

Role of the nurse with the schizophrenic patient inserted in the Psychosocial Care Centers II

Papel del enfermero con el paciente esquizofrénico insertado en los Centros de Atención Psicosocial II

Papel do enfermeiro com o paciente esquizofrênico inserido nos Centros de Atenção Psicossocial II

Giovanna Rebbeca Vaz de Oliveira^{1*}

ORCID: 0000-0002-4308-051X

Elienai de Farias Gama Siqueira¹

ORCID: 0000-0002-6826-9263

Anelvira de Oliveira Florentino¹

ORCID: 0000-0001-8628-0565

Jéssica Alessandra Pereira¹

ORCID: 0000-0002-6307-0343

Emiliana Maria Grandó Gaiotto¹

ORCID: 0000-0002-1673-7395

Ítalo Frizo¹

ORCID: 0000-0002-9736-3785

Samoel Mariano¹

ORCID: 0000-0002-8395-2685

João Vitor de Almeida¹

ORCID: 0000-0002-9308-2089

Kayo Augusto Salandin Pacher¹

ORCID: 0000-0002-0623-6669

¹Faculdade de Ensino Superior Santa Bárbara. São Paulo, Brazil.

How to cite this article:

Oliveira GRV, Siqueira EFG, Florentino AO, Pereira JA, Gaiotto EMG, Frizo I, Mariano S, Almeida JV, Pacher KAS. Role of the nurse with the schizophrenic patient inserted in the Psychosocial Care Centers II. *Glob Acad Nurs.* 2023;4(Sup.1):e356. <https://dx.doi.org/10.5935/2675-5602.20200356>

*Corresponding author:

gibeca04@gmail.com

Submission: 11-30-2022

Approval: 08-12-2023

Abstract

The aim was to learn about the role that nurses play in Psychosocial Care Centers II (CAPS) towards patients with schizophrenic mental disorders. This is an integrative review, where searches were conducted through virtual platforms: VHL, SciELO, LILACS, MEDLINE and BDNF. The important role of the nurse within the psychosocial care center was noted, and the importance of the professional being prepared to carry out activities beyond the management and systematization of patient care, setting aside time to develop therapeutic activities according to everyone. The nurse plays a significant role in building bonds between professional and patient inside and outside the unit. It is of great importance that the patient does not abandon treatment, in the same way the family becomes an important support during the care process for their loved one, as it can encourage/help with participation, frequency and involvement in the services and activities offered. It is concluded that it is of utmost importance that nursing achieve skills and obtain competence to meet the needs of patients with schizophrenia and other mental disorders, and most importantly, humanization in the treatment offered to the patient, in a way that stimulates and develops their social (re)insertion and self-care.

Descriptors: Schizophrenia; Mental Health; Psychiatric Nursing; Mental Health Services; Role of the Nursing Professional.

Resumen

El objetivo fue conocer el papel que desempeñan los enfermeros en los Centros de Atención Psicosocial II (CAPS) hacia los pacientes con trastorno mental esquizofrénico. Se trata de una revisión integradora, donde se realizaron búsquedas a través de plataformas virtuales: BVS, SciELO, LILACS, MEDLINE y BDNF. Se destacó el importante papel del enfermero dentro del centro de atención psicossocial y la importancia de que el profesional esté preparado para realizar actividades más allá de la gestión y sistematización de la atención al paciente, reservando tiempo para desarrollar actividades terapéuticas acordes a cada individuo. La enfermera juega un papel importante en la construcción de vínculos entre profesional y paciente dentro y fuera de la unidad. Es de gran importancia que el paciente no abandone el tratamiento, de la misma manera la familia se convierte en un apoyo importante durante el proceso de atención a su ser querido, ya que puede fomentar/ayudar con la participación, frecuencia e implicación en los servicios y actividades que se ofrecen. Se concluye que es de suma importancia que la enfermería alcance habilidades y obtenga competencia para satisfacer las necesidades de los pacientes con esquizofrenia y otros trastornos mentales, y lo más importante, la humanización en el trato ofrecido al paciente, de manera que estimule y desarrolle su (re)inserción social y autocuidado.

