Global Academic Nursing Journal

ORIGINAL ARTICLE

Perception of the schizophrenic patient regarding the modalities of care in mental health services

Percepción del paciente esquizofrénico sobre las modalidades de atención en los servicios de salud mental

Percepção do paciente esquizofrênico quanto às modalidades de atendimento nos serviços de saúde mental

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How to cite this article:
Pereira VP, Fraga VS, Nunes G. Perception of the schizophrenic patient regarding the modalities of care in mental health services. Glob Acad Nurs. 2021;2(2):e138. https://dx.doi.org/10.5935/2675-5602.20200138

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Submission: 02-16-2021
Approval: 03-20-2021

Abstract

The aim was to understand the perception of schizophrenic patients, users of the Psychosocial Care Center II, regarding the modalities of hospital and community care. Exploratory, descriptive, qualitative study, using interviews with open and closed questions. Three categories of analysis emerged from the collected and analyzed material, namely: 1) Sociodemographic and epidemiological profile; 2) Perception of patients with schizophrenia in relation to the treatment carried out at the specialized hospital and 3) Perception of users of the Psychosocial Care Center II, patients with schizophrenia, regarding the treatment offered. The results show, according to the interviewees' perception, the fundamental relevance of the approach and treatment in the two types of care. They expose how much this contributes to a better quality of life, how important they feel for being heard and understood, being able to live with their families. The reception and the way they are treated has great repercussion and impact for their treatment and rehabilitation.

Descriptors: Nursing; Mental Health Services; Schizophrenia; Hospitalization; Community Psychiatry.

Resumén

El objetivo fue comprender la percepción de los pacientes esquizofrénicos, usuarios del Centro de Atención Psicosocial II, sobre las modalidades de atención hospitalaria y comunitaria. Estudio exploratorio, descriptivo, cualitativo, mediante entrevistas con preguntas abiertas y cerradas. Del material recopilado y analizado surgieron tres categorías de análisis, a saber: 1) Perfil sociodemográfico y epidemiológico; 2) Percepción de los pacientes con esquizofrenia en relación al tratamiento realizado en el hospital especializado y 3) Percepción de los usuarios del Centro de Atención Psicosocial II, pacientes con esquizofrenia, sobre el tratamiento ofrecido. Los resultados muestran, según la percepción de los entrevistados, la relevancia fundamental del abordaje y tratamiento en los dos tipos de atención. Exponen cuánto contribuye esto a una mejor calidad de vida, lo importante que se sienten por ser escuchados y comprendidos, poder vivir con sus familias. La acogida y la forma en que son tratados tiene una gran repercusión e impacto para su tratamiento y rehabilitación.

Descriptores: Esquizofrenia; Enfermería; Servicios de Salud Mental; Hospitalización; Psiquiatría Comunitaria.

Resumo

Objetivou-se conhecer a percepção do paciente esquizofrênico, usuário do Centro de Atenção Psicossocial II, quanto às modalidades de atendimento hospitalar e comunitário. Estudo qualitativo exploratório, descritivo, utilizando entrevistas com perguntas abertas e fechadas. Do material coletado e analisado, surgiram três categorias de análise, a saber: 1) Perfil sociodemográfico e epidemiológico; 2) Percepção dos portadores de esquizofrenia em relação ao tratamento realizado no hospital especializado e 3) Percepção dos usuários do Centro de Atenção Psicossocial II, portadores de esquizofrenia, quanto ao tratamento oferecido. Os resultados mostram, conforme a percepção dos entrevistados, a fundamental relevância da abordagem e tratamento nas duas modalidades de atendimento. Eles expõem o quanto isto contribui para melhor qualidade de vida, o quanto eles se sentem importantes por serem ouvidos e compreendidos, podendo conviver com suas famílias. O acolhimento e a maneira como são tratados, tem grande repercussão e impacto, para seu tratamento e reabilitação.

