

PSYCHIATRIC PATIENTS' FALLS: AN INTEGRATIVE REVIEW¹

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ABSTRACT

Objective: characterize the production on adult psychiatric patients' fall events. **Method:** Integrative review based on Whittemore theoretical-methodological assumptions. For data collection, the following descriptors were used: accidental falls, mental health, psychiatry, psychiatric nursing and nursing in Lilacs, MedLine, PubMed, Cinahl and Embase data bases. Through inclusion criteria and instruments for control of quality and level of evidences, a sample with 57 papers was obtained. **Results:** Aspects referring to psychiatric patients' risk factors, mechanisms and instruments used to evaluate falls in psychiatric patients and interventions associated to fall prevention emerged from the integrative review. **Conclusion:** Therefore, the scientific production presents fundamental elements on fall events in psychiatric patients, contributing to these patients' safety in psychiatric hospitalization units.

Keywords: Accidental falls. Mental health. Psychiatry. Psychiatric nursing. Nursing.

INTRODUCTION

Falling is globally considered a public health issue and the second cause of death for accidental or intentional injuries worldwide, behind traffic accidents alone. In Brazil, mortality rates specific for external causes ranged from 104.7 deaths to 114.2 deaths per each 100 thousand inhabitants, respectively, from 2012 to 2017, when the average specific mortality rate is 108.7 deaths per 100 thousand inhabitants⁽¹⁾.

When considering fall a multidimensional phenomenon, it is necessary to understand risk factors, which are classified as intrinsic (factors associated to the patient) and extrinsic (associated to environment and work processes)⁽²⁾. About the fall theme, it is possible to state that they assume a multifactorial position, subject to a variety of changes associated to age, health conditions and environment inadequacy⁽³⁾.

In psychiatric hospitalization units, the risk of falls is worrying due to the multiple risk factors associated to the person and the environment conditions. The combination of risk factors like use of medications, diagnosis and cognitive impairment makes it more compromising to the

patient⁽⁴⁾.

An Australian study evidenced significant rates of fall among hospital units, with highlight for psychiatric hospitalization sectors. In psychiatric geriatrics the rate was 3.19 falls per 1000 patients/day, and in psychiatric emergency units the rate was 1.95 fall per 1000 patients/day. In this study, the incidence of fall in other hospitalization sectors is: 24 clinical units with 1.25 falls per 1000 patients/day, adolescent units with 0.63 falls per 1000 patients/day, adult hospitalization unit with 0.76 falls per 1000 patients/day and rehab unit with 0.80 falls per 1000 patients/day⁽⁴⁾.

The theme falls in psychiatric patients has been discussed in hospital institutions and entities worldwide. National and international initiatives are being developed to encourage the analysis of indicators and the implantation of policies and practices to ensure safer care⁽⁵⁾, as well as to assist in planning and promoting preventive actions⁽⁶⁾. Therefore, falls are an indicator of the quality of the care provided in health institutions, becoming a concern for hospital institutions⁽⁷⁾.

In 2005, the World Health Organization (WHO) made a partnership with The Joint

¹Paper extracted from dissertation titled "Quedas em pacientes psiquiátricos: uma revisão integrativa" (Psychiatric patients' falls: an integrative review)

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Commission International, worldwide acknowledged as the main agency for health accreditation, and acknowledged fall event as the sixth International Patient Safety Goal⁽⁵⁾.

The relevance of analyzing fall events in psychiatric hospitalization units is evidenced because they correspond, in the institutions studied, to the highest rates of falls among hospitalized patients. Moreover, it is understood that psychiatric patients are vulnerable from the point of view of the disease, because they use medications that usually affect psychic and organic functions. From the point of view of knowledge production, the number of studies addressing falls in psychiatric patients is considered low, which has also motivated the present research.

For such, the study attempted to answer to the following research question: Which are the scientific evidences available in the literature on fall events in adult psychiatric patients? Thus, the present study is aimed at characterizing the scientific production on fall events in adult psychiatric patients.

