

OUTPATIENT NURSING CARE IN MENTAL HEALTH IN THE LIGHT OF ADVANCED PRACTICE NURSING: AN EXPERIENCE REPORT

Rafaela Sales Medeiros

Master's student in Health Sciences at the School of Nursing. ``Universidade de São Paulo``. Nurse specializing in Mental Health and Psychiatry. São Paulo. SP
<https://orcid.org/0000-0002-9926-4350>

Ana Julia Jacomelli Metzner de Oliveira

Resident Nurse in the Residency Program in Health Professional Area: Mental and Psychiatric Health Nursing. ``Universidade de São Paulo``. São Paulo. SP
<https://orcid.org/0009-0003-6574-2603>

Brenda Ferreira Santos

Resident Nurse in the Residency Program in Health Professional Area: Mental and Psychiatric Health Nursing. ``Universidade de São Paulo``. São Paulo. SP
<https://orcid.org/0000-0001-7777-8644>

Gabryelle Vitória Rodrigues dos Santos

Resident Nurse in the Residency Program in Health Professional Area: Mental and Psychiatric Health Nursing. ``Universidade de São Paulo``. São Paulo. SP
<https://orcid.org/0000-0003-3840-4310>

Yasmim Souza Rodrigues

Resident Nurse in the Residency Program in Health Professional Area: Mental and Psychiatric Health Nursing. ``Universidade de São Paulo``. São Paulo. SP
<https://orcid.org/0000-0001-6391-3841>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Jouce Gabriela de Almeida

Master in Adult Health from the School of Nursing. ``Universidade de São Paulo``
Nurse specializing in Mental Health and Psychiatry. São Paulo. SP
<https://orcid.org/0000-0001-8331-7289>

José Gilberto Prates

PhD in Health Sciences. Specialist in Mental Health with an emphasis on Chemical Dependency. ``Universidade de São Paulo``
São Paulo. SP
<https://orcid.org/0000-0003-1089-0628>

ABSTRACT: Introduction: With the increase in mental illness among the population at a global scale, new tools in mental health care for qualified assistance are needed. In this context, there is emphasis on the role of the nurse who promotes good practices in mental health, such as qualified listening, therapeutic silence, being interested in what is reported, acceptance and understanding the person in an integral way. With this, we have Advanced Practice Nursing, a specialized care model in which theoretical, practical and evidence-based knowledge is applied. **Goal:** to describe the experience of outpatient care in the nurse uniprofessional health residency in light of Advanced Practice Nursing. **Method:** this is a descriptive study and its methodological basis is an experience report type carried out in the outpatient clinic by nurses, specialists and those specializing in Mental Health in a psychiatric hospital in the city of São Paulo, conducted by 8 first-year residents, two second-year residents as monitors and 03 specialist supervisors. The outpatient clinic operates for 6 hours on a weekly basis. **Results:** Learning in practice as a proposal for uniprofessional residency empowers nurses' performance in the face of new care technologies. The practice associated with the theoretical basis of Advanced Practice Nursing builds collaboration between the professional and the user of those services, involving the psychosocial aspects of care. The nurse's protagonism in care, serving as a pivotal link in the multidisciplinary team, drives the process of evolution and ensures continuity in maintaining the user's health. **Conclusion:** The literature is clear regarding the roles of nurses in outpatient care, and Advanced Practice nursing converges to an assertive systematization of care. Structured applicability from the beginning of the interaction enables broad, humanized professional learning that makes a difference

to the professional, the user, family and community involved.

Keywords: Advanced Practice Nursing; Nursing; Mental health; Outpatient Care.

INTRODUCTION

The World Health Organization (WHO) has made several publications available since the pre-pandemic period reporting the increase in cases of mental illness in the population at a global level. In the first year of the SARS-CoV-2 pandemic, an increase of approximately 25% in the prevalence of anxiety and depression was reported worldwide. (World Health Organization, 2020)

Therefore, there is a need for new tools in mental health care, since 1 in every 8 people has issues related to psychological distress, and public health policies direct only 2% of their budget to mental health care. For this reason, new strategies are needed to promote mental health, to prevent illness and to encourage good practices in caring for people with mental disorders. (World Health Organization, 2022)

In Brazil, new transformations in mental health care have occurred since the institution of law 10.216, which defines the Brazilian psychiatric reform, and since the ordinance GM/MS 3088/2011, which ensured the creation of the Psychosocial Care Network (RAPS). This network comprises different points of attention and care, distributed across multiple levels of complexity, with territorial interventions and advanced technologies, aiming to address psychological suffering. (ESTEVAM, 2020)