Descritores: Enfermagem; Serviços de Saúde Mental; Esquizofrenia; Hospitalização; Psiquiatria Comunitária.

Introduction

The Psychiatric Reform advocates a new model of social status for people with mental disorders, breaking down prejudices and treatments that labeled the mentally ill as crazy and outside the standard established by society[1].

A new vision of mental health was born, reformulating in a holistic and humanized way the assistance and care provided in order to guarantee respect, citizenship, and the right to come and go to the mentally ill, granting them the right to live with dignity. The imposed ban, formerly in which the asylum model was the only way to solve social problems, excluding and confining people with mental disorders, was supplied by community services, focused on the rehabilitation and reintegration of patients into society[1].

Hospitalization is replaced by the construction of mental health care networks, emphasizing deinstitutionalization, thus considering the client to be essential for the recovery and readaptation of family and social life.

Ordinance No. 3.088 of 2011, promulgated by the Ministry of Health, institutes the Psychosocial Care Network for people with mental suffering or disorder and with needs arising from the use of crack, alcohol, and other drugs, within the scope of the Unified Health System (SUS)[2].

Currently, the assistance provided in a specialized hospital is aimed at providing support and therapeutic treatment to clients in critical condition, in psychotic episodes and/or with extremely serious disorders in which they need hospitalization, especially when there is a risk for the client, family or society. Hospitalization is aimed at stabilizing the client, adapting the medication and therapeutic treatment, later referring to an extension of treatment in an extra-hospital network.

The psychiatric reform as a historical movement of political, social, and economic character, confers on the Psychosocial Care Center (CAPS) the strategic value for changing the care model aimed at rehabilitation and resocialization of clients with severe and persistent mental disorders. Appropriate intervention involves pharmacological and psychosocial treatment, the inclusion of the family and the client's return to society, making it possible to return to their daily activities according to each one's condition and adaptation. Promoting the patient's and family's access to community resources contributes to the rehabilitation of the patient and family, which enables the recovery of social life and a faster and more efficient rehabilitation, preventing the deterioration of the client that leads to mental disability[1].

In the Undergraduate Nursing Course, during the internships of the Mental Health discipline, we experienced the care offered to schizophrenic patients both at the hospital specializing in psychiatry and at the CAPS. We followed the differences and skills of each one, related to the way of caring for and treating these patients, we came to understand that it is important to know a little about this universe and, mainly, about what the schizophrenic user perceives and feels, in relation to the care provided in both modalities. This knowledge can greatly contribute to the health practices of teams and nursing in serving this clientele.

This study has practical implications of knowing the issue of how psychiatric patients see and feel the disease, and the possibilities of care, knowing their point of view regarding the approach and treatment, and how much this contributes to their quality of life. The study can also encourage future investigations in the field of Psychiatric Nursing, promote and foster specialization of the Nurse in the area of Mental Health and Psychiatry.

The research results may contribute to Nursing, in the improvement of theoretical and practical knowledge in the area of mental health, to encourage improvement in the area of Psychiatry, and in the aggregation of knowledge about the schizophrenic patient and psychiatric nursing.

In this way, we established, as the objective of the study, the perception of the schizophrenic patient at the moment of treatment at CAPS II, regarding the modality of hospital or community care.

Methodology

This is a qualitative, exploratory, descriptive study, developed at the Psychosocial Care Center II (CAPS II), with the participation of 08 (eight) clients with Schizophrenia, users of CAPS II in São José/Santa Catarina/Brazil and who they were also admitted to a specialized hospital, having experience in both hospital and community care.

Data collection took place from May 8 to 22, 2017. A semi-structured interview was used, following some guiding questions. The interview took place after a full explanation of the nature of the interview and signature of the Informed Consent Term and the Term of MP3 recordings by the subject or his legal representative. The subjects whose speech transcriptions appear in this work are presented with code names.

During the period of data collection, we could participate in two groups of Occupational Therapy, which allowed us to add knowledge and interact with patients.