Descriptoros: Esquizofrenia; Salud Mental; Enfermería Psiquiátrica; Servicios de Salud Mental; Papel del Profesional de Enfermería.

Resumo

Objetivou-se conhecer sobre o papel que o enfermeiro exerce nos Centros de Atenção Psicossocial II (CAPS) para com o paciente portador de transtorno mental esquizofrênico. Trata-se de uma revisão integrativa, onde foram realizadas buscas através das plataformas virtuais: BVS, SciELO, LILACS, MEDLINE e BDNF. Constatou-se o importante papel do enfermeiro dentro do centro de atenção psicossocial, e a importância do profissional estar preparado para exercer e desempenhar atividades além da gestão e sistematização assistencial ao paciente, separando um tempo para elaborar atividades terapêuticas de acordo com cada indivíduo. O enfermeiro tem papel significativo na construção de laços entre profissional-paciente dentro e fora da unidade. É de grande importância que o paciente não abandone o tratamento, da mesma forma a família torna-se um apoio importante durante o processo de cuidado do seu ente, pois pode incentivar/ajudar na participação, frequência e envolvimento nos serviços e atividades oferecidas. Conclui-se que é de suma importância que a enfermagem alcance habilidades e obtenha competência para acatar as necessidades do paciente portador de esquizofrenia e outros transtornos mentais, e o mais importante, a humanização no tratamento ofertado para o paciente, de forma que estimule e desenvolva sua (re)inserção social e autocuidado.

Descriptoros: Esquizofrenia; Saúde Mental; Enfermagem Psiquiátrica; Serviços de Saúde Mental; Papel do Profissional de Enfermagem.



Introduction

Until the middle of the 21st century, psychological care was subject to psychiatric hospitals, which were characterized by long and isolated hospitalizations of individuals with mental disorders. This supportive model became contested by the Psychiatric Reform Movement around the world, being marked by two periods in history. The first is related to the process of disapproval of the asylum structure, then emerging therapeutic communities in the United States and England and Psychotherapy in France. The second period concerns the promotion and prevention of mental health with preventive or community psychiatry in the United States and France. However, in Brazil it was only in 2001, with the approval of Federal Law No. 10,216, that changes to psychiatric hospitalizations began, with the founding of social reintegration programs for individuals with mental disorders and the Psychosocial Care Network, with the beginning of the Psychosocial Care Center (CAPS)^{1,2}.

The Psychiatric Reform preserves the modification of the care model within mental health and the construction of a new social status for the insane, that of the citizen. There is no intention to abolish the clinical treatment of mental illness, but rather to extinguish the practice of hospitalization as a way of social exclusion of people with mental disorders. With this, it is proposed to change the asylum model by creating a network of territorial, community-based psychosocial care services, secured by Ordinance GM No. 336 of February 19, 2002³.

It is known that Brazilian psychiatry operated with the asylum model until the 70s of the 20th centuries, and support for patients was part of the traditional medical model, with psychiatric hospitalization being predominant used as a synonym for treatment. This situation has undergone changes due to the implementation and consolidation of the Unified Health System (SUS) and public mental health policies, made up of the organization of workers, users and family members, together with non-governmental organizations and under the responsibility of the Ministry of Health, through laws and ordinances³.

During the essential changes introduced by the Psychiatric Reform, the articulation and formation of network care stands out. Within the RAPS (Psychosocial Care Network) method, there is direct coverage of services such as: basic, urgent and emergency care, hospital care, temporary residential care, deinstitutionalization strategies, psychosocial rehabilitation and specialized services. CAPS stand out in the case of specialized services because they play a strategic role in linking the network and mental health policy in the territories, representing significant advances in psychosocial care^{3,4}.

The CAPS aim to promote the psychosocial reintegration process of their patients, through reception and care for individuals with severe and persistent mental disorders. CAPS determines the construction of a change from the care model focused on hospital admission to a community care model, thus providing autonomy, inviting the patient to take responsibility for the entire trajectory of their treatment⁵.

