Nurses perception regarding urgency/ emergency in mental health

RESUMO | Objetivo: Avaliar a percepção dos enfermeiros da unidade de pronto atendimento sobre urgência/emergência em saúde mental no município de Itajaí. Método: Abordagem qualitativa, coleta de dados em junho de 2019 mediante entrevistas semi-estruturadas individual e análise temática de conteúdo. Incluídos, enfermeiros atuantes que atenderam demandas de saúde mental no UPA e preencheram o TCLE, aqueles que não aceitaram ou não haviam realizado atendimento, exclusos. As categorias de análise foram compostas por três constructos; caracterização dos participantes do estudo; o conhecimento do enfermeiro na assistência à urgência/ emergência em saúde mental do UPA. Resultados: Indicaram que o sentido do trabalho para cada profissional possui características polissêmicas e, muitas vezes, confrontantes. Os constructos identificados foram correlacionados com conhecimentos e rotina de trabalho do profissional. Conclusão: Esta pesquisa contribui com as discussões a respeito da sensibilização dos profissionais enfermeiros quanto aos sentidos do trabalho e a essência do cuidado à pacientes de saúde mental.
Descritores: Saúde Mental; Emergências; Enfermagem Psiquiátrica.

ABSTRACT | Objective: To evaluate the perception of nurses at the emergency care unit about urgency/emergency in mental health in the city of Itajaí. Method: Qualitative approach, data collection in June 2019 through individual semi-structured interviews and thematic content analysis. Including, working nurses who met mental health demands at the UPA and filled out the TCLE, those who did not accept or had not performed care, were excluded. The analysis categories composed of three constructs; characterization of study participants; nurses' knowledge in urgent/emergency mental health care at the UPA. Results: They indicated that the meaning of work for each professional has polysemic and often confrontational characteristics. The identified constructs were correlated with the professional's knowledge and work routine. Conclusion: This research contributes to the discussions regarding the sensitization of nurses regarding the meanings of work and the essence of care for mental health patients.
Keywords: Mental Health; Emergencies; PsychiatricNursing.

RESUMEN | Objetivo: Evaluar la percepción de los enfermeros de la unidad de emergencia sobre urgencia/emergencia en salud mental en ciudad de Itajaí. Método: enfoque cualitativo, recolección de datos en junio de 2019 por entrevistas individuales semiestructuradas y análisis de contenido temático. Incluyendo, los enfermeros en activo que atendieron demandas de salud mental en la UPA y cumplimentaron el TCLE, los que no aceptaron o no realizaron el cuidado, se excluyeron. Las categorías de análisis están compuestas por tres constructos; caracterización participantes del estudio; Conocimientos de enfermeros en atención de urgencia/emergencia en salud mental en la UPA. Resultados: Indicaron que el sentido del trabajo para cada profesional tiene características polisémicas y muchas veces de confrontación. Los constructos fueron correlacionados conocimiento y rutina de trabajo del profesional. Conclusión: Esta investigación contribuye a las discusiones sobre la sensibilización enfermeros sobre los significados del trabajo y esencia del cuidado de los pacientes de salud mental.
Palabras claves: Salud Mental; emergencias; Enfermería Psiquiátrica.

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INTRODUCTION

Health professionals are the main influencers and articulators of several services of the Health Care Network and have a fundamental role in controlling the risks of hospitalization, performing the control of symptoms, it also involves personal, social, emotional and financial issues, related to living with mental illness. [11] Thus, the objective of the study comprises the evaluation of the perception of nurses in an emergency care unit about urgencies/emergencies in mental health in the city of Itajaí.

Since the creation of the Psychiatric

Reform in 1980 provided several transformations in all segments in the care of people with mental disorders, including in mental health emergencies. [2] Law 10,216/2001 regulated the rights of psychiatric users and provided humanized care in community mental health, as the implementation of the Psychosocial Care Network (RAPS - Rede de Atenção Psicossocial) and linking any institution of the Unified Health System (SUS) to the responsibility of assisting users in psychological distress. [3]