The bond acquired between users and the professional team was verified. Everyone actively participates in the proposed activities, despite their difficulties. They were urged to think and exercise their memory.

The research type was based on Minayo and Gomes[3], who write that qualitative research responds to very particular questions based on the set of socially generated phenomena, with the objective of understanding and interpreting the human reality experienced socially, considering subjective traits and their own.

The authors' interview with the subjects with schizophrenia was carried out in an empathetic way, where it is possible, through active listening, to interact harmoniously with the interviewees, to know their vision and evaluation of the treatment, offered in the two investigated categories, or that is, at the Hospital specialized in large-scale psychiatry and at CAPS II.

Data analysis was performed according to Bardin[4], performed in three technical steps such as pre-analysis,

material exploration and treatment of results, inference, and interpretation.

In the first stage, transcriptions of the recordings were carried out, with a comprehensive reading of the selected material, in which an attempt was made to have an overall view for analysis and interpretation, choosing forms of initial classification. In the second stage of the analysis, the exploration of the material is sought, the analysis itself, where a reading was done by dialoguing with parts of the texts, identifying the nuclei of meanings, regrouping these nuclei in parts of the text, which have the similar theme. In the final stage, an interpretative synthesis was elaborated, through an essay that could dialogue with themes with research objectives, questions, and presuppositions.

This study was submitted to the Ethics Committee of the Estácio de Sá University Center of Santa Catarina – São José Campus, for research with human beings, being approved under No. 071.790.

Results and Discussion

From the analysis of the results, three categories of analysis emerged that contemplate the objectives proposed in the research and will be presented below.

Sociodemographic and epidemiological profile

Of the 08 (eight) interviewees, 05 (five) are predominantly male, aged between 26 and 61 years old, most have between Elementary and High School. All participants live in the city of São José/SC/Brazil and have a history of admission to a large specialized psychiatric hospital, ranging from 03 (three) to more than 07 (seven) admissions.

In females, corresponding to 03 (three) interviewees, aged between 30 and 51 years, all with different levels of education, being complete and incomplete High School and incomplete Elementary School, with a history of admission to a large specialized psychiatric hospital, ranging from 01 (one) to more than 07 (seven) admissions.

All 08 (eight) users interviewed have a low-income economic situation, exposing a high level of affective need. Some of the interviewees have limited psychomotor and psychosocial deficit, with difficulties in performing daily tasks and with difficulties in critical self-assessment regarding the disease and its mental impairment.

Several authors describe the prevalence of the disease of 1% in the world population, so that it can be found in all societies and geographic areas, whether black or white, upper, or lower class, young or elderly, that is, the disease can affect anyone.

This disorder is prevalent in both males and females, differing only in the onset and course of the disease, with an early onset in males and in females it has its second peak in middle age, with the first occurrence being around from 15 to 25 years old[5].

Perception of schizophrenia patients in relation to the treatment carried out in a specialized psychiatric hospital

Hospitalization, according to Fonseca and Galera[6] is a measure used, both to start the treatment and to adjust the medication. Hospitalization, when necessary, should be as brief as possible.

The psychiatric hospital meets the serious demands that are difficult to control, patients in an outbreak, in a critical condition that put their own lives and that of others at risk, requiring hospitalization until their condition is stabilized, subsequently forwarding them to continue the therapeutic treatment. in an extra-hospital network.

Most psychotic patients are not critical of schizophrenic disorder, so they have difficulties in adhering to drug treatment, thus impairing their recovery process, and consequently making the disease chronic[7].

In the 70s, Brazil changed the way psychiatric patients were treated, reformulating the hospital-centric model, and restructuring mental health services. Outpatient services were created outside the hospital walls and care practices were structured in nursing homes, with the aim of qualifying care and relationships with health professionals, in addition to the progressive extinction of asylums[8].

