



# Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

## ORIGINAL ARTICLE

### DIFFICULTIES OF NURSES IN BASIC CARE IN VIEW MENTAL ILLNESS DIFICULDADES DE ENFERMEIROS NA ATENÇÃO BÁSICA FRENTE AO ADOECIMENTO MENTAL

#### DIFICULTADES DE ENFERMEROS EN LA ATENCION BÁSICA FRENTE A LA ENFERMEDAD MENTAL

Edson Henryque de Lima Batista<sup>1</sup>, Haline Costa dos Santos Guedes<sup>2</sup>, José Nildo de Barros Silva Júnior<sup>3</sup>, Dilyane Cabral Januário<sup>4</sup>, Alynne Christinne da Silva Lucena Pordeus<sup>5</sup>, Vagna Cristina Leite da Silva Pereira<sup>6</sup>

#### ABSTRACT

**Objective:** to investigate the difficulties experienced by nurses in the basic care of patients with mental illness. **Method:** this is a quantitative, descriptive, exploratory study with 27 nurses in the Family Health Strategy. The data were collected through a questionnaire and the results were presented in tables and discussed with the literature. **Results:** it was verified that the nurses interviewed presented time of service less than two years (eight = 32%); it was verified that 24 (96%) of them comprised the post-psychiatric reform actions, however, only one (04%) professional demonstrated to hold knowledge to attend users in mental illness; of the interviewees, 60% (15) answered that they did not present difficulties at that time; although 72% (18) of the professionals reported that they are not problem solvers, the majority (56% = 14) refer the cases to a specialized service. **Conclusion:** it is necessary, even if the nurses know the proposal of the psychiatric reform, although the activities provided in the basic care for this public are not satisfactory, that the professionals take possession of knowledge becoming resolute to everything that concerns the process of mental illness. **Descriptors:** Mental Health; Primary Health Care; Nursing; Family Health Strategy; Mental Disorders; Nursing Care.

#### RESUMO

**Objetivo:** investigar as dificuldades vivenciadas por enfermeiros na atenção básica frente aos usuários em adoecimento mental. **Método:** trata-se de um estudo quantitativo, descritivo, exploratório, com 27 enfermeiros na Estratégia Saúde da Família. Realizou-se a coleta de dados por meio de um questionário e se apresentaram os resultados em tabelas e discutidos com a literatura. **Resultados:** constataram-se que os enfermeiros entrevistados apresentaram tempo de serviço menor que dois anos (oito=32%); verificou-se que 24 (96%) deles compreendiam as ações pós-reforma psiquiátrica, entretanto, apenas um (04%) profissional demonstrou deter conhecimento para atender usuários em adoecimento mental; dos entrevistados, 60% (15) responderam não apresentar dificuldades nessa ocasião; embora 72% (18) dos profissionais tenham informado que não são resolutivos diante dos problemas, a maioria (56%=14) encaminha os casos para um serviço especializado. **Conclusão:** faz-se necessário, ainda que os enfermeiros conheçam a proposta da reforma psiquiátrica, embora as atividades dispensadas na atenção básica para esse público não sejam satisfatórias, que os profissionais se apoderem de conhecimentos tornando-se resolutivos a tudo o que diz respeito ao processo de adoecimento mental. **Descritores:** Saúde Mental; Atenção Primária à Saúde; Enfermagem; Estratégia Saúde da Família; Transtornos Mentais; Cuidados de Enfermagem.

