

Mental Health Nursing Actions in Primary Health Care: Scope Review

Ações de Enfermagem em Saúde Mental na Atenção Primária à Saúde: Revisão de Escopo

Acciones de Enfermería en Salud Mental en la Atención Primaria de Salud: Revisión de Alcance

RESUMO

Objetivo: Identificar e mapear as ações em saúde mental desenvolvidas por enfermeiros na Atenção Primária à Saúde. **Método:** Será conduzida uma revisão de escopo, seguindo o referencial do *Joanna Briggs Institute* e pelo protocolo PRISMA-ScR, com o objetivo de responder à questão: "Quais são as ações em saúde mental desenvolvidas por enfermeiros na Atenção Primária à Saúde?" nas bases de dados LILACS, BVS, Medline e BDENF. **Resultados:** Foram incluídos 20 estudos na revisão. As ações em saúde mental desenvolvidas por enfermeiros na APS foram classificadas em duas categorias: Ações de cuidado enfermeiro-paciente e Desafios das ações de Saúde Mental. Exibição do fluxograma construído. **Conclusão:** Espera-se que a *scoping review* contribua em âmbito científico e assistencial para a construção do conhecimento na área da saúde e da enfermagem a partir da análise crítica das ações em saúde mental desenvolvidas por enfermeiros na Atenção Primária à Saúde.

DESCRIPTORES: Atenção Primária à Saúde; Enfermagem; Saúde Mental

ABSTRACT

Objective: Identify and map mental health actions developed by nurses in Primary Health Care. **Methods:** A scoping review will be conducted, following the Joanna Briggs Institute framework and the PRISMA-ScR protocol, with the aim of answering the question: "What are the mental health actions developed by nurses in Primary Health Care?" in the LILACS, BVS, Medline and BDENF databases. **Results:** 20 studies were included in the review. The mental health actions developed by nurses in PHC were classified into two categories: Nurse-patient care actions and Challenges of Mental Health actions. Display of the constructed flowchart. **Conclusion:** It is expected that the scoping review will contribute in a scientific and care context to the construction of knowledge in the area of health and nursing based on the critical analysis of mental health actions developed by nurses in Primary Health Care.

DESCRIPTORS: Primary Health Care; Nursing; Mental Health

RESUMEN

Objetivo: Identificar y mapear acciones de salud mental desarrolladas por enfermeros en la Atención Primaria de Salud. **Métodos:** Se realizará una revisión de alcance, siguiendo el marco del Instituto Joanna Briggs y el protocolo PRISMA-ScR, con el objetivo de responder a la pregunta: "¿Cuáles son las acciones de salud mental que desarrollan las enfermeras en Atención Primaria de Salud?" en las bases de datos LILACS, BVS, Medline y BDENF. **Resultados:** Se incluyeron 20 estudios en la revisión. Las acciones de salud mental desarrolladas por los enfermeros en la APS fueron clasificadas en dos categorías: acciones de atención enfermero-paciente y acciones de Desafíos de la Salud Mental. Visualización del diagrama de flujo construido. **Conclusión:** Se espera que la revisión del alcance contribuya en un contexto científico y asistencial a la construcción de conocimiento en el área de salud y enfermería a partir del análisis crítico de las acciones de salud mental desarrolladas por los enfermeros en la Atención Primaria de Salud.

DESCRIPTORES: Atención Primaria de Salud; Enfermería; Salud Mental

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INTRODUCTION

Primary Health Care (PHC) is the first level of care in the Unified Health System (SUS). It is considered the hub for community access to Health Care Networks (HCN), guided by the principles of accessibility, comprehensiveness, coordination of care and a powerful space for developing programs and actions, considering the real health needs of users and their families.⁽¹⁾

The main physical structures of PHC are the health units (HU) located close to the communities, i.e. they play a central role in guaranteeing users and their families access to quality public health. They offer the community a variety of services, including: reception of demands, medical and nursing consultations, health education, mental health promotion, among others.^(2, 3)

The US provides the mobilization of institutional and community resources to tackle problems related to mental health, in addition to articulating technical and popular knowledge to care for this clientele.⁽⁴⁾ Mental health care in the territory provides people in psychological distress and their families with the possibility of reintegration into everyday life, offering greater insertion and acceptance of users in the community.⁽¹⁾

