



CORPUS PUBLISHERS

# Current Research in Psychology and Behavioral Science (CRPBS)

Volume 1 Issue 2, 2020

## Article Information

Received date: May 13, 2020

Published date: June 20, 2020

## \*Corresponding author

Ivone Corsi da Silva, Department of Psychology, Adventist University Center of São Paulo-SP, Brazil

Distributed under Creative Commons  
CC-BY 4.0

## Keywords

Knowledge; Health assistance; Mental health; Psychiatric nursing

Research Article

# Description on the Theoretical Knowledge of Nursing Students in Front of Mental Health Care

Carollynne César Bispo Siqueira, Ivone Corsi da Silva\*

Department of Psychology, Adventist University Center of São Paulo-SP, Brazil

## Abstract

The curricular guidelines, in the health area, require professionals with general competencies in health care, decision making, communication, leadership, administration and management. The study investigated and evaluated the theoretical knowledge of undergraduate nursing students at a university Center in the state of São Paulo, in relation to mental health assistance. It was a qualitative and quantitative field research. An evaluative questionnaire was used in the sample of 75 students, belonging to four semesters (5<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup>). It was concluded that the students of the 5<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> semesters have theoretical knowledge of medium level and the 10<sup>th</sup>. Semester obtained a high level of theoretical knowledge; the majority, totaling 52 (69.3%) do not want to work and would work as a last option, in mental health. Needs for changes in the dynamics of the approach of the theoretical module were pointed out and visits were proposed in mental health services, for greater contact with the people assisted in them.

## Introduction

Official data show that 3% of the Brazilian population suffers from severe and persistent mental disorder, corresponding to 3.6 million people, with 6% having severe psychiatric disorders resulting from the use of alcohol and other drugs. Of these, 12% need some mental health care, whether continuous or occasional [1]. The psychiatric reform emerged through Law 10.216, dated April 6, 2001, determining that patients with long-term hospitalization should be reintegrated into a family nucleus (of origin or substitutes) as a way to progressively reduce psychiatric beds, in addition to qualifying, expanding and strengthening the network out-of-hospital care through Psychosocial Care Centers (CAPS), Residential Therapeutic Services (SRT's) and Psychiatric Units in General Hospitals (UPHG) - and also inclusion in mental health actions in primary care and Family Health [2].

The implementation of another model of assistance to people with mental disorders is underway in Brazil. This model stems from the articulations of the psychiatric Reform Movement, of a political, social and economic nature, with a strong ideological bias and whose main aspect is hospital discharge, with the consequent deconstruction of the asylum model that prevailed in Brazil for many years. Law No. 10, 216/2001, initiated by the Executive Branch of Brazil, which provides for the protection and rights of people with mental disorders and redirects the mental health care model, marked the beginning of this new era. Then, we move from a model centered on specialized tertiary hospitals to a community-based model, formed by a network of various services, with extra-hospital characteristics. With this change, the focus of assistance is shifted from treatment to reception, and the responsibility for the humanization of the process and the costs involved is shared with families [3]. According to the pedagogical project of the University Center studied, the curriculum of the nursing course, in the mental health module, proposes that the 4<sup>th</sup> Semester has 75 theoretical hours and 15 hours in different spaces, totaling 90 hours of workload. The teaching plan has the following objectives, for the student, who must be able to diagnose and solve health problems; to communicate; making decisions; to intervene in the work process; to work as a team and to face constantly changing situations; intervene in the health-disease process, being responsible for the quality of nursing care/care in its different levels of health care, with actions of promotion, protection and rehabilitation to health, in the perspective of comprehensive care.

For the nurse, the difficulties most present in his performance are related to training and the need to integrate into the team of professionals [4]. According to the Curricular Guidelines, the health area requires professionals with general skills, who focus on health care, decision making, communication, leadership, administration and management and continuing education [5]. The student is characterized by the multiple determinations of reality, an active subject who at the same time builds or alienates himself. It is the subject who seeks a new determination in terms of knowledge, skills and way of acting [6]. In view of the above explanation, it is worth mentioning the proposal by Camilo et al. (2007) on conducting further studies, but that the discipline mental health should be valued in the Political Pedagogical Projects of the Undergraduate Nursing Courses [7]. The study of Integrative Literature review by Olmos et al. (2020), based on the nursing curricula of the years 1923, 1949, 1962, 1972, 1994 and 2001, considered the historical evolution of the teaching of Psychiatric Nursing and Mental Health, pointing out that the transformations of teaching include curricular changes, in Psychiatric Reform and the way in which nursing courses and undergraduate schools seize these limits [8]. On the other hand, the training bodies appear focusing on teaching and learning under this new model.