METHODS

It is an integrative review that used theoretical-methodological assumptions proposed by Whittemore. Integrative review is one of the broader review methods, because it summarizes empirical and theoretical data from the literature to provide a more encompassing understanding of a particular phenomenon⁽⁸⁾.

To make this integrative review operational, the five phases proposed by Whittemore were used: 1st – problem formulation and identification; 2nd – bibliographic research – data collection; 3rd – data assessment; 4th – data analysis, and 5th – data presentation⁽⁸⁾. In the present study, instruments for Hierarchy of Evidence Classification and Quality Control Instruments adapted from the “Critical Appraisal skills programme” (CASP) were used.

The Hierarchy of Evidence Classification makes assessment according to the type of study, as follows: STRONG evidence (systematic review or meta-analysis and randomized clinical trials); MODERATE evidence (clinical trials without randomization, cohort studies and control cases and systematic review of

descriptive and qualitative studies); WEAK evidence (descriptive or qualitative studies and authorities’ opinions and/or reports from specialties committees).

CASP assesses quantitatively ten items of the papers: 1 – objective, 2 – methodological adequacy, 3 – presentation of theoretical and methodological procedures, 4 – sample selection, 5 – data collection procedures, 6 – relation between researcher and researched, 7 – considerations on ethical aspects, 8 – data analysis procedures, 9 – results presentation and 10 – research relevance. The value for each item ranges from 0 to 1 point. Papers with score from 6 to 10 points have good methodological quality and reduced bias; papers with minimum score of 5 points have satisfactory methodological quality, however with increased bias risk⁽¹⁰⁾.

The use of instruments to quantitatively and qualitatively assess and analyze the studies is considered a milestone of credibility and confidentiality, essential to quality scientific productions. The tools are intended to improve the transparency of the investigation aspects, providing clear models to report the investigation⁽⁹⁾. Due to that, this study opted for using these instruments.

To organize the proposed integrative review process, three filters are used: 1st filter, application of Whittemore’s 1st and 2nd phases; 2nd filter, application of Whittemore’s 3rd phase and use of Hierarchy of Evidence Classification; and 3rd filter, application of Whittemore’s 4th and 5th phases and application of CASP.

Thus, in the 1st phase the research guiding question was formulated: Which are the scientific evidences available in the literature on fall events in adult psychiatric patients? In the 2nd phase, production survey was made on the following data bases: Lilacs (Latin-American and Caribbean Literature on Health Sciences), MedLine, PubMed, Cinahl (Cumulative Index to Nursing and Allied Health Literature) and Embase. The descriptors used were: accidental falls, mental health, psychiatry, psychiatric nursing and nursing, in Portuguese and English, with Boolean operator AND.

Inclusion criteria were: scientific papers available online, in full and free of charge, published in June 2016; time section was not defined because the matter must be expanded,

and international literature prevails.

In the third phase, data assessment, reading of titles and abstracts was made of all documents found, based on the following exclusion criteria: repeated papers; those that do not fit in the research theme and/or question; theses, dissertations and monographs. In this phase the Hierarchy of Evidence Classification was used, selecting papers with moderate and strong classification.

In the fourth phase, data analysis, full reading of all scientific papers was made, selecting the following information: data bases, study objective, type of study, and main results and

conclusions according to the research's objectives. In this phase, CASP was also used, and studies that received scoring from 6 to 10 remained, considered as having good methodological quality and reduced bias.

In the fifth phase, data presentation, a diagram was built displaying the whole research operationalization (Figure 1). To facilitate data presentation, the study's results were broken down in three thematic units: risk factors for psychiatric patients; mechanisms and instruments for assessment of fall risk; and interventions associated to fall prevention.

