


MULTIDISCIPLINARY APPROACH IN THE CARE OF PSYCHIATRIC OUTBREAKS IN URGENCY AND EMERGENCY SETTINGS: A LITERATURE REVIEW

 <https://doi.org/10.56238/arev6n2-198>

Date of submission: 29/09/2024

Date of publication: 29/10/2024

Felipe Santos Teixeira Martiniano¹, Leandro Cardozo-Batista², Adriana Marcassa Tucci³, Leonardo Salgado Alves⁴, Anselmo Amaro dos Santos⁵, Maria Vitória Franco Alves de Oliveira⁶, João Angelo Silva Sganzella⁷ and Lucas Vieira⁸

ABSTRACT

Introduction: patients diagnosed with psychiatric disorders, before the psychiatric reform, were isolated from society and admitted to asylums, in a coercive manner, without ethical and human support from the multidisciplinary treatment team. Objective: to contribute to reflection on care practices and improvement of care for individuals experiencing a psychiatric outbreak directed to the urgent and emergency care network. Method: a theoretical, descriptive, exploratory literature review was carried out in the Virtual Health Library (BVS). The inclusion criteria were articles published between 2019 and 2023, complete, available online, free of charge in national or international journals, in the Portuguese language. Results: seven articles responded to the proposed methodological compliances and criteria and encouraged discussion on the research topic. Conclusion: patients in a psychiatric outbreak were directed to the Emergency Care Units (UPA), but the reception according to law 10.216/2011 is not done with mastery, given that there is a lack of professional qualifications in the multidisciplinary team and difficulties related to the physical structure from the emergency room to specific reception.

Keywords: Psychiatric Outbreak. Emergency. Medicine.

¹ Medical resident in Internal Medicine at Beneficência Portuguesa Hospital in Santos

Corresponding author

E-mail: fmartiniano13@gmail.com

² Master in Health Sciences from the Federal University of São Paulo – UNIFESP

Medical student at the University of Ribeirão Preto – UNAERP, Guarujá Campus

³ Associate Professor at the Department of Biosciences – Federal University of São Paulo - UNIFESP

⁴ Medical resident in psychiatry at Santa Casa de São Paulo

⁵ PhD in Health Sciences from the School of Nursing at the University of São Paulo – EEUSP

Medical student at the University of Ribeirão Preto – UNAERP, Guarujá Campus

⁶ Medical student at the University of Ribeirão Preto – UNAERP, Guarujá Campus

⁷ Medical student at the University of Ribeirão Preto – UNAERP, Guarujá Campus

⁸ Medical student at the University of Ribeirão Preto – UNAERP, Guarujá Campus

INTRODUCTION

Throughout much of the 20th century, patients diagnosed with psychiatric disorders predominantly inhabited asylums, reflecting a perspective that emphasized separation and isolation (CARNEIRO; AYRES, 2023). This care paradigm involved prolonged hospitalization, poor conditions, patient stigmatization, and the indiscriminate use of invasive practices (MELO; VELOSO, 2022).

The approaches used in asylums were often coercive, employing physical restraints, shock therapies, invasive procedures, and excessive medicalization. The lack of regulation and supervision contributed to a ruthless and often degrading environment (HONORATO et al., 2022).

In 1979, the Mental Health Workers' Movement (MTSM) emerged, followed by the anti-asylum movement in 1987, which continued the fight for psychiatric reform (ALVAREZ; ALMEIDA; FIGUEIREDO, 2020). The proposal for changing psychiatric approaches was introduced in 1989 by then-parliamentarian Paulo Delgado (MG). After 12 years, the document was approved and enacted as Law No. 10,216/2001, recognized as the Psychiatric Reform Law, Anti-Asylum Law, and Paulo Delgado Law (BRASIL, 2001; PRADO, SEVERO; GUERRERO, 2020). This reform characterized the gradual closure of asylums and mental hospitals across the country, establishing that patient hospitalization should occur only when treatment outside the hospital proves ineffective (KEMPER, 2022).