Making it necessary to reflect on the direct impacts on the care provided to users in cases of urgency/emergency in mental health due to the structuring of the RAPS in the municipality of Itajaí. RAPS aims to guarantee the free movement of people with mental problems through health services and the community. RAPS establishes points of attention for users with mental problems, with alcohol and drugs, delivery to the Unified Health System (SUS). The Network is made up of equipment and services such as the Psychosocial Care Center (CAPS - Centro de Atenção Psicossocial), Therapeutic Residential Services (SRT - Serviços Residenciais Terapêuticos); the Coexistence and Culture Centers, the Shelter Units (UAs - Unidade de Acolhimento), and the integral care beds (in General Hospitals, in CAPS III). [7]

CAPS III aims to primarily assist people with intense psychotic suffering, resulting from a severe and persistent mental disorder, including those with psychoactive substance use, and other clinical situations that make it impossible to establish social bonds and carry out life projects. It has 24-hour service, including weekends and holidays, offering nightly reception and clinical back-up. [4] An emergency corresponds to an 'imminently life-threatening process, diagnosed and treated within the first hours after its discovery'. It requires immediate treatment given the need to maintain vital functions and avoid disability or serious complications.

In addition to the difficulty that UPA professionals have in bonding with users in an emergency, there is less professional preparation, due to the specifics of the area and leading some of the professionals to retreat when a particular mental health disorder problem is identified. [2] The historical implication is also observed, in which people with mental disorders were totally excluded from society and sent to the asylum. Therefore, understanding the nurses' conception of urgent/emergency care in mental health, the characterization of professionals and description of care from the professional's point of view.

The historical implication is also observed, in which people with mental disorders were totally excluded from society and sent to the asylum. Therefore, understanding the nurses' conception of urgent/emergency care in mental health, the characterization of professionals and description of care from the professional's point of view.

METHODS

The qualitative, descriptive and exploratory method was used to analyze the perception of nursing professionals in relation to urgent/emergency mental health care that worked in an emergency care unit in the southern region of Brazil. Data collection took place through interviews recorded in digital media with an individual semi-structured script with the participants, agreed between them and the professionals to be carried out outside working hours. The inclusion criteria of the interviewees were nurses who worked in the emergency care unit and who attended urgencies/emergencies in mental health and exclusion criteria were the other active professionals and those who were away from work due to leaves or vacations during the data collection period.

Data analysis followed the steps suggested for Bardin's content analysis, this being pre-analysis, coding and treatment of the results obtained. The ethical aspects of research involving human beings were observed, following the guidelines of Resolution n. 466/2012 and 580/18, of the National Health Council and was approved by the local Research Ethics Committee (under number 3,363. 456.CAAE: 12039019.4.0000.0120).

The research was carried out in an Emergency Care Unit - UPA in the municipality of Itajaí, a reference in urgent and emergency care for the municipalities of the Macroregion of Health of Foz do Rio Itajaí.

The definition of questions included in the interview about nurses' perceptions of urgency/emergency in mental health were predetermined based on the three previously described constructs (characterization of study participants,

nurses' knowledge for mental health care and urgent/emergency mental health care at the UPA) and, from then on, a questionnaire was developed with four open questions, as follows: 01) What do you understand about urgency and emergency in mental health?; 02) When you receive a user and observe that it is a mental health emergency, how do you describe your assistance?; 03) After conducting the urgency/emergency, what do you believe that the care provided is consistent with the recommended care in mental health?; 04) What should/could be improved in the care of users in urgencies and mental health emergencies?

The interviews, carried out by the researcher in charge in June 2019, covered the morning, afternoon and night shifts and were conducted in appropriate places within the UPA itself, as a result of other employment relationships or personal activities of the participants. The nurses' identities were preserved and named as E01 (Nurse 01), E02 (Nurse 02) and so on.

RESULTS

The research was carried out in an Emergency Care Unit - UPA in the municipality of Itajaí, a reference in urgent and emergency care for the municipalities of the Macroregion of Health of Foz do Rio

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Itajaí. From the results of the interviews, the most significant speeches presented by nurses were highlighted, characterization of Study Participants and divided into two categories: Knowledge of nurses in relation to urgency and emergency in mental health and Description of Care Provided by Nurses to Users in urgent and emergency situations in mental health.

Eight nurses participated in this study, seven female and one male participant, aged between 29 and 50 years old. As for the time of experience in urgency/emergency, two nurses reported performing this type of activity for less than 1 year, three nurses have between one and five years of experience and three nurses more than five years. None of the nurses have completed postgraduate studies in the area of urgency and emergency.

