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PATIENTS DISCHARGED FROM PSYCHIATRIC HOSPITAL CARE FOLLOWED IN THE HEALTH SERVICE NETWORK

EGRESSOS DE INTERNAÇÃO PSIQUIÁTRICA ACOMPANHADOS NA REDE DE SERVIÇOS DE SAÚDE

EGRESOS DE INTERNACIÓN PSIQUIÁTRICA ACOMPANHADOS EM LOS SERVICIOS DE LA RED DE SALUD

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ABSTRACT

Objective: To monitor and evaluate the adherence of patients with mental disorders to treatments after their hospital discharge. **Method**: Descriptive cross-sectional study based on secondary dataand primary. Analysis of sociodemographic and clinical variables reported and recorded in returns services were collected for 21 months and analyzed. **Results**: From the 875 patients discharge, 71 patients, who met the inclusion criteria, were selected for the study. Most were Caucasian, aged from 40 to 49 years old, male, single, without a partner/spouse, with incomplete primary school. Most of them were previously hospitalized and the diagnoses Schizophrenia and Bipolar affective disorderwere prevalent. The most common mental state at the time of release was calm, associated with other diagnoses butit has no therapeutic proposal for post-discharge. Most attended scheduled their appointments, however, did not adhere to the medication regimen, according to the Morisky-Green test. The welcome care for these patients into the services is mainly performed by nursing staff. The team's attention is not focused on psychosocial rehabilitation. **Conclusion**: The mental patients appeared to mental health services but do not observe significant results in their rehabilitation.

Descriptors: Mental health services; Psychiatric nursing; Rehabilitation; Patient care team.

RESUMO

Objetivo: Acompanhar e avaliar a adesão do portador de transtorno mental aos tratamentos, após sua alta hospitalar. **Método**: Estudo descritivo transversal baseado em dados primários e secundários. Análise das variáveis sociodemográficas e clínicas informadas e registradas nos retornos aos serviços, coletadas durante 21 meses. **Resultados**: Dos 875 egressos, 71 atenderam aos critérios de inclusão do estudo. Maioria branca, entre 40 e 49 anos, sexo masculino, solteiros, sem companheiro, nível fundamental incompleto, internações anteriores e prevalência dos diagnósticos Esquizofrenia e Transtorno afetivo bipolar. O estado mental prevalente na alta foi calmo, associado a vários diagnósticos e sem proposta terapêutica para o pós-alta. Maioria compareceu aos retornos agendados, com pouca adesão aos tratamentos oferecidos, segundo o Teste Morisky-Green. Acolhimentos realizados principalmente pela

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equipe de enfermagem. O atendimento das equipes não está centrado na reabilitação psicossocial. **Conclusão**: O portador de transtorno mental comparece aos serviços de saúde mental, porém não se observam resultados significativos na sua reabilitação.
Descritores: Serviços de saúde mental; Enfermagem psiquiátrica; Reabilitação; Equipe de assistência ao paciente.

RESUMEN
Objetivo: Supervisar y evaluar la adherencia de los pacientes mentales para el tratamiento después de su alta hospitalaria. **Método**: Estudio descriptivo, transversal basado en datos secundarios (registros) y primarios (entrevistas). Análisis de las variables sociodemográficas y clínicas descritas y registradas en los servicios de devoluciones se recogieron durante 21 meses y se analizó. **Resultados**: De los 875 egresos, 71atendieron a los criterios de inclusión del estudio. La mayoría era blanca, entre los 40 y 49 años, sexo masculino, solteros, sin compañeros, nivel fundamental incompleto, internaciones anteriores y con prevalencia de los diagnósticos Esquizofrenia y Trastorno afectivo bipolar.El estado de ánimo predominante en alta, estaba en calma, asociado con múltiples diagnósticos y sin propuesta terapéutica para la post alta. La mayoría procuróa las citas programadas, con poca adherencia a los tratamientos que se ofreció, según la prueba de Morisky-Green. Los cuidados se llevan a cabo principalmente por el personal de enfermería. La atención del equipo no se centra en la rehabilitación psicosocial. **Conclusión**: Los pacientes mentales procuran a los servicios de salud mental, pero no se observan resultados significativos en su rehabilitación.
Palabras clave: Servicios de salud mental; Enfermería Psiquiátrica; Rehabilitación; Equipo de asistencia al paciente.

