









MENTAL HEALTH NURSING MANAGEMENT MODELS: A SCOPING REVIEW

MODELOS DE GESTÃO EM ENFERMAGEM NA SAÚDE MENTAL: SCOPING REVIEW

MODELOS DE GESTIÓN DE ENFERMERÍA EN SALUD MENTAL: SCOPING REVIEW

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ABSTRACT

Objective: the objective of this study was to map the scientific evidence available about Mental Health Nursing management models. **Method:** a Scoping Review conducted in the MEDLINE and CINAHL databases via PubMed and EBSCO, respectively, in the Theses and Dissertations Catalog of the Coordination for the Improvement of Higher Level Personnel (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*, CAPES), in the Brazilian Digital Library of Theses and Dissertations (*Biblioteca Digital Brasileira de Teses e Dissertações*, BDTD) and in the Virtual Library in Health (*Biblioteca Virtual em Saúde*, BVS). **Results:** the final sample consisted of eight studies and, based on the analysis, a qualitative synthesis was prepared, giving rise to two categories: management models approaching traditional, normative and prescriptive administrative theories; and management models approaching innovative, participatory and people-centered management styles. **Conclusion:** the models identified were approached from a management aimed at traditional and autocratic administrative theories, which privilege administrative and bureaucratic activities, as well as an authoritarian leadership. However, it was found that the transformations driven by the Psychiatric Reform in Brazil and in the world and the retargeting of mental health care, with humanization and user appreciation policies, accelerated the transition of these models to a more participatory management, with a focus on care.

Keywords: Mental Health; Health Management; Nursing; Psychiatric Nursing.

RESUMO

Objetivo: este estudo tem como objetivo mapear as evidências científicas disponíveis sobre modelos de gestão de enfermagem na saúde mental. **Método:** Scoping Review realizada nas bases de dados MEDLINE via PubMed e CINAHL via EBSCO, no Catálogo de Teses e Dissertações da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES), na Biblioteca Digital Brasileira de Teses e Dissertações (BDTD) e na Biblioteca Virtual em Saúde (BVS). **Resultados:** a amostra final foi de oito estudos e a partir da análise destes construiu-se uma síntese qualitativa dando origem a duas categorias: modelos de gestão aproximados de teorias administrativas tradicionais, normativas e prescritivas; e modelos de gestão aproximados de estilos gerenciais inovadores, participativos e centrados nas pessoas. **Conclusão:** os modelos identificados se aproximaram de uma gestão voltada para teorias administrativas tradicionais e autocráticas, que privilegiam atividades administrativas e burocráticas, assim como uma liderança autoritária. Constatou-se, no entanto, que as transformações impulsionadas pela Reforma Psiquiátrica no Brasil e no mundo e o redirecionamento do cuidado em saúde mental, com políticas de humanização e valorização do usuário, aceleraram a transição desses modelos para uma gestão mais participativa, com foco no cuidado.

Palavras-chave: Saúde Mental; Gestão em Saúde; Enfermagem; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: este estudio tiene como objetivo mapear la evidencia científica disponible sobre modelos de gestión de Enfermería en Salud Mental. **Método:** Scoping Review realizada en las bases de datos MEDLINE via PubMed y CINAHL via EBSCO, en el Catálogo de Tesis y Disertaciones de la Coordinación para el Perfeccionamiento del Personal de Educación Superior (CAPES), en la Biblioteca Digital Brasileira de Teses y Disertaciones (BDTD) y en la Biblioteca Virtual de Salud (BVS). **Resultados:** la muestra final constó de ocho estudios y, a partir de su análisis, se elaboró una síntesis cualitativa, dando lugar a dos categorías: modelos de gestión aproximados a las teorías administrativas tradicionales, normativas y prescritivas; y modelos de gestión aproximados a estilos de gestión innovadores, participativos y centrados en las personas. **Conclusión:** los modelos identificados se aproximaron a partir de una gestión centrada en las teorías administrativas tradicionales y autocráticas, que privilegian las actividades administrativas y burocráticas, así como un liderazgo autoritario. Sin embargo, se descubrió que las transformaciones impulsadas por la Reforma Psiquiátrica en Brasil y en el mundo y la reorientación de la atención en Salud Mental, con políticas de humanización y valoración del usuario, aceleraron la transición de estos modelos hacia una gestión más participativa, con enfoque en la atención.