Based on these regulations, nurses assume a central role in the performance of new mental health care conditions, being essential for the promotion of effective and humanized practices. Literature shows that nursing activities described as good practices in mental health include qualified

listening, therapeutic silence and acceptance. Furthermore, its aspects also include the reception and construction of the unique therapeutic project (PTS), which makes the individual in psychological distress the protagonist of assistance and prepares them for the condition of a subject with rights. (SILVA,2020; MARTINS 2023)

In this context, nurses use face-to-face and telehealth care tools. Telehealth consultations are conducted remotely and standardized by COFEN Resolution 696/2022, respecting the recommendations of the General Data Protection Law (LGPD).

The main tool used by nurses in the consultation is the Nursing Process (NP), which is divided into five stages: assessment, diagnosis, planning, implementation and nursing evolution (COFEN, 2024). When applying mental health, a comprehensive view by the professional is necessary, aiming to cover aspects of the user's quality of life, such as food, housing, work, education, leisure, among others. (DEMOGALSKI, 2021)

In this scenario, outpatient nursing care was provided through the uniprofessional residency program in Mental Health and Psychiatry in the city of São Paulo. Based on the theoretical basis built by Advanced Practice Nursing (APN) and the important role of nursing in mental health, in-person outpatient nursing care was created and structured in 2014, while telehealth was implemented in a psychiatric university hospital service in São Paulo in 2022. The service works with resident nurses from the first year of the Mental and Psychiatric Health Residency Program providing care under the supervision of preceptors.

The multi-professional and uniprofessional residency is one of the *lato sensu* postgraduate modalities, carried out in partnership with the Ministry of Health and Education, established in ordinance 1077

of 2009. This specialization is based on in-service teaching, that is, learning in practice, with a workload of 60 hours per week for at least 2 years. According to Silva (2019), the residency in mental health contributes to the development of management and assistance skills, both in the specific area and in the generalist professional practice, as well as the maturity to face difficulties and improve interpersonal relationships in the scope of personal life.

Advanced Practice Nursing (APN), as described by the International Council of Nurses (ICN, 2020), is a care model practiced by specialist nurses and evidence-based actions. The activities described by the ICN cite the following actions to be performed by the nurse: authority to prescribe; authority to request clinical examinations and devices; authority for diagnosis; authority to indicate treatments; responsibility over a set of users; authority to refer and counter-refer; recognised first point of contact.

In Brazil, the implementation of these actions is regulated by COFEN through technical note no. 01/2023, which establishes the APN as the use of empirical knowledge with a scientific basis acquired during postgraduate studies. The implementation of APN, in the context of mental health, emerges as a possibility of assistance because it makes the professional more autonomous in promoting mental health. It also allows the nurse to become active in the performance of their skills while providing care with quality and resolution, in line with the principles of psychosocial rehabilitation, which directly aligns with outpatient care. (COFEN, 2023)

Thus, the present study aims to describe the experience of outpatient care provided by nurses who are residents in Mental Health in the light of advanced practice nursing within the training context of uniprofessional residency.

METHOD

This is a descriptive study and its methodological basis is an experience report type conducted by specialist nurses and those specializing in Mental Health at a uniprofessional residency program in a student hospital in the city of São Paulo. The outpatient care described aims to provide direct care to the user and family, as well as bring a learning experience to residents. The outpatient clinic operates weekly, carried out by 8 first-year nursing residents, 2 second-year nursing residents who act as monitors, and 3 specialist nurses who carry out the role of supervision and preceptorship.

The activities described in this study are performed once a week, with an average of 4 days of service per month. In 2024, it was expanded from four to eight residents, and it is estimated that the number of users treated per week will double from 16 to 32 this year.

In the residency program, theoretical learning uses the theory of meaningful learning, in which the learning process is not linear. Instead, there is an intention to cultivate and associate new knowledge with the students' previous knowledge, providing them new meaning and expanding their actions. The supervisor's starting point involves understanding pre-existing resources and stimulating this learning rather than being restricted to the traditional process of unilateral teaching. (AGRA, 2024)

The implementation of care was preceded by organizational structures for progress and monitoring. It can be highlighted, in this context, the creation of a shareable link for referring users, exchanging information between the referral teams and outpatient residents, and, finally, the separation of cases between resident nurses according to demand. These steps are based on outpatient care recommended by the American Academy of Ambulatory Care Nursing (AAACN, 2011),

which comprises clinical, organizational and professional activities with and for individuals, groups and populations in need of health-related care.