INTRODUCTION

The global burden of disease due to mental disorders continues to rise gradually in the world and it is estimated that chronic diseases and mental disorders account for 59% of all deaths in the world. It is assumed that this percentage will reach 60% by the year 2020 and the highest incidences will be of heart disease, stroke and cancer.[1]

Primary care through the Family Health Strategy sets a field of practice and production of new modes of care in mental health. Currently, the joint between the teams of mental health and primary care is a challenge to be faced for the improvement of care and increasing of access of the population to services, ensuring continuity in attention.[2]

Brazilian law regarding mental health considers psychosocial rehabilitation, a powerful strategy that can contribute to the expansion of Psychosocial Care model.[3] However, evaluations have pointed out that the work process of the teams of community services still follows the logic of outpatient care, far from the guidelines of the psychosocial model that contemplates subjectivity, interpersonal relationships and encourages the construction of a new work process, through the enhancement of the sense that the other assign to your experience. As the user's perception of these services, the

inclusion is related to work, education, income, contractual power and be accepted in his/her difference.[4]

The consequences of ineffective assistance can be observed through the phenomenon psychiatric readmission[5], which seems to confirm gaps in current interventions.

Given this scenario, it is necessary to improve the knowledge about the disease and assistance related to it, access to services, quality of care, as well as evaluation of the effectiveness of the devices for mental health care as regulators of psychiatric hospitalizations and warranty of autonomy of the person who has mental illness.

Therefore, this study aimed to monitor the patients discharged from psychiatric hospital care in the health services network to identify access to services, the care received, and compare this information with the socio-demographic and clinical data of the subjects.

METHOD

It is a cross-sectional study based on primary and secondary data. Primary data were obtained through interviews with the subjects with mental disorder. Regarding the secondary data related to hospital discharge, as well as returns and monitoring of patients in outpatient services, information was collected respectively in hospital discharge reports and in medical records of outpatient mental health services.

Of the 875 discharges made in the regional psychiatric hospital, only 44% lived in Ribeirão Preto, 71 met the criteria established in the study (18 years), living in Ribeirão Preto, with no diagnosis of dependence on psychoactive substances - F10-F19. Of the 377 from Ribeirão Preto, 19% left without scheduling and were referred to a particular network or moved in the period.

The study was conducted between May 2013 and January 2015. The survey of the discharges occurred from May 2013 to June 2014, to accompany the patients discharged from psychiatric hospital care in a time sufficient to complete all the research records. The monitoring of all subjects was extended until January 2015.

The research sites were the Hospital Santa Tereza from Ribeirão Preto (HST-RP), Psychosocial Care Center II(Centro de Atenção Psicossocial II) Dr. Cláudio Roberto C. Rodrigues (CAPS II), Regional Outpatient Mental Health (Ambulatório Regional de Saúde Mental)- Central District – Dr. Nelson Okano (ASM- DC), Mental Health Center (NSM) and Mental Health Clinic of the Basic Health Unit – Dr. Italo Baruffi (ASM-UBS).

