

MENTAL HEALTH IN PRIMARY HEALTH CARE: LIMITS AND POTENTIALITIES OF NURSING PRACTICE

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Abstract

Mental health is an integral component of the expanded concept of health and represents a fundamental element of comprehensive care within the Brazilian Unified Health System (SUS), particularly in the context of Primary Health Care (PHC), which constitutes a strategic setting for psychosocial care. In this context, nursing plays a central role in welcoming practices, qualified listening, and longitudinal follow-up, although professionals face challenges related to professional training, work organization, and

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working conditions. The aim of this study was to analyze nursing practices in mental health within PHC, identifying challenges, approaches, and care strategies based on the scientific literature. This study consists of a qualitative bibliographic review with a descriptive and analytical approach, conducted between August and September 2025 through searches in the SciELO and Google Scholar databases, including publications from 2015 to 2025. A total of twenty articles were included in the analysis. The results indicated that nursing practices in mental health within PHC are primarily focused on welcoming, listening, and referral processes, still strongly influenced by the biomedical model and by the medicalization of care. Some advances were identified, particularly related to network-based care and matrix support, as well as weaknesses in professional training and the negative impact of working conditions on nurses' mental health. It is concluded that strengthening continuing education, expanding matrix support strategies, and promoting worker health protection are necessary measures to improve the quality of mental health care in PHC.

Keywords: Primary Health Care, Nursing, Mental Health, Professional Practice, Occupational Health.

INTRODUCTION

Health, in the contemporary conception, is understood in a broad and comprehensive manner, encompassing physical, mental, and social dimensions that dynamically interrelate in individuals' lives (WHO, 1946). This definition, established by the World Health Organization (WHO), breaks with the biomedical model centered exclusively on disease by recognizing that well-being results from the interaction between biological, psychological, and social factors (Buss and Pellegrini Filho, 2007). In this sense, mental health comes to be understood as an essential component of overall health, directly influencing people's quality of life, autonomy, and functional capacity (WHO, 2013).

In the Brazilian context, the Federal Constitution of 1988 established health as a right of all and a duty of the State, laying the legal foundations for the creation of the Unified Health System (SUS), based

on the principles of universality, comprehensiveness, and equity (Brazil, 1988). The incorporation of mental health as an inseparable part of health care was strengthened through the Brazilian Psychiatric Reform, institutionalized by Law No. 10.216/2001, which prioritized care in freedom, deinstitutionalization, and community psychosocial care (Brazil, 2001). The organization of the Psychosocial Care Network (RAPS) expanded access to mental health care, integrating services such as Psychosocial Care Centers (CAPS) and Primary Health Care (PHC) as strategic points in the care network (Brazil, 2011; Brazil, 2017).

Primary Health Care is configured as a privileged space for the promotion, prevention, and care of mental health, since it is the level of care closest to the territory and to the daily life of the population (Starfield, 2002). In this setting, nurses play a central role in welcoming, qualified listening, longitudinal follow-up, and articulation with other points of the care network, contributing to the comprehensiveness of care (Galavote et al., 2016; Nunes et al., 2020; Baggio et al., 2023). However, the strategic position of this professional also exposes them to multiple care, administrative, and emotional demands that may compromise their own mental health (Schmoeller et al., 2011; Oliveira et al., 2025).

Recent studies show that nursing professionals are among those most vulnerable to psychological illness due to working conditions marked by overload, long working hours, multiple employment relationships, and constant contact with human suffering (Yang et al., 2024; Mohamed et al., 2025; Yu et al., 2025). These factors are associated with high rates of anxiety, depression, occupational stress, and burnout syndrome, affecting both workers' quality of life and the safety of the care provided (Mohamed et al., 2025; Yu et al., 2025). This scenario was intensified during the COVID-19 pandemic, which accentuated structural weaknesses in health services and increased demands for mental health care, especially in PHC (Varghese et al., 2021; Centenaro et al., 2022; Silva-Valencia et al., 2024; Dal Magro et al., 2025).

Given this context, a bibliographic review is justified in order to critically and systematically understand nursing practices in mental health within PHC, as well as the challenges faced and the care

strategies adopted by professionals (Minayo, 2025). Thus, this article aims to analyze nursing practices in mental health within PHC, considering the challenges, approaches, and care strategies identified in the scientific literature, thereby contributing to the strengthening of qualified professional practices and to the improvement of public policies focused on the health of workers and the population receiving care.