#### RESUMEN

**Objetivo:** investigar como las dificultades vivenciadas por enfermeros en la atención básica frente a usuarios en enfermedad mental. **Método:** se trata de un estudio cuantitativo, descriptivo, exploratorio, con 27 enfermeros en Estrategia Salud de la Familia. Se realizó la recolección de datos por medio de un cuestionario y se presentaron los resultados en tablas y discutidos con la literatura. **Resultados:** Se ha constatado que los enfermeros entrevistados presentaron tiempo de servicio menor que dos años (ocho = 32%); se ha verificado que 24 (96%) de ellos comprendían las acciones pos-reforma psiquiátrica, sin embargo, a penas un (04%) profesional demostró detener conocimiento para atender usuarios en proceso de enfermedad mental; de los entrevistados, 60% (15) respondieron no presentar dificultades en esa ocasión; a pesar de 72% (18) de los profesionales tengan informado que no son resolutivos delante de los problemas, la mayoría (56% = 14) encamina los casos para un servicio especializado. **Conclusión:** Se hace necesario, ainda que enfermeros conozcan propuesta de la reforma psiquiátrica, mismo que las actividades dispensadas en la atención básica para ese público no sean satisfactorias, que los profesionales consigan conocimientos se tornando resolutivos a todo lo que dice respeto al proceso de enfermedad mental. **Descriptores:** Salud Mental; Atención Primaria de Salud; Enfermería; Estrategia de Salud Familiar; Trastornos Mentales; Atención de Enfermería.

<sup>1</sup>Pos-graduate student, Nova Esperança College of Nursing/ FACENE. João Pessoa (PB), Brazil. E-mail: [edson\\_lima\\_henrique@hotmail.com](mailto:edson_lima_henrique@hotmail.com) ORCID iD: <http://orcid.org/0000-0002-8302-6032>; <sup>2,4,5</sup> Pos-graduate student, Nova Esperança College of Nursing/ FACENE. João Pessoa (PB), Brazil. E-mail: [halineguedesenf@hotmail.com](mailto:halineguedesenf@hotmail.com) ORCID iD: <http://orcid.org/0000-0003-1892-4503>; E-mail: [cabral.enfermagem@hotmail.com](mailto:cabral.enfermagem@hotmail.com) ORCID iD: <http://orcid.org/0000-0002-2319-3015>; E-mail: [ac.lucena@hotmail.com](mailto:ac.lucena@hotmail.com) ORCID iD: <http://orcid.org/0000-0002-1718-8332>; <sup>3</sup>Nurse, Nova Esperança College of Nursing / FACENE. João Pessoa (PB), Brazil. E-mail: [nildoenfer@hotmail.com](mailto:nildoenfer@hotmail.com) ORCID iD: <http://orcid.org/0000-0001-6116-5915>; <sup>6</sup>PhD, Nova Esperança College of Nursing / FACENE. João Pessoa (PB), Brazil. E-mail: [vagna.cristina@bol.com.br](mailto:vagna.cristina@bol.com.br) ORCID iD: <http://orcid.org/0000-0002-8831-3620>

## INTRODUCTION

In ancient times, madness was something divine, a spiritual manifestation which, over the years, was institutionalized through the construction of physical, local spaces founded with the main objective of isolating and segregating people who were crazy about the purpose of maintaining social order.<sup>1</sup>

In this context, the hospital-centered model was built, and from that time on, several reports of violence in the asylums began to emerge, spaces that provided no assistance based on abandonment and cruelty. Several people died at this time without the right to return to their homes. According to historical accounts, about 60,000 people with mental illness were exterminated in the Brazilian mental hospitals, and among the assistance models adopted at the time, the punishment.<sup>2</sup>

Modalities of treatment were used at the time that had as objective to remove and isolate from the social environment all the people considered crazy.<sup>3</sup> From this reality, a movement emerged in the 1970s, with the objective of breaking the model of the acting asylum model, starting with a movement that contained as a priority the criticism of the classic psychiatric paradigm used until the moment described.<sup>4</sup>

It was proposed a model of treatment by the Psychiatric Reform that consisted of breaking the clinical / psychiatric model of restriction and isolation for the pattern of psychosocial recovery. He opportunized himself in this new model, a new way of accepting and welcoming the mentally ill, as well as breaking with ideas of madness as a social threat.<sup>5</sup>

Some of these movements were strengthened, such as the Caracas Declaration, the VIII National Health Conference and the 1st Mental Health Conference, which brought together countries and entities to discuss mental health care by deconstructing the daily life of psychiatric institutions that were responsible for hosting users.<sup>6</sup>

Another milestone of the struggle was set in the discussions initiated after the Bill of Law of Paulo Delgado, nº10.2016, which was processed in the National Congress in 1989. Several modalities of care were restructured after this law, which drove the model psychosocial support based on actions no

longer focused on the disease, but on the individual and his potential. A new standard was created that aimed at actions inspired by the total replacement of the asylum model by the creation of new health care networks, with territorial psychosocial care services and with non-asylum features.<sup>7</sup>

From the new reality, services belonging to the Unified Health System (UHS) were implemented, such as the Psychosocial Care Centers (PCC), outpatient clinics, Family Health Strategy (FHS), and therapeutic residency services. a support network with the purpose of attending to people who are in the process of mental illness.