According to Santos et al. (2013), the nurse is an important professional for the articulation and consolidation of the principles of Psychiatric Reform, needing to invest in several strategies for changing and reversing the organic model for which psychiatric nursing/mental health was prepared [9]. Several considerations and aspects are considered necessary for the work process, highlighting: better knowledge of the nurse, practice of interpersonal relationships and, also, the teaching of nursing in mental health. The teaching of mental health nursing seeks to build from therapeutic communication techniques, the student-patient therapeutic relationship, applicable in any human relationship, be it personal or professional, and in this, the assistance and administrative area may be involved. Rethinking in the situation unknown by the student regarding the construction of a therapeutic student-patient relationship and applicable to any interpersonal relationship, because it does not reflect on the construction of a therapeutic student-teacher relationship, resorting to the student support sector existing at the University Center mentioned above, besides the promotion of a therapeutic environment by the professor of the Mental Health Module

during the theoretical classes and supervised internship.

For Esperidião et al. (2013) in an integrative literature review of 54 studies related to the mental health of undergraduate nursing students in Brazil [10]. When experiencing the course, among the critical stages they emphasized the student's beginning in an unknown academic environment; insecurity in the principle of supervised internships in the face of complex health system practices; existential crises such as illness and death; and finally the conclusion of the course, when the student usually shows anxiety when perceiving the job market and the demands of professional activities. Mental health is vulnerable at the beginning, middle and end of the course, which proves the need to develop support plans for the student, in order to face their difficulties. On the other hand, if the student builds healthy relationships with those around him, he can extrapolate this construction for himself and use them during his activities as a professional, in order to ease the frequency of Depression and Burnout Syndrome. Ferreira; Ferreira (2015), in a systematic literature review, showed seven studies, pointing out the frequency of depression as a mental health problem in nursing professionals, triggered or not by internal occurrences at work [11]. Nogueira et al. (2018) studied 745 nurses from 40 public health institutions in São Paulo mentioning the characteristics of the work environment that were related to nurses' Burnout were: lack of autonomy in solving problems, organizational support associated with decreased personal fulfillment and emotional exhaustion, and low control over the environment [12]. Through the arguments presented, the objectives of this study were to investigate and evaluate theoretical knowledge in relation to mental health care, answering the following research problem: How is the theoretical knowledge of nursing students at a University Center in the State of São Paulo, facing Mental Health Assistance?.

## Theoretical Reference

Knowledge is established to the extent that the ability to learn is most critically exercised, as "teaching is not transferring knowledge, but creating possibilities for its own production or its construction" [13]. According to Siqueira-Junior; Otani (2011), the Curricular Guidelines document for undergraduate nursing admits varied readings. For example, the expression "nurse with generalist training" can accept multiple interpretations and, thus, determine an uncertainty about the type of professional you want to train [5].

Therefore, several questions can be raised: should the curricular organization emphasize the general knowledge of nursing or should the curriculum enable the professional to act in all practical settings? Should professional training meet the demands of the labor market? What professional does the current market need? With the recent changes in health policies, including mental health, the job market, comprising the different levels of health care, currently requires that professionals know how to act in the promotion, prevention, recovery and rehabilitation of the health of the assisted population. In view of this, it is necessary that professionals, involved in these services, have knowledge and preparation to implement such a proposal that is, they must have the ability to mobilize resources to solve different situations at work.

On the other hand, the training bodies appear focusing on teaching and learning under this new model. Miyai et al. (2013) report a study on 20 nursing students and the teaching of mental health in primary care, from 2009 to 2010, at the School of Nursing of the University of São Paulo (EUSP-SP), which underwent curricular transition, integrating the cycles basic and clinical, defragmenting the disciplines [14]. Nursing education in mental health has been included in several modules that contain basic care. In view of the thematic analysis of the interviews with the students, the categories were formed: the teaching-learning process, the Basic Health Unit and the health-mental illness process. They concluded that nurses could be unprepared for mental health care, triggered by the social construction of madness associated with problems in academic training. Diesel; Baldez; Martins (2017) theoretically addressed the principles of active teaching methodologies, mentioning the possibility of inferring that the knowledge needed when teaching is not restricted to knowing how to know the contents of the subjects [15]. Teachers claim that students complain about the mechanically repeated classes, monotonous and little modified, and focus on the feeling of dissatisfaction with the little participation, indifference and depreciation on the part of the students in relation to the teaching of the classes and the creation of the planning of actions to achieve learning, with student attention. They realize that information technology does not guarantee learning, let alone overcome old standards.