The results indicated a socioeconomic profile of professionals aged up to 50 years (n = 1) (ranging from 29 to 50 years), female (n = 7) and male (n = 1). From these data, we can identify the profile as women in adulthood, ranging from 29 to 50 years old and who have between one and more than five years of experience in urgency and emergency care. The relationship established between nursing and the female sex is a determining factor in the technical, political and social segregation of work, inflicting less professional value on those who practice it. The matriarchal figure was considered the first family nurse in antiquity, where she was responsible for sharing the knowledge of caring for the following female generations, where knowledge about nursing was linked to medical, religious and social matters. [10]

Still, none of the nurses interviewed have specialization in the area of urgency and emergency. This data leads to a reflection on the training received by nurses, and with globalization and the accelerated process of scientific and technological modernization, new forms of knowledge construction have been demanded, pressing changes in the process of training competent professionals for the health care of the population. [18] The new modalities of organization in the world of health work and the demands on the profile of new professionals focused on the production of knowledge.

Table 1: characterization of nurses participating in the study, 2019.

Identification	Age	Gender	Experience time	Specialization in the area	Other Specializations
E01	45 years old	Female	3 years	Doesn't have	Collective health
E02	29 years old	Male	6 years	Doesn't have	Management
E03	50 years old	Female	20 years	Doesn't have	Collective health Management Geriatrics
E04	35 years old	Female	1 year	Doesn't have	Collective health
E05	41 years old	Female	8 months	Doesn't have	Management Palliative Care
E06	32 years old	Female	6 months	Doesn't have	Collective health
E07	35 years old	Female	15 years	Doesn't have	Collective health
E08	35 years old	Female	1 year	Doesn't have	Management

Source: own data collected in 2019.

DISCUSSION

After tracing the profile of the nurses performed, we started the presentation of the results and the discussion of the categories approximated by the content analysis proposed by Bardin, as shown in the table below: Nurses' knowledge for mental health care and subcategory - Conception of Urgency and Emergency in Mental Health. Recognition of the RAPS; Need to implement manuals and protocols; Need for Continuing Education. And the category - Urgent/emergency care in Mental Health at the UPA: Reception with risk classification; Management of symptoms; Frame Stabilization and Case Outcome.

First Category - Conception on Urgency and Emergency in Mental Health

When we asked the question "What do you understand about urgency and emergency in mental health?" nurses E01, E02, E03, E04, E05, E06 and E07, when recognizing the theme of this study, conceptualized urgency and emergency in mental health as a differential situation, acute in which there is a mild, moderate or severe psychiatric imbalance, which can be caused by mental pathologies or substance abuse and that occur within the reference networks of the municipality. They also portray the need for nurses to have empathy during reception and that assistance needs to be continuous after the end of the urgency/emergency.

The central ideas of the responses of some interviewed nurses hired from an emergency care unit located in the southern region of Brazil regarding question 01) "What do you understand about urgency and emergency in mental health?" are described below:

> Mental health emergencies are acute situations that happen

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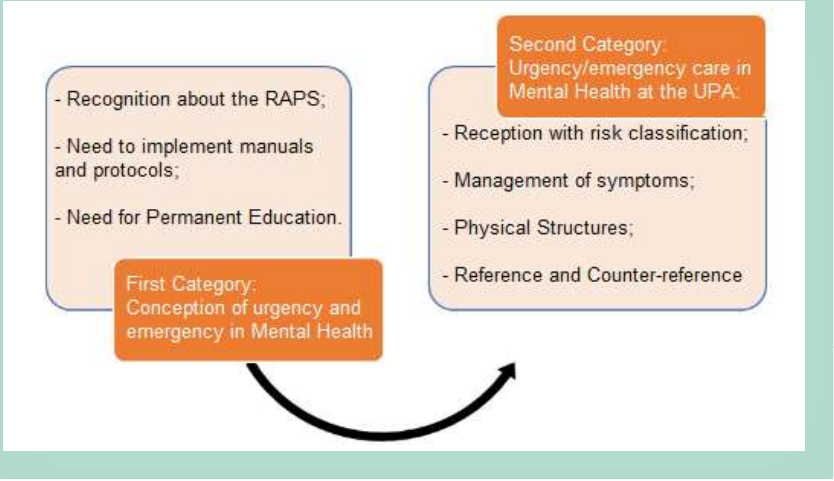
outside of something expected, [...]. And these outbreak situations, which are out of control, are relatively normal within the urgency and emergency area. (E02)

There is an imbalance of psychiatric diseases, or due to drug use or whatever, and the emergency is this issue that we expect an outbreak, something very decompensated. (E04)

Urgency and emergency is when the user arrives and we have to act on the spot, something that cannot wait. (E05)

Figure 1: Established categories, 2019.