However, we emphasize the importance of admission to a specialized hospital, as it supports situations of risk and difficult to control, relying on a team of multidisciplinary professionals to meet the necessary demands.

Medications can have side effects, which limit the patient, but are necessary to control the psychotic episode. The remission of symptoms occurs, as the patient stabilizes from the psychotic episode, the psychic disorganization, and delusional phenomena and/or hallucinations with loss of critical judgment of reality begin to decrease with adequate pharmacological treatment[9].

Individuals with mental disorders often believe that they are doing well, with the reduction of symptoms, they stop taking the medication, which causes a relapse and further deterioration of their condition, making it necessary to restart treatment.

Through this, the importance of psychosocial intervention is highlighted, in order to break the stigma of the disease, encouraging the patient to treat the disease and carry out the treatment without interruptions.

Regarding this issue, the interviewees perceive the relationship between readmissions and the abandonment of drug treatment, as shown in the report below.

> *"[...] I felt heavy because of the medications, locked up I walked as if I were a little robot [...] when I left I felt relief, but I still had to take medication [...]".* SNOW

In 03 (three) cases, hospitalization was involuntary and through emergency care. The patient becomes aggressive and nervous, not wanting to be hospitalized, and it is necessary to call for assistance. Containment and specialized service are required to prevent possible future damage.

The seriousness of the case should be considered and analyzed, confirmed in the speeches presented:

> *"[...] I was taken by force by SAMU and the police, because I was very agitated and aggressive, I invaded the house of the neighbor, I lived alone, the police were very aggressive with me, hit my head on the ground. [...] at the hospital, I liked the therapies and meetings, but I felt drugged with so much medication [...]".* THUNDER

> *"[...] I was indignant, with hatred, my wife took me to be hospitalized, because I was not taking the medication and using drugs, she was on the point of exploding [...] during hospitalization I received good drug treatment [...] I felt abandoned by my family [...] there at the hospital they were aggressive with me and racist [...]".* RAIN

Schizophrenia is defined as a disorder that presents characteristic distortions of thought and perception and inappropriate or blunted affectivity. Intellectual capacity is preserved, although certain cognitive deficits may occur with the course of the disease; consciousness is unchanged. Hallucinations occur, especially auditory ones that comment on the patients' thoughts or actions. In general, the patient is perplexed and attributes special meanings to everyday situations, thought disturbances lead to a peculiar attribution of meanings, making thoughts vague, obscure, and often incomprehensible. Interruptions in the sequence of thoughts are frequent, ambivalence and disturbances of volition occur, such as negativity, apathy and stupor[10].

The patient in general has little criticism or criticism absent from his morbid state, presenting the most diverse explanations for what is happening to him. There are no pathognomonic symptoms or signs, the diagnosis is made based on the signs and symptoms presented by the patient and the anamnesis data[10].

Treatment can be performed on an outpatient basis, but there are people with extremely serious disorders who need hospitalization, especially when there is a risk for the client, for the family or for the environment in which he lives. The patient's stay in hospital depends on the severity of the condition[11].

In the reports of Thunder and Rain, they were without any treatment, having a psychotic break at the time of hospitalization, requiring professional intervention, as they were aggressive, with inappropriate behaviors and putting their and others' lives at risk. Consciousness, intellectual capacity, thoughts, emotions, and behaviors were impaired, confirming the absence of criticism of the disease. In Neve's case, he only had difficulties in adhering to the drug treatment, reporting relief on his discharge from the hospital, although he had to continue with the treatment.

After acquiring an improvement in the condition with a reduction in symptoms, patients recognize the benefits of hospital treatment and thus live better.

Perception of CAPS II users with schizophrenia regarding the treatment offered

The Psychosocial Care Centers are regionalized community and outpatient services, in which users must receive medical care, individual and/or group therapeutic care, in which the inclusion of family members is a fundamental initiative and social issues present in everyday life of users[5].