METHODOLOGY

This is a bibliographic review study of a qualitative nature, with a descriptive and analytical approach, developed with the objective of systematizing and critically analyzing the scientific production on nursing practice in mental health within PHC. The review was conducted between August and September 2025, following previously defined stages for the identification, selection, and analysis of the included studies.

The search for studies was carried out in the Scientific Electronic Library Online (SciELO) and Google Scholar databases, as these are platforms widely used in the health field and bring together relevant national and international scientific journals. Additionally, articles published in scientific journals indexed in other academic repositories were included, identified through the same search strategies, in order to broaden the scope of the review.

The descriptors and keywords used were: “mental health of nursing workers,” “primary care and mental health,” “burnout in nursing,” “quality of life at work in nursing,” and “crisis management in mental health,” used individually and in combinations, through the use of Boolean operators, with the aim of increasing the sensitivity and specificity of the search. The time frame comprised publications from 2015 to 2025, in order to ensure the currency and scientific relevance of the studies analyzed.

The inclusion criteria comprised: full articles available in Portuguese; empirical or theoretical studies addressing mental health in PHC; publications discussing challenges, care strategies, and professional practices related both to the health of users and to the mental health of nursing workers; and studies addressing working conditions, occupational risks, burnout syndrome, or the management of crisis

situations in mental health. Duplicate articles, simple or extended abstracts from scientific events, monographs, dissertations, or theses not published in journals, as well as studies not directly related to the object of investigation, were excluded.

The selection process occurred in stages, beginning with the reading of titles and abstracts, followed by full-text reading of potentially eligible texts. At the end of this process, twenty articles met the established criteria and constituted the corpus of analysis. The studies were analyzed critically and interpretively, seeking to identify convergences, divergences, and knowledge gaps on the topic, as well as to relate the scientific evidence found to the daily practices of nurses in PHC.

RESULTS AND DISCUSSION (DEVELOPMENT)

Table 1 summarizes the main thematic axes identified in the literature on mental health in PHC, focusing on nursing performance and the conditions under which this care takes place. The organization by axes makes it possible to visualize, in an articulated way, how practices, the model of care, professional training, matrix support, and the workers' own mental health are distributed, as well as the studies that support each dimension analyzed.

Table 1

Main axes and findings of the review on nursing in mental health within PHC

Thematic Axis	Main findings in the literature	Citations
Nursing practices in PHC	Welcoming, listening, prescription renewal, referrals; little systematization of actions	Merces et al., 2015; Frateschi and Cardoso, 2016; Stival et al., 2024
Model of Care	Biomedical predominance and medicalization, with specific advances toward psychosocial care	Merces et al., 2015; Campos Junior and Amarante, 2015; Frateschi and Cardoso, 2016
Training and qualification	Insufficient training in mental health; need for continuing education	Merces et al., 2015; Baião and Marcolan, 2020; Silva et al., 2021b
Matrix support and network-based work	Matrix support improves access, problem-solving capacity, and new practices, but is still incipient	Souza et al., 2020; Silva et al., 2021a
Mental health of nursing workers	Overload, precarious conditions, and psychological distress impact the quality of care	Silva et al., 2020; Soares et al., 2020; Souza et al., 2020; Stival et al., 2024

Source: Authors

The analysis of the twenty selected articles showed that nursing practices in mental health within PHC are predominantly concentrated on welcoming actions, listening, prescription renewal, referrals to specialized services, and support for families, still strongly traversed by the biomedical model and the medicalization of psychological suffering (Merces et al., 2015; Frateschi and Cardoso, 2016). In several studies, mental health care appears diluted in the routine of the unit, without specific planning or systematized protocols, which limits the comprehensiveness of care and reduces the potential of PHC as a privileged space for psychosocial care (Merces et al., 2015; Souza et al., 2020; Stival et al., 2024).

