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TEACHING OF NURSING IN MENTAL HEALTH AND PSYCHIATRY THROUGH TEACHING DISCOURSE IN MANAUS-AMAZONAS

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ABSTRACT

We investigate how the teaching takes place in mental health and psychiatry in Nursing undergraduate courses in the speeches of teachers who teach this discipline in ten community colleges in the city of Manaus, Amazonas, two of them public, and eight private. The period of data collection was from February to May 2014. We used a qualitative research, descriptive and exploratory, with the data collection technique, interviews and structured questionnaires for analysis using Bardin, where there was the possibility of Careful analysis of the material. In the results, we noted in speeches teachers the potential presence of traditionalist trends in the teaching-learning process, and lessons aimed at hospitalocêntricos paradigms. We conclude that nursing education in mental health require a theoretical framework based on paradigms consistent with local realities and the Unified Health System.

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INTRODUCTION

The globalization process in contemporaneity has influenced in large proportion the formation of health professionals, configuring itself in the face of countless scientific, technological, economic, social and epidemiological transformations. The curricula of health courses, therefore, should be based on public health and education policies associated with the needs of the population (VILLELA *et al.*, 2013). The transformation and construction of subjects in the current context depend on countless factors, such as the directions by which education has been directed, because, depending on the political direction, it will influence the transformation of the world. Teaching can integrate the individual into various environments of society, when articulated to the methodologies that favor the critical-creative sense, thus establishing the dialectical and dialogical relationship (LINO *et al.*, 2010). Given the current policies in our country, there is a need to stimulate teaching practices, research and extension specific to mental health so that they favor new care practices in this area (BARROS *et al.*, 2011).

The training of nurses in mental health/psychiatry is still considered a challenge in current times, since psychiatry is visualized as a science of renunciation, where care is feasible under a new perspective. However, the transformation of this care is hinted in the presence of asylum practices still in force (AMARANTE, 2008). The development of scientific, humanistic and technical skills with knowledge in the mental health area is something that nursing education should favor for the development of nursing undergraduate students. However, it is still perceived the difficulty in adapting the theory to practice and associating it with the care reality, which brings us to reflect on the real context, evidenced by the deficiency in the qualification of professionals, still existing asylum vestiges, which compromises academic practice (BARROS, *et al.*, 2011). The various ways in which Psychiatric Reform occurs in Brazil, especially in Manaus, Amazonas, are another factor that compromises the context of mental health, because what is perceived are the peculiarities of the region, its history, politics, economics, culture and other aspects that will be associated with all this transformation at the national level and directly influence the health/disease process of the population (BECKER, 2012). Cultural diversity, therefore, must be understood, as well as its entire relationship

with societies, since it can stimulate changes in health services, besides proposing new policies (AMARANTE, 2012). In this sense, the contribution of new pedagogical tendencies in the nursing teaching process in Brazil, focused on scientific and technological development are fundamental points that favor the process of transforming the educational profile in our country, both at undergraduate and graduate level in nursing (LINO *et al.*, 2011). In nursing graduation in this new century, what is proposed is the adjustment of its pedagogical political projects, as well as, in the teaching practice, in view of the need to train competent professionals and not only focused on technical rationality. This situation is proposed in all courses in the area of health, especially nursing (NOBREGA-THERRIEN *et al.*, 2010). In studies conducted by Bezerra (2014), a crucial factor that boosted education in northern Brazil was the approval of LDB. Although at the national level the number of higher education institutions has grown in the North region only 3,2% of these indices. The Institutions of Higher Education (HEIs) of Manaus have a positive profile regarding their educational process from the moment when their undergraduate courses are strengthened by masters and doctors, from 32,2% to 40,2% (INEP, 2014). Although teaching at graduation shows positive points regarding the teaching and structuring of courses with Master and Phd professionals, this quantitative still proves to be insufficient given high demand of students enrolled in universities (BEZERRA, 2014). In the view of above, there is the need to problematize the education of the nurse regarding mental health, so that there is training of critical professionals, committed and aligned with the country's public policies so that there is a better look at the psychosocial attention and thus underlying the principles of the SUS (MIYAI *et al.*, 2013).