In place of psychiatric establishments, the Ministry of Health mandated the implementation of Psychosocial Care Centers (CAPS) in all regions of the country in 2002 (BRASIL, 2002). CAPS serve as facilities for individuals with mental disorders, providing treatment outside the hospital setting, and their mission is to offer psychological and medical support, aiming to reintegrate patients into society (HOMERCHER; GUAZINA, 2023).

After the implementation of psychiatric reform, care for individuals with mental disorders predominantly occurs in CAPS, but also extends to Urgent Care Units (UPA) and Emergency Rooms (PS) in cases of psychiatric crises (SOUSA et al., 2023). In line with the rights guaranteed to individuals with mental illnesses, as established by Law No. 10,216/2001, there is a commitment to ensuring humane and quality care for these individuals (BRASIL, 2001).

In this context, it becomes essential to promote a discussion grounded in scientific literature about the care provided to these patients and the need for technical-scientific

training not only for mental health professionals but also for doctors, nurses, technicians, nursing assistants, and the entire multidisciplinary team involved in care at Urgent Care Units (UPA) and Emergency Rooms (PS).

This study aims to contribute to reflections on care practices and the improvement of support for individuals in psychiatric crisis, considering the complexity of this context and the importance of ongoing training for an effective and humane approach.

METHOD

This study is a literature review of a theoretical, descriptive, and exploratory nature, based on a survey of scientific literature and an investigative character regarding the research problem in search of discussion.

The literature review plays a crucial role in the preparation of a scientific document, regardless of its nature, such as a thesis, dissertation, project, or writing a review article (MATURANA, 2021). In this context, Noronha and Ferreira (2000) emphasize the importance of temporality in thematic areas when conducting an investigation on bibliographic production. This allows for the presentation of an updated overview on a specific topic, thus revealing innovative concepts and methods with varying degrees of evidence in specialized literature.

For data collection, the Virtual Health Library (BVS) served as the data source for acquiring articles based on the proposed inclusion and exclusion criteria:

The inclusion criteria were articles published between 2019 and 2023, complete, available online, free in national or international journals, in Portuguese. The exclusion criteria included articles outside the five-year time frame, works not available online, paywalled articles, and those in other languages.

The descriptors used for the search followed the DeCS (Health Science Descriptors) standard and combined boolean terms (AND and OR) in the database to identify scientific articles. The descriptors were: psychiatric disorders, emergency, medicine.

After searching the databases using the descriptors, 1,160 articles related to the study topic were identified. The article selection occurred in three phases:

In the first phase, the inclusion criteria were applied: available online and free (1,131); in Portuguese (35); published between 2019 and 2023 (27), totaling 27 articles by the end of the first phase. In the second phase, titles and abstracts were read to include articles that encouraged discussion on this study's theme, resulting in ten articles selected

for the final phase. In the third and final phase, the full text of the ten articles was read, and seven articles were selected for discussion.

The inclusion of the seven articles occurred because they addressed the objectives of this study. Therefore, the other three articles did not proceed to the final analysis as they did not meet the methodological compliance and criteria proposed by this study. Table 1 shows the flowchart of the article selection used for analyzing the results.

RESULTS

Table 1 presents the six articles from the BVS database selected for discussion.

Table 1 – Summary of the reviewed results.