At the same time, the results indicate movements of progress toward more expanded and territorialized care. Practices based on bonding, shared responsibility, and network-based work are reported as strategies that favor the longitudinal follow-up of people experiencing psychological suffering and their families, approaching the assumptions of Psychiatric Reform and psychosocial care (Merces et al., 2015; Frateschi and Cardoso, 2016; Moraes, Rézio and Marcon, 2021). Welcoming, when carried out with qualified listening and therapeutic communication, is described as a fundamental device for building

trust, early identification of problems, and the sharing of responsibilities between the team and the user (Minóia and Minozzo, 2015; Moraes, Rézio and Marcon, 2021).

However, important educational and organizational weaknesses emerge. Several studies point to insufficient training in mental health, both in undergraduate education and in continuing education, which translates into professional insecurity, difficulty in crisis management, a tendency toward referral as an almost exclusive response, and little appropriation of light care technologies, such as groups, psychosocial interventions, and matrix support (Merces et al., 2015; Baião and Marcolan, 2020; Silva et al., 2021b; Stival et al., 2024). The presence of practices centered on prescribing and renewing psychotropic medications, often without in-depth clinical assessment, is interpreted as an expression of this educational gap and of the persistence of the hospital-centered model in the daily routine of PHC (Merces et al., 2015; Campos Junior and Amarante, 2015; Soares et al., 2020).

The studies also highlight the relevance of matrix support in mental health as a strategy to qualify PHC teams, expanding the capacity for welcoming, problem-solving, early detection of psychological distress, and articulation with the Psychosocial Care Network (Souza et al., 2020; Silva et al., 2021a). When matrix support is effective, changes in professionals' attitudes, the development of new care practices, and greater integration among services are reported; however, in many scenarios, the process is still embryonic, sporadic, and only weakly incorporated into team routines (Souza et al., 2020; Silva et al., 2021a).

Another important convergence in the results concerns working conditions and the mental health of nursing workers themselves. Overload, scarce material resources, fragile institutional support, and insecurity in handling complex cases appear as factors of strain and suffering, with the potential to favor burnout and psychological illness (Souza et al., 2020; Soares et al., 2020; Stival et al., 2024). These findings reinforce that mental health care in PHC must necessarily include the protection and promotion of professionals' health, through organizational support, spaces for reflection on practice, continuous training, and improvement of working conditions (Souza et al., 2020; Silva et al., 2020; Baião and

Marcolan, 2020).

In summary, the results demonstrate that nursing practice in mental health within PHC is situated in a field of tensions: on the one hand, advances in recognizing PHC as a strategic space for psychosocial care; on the other hand, the persistence of challenges related to training, work organization, network articulation, and care for the worker themselves. Discussing these findings in light of Psychiatric Reform and mental health policies highlights the need to strengthen continuing education processes, matrix support, and the reorientation of the care model so that nurses may, in fact, provide comprehensive, territorial, and person-centered care within PHC (Merces et al., 2015; Frateschi and Cardoso, 2016; Souza et al., 2020; Moraes, Rézio and Marcon, 2021; Silva et al., 2021a; Stival et al., 2024).

Finally, this review has limitations inherent to its methodological design, notably the use of restricted databases (SciELO and Google Scholar), which may have limited the identification of relevant studies published in international databases. Furthermore, the exclusive inclusion of articles in Portuguese and the adopted time frame may have restricted the scope of the findings. The methodological heterogeneity of the included studies and the predominance of qualitative research also make broader comparisons and the generalization of results more difficult.

However, among the main strengths of this review is the critical and integrated analysis of recent scientific production on nursing performance in mental health within PHC, encompassing both care practices and working conditions and the mental health of professionals. The organization of findings into thematic axes favors understanding of the convergences and gaps in knowledge, in addition to contributing to the strengthening of the debate on training, matrix support, and the reorientation of the care model, offering relevant support for professional practice, service management, and the formulation of public policies.

FINAL CONSIDERATIONS

Nursing in mental health within Primary Health Care is still characterized by poorly systematized

practices and strongly influenced by the biomedical model, despite advances in public policies and Psychiatric Reform. Weaknesses in training, continuing education, matrix support, and working conditions limit the implementation of psychosocial care. Thus, it becomes necessary to strengthen professional qualification, the organization of network-based work, and care for the mental health of the workers themselves, with a view to consolidating comprehensive, territorial, and person-centered care.

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