



Nursing education and psychiatric reform: knowledge and challenges in mental health practice

Formação em enfermagem e a reforma psiquiátrica: conhecimento e desafios na prática de saúde mental

Gabriella Araujo Gomes¹, Ezequiel Almeida Barros², Dbenifer Rodrigues Lima³, Elton Brás Camargo Júnior⁴, Edilaine Cristna da Silva Gherardi-Donato⁵, Maria Neyrian de Fátima Fernandes^{6*}

¹Nurse, Occupational Health Specialist from DNA Graduate Program, Federal Nursing Council, Brasília (DF), Brazil; ²Nursing undergraduate. Federal University of Maranhão. Imperatriz (MA), Brazil. ³Nursing undergraduate. Federal University of Maranhão. Imperatriz (MA), Brazil. ⁴PhD in Sciences from the Graduate Program in Psychiatric Nursing at the Ribeirão Preto School of Nursing, University of São Paulo. Ribeirão Preto (SP), Brazil. ⁵Post-Doctorate from the University of Alberta, Canada. Ribeirão Preto School of Nursing. USP. Ribeirão Preto (SP), Brazil. ⁶PhD from the Psychiatric Nursing Program at the Ribeirão Preto School of Nursing, University of São Paulo (EERP-USP). Federal University of Maranhão. Imperatriz (MA), Brazil.

*Corresponding author: Maria Neyrian de Fátima Fernandes – Email: neyrian.maria@ufma.br

RESUMO

Objetivo: Analisar o conhecimento, aprendizagem e aplicabilidade do saber de discentes do curso de enfermagem acerca da Reforma Psiquiátrica (RP). **Método:** Trata-se de um estudo observacional transversal, de natureza qualitativa, realizado com trinta e quatro acadêmicos de enfermagem de diferentes períodos que já tinham cursado a disciplina de Saúde Mental de um curso de enfermagem de universidade pública da região oeste do Maranhão. **Resultados:** Tal estudo revelou que o conhecimento sobre a reforma psiquiátrica é reconhecido, porém a aplicação prática não reflete totalmente os princípios da RP. A carga horária da disciplina é percebida como desproporcional, sugerindo a necessidade de mais conteúdo prático. A análise textual destaca a importância da saúde mental nas falas dos entrevistados e inter-relações de termos como "área" e "reforma". **Conclusão:** Os estudantes de enfermagem deste estudo desconheciam alguns dispositivos da Rede de Atenção Psicossocial, mas conheciam o papel do enfermeiro no modelo de atenção psicossocial proposto pela RP.

Palavras-chave: Saúde Mental. Conhecimento. Enfermagem.

ABSTRACT

Aim: To analyze the knowledge, learning, and knowledge applicability of nursing undergraduates regarding Psychiatric Reform. **Methods:** An observational cross-sectional qualitative study with 34 nursing undergraduates from different periods who had already taken the Mental Health subject in a public university nursing program in the western region of the state of Maranhão. **Results:** Knowledge about the psychiatric reform was recognized, but practical application does not fully reflect the principles of the reform. The subject's workload was perceived as disproportionate, suggesting the need for more practical content. The textual analysis highlighted the importance of mental health in the respondents' statements and the interrelationships of terms such as "area" and "reform". **Conclusion:** The nursing undergraduates were unaware of some devices of the Psychosocial Care Network, but were familiar with the nurse's role in the psychosocial care model proposed by the Psychiatric Reform.

Keywords: Mental Health. Knowledge. Nursing.

INTRODUCTION

Mental health policies have evolved since the second half of the 20th century, standing out for their development, implementation, and reform in countries with diverse financial and social conditions, in addition to covering several European, Asian, and American nations. The approach to mental healthcare shifted towards deinstitutionalization in the 1970s, resulting in national policies such as the *Psychiatry-Enquete* in Germany and Law 180 in Italy⁽¹⁻⁴⁾. This new approach, called Psychiatric Reform (PR), defended, among other things, the need to transfer psychiatric care from the hospital to the community, promoting the participation of individuals with mental disorders in society⁽¹⁾.

