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Participatory strategies for people requiring psychiatric hospitalization: an integrative review*

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Objective: to analyze the scientific evidence on strategies aimed at promoting patients' participation in care during psychiatric hospitalization. **Method:** this is an integrative review based on searches in the following databases: *Biblioteca Virtual de Saúde*, PubMed, Medical Literature Analysis and Retrieval System Online; Embase, Scopus, Web of Science, Cumulative Index to Nursing and Allied Health Literature, PsycInfo and Scientific Electronic Library Online. **Results:** a total of nine studies were analyzed. Two studies addressed recovery-oriented care, two discussed patients' involvement in the shift handover, and one each addressed the Shared Decision-Making Program, the Star Wards Program, milieu therapy, use of the Tidal Model, and the open Nursing Station. **Conclusion:** practice in psychiatric hospitalization has made significant strides towards patient-centered care, but this context still poses major challenges involving the impairments and manifestations of psychopathologies and the prevailing biomedical model in these settings. It is necessary to invest in strategies that align patients' involvement, as currently recommended, with the environmental and syndromic specificities of psychiatric nursing.

Descriptors: Patient Safety; Patient Participation; Nursing Care; Psychiatric Hospitals.

Estratégias participativas direcionadas às pessoas com necessidade de internação psiquiátrica: revisão integrativa

Objetivo: analisar as evidências científicas sobre estratégias para promover a participação dos usuários no cuidado durante a internação psiquiátrica. **Metodologia:** revisão integrativa com busca nas bases de dados Biblioteca Virtual de Saúde, PubMed, *Medical Literature Analysis and Retrieval System Online*; Embase, Scopus, *Web of Science*, *Cumulative Index to Nursing and Allied Health Literature*, *PsycInfo* e *Scientific Electronic Library Online*. **Resultados:** foram analisados 9 estudos. Destes, 2 abordaram os cuidados orientados para a recuperação, 2 o envolvimento do usuário na troca de turnos, seguido por um artigo sobre cada um dos temas: Programa Tomada de Decisão Compartilhada, Programa *Star Wards*, terapia para o ambiente, utilização do *Tidal Model* e Posto de Enfermagem aberto. **Conclusão:** a prática na internação em saúde mental tem avançado no cuidado centrado no usuário, todavia, esse contexto detém desafios maiores atribuídos aos comprometimentos e manifestações das psicopatologias e, ainda, ao modelo biomédico que reverbera nesses espaços. Entende-se ser necessário o investimento em estratégias que alinhem o envolvimento do usuário, preconizado na contemporaneidade e as particularidades ambientais e sindrômicas da enfermaria psiquiátrica.

Descritores: Segurança do Paciente; Participação do Paciente; Cuidados de Enfermagem; Hospitais Psiquiátricos.

Estrategias participativas dirigidas a personas con necesidad de hospitalización psiquiátrica: revisión integrativa

Objetivo: analizar las evidencias científicas sobre las estrategias para promover la participación del paciente en su cuidado en la hospitalización psiquiátrica. **Metodología:** revisión integrativa con búsqueda en las bases de datos Biblioteca Virtual de Saúde, PubMed, *Medical Literature Analysis and Retrieval System Online*; Embase, Scopus, *Web of Science*, *Cumulative Index to Nursing and Allied Health Literature*, *PsycInfo* e *Scientific Electronic Library Online*. **Resultados:** se analizaron 9 estudios. De estos, 2 abordaron la atención orientada a la recuperación, 2 la participación del paciente en el cambio de turno, seguido de uno de cada uno sobre: Programa de Toma de Decisiones Compartidas, Programa *Star Wards*, terapia para el medio ambiente, uso del *Tidal Model* y Puesto de Enfermería abierto. **Conclusion:** la práctica de la hospitalización psiquiátrica ha avanzado en la atención centrada en el paciente, sin embargo, ese contexto resiste los mayores desafíos atribuidos a los compromisos y manifestaciones de las psicopatologías, y también al modelo biomédico que repercute en estos espacios. Se entiende que es necesario invertir en estrategias que alineen el envolvimiento del paciente propugnado en la contemporaneidad y las particularidades ambientales y sindrómicas del pabellón psiquiátrico.

Descritores: Seguridad del Paciente; Participación del Paciente; Cuidado de Enfermera; Hospitales Psiquiátricos.