Given that PHC is a privileged plan for mental health care in the territory, nurses working in this service need to broaden their view beyond physical health and recognize mental health as inseparable from any con-

text and action taken. They need to improve their working practices, including the family as an indispensable factor in mental health care.⁽⁵⁾

By involving families, nurses promote comprehensive mental health care, enabling these families to find meaning in the experience of their own suffering, expanding their knowledge about the psychological suffering of their family caregiver, as well as developing skills in the context of care.⁽⁶⁾ In this sense, it becomes essential to build a nurse-family partnership to enhance mental health care, but to do so, it becomes pertinent to identify the mental health actions developed by nurses in PHC.⁽⁷⁾

In this sense, in order to identify and map the mental health actions developed by nurses in PHC, the guiding question is: What are the mental health actions developed by nurses in Primary Health Care?

This research is relevant and aims to provide support for the construction of knowledge in the area of health and nursing based on the critical analysis of mental health actions developed by nurses in PHC.

Thus, this research will allow a more in-depth look at current practices, challenges faced and effective strategies in mental health care in the context of PHC.

By analyzing the actions carried out by nurses in this field at a primary level, this research aims to identify the potential in caring for people in psychological distress and their families, promoting a clearer understanding of the dynamics involved in caring

for this clientele. It is hoped that this study will provide valuable insights that will drive policy formulation, the practice of care in freedom and professional education, contributing to more effective and humanized care.

Furthermore, by highlighting limitations and challenges, this research aims to suggest directions for implementing improvements, such as the need for more specific mental health training for nurses and the importance of integrated and collaborative approaches to care. Identifying good practices and critically analyzing the actions taken are fundamental to improving patients' quality of life and promoting mental health care centered on the principles of the SUS and the care in freedom advocated by the Brazilian Psychiatric Reform.

Ultimately, this research seeks to advance the knowledge and practice of mental health in PHC, supporting the construction of a more inclusive and effective health system. By critically analyzing and reflecting on current practices, it is hoped to contribute to the continuous improvement of the quality of care and the strengthening of mental health at the primary level of care.

The aim of this scoping review is to identify and map the mental health actions developed by nurses in PHC. This mapping will make it possible to identify the practices and strategies employed, the challenges faced, the potential observed and the existing gaps in the mental health care offered at this level of care.

METHOD

The study is a scoping review which followed the guidelines of the Preferred Reporting items for Systematic Reviews and meta-analysis extension for scoping reviews ^(8, 9) using the PCC strategy (acronym for P: Population = Nurses, C: Concept = Mental Health Actions, C: Context = Primary Health Care), with the guiding question: What are the mental health actions developed by nurses in Primary Health Care? The research protocol was registered in the Open Science Framework, with the identification doi:10.17605/OSF.IO/TEWVZ.

This type of review makes it possible to explore the main scientific evidence, identify and map possible gaps and propose future studies. We sought to carry out an analysis with the aim of spreading knowledge on the subject of mental health actions in PHC. ⁽⁹⁾ The searches were carried out from April to July 2024. The inclusion criteria were: publications available in full, in English, Portuguese and Spanish, in the last 10 years. Studies of the opinion type, letter to the editor, editorials, using the keywords: Primary Health Care, Nursing, Mental Health and Family in the databases Latin American and Caribbean Literature in Health Sciences (LILACS), Regional Portal of the Virtual Health Library (VHL), in the Online System for Search and Analysis of Medical Literature (Medline), Nursing Database - Brazilian Bibliography (BDENF) were excluded. The search considered documents from gray literature such as Google Scholar (only the first 5 pages). To adapt to the other databases and platforms, the Descriptors in Health Sciences (DECS) were also used for the Portuguese databases: Primary Health Care; Nursing; Mental Health; Family and Medical Subject Heading (MESH): Primary Health

Care, Nursing, Mental Health, Family, for the English databases.

The first stage of the search was carried out in the VHL, to analyze the words contained in the title and abstract, using the following keywords: "Primary Health Care", "Nursing", "Mental Health", "Family" which were potentially eligible to answer the question and addressed the elements of PCC: Population = Nurses, C: Concept = Mental Health Actions, C: Context = Primary Health Care. In order to continue selecting and retrieving the full texts, an Excel spreadsheet[®] was generated using Rayyan from the Qatar Computing Research Institute (QCRI)⁽¹⁰⁾ from which the following data was extracted: title, authors, objective and methodology. In the second stage, the studies were identified using a search strategy adapted for each electronic database (Table 1). The descriptors were added to the Boolean terms: AND, OR to make up the search keys. At this stage, the full text of all the articles

selected was read and studies that did not meet the study's inclusion criteria were excluded (Figure 1).