The experience of the outpatient clinic takes place in a scenario of five offices divided for services that can be offered in person or via teleconsultation, aiming to reach users who due to some unfeasibility can benefit from this type of service. The services follow all ethical precepts involved in nursing teleconsultation (COREN, 2022) and the LGPD (BRASIL, 2019).

Regarding referral and follow-up to outpatient care, a flow was established, described in figure 1.

The services take place in a coordinated and systematized manner by scheduling a date and time, establishing intervals and frequency of services and, finally, recording them in an electronic medical record. The outpatient clinic, in the general context, presents a division as described in table 1.

STEPS OF AMBULATORY CARE		
Morning Period IN-PERSON	1 ^a Hour	Supervision of clinical cases with supervisors
	2 ^a Hour	Welcome service
	3 ^a Hour	Assistance to users/ families and contact with the substitute network at RAPS.
	4 ^a Hour	Out-of-day user care and rescheduling
Afternoon period TELEHEALTH	1 ^a Hour	Active search in hospitalization units
	2 ^a Hour	Discussion of clinical cases with supervision
	3 ^a Hour	Support to users and contact with the replacement network at RAPS
	4 ^a Hour	

Chart 1: Follow-up steps at the Nursing outpatient clinic

Source: Data from the present study, 2024

It is highlighted that outpatient care is based on APN activities, such as qualified listening, psychoeducation, expansion of user's experiential repertoire, family care, group and individual care, as well as clinical reasoning and diagnostic thinking, which is evidenced in scientific literature as an important exchange scenario for learning. (HORNER et al, 2020)

It is worth noting that learning in a supervised environment strengthens the students' ownership as working professionals and provides opportunities for the development of the teaching-learning process, contributing to the growth of the resident's skills and abilities, which is recommended in the training context. (DEMOGALSKI JT et al, 2021)

The study respected ethical precepts and is in accordance with Resolution 510/2016 of the National Research Ethics Commission, which suspends the need to submit the project to the Ethics and Research Committee with Human Beings in situations of *“research that aims to deepen the theory of situations that emerge spontaneously and contingently in professional practice, as long as they do not reveal data that could identify the subject; and activity carried out for the exclusive purpose of education, teaching or training without the purpose of scientific research, of undergraduate students, technical courses, or professionals in specialization”*.

RESULTS AND DISCUSSION

Evidence-based practice is a goal of nursing professionals and, in this context, theoretical guidelines are necessary to support clinical practice. In this sense, seeking knowledge and developing skills is the basis for assertive assistance with a favorable outcome, both for the user and the professional who assists them. Studies in mental health show that the application of APNs in clinical practice allows