By Ordinance No. 336/02⁶, CAPS were recently redefined at the federal level, which differentiates them into three levels, namely: CAPS 1, CAPS 2, and CAPS 3, and are determined in increasing order of size, complexity and population coverage. These three types of CAPS services perform the same function in public mental health care. Professionals must be trained to provide assistance and care services to patients with persistent and severe mental disorders in their territorial area, in intensive, semi-intensive and non-intensive treatment regimes⁷.

CAPS can be constituted into two other specific psychosocial care services, namely Capsi (Child and Adolescent), which aims to focus on psychosocial care for children and adolescents; and Capsad (Alcohol and other Drugs), which is responsible for the psychosocial care of patients with disorders resulting from the use of and dependence on psychoactive substances⁸.

Faced with this new scenario, the nurse experiences a change in the scope of care, given that this process becomes something that moves away from the old purpose of the legitimized paradigm, which was based on the figuratively stated, necessary charitable extension. A new way of caring stands out, in which the aim is not just to annihilate or alleviate signs and symptoms, but new challenges are added, in which the promotion of (re)inclusion of the subject in social relations and reception is paramount⁹.

It is understood that mental illness remains confusing to this day in medicine, that is, no cause really explains this complex illness. However, mental illness is easy to perceive, as ill individuals present different behaviors that are generally accepted by society. In this way, the disease ends up being understood by the population as an already familiar cause, its definition through the determination of cultural values, and not just biological factors, taking as an example the social exclusion summarized in the isolation of sick individuals who are not accepted within the standards normal¹⁰.

Schizophrenia is defined as a highly complex psychiatric disorder, which begins briefly in the individual's life, presenting multiple cognitive and social deficits with characteristics of thought distortion, delusions, psychosis and hallucinations. People with this disorder have difficulty maintaining normal interpersonal relationships, employment relationships, as well as achieving occupational and educational goals¹¹.

It is a long-lasting disorder, in which the sick person goes through periods of remissions and crises that worsen the functioning of the individual and the family, causing various damages and losses in abilities, namely: the decrease the ability to self-care for oneself, to work, to maintain complete thoughts, to relate socially and individually. Schizophrenia, as it is a psychosis, requires lifelong treatment, through psychosocial therapies that help improve the symptoms of the disease and drug treatment. The SUS offers CAPS as assistance for individuals with some type of psychiatric disorder, so that they can be added to society and offer support to family members who live with this patient. Drug intervention is essential for controlling



schizophrenia, however, in the evaluation of patients, the damage caused by drug treatment can be extremely intensive in terms of the symptoms of the disorder¹¹.

With the current mental health policy in operation, nursing professionals must be trained to provide adequate assistance to the population, seeking to provide care planning that seeks to understand the way of relating and the social reintegration of patients with mental disorders. From this point of view, it requires greater scientific knowledge about mental disorders, to provide more appropriate nursing care through an appropriate interpersonal relationship with patients, family members, the community, and the team, helping to achieve a positive clinical evolution¹.

At present, the role of nursing in mental health services highlights actions based on creating a bond of trust with the patient through empathy and providing them with a welcoming environment. Furthermore, the nursing team must develop fundamental skills, such as patience and creativity, improving therapeutic interpersonal communication, which is so important as a team and for the patient, ensuring emotional balance and ethics¹².

It is worth highlighting the history of the Brazilian Holocaust: the construction of the psychiatric asylum system in Barbacena, where at least 60,000 people died within the walls of the colony, the majority of whom were trapped in train carriages and forcibly interned. When they arrived in the Colony, their heads were shaved, and their clothes were torn off. At least 70% have not been diagnosed with any type of mental illness. They were alcoholics, epileptics, prostitutes, homosexuals, people who rebelled, people who had become uncomfortable for someone with more power. At least thirty-three were children¹³.

Methodology

This is an integrative review of the literature, which discusses a method that enables the application of results from relevant studies in practice and the synthesis of knowledge. Concerning reviews, the integrative review is the largest and most comprehensive methodological approach, enabling the integration of experimental and non-experimental studies to fully discern the phenomenon analyzed¹⁴.

