

# Practices in Mental Health in Primary Care: An Integrative Review

Thalissa de Sá Cartana<sup>1</sup>, Sônia Maria Lemos<sup>1</sup>, Eduardo Sant'Ana Jorge Honorato<sup>1</sup>, Tirza Almeida da Silva<sup>2</sup>, Daniel Cerdeira de Souza<sup>3</sup>, Érica da Silva Carvalho<sup>1</sup>, Ângela Xavier Monteiro<sup>1</sup>, Clarissa Santana Cruz<sup>1</sup>, Luziane Vitoriano da Costa<sup>2</sup>, Kenne Samara Andrade Martins<sup>2</sup>, Rômulo Chaves Pereira de Oliveira<sup>4</sup>

<sup>1</sup> School of Health, Amazonas State University, Amazonas. BRAZIL

<sup>2</sup> Department of Psychology, UNIP, BRAZIL

<sup>3</sup> Department of Psychology, UFSC, BRAZIL

<sup>4</sup> MedSchool, UAM, BRAZIL

**Abstract**— The Objective of the present study was to analyze the scientific production of the 10 years (2005-2015), highlighting the practices in Mental Health in PHC implemented through public policies. Method: integrative literature review, with research in LILACS and SCIELO databases. The descriptors Mental Health, Primary Care; Basic Attention and Public Policies. Full Text were included; Main subject; Country / Region as subject, only studies carried out in Brazil; Language: English Spanish and Portuguese; Year of Publication (2006 to 2015) and Subject of the Journal. Through this study, it was possible to identify 22 studies focused on the subject of Mental Health in Primary Care, which were categorized into 4 main themes: Matrix support, Biomedical Model, Importance of community health agent (CHA) and Implementation of Public Policies in Mental Health. The main practices in Mental Health highlighted are the matrix support, which in most studies is considered as an important tool for the effectiveness of mental health services in primary care, network articulation, co-responsibility of the teams involved in care, municipal management.

**Keywords**— Mental Health, Mental Health Practices, Primary Care.

## I. INTRODUCTION

Mental health can be defined as the internal balance and with the external environment where the individual is inserted, but the World Health Organization (WHO) says that there is no "official" definition and can change according to the context of insertion of the individual, culture, theories and philosophical currents. However, WHO defines Mental Health as an indispensable part of health, a state of well-being in which each individual realizes his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community, so to have mental health requires a synchrony between the cognitive and the emotional of the individual. (1) In this context, seeking a proper Mental Health care, the thought of the care provided was totally modified over the years, from a hospital-centered and biomedical model, where hospitalizations and medication-therapy were the only forms of treatment, for a holistic model centered on the

individual and not in the disease, with care services totally focused on the humanized model of Health (2)

In Brazil, the change began in the 1970s with the participation of professionals and relatives of mental patients, in a movement that consolidates the Psychiatric Reform itself, with significant changes in Mental Health treatment and services. In 2001, with the approval of Federal Law 10.216, which provides for the protection and rights of persons with mental disorders, long-term psychiatric beds were abolished, thus initiating the admission of this patient in general hospitals and with a short stay. With this significant change in the treatment provided, there was a need to develop a care strategy where the patients with mental disorders could be supported and reinserted in the family and in the community, resulting in the Psychosocial Care Centers (CAPS), Therapeutic Residential Services (RTs) and Psychiatric Units in General Hospitals (UPHG), in addition to the patient's insertion in Primary Health Care, all of which aim at a humanized care that contemplates

the reinsertion of the individual into society and his / her psychosocial rehabilitation. At the state level, Mental Health encounters difficulties with regard to the CAPS to implement the practices recommended according to the National Mental Health Policy (PNSM), not playing its role in mental patient care, but remained in the old model of care so opposed by the Reform Psychiatric (4) (5)