Flowchart of referral to the outpatient clinic

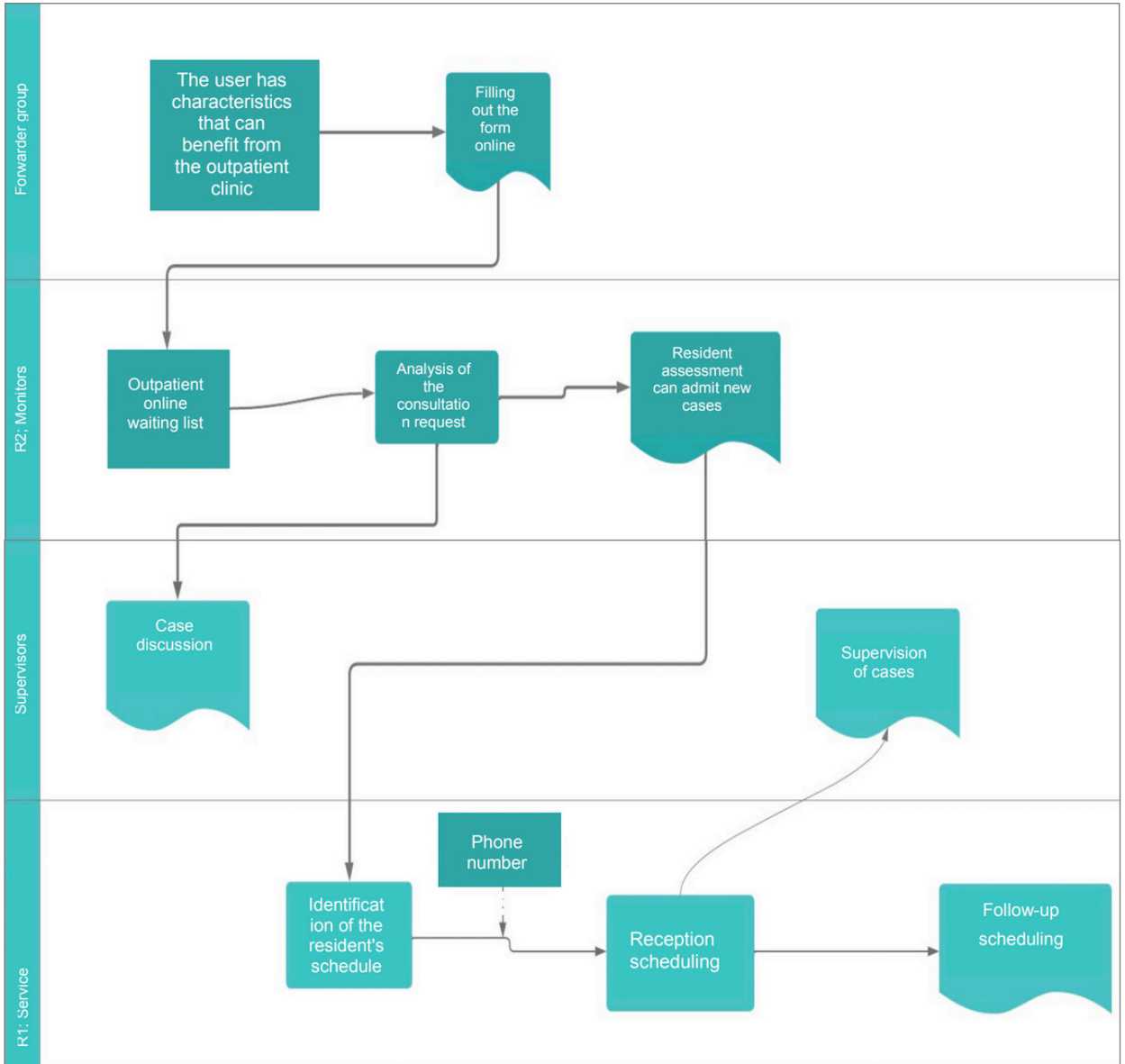


Figure 1 - Flowchart of referral to the outpatient clinic

Source: Data from the present study, 2024

nurses to provide qualified care to users in psychological distress. (HAMRIC et al, 2019)

The activities listed in this study permeate the following mechanisms recommended for the Advanced Practice Nurse (APN): authority to carry out diagnosis or advanced health assessment, authority to indicate health treatments, responsibility for a group of users and authority to refer and counter-refer users. (ICN, 2020; COFEN, 2023)

The context of outpatient nursing care enabled residents to take assertive actions inspired by APN. Encouraging coordinated and grounded activities resulted in greater professional security in the therapeutic conduct of users. This way, the application of meaningful learning showed its potential to anticipate future action in problem situations in the daily professional practice of nurses specializing in mental health. This is evidenced by studies showing that nurses in care management are better articulators and can achieve better health results. (LOPES, 2020)

In the context of therapeutic monitoring, interventions were directed according to the problem situation identified, making it necessary to understand that the subject with psychological distress cannot be approached in a dichotomized way, separating what is biological from what is functional psychic. The literature demonstrates that approaching biopsychosocial dimensions in a holistic and person-centered way is effective for nurses working in mental health. (CLONINGER, 2019; SANTOS, 2018) Nursing residents were able to apply this assistance in the format of comprehensive care to achieve the premises of advanced practices. (SANTOS et al, 2019)

It is challenging for residents to exercise care and have autonomy, as they are required to explore the knowledge they already have and acquire new ones, in addition to the responsibility of becoming a reference for

the user. (SILVA, 2019) The construction of these skills within the residence was possible through care planning, since each nurse had the freedom to individually monitor reference users. Additionally, there was the opportunity to develop clinical judgment in response to the needs that emerged during consultations.

In the learning process, one of the skills proposed by the APN to be developed is diagnosing, as it drives the implemented nursing process, since through this practice residents can propose interventions and analyze the evolution of cases throughout the care. Students used advanced assessment skills to differentiate the etiology of the problems presented and to collect relevant data to identify risk factors, considering biopsychosocial determinants. Furthermore, they performed a physical and psychological examination focused on the symptoms presented. The activities described above corroborate, according to the literature, the development of diagnostic reasoning and are fundamental competencies of the APN. (OPAS, 2018).