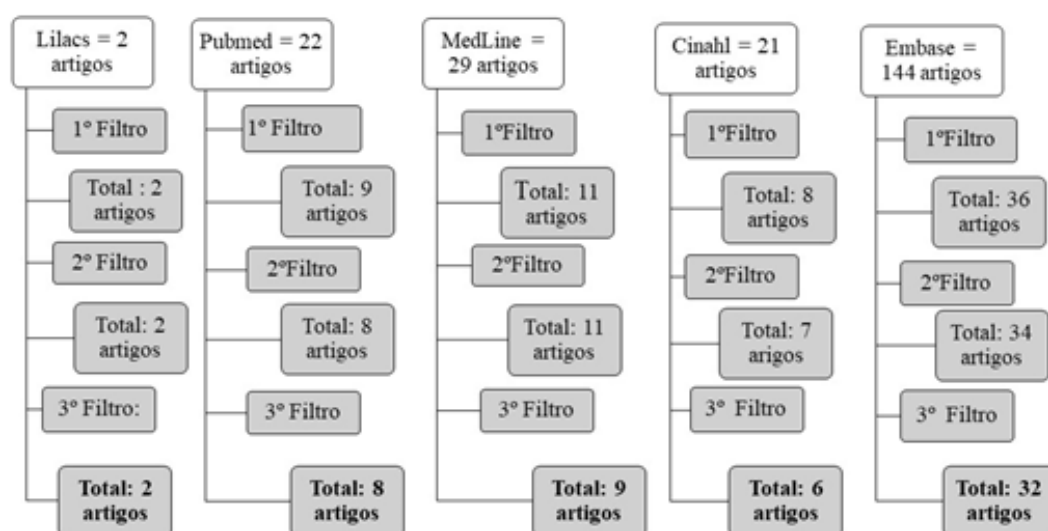


Figure (1):Diagram with operational aspects

RESULTS

Based on the analytical path used in this research, a total of 57 papers were obtained (Chart 1). There is, among them, prevalence of literature published in international journals (96.49% of the sample), showing the theme comprehensiveness and its reach in the scientific scenario.

With regard to the journals where the papers were published, most of them refer to researches in elderly health area. In mental health and nursing fields, the International Journal of Mental Health Nursing is outstanding as important

reference in the subject. With regard to the magazines' impact factor, considering the 2015 assessment, journals in medical and gerontology areas were outstanding.

In the methodological approach used in the studies, it was observed the prevalence of quantitative studies, totaling 46 (80.70%), and low number of qualitative studies, a total of 8 (14.04%), and 3 (5.2%) review studies. Among the quantitative researches, in the main methodological designs, there was prevalence of cohort studies (and their different classifications) and randomized clinical studies. Descriptive and review studies were less frequent.