Palabras clave: Salud Mental; Gestión en Salud; Enfermería; Enfermería Psiquiátrica.

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INTRODUCTION

Health management is a complex and dynamic practice that encompasses a range of organizational actions and suffers continuous interference from political, economic and technological fields. Given the above, it requires professionals with technical, ethical and political skills, committed to the Unified Health System (*Sistema Único de Saúde*, SUS) and willing to face the adversities and turmoil that permeate this scenario.¹

It is noted that, in the field of Nursing, thinking about care management, people management and management of the health services is a fundamental process to enable individual care. Nurses use managerial, technical-scientific and political knowledge to plan and organize the work process in Nursing and health, playing a central role in the production of health. One of the dimensions of this work process comes from the care/management that is articulated with people management, as well as of material resources to the exercise of leadership, care planning and organization and supervision and coordination of work processes in Nursing.¹

Given the above, changes are observed in the sociopolitical-economic context influencing the health care and practice production mode. Consequently, the care management models adopted by the nurses also undergo transformations. There is an evident need to strengthen the management strategies, such as decision-making based on critical-technical-ethical knowledge and investments in innovations about the actions that are developed, aimed at improving the care practices.² In this sense, care based on the Nursing Process, resorting to specific theories in the area and based on the advanced Nursing practice, its implementation and dissemination have proved to be essential in this scenario.³

With regard to management in the mental health scenario, specificities are detected that differentiate it from other contexts, especially because of the way in which the managerial practices in health are carried out. There is appreciation of relational aspects of subjective production, listening, co-responsibility, bonding and autonomy, assuming them as fundamental in the therapeutic process of mental health users. This differentiated perspective marks the Nursing professionals' behavior and signals a work process with more interaction with the users, who become participants and empowered to make the best choices and the most appropriate decisions for their health.⁴

Historically, mental health management permeates care models that reproduce practices of isolation, segregation, exclusion and fragmentation of care within an asylum care model, moving towards the retargeting of new devices that think of management as a political action. In this sense, a care instrument that contemplates plurality and interdisciplinarity, as well as subjectivity relationships and teamwork, is valued. However, care management models are not suddenly modified, but built respecting the temporality of the subject's constitution with the participation of professionals, managers, users and the community, through a continuous process of qualification, analysis and reorganization of their practices.⁵

Thinking about this retargeting of mental health care management and the impact that Nursing management can exert on the care of users of mental health services, it is necessary to map and identify the scientific evidence on the subject matter in question, in order to enable reflections on the trajectory accomplished and what we need to implement in this field of action. Therefore, a preliminary survey was carried out in the JBI Database of Systematic Reviews and Implementation Reports, which did not identify any Scoping Review that specifically addressed Mental Health Nursing management. Searches were also conducted in the gray literature, in the following databases: CAPES Theses and Dissertations Catalog and Brazilian Digital Theses and Dissertations Library, in order to identify scientific evidence, but the search did not find specific studies on this topic either.

Thus, in view of the identification of this knowledge gap and the relevance of investigating Mental Health Nursing management, aiming at the qualification of care in the area of mental health, the present Scoping Review was conducted, with the objective of mapping the available scientific evidence about Mental Health Nursing management models.

METHOD

There are different literature review systematizations for the recognition of scientific evidence. The Scoping Review methodology adopted in this study, guided by the methodology proposed by the Joanna Briggs Institute,⁶ has been used with the objective of mapping the available knowledge on a given topic, examining broad areas to identify gaps in the evidence and informing about the practice in an area.⁶

The “Participants, Concept and Context” (PCC) strategy was used to elaborate the research questions, which allowed structuring the following questions: How is the available scientific evidence on Mental Health Nursing management models presented? Which management models do nurses employ in mental health? Thus, elaboration of the strategy for selection of the terms and research strategy included studies that: a) regarding the type of participants (P), addressed professional nurses; b) in relation to the concept (C), dealt with Nursing management; and c) referring to the context (C), focused on Mental Health care.