Given the policies and legislative efforts employed in diverse nations, most countries in Latin America and the Caribbean have implemented innovative and successful reforms. These countries developed community services and improved psychiatric hospital services at national and local levels. The integration of mental health with primary care with a focus on health promotion and prevention has been essential in these reforms in countries such as Brazil, Cuba, Chile, El Salvador, Nicaragua, Guatemala, and Panama^(4,5).

Mental healthcare in Brazil was limited to psychiatric hospitals until the middle of the 20th century, characterized by long and segregated hospitalizations. However, the PR movement at the end of the 1970s questioned this model in the country, generating two historical periods: first, with the criticism of the asylum structure and the emergence of therapeutic approaches in communities; second, focused on promoting mental health (MH) with community approaches⁽⁶⁾.

Then in 2001, Federal Law 10216/2001, known as the Paulo Delgado Law, brought significant changes to MH care, proposing the closure of psychiatric hospitals, professional improvement, and new approaches to mental health. This promoted a transition from the asylum model to the psychosocial model, focusing on social reintegration, autonomy, and citizenship⁽⁷⁾. The Paulo Delgado Law was an

effective milestone in changes to the MH care model in Brazil, as it created social reintegration programs, namely the Psychosocial Care Network (*Rede de Atenção Psicossocial - RAPS*) with the implementation of services, such as Psychosocial Care Centers (*Centros de Atenção Psicossocial - CAPS*), psychiatric beds in general hospitals, and Therapeutic Residential Services (*Serviços Residenciais Terapêuticos - SRT*)⁽⁶⁾.

There is a challenging gap in academic expertise and professional training capacity to implement PR, and not only in Brazil, but in several countries. The production of new health professionals in contemporary mental health practices is insufficient in many places⁽⁷⁾. There has been profound transformation in the mental health area in Brazil, especially in the need for qualified professionals, with a new stance and ethics in caring for individuals previously classified as mentally ill⁽⁸⁾. Considering that nursing makes up at least 50% of the health workforce in the world⁽⁹⁾, the discussion about PR and its implications must be addressed and valued in nursing education, expanding understanding of professionals undergoing training about MH's new reality.

Before the pandemic, some parts of the world used to question the benefits of nursing professionals in mental health, in which specialization was discouraged by government bodies⁽¹⁰⁾. However, the COVID-19 pandemic and recognition by the United Nations that the health crisis could trigger a major mental health crisis changed this scenario⁽¹¹⁾.

The future of mental health currently depends on the qualifications and broad scope of practice of nursing professionals who must prioritize support actions for individuals in crisis. Prevention of mental disorders focuses on reducing subclinical symptoms in at-risk individuals, aiming to reduce the incidence and impact of these disorders. However, these prevention strategies generally do not cover the population as a whole, either due to insufficient human resources or lack of professional qualifications, which makes them insufficient to comprehensively improve mental health⁽¹²⁾.

Promoting good mental health involves strengthening the capacity of individuals, families, groups, or communities to positively support or

promote emotional, cognitive, and related experiences. Consequently, it is crucial to emphasize the importance of mental health and enhance individuals' coping strategies, rather than just focusing on mitigating symptoms and disabilities via prescriptions⁽¹²⁾.

In order to fill this gap, mental health promotion seeks to improve the MH of the entire population, reconceptualizing it positively, instead of only focusing on the absence of mental disorders. However, knowledge in the area must be aligned with the objectives of the reform, especially concerning new services and the need for interdisciplinary collaboration to ensure comprehensive care and respect the citizen's citizenship and autonomy^(7,13).

Studying MH during nursing education is essential to break with the hospital-based model, seeking a comprehensive approach that values biopsychosocial aspects in healthcare⁽¹³⁾. At the same time, inserting MH in this context historically challenges implementing more holistic models in the care of psychiatric patients⁽¹⁴⁾, as it is known that there is limited education in MH during the course, with deficiencies in the curriculum content or that remains linked to the traditional psychiatric model^(15,16).

One factor that hinders the discussion about PR and its implications in academia is the lack of attention in core curricular subjects focused on the MH area. More than 3% of the curricula of higher education institutions (HEIs) in the country do not include a subject focused on MH nursing, and when this subject is offered, around 98% of the programs teach it in the theoretical-practical modality. According to professors, this model makes it difficult to fully approach theoretical content and practical activities⁽¹⁷⁾.