One of the viable ways of intervention in face of what was described above, lies in giving teachers the opportunity to be critical-reflective about their pedagogical practice. This opportunity goes against the traditional procedure, in which students remain passive, receiving theoretical content. Students will be perceived as historical subjects with their knowledge acquired spontaneously, being valued and beginning the construction of knowledge [15]. Previously to the authors mentioned above, in the study by Camillo et al. (2007), the perceptions presented in the interviews of 12 students of an Undergraduate

Nursing Course after the Mental Health internship were identified and interpreted, using a semi-structured script [7]. In Content Analysis, thematic modality, they identified four categories:

- i. Mental Health: Providing the understanding of the other
- ii. Respect for the Human: The importance of listening
- iii. Mental Health: Contributing to a contextualized view of the patient and
- iv. Nursing Graduation: Undesirable "signs and symptoms" of the profession.

The possibility of teaching conducted in the human situation was conjectured. Villela, Maftum, Paes (2013) used the case study method and reported both the development of mental health education in an undergraduate nursing course and the influence of this teaching on the training of 60 students [6]. These students emphasized that the teaching strategies and methodology that provide learning from reality and stimulate the search for places beyond the classroom, to assist in the construction of knowledge, provide the exchange of experiences between everyone involved in a significant teaching process. -learning. With such strategies, the proposal is to deconstruct the social imaginary, the stigma of marginality and the dangerousness attributed to people with mental disorders, conceiving the psychosocial view that considers the mentally ill as a respectable citizen with adequate care rights.

Souza, Afonso (2015) in a research on the knowledge and practices of nurses in the mental health area, where nurses working in two Mental Health Care Centers, in two cities in Minas Gerais [16]. The professionals showed to know the psychiatric reform proposals, mentioned difficulties in achieving them and pointed out a failure in their academic training, regarding the specific knowledge and skills to work in substitute mental health services. The article recommends making effective the training of nurses in undergraduate and/or continuing education at work, in order to face the challenges that occurred in the substitute services of the mental health policy. Souza (2016) analyzed how the teaching of Psychiatric Nursing/Mental Health occurs in public nursing courses in the state of São Paulo and investigated and analyzed the pedagogical practice of 12 teachers responsible for disciplines in the area. In general, for many teachers there is a lack of knowledge about the pedagogical project of the courses. There is a tendency to prefer to choose content related to mental health policies, but focused on knowing how to know the psychopathologies/signs and symptoms of diseases, placing the content of the knowledge of being and doing in front of the human being, mentally ill. Pires (2019), when studying mental health nursing: from the psychiatric hospital to the territorial clinic, considered changes in the curriculum of undergraduate nursing courses related to knowledge in Mental and Collective Health as a priority, as well as expanding the offer for graduate studies, formative of the Multiprofessional Residence [17]. He emphasized that it is essential that the practice of Nursing in Health and Mental Illness be recreated daily, eliminating the neurobiologist conception, as well as its limited point of view. In view of the findings of the authors above, the authors of the present study proposed the methodology described below.

## Methodology

The instrument used was an evaluative questionnaire, containing 15 questions in total. Of which 13 were of multiple choice, which assessed the specific theoretical knowledge of the students, which were selected by the researchers from the questions of the official public tenders, considering the teaching plan of the theoretical module of Mental Health, presented in the 4<sup>th</sup> Semester of the course. Two questions were elaborated by the researchers, one of multiple choice and the other of an essay, referring to the interest of academics in Mental Health and analysis of feedback on the module taken. Participants signed the Free and Informed Consent Form (ICF). Afterwards, they answered the questionnaire that was applied to students of the respective semesters: 5<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup>, in a classroom and thus data collection was ended. It was decided to verify what happened in four semesters, 5<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup> because the strategies used in the presentation of the Theoretical Module, in the 4<sup>th</sup> Semester, vary between traditional and active classes (expository-dialogued classes and theoretical case studies of patients with Mental Illness). The active method itself, supervised internship, occurs during the 9<sup>th</sup> semester, at CAPS. The answers were delivered to the table at the data collection site with the pages facing downwards and afterwards they were placed in a folder and were only read in the absence of the respondents. He was instructed not to grade the answers and not to talk to each other when they answered, so that the results were reliable.