Regarding the sources of evidence, all original studies and systematic reviews were included in Portuguese, English and Spanish, regardless of the year of publication, in view of the scarcity of published articles. Incomplete texts were excluded, as well as those that did not meet the objectives proposed by this study.

To define the search strategy, an initial search was performed using the Virtual Health Library (*Biblioteca Virtual em Saúde*, BVS) and the Online Medical Literature Analysis and Retrieval System (MEDLINE) database via PubMed (National Library of Medicine), using the following keywords: *gestão*, *enfermagem* and *serviços de saúde mental*, associated with the Boolean operator AND. And, in MEDLINE via PubMed, the following keywords in English were used: *management*, *Nursing* and *mental health services*, associated with the Boolean operator AND. The words contained in the titles, abstracts and descriptors of the studies that corresponded to the theme were analyzed and then tests were performed to structure the research strategy and adequacy to the databases. This first search was conducted in May and June 2020.

Once the terms were defined in the previous phase, the searches were carried out in the Virtual Health Library (BVS); in the Theses and Dissertations Catalog - Coordination for the Improvement of Higher Level Personnel (CAPES); in the Brazilian Digital Library of Theses and Dissertations (BDTD); and in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed (*National Library of Medicine*), and Cumulative Index to Nursing and Allied Health Literature (CINAHL) via Business Source Complete (EBSCO). At that time, the following Health Sciences Descriptors (*Descritores em Ciências da Saúde*, DECS) were used: *organização e administração*, *supervisão de enfermagem*, *saúde mental*,

serviços comunitários de saúde mental and *hospitais psiquiátricos*, as well as the following Medical Subject Headings (MeSH): *Organization and Administration*, *Nursing Supervisory*, *Mental Health Services*, *Community Mental Health Services* and *Psychiatric Hospitals*, articulated with the AND and OR Boolean operators, combined and modified according to the specifics of each database. The following is a research strategy in order to exemplify the search performed in a database: (*organização e administração*) AND (*supervisão de enfermagem*) AND (*Enfermagem Psiquiátrica OR serviços comunitários de saúde mental OR saúde mental*).

As an additional document retrieval source, a third search was conducted by analyzing the bibliographic references of the studies initially included in the review to identify additional surveys. These three stages were developed between May and August 2020 and the selection of studies followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).

The data extracted from the studies were organized with the aid of an instrument adapted from the *Joanna Briggs Institute for Scoping Reviews*⁶ Manual, in order to evidence specific details about the population, concept and context of the studies. Information referring to the characterization of these publications (year, title, objective, type of publication, management models and management development strategies) were also extracted by a reviewer, and then validated by a second. Any and all inconsistencies or doubts were resolved by a third reviewer. The main focuses were analyzed, turning to the full texts when necessary.

RESULTS

The strategy allowed retrieving 358 documents, of which 311 were excluded after reading their titles and 47 were selected to read their abstracts. Of these, nine were excluded for being repeated and 17 for not responding to the objectives and not meeting the inclusion criteria, leaving 21 studies that were selected for eligibility assessment; after a thorough reading of the texts, 13 had to be excluded and three were unavailable because they were in private repositories, leaving five for the sample. After analyzing the bibliographic references of these five studies, three were selected, totaling a final sample comprised by eight studies. This search and selection process is presented in the flowchart (Figure 1).