Chart 1. Characterization of papers included in the review

Year	Title
2016	Impact of falls on mental health outcomes for older adult mental health patients: An Australian study
2016	Risk Factors for Falling in Home-Dwelling Older Women: The Women's Health and Aging Study
2016	Falls screening and assessment tools used in acute mental health settings: a review of policies in England and Wales
2015	Assessment of Care Problems in Romania: Feasibility and Exploration
2015	Predicting risk of the fall among aged adult residents of a nursing home
2015	Impairment reduction in older dizzy people in primary care: study protocol for a cluster randomized controlled trial
2015	Frailty prevalence and related factors in the older Adult-Frail TURK Project
2015	Comparison of the effects of water- and land-based exercises on the physical function and quality of life in community-dwelling elderly people with history of falling: A single-blind, randomized controlled trial.
2015	The Relationship Between Falls and Psychological Well-Being in a Brazilian Community Sample
2015	Associations of Mental Health and Substance Use Disorders With Presenting Problems and Outcomes in Older Adults' Emergency Department Visits
2015	The association between orthostatic hypotension, falling and successful rehabilitation in a nursing home population.
2015	A poor performance in comprehensive geriatric assessment is associated with increased fall risk in elders with hypertension: a cross-sectional study
2015	Falls and Fractures: A systematic approach to screening and prevention.
2014	A Modified Fall Risk Assessment Tool That Is Specific to Physical Function Predicts Falls in community- dwelling elderly people.
2014	Effect of Fall-Related Concerns on Physical, Mental, and Social Function in Community-Dwelling Older Adults: A Prospective Cohort Study.
2014	Health Care Task Difficulty among Older Adults with Multimorbidity.
2014	Effect of a multifactorial, interdisciplinary intervention on risk factors for falls and fall rate in frail older people: a randomized controlled trial.
2014	What factors influence community-dwelling older people's intent to undertake multifactorial fall prevention programs?
2014	Falls prevention in hospitals and mental health units: an extended evaluation of the Fall Safe quality improvement Project.
2014	Health Indicators Associated with Falls Among Middle-aged And Older Women Enrolled in an Evidence-Based Program.
2014	Does progressive resistance and balance exercise reduce falls in residential aged care? Randomized controlled trial protocol for the SUNBEAM program.
2014	Peripheral vestibular dysfunction is prevalent in older adults experience in multiple non-sync opal falls versus age-matched non-fallers: a pilot study.
2013	Development and validation of a fall- related impulsive behavior scale for residential care.
2013	Characteristics of patients who stop falling after a risk based Multidisciplinary intervention initiated in a geriatric day hospital.
2013	Factors related to falls among community Dwelling elderly.
2013	Pain and Anxiety Mediate the Relationship Between Dizziness and Falls in Older People.
2013	Characteristics of falls in the epilepsy monitoring unit: a retrospective study.
2012	Effect of Physical Restraint Reduction on Older Patients' Hospital Length of Stay.
2012	Positive components of mental health provide significant protection against likelihood of falling in older women over a 13-year period.
2012	Assessing falls risk in older adult mental health patients: A Western Australian review.
2012	The Additional Value of Bioelectrical Impedance Analysis-Derived Muscle Mass as a Screening Tool in Geriatric Assessment for Fall Prevention.
2011	Belt Restraint Reduction in Nursing Homes: Effects of a Multi component Intervention Program.
2011	Management and outcomes of delirious patients with hyperactive symptoms in a secured behavioral unit jointly used by geriatricians and psycho geriatrics.
2011	Factors Associated With Balance Confidence in Older Adults With Health Conditions Affecting the Balance Vestibular System.
2011	Quality of care of nurse-led and allied health personnel-led primary care clinics.
2011	Fear of falling as seen in the Multidisciplinary falls consultation.
2010	Cognition and the Risk of Hospitalization for Serious Falls in the Elderly: Results From the Cardiovascular Health Study.
2009	A multifactorial intervention for the prevention of falls in psychogeriatric nursing home patients, a randomized controlled trial (RCT).
2008	Depressive symptomatology and fracture risk in community dwelling older men and women.
2008	Exercise and risk of injurious fall in home – dwelling elderly.
2008	Psychological Well-Being Is an Independent Predictor of Falling in an 8-Year Follow-Up Of Older Adults.
2007	Health Status and Fall-Related Factors Among Older Korean Women.
2005	Diabetes Mellitus Is Associated With an Increased Risk of Falls in Elderly residents of a Long-Term Care Facility.
2004	Prediction of falls using a risk assessment tool in the acute care Setting.
2004	Falls in a Community of Older Adults: Findings and implications for Practice.
2003	Reducing Fear of Falling in Seniors Through Education and Activity Programs: A Randomized Trial.
2002	Demência como fator de risco para fraturas graves em idosos.
2001	A Randomized Trial of Exercise Programs Among Older Individuals Living in Two Long-Term Care Facilities: The Falls FREE Program.
2001	Risk factors for falling in psycho geriatric unit.
2001	Fall Risk Assessment Measures: An Analytic Review.
2000	Functional status among elderly Norwegian fallers living at home.
2000	Use of psychoactive drugs and related falls among older people living in community in Brazil.
1999	Impact of gait problems and falls on functioning in independent living persons of 55 years and over: a Community survey.
1998	Attention, Frailty, and Falls: The Effect of a Manual Task on Basic Mobility.
1997	Fear of falling and restriction of mobility in elderly fallers.
1993	Falls: An Examination of Three Reporting Methods in Nursing Homes

Among the scenarios of studies on psychiatric patients' fall, community centers (42.11%) and hospital institutions (26.11%) were outstanding, followed by long-stay institutions for the elderly (12.28%), facilities (7.02%), neurological clinics (3.51%), outpatient clinics (3.51%), emergency services (3.51%), and university (1.75%), which evidences higher concern with promoting and preventing falls.