A survey⁽¹⁸⁾ with professors of the MH subject at a HEI in São Paulo found that the assigned workload is inadequate, being insufficient to address the fundamental theoretical contents in the study of psychopathologies. Furthermore, the practical component also has a deficient workload. In addition, this part does not occur in health service environments in some educational institutions. The integration between the MH subject and

other subjects in the curriculum is not a predominant practice, resulting in the absence of an interdisciplinary approach. Teaching related to PR and MH policies is also limited, often covered superficially, in just a few hours of class.

Intensified practical activities in the psychosocial scope provides complex situations which facilitate acquiring new knowledge and skills. These experiences transcend the traditional psychiatric model, not only directing care provision in the health context, but also in the political and social spheres⁽¹⁹⁾.

In this context, academic nursing education can make an important contribution to the construction of mental healthcare aligned with the principles of psychiatric reform. Understanding how nursing undergraduates perceive knowledge acquisition about PR, how this knowledge is translated into their practices, and the existing gaps, is relevant to aligning teaching with the comprehensive care model for MH. Therefore, the goal of the present study was to analyze the knowledge, learning, and knowledge applicability of nursing undergraduates about PR.

METHODS

TYPE OF STUDY

This was a qualitative study, which makes it possible to understand behaviors from the point of view of the individuals investigated and collect detailed and descriptive data about people, places, and dialogues, thus allowing access to the wealth of human experience⁽²⁰⁾. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed⁽²¹⁾.

STUDY SETTING

The study was conducted with 34 nursing undergraduates who had already taken the Mental Health subject of the nursing program at a public university in the western region of the state of Maranhão. The program had approximately two hundred (200) students who had already taken the subject during the study period. The population was defined using the

data saturation method, i.e. when they began to become repetitive^(22,23).

The mental health nursing subject is normally offered in the 6th period of the program and has a total workload of 75 hours, of which 30 hours are practical classes on *RAPS* devices (*CAPS* and *SRT*) of the municipality. Practices are carried out with a maximum of six students per group, with a maximum of 50 places. The number of students enrolled varied from 25 to 35 students per semester, but it reached more than 40 during the pandemic, being taught by a single professor with a doctorate in the area.

STUDY PARTICIPANTS

The selection of participants was intentional. Thus, undergraduates with active enrollment in nursing from different periods, over 18 years of age, and who had already taken the mental health subject in nursing were included. A total of 34 students participated in the study. Undergraduates who provided incomplete answers or were off-topic were excluded.

DATA COLLECTION

The participants were approached using the WhatsApp[®] instant messaging application, aiming to apply the open-question script. A total of 200 nursing undergraduates were invited, of which 34 agreed to participate and responded to the questionnaires, with this being the final population. The students' approach to data collection took place in three modalities: a face-to-face meeting with eight (8) students for an individual written interview with available participants, held in October 2022. At that time, the responses were transcribed in the printed script; approaches via WhatsApp[®] to 200 students for an online interview, carried out in October and November 2022, in which individual responses from 14 students were captured via online script using Google Forms[®] by text message through the application; and private approaches via WhatsApp[®], in July 2023, capturing another 12 responses to the online script using Google Forms[®]. Data collection required a response time of approximately 20

minutes and was carried out by two (2) researchers of this study.

Data were collected using three different modalities, each at different periods, as there was difficulty in recruiting participants; in addition to accepting to participate, they could fully complete the questionnaire and remain focused on the proposed topic.

The script used to gather information was prepared by the authors of this study, and divided into two parts. The first consisted of presenting and signing the informed consent form (ICF). After consent, participants accessed the sociodemographic questionnaire. Once this stage was completed, participants immediately proceeded to the second part of data collection.