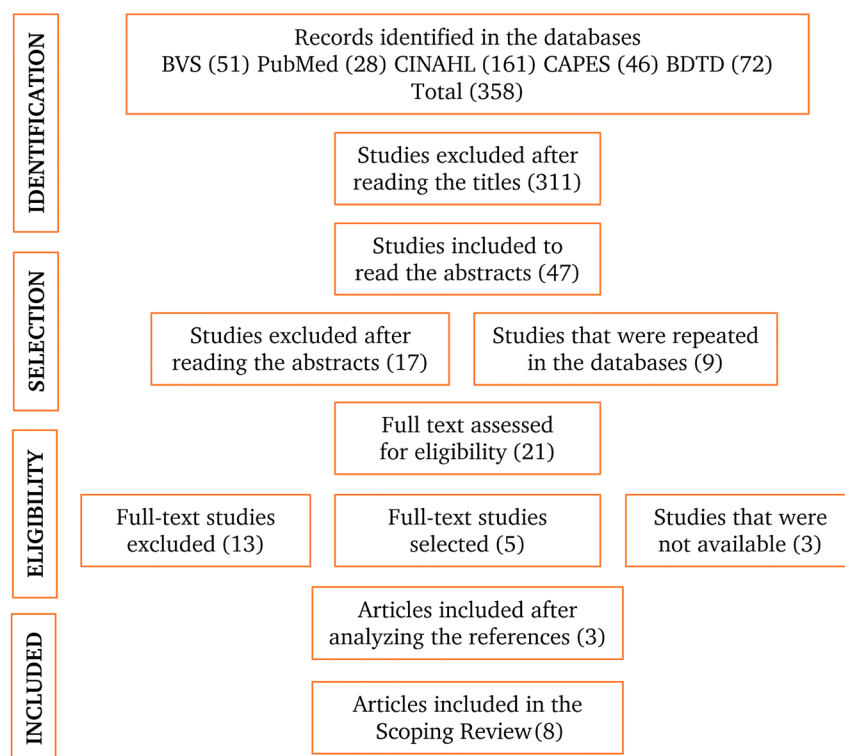


Figure 1 - Flowchart corresponding to the process to search and select the studies - Adapted from PRISMA Source: Research data, 2020.

The eight studies included in this review were published in the period from 2001 to 2013. Six were articles and two were master’s degree dissertations. The study *loci* were in Brazil, with four productions, followed by a study published in the United States and another in the United Kingdom. It was not possible to identify this information in two articles.

Of the eight studies included in the review, only two^{8,9} specifically discussed Nursing management based on leadership and administration. Information to identify these management models and how they are implemented in mental health services was extracted from the studies by the authors of this review.

The materials were published in the *Journal of Nursing Management* and in *Revista Latino-Americana de Enfermagem*, with two studies in each journal. Regarding the type of publication, five were empirical research studies and three were bibliographic surveys.

Details of the data are presented in Table 1. Table 2 below presents the models and strategies for the development of Nursing management, identified in the studies by the authors of this review. The names of the management models were established from the management development strategies identified in the study.

The results of the studies were submitted to a qualitative synthesis, aiming to identify convergences, similarities and divergences. Thus, two categories were obtained: management models approaching traditional, normative and prescriptive administrative theories; and management models approaching innovative, participatory and people-centered management styles.

Management models approaching traditional, normative and prescriptive administrative theories

In the results of the studies, regardless of the locus where the surveys were carried out, either hospital organization or extra-hospital service, it was evident that the leaders devoted considerable time to management functions, such as liaison and coverage of staff deficits, not being responsible for the conduction of cases and concentrating their practice on bureaucratic-administrative activities. Most of the time, they supervised the Nursing and reception teams, managed infrastructure needs, and performed activities traditionally delegated to Nursing, distancing themselves from direct care to the users.^{9,10,13}

These actions of the nurse with a focus on the administrative area are more present in hospital institutions, while in the extra-hospital network it is noticed that the practices assume assistance, administration and education functions.¹²

Administration is identified as one of the main functions of the nurse and includes responsibility for the care and supervision of the Nursing team. However, this management is frequently carried out in an authoritarian manner, reproducing the management model of asylums. The absence of a work plan with defined objectives is also noticed, which ends up fragmenting the team and preventing it from having clear monitoring and evaluation goals and indicators to provide better organizational and worker performance.¹²

Management models approaching innovative, participatory and people-centered management styles

