

Historical Landmark and Nursing Intervention in Patient Care in a Psychiatric Emergency Situation

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Abstract: Nursing care is vital in a psychiatric emergency, requiring the health professional to take immediate actions to control the situation and watch the patient's behaviour at the emergency location, including assessing the precipitating factors, such as the physical and mental state, and suicidal or homicidal risk. Also, a psychiatric emergency is a crisis that occurs at the risk of injury or something imminent for the patient and even for others. The research's objective is to seek in scientific literature information on nursing care in a psychiatric emergency situation. From 1991 to 2020, the literature was reviewed by research in SciELO, Virtual Health Library, PubMed and University textbooks, using the keywords psychiatric nursing, psychiatry in the literature, emergency nursing, psychiatric emergency services and mental health. The result has shown that psychiatric emergency nursing care aims to help people during mental suffering and not provide psychotherapy treatment or complete interpersonal therapy. Psychiatric emergency care can occur under any circumstance and in any place, implying the need for the professional nurse to be well prepared for such treatments. Although, the nursing team has difficulties in dealing with people in a mental crisis. This review showed little research material on the subject, so the importance of new studies for updating and understanding psychiatric emergencies is emphasized.

Keywords: Psychiatric Nursing, Psychiatry Literature, Emergency Nursing, Psychiatric Emergency Services, Mental Health.

1. INTRODUCTION

1.1. The Assistance is Vital to be Carried Out

1.1.1. Defining Crisis is a State

The care of an individual who presents himself in mental crisis is the greatest simplifying point of a relationship that has progressively reduced him to a symptom of the complexity of his existence of suffering [1]. People who are in crises need help and, in some extreme cases, this help must be immediate [2]. Thus, the first assistance in situations where mental suffering is experienced must be provided in the place where the

person is, be it at home, on the street or any establishment by the Mobile Emergency Care Service (MECS) [3].

Since the emergency rooms of general hospitals and the MECS, receive a public that does justice to mental health care [4]. Thus, the professionals of these services who work in nursing care need to be able to care for people suffering from mental crisis, besides a good psychiatric anamnesis and examination of the patient's mental state, emphasizing its importance in the prevention of complications and identification of crises that present life risk [5]. It is interesting to point out that the lack of knowledge of nursing professionals in essential services such as the Psychosocial Care Center (PCC), as well as in the organization of the Psychosocial Care Network (PCN) and, especially in

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the health services units that provide psychiatric emergency support, hampers the proper functioning, leaving a lacuna in the psychiatric patients' care [6,7]. For Santos *et al.* [8], the successful integration with other health services is a decisive factor for the good functioning of both the emergency unit and the psychiatric care system in a general way. Additionally, as far as patient care is concerned, an increase in psychiatric emergency services is noted. This situation is related to the results of the deinstitutionalisation policies implemented for psychiatric patients, which have been observed not only in Brazil but also in other countries [9,10].

Being aware of this complexity, plus the viral pandemic in which the world is experiencing, it is essential to mention the impacts on mental health in the period of Sars-Cov-2, which brings important consequences in psychiatric emergencies, since healthy people, staying with sick minds, entering into a crisis of anxiety and hopelessness. Moreover, this process shows exacerbated mental suffering, feelings of fear, helplessness, depression, post-traumatic stress, suicide ideas or attempts [11].

In this context, there is a necessity to provide psychosocial support and intervention in acute conditions stabilizing them in psychiatric emergencies [9]. These authors report that the patient's attendance in psychiatric emergencies well structured and prepared with trained professionals can reduce hospitalizations. Nonetheless, the nursing team's difficulties in assisting patients in mental health crises are observed [5] and using unnecessary hospital beds and expensive hospital service.

Nonetheless, to educate nurses in the assistance of excellent humanized care to mentally suffering people, it is necessary to improve the qualification and training of nursing professionals to discuss multi causality about mental crises and their respective approaches [12].