The instruments used for data collection were: 1) map to obtain secondary hospitalization data (HST-RP): Data collected in the Hospital Santa Tereza de Ribeirão Preto Archive Service, through the discharge Bulletin. The map was composed of 18 items, with question of the subjects identification, sociodemographic and clinical data on the mental patients of their admission to the hospital (gender, age, ethnicity, marital status, living arrangement, number of hospitalizations, date of last admission) and discharge (date, diagnosis, mental conditions, prescribed psychiatric drugs, therapeutic proposal, place and date of appointment); 2) map to obtain data on outpatient services (SEH): Data collected from the records of the referenced service in networks ARSM, CAPS II and NSM. This map was structured with 23 items to obtain information about the service, attendance (scheduled date, before the day), reason given for attendance before the scheduling, reception, companion, date of the next scheduling and clinical data of person with mental disorder, as the doctor diagnosis, mental state, psychiatric drugs prescribed, care of other professionals, complications in the range between the discharge and the first return (date, place), reception, companion; 3) Map for Interview (Outpatient services): Interviews were conducted in a private room in services selected for research and information were recorded in a semi-structured form. They lasted 15 to 30 minutes, gathering sociodemographic and clinical information such as age, occupation, marital status/living arrangement, education, illness, drugs prescribed, who to look for in the service when having a problem, importance of medication, forgetfulness and attention with the time to take medicine, support and help with the drugs and return. In addition, the map contained open questions about the services: professionals interested in their personal difficulties, motivation for treatment, service demand outside the scheduled appointment, service evaluation (easiness to schedule appointments, waiting time, service by staff, days/hours of operation, location, infrastructure), support, prejudice and suggestions to improve the care of their needs (descriptive question); 4) Adhesion Test to the Treatment of Morisky-Green: This test consists of four questions that assessed the degree of compliance to drug treatment and was applied to the end of the interview. From the data obtained, patients were classified in the group of high adhesion degree, when all responses were negative; and low degree of adhesion when at least one of the answers was affirmative[6,7]; 5) Map to obtain data for the second return in outpatient services: Information collected

from medical records of hospital extra service. It is an instrument for monitoring the returns that includes the following issues: appeared in the second return? Appeared out of the day scheduled? Changed the diagnosis? Changed the medicine?

All the maps used to collect the primary and secondary data were constructed by the researchers, based on professional experience and in the literature on the subject.

Intentionally, the quantitative data obtained from secondary sources are presented in this text, related to socio-demographic and clinical characteristics, as well as therapeutic approaches for patients discharged from psychiatric hospital care to analysis of the data relating to attendances to health services in returns scheduled, in addition to the drug adhesion test. The qualitative data obtained from the interviews will be presented in another article.

The project was approved by the Ethics Committee, meeting the standards of CEP 196/96 (CEP-EERP/USP218/2013), authorized by the Research Committee of the HST-RP, from the Department of Health of Ribeirão Preto and NSM. Participants were informed about the nature of the study, objectives and procedures. The subjects, who agreed to participate, signed the consent form.

Screening procedures were based on statistical analysis relating adherence to the treatment to sociodemographic variables, and monitoring clinical services. The categories used to data classification were characterization of the subjects, monitoring of the subject after hospital discharge and Morisk and Green test about the adherence of the subject to drug treatment. The discussion was supported by the literature on the subject.

RESULTS

Characterization of subjects

Of the 71 study subjects, 36 (50.7%) are male. The age groups with higher frequency were: 40 to 49 years= 31%; 30 to 39 years= 23.9%; 59 anos= 50 to 19.7%. By analyzing gender and age group, it is observed that there is a statistical association (Fisher = 0.003), being the mean age of women above the average of men. The prevalent marital status is single (52.1%), of which 22 (61.1%) are men and 15 (42.8%) are women and 80.3% of the individuals live alone.

When analyzing the educational level, it is observed that 35.2% (25) have incomplete fundamental level and 19.7% (14) incomplete high school. It was found that 19.7% (14) had no information about the educational level of the patient. The records in Table 1 also show that 66.2% of the patients are inactive.

Table 1 - Socio-demographic characterization of subjects with psychiatric discharges, after hospitalization, according to the record in the discharge Bulletin.