The eight studies selected dealt with this leadership style, highlighting that the mental health service can be both a place to initiate the process of creating new meaningful connections and reinforce the feeling of isolation, fear and mistrust. User therapy in mental health guarantees effects towards recovery only

when developed in an environment where people feel safe and are able to establish a trusting relationship with the professional. This interpersonal relationship allows the nurse to offer room for the users to assume their share of autonomy in the care process, encouraging them to deal with the psychological distress they experience and which can promote personal growth and development, as shared understanding and knowledge strengthen their rights and develop their responsibilities.^{9,10,12}

Attentive management is indispensable for the continuous improvement of Nursing care and can be implemented using the best available evidence. Therefore, a research culture becomes necessary to use this knowledge throughout the work process.^{9,12}

The results also indicated a change in the practice of nurses who gradually stopped exercising an exclusively disciplinary position and began to assume responsibility for the user. These professionals plan and conduct individual and group therapeutic practices based on the humanist conception of care, act as members of the interdisciplinary team, performing the same activities as other technicians from the mental health team, while assuming some specificities of the profession, such as supervision of the Nursing team.^{10,11,13,14,}

Table 1 - Characterization of the studies according to title, study locus, authors, country, year, journal and type of publication

TITLE	STUDY LOCUS	AUTHORS	YEAR / COUNTRY	JOURNAL / INSTITUTION	TYPE OF PUBLICATION
<i>Model of Nurse-Directed Care in a Psychiatric Hospital: A Model of Clinical Responsibility</i>	Psychiatric Hospital	E-Morris <i>et al.</i> ⁷	2010 USA	<i>Clinical Nurse Specialist</i>	Empirical Research Article
<i>Leadership and management in mental health Nursing</i>	-	Blegen, NE, Severinsson, E. ⁸	2011	<i>Journal of Nursing Management</i>	Literature Review Article
<i>The role of the mental health Nursing leadership</i>	-	Holm AL, Severinsson, E. ⁹	2010	<i>Journal of Nursing Management</i>	Literature Review Article
<i>The role of nurses in Psychosocial Care Centers: contributions to the training of nurses to work in mental health policy</i>	CAPS	Bramante, MCS. ¹⁰	2013 Brazil	UNA University Center	Dissertation Empirical Research
<i>Bibliographic study of publications on the administrative activity of nursing in mental health</i>	-	Bertoncello, NMF, Franco, FCP. ¹¹	2001 Brazil	<i>Rev Latino-am Enfermagem</i>	Literature Review Article
<i>Consensus and diversity: an action research study designed to analyse the roles of a group of mental health consultant nurses</i>	National Health Service Trust for Mental Health	Jinks, AM, Chalder, G. ¹²	2007 United Kingdom	<i>Journal of Clinical Nursing</i>	Empirical Research Article
<i>The nurse in the mental health team - the case of CERSAMS in Belo Horizonte</i>	CAPS	Silveira, MR, Alves, M. ¹³	2003 Brazil	<i>Rev Latino-am Enfermagem</i>	Empirical Research Article
<i>Nurse's performance in a Psychosocial Care Center</i>	CAPS	Castro, MT. ¹⁴	2007 Brazil	University of São Paulo	Dissertation Empirical Research

Source: Research data, 2020.

Table 2 - Description by study, management model adopted and main development strategies in the production of care