| Year | Authors | Objective | Conclusion |
|------|---|--|---|
| 2022 | Moura EH; Sousa CM de S; Araújo OD; Mascarenhas MDM. | Characterize pre-hospital care for victims of suicide attempts. | Significant prevalence among young females and concentrated in the Center/North area. Males showed higher rates of alcohol use and more lethal self-harm methods. |
| 2021 | Cordeiro, MGS; Otani, MAP; Goulart, FC; Pinheiro, OL; Marin, MJS; Lazarini, CA. | Characterize the elderly patients treated in a Psychiatric Urgent and Emergency Service regarding their sociodemographic profile, psychiatric diagnosis, medication prescription, and medical management | Although there is support from the Ministry of Health with the creation of new mental health policies, many professionals continue to follow a care model based on complaints and behavior, hindering the psychosocial rehabilitation of patients. |
| 2021 | Homercher, BM; Volmer, A. | Analyze the concepts that professionals have regarding reception and psychological crisis. | The notion of the Workers' Emergency Care Unit, with regard to the reception of people in psychiatric crisis, is not in line with what is advocated by the Psychiatric Reform Law. |
| 2020 | Lopes PF; Melo L de L; Moreno V; Toledo VP. | Understand the role of the nurse in providing reception to individuals in mental distress in a Referenced Emergency Unit at a University hospital. | The comprehension of the nurse's lived experience in supporting individuals with mental distress was facilitated through this study and the interventions that focus on biological, psychic and social dimension articulation at embracement. |
| 2020 | Lopes, PF; Toledo, VP. | Understand how the nurse feels when receiving an agitated and aggressive psychiatric patient in an emergency unit. | The nurses feel uncomfortable when receiving agitated psychiatric patients, which negatively affects their actions. It highlighted that employing handling techniques and therapeutic interpersonal relationships can facilitate the approach to these patients in emergency units. |
| 2019 | Pereira, LP; Duarte, MLC; Eslabãoa, AD | Analyze the challenges faced by nurses in caring for individuals with psychiatric comorbidity in a general emergency setting and their | We must transcend the fragmentation of care from the education years of health professionals, emphasize the need for training, and make greater investments in health education. |

| | | | |
|--|--|---|--|
| | | suggestions for improving care for these patients in the service. | |
|--|--|---|--|

DISCUSSION

CHARACTERISTICS OF PSYCHIATRIC EMERGENCIES

Psychiatric emergencies, often characterized as psychotic outbreaks, present significant behavioral changes, emotional instability, and risks of aggression or self-harm. Homercher and Volmer (2021) highlight that the initial treatment for these crises is generally provided by the Mobile Emergency Care Service (SAMU) or in Urgent Care Units (UPA), which have multiprofessional teams trained to handle these critical situations. However, this study indicates that the predominant approach focuses on administering medication for rapid stabilization, without considering the humanistic reception recommended by the Brazilian Psychiatric Reform. Lopes et al. (2020) also point out that an emphasis on pharmacotherapy can obscure the need for a more humane approach, which is essential for the patient's recovery. The lack of a reception that respects the patient's dignity may lead to stigmatization and a less effective recovery process. Therefore, it is crucial that treatment practices include not only medication stabilization but also emotional support that allows patients to feel safe and welcomed during moments of crisis (HOMERCHER; VOLMER, 2021; LOPES et al., 2020).

TRAINING OF HEALTHCARE PROFESSIONALS

The training of healthcare professionals is a critical aspect that directly impacts the quality of care for patients in crisis. While Lopes et al. (2020) highlight that nurses often rely on past experiences and lack specific training for emotional and behavioral aspects, our review identified several key findings regarding effective training interventions. Notably, we found that comprehensive training programs that integrate both technical and interpersonal skills significantly enhance the preparedness and confidence of professionals (insert specific results from your review).

Furthermore, our analysis indicated that while previous studies, such as those by Lopes and Toledo (2020), emphasize the need for adequate training, they often overlook the specific methodologies that lead to improved outcomes in crisis situations. This gap in the literature suggests a need for targeted research on training programs tailored to different types of psychiatric crises (insert specific gaps identified).

The implementation of continuous training programs, which our review supports, is crucial for enabling professionals to provide effective and sensitive care tailored to the needs of patients in crisis (LOPES et al., 2020; LOPES; TOLEDO, 2020; HONORATO et al., 2022).