Variables	Age (years)	Women (n=35)		Men (n=36)		Totals (n=71)	
		N	%	N	%	N	%
Age group	up to 29	2	5.7	8	22.2	10	14.1
	30 to 39	6	17.1	11	30.6	17	23.9
	40 to 49	12	34.3	10	27.8	22	31
	50 to 59	9	25.7	5	14	14	19.7
	60 and +	6	17.1	2	5.6	8	11.3
Ethnicity	White	20	57.1	24	66.7	44	62
	black	4	11.4	1	2.8	5	7
	brown	8	22.9	7	19.4	15	21.1
	No information	3	8.6	4	11.1	7	9.9
Marital status	Not married	15	42.9	22	61.1	37	52.1
	Married	6	17.1	8	22.2	14	19.7
	Separate	9	25.7	4	11.1	13	18.3
	Widower	5	14.3	1	2.8	6	8.5
	No information			1	2.8	1	1.4
Household arrangements	living alone	28	80	29	80.6	57	80.3
	with fellow	7	20	6	16.7	13	18.3
	No information			1	2.8	1	1.4
Education	Illiterate	2	33.3	4	66.7	6	8.5
	Incomplete primary	12	48	13	52	25	35.2
	Fundamental	2	66.7	1	33.3	3	4.2
	Complete high school	2	40	3	60	5	7
	Incomplete high school	10	71.4	4	28.6	14	19.7
	Graduated	2	66.7	1	33.3	3	4.2
	Undergraduate			1	100	1	1.4
	No information	5	35.7	9	64.3	14	19.7
Professional activity	Inactive	24	68.6	23	63.9	47	66.2
	Active	1	2.9	3	8.3	4	5.6
	Removed	1	2.9	5	13.9	6	8.5
	No information	9	25.7	5	13.9	14	19.7
Totals		**35**	**49.3**	**36**	**50.7**	**71**	**100**

The proportion of men with no prior hospitalizations in the HST-RP is less than the proportion of women, being 9 (25%) and 14 (40%), respectively; 7 (20%) and 7 men (19.4)

women have two previous hospitalizations; with three or more hospitalizations there are 38%, being 15 (41.7%) males and 12 (34.3%) female. No significant associations were observed (Fisher=0.438).

The prevalent diagnoses in discharge were in F20-F29 (23:32.4%), and F30-F39 (22: 31%) and the amount of prescribed psychoactive drugs ranged from 1 to 7, wherein 38% (27) 26.8 % (19) 16.9% (12) 11.3% and (8) left with the prescription of 3, 4, 2 and 5 psychotropic drugs, respectively.

The scheduling of the subjects in the network services occurred in the following proportion: CAPSII (39.4%), NSM (36.6%), ASM-UBS (22.6%) and ASM-DC (1.4%).

In the association between gender and therapeutic approach for non-hospital monitoring it is found that 52.1% of the subjects had no therapeutic proposal and to 40.9%, the therapeutic indication was limited only to the "outpatients". The psychotherapy recommendation and multi-service assistance corresponds to only 1.4% and 4.2%, respectively. Fisher's exact test does not confirm the association between the two variables (Fisher=0.443%). However, the data make possible to determine that there is no therapeutic continuity, which impairs the longitudinality desired for monitoring the patient with mental disorders in the health care network.

The results below correspond to the data of the subject to community service returns, after discharge, which were recorded in the patient record in each of the services to which they were referred.

It was found that 84.5% (60) of the subjects attended the first return scheduled at extra-hospital service, after his/her discharge. The missing ones are distributed proportionally between the genders, being 16.7% male and 14.3% female.

It is shown in Table 2 the distribution of the reception performed by the team of the community services to the patients with mental disorders, during the first return appearance at the date, and also out of the scheduled date. It is observed that the nursing staff accounted for over 62% of all reception in the first return. It is worth noting that the nursing staff also received over 60% of the subjects who came out of the scheduled date, in the third return.

Table 2 - Distribution of patients as attendance at the scheduled date for the first return, in relation to the professional who performed his/her reception.

Reception	**Attendance at the scheduled date**					
	Yes		**No**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**

Social worker, doctor, psychologist and occupational therapist	9	90	1	10	10	15.1
Auxiliary and nursing technicians	19	90.5	2	10	21	31.8
Nurse	18	90	2	20	20	30.3
Others	14	93.3	1	7	15	22.7
Totals	**60**	**90.9**	**6**	**10**	**66**	**100**

The proportion of attendances to the second scheduled return was above 80% in all age groups, except among the youngest people up to 29 years (70%). It was also registered an increased presence of transferences to other services among younger men.

As Table 3, it is observed that in the second return there is a higher proportion of patients with diagnoses F20 to F29 (32%), followed by F30 to F39 (31%) among the 71 subjects of the study.

Table 3- Registration of patients' attendance to the second return and transferences, according to the follow-up local.