The content analysis was based on a careful and detailed reading of the studies, which were grouped according to their similarities, resulting in two themes that met the objective of this scoping review. The method of processing and summarizing the data was mapped according to the theme and followed the PRISMA-ScR guidelines.

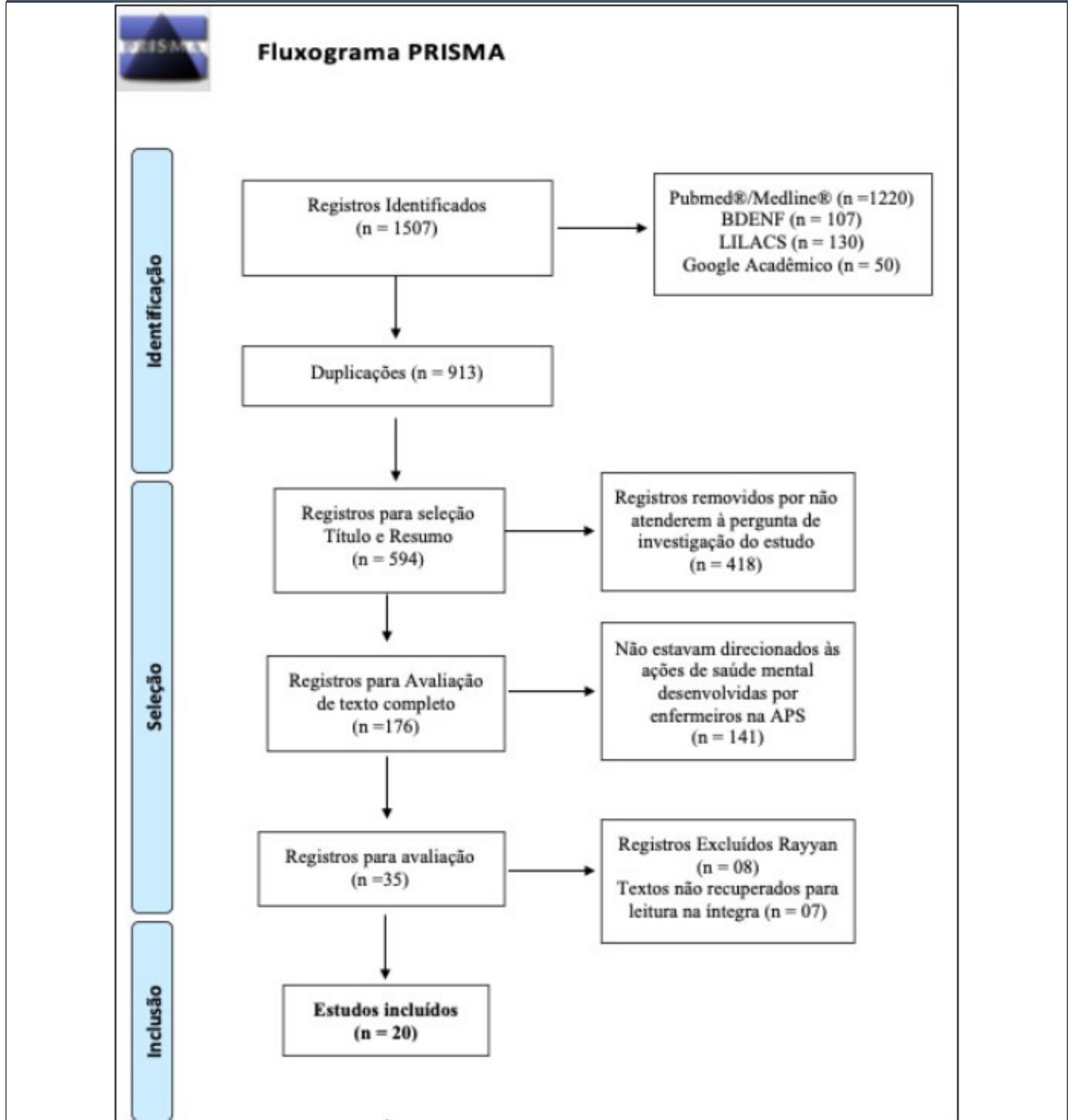
As this was a scoping review, there was no submission to the Research Ethics Committee (REC), as open access documents (articles, consensus and recommendations) were used as the data source, guaranteeing authorship specification to safeguard intellectual property. This study complies with Law No. 9,610 of February 19, 1998⁽¹⁰⁾ which amends, updates and consolidates copyright legislation and makes other provisions.