Introduction

Patient safety is considered an important public health issue and a strategic issue in the world, so it is urgent to guarantee the care quality processes. Its concept is related to mitigating risks associated with healthcare and recommends that barriers be established to prevent errors from reaching the patient. In view of this, patient participation in terms of patient care and safety has been prioritized by institutions, as providing and improving access to information for the user, family or caregiver promote barriers at the moment which provoke an alert and proactive attitude in preventing adversities in healthcare resulting from human error[1].

Patient or user participation (the most appropriate and inclusive term) is one of the most common topics in the debate on health, and in addition to being a legal requirement for healthcare, it optimizes treatment processes and the care quality, contributing to economic benefits for services[2]. However, it requires the healthcare team to transform their practices and recognize that user participation depends on attitudes towards opening up the care process to include them.

Patient safety precepts are necessary in any context in which healthcare occurs, and cover all care settings. The specificities of the mental health hospitalization space constitute a challenge to the user's participation in their care and safety, as they experience a worsening period of psychological symptoms, and it is understood that there is no impairment of bodily functions, so they will not remain in the hospital bed or within the limits of the unit. There is even a high possibility that they are experiencing psychomotor agitation, with significant psychotic symptoms and displaying attitudes and behaviors which could compromise their safety, as well as that of other users and professional staff[3].

Even though the objective of the pharmacological approach used to treat these conditions is psychomotor stabilization, they often involve medication restraint and sedation which increase the risks to the user's safety, including falls and bronchoaspiration. Mechanical restraint is also added to this scope, a vehemently restrictive conduct. In short, hospitalization from the current perspective of mental health maintains remnants of the classic psychiatric paradigm, in contrast to the perspective of user participation and reveals the problematic situation addressed herein[3].

Considering the challenge of promoting user participation in mental health, especially during hospitalization, and the context of the counter-reform that takes place in these spaces, this study aimed to analyze scientific evidence on strategies to promote user participation in care during psychiatric hospitalization.

Method

An integrative literature review was conducted. In order to guarantee methodological rigor and quality of the report, the recommendations of the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement were followed, with adaptation for an integrative review[4].

The research process was performed in six stages[5]: 1) Identification of the topic and selection of the research question; 2) Establishing the inclusion and exclusion criteria of studies; 3) Defining the information to be extracted and categorization of studies; 4) Assessment of included studies; 5) Interpretation of results; and 6) Presentation of the knowledge synthesis. It is important to emphasize that the entire process was guided by a librarian, who even developed the search strategies and implemented them on the information sources selected by the research team.

The research question to guide the literature search was conceived using the PICo strategy, which represents an acronym for: P = Participant, I = Phenomenon of Interest, and Co = Context. Thus, P corresponded to users of mental health services; I focused on the participation of users in the change of nursing shifts; and Co for hospitalization in mental health, obtaining the following research question: "What are the strategies to promote participation of users in care during mental health hospitalization?"

The study was conducted in October 2021 in the following databases: a) Regional Portal of the Virtual Health Library (VHL), which contains the Latin American and Caribbean Literature in Health Sciences (LILACS); b) PubMed, which provides the Medical Literature Analysis and Retrieval System Online (MEDLINE); c) via the Periodical Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), in the Embase and Scopus databases, from the company Elsevier; Web of Science (WOS), from Clarivate Analytics; Cumulative Index to Nursing and Allied Health Literature (CINAHL), from EBSCO; PsycInfo, from the American Psychological Association (APA); and d) the Scientific Electronic Library Online (SciELO). These databases were selected because they are relevant to the formulated question, having broad coverage of publications in the health area.

The following descriptors were selected: "*Cuidados de Enfermagem*", "*Participação do Paciente*" and "*Hospitais Psiquiátricos*". The controlled vocabulary used included: Medical Literature Analysis and Retrieval System Online (MeSH) – MEDLINE/PubMed),

Descriptors in Health Sciences (DeCS) - *Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde* (BIREME) and EMTREE (Embase). The descriptors and their synonyms were connected by the Boolean operators OR and AND, constituting the search strategy: "Nursing Care" OR "Psychiatric Nursing" OR (…) AND "Patient Participation" OR "Patient Empowerment" OR (…) AND "Hospitals, Psychiatric" OR "Mental Hospital" OR (…).