	Attendance to the second return scheduled									
Service	**Yes**		**No**		**Transfer**		**Other**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
ASM-UBS	12	80	1	6.7	2	13.3			15	21.1
ASM-DC					1				1	1.4
CAPS II	25	92.6	2	7.4					27	38
Center	19	67.9	4	14.3	2	7.1	3	10.7	28	39.4
Totals	**56**	**78.9**	**7**	**9.9**	**5**	**7**	**3**	**4.2**	**71**	**100**

In table 4 it is shown the data corresponding to the intersection of variables "attendance to the third return scheduled" and "age group", distributed in the different age groups where it is observed that only those in the group above 60 has all of them attending it. As the absence to the return scheduled, the figures show that the proportions of absences were higher in the range of 30 to 39 years (4:40%) and 50 to 59 years (3:30%). With respect to diagnosis, the prevalence was F20-29 (17:37%) and the reception was performed, most often by nursing.

Table 4 - Distribution of psychiatric discharge, according to the attendance of the patient to the third return scheduled, in relation to their age group.

Age group	Attendance to the return scheduled					
	Yes		No		Total	
	N	%	N	%	N	%
Up to 29 years	5	71	2	29	7	14
30 to 39 years	9	69	4	31	13	27
40 to 49 years	13	93	1	7.1	14	29
50 to 59 years	6	67	3	33	9	18
60 years and +	6	100			6	12
Totals	**39**	**80**	**10**	**20**	**49**	**100**

The Adhesion Test to the Morisky-Green test indicated that there was no significant association between adhesion category and reception (Fisher=0.062). For the services, the test revealed a significant association of adherence to drug therapy in ASM-UBS, with 27.3% (Fisher=0.027), while NSM did not reach adhesion in 17 (94.4%) and CAPS II had 100% of non-adhesion of the follow-up people.

DISCUSSION

In this research it was found 857 discharges of the regional psychiatric hospital - HST-RP, from May 2014 to June 2015.

Of the 71, followed by the study, nearly 30% were referred to CAPS II and approximately two-thirds were scheduled in outpatient mental health services, which provide lower supply of rehabilitative interventions.

The final sample consisted mainly of white people, with incomplete primary education, inactive, prevalence of single males. Regarding the living arrangement, there was a high percentage of those living alone. This profile is in line with previous research, carried out in the same service and other services in the country.[8,9]

The average age of women in psychiatric hospital discharge is greater than the average age of men. The prevalence of women is in the range of 40 to 49 years and the highest proportion of males in their 30s to 39 years.

This research showed that women consume more psychotropic drugs than men and the majority takes three or more psychotropic drugs. Thus, the drug is the main resource available for the treatment of patients with mental disorders, making them dependent on medications.[10,11,12]

It is verified the prioritization of drug treatment in detriment of the psychosocial interventions, which reveals the fragility of the interventions made by the teams, intra and extra-hospital, because the drugs alone will not rescue the social benefits and are restricted to the stabilization of the psychic frame, so that rehabilitative actions are developed.

It was shown that 68% of subjects showed readmissions, a figure that is above previous study in the same service[13], and can be explained by the exclusion of some diagnoses such as alcohol and other drugs use and the failure to follow the subjects followed at ASM-DC. However, this percentage is in line with similar studies.[14,15]

It drew attention, in this study, the lack of therapeutic approaches record for the post-discharge and lack of implementation of Singular Therapeutic Project (PTS). It was not found in the discharge bulletin and on the counter-reference card, of the people discharged, no description of psychosocial interventions. In the few records there was information only about the drugs prescribed or recommendation for "outpatients". Unfortunately, these results are consistent with other services in Brazil.[16,17]

The greater proportion of subjects showed no adherence to drug treatment, according to Morisk-Green adhesion test. This result encourages reflection on the objectives of psychiatric hospitalization and appreciation given to the monitoring of mental disorder of the network of community service, whose purpose, in addition to the termination or reduction of symptoms, is to develop actions that can contribute to better adherence to drug therapy together with its psychosocial insertion.

The significant association between adherence category and diagnosis in discharge conforms to the studies that claim difficulty to adhesion to the treatment among patients with mood and schizophrenic disorders. The difficulty of adhesion to the treatment is referenced by other researchers.[18]

The ASM-UBS was the service which achieved greater adherence to treatment; however, this result is limited because this service was the one that had the lowest number of assistance in relation to the others. Moreover, it is an outpatient service with no psychosocial rehabilitation actions.