MATERIALS AND METHODS

This was a qualitative research, with exploratory and descriptive characteristics. Given the impossibility of working with the total universe of professors, we chose to work with the professor responsible for the discipline of Nursing in Mental Health and Psychiatry of each HEI of the undergraduate nursing courses in the city of Manaus, state of Amazonas. Ten HEIs were worked that offered the undergraduate nursing course, being two public and eight private. For the choice of professors was considered the coordinator professor of the discipline Nursing in Mental Health and Psychiatry, besides the time of experience in the discipline over two years. A semi-structured questionnaire (author) was used to collect the data, which directed the entire interview. The interviews were formalized with the day, time and place in which they would be performed, according to the availability of each one. All the invitations were accepted, and the interviews took place at the site of the professor's bond. The interviews occurred in the months of June/July 2014, were recorded and subsequently transcribed. The interviews lasted an average of twenty minutes and were guided by a semi-structured script that was based on the teaching plan of the discipline, this being a document common to all institutions. At the time of each professor's interview, he/she was given two-way TCLE. The data collected were organized in physical and virtual folders, coded and transformed into a PDF file facilitating access and analysis of the contents. The described data from the interviews were analyzed according to Bardin (2011), according to the proposed procedures: pre-analysis, exploration of the material and treatment/interpretation of the results. The ethical aspects were safeguarded to guarantee

confidentiality and anonymity regarding the use of information according to resolution number 466/12 of the National Health Council. This research was approved by the Ethics Committee of the Federal University of Amazonas.

RESULTS AND DISCUSSION

The teaching in nursing in mental health and psychiatry starts from the perspective of the teacher, where there were reports about the functionality of the discipline, the denominations received, besides its structuring in each HEI of Manaus-Amazonas. The discipline Mental Health is presented under several denominations in the HEIs, among them: Mental Health and Psychiatric Nursing; Nursing in Mental Health and Psychiatric (in three of the HEI investigated); Mental Health Nursing; Mental Health (in two of the HEI investigated); Care for the person/family in Mental and Psychiatric Health (in three investigated HEI). It was emphasized the transversality of the mental health content to other disciplines of the curriculum, as well as also presented in an isolated way in some HEI of Manaus. There is a variation in the workload when comparing the HEI, and the discipline occurs at different times of the curriculum, as evidenced in the following discourses:

It works with a workload of 90 hours and with teachers collaborating in Mental Health and Psychiatry. It works in the 6th period [...] (E1).

[...] I believe that we should work the transversality of the contents, work women's health and mental health, work child health and mental health (E7).

It is thus verified that many professors have as resolubility for the teaching of mental health and psychiatry in nursing the transversality of the contents, starting at the beginning of the elaboration of this planning in the curricular grid. However, can the transversality of the contents be effected if the curriculum itself does not provide the integrative work between the disciplines?

The changes in the teaching-learning process have been demanded through scientific progress, in order to seek the excellence of the educative practice. Professors have been demanding changes in curricular structures since the teaching of nursing still leads to a traditional teaching strategy, which predominates in full contemporaneity (PINHEIRO, 2010). To update the pedagogical process and develop competencies in the approach of active methodologies, it is essential that nursing professors maintain and intensify discussions that favor this process, especially the professors of Health area mental, in order to favor the spaces suggested by the psychiatric reform aiming at the deconstruction of the social imaginary, which stigmatizes the bearer of mental disorder. And thus, create a look that considers him/her a citizen with the same rights and duties, being respected and cared adequately (VILLELA *et al.*, 2013). The teaching of nursing nowadays needs not only to promote the learning of specific content and skills, but also to favor conditions for the integration of knowledge through its contents; therefore, today's curriculum needs to promote the development of students competences. According to Kikuchi and Guariente (2012), the transversality of contents means that the themes are worked in a growing and articulated way, seeking to emphasize their importance in all curricular modules and