In addition to integrating a wide range of intentions: review of evidence and theories, it also indicates data from empirical and theoretical literature, characterization of ideas, and investigation of methodological adversities of a particular topic. The vast sample, together with the number of proposals, should promote a coherent and evident analysis of important concepts, hypotheses, or health complications pertinent to nursing¹⁴.

The integrative review establishes the current principle concerning a specific theme, as it is conducted to analyze, synthesize, and identify results of free studies on the same subject, helping to achieve a possible positive result in the excellence of the occupations provided to the

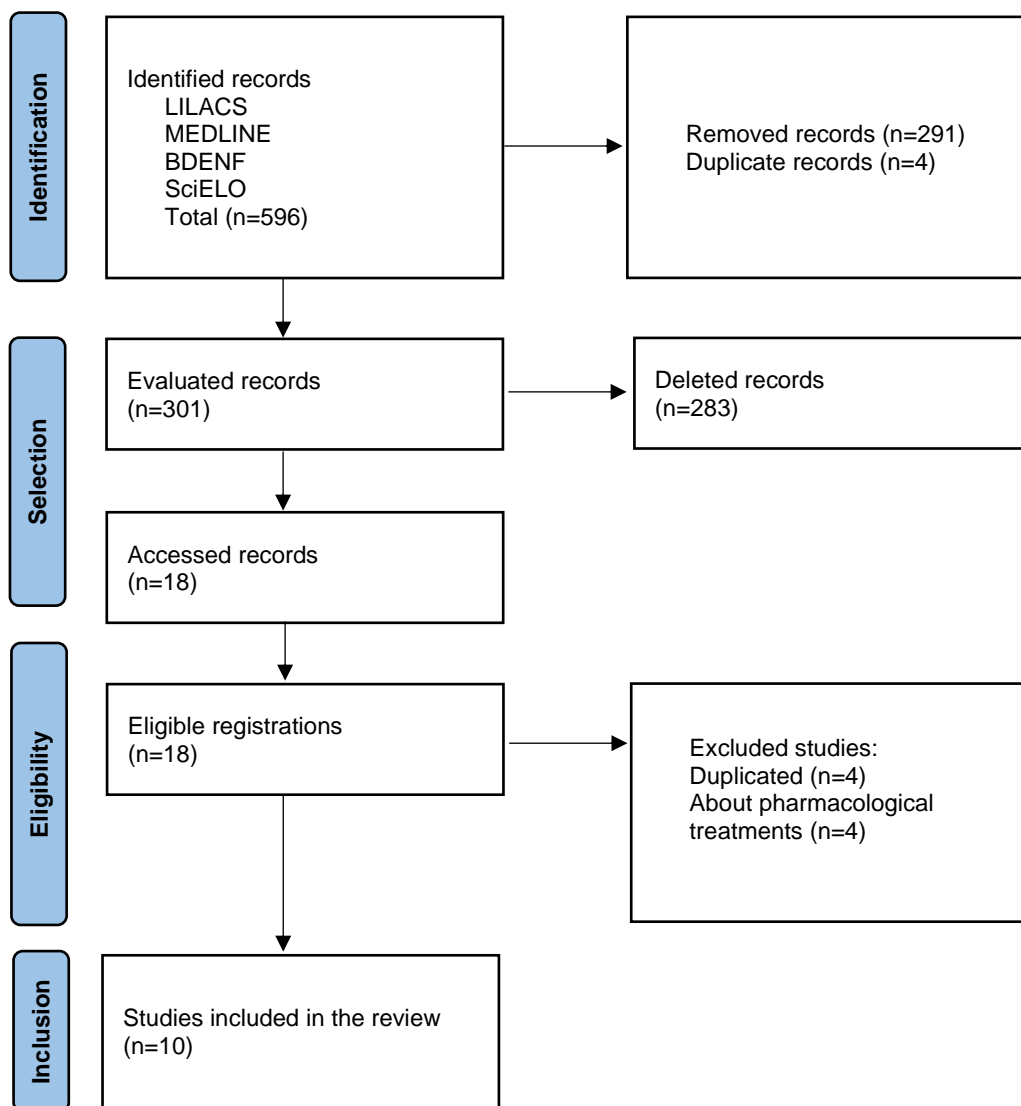
patient. Its stages are divided into six phases, which are: Phase 1 - Develop the guiding question: this will be the most important moment of the first phase, as it will determine which studies will be included, the means adopted for identification and the information collected from each selected study. It must be drawn up in a clear and specific way; Phase 2 - Search for samples in the literature: broad and diversified search in databases, focus on searches in electronic databases. Ensure the representativeness of the sample in the sampling criteria as they are indicators of the reliability and trustworthiness of the results. Determine the criteria according to the unified agreement with the guiding question; Phase 3 - Collect data: extract data from selected articles, minimizing the risk of errors when transcribing, ensuring accuracy when checking information and serving as a record; Phase 4 - Critically analyze the included studies: this phase requires a methodical approach to evaluate the accuracy and aspects of each study; Phase 5 - Discuss the results: after analysis, understanding and summary of the results, the results and information presented in the investigation of the articles are analyzed and compared about the theoretical framework; Phase 6 - Present the integrative review: the presentation of the review must be clear and complete, enabling the reader to critically examine the results¹⁴.