The complete search strategy carried out in the CINAHL database is presented to illustrate: ("psychiatric nursing" OR "mental health nursing" OR "psychosocial nursing" OR "nursing care" OR "mental health assistance") AND ("patient participation" OR "patient activation" OR "patient empowerment" OR "patient engagement" OR "patient involvement" OR "patient participation" OR "patient safety" OR "patient safeties" OR "recovery-oriented practice" OR "patient-controlled admission" OR "shared-decision-making") AND ("psychiatric commitment" OR "psychiatric commitments" OR "hospitals, psychiatric" OR "mental hospital" OR "mental hospitals" OR "mental institutions" OR "mental institution" OR "psychiatric hospital" OR "psychiatric hospitals" OR "psychiatric department, hospital" OR "hospital psychiatric department" OR "hospital psychiatric departments" OR "mental health services" OR "mental health service" OR "mental hygiene service" OR "mental hygiene services").

The results obtained from the selection of studies in the different databases were migrated to the Rayyan QCRI[6] program, which enables screening results using a semi-automation process that incorporates a high level of credibility in the process.

Duplicates between databases were initially removed in the EndNote Web reference manager. The studies were selected by two researchers in a double-blind format, which began with screening the results by analyzing the title, keywords and reading the summary. The included articles were then read in full.

There was no limitation regarding the type of scientific material. Articles published between 2006 and December 2021 which answered the research question were included. This time frame was chosen due to it constituting the burning issue of user engagement in care and safety period, a fact represented by the drafting of the London Declaration in 2006. The inclusion criteria were: full text and publications in Portuguese, English and Spanish.

Literature reviews articles, those which addressed care to promote user participation by professionals who are not members of the Nursing team; those that dealt with the subject "patient participation", but did not describe nursing care; those that dealt with user participation in contexts that exclude mental health hospitalization; and those that had scales as a focus were excluded.

Data from the articles included in the review were independently extracted by the researchers using a data collection instrument following the proposal by Sousa, et al. (2018)[5]. This instrument was composed of the items: Identification of studies: Main author/Title; Methodology: Type of study/ Sampling/Location/Year; and Strategy for user participation/Main results; and Conclusion.

The evaluation was performed based on the arrangement of the studies selected in the instrument, which facilitated mapping the captured data considering the objective of the integrative review and the research question. The methodological quality of the studies was not assessed as a critical analysis typical of systematic reviews was not attempted, but rather to identify strategies to promote user participation in care.

The last stage of this literature review consisted of a summarized presentation with the main evidence, a discussion of the results and a description of their relationship with the objective and research question. The study did not require referral to the Research Ethics Committee as it did not directly involve human beings.

Results

After crossing the descriptors in the databases, a total of 1032 documents were obtained. After removing 314 duplicates, 720 articles remained for analysis. Then moving on to the evaluation of titles and keywords, 630 documents were excluded. After reading the abstracts, 57 documents were not eligible, leaving 33 articles relevant for the full text reading. After reading the articles in full, 24 studies were excluded due to non-compliance with the eligibility criteria, leaving 9 articles to be included in the final sample of this review. This article selection process is summarized in Figure 1.