Appropriate intervention involves pharmacological, psychosocial, and family inclusion. A differentiated diagnosis must be made for each patient, respecting their individuality[10].

The respondent perceives the CAPS as a place of treatment evidenced in his speech presented below:

> *"[...] CAPS for me is an extension of the hospital, it has occupational therapy and several activities, I've been doing the treatment for a year and two months, I feel good, and now I know I have to be here because I'm sick. I like the questions asked here, the food too. I think it's all important. My worries lessen, I don't think about the disease itself".* RAINBOW

This speech above demonstrates acceptance of the disease and treatment and describes the importance of the service provided. The new concept of treatment imposed by the psychiatric reform confirms the changes that have taken place in the lives of patients with mental disorders and their families.

Users could participate in open workshops with playful and recreational activities promoted by service professionals articulated around an individualized therapeutic project, aimed at meeting psychosocial needs[11]. As shown in the testimony below:

> *"[...] I arrived here at CAPS, referred by the Institute of Psychiatry (IPQ) and accompanied by my sister who takes care of me, I was very well received by everyone here, I like the staff and management, I love doing collage, painting, mosaic and participating in groups, I also love the food and spend the whole day here [...]".* SUN

> *"[...] I feel very good with the treatment offered here, it's better for me, I understand it at home, the way of talking to my sister, the dialogue with them has improved, I feel closer to the family [...] here at CAPS I feel an important person, everyone listens to me, talks to me [...]".* WIND

Based on Sun e Wind's testimonies, we verified the comprehensive assistance provided to the user in a holistic way. There is an improvement in the quality of life and coexistence with their families. There is a bond built between users, the family, and the multidisciplinary team, which enables better adherence to therapeutic treatment.

All social and occupational activities offered by CAPS II aim to show these family members and users that it is possible to include people with mental disorders in society, giving them back their autonomy, self-esteem, respect, dignity, readjusting them to extramural contact, intensifying the resocialization. The breakdown of social exclusion and the stigma of the disease are significantly reduced.

There is a change in the mental health care model referenced by the lines below:

> *"[...] i feel happy, because i return home [...]".* DRILLING

> *"[...] I like coming to CAPS, I'm happy [...]".* THUNDER

> *"[...] there at the hospital it's good, but here it's better, I can go home [...]".* DRIZZLE

Such reports express the users' satisfaction in having the freedom to return home daily and in returning to CAPS II, continuing the treatment.

Many of them, after being discharged, do not want to leave the CAPS because of the bond created with professionals and friends who also perform treatment there.

From the movement towards social inclusion, individuals who were previously excluded, began to share the same social scenario with other citizens considered normal. All these advances make it possible for concepts and practices to assume, every day, a provisional character with multiple possibilities. Thus, diversity is valued, which, in turn, presupposes the preservation that all people are equal about the maximum value of existence: the humanity of man. It should be noted that difference should not constitute a criterion for ranking human quality, because, regardless of each person's existential condition, they all have the same existential value, because they are all human beings[10,11].

The person with schizophrenia has a will to make dreams come true and could feel emotions. They report, through the lines below, how they perceive themselves in the future, which at the time of the interview allows us to visualize the expressions of happiness on their faces and eyes. There is joy in living, even with the limitations imposed by the disease.

Social and occupational activities and the inclusion of the family in the treatment are bases for psychosocial intervention. Therapeutic treatment and psychosocial intervention must have a multidisciplinary team, so that there is a satisfactory rehabilitation of the patient and recovery of their social relationship. Through it, the person with schizophrenia begins to return to social life, as well as their daily activities.

Despite the limitations and vulnerability that schizophrenia imposes with the evolution of treatment, patients begin to change their view due to the disease and the perception of a better life begins to become evident with feelings of hope and personal autonomy[10].