For this study, the PICO method - Patient, Intervention and Context - was applied. Based on this definition, the following guiding research question was obtained: "What is the role of the nurse towards the schizophrenic patient inserted in the Psychosocial Care Center II?".

The research was carried out through an electronic search of articles indexed in virtual libraries: Scientific Electronic Library Online (SciELO), Databases of Latin American and Caribbean Literature in Health Science (LILACS), International Literature in Health Sciences (MEDLINE), Virtual Health Library (VHL) and Nursing Database (BDENF). The following descriptors and keywords were used as a search strategy: nursing care; mental health services; schizophrenia; mental health; role of the professional nurse; and psychiatric nursing.

From reading abstracts and titles, records were chosen and selected according to their proximity to the topic and the possibility of answering the research guiding question. The chosen and selected studies were read in full (Figure 1). The search space for records and titles in the databases began in February and ended in June. Opposing sources and books were disregarded when choosing studies, but they were examined and added to the discussion of the results. For the selection of articles, the following inclusion criteria were used: articles in Portuguese, available in Brazil, with full text, a specific period was not delimited for the research, as there was a scarcity in the search for articles. Regarding the exclusion criteria, it was established: repeated, duplicate studies and focused on medications for mental disorders.

Figure 1. Flowchart of search and selection of studies. Tatuí, SP, Brazil, 2022



Results

The studies used were carried out throughout Brazil. In the state of São Paulo, the city was São Paulo. In Ceará the city was Fortaleza. In Minas Gerais, the city of Sete Lagoas. In Paraná, the city was Londrina. Also held in Rio de Janeiro, in the city itself, and the state. The publications were published in several magazines, 20% in the USP Nursing School Magazine, 10% UFJF Nursing Magazine, 10% Brazilian Life Sciences Magazine, 10% Journal Metrics, 10% Online Scientific Magazine, 10% Revista Cogitare Enfermagem, 10% Revista Texto & Contexto Enfermagem, 10% by Journal Health NPEPS and 10% Revista Brasileira de Enfermagem.

In total, according to the sum of all studies used, 62 professionals were interviewed, using the following methodologies: 10% through documentary and quantitative

study, 10% through bibliographic review, 10% through qualitative study, 10% through integrative review of literature, 10% of the evaluative and qualitative approach, 10% of the descriptive and exploratory type with a qualitative approach 10% of the descriptive and qualitative type, 10% of the literary review type bibliographic research in a computerized reference index, 10% through research exploratory, with a qualitative approach and 10% of the correlational study type.

From the survey carried out, it was found that the studies are coherent and interconnected with the topic addressed, as shown in Chart 1 below. It is noteworthy that the years of publication of the studies were from 2005 to 2021.