The PNSM was created through Law 10.216 in 2001, as a result of the transformations provided by the Psychiatric Reform, seeking to discuss the rights of people with mental disorders and directing them to a new model of mental health care. The main changes were the exclusion of the hospital-centered and biomedical model as the only form of treatment, insertion in health care services and reinsertion in society. Although the creation of the CAPS took place prior to the PNSM, it was in 2002 by Administrative Rule 336 / GM on February 19 that they were categorized into CAPS I, CAPS II and CAPS III, CAPSi II, CAPSad II according to their degree of care complexity, supporting all types of mental disorders, allowing the practices of the CAPS to be clearly visualized. (5) (6) Primary Care is recognized as the gateway to any health service offered to society, in this context the individual with a claim in the area of Mental Health has his right of insertion in this model. It is up to the Primary Care team to recognize this individual and his support according to their needs, using practices such as matriciation, where health care is provided by more than one team in a shared process of care and a pedagogical-therapy (7) The present study is relevant because it allows the understanding of how the interrelations between Mental Health and Primary Care have been described and analyzed; by the scientific knowledge from the analysis of the previous publications that portray the practices in Mental Health, enabling the identification of the ways in which the public policies of Mental Health have been implemented in the practices carried out by Primary Care. It is also worth mentioning that the construction of a specific database on the theme will enable the identification of demands for future research, besides subsidizing the discussion of the theme. From the foregoing, the objective of the present study was to analyze the scientific production of the last 10 years (2006-2015), highlighting the practices in Mental Health in PHC implemented through public policies

## II. METHODOLOGY

It is a research of integrative revision of literature, since it is proposed to analyze in-depth topic from the scientific production in the same previously published. The following steps were followed: elaboration of the

guiding question, searching or sampling in the literature, data collection, critical analysis of the included studies, and discussion of the results and presentation of the integrative review. To conduct the review, the following guiding question was established: Are there publications that deal with the implementation of Public Policies in Mental Health in Primary Care in Brazil? The databases of A Scientific Electronic Library Online (SciELO), an electronic library that covers a selected collection of Brazilian scientific journals and Latin American and Caribbean Literature in Health Sciences (LILACS), were used as a research source. in a comprehensive way, the scientific and technical literature of Latin America and the Caribbean, in order to search for the publications made in the last 10 years. Inclusion criteria were the classification of articles and journals by Qualis from Capes-BRAZIL from A1 to B2 and qualitative and quantitative studies published in the period from 2006 to 2015. The exclusion criteria adopted were studies with content outside the proposed theme, analysis done by reading titles, abstracts and publications in full, repeated studies in the databases used for research, articles with paid publication and research in which the collection was not performed in Brazil

The instruments used for the selection of periodic studies were the following descriptors: Mental Health, Primary Care; Basic Attention and Public Policies. For better delimitation of the articles aimed at the searched theme, the following filters will be used: Full Text Only; Main subject; Country / Region as subject being only studies with collection carried out in Brazil; Language, being English Spanish and Portuguese; Year of Publication (2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015) and Subject of the Journal. The temporal cut made possible the identification, the mapping and the scientific production carried out on the subject. The results were systematized and analyzed based on the definition of the categories, marked by the descriptors, on which the interpretation of their meanings in the implementation of public policies on mental health in primary care was carried out.

## III. RESULTS

In this integrative review, twenty - two articles were analyzed, meeting the exclusion and inclusion criteria previously cited to present an overview of the articles evaluated according to the theme. The exhibition of the selected articles is represented in figure 1 with a flowchart, self-explanatory of the step by step to arrive at the selected articles.

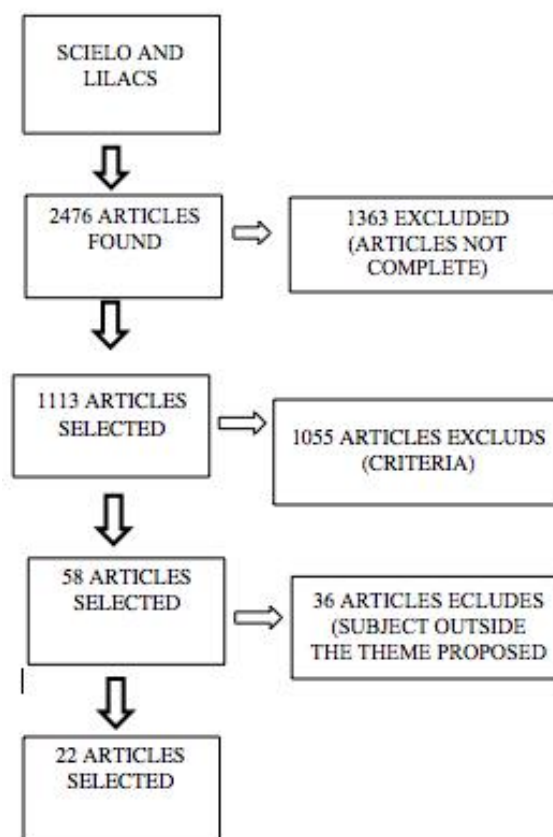


Fig.1: Flowchart of selected articles

The description of the articles selected by article title, authors, year of publication and periodical, is represented by the table 1 presented below.