The second part of data collection consisted of the interview script. This script had open questions on the following topics: level of interest and knowledge about PR; whether the participant has already had contact with PR; whether the workload of the Mental Health subject was proportional to the demand for content; desire to study mental health in other periods; mandatory internship at *RAPS*; interest in working professionally at *RAPS*, as well as motivation for the decision; level of knowledge about specific political aspects of PR; in addition, knowledge about Therapeutic Residential Services (*SRT*), return home program, Singular Therapeutic Projects (PTS), Psychiatric Emergency Services (PESs), as well as the importance of nurses in consolidating PR and whether they were expected to deal with cases of mental suffering, even not working in the area. The steps could be performed in person or online, depending on the participant's convenience. In the online approach, responses were recorded directly in the script available on Google Drive. In the face-to-face approach, the researcher took the printed interview script in case any participant preferred to write their answers manually instead of using the online file.

Data were collected continuously, responses were transcribed and to maintain anonymity, and each participant received a specific coding: A1_S_F_P1: where A1 corresponds to the student's identification and position as interviewed; followed by S_F or S_M, which represents female or male students; and P1

corresponds to the question number in the questionnaire.

DATA ANALYSIS

The content was analyzed according to the three phases outlined by Bardin⁽²⁴⁾ in order to provide a deep understanding of the qualitative data. The first phase was pre-analysis, the organization phase, which occurs when the organized material is explored to systematize the initial ideas and make them operational. Then, the material was explored in the second phase, with the categories and coding defined, and implementing the decisions made previously. In turn, the third phase involved the treatment and interpretation of the results obtained, transforming the raw data into meaningful and valid information.

Next, the Iramuteq[®] software (Interface of R[®] *pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) was used to assist in organizing the textual corpus. The analyses were presented in two forms. The first consisted of a word cloud, grouped and graphically organized according to their frequency. This is a simple lexical analysis which enables identifying the main keywords, as they are larger compared to the least cited ones⁽²⁵⁾. The second analysis form concerns similarity analysis, which allows identifying occurrences between words and their result, forming groups and subgroups, and enabling identification of the most relevant themes. The highlighted connections are recognized through the font size, the thickness of the lines that connect the words, and the polygon to which they belong⁽²⁵⁾.

Bardin content analysis⁽²⁴⁾ is a structured methodological process which seeks to deeply

interpret textual data. When integrated with tools such as Iramuteq[®], this approach benefits from automation and graphical visualization, making the process more efficient and visually understandable. Therefore, Bardin's content analysis and the techniques provided by Iramuteq[®] complement each other, offering a rich and detailed analysis of qualitative data.

Professionals were initially characterized to better present the data collected herein. Next, the categories established from classification into recording units of the text of the interviews were addressed, namely: 1) the subject of mental health, 2) the interest in the mental health area, and 3) the role of the nurse in consolidating the Psychiatric Reform.

ETHICAL PROCEDURES

The project was approved by the Research Ethics Committee of the Federal University of Maranhão under Opinion no. 5.656.910. The study was conducted following the Guidelines and Regulatory Standards for Human Research, established in Resolution no. 466/2012 by the National Health Council.

RESULTS

Regarding sociodemographic data (Table 1), the highest percentage of participants were between 18 and 22 years old (67.6%), cisgender women (61.8%), in the sixth (6th) semester (38.3%), mixed race (61.8%), single (85.3%), protestant or evangelical (58.9%), and had a family income of up to 1 minimum monthly salary (38.3%).

Table 1. Sociodemographic data of the participants. Imperatriz, state of Maranhão, Brazil, 2023.

	VARIABLE	N (%)
Age group	18 to 22 years	23 (67.6%)
	23 to 27 years	8 (23.6%)
	28 to 32 years	3 (8.8%)
Gender	Cisgender women	21 (61.8%)

	Cisgender men	9 (26.4%)
	Non-binary	3 (8.9%)
	Transgender	1 (2.9%)
Semester		
	6th Semester	13 (38.3%)
	10th Semester	8 (23.6%)
	5th Semester	6 (17.7%)
	2nd Semester	4 (11.7%)
	8th Semester	2 (5.8%)
	7th Semester	1 (2.9%)
Race		
	Brown	21 (61.8%)
	White	10 (29.4%)
	Black	3 (8.8%)
Marital status		
	Single	29 (85.3%)
	Married	5 (14.7%)
Religion		
	Protestant or evangelical	20 (58.9%)
	Catholic	7 (20.6%)
	Spiritist	1 (2.9%)
	Others	6 (17.6%)
Family income		
	Up to 1 minimum salary	13 (38.3%)
	2 to 3 minimum salaries	7 (20.6%)
	4 to 6 minimum salaries	9 (26.5%)
	7 to 12 minimum salaries	3 (8.8%)
	13 to 15 minimum salaries	1 (2.9%)
	No income	2 (2.9%)
Total		34 (100%)

Source: Prepared by the authors (2023).