Chart 1. Variables of selected articles. Tatuí, SP, Brazil, 2022

JOURNAL	AUTHORS	YEAR	OBJECTIVE	METHOD	RESULTS
Journal Health NPEPS	PAIVA, R. et al.	2019	Characterize the user profile of a type II Psychosocial Care Center (CAPS).	Documentary and quantitative study.	The results show the results between gender and its association with psychopathologies, where schizophrenia was the most frequent



JOURNAL	AUTHORS	YEAR	OBJECTIVE	METHOD	RESULTS
					in both sexes, but with a higher prevalence among men. For females, bipolar affective disorder (23.3%) and depression (24.1%) stood out.
Revista de Enfermagem da UFJF	ANDRADE, J.; SIQUEIRA, F.	2018	Describe the duties of the professional nurse in the current psychosocial care proposal, with emphasis on one of the substitute services for the psychiatric hospital, the Psychosocial Care Centers (CAPS).	Literature review.	The results show that the study allowed discussion about nurses in psychosocial care, Brazilian psychiatric reform and the emergence of CAPS and psychiatric care in the asylum model.
Revista da Escola de Enfermagem da USP	DIAS, C.; SILVA, A.	2009	Characterize the professional profile of the nurse who works at CAPS and verify the actions of this professional in the current model of mental health care.	Qualitative study.	The results show that females prevail; the majority graduated more than 10 years ago; insertion in the mental health area occurs late and is associated with the lack of work options and the proximity of the service to the professional's residence.
Journal Metrics	LEITE, L.; SANTOS, K.; VELOSO, L.	2021	Analyze the actions developed by nurses in the CAPS Psychosocial Care Centers aimed at ensuring that schizophrenic patients remain in treatment.	Integrative literature review.	The results show that existing actions are constantly improving, and new strategies are being developed so that the patient remains in treatment.
Revista Brasileira de Enfermagem	SANTOS, E. et al.	2018	Analyze the practices developed by nursing professionals in a Psychosocial Care Center (CAPS).	Evaluative and qualitative study.	The results identified practices aimed at the subject and its clinical, social, prevention, treatment, and articulation with the health network.
Revista Brasileira de Ciências da Vida	JUNQUEIRA, M.; ANDRADE, L.	2017	Nursing care for patients with mental disorders.	Descriptive and exploratory with a qualitative approach.	The results showed that nursing care has positive effects in the treatment of patients who are in mental distress. The professional works through planning, programs, evaluation and nursing assistance.
Revista Científica Online	SANTOS, A.; MARQUES, C.; SOUZA, N.	2019	Elucidate aspects related to schizophrenia with a view to nursing action in the treatment of patients with this disease.	Descriptive, qualitative.	The results show that the Nursing team has an important role in the rehabilitation of patients suffering from mental disorders, such as Schizophrenia, as it is through these professionals that health care and monitoring of the patient will be carried out.
Revista da Escola de Enfermagem da USP	GIACON, B.; GALERA, S.	2006	Examine knowledge about schizophrenia and the first outbreak in schizophrenia. To examine knowledge about intervention in the first outbreak of schizophrenia and its effectiveness. Examine nursing knowledge about the first outbreak in schizophrenia, highlighting the profession's contribution in this area.	Literature review.	The results show that there is little Brazilian literature related to the first schizophrenic outbreak, around nursing, few specialized services available and few social resources.
Revista Texto & Contexto Enfermagem	ROCHA, R.	2005	Deepen knowledge about the insertion of nurses in the interdisciplinary team of the Psychosocial Care Center, considering that this insertion is reflected in their possibilities of caring for clients.	Exploratory research with a qualitative approach.	The results show in the data analysis, according to the empirical categorization, pointed out as important the issue of adequate training of nurses to work in these Centers and the difficulties related to the changes that occur in the relationships between the members of an interdisciplinary team.
Revista Cogitare Enfermagem	SOARES, M. et al.	2019	Evaluate psychosocial care from the perspective of the family member of the schizophrenic patient.	Correlational study.	The results show that 24 caregivers were women, 23 were married and the average age was 46 years old. The average satisfaction was 4.37, the global average for objective overload was 2.26 and subjective overload was 2.09.