Management Model	Management Development	Study
User-centered Management Model	Interpersonal therapeutic relationship; Planning of the care activities; Development of the responsibility to support and defend the patients' needs; Involvement of collaborative work in a relationship based on trust, ethics and mutual influence; Counseling and supervision aspects; As a member of the interdisciplinary team, he/she performs the same activities as other technicians from the mental health team; commitment to care quality and to the defense of users' rights; It presents supervision of the Nursing work as a specificity inherent to the nurse, equipping the team to assist people in psychological distress in a more appropriate way. Client-Team communication; Ongoing clinical supervision by the unit to help the team link the daily interventions to the client's treatment plan goals.	Blegen NE, Severinsson E. <i>Leadership and management in mental health Nursing</i> . J Nurs Manag. 2011. Silveira, MR, Alves, M. <i>O enfermeiro na equipe de saúde mental: o caso do CERSAMS de Belo Horizonte</i> . Rev Latino-Am Enferm. 2003. E-Morris, M., Caldwell, B., Mencher KJ, Grogan K, Judge-Gorny, M., Patterson, Z. McQuaide T. <i>Nurse-directed care model in a psychiatric hospital: a model for clinical accountability</i> . Clin Nurse Spec. 2010.
Management model focused on team development	Use of evidence-based practice to implement organizational changes and improvements in mental health; Accepting challenging opportunities to improve organization and learn from the mistakes; Understanding people and how groups work; Need to develop leadership; Support, nutrition, influence and empowerment of the team; implementation of great ideas; Use of evidence-based practices.	Holm AL, Severinsson E. <i>The role of the mental health Nursing leadership</i> . J Nurs Manag. 2010. Jinks AM, Chalder G. <i>Consensus and diversity: an action research study designed to analyse the roles of a group of mental health consultant nurses</i> . J Clin Nurs. 2007.
Management Model focused on user service/ administrative activities	Accountability by the user upon reception; Planning and conduction of the therapeutic plan; Approach to the user; Nursing supervision; Leaving the administrative, managerial and disciplinary position towards responsibility for care technologies; Acting in administrative activities and away from the users' demands; Work organization of the institutions; Supervision of the Nursing and reception teams; Provisions regarding infrastructure; In extra-hospital institutions, the activities are aimed at getting closer to the client, developing therapeutic and group practices. There is a more defined and recognized space in the mental health team; There are no rigid definitions of roles; It favors the promotion of therapeutic communication and the nurse-patient relationship; Medication control, referrals, participation in meetings, guidance and supervision of the Nursing team; Preparation of reports, high-cost process and Nursing scale, request for material, verification of the time sheet; Assist reception with bureaucratic service and active patient search.	Bramante, MCS. <i>A atuação do enfermeiro em Centro de Atenção Psicossocial: contribuições à formação do enfermeiro para atuar na Política de Saúde Mental Belo Horizonte</i> [Master's degree dissertation]. Belo Horizonte: UNA University Center, Institute for Continuing Education, Research and Extension; 2013. Bertoncello, NMF, Franco, FCP. <i>Estudo bibliográfico de publicações sobre a atividade administrativa da Enfermagem em saúde mental</i> . Rev Latino-Am Enferm. 2001. Castro, TM. <i>Atuação do enfermeiro em Centro de Atenção Psicossocial</i> [Master's degree dissertation]. Ribeirão Preto: University of São Paulo, Ribeirão Preto Nursing School, 2007.

Source: Research data, 2020.

Strategies for Mental Health Nursing leadership were also addressed in the studies. Mental health nurses must manage care in accordance with legislative guidelines, protocols, programs and models that correspond to the new evidence in mental health. The leadership role includes seeking and accepting challenging opportunities to improve organization and learn from the mistakes; involve the team to work together towards a common goal; foster collaboration and empowerment; and value individual and team achievements.^{9,12}

DISCUSSION

The management models approaching more traditional and normative management styles found in the results of this study are influenced by work organizations based on Taylorist/Fordist theories, which structure the work process in an attempt to promote fragmentation and distance between conception and execution. These theories also emphasize hierarchical and rigid management, with consequences such as demotivation, alienation and imbalances in the workloads for the workers.¹⁵

This influence is so significant that, even today, work organization and management in the health sector are based on some principles of classical administration and of the bureaucratic model. A study¹⁵ denounces that Nursing still structures its work process on administrative-bureaucratic practices, exerts authoritarian supervision and manages actions based on compliance with norms, routines and tasks, centrally reproducing what other professionals and the institution expect, but often without including the users' needs as a priority.

The management activities mentioned in category two, such as staff sizing and people management, can also be seen as an administrative-managerial function. Managerial actions in Nursing are understood as a multidimensional process that exerts direct and indirect influences on the individuals, their environment and organizational infrastructures.

Exclusively managerial actions are indispensable, as care supervision, team coordination and performance of administrative activities are linked to organization of the unit and of the Nursing actions, providing adequate conditions to perform tasks and favor safe and good quality assistance.¹⁶

In view of the findings, it is worth mentioning the importance of valuing and articulating the managerial and care dimensions, considering that both interrelate and complement each other. This gap can be linked to adherence to an excessively bureaucratic approach, which distances the professionals from their work object, which is the human being, and from the purpose of the work, that is, Nursing care.