Analysis of attendance at the scheduled return, according to the diagnosis, shows that more than half of the subjects, people with schizophrenic and mood disorders, attended the return, as scheduled in the three returns, with the attendance out of the scheduled return

being greater among patients with schizophrenia. However, during follow-up it is observed reduction of the search for the service.

These data show that people with mental disorders have motivation to keep psychiatric treatment, however it seems that during the course of treatment they do not receive stimuli necessary for the continuity of the treatment, suggesting that only the attendance to service is not associated with adherence to drug treatment because it still depends on the type of assistance, monitoring and bond establishment among staff, patient and family.[5]

Failure to attend the scheduled return may represent the inefficiency of service strategies in the surveyed services, with actions disconnected from the Health Care Network (RAS) and harm actions that could contribute to mental patients assume co-responsibility for their own treatment and to enhance the involvement of relatives.

The results of the attendance to scheduled returns, according to gender, show that women attended more than men, during follow-up, which may result in increased vulnerability of men to psychiatric hospitalization, whose rates are higher in males.[19] By analyzing the number of previous hospitalizations it is observed that the distribution of the number psychiatric hospitalization ranged from 1-3 and more and was high in proportion, in accordance with other studies in the literature.

The monitoring of the subjects during the returns allowed us to observe that their absence to the consultation was at most a quarter of the total. The other absences were for known and justified reasons, which means that a large proportion of the subjects appeared to scheduled medical returns. This result can mean that only attendance to medical returns is not sufficient for adherence to treatment. In addition, two subjects did not attend the third return by the reason of a new psychiatric readmission. This event may show that despite having appeared in all previous returns, it can be concluded that there must be other important factors that strongly influence the adhesion.

It was also worth noting the highest proportion of the reception have been performed by nursing professionals (nurses, assistants and technicians), which can be explained by the permanence of this staff throughout the period of operation of the services and mainly by the establishment of a connection by primarily conduct their actions with the patient. The training of nurses sustains care as the main focus.[20] This fact reaffirms the importance of investment in the education of these professionals.

Due to the complexity of the needs of patients with mental disorders, it is considered that the primary care teams may have greater participation, being more resolutive, identify risks and vulnerabilities, needs and demands of health[2], because this level of care organizes the flow of the users between the points of attention of RAS, as well as in other structures of the health networks.[20]

Limitations of this study were the inability to keep half of the patients discharged from psychiatric hospital care, referred to Ribeirao Preto due to no authorization to the research by the management of the ASM-DC, the termination of the operation of the NSM in the final phase of the study, no prior planning, which caused great difficulty completing the last instrument, because users were with no service reference to continue treatment and the long period of time between the scheduling of consultations, which impacted the extent of follow-up of the subjects of the study (20 months).

The fragmentation of the continuity of the therapeutic plan, observed in this study, leads to the assumption that the subjects may have damage to their treatment, resulting in loss of quality of care. This issue deserves further studies.

CONCLUSIONS

This research made possible to verify that both in the records of the discharge Bulletin and the register of the outpatient services of the network, the service by multiprofessional teams was not followed by the Singular Therapeutic Project.

Most of the subjects were discharged with no therapeutic proposal for the post-discharge or, simply, with prescription for outpatient follow-up.

This conduct shows that the service organization is still dedicated to the care of acute conditions, not linked to the subject follow-up in the basic health network services, which can contribute to the discontinuation of comprehensive care.

It was seen prioritization of the drug therapy by both intra and extra hospital teams, instead of psychosocial interventions, which shows the fragility of interventions.

REFERENCES

1-Mendes E. As redes de atenção à saúde. Brasília, DF: Organização Pan - Americana de Saúde; 2011.

2-Aosani TR, Nunes KG. A saúde mental na atenção básica: a percepção dos profissionais de saúde. Rev Psicol Saúde [Internet]. 2013 [citado em 17 out 2017]; 5(2):71-80. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2177-093X2013000200002&lng=pt

3- Gruska V, Dimenstein M. Reabilitação psicossocial e acompanhamento terapêutico. Psicol Clin. 2015; 27(1):101-22.