Quadro 1. Estratégias de busca por base de dados. Porto Alegre, 2024.	
Bases	Estratégia de Busca
Medline/PubMed	(Primary Health Care) AND (nursing) AND (Mental Health) AND (Family)
LILACS BDENF	Atenção Primária à Saúde; Enfermagem; Saúde Mental; Família
Google Acadêmico	Atenção Primária à Saúde; Enfermagem; Saúde Mental; Família

The study selection stages were carried out according to the scoping

review flowchart (PRISMA - ScR), as shown in Figure 1.

Figure 1. Flowchart of the process of selecting articles for the review, PRISMA-ScR.



Source: Perters et al ⁽⁹⁾

RESULTS

In this scoping review, 1507 publications were found and, after eval-

uation, 20 met the study's inclusion criteria.

To present the selected studies, an Excel spreadsheet® was generated, from which the following data was

extracted: title, authors, objective and methodology. The results are shown in Table 2.

Table 2. Articles included in the scoping review, considering: title, authors, objective and methodology. Porto Alegre, Rio Grande do Sul, Brazil, 2024.

Article No.	Article Title	Author	Objective	Methodology
01	Nurses' attitudes towards family involvement in the care of people with mental disorders	Nóbrega et al. ⁽⁶⁾	To characterize PHC nurses' attitudes towards family involvement in the care of people with mental disorders.	Correlational study with 257 nurses from the city of São Paulo. The "Importance of Families in Nursing Care - Nurses' Attitudes" scale was used. The analysis was carried out using descriptive and inferential statistics.
02	Mental health: social representations of family health strategy nurses	Tavares et al. ⁽³⁾	To understand the social representations of Family Health Strategy (FHS) nurses about mental health in PHC and to analyze the implications of these social representations for the care of people suffering from mental illness.	Descriptive study, with a qualitative approach, using the theoretical and methodological framework of the Theory of Social Representations.
03	Users of psychoactive substances: challenges for nursing care in the Family Health Strategy	Militão et al. ⁽¹²⁾	Analyzing nursing care for users of psychoactive substances in the FHS.	A descriptive, qualitative study was carried out with seven nurses from the ESF in Juiz de Fora, Minas Gerais. The data was obtained through interviews guided by a semi-structured script and Thematic Content Analysis was used to process it.
04	Mental health care in Primary Care: the perspective of Family Health Strategy professionals	Cardoso et al. ⁽¹³⁾	To understand the perceptions of professionals working in PHC about mental health care.	This was a descriptive, qualitative study carried out with 29 health professionals, using open and individual interviews. The IRaMuTeQ software® was used to organize the data, after which it was subjected to thematic content analysis.
05	Professionals' perception of mental health actions in the psychosocial care network in Belo Horizonte	Coelho et al. ⁽¹⁴⁾	To understand the construction of mental health actions in Belo Horizonte's psychosocial care network, from the perspective of professionals in a historical perspective.	This is a qualitative approach based on oral history, grounded in the Comprehensive Sociology of Everyday Life.
06	Care for people suffering from mental illness in primary care: an interdisciplinary and multi-professional practice	Almeida et al. ⁽¹⁵⁾	To find out how care for people with mental disorders (PTM) is carried out in the ESF, checking whether professionals are confident in their work.	This is a qualitative study, based on discourse analysis, carried out in the ESFs of a city in the northern region of Minas Gerais; data was collected using a semi-structured interview script.
07	Mental health care practices developed by nurses in the Family Health Strategy	Silva Filho et al. ⁽¹⁶⁾	To understand the mental health care practices developed by nurses in the FHS.	Exploratory research with a qualitative approach. Ten nurses working in the ESF in a municipality in the Center-South region of the state of Ceará took part in the study.
08	Mental health in primary care: nurses' role in the psychosocial care network	Nunes et al. ⁽⁴⁾	To describe and analyze the work of nurses specializing in mental health in the ESF.	This was a qualitative study of 20 nurses working in the Basic Family Health Units (UBSF) of Teresina, Piauí. The information was collected through semi-structured interviews between March and May 2017 and analyzed using the content analysis method.
09	Family health strategy: actions in the field of mental health	Silva et al. ⁽¹⁷⁾	To analyze the mental health care activities developed by teams from a UBSF in Fortaleza, Ceará, Brazil.	This is a descriptive study with a qualitative approach. Data was collected between April and May 2013 through semi-structured interviews with seven ESF professionals. Content analysis was used to process the data.
10	Mental health in the Family Health Strategy: the perception of professionals	Souza et al. ⁽¹⁸⁾	To analyze the management of mental health needs in PHC according to the perception of FHS professionals.	This was a qualitative, descriptive and exploratory study carried out in the area covered by five family health teams. The participants were five nurses, five coordinators and 17 community health agents. Data was collected using observation, group interviews, semi-structured individual interviews and focus groups. Content was analyzed using textual analysis software, and interpretation was based on the corresponding analytical structures.

