitization of the Nursing team for a humanized care to the patient with mental disorder	Professionals perceive the mental disorder sufferer as a human being who needs to be cared for wholeness; on the other hand, the development of the workshops provided a reflection on the care developed and an awakening of the critical sense of the professional practice, allowing the resignification of care.
16	Location: Recife-PE Type: theoretical reflection	Reflect on the contributions of psychoanalysis to care and to the clinic in Nursing practice.	Nursing, seeking interdisciplinary practice, appropriated the psychoanalytic framework in its work processes to develop care actions in health care settings. This articulation has been effected in the assistance, mainly in the Mental Health services; but also in teaching and research.

Figure 4. Characteristics of studies according to place of publication, methodological design adopted, objectives and main results. Montes Claros (MG), Brazil, 2017.

DISCUSSION

• Humanization of care and its relation with Nursing care in Mental Health

The public policies for humanized Nursing care in the field of Mental Health are corroborated.

From the BPR, through the deinstitutionalization of those suffering from mental illness, it was possible to replace mental asylum by community-based Mental Health services, prioritizing social reintegration, autonomy and family life. In this sense, the reform seeks to improve care and protect the rights of people with mental disorders.¹⁸⁻¹⁹

The need to reorient Nursing care through an ethical stance was respected, respecting patients' rights, including freedom. The ethical precepts and the principles of BPR are taken as important references to be followed by the nurse in his / her care practices.²⁰

With the process of humanization of care in the field of Mental Health and the process of deinstitutionalization, psychosocial rehabilitation is sought.¹⁸⁻²¹ The emergence of Nursing care outside hospital institutions and towards territory. It is necessary that the nurses take responsibility for the care in Mental Health, in its diverse scenarios of action, emphasizing the primary health care.

Criticism of maltreatment and the lack of adequate care in the health services by the users are verified. It is therefore advocated during the academic training of nurses that there should be a rupture of the thoughts left by the history of psychiatry and centered on the ideas of exclusion and danger. It is possible, with the breakdown of prejudice, a new look at these subjects, favoring the practice of a humanized Nursing care.²²⁻²⁴

It is established with the NHP that humanization should have as its guiding principles the valorization of the subjective dimension, the strengthening of teamwork, promotion of cross-sectionalism, support to the construction of assistance networks and the protagonist of the individuals and groups.⁸⁻⁹

Through the theoretical discussions in the field of Mental Health, the need to reflect on professional relations in health services was highlighted, with emphasis on the subjects' subjectivity. It is sought, therefore, that humanized practices can be constructed from the expansion of the health-disease process of the users.²¹ It is emphasized that nurses must have a holistic view of the process of

attention with sensitivity to the listening of the users.^{18,21}

Ethical and aesthetic proposals are pointed out with humanization: in relation to ethical proposals, all those involved are classified as co-responsible for health actions. People are considered subjectively as autonomous and protagonists of the health-disease process and mental illness, according to the aesthetic proposition of health production systems. In this way, Nursing care is reconstructed with practices focused on the real needs of the users.^{18-19,22}

• Care strategies in the field of Mental Health: incorporating new technologies

A humanized Nursing practice is obtained through several strategies and new care technologies constructed in articulation with public policies in the field of Mental Health.

Emphasis is given to the need for an integral approach due to the complexity of the object in Mental Health, with the emergence of the urgency of a care that does not reduce the subject to the disease. With the integrality, the objective is to allow the expansion of the clinic through the contact and reception of psychic suffering, breaking down barriers and dismantling the ideal of hospitalization and isolation as the best form of intervention.^{3,18,25-26}

PSCN was instituted by the 3088 ordinance in Brazil in 2011.⁵ It is necessary to ensure the articulation and integration between the network's attention points in order to ensure the effectiveness of the integrality and humanization of Mental Health care. As attention strategies, network work, intersectoriality and interdisciplinarity, as Nursing tools, are highlighted.

