

**NURSE'S PERFORMANCE IN A PSYCHOSOCIAL CARE CENTER FOR
ALCOHOL AND OTHER DRUGS AND PSYCHIATRIC EMERGENCY****ATUAÇÃO DO ENFERMEIRO EM CENTRO DE ATENÇÃO PSICOSSOCIAL
ÁLCOOL E OUTRAS DROGAS E EMERGÊNCIA PSIQUIÁTRICA****TRABAJO DEL ENFERMERO EN UN CENTRO DE ATENCIÓN PSICOSOCIAL DE
ALCOHOL Y OTRAS DROGAS Y EMERGENCIA PSIQUIÁTRICA**

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How to cite this article: Brasil DD, Rodrigues AW, Lacchini AJB. Nurse's performance in a psychosocial care center for alcohol and other drugs and psychiatric emergency. Rev Enferm Atenção Saúde [Internet]. 2022 [access: ____]; 11(2):e202253. DOI: <https://doi.org/10.18554/reas.v11i2.5536>

ABSTRACT

Objective: This study aims to highlight the importance of nurses' performance in the context of mental health, alcohol and other drugs. **Methods:** This is an experience report about the nurse's performance in mental health, alcohol and other drugs in a Psychosocial Care Center Alcohol and other Drugs and Mental Health Emergency Call. **Results:** The nurse is responsible for administrative activities, such as leadership of the nursing team and bureaucratic activities; and assistance, as the main ones, in the Psychosocial Care Center for Alcohol and other Drugs, the individual assistance to the user and the coordination of therapeutic groups, and in the Mental Health Emergency Call, the reception, the risk classification and the assistance at the bedside. **Conclusions:** The professional nurse has great possibilities to work in mental health, alcohol and other drugs, being an important professional to compose the work processes.

Descriptors: Mental Health Assistance, Psychiatric Nursing, Mental Health Services, Rehabilitation.

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RESUMO

Objetivo: Evidenciar a importância da atuação do enfermeiro em serviços de saúde mental, álcool e outras drogas. **Métodos:** Trata-se de um relato de experiência sobre a atuação do enfermeiro em saúde mental, álcool e outras drogas em Centro de Atenção Psicossocial Álcool e outras Drogas e no Plantão de Emergência em Saúde Mental. **Resultados:** O enfermeiro tem como responsabilidades atividades em âmbito administrativo, como liderança da equipe de enfermagem e atividades burocráticas; e assistencial, como principais, em Centro de Atenção Psicossocial Álcool e outras Drogas, os atendimentos individuais ao usuário e a coordenação de grupos terapêuticos, e no Plantão de Emergência em Saúde Mental, o acolhimento, a classificação de risco e os atendimentos na beira do leito. **Considerações Finais:** O profissional enfermeiro tem grandes possibilidades de atuação em saúde mental, sendo um profissional importante a compor os processos de trabalho. **Descritores:** Assistência à Saúde Mental, Enfermagem Psiquiátrica, Serviços de Saúde Mental, Reabilitação.

RESUMEN

Objetivo: Destacar la importancia del trabajo del enfermero en el ámbito de la salud mental, el alcohol y otras drogas. **Método:** Es un relato de experiencia sobre el trabajo del enfermero en salud mental, alcohol y otras drogas en un Centro de Atención Psicosocial de Alcohol y otras Drogas y en el Servicio de Emergencia en Salud Mental. **Resultados:** El enfermero es responsable de las actividades administrativas, tales como el liderazgo del equipo de enfermería y las actividades burocráticas; y de las asistenciales, principalmente, en el Centro de Atención Psicosocial de Alcohol y otras Drogas, la asistencia individual al usuario y la coordinación de grupos terapéuticos, y en el Servicio de Emergencia en Salud Mental, la recepción, la clasificación de riesgo y el cuidado al pie de cama. **Consideraciones finales:** El profesional de enfermería tiene grandes posibilidades de trabajar en salud mental, alcohol y otras drogas, y es un integrante importante en el proceso de trabajo. **Descriptor:** Asistencia en Salud Mental, Enfermería Psiquiátrica, Servicios de Salud Mental, Rehabilitación.