Scope Review

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11	Mental health in the work of primary care nurses in a municipality in Brazil	Maia et al. ⁽¹⁹⁾	To understand how nurses working in the FHS in Montes Claros, Minas Gerais, are prepared and what knowledge they have about mental health when caring for patients with mental disorders.	This was a qualitative and exploratory study carried out with eight nurses who worked in PHC in the urban area of Montes Claros. Data was collected in the second half of 2011 through interviews, which were recorded and then transcribed. The content analysis technique was used to analyze the data.
12	A situational analysis of primary health care centers in Brazil: challenges and opportunities for addressing mental illness and substance use-related stigma.	Bobbili et al. ⁽²⁰⁾	Analysis are twofold: (1) to understand the current mental health and substance use service delivery context and (2) identify challenges and opportunities for addressing MISUP-related stigma in PHC centers in Ribeirão Preto, Brazil.	Environmental scans of four Family Health Units were conducted in early 2018 to explore population needs and service delivery for individuals with MISUP. In addition, a symposium was organized in October 2018 to consult with diverse stakeholders and gather local perspectives about MISUP-related stigma conveyed in PHC settings. NVivo 12 software was used to conduct a thematic analysis of the qualitative data collected from the environmental scans and the symposium consultation.
13	Factors Associated With Primary Family Caregivers' Perceptions on Quality of Family-Centered Care in Mental Health Practice	Hsiao et al. ⁽²¹⁾	This study aimed to examine the quality of family-centered care perceived by primary family caregivers and its influencing factors in mental healthcare practice.	A convenience sample of 121 mental health nurses and 164 primary family caregivers of patients with schizophrenia was recruited from acute psychiatric wards and chronic psychiatric rehabilitation wards in three psychiatric hospitals in Taiwan. Structured questionnaires for mental health nurses were designed to examine nurses' attitudes toward schizophrenia and the importance of families in nursing care. Primary family caregivers were assessed to determine their perceptions of quality of family-centered care. At least one primary family caregiver of patients was matched to a nurse who took major responsibility for the patient during the hospitalization. Data were analyzed with descriptive statistics, Pearson's product-moment correlations, independent t-test, one-way analysis of variance, and stepwise regression analyses.
14	Mental health in primary care: the health-disease process, according to health professionals	Barros et al. ⁽²²⁾	To analyze the perceptions of the ESF team of professionals about the mental health-disease process and to identify health actions developed by the team for people with mental disorders.	This is a qualitative study with a Marxist theoretical framework and dialectical method. A total of 99 middle- and senior-level professionals from the ESF in the city of São Paulo took part. Semi-structured interviews were carried out and the data was submitted to ALCESTE software and Thematic Content Analysis.
15	The perception and practice of Primary Health Care professionals regarding Mental Health	Pereira et al. ⁽²³⁾	To find out about the perception and practice of professionals regarding Mental Health in PHC in order to help clarify the perceived difficulties.	This is a qualitative cross-sectional study of professionals from the ESF teams in Itumbiara, Goiás, Brazil, using a semi-structured questionnaire and content analysis according to Bardin's technique.
16	Mental health practices in the family health strategy: an exploratory study	Lima et al. ⁽²⁴⁾	To understand the procedures, actions and conduct adopted in mental health within the scope of primary care.	An exploratory qualitative study carried out with two ESF teams in Juazeiro do Norte, Ceará, between May and June 2009, using non-participant observation and semi-structured interviews.
17	The nurse's work process in promoting mental health: a reflective analysis	Nascimento et al. ⁽²⁵⁾	Reflecting on the nurses' work process in promoting mental health, of any kind, among the ESF population.	A reflection on the nurses' work process in promoting the mental health of the ESF population.
18	Mental health care in primary health care: a systematic review	Sterling et al. ⁽²⁶⁾	To verify scientific evidence regarding mental health care in PHC.	The search for scientific articles was conducted by two independent researchers in the Medline (Pubmed), LILACS, SciELO, Bireme, Web of Science and Scopus databases, with no restrictions on language, period or location. Studies that scored ≥ 6 points according to the protocol were included in the study.