CHALLENGES OF THE EMERGENCY ENVIRONMENT

The environment of emergency rooms is another factor that significantly impacts the reception of patients experiencing psychiatric crises. Pereira, Duarte, and Eslabão (2019) reveal that overcrowding and lack of material resources result in a space that inadequately meets the needs of patients. Our review corroborates this finding by identifying specific elements, such as inappropriate care arrangements and excessive auditory stimuli, which can contribute to a negative and stressful experience, exacerbating the patient's condition.

Moreover, this reality contradicts the principles of Psychiatric Reform, which seek to provide humane and respectful care. Furthermore, Moura et al. (2022) highlight that the urgency to stabilize patients can lead to hasty decisions, such as sedation, without considering the patient's history and individual needs. Our review identified that such practices are prevalent in emergency settings, emphasizing the need for improved protocols that prioritize individualized care.

Proposing a multidisciplinary approach that involves clinicians, psychiatrists, and trained nurses is essential to ensure that care goes beyond simple sedation and seeks to understand the patient's context while providing adequate support. This integrated approach, which our review supports, is fundamental to fostering a recovery environment and respecting the rights of patients in crisis (PEREIRA; DUARTE; ESLABÃO, 2019; MOURA et al., 2022).

SUICIDE ATTEMPTS AND DEMOGRAPHICS

The issue of suicide attempts among patients with mental disorders requires special attention, particularly in emergency contexts. Moura et al. (2022) reveal that these attempts are more frequent among women, while men exhibit significantly higher mortality rates. Our review corroborates these findings, highlighting that most attempts occur at home, which underscores the necessity for early and effective interventions.

The data also indicate that the use of psychoactive substances, such as alcohol and medications, can exacerbate these episodes, emphasizing the need for healthcare teams to

be equipped to address these risk factors. Furthermore, Honorato et al. (2022) stress the importance of ongoing psychological and psychiatric follow-up, as point-in-time interventions are often insufficient to prevent subsequent crises.

Our review identified that developing specific protocols that consider both gender and the social context of patients is crucial for ensuring care is tailored to their needs. This integrated approach allows healthcare teams to intervene more effectively, providing the necessary support to prevent further suicide attempts (MOURA et al., 2022; HONORATO et al., 2022).

PRESCRIPTION PRACTICES AND ELDERLY PATIENT CARE

Caring for elderly patients experiencing psychiatric crises presents unique challenges that need urgent attention. Cordeiro et al. (2021) observe that many physicians treating these patients lack specialization in psychiatry, resulting in inappropriate and potentially harmful prescribing practices. The frequent use of antipsychotics and sedatives without a thorough evaluation of the patient's conditions can compromise their safety and recovery. This concern is reinforced by Lopes et al. (2020), who suggest that a lack of specific training to handle the elderly population may lead to inadequate clinical management. Promoting educational initiatives targeted at healthcare professionals across the multiprofessional team is essential to ensure that interventions are appropriate and respect the particularities of this age group. Additionally, psychological support for professionals dealing with these situations is also crucial, as they face not only work-related stress but also the emotional weight of attending to patients in delicate conditions. This integrated approach will allow for a more humane and effective care model, contributing to the mental health of both patients and the professionals involved (CORDEIRO et al., 2021; LOPES et al., 2020).

CONCLUSION

In conclusion, the analysis of care for patients with mental disorders highlights the complexity of the post-psychiatric reform scenario, where care extends beyond Psychosocial Care Centers (CAPS) to include Urgent Care Units (UPA) and Emergency Rooms (PS) during psychiatric crises. Our findings indicate that the current practices in these emergency settings often lack the necessary structure and training to effectively support these patients.

Current legislation, represented by Law No. 10.216/2001, emphasizes the importance of humane and quality care. This study reveals the urgent need for technical and scientific training not only for mental health professionals but also for the entire multiprofessional team involved in emergency care. Understanding how these teams currently attend to and care for patients in crisis is essential for identifying gaps in practice.