The exercise guided by the APN also proved to be positive in the experience and encouraged the resident to exercise therapeutic responsibility in the face of expanded care. It was possible for them to build clinical reasoning and critical thinking amid the demands encountered in the process of health maintenance and rehabilitation. This fact endorses the essence of care according to the Brazilian expanded clinic, in which the professional is not restricted only to individual issues, moving towards care focused on spheres involving the user, family, community and network care tools (ALVES, 2021; TAVARES et al, 2019). A nurse who does not have specific training in mental health is often unable to identify situations of social vulnerability, such as the influence of social inequality on the health-disease process

and the weakened support network. (ALVES, 2021; DEMOGALSKI, 2021)

Advanced health assessment was also used by nurses in order to carry out the Advanced Nursing Process, in which diagnoses related to the health promotion domain were mainly identified, such as decreased diversional activity engagement, sedentary lifestyle, ineffective health maintenance behaviors, and health behaviors subject to risk (HERDMAN et al, 2021). This fact revealed to the outpatient team the need to consider interventions for the rehabilitation of the user's health, which aligns with evidence in the literature, showing that a NP based on adequate assessment enables the formulation of accurate nursing diagnoses and is linked to effective nursing interventions and corresponding outcomes. (JOHNSON, 2011)

The health professional is not prepared at graduation for the expanded exercise of health care that the SUS recommends. (DEMOGALSKI et al, 2021) Providing resident nurses in training with encounters with other devices that make up the RAPS, articulation and collaborative work within the multidisciplinary team favored the provision of longitudinal care, making a difference in the construction of knowledge. (ALVES, 2021; TAVARES, 2019) Supervised practice allows the resident to expand their repertoire of work through exchanging knowledge with supervisors and being able to obtain a comprehensive view of these demands. (DEMOGALSKI, 2021)

In the outpatient clinic, it was possible to exercise this dialogue through the advancement of care, in which the stabilization of the psychiatric condition being observed by the nurse and team facilitates the transition of care to medium or low complexity at the secondary and primary levels of care. (ALVES, 2021) Identifying these demands requires knowledge of RAPS by the reference

professional, and in certain cases, the use of more than one care tool is necessary, as, for example, a Psychosocial Care Center for mental health care and the Basic Unit of Health to treat clinical comorbidities. (TAVARES, 2019) Learning through the authority of referencing users strengthened the practice, in addition to preparing the resident for discussions at different levels of care in a collaborative way. (DEMOGALSKI et al, 2021)

By understanding that Brazilian health services are articulated through referrals or matrix support, the resident nurse, with focus in the advanced practice nursing, then has ample potential to achieve the necessary skills to move through these spheres. (ALVES et al, 2021) However, studies demonstrate that the practice of matrix support has several barriers, such as the difficulty of exercising the organizational arrangement, the difficulty of institutions in recommending matrix support as management, and the possibility of ineffective meetings for discussion of cases. (TAVARES, 2019).

Issues such as collaborative work and multidisciplinary actions are determined by health Brazilian guidelines based on coordinated actions that build the process of reference and counter-referral in health. However, even with the guidelines being known to professionals, the practice proved to be different in the context of the applicability of these concepts, demonstrating disjointed services and non-performance of continuous mental health care. (BRASIL, 2014; ALVES et al, 2021) The resident nurses, within their experiences and exchange of information with supervisors, establish relationship strategies with the teams in order to seek success in the planned outcome.

Also in the context of continuity of the care process, Saraceno's ideal of psychosocial rehabilitation was used as a premise. Thus, care with an integral view managed to reach

social spheres in care, such as aid to begin or return to the job market, inclusion of social integration activities with an emphasis on citizenship and contractuality, mediation of various clinical specialties, and actions that prevent or alter risk situations. (SARACENO, 1998) This applicability in practice transforms the perspective of the student in training to that of a human professional who understands the needs of others and seeks to solve the problems identified.

The literature demonstrates that APN results in effective assistance, and, thus, improves the impacts on Public Health as a whole. Some contributions foreseen in the exercise of the APN according to the ICN are: *improve access to care through sharing cases to assess possible risks and complications; planning, monitoring and coordinating care to meet health needs; improve quality of life, resulting in higher survival rates, decrease complication rates; improve the biopsychic and functional well-being of acute or chronic cases in their various complexities; improve the quality of care; improve health promotion strategies.* (BRYANT-LUKOSIUS et al. 2015; BRYANT-LUKOSIUS & MARTIN-MISENER, 2016; COOK et al. 2015; KILPATRICK et al. 2015 cited by International Council of Nurses, 2020)