A total of 34 interviewees knew PR, in addition to being aware of the possibility of having to deal with situations of mental suffering, even though they do not work in the area. Furthermore, 24 of those interviewed considered that the theoretical-practical workload of the subject was insufficient and should be expanded.

When processing the data using the Iramuteq software, it was first possible to generate the output as a word cloud (Figure 1), and then the similarity analysis (Figure 2).

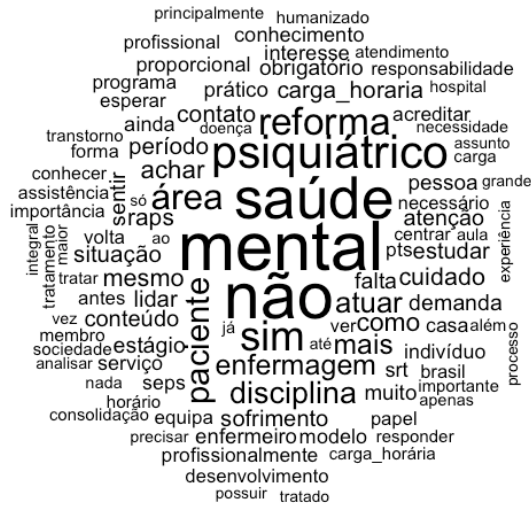


Figure 1. Word cloud from the textual corpus. Imperatriz, state of Maranhão, Brazil, 2023.
Source: Prepared by the authors (2023).

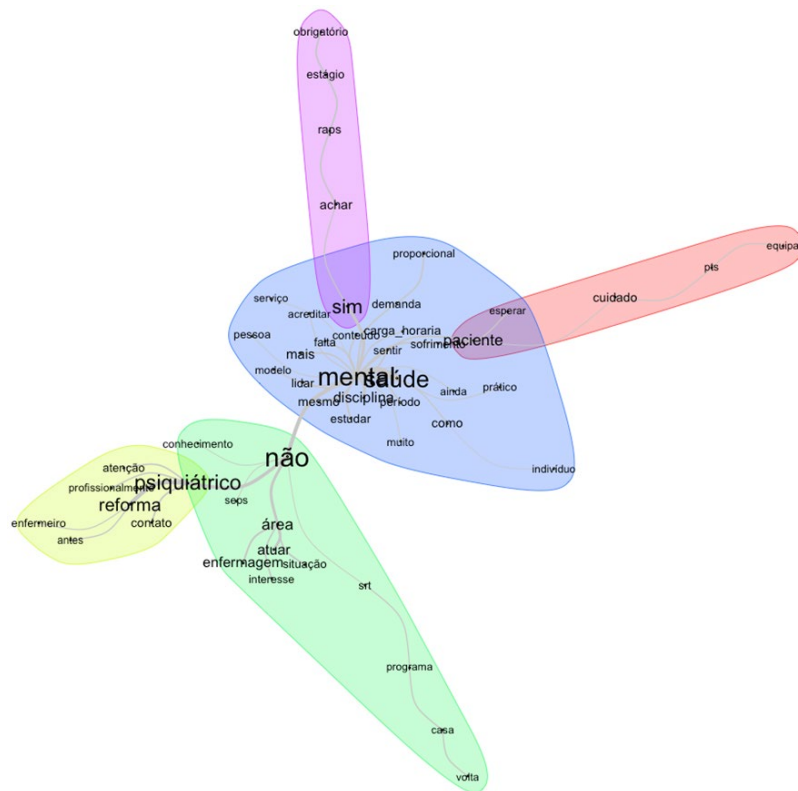


Figure 2. Similarity analysis of the textual corpus. Imperatriz, state of Maranhão, Brazil, 2023.
Source: Prepared by the authors (2023).