Source: personal data in 2019

Psychiatric emergencies can be characterized as a condition in which there is an imbalance of thought, emotions or behavior, in which care is needed immediately, aiming to avoid further damage to the individual's psychic, physical and social health or to eliminate possible risks to his life or that of others around him. This clientele includes both people who have a history of a chronic psychiatric disorder, who present at a time of relapse, and users with no previous psychiatric history, reporting an acute crisis. [1]

Over time, there has been a significant increase in the number of people with some mental disorder, given the workload and time that people live in the contemporary world. The daily charge of oneself causes the human being to have an emotional imbalance, causing several psychic complications. Psychiatric emergencies constitute 6% of all emergency room visits. [19]

First Category - Recognition of RAPS

They characterize the RAS as the spaces of circulation of the mental health user in the municipality and portray the weaknesses when they need the articulation of other services and reflect on the professionals trained to work in urgency/emergency in mental health. The RAS are organizational arrangements of health actions and services, of different technological densities, which, integrated through technical, logistical and management systems, seek to guarantee comprehensive care. [13] The most striking statements of some nurses are described below:

We have to give a first care and then we have to refer him, right, to receive the necessary care calmly, right, specialized for that. (E05)

Because we don't like to simply provide care to the user who is in a psychotic break at that moment, it's not like that, we try to do even the network, the referral network and counter-referrals. (E03)

So that we have an understanding of how this user circulates in the psychosocial care network and that we understand if this is being effective for this user, because sometimes we have users who frequently return to the UPA without crisis situations. (E07)

I know we had two CAPS, we need CAPS III, it would be great, but it needs to work well, the professionals from other CAPS that I've had contact with to send users were very well received,

they really want to change but there is still little structure, there is little money invested like that, they still don't think it's important. I think that CAPS III is really cool, it will be very important for us. (E06)

According to Ordinance No. 3088, of December 23, 2011, which establishes the Psychosocial Care Network for people with suffering or mental disorder and with needs arising from the use of crack, alcohol and other drugs, within the scope of the Unified Health System (SUS) , characterizes CAPS III as a psychosocial care center that assists people with severe and ongoing mental disorders. [9] Inaugurated in 1941, the Institute of Psychiatry (IPQ - Instituto de Psiquiatria) acts as one of the oldest hospital units in the State, has a structure prepared to attend psychiatric emergencies in the External Emergency (24h), in addition to the Inpatient Units. IPQ has more than 300 employees and

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a clinical staff that exceeds 35 professionals. [16]

First Category - Need to implement manuals and protocols.

As it is the nurses who visualize this process within the RAS, they verify that the non-existence of a care protocol impairs the health work process in the municipality. The Protocol aims to provide the Nursing professional with the necessary instruments for professional performance with safety, autonomy and ethical commitment. It is essential for the management of care, which involves decision-making, procedural steps in health, contributing to legitimacy, professional autonomy and security in the assistance to be provided. It is a health practice tool that must be flexible and up-to-date. [12]

Two nurses E01 and E06 identified two attempts to standardize mental health care in the city of Itajaí, one related to the organization of official strategies and the other unofficial, an agreement between the emergency care units. The central ideas of the responses of some nurses interviewed are described below:

> In fact, the municipality has some strategies, we don't have a protocol in the service, there is no care protocol that we follow, right, a step by step and such. In this sense, having a more human, more holistic approach to this, so the issue of training is very important, the protocol is a guide that everyone should have and the question of structure would be extremely important. (E01)

> We started to attend a lot, but what had happened when I arrived here is that the reference for outbreaks and crises is the UPA of Cordeiros, but nowadays I can already see that this has changed because the regulation of firefighters and SAMU also depends on where they are going to send, a lot of people are coming here also with suicide attempts. (E06)

The adoption of care protocols can provide greater satisfaction for the nursing team and for the user, greater safety in the performance of procedures and, consequently, greater safety for the user, aiming to guarantee care free of undesirable variations in its final quality, as well as to implement and control nursing care actions permeated by the vision of user integrality (SALES et al., 2018). In addition to the need for municipal Manuals and Protocols, the nurses interviewed discussed the need to update these practices through Permanent Health Education.