Corroborating approaches of studies on falls, it was verified that 25 (43.86%) studies were concerned with the identification of risk factors, followed by 8 (14.04%) papers on the effects of falls, and 8 (14.04%) papers associating risk factors and interventions. On the other hand, 7 (12.28%) papers bring approaches with assessments, followed by 5 (8.77%) studies with emphasis on interventions, and percentage below one (1.75%) for themes like prevention, with value equal to one (1.75%) for association of risk factors and interventions and one (1.75%) for association of evaluations and risk factors.

DISCUSSION

Risk factors' for psychiatric patients is a theme largely emphasized in the literature. Risk factors for psychiatric patients' fall are closely associated to chronic health conditions, particularly those associated to ageing. It is known that non transmissible chronic conditions are part of the global epidemiological profile, as there is increase in life span and better access to services and prevention/rehabilitation programs⁽¹¹⁾.

With regard to risk factor associated to chronic diseases, it was observed that Systemic Arterial Hypertension (SAH) presented high mortality rates⁽³⁾, in addition to pointing to the association of antihypertensive drugs and physiological-functional decline, with risk for falls. Another risk factor influencing falls of psychiatric patients is Diabetes Mellitus, considered a global reach disease, affecting around 20% of older adults with ages from 65 to 75 and 40% of adults above 80 years old⁽¹²⁾.

There is a strong relation involving physical function, falls and cognition. Elements of physical function can contribute and predispose

to cognitive decline and falls in healthy elderly. Studies have shown that older people with higher levels of physical activities present reduced risk of cognitive decline and dementia⁽³⁾.

The association of falls to the elderly is indicated by most studies on the theme, indicating the concern with a population in need of specific care. In this age group, neurodegenerative diseases like, for example, Parkinson disease or Alzheimer disease cause high prevalence of mental health issues, like anxiety and depression disorders, which leads to the increase in psychoactive drug consumption⁽¹³⁾.

With regard to use of drugs as risk factor for falls, it was observed that the use of antidepressant drugs (particularly tricyclic antidepressants) and other psychoactive drugs can influence balance and postural control and cause concentration loss with low attention to obstacles. The environment is a facilitator to reduce or increase fall events⁽¹⁴⁾.

Psychotropic drugs are commonly prescribed⁽¹³⁾. Among them benzodiazepines, prolonged action agents, antidepressants and antipsychotics are outstanding. The use of benzodiazepines is considered the stronger predictor of elderly falls, followed by antipsychotics^(13,14).

Another study evidenced that benzodiazepines and mood stabilizers are also predictors of falls. Polypharmacy (≥ 4 drugs) is indicated as risk factor for falls, particularly where the daily medication includes associations with different drugs⁽¹³⁾. The use of drugs is important and necessary, though it can bring high risks for falls. In this regard, the importance of associating drugs to healthy habits like appropriate food, and practice of physical activities is emphasized to assist in the reduction of psychoactive drugs.

As to the theme involving mechanisms and instruments for assessment of risk for falls, the relevance of clinical evaluations in psychiatric units is outstanding for identification of chronic conditions or factors that predispose to falls that are not always directly associated to the psychiatric problem. In this regard, the instruments for assessment of falls are tools that make possible for caregivers or health units'

professionals to detect the factors that predispose patients' falls, and are fundamental to complement the traditional clinical examination⁽¹⁵⁾.

The literature indicates potential assessment instruments to be used in health, though each of them focuses on specific properties associated to the profile of the person being taken care of, such as: Fall-related Impulsive Behaviour Scale (FIBS)⁽¹⁶⁾; Health of the Nation Outcome Scale scores for people over the age of 65 (HoNOS65+)⁽¹⁷⁾; National Prevalence Measurement of care problems (LPZ-International)⁽¹⁸⁾; Saint Thomas Risk Assessment Tool in falling elderly inpatients (STRATIFY)⁽¹⁹⁾; EasyCare Risk of Falls–(ECRF)⁽²⁰⁾; Health Care Task Difficulty–(HCTD)⁽²¹⁾; Morse (Morse Falls Scale)⁽²²⁾ and Falls Risk Assessment Tool (FRAT)⁽²³⁾.