THE SUBJECT OF MENTAL HEALTH

The word cloud points to “Health” and “Mental” as the most prominent terms, which allude to the subject or area of mental health. This agreement is notable, as “area” and “subject” are

terms that have gained notable prominence in cloud analysis:

Yes, I had contact with PR during the mental health subject (A6_S_M_P1).

Yes, because I consider that mental health problems are not restricted to the areas of mental health care (A16_S_F_P7).

The statements specifically mention that the experience occurred during the mental health subject, which is relevant to understanding the academic context, as the need for mental health to go beyond the specific subject is recognized.

The word cloud also highlighted the term “nursing”, which, in the context of the interviews, was focused on the approach to mental health in undergraduate nursing programs:

Yes. I believe that, to insert a comprehensive nursing care model, the individual's mental health must be minimally present in each program subject, aimed at the patient, the student, and the professors (A7_S_F_P3).

To some extent, in specific health subjects, we have little focus on the mental health of patients toward interventions carried out by the nursing team (A9_S_F_P3).

Finally, the term “Subject workload” was highlighted, alluding to the workload of the subject, as in the following answer:

No, I believe there should be an extra workload, especially during the field internship (A18_S_F_P2).

According to the similarity analysis (Figure 2), the relevance of the expression “Mental Health” in the interviewees’ speech stands out, in addition to the identification of five groupings of words and their interconnections, evidenced by variations in font size, the thickness of lines that connect them and in the area of the polygons to which they belong. The analysis also revealed the main co-occurrences between the terms and interrelations present in the corpus interviews, with the expression “Mental Health” acting as a central point of connection in all

subgroups. The co-occurrence tree demonstrates that the strongest relationships between words were between the pairs: yes-mental-health-no-psychiatric-reform-area.

INTEREST IN THE AREA OF MENTAL HEALTH

In the similarity analysis, the word “no” was linked to terms such as “area”, “interest”, “TRS”, and “professionally”. The textual analysis indicated a lack of interest in working in the area of mental health and a lack of knowledge of Therapeutic Residence Services, as expressed in the statements below:

It's not my area of professional interest, but I really enjoy studying the topic, as mental health can be needed in all areas: knowing how to welcome patients, providing the necessary support for their needs, etc. (A26_S_F_P5). I don't know much about SRTs, but I consider their existence extremely important (A19_S_F_P8).

On the other hand, the word “yes” was linked to terms such as “RAPS”, “internship”, “mandatory”, which indicates that the interviewees consider that the program should have mandatory RAPS internships, as described below:

Yes, just like the RAPS, in which we currently have experiences and develop skills, I see that the RAPS are neglected and little valued during academic education. The internship in this service is fundamental since the subject alone is insufficient to experience mental health. A factor that can even favor students' lack of interest in this area, which is often seen with rooted prejudices, due to the little contact the student has with mental health (A6_S_M_P4).

A6_S_M_P4's speech makes a constructive criticism of academic education in mental health, highlighting the need for greater appreciation and integration of RAPS into the curriculum. The participant suggests that practical internships are fundamental to providing a complete and meaningful experience, helping to combat prejudice and increase students' interest in the area of mental health.

this helps create new actions in favor of mental health (A33_S_M_P11).

THE ROLE OF THE NURSE IN CONSOLIDATION OF THE PSYCHIATRIC REFORM

Other terms that stood out in the word cloud analysis were "Reform" and "Psychiatric", which in the context of the interviews refer to the role of the nurse in PR and the care model before PR, such as in the following examples:

The nurse's role is based on comprehensive care and management. I believe that their role in the reform is to maintain humanized care and always evolve for the best when it comes to patients with mental disorders (A7_S_F_P6).

Within this context, the system was like a "prison", where the so-called crazy people were deprived of their freedom and lived in psychiatric hospitalization units, such as mental health hospitals and psychiatric hospitals. In this context, there was a struggle during the Psychiatric Reform, but the beds in psychiatric hospitals did not decrease, which made the struggle difficult (A27_S_M_P6).

Finally, the results pointed to the role of nurses in consolidating PR, as in the answer below:

Contributing to the vision that more humane care is necessary and in accordance with the needs of each citizen receiving treatment. Furthermore,

The participant's speech suggests that it is important to promote a mental healthcare approach that is more humanized and individualized, meeting the specific needs of each person undergoing treatment. Furthermore, it emphasizes the need to develop new initiatives to improve mental health.