As for the objective questions, with closed answers, the theoretical contents were previously taught by the same teacher during Mental Health classes, for all participants, in the 4<sup>th</sup> Semester, previously attended by respondents. On the other hand, the answers to the essay questions were literally transcribed, without any interpretation, so they were

not analyzed in quantitative data and were not categorized according to any theoretical framework. The index of correct answers was evaluated, referring to the theoretical knowledge about assistance, and the student's point of view was analyzed in relation to the course module. 8<sup>th</sup> grade students were included in the study 10<sup>th</sup> semester of the year 2015 and the 5<sup>th</sup> and 7<sup>th</sup> semester of 2016, as they have already completed the theoretical module. There was exclusion: students from 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> semesters for not having attended or attending the Module and for absentees, when data were collected.

### Results and Discussion

The description of the responses to the evaluation questionnaire, applied to obtain the survey data, will be presented below. The (Table 1) defines the result of 13 multiple-choice questions from the evaluation questionnaire, applied to academics from the four semesters already mentioned. Below, in Chart 1, they were classified in Levels of Knowledge on the answers to the 13 questions referred to in (Table 1): Low Level - <50% of correct answers; Medium Level- 50% to 69% of correct answers and High Level- >70% of correct answers. In (Table 2), it was found that all semesters participating in the research

**Table 1:** Percentage of correct answers by undergraduate nursing students at the University Center, despite the contents proposed in the Teaching Plan, of the course's Mental Health module, 2016.

| Overall Percentage of Correct answers to Each Question  |                 |                 |                 |                  |           |
|---|-----------------|-----------------|-----------------|------------------|-----------|
| Semesters   | 5 <sup>th</sup> | 7 <sup>th</sup> | 8 <sup>th</sup> | 10 <sup>th</sup> | All       |
| Total Students per semester and Total Students of semesters   | 22(100%)        | 12(100%)        | 19(100%)        | 22(100%)         | 75(100%)  |
| <b>Content 1-Law Governing Psychiatric Reform in Brazil; SUS context in Mental Health</b>                 |                 |                 |                 |                  |           |
| Question 1  | 7(32%)          | 5(42%)          | 4(21%)          | 11(50%)          | 27(36%)   |
| Question 2  | 4(18%)          | 5(42%)          | 10(53%)         | 7(32%)           | 26(34,7%) |
| Question 8  | 8(36%)          | 2(17%)          | 11(58%)         | 13(59%)          | 34(45,4%) |
| <b>Content 2-Psychosocial Rehabilitation; Regulation of CAPS; Mental Health Programs</b>                  |                 |                 |                 |                  |           |
| Question 3  | 9(41%)          | 5(42%)          | 9(47%)          | 17(77%)          | 40(53,4%) |
| Question 4  | 9(41%)          | 5(42%)          | 8(42%)          | 17(77%)          | 39(52%)   |
| Question 5  | 12(55%)         | 7(58%)          | 14(74%)         | 21(95%)          | 54(72%)   |
| Question 7  | 10(45%)         | 7(58%)          | 12(63%)         | 19(86%)          | 48(64%)   |
| <b>Content 3-Alcohol and Drugs; Suicidal Ideation</b>   |                 |                 |                 |                  |           |
| Question 9  | 4(18%)          | 2(17%)          | 7(37%)          | 11(50%)          | 24(32%)   |
| Question 13   | 10(45%)         | 2(17%)          | 12(63%)         | 6(27%)           | 30(40%)   |
| <b>Content 4-Psychiatric Semiology; Know the Technical Nomenclature and its Meaning</b>                   |                 |                 |                 |                  |           |
| Question 10   | 12(55%)         | 7(58%)          | 15(79%)         | 16(73%)          | 50(66,7%) |
| <b>Content 05 and 06 - Crisis Interventions; Phases of the Therapeutic Relationship and its Phenomena</b> |                 |                 |                 |                  |           |
| Question 6  | 11(50%)         | 7(58%)          | 13(68%)         | 16(73%)          | 47(62,7%) |
| <b>Content 12 and 13-Affective Mood Disorders; Schizophrenia and Psychotic Disorders</b>                  |                 |                 |                 |                  |           |
| Question 11   | 15(68%)         | 7(58%)          | 13(68%)         | 19(86%)          | 54(72%)   |
| Question 12   | 9(41%)          | 6 (50%)         | 10 (53%)        | 13(59%)          | 38(50,7%) |