19	Conceptions and interventions in mental health from the perspective of Family health strategy professionals	Drescher et al.(27)	To understand the perceptions of health professionals linked to the ESF about mental illness and care for people in psychological distress.	This is a descriptive study with a qualitative approach, in which nine health professionals linked to two Family Health Strategy teams in a municipality in the north of Rio Grande do Sul took part. Semi-structured interviews were used to collect data. The data was analyzed using the Content Analysis Technique, in the form of thematic analysis.
20	Mental health in primary care: challenges for resolving problems	Rotoli et al.(28)	To identify the challenges faced by professionals in adding resolution to the mental health actions developed within the scope of PHC.	Qualitative study carried out with 30 professionals, including 17 nurses, four doctors, five psychologists and four social workers. Data was collected in three municipalities in Rio Grande do Sul, Brazil, in April 2018 through semi-structured interviews, which were then subjected to thematic analysis.

DISCUSSION

The purpose of this scoping review was to identify and map the mental health actions developed by nurses in PHC. Although the selected studies were limited to PHC, it was possible to find actions developed by nurses, in addition to exploring nurse-patient relationships, which in the field of PHC, this relationship also extends to family members and the community, i.e. one of the fundamental actions is the nurse-patient care relationship. With this in mind, the first category is structured as follows.

Nurse-patient care actions in Primary Health Care

PHC is configured as a powerful space for the development of programs and actions, one of these actions, directed at the field of mental health and psychosocial care, to the person in psychological distress and their family-caregiver, when seeking support for care in PHC, carries with it an arsenal of lived experiences and expectations regarding their care, that is, an arsenal composed of a unique history of previous experiences, which may include previous episodes of favorable and unfavorable treatment, stigmatization, personal and family challenges.^(1, 17)

In this sense, understanding this arsenal of experiences of people suffering from mental illness and their families is essential in order to offer a personalized and sensitive welcome in relation to the mental health demands presented. In other words, allowing

patients and their families to express their expectations helps professionals to understand the motivations for seeking this care in PHC, as well as building a relationship of trust.⁽¹⁴⁾

This relationship is characterized by being based on open communication, emotional support and the essential pillars of education and collaboration for both parties involved. This relationship is fundamental to guaranteeing effective, respectful and patient- and family-centred care, promoting their mental and emotional well-being, in other words, this relationship is characterized as a central component for effective care and can have an impact on the health outcomes of those involved. A quality relationship between the nurse-patient and their family-caregiver in PHC not only improves the patient's experience, but can also lead to better health outcomes and greater satisfaction with the care received.⁽¹³⁾

Some aspects that are key components of this relationship stand out, such as: trust and bonding as a central device for sharing information, feelings and concerns, using open communication, honesty and support for the needs of the individual and their family caregiver. Other key components to underpin this relationship are active listening and empathy for the suffering of others in order to validate the complaints brought up, welcoming them with the aim of offering support for the situation described by the patient and their family.⁽¹⁶⁾

In this context, qualified listening with clarity and simplicity in order to

elucidate diagnoses, treatments and care plans, provides a better understanding of the patient and their family so that both can actively participate in the care process instituted, so that they obtain the necessary understanding and agree with the actions instituted in order to enable the patient to make decisions about their own care and promote their self-management as a crucial device for empowerment over their health.⁽¹⁶⁾