Given the initial thoughts, we noticed in our academic experience numerous difficulties encountered by nursing professionals in the care provided to patients in a psychiatric emergency. This situation raised our interest in learning more about mental health and psychiatric nursing, and the psychiatric nursing care history, which led us to conduct a scientific literary study about nursing care in psychiatric emergencies. For this reason, the objective of this study was to review the nursing care process in

the care of patients in a psychiatric emergency, emphasizing the historical data of psychiatric care in nursing. This objective has the perspective that the teacher and the student can experience and acquire knowledge about mental health and psychiatric nursing.

2. METHOD

A narrative literature review was performed which, according to Vieira and Hossne [13], when summarizing the literature, it is necessary to inform the reader not only the works that present the "state of the art" at the moment but also the works that had historical importance, reminding the reader about the early days of the treated subject. The authors also report that a literature review "should, then, show the evolution of knowledge on the subject, pointing out flaws and successes, making criticism and praise and summarizing what is really of interest", summarizing and transcribing the critical information necessary for this review. It focused on the following stages: selection of the review theme; literature research; selection, reading and analysis of the literature; writing the review; and references [14].

The scientific articles included in the study were obtained through the Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL), PubMed Central (PMC) and in books of the Educational Foundation of Fernandópolis and the University of Brazil, through the keywords: Psychiatric Nursing, Psychiatry in literature, Emergency Nursing, Psychiatric Emergency Services, Mental Health.

It was used as criteria for inclusion papers in the English and Portuguese languages, available in their entirety, addressing nursing care in psychiatric emergencies, excluding those papers that did not meet the established criteria. Following the research criteria, the author's titles and abstracts were examined thoroughly. Thus, a series of articles for the review were found, being 171 studies were submitted to the eligibility analysis. Later, 127 studies were selected to be carefully evaluated, with 33 included and discussed in this study.

Fourteen independent researchers conducted the study selection and bias prevention during the review. The researchers (2, 3, 4, 5, and 13) verified each study, selecting the ones following the established criteria. Data extraction was performed by researchers 8, 9, 10, and 14 under the researcher's 1 supervision.

Four researchers (6, 7, 11, and 12) verified the study's bibliographical references, searching for other possible sources following the established criteria. The researchers (1 and 6) decided upon some issues, made the final decision on selecting the papers, and conducted the final review of the study.

3. LITERATURE REVIEW AND DISCUSSION

3.1. Historical Landmark of Psychiatry Care in Nursing

Psychiatry appears when deviant behaviors progressively penetrate the health field. According to the philosopher Georges Canguilhem [15], the variants presented in anatomy, physiology, and functions are only said to be pathological when they bring disadvantages to the bearer concerning the environment. The authors relate the cultural environment's influence on medical perceptions. Culture is defined as a set of meanings, norms, beliefs, values, and behavior patterns shared by people. Therefore, culture has an essential role in mental health aspects [16]. To comprehend the care provided to people in mental crisis, one must place oneself in the cultural transformation context throughout the century. The care provided to people in mental distress has diversified at various times in history and has been based on how madness was seen.

Right after the French revolution, a psychiatric doctor "Philippe Pinel" appeared. This doctor caused a significant change in psychiatry at the end of the 18th century and the 19th century. Pinel initiated the humanization process in psychiatric care by freeing patients who were isolated or locked in their hospital rooms [17]. Yet, restriction and containment of these patients are still observed [18].

At the same time, another doctor named Sigmund Freud, neuropsychiatry, changed the picture of psychiatry by showing positive results in psychiatric patients. Then, the theory "body and mind" is developed, which treats man as a whole, and states that the life history of the patient is a determining factor in mental crises. Despite this theory, psychiatric nursing continued to have little prominence in the psychiatric area, once it had a role focused on surveillance, restriction and care in medical treatments, barely being influenced by changes [19]. The same authors report in 1952, the last major breakthrough in psychiatric care. In that year, chlorpromazine was synthesized in a laboratory, which stimulated drug

treatment to psychiatric patients, giving more hope to the mentally ill. As a result, the perception of mental illness became more positive, some chronic diseases had a significant improvement, as patients previously needed hospitalization, now the treatments are done at home. It is important to emphasize that, at this moment, the hospital architectures are adjusted and its bars and strong rooms give place to the new rooms of care.