The final sample of this review consisted of 9 articles whose reference lists were examined for additional studies. Of the articles included for the integrative review, 8 were published in nursing journals related to the psychiatry and mental health areas, and 1 in a general nursing journal. Regarding location, Australia led with 2 publications. New Zealand, the United States, the United Kingdom and the European countries Netherlands, Ireland, Norway and Belgium had 1 publication each.
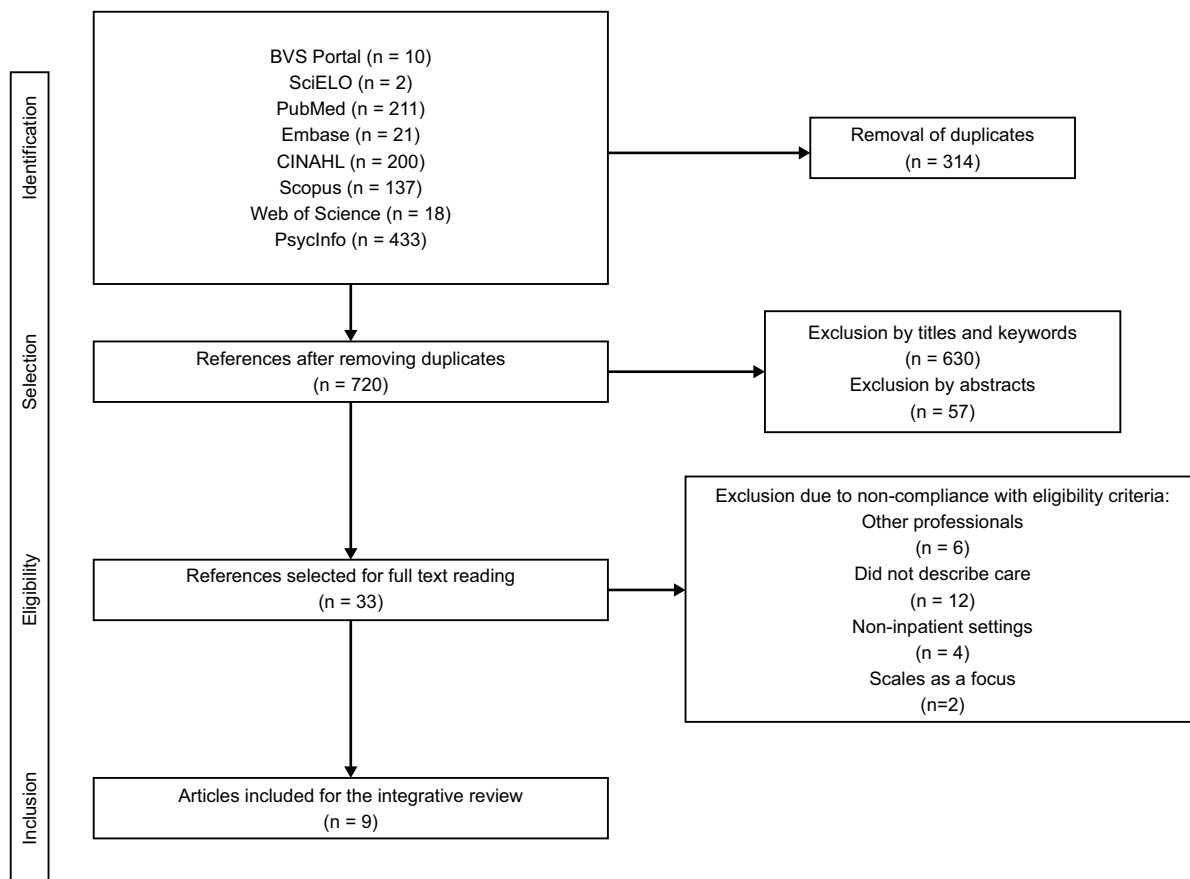
Figure 1 - Summary of the article selection process according to the PRISMA-P flowchart. Rio de Janeiro, RJ, Brazil, 2021

Regarding strategies for user participation, 2 addressed recovery-oriented care and 2 user involvement in shift change. The other 5 were divided into themes: Shared Decision Making Program, Star Wards Program, Therapeutic Work for the Environment, use of the Tidal Model in user-centered care and open Nursing Station.

For the methodologies, 4 phenomenological studies were identified, 1 quasi-experimental, 1 ethnological, 1 mixed methods, 1 descriptive and 1 report. The predominant data collection method was interviews, with 5 studies. The others ranged from observation, research tools, focus group discussion and questionnaire. Data extraction and characterization of the included articles are presented in Figures 2 and 3.