4-Salles MM, Barros S. Representações sociais de usuários de um Centro de Atenção Psicossocial e pessoas de sua rede sobre doença mental e inclusão social. Saúde Soc. 2013; 22(4):1059-71.
5-Machado S, Santos MA. O tratamento extra-hospitalar em saúde mental na perspectiva do paciente reinternado. Psicol Estud. 2013; 18(4):701-12.
6-Morisky DE, Levini DM, Green LW, Smith CR. Health education program effects on the management of hypertension in the elderly. Arch Intern Med. 1982; 142 (10):1835-8.
7-Morisky DE, Green LW, Levini DM. Concurrent and predicitive validity of a self-reported measure of medication adherence. Med Care. 1986; 24(1):67-74.
8-Silva Tl, Maftum MA, Kalinke LP, Mathias TAF, Ferreira ACZ, Capistrano FC. Perfil sociodemográfico, clinico e de internação de pacientes em tratamento na unidade psiquiátrica de um hospital geral. Cogitare Enferm. jan./mar 2015; 20(1):112-20.
9-Tabeleão VP, Tomasi E, Quevedo LA. Sobrecarga de familiares de pessoas com transtorno psíquico: níveis e fatores associados. Rev Psiquiatr Clin. 2014; 41 (3):63-6.
10-Urgell CV, Monne SB, Vega CF, Esquius NP. Estudio de utilización de psicofármacos em atención primaria. Aten Prim. [Internet]. 2005 [citado em 12 mar 2016]; 36(5):239-45. Disponívelem: http://www.elsevier.es/es-revista-atencion-primaria-27-articulo-estudio-utilizacion-psicofarmacos-atencion-primaria-13079144
11-Rocha BS; Werlang MC. Psicofármacos na Estratégia Saúde da Família: perfil de utilização, acesso e estratégias para a promoção do uso racional. Ciênc Saúde Colet. 2013; 18 (11):3291-300.
12-Gudes TG, Moura ERF, Almeida PC. Particularidades do planejamento familiar de mulheres portadoras de transtorno mental. Rev Latinoam Enferm. 2009; 17 (5):639-44.
13-Machado V, Santos MA. O tratamento extra-hospitalar em saúde mental na perspectiva do paciente reinternado. Psicol Estud. 2013; 18 (4):701-12.
14-Bezerra CG, Dimeinstein M. Acompanhamento terapêutico na proposta de alta-assistida implementada em hospital psiquiátrico: relato de uma experiência. Psicol Clín. 2009; 21(1):15-32.
15-Ramos DKR, Guimarães J. Novos serviços de saúde mental e o fenômeno da porta giratória no Rio Grande do Norte. REME Rev Min Enferm. 2013; 17(2):440-5.
16-Silva EP, Melo FABP, Sousa MM, Gouveia RA, Tenório AA, Cabral AFF, et al. Projeto terapêutico singular como estratégia de prática da multiprofissionalidade nas ações de saúde singular. Rev Bras Ciênc Saúde. 2013; 17 (2):197-202.
17-Hori AA, Nascimento AF. O Projeto Terapêutico Singular e as práticas de saúde mental nos Núcleos de Apoio à Saúde da Família (NASF) em Guarulhos (SP), Brasil, Ciênc Saúde Colet. 2014; 19 (8):3561-71.
18-Uchida S, Hiraoka S, Namiki N. Development of gummi drugs of aripiprazole as hospital formulations. Chem Pharm Bull. 2015; 63(5):354-60.
19- Silva TL, Mariluci AM, Kalinke LP, Mathias TAF, Ferreira ACZ, Capistrano FC. Perfil sociodemográfico e clínico dos pacientes em tratamento na unidade psiquiátrica de um hospital geral. Cogitare Enferm. 2015; 20(1):112-20.
20-Santana SS, Fontenelle T, Magalhães LM. Assistência de enfermagem prestada aos pacientes em tratamento hemodialítico nas unidades de nefrologia. Rev Cient ITPAC. 2013; 6(3):1-11.

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