First Category - Need for Continuing Education

In order to train professionals for such a description of care for these users, they mention the importance of having more in-service education focused on this need, knowing that the interviewees say they do not have training on the subject and how much this action would facilitate the work process.

> I believe that we could... maybe receive some training more focused on the flow of mental health, especially if this is conducted by the teams of the psychosocial care networks (E07).

> I don't think so, I think the vast majority of employees who work in this service do not have training or are not inclined to work in mental health and it is a very delicate area, I think that urgency and emergency calls for awareness-raising training for servers to better meet this dynamic of this health-disease process. (E02)

Permanent/continuing education/service is a great guide in this process to the development of knowledge about mental health, the training of these professionals and the talk about the importance of attention to the main pathologies such as drug users and alcoholics, suicide attempt and generalized anxiety disorder, is of great importance for the stabilization of the condition and continuity of care for these users in the municipality of Itajaí. [19]

In view of these statements, the training of these professionals and the creation of protocols and manuals on the assistance of these users would be beneficial to the user within the RAS and necessary to have a qualified assistance and development of this professional's work in relation to the UPA, decreasing acute cases of the disease and improving the care process.

Second Category - Urgent/emergency care in Mental Health at the UPA

When starting the new category of description of mental health care, we can see the process of care of these nurses in relation to the user. The interviewees characterized and described the development of the user within the UPA in urgent/emergency cases, directing the four subcategories that emerged through the interviews: Reception with risk classification; Management of symptoms; Stabilization of the frame; and Outcome of the case.

Second Category - Reception with risk classification

We found that nurses E01, E07, E06 and E08 describe how they perform the initial assessment of the user and classify it as urgency/emergency in mental health, emphasizing the identification of the user and the family, thus making a historical survey.

> At first we identify. Does the initial assessment to verify exactly what is happening and what is... stabilized at that moment, identifying that he is a mental health

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user. (E07)

We try to get a history to know the follow-up issue, medication use, the occurrence of other acute crises and exacerbation of the disease that he presents in order to direct the service to stabilize and then lead him to another service for follow-up and follow-up. (E08)

We understand that we have the reception, there is all part of the medication, the control of symptoms and then talk to the person, so that they feel safer, but here in urgency and emergency it is something that signs and symptoms are treated, in this case it arrived with a crisis like this, we do the reception that would be the initial one, the triage (if you arrive through the triage), if you arrive through the emergency, there is also the screening and the initial reception, and the medication and treatment is done afterwards, we don't... we know very little about mental health. (E06)

It must be welcomed, it must be classified, within our service possibility, we provide this service. let's say qualified, finally differentiated depending on the degree he gets in the service. (E01)

We understand that nurses are in line with the Protocol of Care by Risk Classification that suggests an interview should be appointed, making an active search for symptoms and signs. [17] We can verify the concern of E06 on the arrival of the user in mental health, as he defines that the UPA service is for the management of symptoms.

This fact is also evidenced in the Service by Risk Classification, in which in the emergency services, there is a limited time for carrying out the initial interview, as there are a high number of problems with clinical characteristics requiring early intervention, demand pressures and team expectations. [17] Once this user is admitted, his reception described and his condition stabilized, it is necessary to recognize the symptoms and the best way to manage them in an Emergency Care Unit.

Second Category – Management of symptoms

Through the data obtained in this research, it was observed in the statements of nurses E03 and E04 how they manage symptoms in relation to the physical structure of the unit, as it hampers their work process, emphasizing the construction of CAPS III and its importance in relation to quality assistance to the user who needs space for the recovery of the condition. The Reception Protocol by Risk Classification for the management of the user's symptoms, immobilization and medication is necessary in some cases. [17] Then, wait for the stabilization of the framework, observing its evolution, it is worth emphasizing the importance of preserving the user and his safety for him and other people.