Number	Study identification: Authors/Title	Methodology: Type of study/Sampling/Location/Year
E1[7]	Nardella N, Hooper S, Lau R, Hutchinson A /Developing acute care-based mental health nurses' knowledge and skills in providing recovery-orientated care: A mixed methods study	Prospective, observational and mixed methods study/45 nurses/Australia/2021
E2[8]	Solomon B, Sutton D, McKenna B/The experience and meaning of recovery-oriented practice for nurses working in acute mental health services	Phenomenological study/10 nurses/ New Zealand/2021
E3[9]	Olasoji M, Cross W, Reed F, Wang W, Jacob S, Plummer V/Mental health nurses' attitudes towards consumer involvement in nursing handover pre and post an educational implementation	Quasi-experimental pre-post-test study with a single group/36 nurses/Australia/2019
E4[10]	Van de Velde E, Van Hecke A, Van Cleemput N, Eeckloo K, Malfait S/Nursing handover involving consumers on inpatient mental healthcare units: A qualitative exploration of the consumers' perspective	Phenomenological study/13 users/ Belgium/2021
E5[11]	Wesseldijk-Elferink IJM, Hendriks AW, Van den Heuvel SCGH/Shared decision making in a semi-secluded chronic psychiatric ward: The reflective lifeworld experiences of patients with schizophrenia or schizoaffective disorders and nursing staff	Phenomenological study/7 users and 6 nurses/Netherlands/2021
E6[12]	Janner M, Delaney KR/Safety issues on British mental health wards	Report/United Kingdom/2012
E7[13]	Oeye C, Bjelland AK, Skorpen A, Anderssen N/User participation when using milieu therapy in a psychiatric hospital in Norway: a mission impossible?	Ethnographic study/22 professionals and 15 users/Norway/2009
E8[14]	O'Donovan A/Patient-centred care in acute psychiatric admission units: reality or rhetoric?	Descriptive study/8 nurses/Ireland/2007
E9[15]	Shattell M, Bartlett R, Beres K, Southard K, Bell C, Judge CA, et al./How Patients and Nurses Experience an Open Versus an Enclosed Nursing Station on an Inpatient Psychiatric Unit	Phenomenological study/16 nurses and 13 users/USA/2015

Figure 2 - Data extraction and characterization of articles included in the integrative review according to study identification: authors/title and methodology: type of study/sampling/location/year. Rio de Janeiro, RJ, Brazil, 2021

Number	Strategy for user participation/Main results
E1[7]	Recovery-oriented care / Revealed gaps in nurses' knowledge and that they were unable to involve users more in their treatment. A deeper understanding of the concept of recovery and a change in attitude among nurses is needed. Training would help staff in providing this care.
E2[8]	Recovery-Focused Care / Although the experience and meaning of recovery-focused care varied among nurses, there were common elements. The practice of creating safe, relational and healing spaces is at the center of this care in the inpatient environment, however, there are cultural challenges.
E3[9]	Involvement of users in nursing shift change / Therapeutic involvement improved after training nurses. Communication improves when everyone has access to information. Well-planned education can influence nurses' attitudes about user involvement.
E4[10]	User involvement in nursing shift exchange / Users and nurses got to know each other better and built a relationship of trust. This strategy created an opportunity for users to exchange information with nurses, ask questions, feel co-responsible for their healthcare process, experience more control and ensure correct and complete information.
E5[11]	Using the principles of Shared Decision Making / Nurses can use these principles to improve therapeutic collaboration with users, even in a complex environment. This dialogical process induces a feeling of security and trust. Some nurses were skeptical and resistant to giving up restrictive attitudes. Crafting personalized plans, setting achievable goals, building trust, and providing hope are important incentives.
E6[12]	Star Wards Ward Program / Wards that have adopted Star Wards have demonstrated improvements in user satisfaction, staff morale, boredom levels and incidents of aggression.
E7[13]	User participation in Therapeutic Work for the Environment / Identified three stresses and challenges in implementing user participation: related to collective codes of conduct in the user's residence; due to divergences from the users' point of view; and due to the hierarchical biomedical hospital structure.
E8[14]	Use of the Tidal Model in user-centered care / Participants reported that the Tidal Model was used to evaluate and plan nursing care. User-centered care can be seen as an ideal, but its incorporation into practice requires changes in thinking.
E9[15]	Open Nursing Station / With the barrier at the station, nurses reported confidentiality and a concentrated work space, but recognized the challenge in communicating with users. They preferred the nursing station without the barrier, reporting freedom, security and connection with the team.

Figure 3 - Extraction of data and characterization of articles included in the integrative review according to strategy for user participation and main results. Rio de Janeiro, RJ, Brazil, 2021

Discussion

The studies highlighted problem questions and possibilities of strategies for user participation in nursing care during hospitalization for mental disorders. They confirm that there is an international movement for mental healthcare to overcome the verticality of the biomedical model and follow an approach that considers the user's involvement in their therapeutic process and their critical capacity.

They reveal the possibility of bringing the user's wisdom into the scenario, placing the subject in psychological distress in an opinionated and participatory place, suppressing any stigma that the healthcare team may have regarding the presented situations. Thus, it is possible to remodel care from a prescriptive format to an interactive one, in which the user is called to participate in the process of elaborating their care needs. The transformations driven by the Psychiatric Reform in Brazil and around the world have been redirecting mental healthcare with policies that promote citizenship and autonomy of users and families which have

repercussions on care practices[16], but which have not yet been absorbed in the same way in inpatient settings.