The results also indicate differences between management in the hospital environment and in the extra-hospital network. A study¹³ reveals that, in the first, there is predominance of the traditional and hegemonic scientific administration model and that, in the second, there are more possibilities to develop actions that permeate care, administration and educational activities.

However, this result requires some reflections, considering that nurses in the hospital environment also integrate into their praxis managerial actions, as well as others related to the provision of direct care and of an educational nature. The difference can lie in the way in which the work process is developed. The hospital environment consists of a complex organization, but there are still many remnants of the influences of the classical management theories that encourage fragmentation, specialization and a vertical communication process, which hinders understanding the whole.

In the extra-hospital mental health network, some of these elements are less present, enabling more participatory decision-making, more permanent bonds and horizontal communication processes.

Another characteristic of the management models more inspired by traditional administrative theories is the nonexistence of a work plan with defined objectives, which ends up weakening the Nursing team's work process, due to the lack of an essential tool for management, which is planning. In this way, the nurse-leader must influence their team members so that they act as facilitators and motivators of the work to be done, in addition to enabling critical reflection and transformation of the practices.¹⁷ The need is identified for health organizations to provide nurses with updating and qualification focused on development of people and organizations, which contextualize management from the Psychiatric Reform and new management models so that they develop skills that are more consistent with the current demands of new mental health services.

These new mental health services are the result of political, economic and social transformations in the world, which redirected mental health care models through the creation of care devices and technologies in the process of deinstitutionalization and of the Psychiatric Reform. In the United States, therapeutic communities and, later, Preventive Psychiatry, proposed a dialog between communities and hospitals, with the users' participation, which initiated the process of breaking away from the asylum structure and logic.¹⁸

In Brazil, influenced by these American and European experiences, movements organized by workers, users and civil society started discussions in favor of reformulating care and management models, defense of public health and equality in the provision of services. These movements promoted transformations in the management processes and care technologies of mental health institutions.¹⁹ Based on the findings of this study, the existence of advances in the conduction of mental health services can be asserted, through the integration of innovative, participatory and people-centered practices. Given the above, users started to play a fundamental role in their therapeutic process, based on dialogical relationships with the health professionals, especially the Nursing team. Thus, these professionals started to share responsibilities and to recognize the users' autonomy and their health demands, making it possible to meet their needs in a resolute and integral manner.

Changes in mental health care in Brazil were enhanced with the enactment of Federal Law No. 10,216/2001, approved after 12 years of deliberation in the National Congress. This law provides for the rights of people with mental disorders and redirects the care model in mental health, initiating the process of breaking away from the asylum paradigm in Brazil. Other laws were and are also important for the Psychiatric Reform process, such as Ordinance No. 336 of 2002, which provides for Psychosocial Care Centers, and Ordinance No. 3,088 of 2011, which establishes the Psychosocial Care Network.¹⁹

Faced with new laws and changes in the field of health, the Federal Council of Nursing launched a technical standard for the performance of the Nursing team in mental health and psychiatry in Brazil. This standard ensures that mental health nurses must support their practice on Nursing theories, especially in Peplau's theory of interpersonal relationships, to ground their practice. Another highlight related to this resolution is that the managerial positions must be held by specialists in Mental Health.²⁰

Nurses working in mental health services in Brazil move from care in psychiatric institutions to extra-hospital services, taking on duties within a multidisciplinary team. A study²¹ found difficulties in delimiting the specific actions of nurses in the mental health service, which are justified by the fact that mental health is an area that requires interdisciplinary actions. Also in this study, it was found that the nurses' specific actions were still focused on caring for the body and physical health, issues that historically refer to Psychiatric Nursing. However, the nurse's work exhibited care that facilitates and integrates actions that play a fundamental role in the relationship with the user, which can denote changes in the perception of the role traditionally assigned to this profession.²¹

This shift in care from asylums to community services, and the consequent emergence of open services and the organization of a Psychosocial Care Network, required the reorganization of Mental Health Nursing work processes, which contributed to the adoption of Mental Health Nursing management models with participatory management styles centered on the care provided to the user. In this study, it was found that more management models focused on user care and team development were implemented, with moments of focus on administrative-bureaucratic activities, which indicates a real change in the health concepts and practices adopted in the country.