The difficulties of the professionals in face of this demand in the primary attention have been evidenced, although advances have been made regarding the assistance to the being in process of mental illness. We identified, according to research data, <sup>8</sup> fragilities at this level of attention, a reality in which a proactive action by the nursing professionals is required, with the planning of actions directed to this group. According to the policy proposal at this level of care, assistance should be provided that meets the demands of the groups by the health team as a whole.<sup>9</sup>

We analyze the existence of gaps in care for the mentally ill in the Family Health Strategy (FHS) and show the need for continued professional training, since, according to the literature, doubts and insecurity are frequent, for professionals with regard to assistance to the mentally ill. Thus, the proposed research will be guided by the following question: What are the difficulties experienced by nurses in basic care for users with mental illness?

This study provides support for reflection and new proposals for intervention in relation to the professional's work in mental health, specifically in what concerns Nursing care in basic health care, so that new proposals for interventions with new profiles can emerge from the studies on the subject.

## OBJECTIVE

♦ To investigate the difficulties experienced by nurses in the basic care of patients with mental illness.

## METHOD

This is a quantitative, exploratory and descriptive study carried out in the Family Health Strategy in Health District III (D-III) in

the city of João Pessoa, Paraíba. The site was chosen because it is the largest in the area of coverage among the respective districts, aspects that favored the collection of data making it the ideal place for the purpose of the study.

It is revealed that the population of nurses of the referred district is of 54 professionals, nevertheless, composed this research a sample of 27 (50%), being defined from random lottery. Some criteria for the study were considered: Nursing professionals registered in health district III and who were in activity during the period of data collection were included. Data collection was carried out from September to November 2017.

A semi-structured questionnaire was used as a collection instrument, divided into two stages: the first one contains the socioeconomic data and the second, the data related to the research objectives. They were stored, after collection, information was in database created in Microsoft Office Excel 2013. It was used for

data analysis, simple descriptive statistics and presented the results in tables and discussed with the literature.

The protocol of this research was approved, in its ethical and methodological aspects, by the Ethics Committee in Research with Human Beings of FACENE under the protocol 158 // 2017 and the Certificate of Presentation for Ethical Appreciation (CAAE) nº 76745617.9.00005179.

RESULTS

Table 1 was generated to better know the profile of the study participants. According to the results, it was verified that the predominant age group among Nursing professionals was 24-42, making up 68% (17). It was seen t = that all involved were female (100%), married 64% (16) and have an average working time of less than two years 32% (32).

Table 1. Characterization of the nurses of the Family Health Strategy. João Pessoa (PB), Brazil, 2017. (n=25)			
Variables		n	%
Age	24-42	17	68
	42-58	08	42
Gender	Male	-	-
	Female	25	100
Marital status	Single	04	16
	Married	16	64
	Divorced or widow	05	20
Time of service	< 2 years	08	32
	2-3 years	03	12
	4-6 years	07	28
	7-9 years	03	12
	10-13 years	04	26
Total		25	100

Table 2 shows the results regarding the actions developed by the nurses in the FHS directed to the user in mental illness. It was verified that 96% (24) of the professionals said they understood what is proposed by the psychiatric reform and what actions proposed after retirement, however, it was verified that only one (04%) professional reported having knowledge to meet such demand.

Table 2. Distribution of the results related to the actions of the nurses in the FHS directed to the user in mental illness. João Pessoa (PB), Brazil, 2017. (n=25)

Variables			n	%
Understanding the actions of the psychiatric reform in the FHS.	Yes		24	96
	No		01	04
Knowledge to serve the user in crisis.	Yes		01	04
	No		24	96
Mental health actions developed by the nurse in the FHS.	Listening Reception		13	52
	Forwarding		06	24
	Alternative/Complementary Therapies		02	08
	Family counseling or support		04	16
Total			25	100

Next, the results of Table 3 show the issues related to the difficulties and

measures that were adopted against users in the process of mental illness.