FIBS instrument was developed as a simple, valid and reliable assessment tool to assist in care⁽¹⁶⁾. The instrument is organized based on the dimensions of behavioral, physical and neuropsychological assessments that permit the assessment of impulsiveness behaviors associated to dementia, depression and balance, with good predictive validity as to these associations⁽¹⁶⁾.

HoNOS65+ assessment instrument is also a useful tool to assess elderly falls, with emphasis on the impact of fall on the mental health state. Factors often reported that contributed to falls include disorientation and mental confusion, gait instability, need of support for mobility and drug interactions⁽²⁰⁾.

STRATIFY is another important tool destined to the assessment of fall risk. It seeks to determine risk factors and prevent falls based on the identification of three dimensions: history of falls, mental state (mental confusion, disorientation and agitation) and mobility transfer/difficulty (go to the bathroom and wander)⁽²²⁾. While assessing the scale predictive qualities, the study's authors found good responses for fall risk assessment to mental health in England and Wales⁽²²⁾.

Other scales already consolidated in national and international contexts are Morse (Morse Falls Scale)⁽²²⁾ and Falls Risk Assessment Tool (FRAT)⁽²³⁾, acknowledged by their predictive properties, but insufficient to assess

the complexity of mental health patients' falls. For that matter, scales that assess psychiatric patients' falls must incorporate objective elements (numerical) with subjective and descriptive elements⁽²³⁾, since these subjects many times present behavior problems and use too many medications.

Another research was intended to validate a tool used by the European Assessment System, titled EasyCare Standard (ECS), and adapt it to predict the incidence of falls of older people under psychic suffering⁽²³⁾, and so, EasyCare Standard Risk of Falls (ECRF) was created. Adaptations to the original instrument emphasized correlated variables for assessment of mental health state, depression and mobility difficulty, and proved to be useful in the assessment of fall risk for individuals under psychic suffering.

From a community perspective, another study sought, by means of validation of elements of Health Care task difficulty (HCTD) scale, the association of chronic diseases cares and the impact on the elderly quality of life/physical and mental health⁽²⁴⁾. The authors proposed associations involving the number of chronic diseases to possible aggravation of health state, and among them are outstanding: falls, hearing and visual impairment, patient agitation and cares related to chronic disease, mental and physical health of the individual⁽²⁴⁾.

Therefore, the instruments for risk assessment for psychiatric patients falls are fundamental tools to qualify the care, preventing falls and possible aggravations that may compromise health. It is still necessary to invest in further studies to provide direct evidences and bring concrete statistical results about the efficacy or deficiency of instruments for fall risk assessment.

The theme on interventions associated to prevention of falls is directed to interventions and strategies of preventive care, and are associated to programs for prevention, health promotion and physical rehabilitation. The literature indicates specific interventions like, for example, people with vestibular issues, and approaches emphasizing the subjects' frailties, with interventions directed to balance and gait⁽²⁵⁾.

In a study performed with people presenting vestibular issues, particularly vertigo⁽²⁵⁾, a multicomponent intervention is proposed guided by risk factors. Among the actions, adjustment of medications in case of three or more medications prescribed that increase fall risk, care in case of anxiety and/or depression disorders and exercise therapy in case of compromised functional mobility are included.

Physical exercise is identified as a fundamental element in fall prevention process. It is responsible for the improvement in balance, gait, strength, speed and peripheral muscles' development, since, while improving the patient's global clinical condition, fall risk is reduced⁽²⁶⁾.

A project called Sunbeam aimed at assessing interventions based on physical and functional disabilities, assessment of the effects of interventions in the subjects' life quality, cognition, perception of falls and well-being. The project highlighted in interventions the positive effects of training for balance, with 38% reduction in fall rates⁽²⁷⁾.

There are also researches directed to interventions with specific exercises and other researches that invest in different approaches for persons with higher level of independence based on routine exercises like dancing, walking, group exercises, swimming and cycling, to reduce fall risk factors⁽²⁷⁾.