Table 1. Description of articles by title, author, name and journal.

Number	Title	Author	Year	Journal
1	Reforma, responsabilidades e redes: sobre o cuidado em saúde mental	Martinho Braga; Batista e Silva	2009	Ciencia & Saúde Coletiva
2	Análise dos dispositivos de saúde mental em municípios do Vale do Paraíba	Maria Odete Pereira; Márcia Aparecida Ferreira de Oliveira	2010	Reben
3	Care for drug users in the perspective of family health professional	Jacó Fernando Schneider; Cristine Moraes Roos; Agnes Olschowsky; Leandro Barbosa de Pinho; Marcio Wagner Camatta; Christine Wetzel	2013	Texto Contexto Enfermagem
4	Avaliação da política de saúde mental a partir dos projetos terapêuticos de centros de atenção psicossocial	Vanda Maria da Rosa Jardim; Maria do Horto Fontoura Cartana; Luciane Prado Kantorski; André Luis; Alves de Quevedo	2009	Texto Contexto Enfermagem
5	Gestão e saúde mental: percepções a partir de um centro de atenção psicossocial	Rita Maria Heck; Valquíria de Lourdes Machado Bieleman; Teila Ceoli; Luciane Prado Kantorsk; Janaína Quinzen Wilhich; Fabieli Gopínger Chiavagatti	2008	Texto Contexto Enfermagem

6	Participação das instâncias de controle social na Política de Saúde Mental da Bahia, 2001-2013	Tarcio de Almeida Oliveira; Carmen Fontes Teixeira	2015	Saúde debate
7	Saúde mental na atenção primária à saúde: estudo avaliativo em uma grande cidade brasileira	Rosana Onocko Campos ; Carlos Alberto Gama; Ana Luiza Ferrer; Deivisson Vianna Dantas dos Santos; Sabrina Stefanello; Tiago Lavras Trapé; Karime Porto	2011	Ciencia & Saúde Coletiva
8	Saúde Mental na Estratégia Saúde da Família: revisão da literatura brasileira	Luiz Gustavo Silva Souza; Maria Cristina Smith Menandro; Leandra Lúcia Moraes Couto; Polyana Barbosa Schimith; Rebeca Panceri de Lima	2012	Saúde Sociedade
9	Questionnaire study of primary care physicians' referral patterns and perceptions of patients with epilepsy in a Brazilian city, 2005.	Vanessa Teixeira Müller; Marleide da Mota Gomes	2007	Revista Panamericana de Saude Pública
10	A Atuação dos Psicólogos em Unidades Básicas de Saúde na Cidade de São Paulo	Auryana Maria Archanjo; Lilia Blima Schraiber	2011	Saúde Sociedade
11	Ações de saúde mental no Programa Saúde da Família: conflitos e dissonâncias das práticas com os princípios das reformas psiquiátrica e sanitária.	Monica Nunes; Vladia Jamile Jucá; Carla Pedra Branca Valentin	2007	Caderno de Saúde Pública
12	Estudo sobre práticas de cuidado em saúde mental na Atenção Primária: o caso de um município do interior do estado do Rio de Janeiro	Ailson Campos Junior; Paulo Duarte de Carvalho Amarante	2015	Saúde debate
13	Práticas em saúde mental na estratégia saúde da família: um estudo exploratório	Alissan Karine Lima Martins; Ângela Maria Alves e Souza; Neiva Francenely Cunha Vieira; Patrícia Neyva da Costa Pinheiro; Violante Augusta Batista Braga	2015	Revista de Pesquisa Cuidado é Fundamental
14	Parceria entre CAPS e PSF: o desafio da construção de um novo saber	Patrícia Santos de Souza Delfini; Miki Takao Sato; Patrícia de Paulo Antoneli; Paulo Octávio da Silva Guimarães	2008	Ciência & Saúde Coletiva
15	A práxis da Saúde Mental no âmbito da Estratégia Saúde da Família: contribuições para a construção de um cuidado integrado	Vladimir Andrei Rodrigues Arce; Maria Fátima de Sousa; Maria da Glória Lima	2011	Physis
16	Tecendo a rede de assistência em saúde mental com a ferramenta matricial	Fernando Sérgio Pereira de Sousa; Maria Salete Bessa Jorge; Mardênia Gomes Ferreira Vasconcelos; Márcia Maria Mont'alverne de Barros; Paulo Henrique Dias, Quinderé; Luciana Gurgel Farias Gondim	2011	Physis
17	Psiquiatria no século XXI: transformações a partir da integração com a Atenção Primária pelo matriciamento	Sandra Fortes; Alice Menezes; Karen Athié; Luiz Fernando Chazan; Helio Rocha; Joana Thiesen; Celina Ragoni; Thiago Pithon; Angela Machado	2014	Physis
18	A Interlocução da Saúde Mental	Euzilene da Silva Rodrigues; Maria	2012	Saúde Sociedade