Table 3. Distribution of the results related to the nurses' performance in the FHS vis-à-vis the user in mental illness. João Pessoa (PB), Brazil, 2017. (n=25)

Variables		n	%
Difficulty in assisting the mental health user.	Yes	15	60
	No	10	40
Service Resolutivity	Yes	07	28
	No	18	72
Measures that have been adopted	Referral to specialized service	14	56
	Asked for help	01	04
	Did not know what to do	10	40
Total		25	100

It was detected, according to data, that 15 (60%) professionals presented difficulties at the time of care. 72% (18) of the nurses answered that they do not have resolution at the time of such service, and 56% (14) answered that it was to refer users to services specialized. Another 40% said they did not know how to deal with such a situation.

DISCUSSION

By the profile of the participants of this study, we confirm the data presented by Nursing as a career in full rejuvenation, since the age profile of these professionals is made up of young adults. It is estimated that in Brazil, 67% of the nurses have an average age between 35 and 50 years, representing more than one million people and, of this total, an average of 100,000 workers are under 40 years of age, which means that the Nursing team is predominantly young.<sup>10</sup>

It is justified, in reference to the predominance of women in the profession, that one of the explanations is related to the profile of the Brazilian population, since, currently, there are 160 million inhabitants, 56% female.<sup>11</sup>

It is added that, although in the Nursing profession, women predominate, the

historical data show that the man was being moved away from Nursing more strongly from the implantation of the Anglo-American model in Brazil, with the creation of the School of Nurses of the National Department of Public Health, currently the Anna Nery School of Nursing, in the early 1920s.<sup>12</sup> Since then, the presence of women predominated in the Nursing profession, a reality that remains in the profession, number of male professionals is considerable.

It was reported, in the data related to the length of service, that the respondents had a significant time to act, a result that indicates that the professionals of the health unit are experienced in basic care. It is considered a positive point, since<sup>10</sup> professionals with longer working hours have their cognitive skills, techniques and practices duly qualified to meet the demands of the assistance in their place of work.

It is noted that the longer one has in a given sector, the more experience one acquires.<sup>13</sup> It is seen that older professionals have greater skills and are knowledgeable of their daily and routine obligations such as the Systematization of Nursing Care.<sup>14</sup>

The interviewed professionals understood the actions of psychiatric reform, a



movement that encompasses a complex social process surrounded by changes in care, an understanding that involves questions to the asylum model once proposed aiming at promoting the citizenship of the subjects traditionally protected. It is considered that the psychiatric reform aims to change the models of attention and management, including health practices, so that these people can be understood from the transformations of knowledge, cultural and social values.<sup>2</sup>

Through this movement, users and professionals were offered a new model of care with the implementation of the Family Health Strategy, which led to the expansion of care, becoming the right of the mental health user to attend this level of care.<sup>15</sup>

It was reported that the majority of the interviewees did not feel safe and prepared for this type of care. These results are shown for the lack of continuous qualification for the mental health demands in the FHS.

This result shows that mental health continues to present a precarious care and, currently, the actions of mental health care are still based on traditional forms, standing out the hospital-centered biomedical model, which has the medicalization and the model centered on the disease and the therapeutic model.<sup>15</sup>

The care and actions directed at mental health are granted in a very limited way, although advances have been identified in Brazil, since new services have been implanted in the health network over the years and there are still new positions on the part of professionals, as a response to the awareness of these people still in the academy, in the period of professional training. It is considered that even if it is possible to highlight such advances, there are still problems regarding the management of the assistance, since it has been notorious the lack of interest in meeting the demands of this group of users, including, as for the investment in the qualification of professionals in what concerns to mental health.<sup>16</sup>