Discussion

For decades, mental disorders have constituted four of the ten main causes of disability worldwide, in addition to representing a high economic cost. These health problems are related to several predisposing factors that include economic precariousness, age, conflicts, gender, family environment and physical illnesses¹⁵.

One of the studies indicates, regarding the type of disorder, that schizophrenia, depression, and bipolar disorder were the most frequent diagnoses. When comparing the type of disorder and gender, the pre-eminence of the diagnosis of schizophrenia among male users was found¹⁵.

There were changes in Nursing practices in the post-reform period. There was a redefinition of work execution aiming to adapt to the current model. The professional nurse did not give up the knowledge assimilated until then, on the other hand he needed originality to be transformative in the care process, detaching himself from the asylum model which, in turn, was in the starting phase⁹.

Current nursing practices qualify as auxiliaries in the user's independence stage and help in expanding the subject's cultural, educational, and artistic knowledge. Contrary to the institutional model, where professional goals were imperative, previously established, guided by frequent supervision of the patient and the symptoms of illnesses, the Nurse's duties at CAPS are sublime due to their changeable characteristics, providing the idealization of a common, group project, and stimulating a connection with multiple professional practices, giving rise to a unique therapeutic project in which the self is the subject⁹.

The nurse positions himself as a present part of the current assistance offer and gradually follows countless therapeutic varieties in carrying out his techniques, making use of opportunities for assistance and support to the client, leading them towards the conservation and assiduity of their self-sufficiency and in other circumstances, supporting rehabilitation. The new possibilities present a proposal for a more pleasant treatment for those who provide the care as well as for those who acquire it⁹.

Nurses embrace welcoming as a fundamental act, which is related to the substitute model. It is possible to control individual services, which in the old model were provided exclusively by psychiatrists and psychologists. The acquisition of a new conduct scenario for nurses, committed to comprehensive care, applying therapeutic listening is carried out⁹.

It discusses the importance of professional nurses reserving space in routine activities to carry out home visits, aiming to understand the collective environment and developing strategies that encourage rehabilitation, as treatment should not be limited to the physical environment of the CAPS, the same refers to a network that intersperses the subject's daily life⁹.

In compatibility with Brazil, therapeutic workshops are environments in which users commonly carry out activities in groups and can be organized by the nurse. The work carried out in the workshops helps with socialization, reveals feelings, and enriches skills. The practices are

interspersed according to the theme and the users' interests⁹.

It should be noted that there is the possibility of establishing several therapeutic workshops, however, there are three types that stand out, namely expressive workshops, which are capable of improving skills in the artistic sphere such as music and poetry; profit-generating workshops that focus on practices related to crafts, such as sewing, cooking and cutting; and literacy workshops, where wisdom is improved, elevated, and inserted into the scenario of reading, writing, and science in general, methods and factors essential in (re)insertion⁹.

When it comes to people with mental disorders, it is important to understand their real needs. In the vast majority, they do not request help, or even refuse it. However, these patients are sensitive to bonding and care and, in the inclusion technique, social bonding becomes necessary⁵.

Representing a portion of the CAPS technical team, nurses play a significant role in building bonds between professional and patient inside and outside the unit. One of the nurses' responsibilities is the data collected for mental health care, which is based on the systematization of care and nursing diagnoses. As well as diagnosis and care, these data depend on the professional's disposition, ability to listen, communicate and the attention given to the subject. This way, you will be able to have a better understanding and dimension of psychopathological symptoms and, therefore, offer adequate assistance to each user⁵.

The nurse needs to investigate objective questions such as their work, place of residence, and subjective questions, which refer to each individual, as infrastructure, family relationships, and socioeconomic conditions, among others, have great evidence about the patient and also individualize your condition⁵.

By this context, a line of care is drawn up in which each professional, within their area, constructs individual and group proposals. It is of great importance that the patient does not abandon treatment, in the same way, the family becomes an important support during the process of caring for their loved one, as it can encourage and help participation, frequency, and involvement in services and activities. offered at the Psychosocial Care Center (CAPS)⁵.