Integrality and networking are fostered through interdisciplinarity, promoting the autonomy and social insertion of the subject in his community. It is necessary to expand the services of territorial base, its articulation with the other points of the network and the involvement of professionals, users, family and community.^{3,25}

Contact and welcome are understood as important care strategies in situations of psychological distress and responses are produced different from those guided by the biomedical model. It is pointed out the knowledge of therapeutic listening, which reorients the practice of professionals and favors the autonomy of users, to organize the work process with a view to access and monitoring of each subject in their care project, which should be unique.²⁶

New clinical devices to be developed by Nursing in Mental Health, such as therapeutic workshops, are constituted. It seeks to rescue the subjectivity and autonomy of the users and to develop skills that were lost in the hospitalizations. Socialization, expression, income generators, social insertion, literacy, among others.^{18-19,25-26}

It is important to emphasize the ambience, a strategy advocated by the NHP, as a significant and structuring factor of the therapeutic process, besides being a concrete structural aspect, since it directs the promotion of interaction and the creation of bonds with the users, promoting the development of emotional stability throughout the treatment. It is necessary a place with adequate physical structure and availability of human and material resources that allow the reception of the user and family, privileging comfort and subjectivity in the therapeutic process.²⁷⁻²⁸

For the development of a humanized Nursing care in Mental Health, these strategies are indicated as tools of care.

• Nursing clinical care: rescuing subjectivity

Collaborating for the practice of care in Nursing in Mental Health, through psychoanalysis and interdisciplinarity, making the expansion of the clinic and the humanization of care possible.

The scope of technologies in Nursing has been expanded to produce care in Mental Health. It is verified the guarantee of integral care when the nurse appropriates knowledge from other areas, especially psychoanalysis, an important reference for rescuing aspects of subjectivity.^{8-9,22,29-30}

As a result, the notion that attending a client with psychic suffering is not only limited to the identification of their basic human needs.^{2,25,29-30}

It creates a new perspective of care in these movements, differing from the practice traditionally exercised in hospital units, as exemplified by group actions and interventions in communities. It is considered that the subjectivity approach raises issues in group management, body care, drug use and adherence, producing effects in several situations inherent in the Nursing work processes.²⁹⁻³⁰

It is evaluated that some psychoanalytic concepts and tools stand out in Nursing care, such as listening, the category of subject and the construction of the clinical case.²⁸ It is observed that, as a principle, listening has the creation of a space for the word is said,

explaining the psychic mechanisms involved in the process of illness; on the other hand, the act of telling alleviates the patient's anguish, simply by talking about what makes him suffer, allowing an articulation of suffering with the subject's life history.⁸⁻⁹

The possibility of bringing to the scene the unconscious subject who, through speech, can express a wisdom unknown even by himself, placing the subject with psychic suffering in the active position.²

It is possible to move care, in its prescriptive format, into the subject category, a patient approach that can participate in the process of elaborating their care needs. It is verified that the construction of the clinical case, in turn, became an instrument for the Nursing clinic. It is understood, in this construction, that the subject who demands care participates in the elaboration of his experience of suffering and his care needs. Opportunities are provided in which the patient's speech is produced in a free way, without being tied to the programs and institutional protocols.^{2,6,27}

It is considered essential the process of incorporating the subjective dimension in the clinical care of nurses to promote the humanization of care. It is required, in order to define the way of expressing the relationship with the other, the process or the therapeutic relationship, the availability of the professionals to interact with the client. It is defended, therefore, a humanized care of Nursing focused on the act of listening and made possible by the transference and the construction of a therapeutic relationship.^{4,8-9,28}

CONCLUSION

It is concluded that the clinical care of Nursing in Mental Health must consider the precepts of BPR and NHP to be provided with quality and incorporating the humanization of care.

Key strategies for holistic Nursing care are listed: the integrality articulated from a network work with the articulation between its devices; interdisciplinarity; intersectoriality; the contact and the welcoming; therapeutic listening; the notion of territory; psychosocial rehabilitation; the resources of therapeutic and educational workshops; the ambience and the incorporation of the subjective component with the clinical extension.

It is also considered the interdisciplinarity in Nursing in Mental Health as a resource of clinical expansion through psychoanalysis that, based on its concepts and tools, with

emphasis on listening, the category of subject and the construction of the clinical case, allows the construction of therapeutic relationships. It is suggested the incorporation of these theoretical references by the nurses in their care practices.

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