Therefore, helping patients to promote their autonomy in the face of the most varied daily actions helps them to feel a sense of belonging to society, i.e. encouraging them to manage their expectations realistically about their health treatment, in order to help them deal with the anxieties that everyday life brings.⁽⁴⁾

The nurse in this care process, by including families and clarifying the care plan for the patient, minimizes the family caregiver's anxieties, i.e. integrates them into the care process and clarifies any doubts and ends up strengthening the nurse-patient-family and community bond.^(22, 25)

Thus, by encouraging the active participation of patients and their families in the care plan put in place, it helps to ensure that interventions are relevant and aligned with the needs and preferences presented, i.e., in this process, it is important for nurses to recognize and consider the cultural, social and personal specificities of each patient and their family context, helping them to provide more individualized and effective care according to their health needs.(() (6))

In this sense, adjusting the proposed plan, taking into account the need for flexibility in the face of the most varied situations in the daily lives of patients and their families, strengthens the nurse-patient bond and ensures greater effectiveness in the proposed treatment and greater engagement of patients and their families in the care process.^(6, 21)

In short, these actions are fundamental to ensuring holistic and integrated care in PHC, helping to promote the mental well-being and quality of life of patients and their family carers.^(15, 26)

However, all the actions mentioned require nurses to have an arsenal of tools that PHC professionals don't always have, due to a series of challenging factors, including a certain resistance and fear in assisting people in mental distress, as well as a lack of theoretical framework to absorb the demands of mental health in the territory, stigmas related to people in mental distress, inefficient knowledge of the psychosocial care network, among others.⁽²⁵⁾ In view of the above, the next category below is structured.

Challenges of Mental Health actions in Primary Health Care

At the end of 1989, the bill that resulted, 12 years later, in the Brazilian Psychiatric Reform Act, was being processed in the National Congress. This law reformulated, created conditions for and instituted new ways of caring for individuals suffering from mental illness, with a view to their inclusion in society, and led to a new way of thinking about mental health and care in freedom.^(29, 30)

In 2011, the RAPS was established by Ministerial Order GM/MH No. 3,088 of December 23, 2011,⁽³¹⁾ whose main objective is to expand access to psychosocial care for the population at its different levels of complexity; promoting access to care

points for people with mental disorders and needs arising from the use of crack cocaine, alcohol and other drugs and their families.^(29, 31)

In this sense, historically, territories have been characterized as privileged spaces for PHC teams to build a territorial work process, providing assistance to the health needs presented, including absorbing existing mental health demands. However, it should be emphasized that mental health actions must be team-based, based on the health needs presented by the communities and founded on care in freedom with the maintenance of the nurse-patient and family-care-giver bond.^(17, 24)

It is known that nurses in the PHC field are the professionals who work in the most diverse devices of the psychosocial care network, playing an important role in caring for the population they serve. However, it is known that mental health care is a challenge for PHC nurses, requiring not only technical skills and specialized knowledge, but also an arsenal of tools in order to deal with the specificities of the area, as well as the stigma experienced by people in psychological distress and their family carers.⁽²⁰⁾

In this sense, in a study conducted with PHC professionals in an ESF, they pointed out challenges such as: the inability to absorb the mental health demands existing in the territory, lack of knowledge of the RAPS, stigma imposed by society in relation to madness, fear in contact with patients in psychological distress, lack of understanding of how to carry out health care mental and little theoretical knowledge in the area as barriers pointed out in the aforementioned research. The main obstacle is the need for effective continuing education interventions.^(19, 23)

In view of the above, patients suffering from mental illness end up attracting the gaze of PHC profes-

sionals through the lens of stigma and prejudice, which ends up creating barriers and obstacles to accessing this population. In the context of PHC, adequate care, reception and appropriate management are essential. However, it is essential to take joint and coordinated action according to the demands presented, and if this is not possible, knowledge of the psychosocial care network is essential so that referrals can be made, so that the patient and their family carer can meet their care needs with greater resolution.⁽²⁸⁾