Mental Health Nursing management still needs to break away from technicist practices and from the asylum logic, which are reductionists of care. However, the actions that lead to this new path are increasingly present. Therefore, nurses need to take ownership of other theoretical and scientific contributions, such as humanization, integrative practices, therapeutic communication, the theory of interpersonal relationships, and participatory management models.

The demand for nurses who militate for an anti-asylum logic has been in need of reinforcement in the face of the asylum counter-reform elaborated by governmental acts in recent years, which encourage care in specialized outpatient clinics and better remunerate hospitalization of people with mental disorders.

Participatory management can create shared power spaces and work environments in which professionals and users can participate, learn and decide. This way of managing, in a shared manner, enables collective work and is the best way to deal with competitiveness and conflicts.²²

In Brazil, the National Humanization Policy (*Política Nacional de Humanização*, PNH) has redirected management and health care practices. Its principles are based on the inseparability between management and care, on the transversality of practices that expand communication, and on the elaboration of an action plan whose practices weave networks that transversalize concepts, knowledge and powers. To ground practices based on the national humanization policy and on ethical guidelines and policies for care and management is to guarantee that the assistance to mental health users is materialized in the reception, in the expanded clinic, in the democracy of relationships, in the appreciation of the worker, in the guarantee of the users' rights and in the promotion of networks, in accordance with the new perspectives of the mental health policies in Brazil.^{23,24}

Shared management also shows the social leading role of professionals, users and family members within the mental health services, as well as the importance of joint decisions taken based on the users' main needs, considering all views and knowledge and strengthening cooperation between managers, professionals and users.²⁵ In the meantime, it is worth highlighting the indispensable role of nurses as leaders in the health services, especially in mental health.

In addition, it is important to highlight that the results of the studies showed the coexistence of different management models in the same place, which, for example, can be user-centered, although with moments that value administrative activities. This characteristic evidences the dynamism of the Psychiatric Reform process.²⁶

Another study²⁷ also evidenced the coexistence of the reformist and asylum logics in mental health services, despite predominance of the former. This coexistence of different logics affects management of the services and creates conflicts and disputes in the demand for a reformist logic as the center of care. In recent years, these conflicts have intensified as a result of changes guided by the asylum logic that have been taking place in the health and mental health policies.

Construction of knowledge about Mental Health Nursing management models is fundamental for the process of reflection/reformulation of the practice and, therefore, to achieve changes in the work processes. From the results obtained in this review, there are subsidies to reflect on the theme from the dimensions of work in Nursing: care, management, teaching, research and political participation, using the reflections prompted by the study to transform Nursing and health professionals' practices in the field of mental health, as well as to allow other research studies to emerge from the theme in order to strengthen the social recognition of nurses in mental health.

The limitations of this study are related to the sample size and to the sole inclusion of articles published in English, Portuguese and Spanish. Differences in the organization and professional practice of Nursing in the different countries of origin of the studies analyzed may also have influenced analysis of the results.

CONCLUSION

This study mapped diverse scientific evidence on Mental Health Nursing management models, as proposed, and identified management models focused on the care provided to the user, team development and administrative activities. However, the existing gap in the field of Nursing management in the mental health services was evident.

The models identified are derived from traditional management models and also adhere to innovative, participatory and people-centered managerial styles.

However, it was found that the transformations driven by the Psychiatric Reform in Brazil and in the world and the retargeting of mental health care, with humanization and user appreciation policies, accelerated the transition of these models to a more participatory management, with a focus on care.

Mental Health Nursing management models can have repercussions on health care and on Nursing, as they provide opportunities for practices that are more consistent with the principles and metaparadigms of this field of knowledge, with the SUS guidelines and with the humanization policies. In addition to that, these models can favor the social recognition of nurses in the treatment of mental health users.

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