Finally, difficulties were encountered regarding the applicability of APN in the outpatient service, such as the impossibility of prescribing exams and medications due to institutional standards, limitations encountered due to being a student in

training, professional category devaluation, fears and insecurities in carrying out activities previously unknown, as well as difficulties in applying the APNs at certain times. These feelings were addressed during supervision, in which nurses with expertise in the subject and knowledge of mental health helped guide care and strengthen actions. (DEMOGALSKI JT et al, 2021) Professional maturation, based on the knowledge acquired and developed in the practice, strengthens user assistance and personal safety to work in the spheres of care within RAPS. (SILVA et al, 2019)

CONCLUSION

The experience of work guided by the APNs was positive and capable of demonstrating the relevance of outpatient practice in the nurse's training process, as well as the advantages for the user, family and community. The students experienced protagonism in care as a link in the multidisciplinary team, leading the care process based on the development of critical and reflective thinking, which allowed the appropriation of acquired knowledge, taking responsibility for structured and humanized therapeutic assistance.

Outpatient care, whether in face-to-face contexts or via telehealth, is an assertive space for nurses to take the lead, appropriating specific knowledge, building new knowledge, and applying their expertise to assist users within the health system. It is essential that residency programs and educators develop these practices to strengthen professionals working in health services.

REFERENCES

AGRA, G. et al. **Analysis of the concept of Meaningful Learning in light of the Ausubel's Theory.** Revista Brasileira de Enfermagem, v. 72, n. 1, p. 248–255, jan. 2019. Disponível em: <<https://doi.org/10.1590/0034-7167-2017-0691>>. Acesso em: 10 abr. 2024.

ALVES C et al. **Competências do enfermeiro no matriciamento em saúde mental: revisão integrativa.** Saúde Coletiva (Barueri), 11(63), 5322–5335. (2021). Disponível em: <<https://doi.org/10.36489/saudecoletiva.2021v11i63p5322-5335>>. Acesso em: 10 abr. 2024.

AMERICAN ACADEMY OF AMBULATORY CARE NURSING. **Definition of professional ambulatory care nursing.** 2011. Disponível em:<<https://www.aacn.org/sites/default/files/AmbulatoryCareNursingDefinition.pdf>>. Acesso em 10 de abril de 2024.

BOLSONI EB, et al. **Consulta de Enfermagem em Saúde Mental: Revisão Integrativa.** SMAD, Rev. Eletrônica Saúde Mental Álcool Drog. (Ed. port.), Ribeirão Preto, v. 12, n. 4, p. 249-259, dez. 2016 . Disponível em <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762016120000008&lng=pt&nrm=iso>. acesso em: 11 abr. 2024. <<http://dx.doi.org/10.11606/issn.1806-6976.v12i4p249-259>>.

BRASIL. **PORTARIA Nº 3.088, DE 23 DE DEZEMBRO DE 2011.** Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). Disponível em: <https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html>. Acesso em: 10 abr. 2024.

BRASIL. **Portaria nº 1077, de 12 de novembro de 2009.** Dispõe sobre a Residência Multiprofissional em Saúde e a Residência em Área Profissional da Saúde, e institui o Programa Nacional de Bolsas para Residências Multiprofissionais e Área Profissional da Saúde e a Comissão Nacional de Residência Multiprofissional em Saúde. Diário Oficial da União; Poder Executivo, Brasília, DF, 13 nov. 2009. Seção I, p.7

BRASIL. **Resolução Nº 510, De 07 De Abril De 2016.** dispõe normas aplicáveis a pesquisas em Ciências Humanas e Sociais, cujos procedimentos metodológicos envolvam a utilização de dados diretamente obtidos com os participantes, de informações identificáveis ou que possam acarretar riscos maiores do que os existentes na vida cotidiana. .Disponível em: <<https://conselho.saude.gov.br/resolucoes/2016/Reso510.pdf>>. Acesso em: 10 abr. 2024.

BRASIL **Lei nº 13.709**, de 8 de julho de 2019. Altera a Lei nº 13.709, de 14 de agosto de 2018, **para dispor sobre a proteção de dados pessoais e para criar a Autoridade Nacional de Proteção de Dados; e dá outras providências.** [S. l.], 8 jul. 2019. Disponível em: https://www.planalto.gov.br/ccivil_03/_Ato2019-2022/2019/Lei/L13853.htm#art1. Acesso em: 10 abr. 2024.

BRASIL. Departamento de Ações Programáticas Estratégica; Departamento de Atenção Básica, Secretaria de Atenção à Saúde, Ministério da Saúde. **Cadernos de atenção básica 34: saúde mental.** Brasília: Ministério da Saúde; 2013.