Some Nursing professionals from the State of Cuiabá were interviewed about the knowledge on the care of the user in mental illness and the nurses reported that the possibilities were limited and a posture adopted was often directed towards the

orientation, patience and care for with them.<sup>8</sup>

It is noticed that the health service does not always offer conditions with support for the users. It is seen most of the time, lack of personal resources hampers the development of actions. Thus, there is a need for services to be recognized, as well as their difficulties and potential for care as a way to develop a practice of care for the mentally ill person effectively.<sup>17</sup>

It was found that listening is one of the most accomplished actions by nurses at the time of such care and, according to a student, listening, welcoming and bonding are characterized as actions for interventions, being strategic for care in the mental health and allowing a therapeutic intimacy in the sense that the worker is open to the needs of the user in a more welcoming posture.<sup>18</sup>

Listening can be used as a therapeutic tool, a form of communication between subjects that happens independently of conscious intention allowing a subjective type of exchange to be established without speech intervention and may result in modifications in subjects' experiences.<sup>17</sup>

It is shown in the literature that this care tool is propitious, since it modifies and qualifies conditions and ways of life. One sees by means of it, it is oriented to the promotion of the life and the health not being restricted to the cure of diseases. This means believing that life can have many forms to be perceived, experienced and lived. It is observed that for this, it is necessary to look at the subject in its multiple dimensions with his desires, desires, values and choices.<sup>18</sup>

You have access, through listening, to the user, to their history, their context and their needs. It is considered that at that moment, guidelines are provided that enable the person, the family or the community to better manage their health situation. It observes by means of this procedure, one becomes aware of the state of health and, thus, the decisions are processed to promote an adequate management of a certain therapeutic regime, often complex.<sup>19</sup>

It is possible to understand, through a qualified listening and a satisfactory reception, the psychic suffering from the person valuing their life experiences and attending to their needs and the different

aspects that make up their day to day. It confirms that it is a facilitating and strategic instrument in the great development of autonomy and social inclusion.<sup>20</sup>

It was inferred that, with regard to the questions regarding the actions and actions developed by the nurses to these users, the professionals interviewed have manifested difficulties in offering effective care to these clients. Similar results were identified in a study conducted in São Paulo with nurses. The data showed that these professionals experienced difficulty in attending to the mental health user, being also identified that this group presented resistance, prejudices and felt unprepared to offer such assistance.<sup>21</sup>

We are encouraged by reflections about the unpreparedness of professionals to act in the area of mental health. We identified, in the literature, gaps related to professional qualification in this area, an obstacle to understanding and acting on these users.<sup>8</sup>

It was demonstrated, in reference to the resolution, that nurses have difficulties in such care. These have provided a disorganized assistance, without any planning, a reality that makes infer that mental health care in the FHS is precarious, since the demands require, in addition to previous knowledge, effective planning and the support of the matriciamento, fact that has been exposed as one of the main answers to the problem.<sup>11</sup>

It is verified that referral has been routine in the area of mental health and that the nurse, in turn, directs those users to specialized services, not following up on such cases,<sup>16</sup> therefore referral has been done erroneously, because the professionals have forwarded these users, but have not done a matriciamento of the cases.<sup>22</sup>

It is believed, therefore, that the mental health user is not always assisted at this level of care and, most of the time, is referred to specialized services although there is not always a need for such a demand. It is noticed that the attendance to this group in the FHS has been insufficient, many times the users are left unattended, this being the answer to the little knowledge of the professionals about this problem. Another factor to be emphasized is related to the lack of continuous training aimed at meeting such demand.<sup>17</sup>

In view of the above, it is of the utmost importance that nurses adopt practices directed to this group aiming at prevention, promotion and treatment of mental health, in the dynamics of the Family Health Strategy, making visible the adopted health practices. It is known that there are many users in mental illness who are looking for health services. It is necessary in this way, that the nurses offer greater resolution to the problems of this group.

This study was limited by the size of the sample. Although it was not considered by lot, 50% of the population was included, the number of participants was lower than desired by the statistical models. It was chosen in this way, by working with the simple description of the main results. The relevance of the study is considered to contribute data to incite changes in the scenario of assistance to mental patients in basic care.

## CONCLUSION

We identified, in this study, the difficulties faced by Nursing professionals related to the attention given to users of mental illness assisted in the Family Health Strategy. It was verified the need for refresher courses and professional qualification with the objective of enabling the professionals regarding the assistance to the mentally ill as a way of favoring professional skills in the area.

