EDITORIAL

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For a new psychiatric and mental health nursing: The era of sectorization

Por uma nova enfermagem de saúde mental e psiquiátrica: A era da setorização

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During the first half of the 19th century, more specifically in 1848, the doors were opened to what would be the first psychiatric hospital in Portugal - the *Hospital de Rilhafoles* (Primaz, 2020). Following the European movement, it was the first step toward the creation of other psychiatric hospitals, which happened years later, in 1883, with the opening of the Conde de Ferreira Hospital in Porto (Gomes, 2019). What seemed like a good idea at the time for the so-called *alienated people* to have access to health care and be treated as individuals suffering from an illness, an idea originally proposed by Philippe Pinel in the late 18th century (Weiner, 1992), turned out to be, a few decades later, an old way of facing a new problem. Thus, even though psychiatric hospitals provided more dignified care to people with a mental illness, the closed system traditionally adopted by these hospitals isolated these patients from society and created a feeling of confinement (Haglund et al., 2006).

The second half of the 20th century brought a new way of looking at psychiatry, which tended to be more focused on the concept of mental health. The possibility of replacing psychiatric hospitals was first considered, and some pioneering experiments in community settings showed promising results. For example, in the United States of America, Polak and Kirby (1976) studied a community care system in Denver consisting of six small community-based therapeutic spaces/contexts, crisis intervention, home treatment, social systems intervention, and brief tranquilization. From the perspective of patients, their families, and health teams, community treatment was more effective than psychiatric hospitalization. This slight paradigm shift reduced the need for adult psychiatric inpatient beds to less than 1/100,000 population in southwest Denver.

In the 21st century, the current European trend is evidenced in the European Mental Health Action Plan 2013-2020: the commitment to deinstitutionalization and the development of community-based mental health services must continue, given that there is consensus that care and treatment should be provided in local settings, since large psychiatric hospitals often lead to neglect and institutionalization (World Health Organization, 2015). In Portugal, the National Mental Health Plan 2007-2016 was intentionally aligned with the European emphasis: “all available scientific evidence has shown that shifting from psychiatric hospitals to a network of community-based services is the best strategy for the development of services to improve the quality of mental health care” (Coordenação Nacional para a Saúde Mental, 2008, p. 22).

In Portugal, as we reach the second decade of the 21st century, the watchword for the National Coordination of Mental Health Policies is *sectorization*. The term is not new, as the Mental Health Law (Lei 2118 da Presidência da República, 1963) introducing the reforming principles of the psychiatric care policy already pointed towards the sectorization of psychiatric services and the creation of Mental Health Centers with the ultimate goal of deinstitutionalizing psychiatry and bringing it into the community. At the time, the term represented a true conceptual rupture, as it already addressed the relevance of health promotion, making it necessary to focus on prevention, treatment, rehabilitation, and social (re)integration.

Psychiatric and Mental Health (PMH) Nursing evolved similarly to Psychiatry. In

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fact, in the distant past, still within a custodial paradigm, mental illness was little understood and nurses' role was limited to maintaining a comfortable, safe, and favorable environment for treatment and administering medication (Fitzpatrick & Jones, 2016). Nowadays, in the specific case of Portugal, PMH nurses provide, according to the regulation of their specific competencies, psychotherapeutic, socio-therapeutic, psychosocial, and psychoeducational care to people throughout their life cycle, mobilizing the individual, family, group, or community context and dynamics with a view to maintaining, improving, or recovering their health status (Regulamento n.º 515/2018 da Ordem dos Enfermeiros [OE], 2018).
Despite this substantial evolution in the specific competencies of PMH nurses, the reality is that, in Portugal, nurses' role is still limited to a heavily hospital-centered paradigm when it comes to the citizens' real health needs. The Biennial Report 2020-2021 by the Board of the Psychiatric and Mental Health Nursing Specialty College of the OE [Portuguese nursing regulator] (2022) reflects this reality: among the 2,475 PMH nurses in Portugal, of whom more than 300 can be excluded because they do not work in clinical settings, 1,578 work in hospital settings. On the other hand, only 354 PMH nurses work in primary health care settings. Of these, only 24 work in community care units, where there is often an opportunity to implement mental health projects/programs marked by nursing autonomy and significant patient health gains.

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Mental health is not only achieved by having primary health care settings as a starting point. For instance, the Recovery and Resilience Plan (Ministério do Planeamento, 2021) foresees a growing investment in the creation of community-based mental health teams in hospitals/hospital centers. However, it should not be limited to hospital settings, that is, inpatient settings. Thus, there must be an unequivocal commitment to sectorization, in which community-based care is the main resource to keep people with mental illness integrated in society and hospitalization is seen as an end-of-line resource primarily available for people with severe mental illness who cannot be stabilized in other settings.
In the case of PMH, one must understand that the more autonomous PMH nurses are in their practice, the more useful their specific competencies. Thus, contrary to what happens in the hospitalization of people with acute mental illness, in which a substantial part of the intervention involves psychopathological stabilization using psychotropic drugs, PMH nurses' autonomous therapeutic potential is maximized in community settings, allowing them to be successful, for example, in facilitating the adaptive and transition processes experienced by patients throughout their life cycle.
In addition to the new paradigm of investment in sectorization, which optimizes the autonomous activities of PMH nurses and the health gains for citizens, there is a need for rational management of human resources in the National Health Service. For example, it is a poor practice of public financial management to have PMH nurses working at a Family Health Unit as "family health nurses" when they should be allocated, for example, to a Community Care Unit where they could autonomously develop a health promotion/disease prevention project in their area of expertise, thus maximizing the therapeutic potential of their specific competencies.
Last but not least, investing in the creation of mental health promotion projects in school settings is essential. Portugal has relatively low levels of mental health literacy, which may affect timely help-seeking at the onset of psychopathological symptoms. Thus, even though some PMH nurses already work in these contexts, they are still insufficient to meet the needs of a young population who regard mental health through fictionalized paradigms from a remote past.
Until now, there were intentions but no funds. From now on, there are funds to invest in Mental Health as never before in Portugal. So, the time has come to change the paradigm. Citizens cannot wait any longer, and PMH nurses may come to play a vital role in the sectorization of Mental Health care. Above all, these nurses must be the first to realize their potential, recognize their competencies, and (pro)actively act as catalysts of the two most neglected levels of prevention until today: primary prevention and tertiary prevention (psychosocial rehabilitation).

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