Recovery-oriented care models are integrated at the national level and in the regional policies of some countries, such as Australia, Canada, the United Kingdom and New Zealand[7-8]. Such models involve a shift from a focus on managing symptoms to providing care based on the individual's unique values, recognizing them as the main driver of their mental health recovery, promoting their involvement in decision-making about treatment and care, and training them for this responsibility, which can be facilitated by the development of therapeutic strategies[7].

One study[8] revealed three central elements in the relational space of recovery-oriented care in the mental health inpatient setting: creation of safety; building connection and shared commitment; and support healing. The structure of recovery-oriented care in mental health presents some critical points: the concern of professionals with increased exposure to risk and responsibility, the danger created by irrational expectations in relation to users, and the

possibility of diversion of the professional's focus from their responsibility[17].

In view of the above, practice oriented towards psychosocial recovery in the context of mental health hospitalization still proves to be null in the face of practices predetermined by collective experience, which instead of constituting the basis of singularized clinical practice, perpetuates itself as lacking reflections of active role involvement by hospitalized users in the context of mental health[18].

Successful achievement of the participatory care configuration is directly related to team education programs, which above all address roles and responsibilities in the psychosocial recovery of hospitalized users. Such activities promote the team's belief that users may be able to actively participate in their recovery process, which changes their attitude towards the care and treatment offered. This care perspective also demands support from leadership, provision of resources, integration into organizational culture, development of interpersonal communication skills and development of strategies for negotiating partnerships with users[7-8].

Shared Decision Making integrates contemporary recovery-oriented mental healthcare and promotes active user involvement in goal setting, information exchange and consensus to implement planned interventions. The use of this dialogic approach by mental health nurses reduces users' reluctant behavior and encourages their willingness to receive advice, acting as an incentive for the therapeutic alliance. However, it is common for the team to resist adopting this practice when they consider the users to be very serious, treating them as incapable of making decisions. Another point is to take control and know how to deal with the possible adverse consequences of users' preferences and opinions, which distances the intended dialogical approach and highlights the importance of the educational component in the course of care[11].

Another form of user participation highlighted in this review is environmentally oriented therapy[13], which constitutes a therapeutic tool to guarantee participation and resocialization of users leaving the psychiatric hospital. As much as this user's participation and democratic thinking are desired, the preponderant biomedical model adopted by the entire team presents tensions and challenges to their individual participation during care.

A study carried out in Ireland on psychiatric nursing care for people who self-mutilate[14] identified the use of Phil Barker's Tidal Model in team practice. It is a Nursing approach which focuses on developing understanding through collaboration with users, being understood as a negotiated way of working. However, the author observed that this care model was being used without the team considering its underlying philosophy, and that several other care models were being adopted, lacking a "unifying ethic" of user-centered care[14].

What is observed is that user-centered and recovery or environment-oriented approaches and Shared Decision Making are similar in terms of user participation; they also have knowledge from professionals provided to them as a common characteristic, seeking to achieve a shared understanding of their problems and treatment. However, there are obstacles, such as in cases of severe symptoms and professionals' perception of the user's incapacity, and also due to the persistence of the hierarchical biomedical approach, thus revealing the challenge of transferring user participation to clinical mental health practice[2].

It is important to note that the history of psychiatry highlights an asylum model of treatment congruent with the biomedical paradigm; however, the idea from adopting psychosocial thinking focused on mental health is to break prejudice, providing a new look at subjects with mental disorders and reflection on professional relationships in health services with an emphasis on subjectivity, thus favoring the practice of humanized care which considers people individually as autonomous and protagonists of their health-disease process[16].

Autonomy in mental health varies in relation to the clinical condition of the users, so the team needs to have theoretical-conceptual instruments to assess such autonomy, since this may be reduced depending on the intensity of the symptoms.

This care seeks an approach centered on the subject and their way of existing, with support from the multidisciplinary team and with a view to the social rehabilitation process. In turn, it is expected that the approach to users with mental disorders occurs according to their internal availability, through arrangements between them and the team to build a unique therapeutic project, which considers their peculiarities and choices, focusing on social interaction[16]. This interaction must be initiated between the patient and the care team during hospitalization, corroborating the perspective of user participation evidenced in the studies selected in this literature review.