It is considered that the FHS is the gateway to the health network and professionals must be attentive and prepared for the reception of all demands, including those related to mental health. It was verified that nurses, at this level of attention, have indisputable potentialities, but also, important fragilities to incorporate mental health actions in their daily activities.

It is concluded, therefore, that the limits indicated by the professionals are linked to the insufficiency of abilities to act in front of people in mental illness, a reality that infers the existence of the need for professional updating as a way of favoring the professional skills in this area so that quality care is offered to mental health users.

## REFERENCES

1. Gama JRA. The psychiatric reform and its critics: considerations on some

assumptions and their consequences. *Physis*. 2012 Oct;22(4):1397-417. Doi: <http://dx.doi.org/10.1590/S0103-73312012000400008>

2. Macedo JP, Abreu MM, Fontenele MG, Dimenstein M. The regionalization of mental health and new challenges of the Psychiatric Reform in Brazil. *Saúde Soc*. 2017;26(1):155-70. Doi: <http://dx.doi.org/10.1590/s0104-12902017165827>.

3. Vasconcelos MGF, Jorge MSB, Guimarães JMX, Pinto AGA. Mental health in the context of the family health program: social representations of users and family members. *Rev RENE*. 2016 Sept;9(3):9-18. Doi: <http://dx.doi.org/10.15253/rev%20rene.v9i3.5025>

4. Braga FS, Olschowsky A. Pleasure and suffering in the work of mental health nurses in the context of the psychiatric reform. *J Nurs UFPE Online*. 2015;9(3):7086-94. Doi: [10.5205/reoul.7505-65182-1-RV.0903201510](http://dx.doi.org/10.5205/reoul.7505-65182-1-RV.0903201510)

5. Muir-Cochrane EC, Baird J, McCann TV. Nurses' experiences of restraint and seclusion use in short-stay acute old age psychiatry inpatient units: a qualitative study. *J Psychiatr Ment Health Nurs*. 2015;12(2):229-37. Doi: [10.1111/jpm.12189](http://dx.doi.org/10.1111/jpm.12189)

6. Lima WAL, Christo SAC, Machado CJ. Atenção psicossocial além da Reforma Psiquiátrica: contribuições a uma Clínica Crítica dos processos de subjetivação na Saúde Coletiva. *Ciênc saúde coletiva*. 2016 Oct;21(10):3309-10. Doi: <http://dx.doi.org/10.1590/1413-812320152110.01942016>

7. Costa JP, Jorge MSB, Coutinho MPL, Costa EC, Holanda ITA. Psychiatric reform and their developments: social representations of professionals and users of the psychosocial care. *Psicol saber soc*. 2016;5(1):35-45. Doi: [10.12957/psi.saber.soc.2016.15855](http://dx.doi.org/10.12957/psi.saber.soc.2016.15855)

8. Alzayyat AS. Barriers to evidence-based practice utilization in psychiatric/mental health nursing. *Issues Ment Health Nurs*. 2014 Feb; 35(2):134-43. Doi: [10.3109/01612840.2013.848385](http://dx.doi.org/10.3109/01612840.2013.848385).

9. Frosi RV, Tesser CD. Mental health care practices in primary health care: an analysis based on experiences developed in Florianópolis, Brazil. *Ciênc saúde coletiva*. 2015 Mar;20(10):3151-61. Doi: [10.1590/1413-812320152010.01942016](http://dx.doi.org/10.1590/1413-812320152010.01942016)

<http://dx.doi.org/10.1590/1413-812320152010.10292014>

10. Machado MH, Aguiar Filho W, Lacerda WF, Oliveira E, Lemos W, Wermelinger M, et al. Características gerais da enfermagem: o perfil sócio demográfico. *Enferm Foco*. 2016;7(1):9-14. Doi: <https://doi.org/10.21675/2357-707X.2016.v7.nESP.686>