> *"[...] I want to have my house, my car, build my family with three children and set up a mechanic shop, just like my father had and taught me the job. [...]".* WIND

> *"[...] I want to finish high school [...]".* RAIN

> *"[...] I want to be with my three children, I see myself taking care of them. [...]".* SUN

> *"[...] I would like to have my own house to spend more time with my daughters [...]".* DRIZZLE

> *"[...] I don't want to hear any more noise or feel any more disturbance, I want to keep having peace, living alone and working [...]".* DRILLING

Therefore, social inclusion, increased coexistence in society and non-discrimination allow the life of schizophrenia patients to be dignified, with rights to choices, even within their limits.

Final Considerations

Due to what was mentioned, it was found that the interviews gave voice to CAPS II users, and touched on the real perception, that is, their point of view in relation to the modalities of care in a large, specialized hospital and community care in the CAPS II.

After the psychiatric reform, the mental health care model was transformed, decentralizing, and transferring hospital treatment to an outpatient and community psychosocial care network. Deinstitutionalization gains strength as psychiatric reform replaces the asylum model with community services.

Through the speeches of the interviewees, the importance of the treatment carried out in the two modalities presented and their preference for the community model was verified, with a view to a closer relationship with their families and community, improving their social relationships, allowing them to enjoy their right to come and go.

In the hospital environment, they report feeling trapped, far from their families and friends, feeling excluded from everything and different from so-called normal citizens. The psychiatric hospital meets the serious and difficult-to-control demands of patients in an outbreak, in a critical condition that put their own lives and that of others at risk, requiring hospitalization until their condition is stabilized, subsequently forwarding them to the continuity of the therapeutic treatment in an extra-hospital network.

Some of the people with schizophrenic mental disorders need daily therapeutic monitoring to be able to deal with their limitations and to carry out their tasks, but there are others who manage to have a normal life taking care of themselves and carrying out their tasks. The fact that they have the disorder does not exclude them from society, on the contrary, they are human beings with a high level of affective need, needing support and respect, having the right to social life.

CAPS performs therapeutic treatment aimed at reintegration, rehabilitation, and re-socialization of the user to society, promoting and intensifying interaction with their families. It can be seen through the interviewees' statements that they feel satisfied with the therapeutic treatment offered, find it important and necessary for their lives. Their stay at CAPS II is pleasant and the treatment allows them to return to their homes and families, contributing to the evolution of the treatment. They report feeling that they are important people, being heard and understood. They report that the treatment received at the CAPS allows them to live better. Many of them, after being discharged, do not want to leave the CAPS, due to the bond created with professionals and friends who also perform treatment at the site.

Through the participation of the authors in the Occupational Therapy groups, the bond acquired between the users and the professional team was verified. Everyone actively participates in the proposed activities despite their difficulties. They are urged to think and exercise their memory.

We emphasize, through the exposed in this research, by the perception referred by users with mental disorders, the fundamental importance of a qualified, interdisciplinary, and multidisciplinary therapeutic approach and treatment, which allows welcoming the patient without making a difference, without reducing, without excluding, without belittle, as individuals with mental suffering have feelings and perceptions of reality.

This study showed the importance of knowing the reality experienced and felt by patients with schizophrenia, and how much this influences their treatment, recovery, and quality of life.

With an attentive and sensitive look, an active listening to their feelings and emotions provided the opportunity to get to know them, feel their sorrows and joys experienced so far.

We hope that this study will contribute to the area of Mental Health being more explored and studied, since it is an area with few qualified Nursing professionals for this demand, also that it contributes to a better view of society in relation to the schizophrenic patient, because many still have prejudices that manifest themselves in a discriminatory attitude towards people with mental suffering and do not know how to act towards people with schizophrenia.

The 08 (eight) users interviewed at CAPS II express their feelings with contentment and with great charisma in relation to the bond created between them and the team of professionals. Users feel safe and welcomed with respect and dignity. According to them, welcoming, qualified listening and all the treatment offered are fundamental to their lives. They consider CAPS II and its team their second family.

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