A study¹⁵ showed that the work of CAPS is carried out mainly through partnership with the family, which becomes fundamental for their incorporation in coping with psychological suffering, welcoming, caring, integrating and including the actors of this revelation in the everyday spaces of life.

Because patients are accompanied by family members, they inspire interest in following community-based treatment and keeping the individual connected to their environment, which can improve treatment adherence and intensify prognosis and results. With the deinstitutionalization method, the family went from being victims and accomplices of mental illness to becoming leaders in the construction of the patients' therapeutic project¹⁵.



Given the importance of the family role in the patient's recovery and successful treatment, it is essential to guide the family on daily activities and medications that help the patient know their responsibilities and thus collaborate with the treatment¹⁶.

Unfortunately, the family is still seen as a simple informant of the patient's symptoms, with their suffering considered scarce. The right thing to do is to welcome the family by offering them as much support as possible for their demands, such as conflicts, guilt, social isolation, crisis situations, etc. Health services must be structured to strengthen the family/professional/service relationship¹⁷.

According to authors¹⁴, some programs are carried out in the presence of the patient and other family members, as well as programs that only suggest guiding family members with the joint exception of the carrier. Every pathology makes the relationship between the patient and their family difficult. Both are fighting for understanding, and searching for ways to overcome the disease and if the family does not participate openly, the patient's relapse will be inappropriate.

One of the review studies shows that caregivers, despite being overworked daily, feel satisfied in being able to take care of their family members. Even if they are satisfied, several changes occur in their daily lives, limiting them in terms of employment opportunities, rest, relationships, leisure, and emotional exhaustion because of overload due to not having anyone to share the commitment to care with¹⁸.

A study¹⁹ highlighted one of the most frequently raised questions, especially by nurses themselves, referring to knowledge. The knowledge to work in CAPS has specificities, requiring adequate training. In research on the difficulties and facilities in implementing services aimed at caring for patients with schizophrenic mental disorders, among others, the training of specialized personnel to form the multidisciplinary team was seen as a significant factor: the service itself had to train professionals to assistance and support for this type of patient.

As a category strongly inserted in the mental health network, nurses need to expand their articulation beyond those services linked to their technical knowledge. He must also delve into community spaces, the numerous devices of RAPS (Psychosocial Care Network), and other sectors, work, justice, education, leisure and social assistance. In this way,

it is up to nursing to strengthen its role as an articulator of the network, identifying the functioning of services, other sectors, the user's life territory and the dynamics of connections necessary for care²⁰.

Final Considerations

With this review and critical reading of scientific texts, mainly covering nursing and its role in the Psychosocial Care Center, we observed that there is still little literature on the subject, even though the professional nurse plays an important role within the CAPS with patients with of schizophrenia and other mental disorders. In addition, the epidemiological data is completely outdated, which leads us to observe how increasingly aside this relevant topic is becoming. As a result of this, those who suffer and are harmed by the advances in pathology, and the unpreparedness of professionals are nursing and the patient, and with each passing day the cases of patients with mental disorders at an early age are being quantified.

The issue also stands out where nursing must see and understand that its care role within the CAPS, whether with the schizophrenic patient or with another mental disorder, goes beyond the administration of medications, medication guidance, or the monitoring of vital data (measurement of blood pressure, heart rate, respiratory rate). The ideal is for the professional to work further, that is, to have a critical eye, analyze and see the patient. If the nurse works only thinking about specific nursing services, he does not fit into mental health.

It is understood that professional action in the health field is multi-established by principles linked to the academic training of nurses, the personal characteristics of the professional and circumstantial characteristics of society itself.

It is concluded that it is extremely important that nursing achieve skills and obtain competence to meet the needs of patients with schizophrenia and other mental disorders, inserted in Psychosocial Care Centers II supported by their knowledge, building their place in the production process of health, so that this comes to be related to the (re)insertion of the patient into the social sphere, a good coexistence between family member and patient and vice versa, and most importantly, the humanization of the treatment offered to the patient, way that stimulates and develops your self-care.

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