	com Atenção Básica no Município de Vitória/ES	Inês Badaró Moreira		
19	Saúde Mental na atenção básica à saúde de Campinas, SP: uma rede ou um emaranhado?	Mariana Dorsa Figueiredo; Rosana Onocko Campos	2007	Ciência & Saúde Coletiva
20	Os CAPS e o Trabalho em Rede: Tecendo o Apoio Matricial na Atenção Básica	Edilane Bezerra; Magda Dimenstein	2008	Psicologia Ciência e Profissão
21	Apoio matricial: dispositivo para resolução de casos clínicos de saúde mental na Atenção Primária à Saúde	Maria Salete Bessa Jorge; Fernando Sérgio Pereira Sousa; Túlio Batista Franco	2013	Reben
22	Saúde Mental na Atenção Básica: Sentidos Atribuídos pelos agentes Comunitários de Saúde	Raul Franklin de Moura; Carlos Roberto de Castro	2014	Psicologia Ciência e Profissão

Of the twenty-two articles, four articles were published in 2007, three in 2008, one in 2011, one in 2010, four in 2011, two in 2012, two in 2013, one in 2014, four in 2015 and no articles were found in the year 2006. The journal with the largest number of publications was *Ciência e Saúde Coletiva* with four publications representing 18% of the total sample, *Physis* with three

publications 14% of the sample, *Texto e Contexto* with three publications and also *Saúde e Sociedade* with three publications, the journals *Psicologia Ciência e Profissão* and *REBEn* each published two articles representing 9% of the sample and the other journals published only one article.

Table 2 - Description of the studies included in the integrative review according to the title, objectives and results.

Nº	Title	Objective	Results
1	Reforma, responsabilidades e redes: sobre o cuidado em saúde mental	To investigate the psychosocial technologies produced in this specific political, institutional and historical context, such as the mediation of social exchanges and the arbitration of conflicts.	In other words, psychosocial attention aims to increase the status and prestige of the madman in his social environment by multiplying social interactions.
2	Análise dos dispositivos de saúde mental em municípios do Vale do Paraíba	To Identify and analyze the relationship between the population as to the quantity and modality of existing mental health devices	High number of people residing in the participating municipalities are without assistance coverage
3	Care for drug users in the perspective of family health professional	To evaluate the service to drug users in the context of the mental health care network based on a Family Health Strategy in the city of Porto Alegre, RS	The results revealed (dis) connections of the service with other points of attention of mental health of the studied municipality, besides evidencing precariousness of strategies directed to the service of the users of drugs.
4	Avaliação da política de saúde mental a partir dos projetos terapêuticos de centros de atenção psicossocial	To evaluate the mental health policy in its accomplishment through the analysis of the therapeutic projects of Centers of Psychosocial Attention	It concludes by pointing out in the set of documents analyzed, proposals that are markedly aligned with the assumptions of the psychiatric reform and others that, in addition to the typical contradictions of a process under construction, present an authoritarian, disciplinary discourse against the presuppositions, including the