**Table 2:** General percentage of the four semesters, on question 14 of the evaluation questionnaire, 2016.

| Semesters  | 5 <sup>th</sup> | 7 <sup>th</sup> | 8 <sup>th</sup> | 10 <sup>th</sup> | Total |
|--|-----------------|-----------------|-----------------|------------------|-------|
| A I don't want to work with Mental Health                          | 13(59%)         | 7(58%)          | 8(42%)          | 9(41%)           | 37    |
| B Work only if you don't find vacancies in another area of Nursing | 4(18%)          | 3(25%)          | 4(21%)          | 4(18%)           | 15    |
| C I would work with Mental Health, because I like this area        | 4(18%)          | 2(17%)          | 5(26%)          | 8(36%)           | 19    |
| D Work and specialize in the area of Mental Health                 | 1(5%)           | 0(0%)           | 2(11%)          | 1(5%)            | 4     |
| E Total students and percentage                                    | 22(100%)        | 12(100%)        | 19(100%)        | 22(100%)         | 75    |

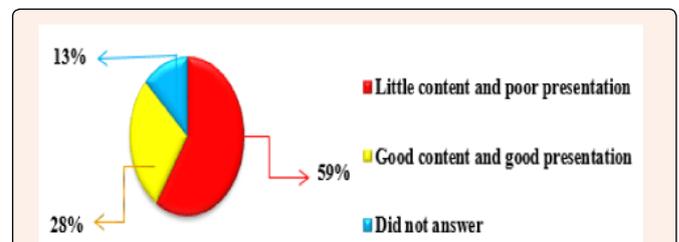
**Chart 1:** Evaluation of the Level of Knowledge of Graduates, per semester, 2016.

| Contents  | 5 <sup>th</sup> Semester | 7 <sup>th</sup> Semester | 8 <sup>th</sup> Semester | 10 <sup>th</sup> Semester |
|-----------|--------------------------|--------------------------|--------------------------|---------------------------|
| 1         | Low level                | Low level                | Middle level             | Middle level              |
| 2         | Middle level             | Middle level             | Middle level             | High Level                |
| 3         | Low level                | Low level                | Middle level             | Middle level              |
| 4         | Middle level             | Middle level             | High Level               | High Level                |
| 5 and 6   | Middle level             | Middle level             | Middle level             | High Level                |
| 12 and 13 | Middle level             | Middle level             | Middle level             | High Level                |

had the highest percentage indicated in alternative A, of question 14, of the evaluation questionnaire, which reports the following statement: "I don't want to work with mental health." Getting on the 5<sup>th</sup> Semester, 59%; on the 7<sup>th</sup> Semester, 58%; 8<sup>th</sup> Semester, with 42%; and on the 10<sup>th</sup> Semester, 41% of the class, selected this alternative. It was observed that 52 (69.3%) of the 75 (100%) of nursing students at the referred University Center, are not interested or would act as a last option in the mental health area. This result is somewhat worrying, since it is known that mental health is an area that suffers from many prejudices and aversions, often coming from the health professionals themselves and also from the population, thus leaving a certain deficiency in the functioning of specialized psychiatric services. , hindering the social reintegration of the user and causing even more shortages of employees working in this area.

For Villela, Maftum, Paes (2013) the person with mental disorder is the social figure in the mental health education of the undergraduate nursing student, whose negative image of dangerous, frightening with a deteriorated general aspect, has been built over the years in society [...] [6]. This social imaginary of the crazy and madness is brought by the student to the academic space, because, as a subject of history, he assimilated the concepts received from social interaction [...]. These aspects are sometimes presented as barriers and resistance of students to learn the view that emerges from the psychosocial context. This negative image of the person with mental disorder must be changed, as it becomes a social block which is placed or transmitted to students, which may lead them to want distance from these patients, however, it is the duty and responsibility of the teacher to unveil and explain the real attitudes of these people with such disorders, and show that these users also need assistance as much as any person with a physiological disease. Rethinking the results in (Table 2), only the 10<sup>th</sup> Semester experienced reinforcement of theory and practical classes in Mental Health, having a direct relationship with users of CAPS II, for 9 days. This approach causes the fear/prejudice to be minimized or "left out", bringing to the students, for each patient, love/affection, which was commonly and is perceived by the speech congruent to the behavior of both.