BRYANT-LUKOSIUS D, et al. **The clinical effectiveness and cost-effectiveness of clinical nurse specialist-led hospital to home transitional care: a systematic review.** J Eval Clin Pract. 2015;21(5):763-781. Disponível em: <<https://doi:10.1111/jep.12401>>. Acesso em: 11 abr. 2024

BRYANT-LUKOSIUS, D. et al.. **Enfermagem com prática avançada : uma estratégia para atingir cobertura universal de saúde e acesso universal à saúde.** Revista Latino-Americana de Enfermagem, v. 25, p. e2826, 2017. Disponível em:<<https://doi.org/10.1590/1518-8345.1677.2826>>. Acesso em: 11 abr. 2024.

CLONINGER, Claude Robert; CLONINGER, Kevin M. **Terapêutica Centrada na Pessoa (tradução).** Interação em Psicologia, v. 23, n. 2, 2019. Disponível em<<<https://doi.org/10.5380/psi.v23i02.68482>>. Acesso em: 12 abr. 2024.

COOK, M. **Exploration of the role of specialist nurses in the care of women with gynaecological cancer: a systematic review.** J Clin Nurs. 2015;24(5-6):683-695. Disponível em: <<https://doi.org/10.21675/2357-707X.2019.v10.n7.2810>>. Acesso em: 11 abr. 2024.

Conselho federal de enfermagem. **Resolução Nº 678/2021**. Aprova a atuação da Equipe de Enfermagem em Saúde Mental e em Enfermagem Psiquiátrica. Disponível em: <<https://www.cofen.gov.br/resolucao-cofen-no-678-2021/#:~:text=Aprova%20a%20atua%C3%A7%C3%A3o%20da%20Equipe,Mental%20e%20em%20Enfermagem%20Psiqui%C3%A1trica.&text=30.08.2021-,Aprova%20a%20atua%C3%A7%C3%A3o%20da%20Equipe%20de%20Enfermagem,Mental%20e%20em%20Enfermagem%20Psiqui%C3%A1trica.&text=CONSIDERANDO%20a%20prerrogativa%20estabelecida%20ao%20Cofen%20no%20art.>>. Acesso em: 10 abr 2024.

CONSELHO FEDERAL DE ENFERMAGEM. **Resolução Nº 696/2022**. Dispõe sobre a atuação da Enfermagem na Saúde Digital, normatizando a Telenfermagem. Disponível em: <<https://www.cofen.gov.br/resolucao-cofen-no-696-2022/>>. Acesso em: 10 abr 2024

COREN (SP). **Código de Ética e Principais Legislações para o Exercício da Enfermagem**. 3. ed. São Paulo: 2022. 204 p.

DEMOGALSKI, JT. et al. **Qualificação da residência multiprofissional em saúde: opiniões críticas de preceptores**. Revista de Pesquisa Cuidado é Fundamental Online, Rio de Janeiro, Brasil, v. 13, p. 136–143, 2021. DOI: 10.9789/2175-5361.rpcf.v13.7974. Disponível em: <https://seer.unirio.br/cuidadofundamental/article/view/7974>. Acesso em: 10 abr. 2024.

ESTEVAM A. dos S.; Feitosa D. V. dos S.; Silva N. S. de O.; Melo S. N. de; Aragão A. P. S.; Almeida T. F. **A enfermagem em saúde mental pós reforma psiquiátrica**. Revista Eletrônica Acervo Saúde, n. 45, p. e2631, 9 abr. 2020. Disponível em: <<https://doi.org/10.25248/reas.e2631.2020>> . Acesso em: 10 abr. 2024.

FREIRE BSM, Nogueira LW, Souza JRC, Paiva MAB, Freitas L, Chaves ECL, et al. **Advanced Practice Nursing in the Brazilian context: scoping review**. J Nurs UFPE on line. 2023;17:e255055. Disponível em: <<https://doi.org/10.5205/1981-8963.2023.255055>>. Acesso em: 10 abr. 2024.

HAMRIC AB, Tracy MF. **A definition of Advanced Practice Nursing**. In M.F. Tracy & E.T. O'Grady (eds) *Advanced Practice Nursing: An integrative approach*, 6th Edition, St. Louis: Elsevier, pp. 61 – 79. 2019

Herdman TH, Kamitsuru S, Lopes CT. **Diagnósticos de enfermagem da NANDA-I: definições e classificação 2021- 2023**. 12.ed. Porto Alegre: Artmed; 2021.

HORNER, P. et al.. **Outpatient learning perspectives at a UK hospital**. Clin Teach. 2020 Dec;17(6):680-687. Disponível em: <<https://doi.org/10.1111/tct.13189>>. Acesso em: 10 abr. 2024.