			normative apparatus of the mode of psychosocial attention.
5	Gestão e saúde mental: percepções a partir de um centro de atenção psicossocial	To evaluate the management of the mental health service of a municipality in the southern region of Brazil based on the perception of users, relatives and professionals linked to the Psychosocial Care Center.	The importance of a headquarters for the Center for Psychosocial Care, the physical presence of the secretary of health in the service activities and a recognition that the municipal management meets the demands of mental health.
6	Participação das instâncias de controle social na Política de Saúde Mental da Bahia, 2001-2013	To analyze the participation of the instances of social control of SUS-Bahia in the state policy on mental health	It was possible to infer that the conferences presented proposals consonant with the Psychiatric Reform; the Council, however, did not consolidate these proposals and was not propitious for the formulation and implementation of this policy at the state level
7	Saúde mental na atenção primária à saúde: estudo avaliativo em uma grande cidade brasileira	The present study aimed to evaluate the articulation between the primary care and mental health networks in regions of high social vulnerability of a large Brazilian city (Campinas - SP)	The matrix support was potent in defining flows, qualifying teams, and promoting joint and shared assistance. A strategic role of the community health agent was identified to identify potential offers and provide closer listening to the population. Health promotion practices are not yet consolidated. When the arrangements allow the insertion of the professionals in activities outside the walls, the users recognize and take ownership of the spaces, allowing actions that distance themselves from the traditional complaint-behavior
8	Saúde Mental na Estratégia Saúde da Família: revisão da literatura brasileira	To analyze the main themes of the Brazilian scientific literature on mental health in FHS	Stereotyped views on mental disorders, predominance of asylum logic, absence of records, flows, strategies, qualified support families and network integration.
9	Questionnaire study of primary care physicians' referral patterns and perceptions of patients with epilepsy in a Brazilian city, 2005.	Evaluate, in a sample of family doctors, their referral patterns, perceptions and attitudes toward patients with epilepsy, general knowledge about epilepsy, knowledge of support services in the Brazilian primary care network for patients with epilepsy, and opinions on specific initiatives to improve care	The respondents considered that neurologists should be the responsible for the diagnosis and the initial prescription of antiepileptic drugs, while the physicians of family should be held accountable for subsequent care
10	A Atuação dos Psicólogos em Unidades Básicas de Saúde na Cidade de São Paulo	To study the nurse's role in UBS	It reveals that the psychologist has an important role and its insertion in institutions in public health.
11	Ações de saúde mental no Programa Saúde da	Discuss the link between primary care network and health reform through mental health	Finding the complaint of professionals regarding the lack of practices in mental health in FHS



	Família		
12	Estudo sobre práticas de cuidado em saúde mental na Atenção Primária: o caso de um município do interior do estado do Rio de Janeiro	To Understand / problematize how the approach that emerged as demands on mental health in the practice of the physician in these health facilities	It was understood that the relationship that the physician assumes with the assisted community is very much linked to a clinical-institutional view that does not privilege some questions of identity, culture and social movements in the communities. And also the lack of practices aimed at the empowerment of the individual, about their condition of life, health and subjectivity.
13	Práticas em saúde mental na estratégia saúde da família: um estudo exploratório	To know the procedures, actions and behaviors adopted in Mental Health in the scope of basic care.	Prevalence of care procedures under a reduced vision of health, focusing on the individual and the illness, different from the proposal of integral and collective care of the community care model.
14	Parceria entre CAPS e PSF: o desafio da construção de um novo saber	To Report an experience between a CAPS and three PFS teams in the central region of SP.	The demand for assistance, the need for new proposals and innovative initiatives, and a differentiated approach to the patient, not to the disease, revealed great demand.
15	A práxis da Saúde Mental no âmbito da Estratégia Saúde da Família: contribuições para a construção de um cuidado integrado	To analyze the practices of Mental Health in the work of the family health strategy teams of Brazilândia, in the Federal District.	It revealed that the population finds great difficulty in accessing Mental Health care, low resolution in the scope of Family Health, prevalence of the biomedical model and also raised a debate about the qualification of the FHT teams.
16	Tecendo a rede de assistência em saúde mental com a ferramenta matricial	To Analyze the matriciamento as an articulating tool of the network of attention in mental health	Matrix support is a powerful strategy, as it enables network assistance in SUS. Interconnected by a reference team, signaling the paths that enable the connection of care networks in Mental Health.
17	Psiquiatria no século XXI: transformações a partir da integração com a Atenção Primária pelo matriciamento	To analyze the participation of psychiatry in the organization of APS centered mental health care within an integral health model.	It was revealed that primary care is a new field of action of psychiatry bringing important challenges for training and assistance in mental health
18	A Interlocução da Saúde Mental com Atenção Básica no Município de Vitória/ES	To analyze the dialogue between mental health and basic care in progress in Vitória - ES	Transformation in the provided care, systematization of the matriciamento and beginning of the constitution of a network of CAPS and basic attention solid.
19	Saúde Mental na atenção básica à saúde de Campinas, SP: uma rede ou um emaranhado?	To Trigger the clinic's extension of referral teams and reorient the demand for Mental Health.	Matrix Support is an essential part for a transformation in mental health care