INTRODUCTION

Mental health care is increasingly on the agenda of health discussions, due to the ongoing process of Psychiatric Reform. In view of the advances in health, the care for users in mental distress prioritizes integral care, in freedom and enabling autonomy, independence, and citizenship.¹

Regarding the use of alcohol and/or other drugs, in recent years there has been an increase of 60% in the number of deaths, being the second leading cause of hospitalizations in mental health.^{1,2} It constitutes a public health problem, with repercussions on education, social assistance and living in society, sometimes with the breaking of affective ties.¹

Given this scenario, care in mental health, alcohol and other drugs is based on comprehensive care, production of life, subjectivity and care co-responsibility, reaffirming the user's rights and recognizing their potential, with a view to psychosocial rehabilitation and social reintegration.³

Nursing in mental health care, alcohol and other drugs develops actions of education, health promotion and prevention, aiming at well-being, quality of life and the possibility of projects for the future.⁴ Among the places of action, the Psychosocial Care Center - Alcohol and Other Drugs (CAPS AD) and the Psychiatric Emergency Service (PESM) stand out.

CAPS AD is a service for monitoring users who use alcohol and/or abuse alcohol and other drugs, who need specialized multidisciplinary care in a unique and health-promoting way.^{1,3} The PESH is a 24-hour service, responsible for reception, risk classification and care in urgent and emergency situations in mental health. These devices are linked to the Psychosocial Care Network (RAPS), which establishes the attention and care points for the care of individuals in psychological distress.⁵

In line with the above, nurses, specialists in mental health, are essential to care, due to their generalist training, daily contact with the user and the multiple possibilities of interventions, based mainly on the principles of Harm Reduction (HR).⁴ Therefore, care based on interpersonal relationships is necessary, through empathy and therapeutic relationship, sensitivity and concern for the other, for effective active listening, the key point of their care.¹

This study is an experience report on the role of nurses in CAPS AD and PESH, in the city of Porto Alegre, Rio Grande do Sul. Regarding the presentation of results, data obtained from practice in both services were associated with scientific evidence in the area, for further discussion. The report took into account the ethical aspects of data security and authenticity.

NURSE PERFORMANCE IN CAPS AD

The nurse must be trained in their cognitive and relational relationships to recognize the consequences arising from the use, abuse and dependence on alcohol and/or other drugs, developing actions and interventions in favor of psychosocial rehabilitation.^{1,3,4} Daily contact and bonding with users are important for the development of health actions; in their daily lives, this professional is responsible for administrative and assistance activities.

Among the administrative functions, the nursing team leadership and the execution of bureaucratic activities are evident, such as the nursing schedule, the organization of materials and medicines.

As team leader, the nurse performs the nursing staff supervision and training, about care for users using alcohol and/or other drugs and the clinical and mental health issues arising from use⁶, helping when necessary, in the therapeutic approach, aiming at better interventions and providing autonomy in conduct.

Amongst the bureaucratic activities is the organization of the nursing scale, built jointly with nursing technicians, proposing democracy in choices. Materials and medications should be checked routinely; if necessary, forward the replacement request to the responsible manager. The service has an urgency/emergency briefcase for

handling crisis situations, requiring its weekly check.⁶

Among the main assistance activities, we highlight the initial welcoming, individual care, Home Visit (HV), therapeutic activities and day and night welcoming. Such activities are unique in the role of nurses and in mental health care, being based on health promotion strategies, exemplified below.

HR is a strategy that seeks social inclusion and citizenship, aiming to control the consequences of the consumption of Psychoactive Substances (PAS). Relapse prevention seeks to identify risk factors for use, aiming the creation of coping strategies.^{1,6}

The brief intervention focuses on changing the user's behavior to achieve goals; proposes care co-responsibility, promoting autonomy in therapy. The motivational interview aims to strengthen the user's motivation in treatment and their commitment to change; rethinking life goals and the way to achieve them.^{1,6}

The nurse participates in initial care, which is the user's first visit to the service and the beginning of rehabilitation.^{1,4} The user will refer about his life, health issues and current problems involving the use of SPAs. It is up to the professional to have an attentive look and active listening, questioning when necessary, reinterpreting

and leaving him at ease to verbalize his demands.

After the initial welcoming, the user will have a Reference Therapist (RT), who may be the one who carried out the welcoming or according to the connection with a certain professional. The nurse acts as a RT, collaborating in the construction of his Singular Therapeutic Project (PTS), following his rehabilitative care process with him, aiming at quality of life, with a bias towards social (re)insertion, through work and/or studies.

With the implementation of an initial PTS, the user's care process will begin, participating in therapies such as individual care and therapeutic activities, as needed.

Individual care provides a connection between the professional and the user, with the creation of a therapeutic bond, due to its individualized attention and directed to the demands, aiming at the elaboration and follow-up of the PTS.^{1,7} It is up to the nurse to be sensitive in the process of listening and welcoming the user's demands; conducts and interventions focused on individual needs are important.

Crisis situations are part of the rehabilitation process; when evidenced, proper management is important. It requires attentive listening by the nurse, to understand and mediate possible conflicts; it must be carried out by a properly trained professional.