Two articles dealt with user participation in the nursing team's shift change[9-10]. Although it is a practice already implemented in general care settings, it is recent in mental health and research in this context is limited. Nurses in the mental health area tend to believe that involving users in changing shifts is an inappropriate practice, based on the understanding that they are not mentally competent to understand or provide accurate information about themselves[9,11].

These professionals also consider the increased risk of aggression and the compromise of users' privacy and confidentiality. However, with professional training and ethical care, the concern about the risk to the user's safety is overcome due to the user's involvement in shift change and the benefits of this practice for the therapeutic relationship[9].

From the user's perspective, participating in nursing shift changes contributes to satisfaction in terms of relationships, promoting a greater sense of partnership and collaboration with the team and providing a space for correcting incorrect information and establishing therapeutic pacts. As a result, it improves patient safety and mitigates the risks of communication failures and adverse events possibly associated with mental healthcare. Another point is the impact on the power dynamics that recognizing the user as an expert in their illness experience entails, which stimulates their sense of security[10].

A study which explored the different ways in which shifts are exchanged by the Nursing team corroborates these findings[19]. The authors identified that when verbal transfer between nurses is carried out at the bedside with the user, their involvement in decisions and plans about their care increases, which can increase patient satisfaction, education and safety. Thus, it constitutes a superior practice aligned with user-centered care, so that it should be understood as the best practice in mental health, even if the "bedside" has to be replaced by a pleasant place where one can be next to the user.

One study[12] reported a program called "Star Wards" that was developed in the United Kingdom to create actively therapeutic hospitalizations and wards with a culture that replaces observation with engagement. It is organized in the form of a guide available on the internet, and consists of 75 ideas organized into seven categories, which include suggestions for activities related to speech therapies, recreation, health, care planning, ward community, user and visitor responsibility. It appears that this program allows nurses and users to work together and meets the perspective of care practices that promote patient participation.

In finding experiences related to the study objective, research conducted in a psychiatric hospital in the United States removed the physical barrier of the nursing station and discussed how to bring users and nurses together in a liberating and therapeutic environment with open channels of communication. This balance involves the Nursing team, maintaining limits and rules and fully participating in treatment and therapeutic communication[15].

Users experience a worsening period of psychological symptoms during hospitalization for mental disorders, which can compromise their understanding of their own pathology and safety. Furthermore, some practices applied in serious crisis situations make it impossible for users to contribute to decisions about their health, going against their participation in managing their care and safety. It is also important to emphasize that individuals with acute mental disorders often do not agree with or accept their diagnosis, refusing to adhere to treatment[3]. Therefore, scientific investment is urgent to investigate the contextual nuances and propose strategies in favor of care that promotes active and safe user participation, and that is accepted by the Nursing team.

The sample size of the studies is mentioned as a limitation of this review. Although the global trend of user involvement in care was clear, the cultural and organizational differences in professional Nursing practice in the different countries where the investigations were conducted may have limited the analysis scope of the results.

Although Brazil practices a public mental health policy formulated in line with the precepts of the Psychiatric Reform, the hospital-centric model resonates, as the hospitalization of people with mental disorders can take place (if necessary) in different devices, whether hospital or not, making it essential that the care provided in this treatment modality pursues strategies aligned with the psychosocial paradigm. From this perspective, this study contributes to transforming the still necessary practice of psychiatric hospitalization by bringing care strategies into discussion which favor active participation of users in nursing care processes, with the perspective that they take the lead in their recovery process and in actions towards their safety and treatment.

Conclusion

With the results obtained in this integrative literature review, it was possible to observe that the practice of mental health nursing in hospitalization spaces has verified user participation strategies, valuing them as a partner and main actor in their therapeutic process. However, the care context in question presents greater challenges in implementing dialogical strategies with the user, attributed to the commitments and manifestations of psychopathologies, the lack of preparation of the team, and also the biomedical model that reverberates in this space.

It is clear that the team's educational approach is a preponderantly necessary factor to establish practices which promote participation of users with mental disorders under hospitalization in their care. Based on this, an effective change towards a care culture that goes beyond the vertical professional-user relationship seems to be possible, as long as issues such as working conditions and environment do not become an obstacle

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to this, as the team needs to be in a situation which is favorable to changes in their practice.

It is understood that scientific investment in favor of user safety and qualified care is necessary to propose strategies that align with the individual's involvement, and possible in view of contemporary mental healthcare theories and practices.

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