20	Os CAPS e o Trabalho em Rede: Tecendo o Apoio Matricial na Atenção Básica	To discuss the implementation of the proposal of matrix support in mental health according to CAPS workers in the municipality of Natal-RN	The matrix support is the instrument that comes within a set of fundamental strategies in the process of the construction and transformation of mental health care, of which CAPS is a fundamental point
21	Apoio matricial: dispositivo para resolução de casos clínicos de saúde mental na Atenção Primária à Saúde	To Understand the matrix support as a device for the resolution of clinical cases of mental health, in the scope of Primary Health Care.	The matrix support has the power to signal the paths for the construction of a particular model of health care that is articulated and synergistic with the principles and guidelines of SUS.
22	Saúde Mental na Atenção Básica: Sentidos Atribuídos pelos agentes Comunitários de Saúde	To study the senses attributed by the ACS to Mental Health and its implications in the daily practice, besides their perceptions about the actions of the PRMAS.	Centralization of mental health care in CAPS, mainly by medications, also reveals that residency plays a role of matrixity and also the lack of preparation of ACS to deal with found cases.

According to their objectives, all twenty-three articles were able to respond successfully to what they had previously proposed. According to the table, practically all of the articles selected in theirs revealed that somehow mental health policies are not being put into practice as they should 22% of them explain explicitly why this non-functioning the other 82% only point and suppose the

problems, but 100% cite great difficulties in the effective applicability of mental health in primary care. Another important point was that 22% of the articles point to matriciation as a very important piece in the care of mental patients, and 13% speak of the existence and still predominance of the biomedical model and even the total absence (4%) of a Mental health.

Table 3. Categories, description and articles by category.

Category	Description	Articles
Matrix Support	Conjunto de equipes multiprofissional atuando juntas na assistência holística do portador de distúrbio mental.	3, 4, 8, 9, 10,14, 16, 17,18, 19, 20, 21,22
Biomedical Model	A model of care focused on the disease and not on the individual.	12, 13
Importance of community health agent (ACS) and unprepared staff	The ACS as an actor involved in the implementation process of Mental Health policy and the need for professional preparation for a policy implementation effectively.	22, 05
Implementation of the Mental Health Policy	Compliance in the implementation and fulfillment of Mental Health Policy requirements	1,2,5,6,8,11,14,15 ,18,22

The grouping of the 22 articles into four distinct categories according to what was approached by each of them, and some articles considered more than one category in the categories, which may give scope for further discussions about the proposed theme

#### IV. DISCUSSION

Regarding to the focus of publications on the implementation of Public Policies in Mental Health in Primary Care in Brazil, four thematic categories emerged, as shown in Table 4. Category 1 consisted of articles that

deal with "Matriciamento", with emphasis on the joint relationship of professionals from different areas and modalities of action, forming a multiprofessional group of assistance in the form of a care network. Matricizing brings with it a radical change in the vertical care model of health care systems for horizontal care, where all professionals are equally important for the recovery and reintegration of the individual into society. (16) (9) (10) (11) With the insertion first of some specialties, which could aggregate in the resolutiveness in the treatment of the individual with mental disorder, the matriciamento



tool is fundamental importance for the implementation of the Mental Health Policy, since it assumes the role of key piece involving all fields of care for a holistic assistance of the individual. (12) (13) (14) (15)