It was found that in the same question mentioned above, alternatives C and D, which report the following statements: "I would work with Mental Health, because I like this area" or "I would specialize in this area of health", had an average index of signaled. The 5<sup>th</sup> Semester had 23% of students marking the letter C or D as the preferred choice; the 7<sup>th</sup> Semester, 17%; 8<sup>th</sup> Semester, with 37%; and on the 10<sup>th</sup> Semester, 41%. It was noted that out of 75 (100%) students, 52 (69.3%) "Did not want to work with Mental Health or" would work in the last option "and 23 (30.7%) would work because they like the area or even specialize in the same. Continuing with the reflection above, the other semesters, except the 10<sup>th</sup>, only witnessed the contact with the theory, which also contained stories from decades ago, where people with mental disorders were called "mad people hospitalized in asylums." This fact can sharpen imaginations about the harshest and most frightening forms of treatment, despite the fact that histories of an asylum system were remembered



**Graph 1:** General percentage of the four semesters, which corresponds to the students' feedback, regarding the content and form of presentation of the Theoretical Mental Health Module, taught in the 4<sup>th</sup> Semester of the Nursing Course.



so that the student could get a retrospective on the therapeutic system in mental disorders, aiming at capturing the current advances in forms of welcome the mentally ill.

Studies have shown the existence of difficulties in adapting the theoretical-practical content to the assistance reality, which in many cases still remains deficient in qualified personnel, due to the existence of asylums in the opinion of mental health professionals, difficulties in bonding work in multiprofessional team and scarcity or inexistence of extra-hospital mental health services organized in a network system for the development of academic practice [6]. Therefore, it can be said that most students are not interested in working in the mental health area, after being trained. This shows us that mental health is still being the last choice of nursing professionals, leaving this part of health, to continue to ask for "help" due to the lack of qualified professionals to care for people with mental disorders. In an attempt to discover the perception about the dynamics of the implementation of the theoretical module, in order to project improvements, students' opinions were requested regarding the content and presentation strategies of the Theoretical Module of Mental Health, in the Nursing Course, was shown below, in Graph 1. Through Graph 1, above, it can be seen that 59% of the students, report that the content and form of presentation of the module in Mental Health were unsatisfactory, due to scarcity in the content. In contrast, 28% of the students reported that the content was well taught and the other 13% did not answer this question. A descriptive answer was obtained, only in this question 15, of the evaluative questionnaire. There are be done changed or added, assuming that students will have a better performance and productivity, reaching a better and higher level of knowledge expected nurses, contributing to better fitness in professional practice.

The teacher needs to break with the old educational standards, assessing critically, reflexively and continuously his own practice. Being flexible, recognizing his own limitations and audacious, the teacher must check the effectiveness and change the activities, if necessary. Such challenges are compensatory, as they lead to the perception that the proposed activities have benefited, contributing to the formation of reflective students about the real experience in teaching and learning [9]. Following, three dialogues from each semester are extracted from the answers described in question 15, of the evaluative questionnaire, which portrays the following question: "Explain your vision and your learning in the Mental Health module presented in the 4<sup>th</sup> Semester of the Nursing Course. What do you have to say about the module's content and presentation? Is there a need for change? Justify." The dialogues were classified and numbered below, as follows: 5<sup>th</sup> graders. Semester=G5 [1, 2, 3 or 4]; 7<sup>th</sup> graders. Semester = G7 [1 ...]; Graduating students of the 8<sup>th</sup> Semester=G8 [1 ...] and 10<sup>th</sup> graders. Semester=G10 [1 ...]:

- a) "My learning was very superficial, I believe that after I took this questionnaire, I saw that I know nothing. The content was very vague." (G5 [1]).
- b) "According to this questionnaire, I realize that many details have not been discussed in the classroom. Sincerely the subject of Mental Health in the 4<sup>th</sup> Semester, was not passed in a didactic way." (G5 [2]).
- c) "Somewhat disorganized, I had an apprenticeship at a medium level maybe, I know that all the content was passed on, but in a way that is difficult to absorb." (G5 [3]).
- d) "An interesting subject, however, the knowledge proved to be a little superficial." (G7 [1]).
- e) "I found the story a little confusing." (G7 [2]).
- f) "There is a need for change in the issue of approaching the subject in full." (G7 [3]).
- g) "There is a need for change in the issue of approaching the subject in full." (G7 [3]).
- h) "During the course, it was possible to approach various contents, some of which were even worked with playful didactic resources, which facilitated learning, however, the real role and dimension of nursing work was not clear." (G8 [1]).
- i) "I believe it is necessary to demystify mental health services, possibly in the initial semesters, with visits, thus arousing a greater interest and leaving aside the prejudice that exists in students and Professionals." (G8 [2]).
- j) "I would like the article to focus on the signs and symptoms of mental disorders, as well as the interventions required for each case. I am afraid to deal with these people and to be hurt or hurt someone; I do not feel able to exercise the function." (G8 [3]).
- k) "It was a subject of great learning, but with little practice. There should be more internships in that area." (G10 [1]).
- l) "For me, the matter was very insufficient. There was a lack of a better approach. I want to suggest that the contents be approached bringing cases experienced by the teacher." (G10 [2]).