DISCUSSION

The results showed that the participants in this study, even though they had taken the subject and practiced at RAPS, were unaware of some devices such as the SRT; but on the other hand, they knew the role of the nurse in the psychosocial care model proposed by the PR. As challenges, they pointed out the insufficient workload of the subject, the lack of a mandatory curricular internship in the area, and the approach restricted only to the MH subject to the detriment of a transdisciplinary approach. A lack of interest in working professionally in the area was predominant in the statements.

The interviewees' lack of knowledge of the RAPS devices is similar to the results of a study conducted with 133 undergraduates from the University of São Paulo, of which 67% of participants were unaware of the SRT⁽²⁶⁾. In the case of the participants in our study, the practical classes were carried out in the 6th semester of the program on RAPS devices. Of these, 11 (32.3%) responded they were unaware of SRT, and most (10; 91.0%) had not yet taken the MH subject.

The curricular structure of the nursing program may possibly have a disproportionate workload related to mental health within the total number of curricular hours, which could be a sign of the position this area occupies in the nursing program. This may be the result of education still being influenced by the biomedical, hospital-centered, fragmented, technician, and reductionist model of knowledge, which may influence the education and performance profiles of nurses^(27,28). As a consequence, subjects such as MH can be seen as secondary or unimportant in the clinical context of nursing, and therefore be

studied with little involvement when compared to other health areas. Furthermore, the use of *RAPS* devices in practical classes is restricted to the subject of MH nursing and psychiatry.

Thus, the current teaching model still allows for flaws in the education of professionals, which leads to unpreparedness and lack of professional fulfillment⁽²⁹⁾, especially in the areas of psychiatric nursing and MH. In practice, gaps have been observed between the theoretical and practical knowledge acquired during education and the skills needed to perform functions in new substitutional services⁽⁷⁾.

In theory, the generalist nurse education process should enable providing initial care in MH, early detection of individuals in situations of psychological distress or mental disorders, intervention in stable psychiatric conditions, as well as in the context of MH combined with physical conditions, and promotion and prevention. Moreover, nurses' education must prepare them to collaborate in coordinating care with other *RAPS* professionals and services, and know how to refer to specialized services when necessary^(17,30).

According to the results of the aforementioned study, all interviewees showed some knowledge about PR, regardless of the program semester, and those who had taken the MH subject knew the role of the nurse. These findings generate an expectation of future change in the professional practice of nursing in the PR care model. However, evidence⁽⁷⁾ still shows a distant scenario, as graduating with this knowledge is not enough to prevent these professionals from providing care in practice influenced by the principles of the old asylum model. Among the possibilities for resolving these problems would be curricular training based on interprofessional education, constant encouragement for continuing education, and permanent education for professional nurses working in *RAPS*⁽⁷⁾.

Humanized and patient-centered care were mentioned when specifying the role of nurses in PR, as well as being a contributing agent in the development of public health policies. In this sense, the students shared discourses and health perspectives which contribute to deconstructing the bases of psychiatric

knowledge and overcoming asylum approaches necessary for consolidating PR⁽³¹⁾.

An important contribution to the practice of mental health nursing in the psychosocial model concerns the resolution of the Federal Nursing Council - COFEN 678/2021, which defines the nurse's competencies, including planning, coordination, and evaluation of nursing services in *RAPS*, carrying out the Nursing Process (NP), prescribing specific care, forming therapeutic bonds, managing care plans for mental disorders and active participation in the Singular Therapeutic Project⁽³²⁾.

In this context, nursing is part of both the reference team and the matrix support team. Matrix support teams must interact to jointly develop a therapeutic project, bringing new possibilities for interventions. This includes sharing knowledge about the user, discussing their habits, their family, the community, and the social and/or personal support network. This collaboration creates a network of knowledge that generates the first possibility of connection and co-responsibility⁽³³⁾.

Interestingly, the participants in this study pointed to nurses as contributing agents in the development of public health policies, because, by developing direct interaction with individuals, nurses build trust with the general public. In addition, by getting involved with all levels of care provision, they can serve as instrumental leaders in transforming the health system and reducing social inequities⁽³⁴⁾.