For example, our users stay up to 24 hours here within our service, if, for example, tonight we serve a user with suicidal ideation or who really tried, we keep this user here overnight, he is medicated, we always try to warn the family to take all this context to the family, right, that is extremely important in the foundation of his recovery condition and then we do the counter-referral the next day. (E03)

Enfim eu acho que o atendimento pontual a chegada dele pode até ser adequada, neste sentido assim, que droga usar, se precisar conter contém, mas não é preconizado, a gente já recebe ele de maneira atravessada, de repente ele vem aqui ou vai pra outra UPA, até isso já foi discutido, se tem mais espaço aqui ou lá (E04).

We also highlight the statements of nurses E01, E04, E05 and E06, who can observe that chemical and physical restraints are used to manage symptoms, for them, this facilitates the work process and these serve to ensure the well-being of the user itself and of the professionals working in the case.

So, usually the user arrives agitated, aggressive most of the time, right? So we have to try to calm this user, immobilize him so he doesn't get hurt and the nursing staff and call the doctor to take the medication as soon as possible, then we make the prescribed medication and the user already has an improvement in his condition, right. (E05)

The first symptoms of her, anxiety, agitation are treated, we can do physical restraint and chemical restraint, it is still done, although it is protocolled, physical restraint is done and chemical restraint is done with medication, you know, when the person is very agitated, the person arrives and we do the restraint. (E06)

It should be remembered that Law No. 10,216, of April 6, 2001, which provides for the protection and rights of people with mental disorders and redirects the mental health care model, mentions the right of people with mental disorders to be treated in a therapeutic environment by the least invasive means possible. 6 Cofen Resolution No. 427/2012, regulates nursing procedures in the use of mechanical restraint of users. [12] Nur-

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sing professionals, who work in urgent and emergency situations, can only use mechanical restraint of the user under the direct supervision of the nurse and, preferably, in accordance with protocols established by the health institutions, public or private, to which they are linked. [8]

Second Category - Physical Structure

It is necessary to have a place that is able to support users with urgency/emergency in mental health, especially the importance of a private place for the conduction of qualified assistance.

> First, the structure itself, we have this new structure here, much newer than the UPA Cordeiros, but we do not have an isolation bed. (E01)

> A place to stay longer, the service having a physical structure to receive this user, both adults and children, you know... Which the service currently does not have, would be much better. (E08)

> We don't have any room to care for this person, they are treated in the stabilization room, possibly if they are in an outbreak, they will be under observation in a few hours in a specific place, or she will stay with the others or she will stay there in the electro room something like that, ah but let's find a place to make the room, but the room would have to have a person. (E04)

> So, have you thought if several users arrive at the same time and then it gets very complicated, because there has to be a separate room and we don't...
> There is only this electro room to leave in isolation if necessary, but then if more than one user arrives, it complicates, how are you going to leave it in the middle... in the ward there are 10 beds but it is usually full, right, so this user has to be taken to an appropriate place (E05)

In the UPA of the municipality of Itajaí, there is no private room to assist users with a psychiatric disorder at a time of an outbreak, where the user can have stabilization of the condition and have a preserved and cozy place. The Risk Classification Protocol defines that after stabilization of the condition, the user must be guided to place the user in a quiet place where he can relax and be able to have qualified assistance. [17]

We understand that the UPA provides resolute and qualified care to users affected by acute or exacerbated conditions, and provides the first care to cases of a surgical and trauma nature, as well as guaranteeing the referral of users who need care. [5]

Second Category – Reference and Counter-references

The RAPS point designated for psychiatric hospitalization is for the Institute of Psychiatry, mainly related to transport and evaluation of the user in an outbreak. The IPQ does not allow municipal transport to return until the user is evaluated, to verify the possibility of treatment in the municipality of origin.