11. Parayba MI, Crespo CD. Diferenciais sociodemográficos de sexo no Brasil: uma análise das informações do censo demográfico. In: XVI Encontro Nacional de Estudos Populacionais. 2008. Anais do XVI Encontro Nacional de Estudos Populacionais [Internet]. Caxambu: ABEP; 2008 [cited 2017 Jan 01];1-12. Available from:

<http://www.abep.org.br/publicacoes/ind ex.php/anais/article/viewFile/1765/1725>

12. Moreira IJB, Horta JA, Duro LN, Borges DT, Cristofari AB, Chaves J, et al. Sociodemographic and occupational profile and evaluation of mental health disorders of employees of the Family Health Strategy in a city of Rio Grande do Sul, RS. *Rev Bras Med Fam Comunidade*. 2016 Jan;11(38):1-12. Doi: [https://doi.org/10.5712/rbmfc11\(38\)967](https://doi.org/10.5712/rbmfc11(38)967)

13. Cruz AM, Almeida NG, Fialho AVM, Rodrigues DP, Figueiredo JV, Oliveira ACS. Perception of female nursing professors about their quality of life. *Rev RENE*. 2016 May/June;16(3):382-90. Doi: <http://dx.doi.org/10.15253/rev%20rene.v16i3.2807>

14. Muniz MP, Tavares CMM, Abrahão AL, Souza AC. Nursing care in times of psychiatric reform. *Rev Portuguesa Enfermagem Saúde Mental* [Internet]. 2015 June [cited 2018 June 12];13:61-65. <http://www.scielo.mec.pt/pdf/rpesm/n13/n13a08.pdf>

15. Andrade APM, Maluf SW. Crazy, patients, users, experienced: the statute of the subjects in the context of the Brazilian psychiatric reform. *Saúde Debate*. 2017 Jan;41(112):273-84. Doi: [10.1590/0103-1104201711222](http://dx.doi.org/10.1590/0103-1104201711222)

16. Wenceslau LD, Ortega F. Mental health within primary health care and Global Mental Health: international perspectives and Brazilian context. *Interface comun saúde educ*. 2015;19(55). Doi: [10.1590/1807-57622014.1152](http://dx.doi.org/10.1590/1807-57622014.1152)

17. Garcia MIH, Oliveira AMN, Sedrez JP, Santos MEL, Silva PA. Reality of professional family health strategy in relation to the detection of common mental disorders. *Vitalle*. 2016;26(1):37-44. Doi: <https://doi.org/10.14295/vitalle.v26i1.6058>
18. Hirdes A, Scarparo HB. The maze and the minotaur: mental health in primary health care. *Ciênc saúde coletiva*. 2015 Feb; 20(2):383-93. Doi: [10.1590/1413-81232015202.12642013](https://doi.org/10.1590/1413-81232015202.12642013).
19. Daré PK, Caponi SN. Care for individuals with depression in primary attention health. *Ecos* [Internet]. 2017 [cited 2017 Feb 24];7(1):12-24. Available from: <http://www.periodicoshumanas.uff.br/ecos/article/view/1858>
20. Gurgel ALLG, Jorge MSB, Caminha ECCR, Maia Neto JP, Vasconcelos MGF. Mental health care in the family health strategy: the experience of matrix support. *Rev Enferm UERJ*. 2017 Feb;25:7101. Doi: <http://dx.doi.org/10.12957/reuerj.2017.7101>
21. Gazignato ECS, Castro CRS. Mental health in primary care: the networking and the matrix support to mental health in Family Health Strategy. *Saúde Debate*. 2014 Apr [cited 2017 Oct 07];38(101):296-304. Doi: [10.5935/0103-1104.20140027](https://doi.org/10.5935/0103-1104.20140027)
22. Melo SM, Cecilio LCO, Andreazza R. Not always yes, not always no: encounters between workers and users at a health unit. *Saúde Debate*. 2017 Jan;41(112):195-207. Doi: <http://dx.doi.org/10.1590/0103-1104201711216>.

Submission: 2018/05/30

Accepted: 2018/09/13

Publishing: 2018/11/01

#### Corresponding Address

Edson Henryque de Lima Batista  
Rua Rita Carneiro Diniz, Quadra 80, Casa 4  
Bairro Geisel  
CEP: 58075419 — João Pessoa (PB), Brazil