The low interest of those interviewed in this study in working in the mental health area was similar to other studies carried out in Brazil⁽²⁶⁾ and around the world⁽³⁵⁾. Several factors cause this lack of interest, among which the literature mentions the fear of serving users of these services⁽²⁶⁾. These students often enter the mental health subject with a preconceived image of patients, influenced by the media, and with a lack of adequate knowledge about the patients' conditions, which can be worsened by the attitudes of their families⁽³⁶⁾.

Other factors, such as negative attitudes, including from professors, towards people with mental illness, negative experiences specific to the program or type of work, and lack of exposure to someone with a mental illness, were associated

with low interest in the area⁽²⁶⁾. The lack of interest of undergraduates and even professionals in working in mental health may also be related to deficiencies in education that do not focus on this care and comprehensive vision⁽³⁷⁾.

One of the deficiencies in education pointed out by the students was that the program workload is disproportionate to the demand for content, and the interviewees pointed to the need for expansion with more practices in RAPS. A study conducted with 101 nursing program professors revealed that the workload is insufficient for 65% of them to provide the desired content^(17,18).

The insufficient workload can be explained by the influence of the social, historical, and cultural context on teaching, resulting in an undervaluation of mental health due to its historical neglect in society. Teaching reflects social values, prioritizing what is accepted and belittling what is stigmatized. MH and psychiatry disciplines are affected by this dynamic, often associated with stigma and marginalization, despite PR. This is due to misconceptions that still associate such areas with outdated concepts of mental hospitals and marginalized or economically non-productive individuals⁽³⁸⁾.

The appropriate integration of students with substitutional services not only makes them aware of the breadth of the social network that permeates care for users with mental disorders, but also provides a conducive environment for the exchange of experiences and mutual learning between students, professionals, and service users. Thus, exposure to theoretical content aligned with the PR process, combined with supervised practice, increases the likelihood of nursing students breaking away from biomedical medicalizing and exclusionary education of health professionals to develop significant skills in the area of mental health^(39,40).

From these results, we can see the importance of problematizing teaching practice, aiming to provide pedagogical practices consistent with the Mental Health Policy. However, this teaching practice remains a challenge, as there is a lack of professionals or insufficient preparation of nursing professors who work in subjects related to mental health. This understanding is necessary to support

practice models and pedagogical choices inserted in the new psychosocial paradigm which considers nursing education based on sociocultural precepts and in line with the principles of the Unified Health System (*Sistema Único de Saúde - SUS*)⁽⁴¹⁾.

The study's limitations include the fact that data were collected in the immediate post-pandemic period, which may have made it difficult for some undergraduates to access RAPS devices. Furthermore, the relatively small number of participants limits generalizing the results.

PRACTICAL IMPLICATIONS

The perception that the theoretical-practical workload of the subject is insufficient and should be expanded suggests the need to review and adapt academic curricula to better meet the demands and complexities of mental health nursing.

The existence of students who express an interest in working in the mental health area, although it is not their main area of professional interest, suggests an opportunity to promote awareness and greater engagement among students in this crucial health area.

The discussion about the role of nurses in consolidating PR highlights the importance of nursing professionals in promoting humanized care and defending the rights and dignity of people with mental disorders.

Thus, these implications point to the need for policies and practices that promote a more comprehensive and integrated approach to mental health in academic nursing education, in addition to the requirement to provide mental health services to the community.

CONCLUSION

The nursing undergraduates in this study were unaware of some RAPS devices, but they knew the role of the nurse in the psychosocial care model proposed by PR. The subject workload is perceived as disproportionate, suggesting the need for more practical content. The textual analysis highlights the importance of mental health in the interviewees' statements and

the interrelationships of terms such as “area” and “reform”. The study indicates the need for better preparation, with a greater focus on practice, and a broad and qualified faculty to promote a comprehensive and humanized approach to mental healthcare.

These findings suggest the inevitability of rethinking the nursing program curriculum to one which is more based on the mental and psychiatric health nursing area, aiming to improve student’s skills to work effectively in RAPS.

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