- m) "I liked it, but there is a need for changes in relation to the transmission of the story, the content was not interesting and was not recorded in my memory. The practical part was missing and the debates in the classroom were very tiring and did not transmit knowledge." (G10 [3]).

From the statements described above, it was observed that the content presented on the theoretical module of Mental Health, did not add satisfactory knowledge to students, and may not have aroused their interest in the area. It was also described that there is a need for changes in the approach and presentation of the module, so that students have satisfaction in learning and a high level of knowledge in the theoretical contents of mental health, becoming professionals with more competence. The study by Rodrigues et al. (2016) pointed to the limits of the theoretical-practical teaching of mental health in professional training, which are the effects of time to apprehend the theoretical-practical contribution of mental health, the perception of the mental health care network and the excessive valuation of the specialist in mental health care [18].

Lima and Tavares (2016), recognized the importance of the nurse's emotional ability when caring for patients and mentioned that it is essential to maintain an approach with empathy, emotional intelligence and self-knowledge, so that emotions from situations of professional practice do not negatively influence the nurse-patient's performance [19]. It is worth mentioning the proposal by Camillo et al. (2007), stating that one of the missions of education is to educate for human understanding, contributing to the acquisition of the value of intellectual solidarity [7]. Another aspect to be emphasized, mentioned by Lima and Tavares (2016), is that the cognitive development and the cultural context experienced in the teaching-learning process influence the expression or not of emotions [19]. As for the aforementioned, in the present study, similarities appeared, between the lines of the speeches of two 8<sup>th</sup> graders. Semester, as one of them stated about the value of visits to Mental Health Services, increasing, in the student, the interest and decreasing the prejudice related to the patient. The second student mentioned fear of physical aggression and of hurting the other, during nursing care, considering himself incapable to perform this function. Vargas et al. (2018) in a study of 738 nursing courses in Brazil, identified that 88.8% were offered by private institutions, 72% of the researched institutions provided online course curriculum matrix, among these, 47.2% had at least a discipline in the area of Mental Health, with an average of 96 hours in private institutions and 142 hours in public institutions, making up, respectively, 2.4% and 3.5% of the total course load [20]. They noted the lack of a nomenclature standard and the duration of this discipline/module. They suggested research in the area on how to teach the theoretical and practical content in Mental Health [21].

## Conclusion and Final Considerations

The present study evaluated the theoretical knowledge of nursing students at a University Center in the State of São Paulo, in assistance in Mental Health, thus diagnosing the performance of students. It was concluded that, despite the higher percentage of students in the research exhibiting medium level theoretical knowledge, they do not want to work or work as a last option in Mental Health and report that the theoretical module of Mental Health, taught in the 4<sup>th</sup> Semester of the course, did not reach a desirable potential and did not contribute to their sciences, the data collected showed that the trajectory of the students of the 5<sup>th</sup> to the 10<sup>th</sup> Semester expanded their specific and indispensable knowledge in relation to assisting in Mental Health. From that, the students offered some proposals for changes that, in their view, will improve the delivery of the Theoretical Mental Health module. Among the proposed changes are: improving class dynamics more; providing visits to various Mental Health services, to enable greater contact with people with mental disorders and more familiarity with these services; conceptualize and explain psychic diseases more clearly and, finally, focus on the most appropriate and specific therapeutic interventions for each patient.

The students believed that thus improving the presentation of the theoretical module, consequently, the level of knowledge and probable interest of students in the area of Mental Health will rise, an area that requires a lot of solidarity in nursing care. To this end, one must continue to make room for active-reflective teacher-student communication, helping to detect, understand and solve challenges in the face of emerging complex crises, which took place in theoretical-practical situations, in the teaching-learning process.