In a prospective study developed with geriatric population with history of psychiatric occurrence on multifactor interventions as fall prevention, the following aspects were outstanding: medication and nutritional care for those undernourished, diet counseling and oral supplements. The referral of people with metabolic complications to specialists was also recommended⁽²⁸⁾.

The literature demonstrated that intervening on the fall event requires a singular and multidimensional look, chiefly where falls are

associated to the population with mental health issues. The interventions and strategies approached in the researches demonstrated the need to continue investing in individual actions and in the creation of therapeutic projects articulated with the reality of each psychiatric patient.

CONCLUSION

National and international scientific production on falling of adult psychiatric patients presents fundamental elements that contribute to safety like risk factors, instruments for assessment of fall risk and actions to promote and prevent falling in different contexts.

Studies point to investments in the improvement of the patient's safety conditions. So, developing a review on psychiatric patients' falls helped expand and question the theme by means of a methodological reference frame capable of using qualitative and quantitative studies approach with methodologies. Thus, the study contributed to the mental health area, and also to the advance of bibliographic research, in order to promote integration between research and care, to conduct an effective practice, based on evidences.

It is worth emphasizing the need of investments in studies to improve mechanisms and instruments for assessment of psychiatric patients' falls, since the results of the present study are oriented to the psychogeriatric population, due to the scarce scientific production on this theme.

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QUEDAS EM PACIENTES PSIQUIÁTRICOS: UMA REVISÃO INTEGRATIVA

RESUMO

Objetivo: caracterizar a produção sobre o evento quedas em pacientes psiquiátricos adultos. **Método:** Trata-se de uma revisão integrativa baseada nos pressupostos teórico-metodológicos de Whittemore. Para coleta de dados utilizou-se os descritores: acidentes por quedas, saúde mental, psiquiatria, enfermagem psiquiátrica e enfermagem nas bases de dados Lilacs, MedLine, PubMed, Cinahl e Embase. Por meio dos critérios de inclusão e instrumentos de controle de qualidade e níveis de evidências, totalizou-se uma amostra de 57 artigos. **Resultados:** Emergiu da revisão integrativa aspectos referentes aos fatores de risco de pacientes psiquiátricos, mecanismos e instrumentos para avaliar as quedas

em pacientes psiquiátricos e intervenções relacionadas à prevenção de quedas. **Conclusão:** Portanto a produção científica apresenta elementos fundamentais sobre o evento quedas em paciente psiquiátrico, contribuindo para a segurança desses pacientes nas unidades de internações psiquiátricas.

Palavras-chave: Acidentes por quedas. Saúde Mental. Psiquiatria. Enfermagem psiquiátrica. Enfermagem.

CAÍDAS EN PACIENTES PSIQUIÁTRICOS: UNA REVISIÓN INTEGRADORA

RESUMEN

Objetivo: caracterizar la producción sobre el evento caídas en pacientes psiquiátricos adultos. **Método:** se trata de una revisión integradora basada en las suposiciones teórico-metodológicas de Whittemore. Para recolección de datos se utilizaron los descriptores: accidentes por caídas, salud mental, psiquiatria, enfermería psiquiátrica y enfermería en las bases de datos Lilacs, MedLine, PubMed, Cinahl y Embase. Por medio de los criterios de inclusión e instrumentos de control de calidad y niveles de evidencias, se totalizó una muestra de 57 artículos. **Resultados:** surgieron de la revisión integradora aspectos referentes a los factores de riesgo de pacientes psiquiátricos, mecanismos e instrumentos para evaluar las caídas en pacientes psiquiátricos e intervenciones relacionadas a la prevención de caídas. **Conclusión:** por lo tanto, la producción científica presenta elementos fundamentales sobre el evento caídas en paciente psiquiátrico, contribuyendo para la seguridad de estos pacientes en las unidades de internaciones psiquiátricas.

Palabras clave: Accidentes por caídas. Salud Mental. Psiquiatria. Enfermería psiquiátrica. Enfermería.

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