Assertive verbal handling is necessary and, in some cases, the use of psychotropic drugs and mechanical restraint. It is important to pay attention to the environment, directing the user to a reserved place; if you are at the service, try to keep other users away from the situation, as an act of care for both.

HV is a care developed in the individual's place of residence, which is, sometimes performed through active search; it aims at understanding the social context and interpersonal relationships, in situations that make it impossible to move to the CAPS.⁷ The HV allows the nurse to know the reality experienced, seeking interventions for the current situation. This is a moment of guidance to family members about therapy, contributing to better care and coexistence.

The daytime reception provides a more intensive follow-up in the service, which allows the user to participate in workshops and therapeutic groups. Night Reception (AN) is a day and night hospitality therapy, as a PTS resource, aiming at resuming monitoring, interpersonal relationships and living in society.⁷

The nursing team is extremely important in welcoming, with the great responsible for AN therapeutic strategies; other professionals corroborate the therapy of day care. Responsible for measuring vital

signs, identifying physical and mental signs and symptoms, administering medications, assisting with crises, and coordinating therapeutic groups.

The therapeutic activities, evidenced by the workshops and therapeutic groups, are developed collectively, promoting sociability and intermediation in interpersonal relationships, enabling the exchange of experiences and affections, autonomy and the exercise of citizenship.⁷ Nurses participate in activities such as family groups, meditation, quality of life, harm reduction and relapse prevention.

It is emphasized the importance of the nurse to be equipped with practical theoretical knowledge to act in these activities. Recognizing its limitations and seeking partnership and collaboration with other professional groups (interdisciplinarity in health) becomes increasingly necessary in the rehabilitation process.

An important point is the administration and supervision of psychotropic drugs, for users in AN and those who need this care, due to difficulties in administration. It is up to nursing to advise on the importance of correct and safe use. In some cases, teaching strategies such as tables with drawings, name of medication, dose and times may be used. Separating them into pill holders may also be a useful and organizational way.

NURSE PERFORMANCE IN PESM

The management of psychiatric emergency situations involves a careful assessment of the patient, the environment and family members. Emergency psychiatry can be classified as a situation of a psychiatric nature, in which there is a significant risk (life or serious injury), for the user or others, urgently needing an immediate intervention.^{8, 9, 10}

In the PESM, the nurse is responsible for coordinating nursing actions and assisting the user, promoting humanized care, with respect, empathy and qualified listening, during crisis care and stabilization. In their daily activities, there are responsibilities of an administrative and assistance nature.

The main administrative activities involve the management and training of the nursing team, monitoring the bed distribution center, checking and controlling medications.

The leadership of the nursing team involves the elaboration of the nursing scale, in order to promote the best service and professional satisfaction, in addition to promoting training in mental health and clinical issues, with training on Cardiopulmonary Arrest (CRP) and mechanical restraint.⁸

The nurse is responsible for assessing the users' health status, in the Hospital Admissions Management (Gerint),

a system for requesting hospitalizations. Regarding medications, there is a kit of equipment for assistance in CRA, where the nurse is responsible for checking and replacing medications.⁸

Among the priority care activities are welcoming, risk classification, bedside care and shift changes among the nursing staff.

Reception involves a deep understanding of risk assessment and management in crisis situations, which are fundamental for a humanized and singular service, with resolution in therapeutic actions.⁹ The professional may be faced with situations that are not configured as emergencies; in this case, referrals to network services are essential for care continuity.¹⁰

On the other hand, bedside care is focused on the users' general situation, when the nurse must be aware of crisis situations, such as psychomotor agitation, psychotic break and risk of suicide. It is necessary the control of vital signs and administration of medications, promotion of a welcoming environment until stabilization or referral to another network service.^{8,10}

Due to the frequency of crisis situations, in addition to being qualified for such actions, nurses need to actively listen and understand the situation in order to mediate conflicts. Verbal handling is necessary in an assertive and guiding way

and, sometimes, medication and mechanical containment.^{10,8}

FINAL CONSIDERATIONS

This report presents the role of nurses in CAPS AD and PESM. In both services, activities are of an assistance and administrative nature; these, referred by the leadership of the nursing team and bureaucratic activities. Among the main assistance activities, at CAPS AD, we refer to individual care, therapeutic activities and NA; in the PESM, welcoming the user, risk classification and bedside care.

The role of the nurse is of crucial importance for comprehensive care to be effective, meeting the needs of users. They play an active role in actions aimed at education, health promotion and prevention, helping to improve well-being, quality of life and in the process of psychosocial rehabilitation, in the psychological, clinical, social and cultural spheres.

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RECEIVED: 06/01/21
 APPROVED: 09/23/22
 PUBLISHED: Oct/22