> So users who are in an outbreak, if they don't get there in an outbreak, they don't accept it, they send it back, they don't release an ambulance, when the user doesn't go through the screening, so it's really complicated, it's very difficult to make this extra-municipal, inter-municipal reference works well (E03)

> It relieves symptoms and the only referral that we can do is of two types: for hospitalization when the person is really in an outbreak, their life is at risk and we have nothing to do and then we go to the IPQ, right, which is a reference or Marieta, if the person already has a neurological or more serious problem that has to be treated medically, these more extensive exams are carried out, go to Marieta, or if the person has regained consciousness, come back, the doctor assesses if the person is functionally normal, the person will be referred to the CAPS but we do not take them anywhere nor are they brought here, we are not a municipal reference also for this type of care. (E06)

The bureaucratic procedures of the reference system and counter-references occur in a rigid and rigid way, with no possibility of flexibility. In this way, the movement of users is hindered by numerous procedures that make it difficult to provide care. These are formal requirements according to which specialized consultations can only be scheduled if referred through the basic health network. [14]

It is essential that there is an effective articulation of health services, at different levels of care, through a dialectical relationship between them, responding appropriately, effectively and efficiently, to the acute and chronic conditions of the population, especially when access to health services begins at the secondary and tertiary levels. [10]

CONCLUSION

It is possible to identify that nurses have a long time of work in urgency/emergency. It appears that the experience acquired over the years is important, as the nurses presented knowledge about the urgency/emergency in mental health before the Ministry of Health.

It is verified that the subjects, for the most part, mentioned that the movement

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occurs between the points of the care networks, as well as counter-references of these users who arrive in urgency/emergency, but they hardly receive any feedback on the cases handled and/or their resolution. Nurses portray the "reference" as one of the important elements for the continuity of the user's treatment. The interviewees also deal with a relevant topic for the continuity of care, such as the bureaucratization for referral to other RAPS points, such as referral to hospitalization and the difficulty in relation to contact with other units that are part of the RAS.

Another point that stood out was the description of the care and its comparison with the care recommended in mental health in the literature. What can be noticed was the professional description as an overloaded work of the nurse in the emergency unit, having to have general knowledge of all specific areas to meet the demand of the population. The nurses demonstrated an understanding of the nurse's role as the main part of care, but also containing a multidisciplinary team.

The importance of protocols and manuals regarding the handling of this user within a health care network should be highlighted. The state of Santa Catarina provides several protocols and manuals of the psychosocial care network, categorized into different psychiatric pathologies. It can be observed that the interviewees are unaware of the difference between continuing/permanent education/health service.

Most of the interviewees mentioned the process of welcoming these users in the emergency room, the arrival of these users in the UPA through the support network such as SAMU, Street office, Police and among other services. In the speeches of the interviewees, it was possible to observe a great difficulty in the management of the symptoms of these users, with no protocol or manual for their care, doubts appear and the difficulty to stabilize the situation of these users makes it difficult, the big talk as a result of this was chemical and physical restraints, if they should be used, how to use them without harming the user in any way, how to deal with the pathology they present.

> "In addition to the difficulty that UPA professionals have in bonding with users in an emergency, there is less professional preparation, due to the specifics of the area and leading some of the professionals to retreat when a particular mental health disorder problem is identified."

Stabilization of the situation is very important, because it is with him that the nurse will direct the care, and have continuity of it, it is the nurse's duty to know all the reference and counter-references that he must make to other services. Respondents mention humanization, but to stabilize the situation and seek to isolate the user from others, ignoring their needs.

After the entire user process in the unit, the nurses interviewed highlighted the outcome of this user with great importance, they had no difficulty in expressing this process, given that it would be a routine protocol of the institution. All nurses interviewed show the process of referral and counter-referrals of these users to other health points, making the same circulation in psychosocial care networks, nurses highlighted the lack of continuity in this care process and the absence of a place that worked 24 hours in the city (CAPS III), so that users had this continuity and that the communication of counter-referrals was easier.

This work revealed the main facilities and difficulties of nurses when working in an urgency/emergency in mental health and made it possible for nurses to reflect on the provision of the service. We can notice in the speeches described by the interviewees about the importance of welcoming these users in mental health and about a private place for qualified assistance. In addition, the interviewees described in detail the care process of these users, from their arrival to the outcome of the case, on the circulation of this user in the RAS and RAPS, thus using their counter-referrals to the health services.

Nurses perceive the relevance of their role in mental health care as a determinant for the evolution of treatment, not only related to technical procedures, such as symptom management, but in supporting the family and managing the case within the Psychosocial Care Network.

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