Category 2 consisted of articles that address the "biomedical model", where most of them described that even with the changes proposed by Public Policies in mental health care, the biomedical model continues to be applied. The medical professional as the sole custodian of mental patient care continues to use drug therapy as the first treatment and / or intervention option, demonstrating the existence of a retrogression in some localities regarding Mental Health care in Primary Care. (16) (17) Some studies suggest that the biomedical model, although it exists, should not be put into practice today because its main focus is the disease, disorders and diseases that the individual carries with him, to the detriment of the biopsychosocial model whose focus is totally different of what is being applied. (16) (17) Thus, it is noticed that, according to the above mentioned about the biomedical model, that it makes difficult the implementation of the current Policies of assistance in Mental Health, since it plays a contrary role the ideas proposed since the Psychiatric Reform, acting in a misrepresented way not taking into account non-biomedical models. (18)

Regarding category 3, it addresses the importance of ACSs in the implementation of the Mental Health Policy, being the professional who is at the end of the service and has direct contact with the mental patient, as he also resides in the community and besides doing the search These new patients also follow up with regular and frequent visits. It was possible to observe in the study that the unpreparedness of the professionals can negatively impact the implementation of the Mental Health Care Policies, since they represent a significant gap in the care network. (19) According to Heck et al., Professional unpreparation reflects directly on care, because when the professional receives training he is able to exercise his functions in an appropriate way welcoming the mental patient, making him inserted in the context of primary care. (20) (21) And finally, the last category explored and evidenced in the studies is the category of implementation of public policies in mental health. Most of the articles showed that it was difficult for healthcare units to meet the demands of these patients, both for lack of preparation of the team, for the still permanent idea of the exclusively drug treatment offered by the psychiatrist, and for the inability of the network to absorb the great demand of patients. Unfortunately, some psychiatric hospitals are

still in operation, even with the fight against the hospital-centered model of care, general hospitals are unprepared to absorb patients in outbreaks and the CAPS themselves are disposed in much smaller numbers than the population needs, as proposed by Portaria 336/2002. (22) (23) (24) (25) (26)

The ideas and prejudices rooted before the Psychiatric Reform, where many mental illnesses were banalized and / or stigmatized, even with their importance and influence on well-being, persist in the search for holistic care. This posture makes it difficult for the patient to seek the health service, as well as feel welcomed, understood and linked to the team, which makes care impossible (27) (24) (25) Despite this, it is possible to observe an example in which the implementation of mental health policy is being effective, as in a study carried out in São Lourenço do Sul, showing an articulated service, where there are workshops in which the users can be inserted, besides of interaction with external social spaces such as schools, agricultural activities and leisure spaces, inserting the user into the local community. In addition to this, the team is made up of several professionals from different levels of education and training, who have received training and preparation to deal with the patients, in order to integrate them into community life as well as their personal demands and wishes. (20) Despite the insipidity of most services accompanied by the studies, all pointed to the need for some factors for success in implementation, as articulation with other services and sectors; network work aimed at the care extended to the needs of users, because it is through it that it is possible to ban the hospital-centered model of care; commitment of municipal management to hire professionals, acquire medicines and structure physical spaces; training of the health team and co-responsibility of the teams involved in the matrix support. (20) (26)

## V. CONCLUSION

Through this study, it was possible to identify 22 studies focused on the subject of Mental Health in Primary Care, which were categorized into 4 main themes, namely: Matriciamento, Biomedical Model, Importance of ACS and Implementation of Public Policies in Mental Health. The main practices in Mental Health highlighted are the matrix support, which in most studies is considered as an important tool for the effectiveness of the provision of mental health services in primary care, network articulation, co-responsibility of the teams involved in care, team and commitment of

municipal management. It was possible to infer that the effective inclusion of mental health care in basic care is still an infrequent reality, and although it does not appear explicitly in many of the articles selected, psychiatric hospitals are still the destination of patients, favoring the permanence of the model biomedical / hospitalocentric. In spite of this, some articles reflect a discreet change regarding the resocialization of the user of mental health services and insertion of the same in primary care, pointing to the real possibility of the implementation of the PNSM in its entirety.

This study may contribute to the professionals perceive the gaps that still exist in the attention to the health of the mental patient, seeking solutions for improvement in the service, as well as specialization and qualification for such. It is hoped that this study will provoke in other researchers new questions about what is necessary to implement the PNSM in an integral, effective and resolute way in primary care.

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