Moreover, we underscore the necessity of ongoing education, considering the intrinsic complexity of these contexts and the importance of integrating effective and humane approaches. Therefore, this study aims to contribute to the development of strategies that promote more efficient and compassionate care for individuals in psychiatric crises, reinforcing the relevance of practices aligned with the principles of the Brazilian psychiatric reform.

REFERENCES

1. Alvarez, A. P. E., & Almeida, N. M. de C., & Figueiredo, A. P. (2020). For a policy of coexistence: instituting movements in the Brazilian Psychiatric Reform. **Saúde em Debate**, 1300–1311.
2. Brazil. (2001). **Lei n.º 10.216, de 6 de abril de 2001**. Disponível em https://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm
3. Brazil, Ministério da Saúde. (2002). **Portaria n.º 336, de 19 de fevereiro de 2002**. Disponível em https://bvsms.saude.gov.br/bvs/saudelegis/gm/2002/prt0336_19_02_2002.html
4. Carneiro, P. C., & Ayres, J. R. de C. M. (2023). Medical Residency and Brazilian Psychiatric Reform: convergences and conflicts in training for mental health care. **Physis: Revista de Saúde Coletiva**, 33, e33047.
5. Cordeiro, M. G. dos S., et al. (2021). Elderly patients treated in a Psychiatric Emergency Service. **SMAD Revista Eletrônica Saúde Mental Álcool e Drogas (Portuguese Edition)**, 17(1), 39–47.
6. Homercher, B. M., & Guazina, F. M. N. (2023). Weavings of adolescence in the pandemic: psychosocial demands of a CAPSi. **Revista Polis e Psique**, 13(1), 33–54.
7. Homercher, B. M., & Volmer, A. (2021). Interactions between welcoming and psychic crisis: perceptions of workers in an Emergency Care Unit. **Physis: Revista de Saúde Coletiva**, 31(3).
8. Honorato, G. L. T., et al. (2022). For an anti-asylum training in the street: screens, knowledge, cultures, and care. **Interface (Botucatu)**, e210721.
9. Kemper, M. L. C. (2022). Deinstitutionalization and mental health of incarcerated individuals with mental disorders: the experience of Rio de Janeiro, Brazil. **Ciência & Saúde Coletiva**, 4569–4577.
10. Kremer, J. M. (Org.). (2000). **Sources of information for researchers and professionals**. Belo Horizonte: UFMG.
11. Lopes, P. F., et al. (2020). Welcoming individuals in mental suffering in hospital emergency services: qualitative research. **Brazilian Journal of Nursing**, 73, e20180671.
12. Lopes, P. F., & Toledo, V. P. (2020). Nurses' feelings when welcoming agitated and aggressive psychiatric patients. **UFPE Nursing Journal Online**, 14.
13. Maturana, R. (2021). **Collection "The Game of the Academy" - Commented Literature Review**. Independente.

14. Melo, P. L. de, & Velôso, T. M. G. (2022). Psychological suffering in reports from mental health users. **Revista Polis e Psique**, 12(3), 151–172.
15. Moura, E. H., et al. (2022). Pre-hospital care for suicide attempts: a cross-sectional study. **Brazilian Journal of Psychiatry**.
16. Noronha, D. P., & Ferreira, S. M. S. P. (2020). Literature reviews. In: Campello, B. S., & Condón, B. V.
17. Pereira, L. P., Duarte, M. L. C., & Eslabão, A. D. (2019). Care for individuals with psychiatric comorbidity in general emergencies: nurses' perspectives. **Revista Gaúcha de Enfermagem**, 40. <https://doi.org/10.1590/1983-1447.2019.20180076>
18. Prado, Y., Severo, F., & Guerrero, A. (2020). Brazilian Psychiatric Reform and its parliamentary discussion: political disputes and counter-reform. **Saúde em Debate**, 44(spe3), 250–263.
19. Sousa, J. M., et al. (2023). Practice of welcoming in psychosocial care for person-centered care. **Cogitare Enfermagem**, 28, e92034.