In order for professionals to know the best referral to make, PHC teams need to be trained so that they know how to deal with the anxieties brought up by people in psychological distress and their families, since mental health care ends up generating frustration, unlike clinical care that seeks to effectively cure the comorbidity presented, which in the case of mental health, this care becomes different, as it is often not feasible, and can lead to feelings such as impotence, self-deprecation and guilt.⁽²⁴⁾

However, in mental health, the aim may not necessarily be to "cure" in the absolute sense, but rather to provide effective treatment, promote recovery and help patients to live in a healthy and meaningful way.⁽¹²⁾

In this sense, mental health care in the territory has a multifaceted character, meaning that in order for professionals to be able to absorb the existing demands, they need to feel empowered to do so. Actions such as continuing health education are therefore necessary. Continuing education in mental health is essential for improving professional practice, providing quality care and promoting the recovery and well-being of patients.⁽²³⁾

In short, challenges are inherent to the work process of nurses in PHC, however, in order to overcome these challenges as a way of easing

the obstacles experienced, in order to offer quality care with a resolute character, actions such as: expansion of spaces for case discussions, investment in matrix support actions, training in mental health actions and better knowledge of the psychosocial care network are essential, so that the principles of the SUS and the Psychiatric Reform can be followed, without lacking the motivation of the professionals who care for patients in psychological distress and their families in the territories and communities.^(25, 28)

Study limitations

This study also identifies limitations related to the choice of components of the care network and suggests the need for a more comprehensive approach that subsequently includes service users. These are essential players in the integration of health practices and knowledge. It is therefore recommended that further studies be carried out that consider the various levels of care in the municipality, the management of care and the specificities of mental health care, in order to optimize the care network and promote more effective integration of services.

Contributions to the field

It is hoped that the results of this research can contribute to a deeper understanding of this issue, contributing in the scientific and care spheres to the construction of knowledge in the area of health and nursing, collaborating with mental health care in the territory. In this sense, based on my involvement as a nurse, researcher and future nursing teacher, the purpose of this doctoral project is to produce knowledge in the area of mental health.

CONCLUSION

The purpose of this study was to

identify and map the mental health actions developed by nurses in PHC. It can be seen that numerous mental health actions are developed in the field of PHC, as mentioned above. These actions are essential in order to guarantee accessible, effective care that is centered on the person suffering from mental illness and their family caregiver.

However, during their professional journey, nurses end up experiencing the challenges and obstacles associated with caring for people suffering from mental illness and their families, requiring them to take an integrated approach, with adequate training and collaboration between different professionals and the various services in the psychosocial care network. Overcoming these challenges is fundamental to improving patients' quality of life and promoting mental health care centered on the principles of the SUS and the care in freedom advocated by the Brazilian Psychiatric Reform.

It is true that this study does not end the discussion on the subject. It should be emphasized that although nurses are professionals who can work at the most different levels of care, mental health cuts across all areas of activity. It is natural to face challenges and to be aware of the limitations in caring for this very specific clientele. However, health education actions are necessary in order to equip professionals who work at the first level of care, existing and coexisting close to communities.

Nurses face substantial challenges when dealing with patients suffering from mental disorders, including the need to adapt their practices to the specificities and complexities of the cases, deal with stigmatization and ensure effective adherence to treatment. In addition, it is essential to recognize and respect limitations in care, addressing existing gaps and working to overcome them.

In order to meet these challenges

and improve the quality of care, the implementation of educational actions in mental health is essential. Permanent health education for PHC professionals is an indispensable tool for improving understanding of mental disorders, developing management skills and strengthening the ability to offer care centered on the needs presented by the patient.

Health education is characterized by covering not only updates on new practices and evidence, but also strategies for dealing with the emotional and behavioural issues of patients and their families. Training programs should include the promotion of interpersonal skills, crisis management and the development of strategies for better adherence to treatment.

In addition, it is crucial to foster education and awareness in communities to reduce the stigma associated with mental disorders and promote an environment of support and understanding. The integration of professional practices and interprofessional collaboration are also key components for the continuous improvement of care.

In short, mental health care requires a continuous commitment to education and professional improvement, as well as the implementation of effective strategies to overcome the challenges encountered. By playing an active and informative role, nurses contribute significantly to the promotion of mental health and the creation of a more inclusive and effective care system. I believe that their primary actions are listening and welcoming, capable of alleviating the anguish and suffering of the person in mental distress and their family caregiver.

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