It is also worth mentioning Hildegard Peplau in 1952. Peplau was regarded as a cornerstone for Nursing and, above all, for nursing care in psychiatry. Peplau brought the phenomenon called "Theory of Interpersonal Relations", which in nursing is considered as an interpersonal process whose primary focus is centered on the nurse and the patient and, in his theory, intends to identify concepts and principles that support the interpersonal relations that are processed in the practice of nursing so that the situations of care can be transformed into experiences of learning and personal growth [20,21]. Because of this event, nursing care becomes more critical in psychiatric rehabilitation, so it is more charged for being a fundamental psychiatry unit.

Since the late 1980s, Brazil has experienced important developments in the Psychiatric Reform Movement [22]. This has influenced the psychiatric emergency services, which have been transformed to accommodate new demands by diversifying their functions [9].

In recent decades, there has been an expansion of community services in Brazil, which are mostly made up of PCCs, in addition to the closure of hospital beds in psychiatric hospitals, currently recognized as ineffective by the world literature, these actions have contributed to the advancement of PCN [23]. However, there was a period of regression after the publication of Ordinance No. 3588, on December 21, 2017, which reintroduces into PCN the Hospital Dia scenario. The Ordinance reinstated practices of isolation and disrespect for individual liberties, resuming the scenario of asylums. This process is stimulated by changes in the financing of such actions and establishing a secondary level of care. Against all recent scientific evidence, a historical period of appreciation of the centrality of psychiatric care to the hospital is revived [23,24]. Thus, it is reaffirmed for quality and practical assistance. Vast knowledge of nursing professionals who work in mental health emergencies and promote health with quality for the patient is necessary.

3.2. Nursing Intervention in a Psychiatric Emergency

The psychiatric emergency is considered a severe disturbance of the individual's behaviour, making the person incapable of dealing with life situations and interpersonal relationships [25]. For Fukuda *et al.* [26], they define a psychiatric emergency when there is an imminent risk of death or grave injury caused by feelings, thoughts or actions that put at risk the integrity of the patient or other people around him. Furthermore, the same authors report that psychiatric emergencies can occur at any moment of life and anywhere, in the family, in hospitals or in psychiatric care units.

Santos *et al.* [9], emphasize that there are some complications in making a diagnosis at the moment of the emergency, once the diagnosis frequency is elaborated as a cross-section in the momentary evaluation and, most of the times, it is performed with the absence of additional information by the accompanies. The authors consider that not always, due to the movement and rotation of the service, the patient remains long enough to perform a complete observation of the evolution of his medical condition. Moreover, another factor that can interfere in the quality of care and the diagnostic hypothesis's performance is the demand that directly affects the service's technical quality, dealying the ideal time of consultation.

It is evident the importance of the health care services organization, as well as the professionals that work on it, to provide quality care influencing practices and conducts, especially for nursing professionals, because they are the ones responsible for the 24-hour direct care in the closed services (Emergency Unit and Internment Unit) and also responsible for all the care in the open services such as (Ambulatory, Psychosocial Assistance Centers, PCC) [27]. The team that treats psychiatric emergencies must be multidisciplinary and composed of a psychiatrist doctor, specific psychiatric nurse of the team, nursing assistant, and available support or security team and must be adequately trained to collaborate in intense agitation and aggressiveness require physical containment [26].

Thus, according to Estelmhsts *et al.* [28], professionals should be aware to provide quality and resolute care when a person manifests certain behaviours that identify a psychiatric emergency.

In research realized in Rio Grande do Norte, it was sought to investigate the MECS nursing professionals'

knowledge in psychiatric emergencies. During this research, it was possible to observe that the nursing care to these patients involves a punctual and mechanistic practice using physical violence, attacking humanitarian aspects of pre-hospital care. In virtue of these circumstances, the nursing care to these patients affects the subjective aspects and the integrality of the treatment. It is pertinent to evidence that the professionals reported the lack of training about mental illness patients [29].