## References

1. Miranda FAN De, Clementino F De S, Santos RC De A, Silva MB Da, Costa TS (2010) Perception of undergraduate nursing students on the psychiatric reform process in Brazil. *Rev Enfermagem UERJ* 18(2): 235-240.
2. Miranda FAN De, Simpson CA, Fernandes RL, Silva MB, Sabino M, et al. (2009) Social Representations and the therapeutic role of nursing students. *Rev Bras Enferm* 62(5): 663-669.



3. Lima MT, Nogueira FMD (2013) The Brazilian Model of Assistance to People with Mental Disorders: A Systematic Review of Literature. *Rev Bras Health Promotion* 26(1).
4. Macedo JQ De, Silveira MF De A, Eulálio M Do C, Fraga MNO, Braga VAB (2010) Social Representation of Nursing Care in Mental Health: Qualitative Study. *Campina Grande (PB). Online Brazilian Journal of Nursing*, 9(3).
5. Siqueira-Junior AC, Otani MAP (2011) Teaching Psychiatric Nursing and Mental Health in the Competency Curriculum. *Rev Min Nursing* 15(4).
6. Villela JC, Maftum MA, Paes MR (2013) The Teaching of Mental Health in Nursing Graduation: A Case Study. *Text Contexto Enferm, Florianópolis (SP)* 22(2): 397-406.
7. Camillo S de O, Silva AL da, Nascimento AJ (2007) Perceptions of the nursing student on the human dimension in their learning. *Rev Latino-am Enfermagem* 15(2): 207-213.
8. Olmos CEF, Rodrigues J, Linol MM, Linol MM, Fernandes JD, et al. (2020) Psychiatric Nursing and Mental Health Teaching in Relation to Brazilian Curriculum. *Rev Bras Enferm* 73(2): e20180200.
9. Santos S Da S, Soares MH, Hirata AGP (2013) Attitudes, Knowledge and Opinion Towards Mental Health in Undergraduate Nursing students. *Rev Esc Enfermagem USP* 47(5): 1195-1202.
10. Esperidião E, Barbosa JA, Silva N Dos S, Munari DB (2013) A saúde mental do aluno de Enfermagem: revisão integrativa da literatura. *SMAD, Ver Eletrônica Saúde Mental Álcool Drog* 9(3): 144-53.
11. Ferreira LAL, Ferreira LL (2015) Depression in nursing work: a systematic review. *Universitas: Health Sciences* 13(1): 41-48.
12. Nogueira LS, Sousa RMC, Guedes ES, Santos MA, Turrini RNT, et al. (2018) Burnout and nursing work environment in public health institutions. *Rev Bras Enferm* 71(2): 336-342.
13. Machado DM, Göttems LBD, Pires MRGM (2013) Learning in Mental Health through Videographic Production: Experience Report. *Text Contexto Enferm* 22(4): 1205-1213.
14. Miyai FT, Barros S, Cortes JM (2013) The nursing student and the mental health in primary care. *Rev gaúcha enferm* 34(4): 94-101.
15. Diesel A, Baldez ALS, Martins SN (2017) The principles of active teaching methodologies: a theoretical approach. *Thema Magazine* 14(1): 268-288.
16. Souza MC, Afonso MLM (2015) Knowledge and practices of nurses in mental health: challenges facing the Psychiatric Reform. *Interinstitutional Journal of Psychology* 8(2): 332-347.
17. Pires BS (2019) Mental health nursing: from the psychiatric hospital to the territorial clinic. Multiprofessional Residency Conclusion Paper presented to the Faculty of Medical Sciences at the State University of Campinas. Obtaining the title of Specialist in Mental Health.
18. Rodrigues W De O, Mourão LC, Almeida ACV De, Oliveira GS De (2016) The limits of the theoretical-practical teaching of mental health in the training of health professionals. *Portuguese Journal of Mental Health Nursing, special 4*.
19. Lima TO, Tavares C De M (2016) The emotional difficulties experienced by nursing students in approaching the patient. *Portuguese Journal of Mental Health Nursing, 4*.
20. Vargas D, Maciel MED, Bittencourt MN, Lenate JS, Pereira CF (2018) The teaching of psychiatric nursing and mental health in brazil: curricular analysis of undergraduate courses. *Text Contexto Enferm* 27(2): 1-9.
21. Costa APC (2013) Teaching mental health in undergraduate nursing courses in the state of Acre. Masters dissertation, Federal University of São Paulo, Brazil.