INTERNATIONAL COUNCIL OF NURSES. **Guidelines on advanced practice nursing**. Geneva: ICN; 2020. Disponível em: <https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf>

JOHNSON, M, et al.. **NOC and NIC linkages to NANDA-I and clinical conditions, supporting critical reasoning and quality care**, 3rd ed St. Louis, Missouri: Mosby Elsevier. 2011

KILPATRICK K, et al. **The effectiveness and cost-effectiveness of clinical nurse specialists in outpatient roles: a systematic review**. J Eval Clin Pract. 2014 Dec;20(6):1106-23. 2014. Disponível em: <<https://doi.org/10.1111/jep.12219>>. Acesso em: 11 abr. 2024

LOPES, O. C. A. et al.. **Competências dos enfermeiros na estratégia Saúde da Família**. Escola Anna Nery, v. 24, n. 2, p. e20190145, 2020. Disponível em: <<https://doi.org/10.1590/2177-9465-EAN-2019-0145>>. Acesso em: 10 abr. 2024

MARTINS, J.M. et al.. **Assistência de enfermagem em saúde mental após a reforma psiquiátrica** . Revista JRG de Estudos Acadêmicos , Brasil, São Paulo, v. 6, n. 13, p. 1400–1409, 2023. DOI: 10.5281/zenodo.8406861. Disponível em: <https://revistajrg.com/index.php/jrg/article/view/688>. Acesso em: 18 abr. 2024.

NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS. **What is a CNS? | NACNS :: National Association of Clinical Nurse Specialists**. Disponível em: <<https://nacns.org/about-us/what-is-a-cns/>>. Acesso em 11 abr. 2024:

CONSELHO FEDERAL DE ENFERMAGEM. Nota Técnica COFEN N° 001/2023. **Nota Técnica sobre Práticas Avançadas de Enfermagem no Brasil (PAE): contexto; conceitos; ações empreendidas, implementação e regulação.** Disponível em: <<https://www.cofen.gov.br/nota-tecnica-cofen-no-001-2023/>>. Acesso em: 10 abr 2024.

ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE. **Ampliação do papel dos enfermeiros na atenção primária à saúde.** Washington, D.C : OPAS; 2018. Disponível: <<https://www.paho.org/pt/documentos/ampliacao-do-papel-dos-enfermeiros-na-atencao-primaria-saude>>. Acesso em: 17 abr. 2024.

TAVARES CM, et al. **Sistematização da assistência de enfermagem e clínica ampliada: desafios para o ensino de saúde mental.** *Enferm. Foco* 2019; 121-126. Disponível em:< <https://doi.org/10.21675/2357-707X.2019.v10.n7.2810>>. Acesso em: 19 abr. 2024.

SANTOS JC, et al.. **The Biopsychosocial Approach: Towards Holistic, Person-Centred Psychiatric/Mental Health Nursing Practice.** *European Psychiatric/Mental Health Nursing in the 21st Century*, 89 -- 101. 2018.Disponível em:<https://doi.org/10.1007/978-3-319-31772-4_>. Acesso em: 17 abr. 2024.

SARACENO, Benedetto. **A concepção de reabilitação psicossocial como referencial para as intervenções terapêuticas em saúde mental.** *Rev. ter. ocup*, p. 26-31. 1998. Disponível em:<<https://pesquisa.bvsalud.org/portal/resource/pt/lil-225864>>. Acesso em: 17 abr. 2024.

SILVA JS, Ribeiro HKP, Fernandes MA, Rocha DM. **O cuidar de enfermagem em saúde mental na perspectiva da reforma psiquiátrica.** *Enferm. Foco* 2020; 11 (1): 170-175. Disponível em:<<https://doi.org/10.21675/2357-707X.2020.v11.n1.2743>>. Acesso em: 10 abr. 2024.

SILVA JVS, Brandão TM. **Contribuições de uma residência em psiquiatria e saúde mental na formação dos enfermeiros egressos.** *Enferm. Foco* 2019; 10 (6)57-62. Disponível em: <<https://doi.org/10.21675/2357-707X.2019.v10.n6>>. Acesso em: 10 abr. 2024.

WORLD HEALTH ORGANIZATION. (2022). **World mental health report: transforming mental health for all.** Disponível em: < <https://iris.who.int/handle/10665/356119>>.. Acesso em: 10 abr. 2024.

WORLD HEALTH ORGANIZATION. **COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide.** Disponível em:<<https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>>. Acesso em: 10 abr. 2024.