The team needs to pay attention to the behaviours that indicate a psychiatric emergency, given that the patient may show some clinical symptoms, such as hyperactivity, violence, hypoactivity and even suicide. Hence, it is up to nursing professionals to recognize if the patient is at risk of suffering some injury or bringing harm to other people. It is essential to highlight that psychiatric emergency care's objective is to maintain the patient's self-esteem while the care is carried out [25].

Therefore, it is worth commenting on the need to give emotional care to the person in a mental crisis or who has had an incident of mental illness. Another determining factor is the professionals who can identify the perception compared to what one is experiencing and the situational supports and confrontation mechanisms. In nursing interventions, the professionals must assess the patient's situations to practice their actions later, working with objectivity and assertiveness. In light of this scenario, the team must remain calm to avoid threatening attitudes, prioritize the patient's physical and emotional safety, set limits, and show him the consequences of his act. The team's care must help the patient be aware of his feelings, acknowledge them and manifest them appropriately and understandably by the team's professionals. The therapeutic communication used must be concerned with the patient's well-being, helping him to face his moments of difficulty. Thus, serving as support, listening attentively and carefully, and showing interest in the situation the patient is experiencing, but without hesitating to ask for help when necessary [28]. For Arantes *et al.* [30], they affirm that safety, firmness and assertiveness are necessary conditions for the nurse in a mental crisis intervention".

3.3. Care Strategies to Treat Patients in Mental Crisis

Crises require intense care by professionals and relatives. Hence, procedures for crisis management are

necessary [1]. Lima *et al.* [31] describe ten care strategies to deal with this issue: (I) full-time and night-time care; (II) continuous monitoring; (III) home care (home visits); (IV) accountability for drug care; (V) psychiatrist's presence in the team; (VI) negotiation and concrete support to the family member so that hospitalization is the last resort used; (VII) elaboration of a booklet with guidance on how to deal with the crisis of people with disorders, for professionals not specialized in mental health and family members; (VIII) implementation of "Crisis Workshops" in PCC; (IX) establishment of limits for users through rules of coexistence to avoid the use of alcohol and other drugs in PCC; (X) from the family members' perspective, affection, understanding and faith cannot be absent. According to Yeh and Lin [32], mental health improvement can occur through religious communities that offer social support. Because of the spiritual factor, studies indicate that faith can help overcome illness.

For Barros and Rolim [33], they report that it is fundamental that the nursing team, who provide care to the patient, maintain a non-judgmental attitude, and yet, do not label the patient with words such as "frequent customer, drunk again," during the crisis state or drug or alcohol intoxication. Attempts to make the patient reason are usually ineffective during the state of crisis and intoxication. The authors stress that the professional must quickly take control of the situation and then engage in dialogue with the patient. It is worth mentioning when the patient is sober, inform the family or person responsible about the effects of alcohol, other somatic problems, alternatives to deal with anxiety and tension, and also the resources for treatment in the community.

4. CONCLUSION

In each historical moment, the educational teaching-learning process and nursing care in psychiatric emergencies follow the epoch's ideology, following the pedagogical doctrine that prevails at the time, be it the academic or professional nurse.

Psychiatric emergencies happen regularly in the nurse's professional life, and it is necessary and mandatory that the professional be prepared and trained for such events. As such, the nurse must recognize the psychiatric emergencies, the risks involving the patient and the people around him/her, and take the appropriate measures at the time of welcoming and attending the patient in a mental crisis. Also, the care by the nurse must involve warmth,

knowledge and therapeutic approaches. In the attempt to minimize the patient's suffering, it is necessary to invest in the humanization and preparation of the nursing team, promoting an integrated and articulated work with the Psycho-pedagogical Support Centers of Educational Institutions.

For successful work, it is necessary to invest more in continuous training by both the professional and the Federal Nursing Council (COFEN) to offer training (theoretical and practical) to professionals to be confident and prepared when acting with this kind of demand. Finally, it was verified that, although it is a subject of extreme importance in the life of the nurse's professional, there is still little research in this area, which leads us to believe in the need for more studies in this area to expand our knowledge.

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INTEREST CONFLICTS

The authors declare to have no conflict of interest.

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