disciplines. The search for a competency training generates new demands for the development of the teaching-learning process. Such demands are increasingly increasing for the development of teaching. In competency training it is possible to better structure the transversality of the contents, as an indispensable tool in the fields of interdisciplinary knowledge in order to articulate these theoretical and practical contents (FERNANDES, *et al.*, 2007). Mello (2003) presents a proposal that directs teaching to a different strand, based on an integrated curriculum, live and networked, aiming to provide the opportunity both to know and to do, as to relate, apply and transform the teaching in the area. The necessity is that there is curricular organization and that it is done by areas of knowledge, organizational axis, generator theme and set of competencies, and not as it was done/does only by disciplines, such as study conducted by Rodrigues (2010), in which concludes that among the 26 nursing courses in the state of Santa Catarina analyzed in their PPC, seven have integrated curricula to the detriment of the disciplinary ones as analyzed in our study. And, in relation to the methodology, all the integrated are organized with active methodologies, problematizing and competencies. From the aforementioned results, there are subsidies to rethink the restructuring of nursing curricula in Manaus, Amazonas.

Regarding the workload of theory and practice of the discipline of Nursing in Mental Health and Psychiatry according to the discourse of the interviewee, those ones have a predefined workload for the theoretical and practical part, as shown in the following statement:

The discipline Mental Health is divided into a theoretical part, lasting 30 hours, and a practical part, where we have the opportunity to take the students to the psychiatric Center, to the CAPS, to know this other reality. This period lasts 60 hours, which will contemplate a total of 90 hours (E2).

Given the aforementioned discourse, we understand that the discipline Mental Health and Psychiatry is developed in health services that provide the student to know the reality of this specific area, showing their organizational structure as a discipline dividing into two successive but not intermittent moments. Thus, the student is first offered a theoretical block and then the practical part. On the field of practical classes, the speeches of the interviewees present the specialized services as preferred for the practical teaching of the discipline. In this study, it was found that there was no practical field of teaching in primary care. If we understand that there have been significant changes in the mental health care of individuals, promoted by public policies, the curricula need to contemplate these changes. If we have implemented, in the field of assistance strategies to deal with mental health of the population since primary care, the teaching of nursing needs to adapt to this new reality. We need to give future nurses the opportunity to develop skills and competences in the level of generalist care, as recommended by the DCN for undergraduate courses in nursing and health. We need to assess whether the inclusion of undergraduate students in specialized mental health services, as the only form of practice, favors teaching and contemplates the need for health services.

To work at CAPS (Psychosocial Care Centers) or in a psychiatric emergency service, it is indicated that the nurse has training at the level of specialization. In order to act in primary

care, where the highest coverage of nurses should be for the population, it is necessary that the undergraduate teaching has generated competencies and skills to care for the mental health of the assisted populations. They are levels of formation that seem to be in a disharmony in the curricula of undergraduate nursing courses evaluated in this study, when we consider the fields of theoretical-practical learnings. The relevance of the relationship between theory and practice translates into knowledge about how to establish spaces that contribute to the development of content and methods, which favor the training of the student, allowing to demystify the paradigms of knowledge dichotomized between knowing and doing, between theory and practice. This dialogue between knowings and doings traces a dialectical relationship, which will favor and support mental health care in service (OLIVEIRA; FORTUNATO, 2003). We understand that teaching in mental health is complex and that it is necessary to interweave what is proposed in theory and practice; we also understand that both the theoretical activity and the experiences lived in the field contribute to structuring the student's knowledge, making it safer to provide assistance in this field. Knowing how to act with competence directs the student to make good decisions in various situations with which he may come across; knowing how to act is the differential in a training process.

Objectives and expectations: The relevance of the objectives and expectations of teaching in nursing in Mental Health and Psychiatry are imbued in this category that brings a clear approach to the skills and competences of the teacher, however it shows that we draw a profile in this egress according to the DCNs becomes a challenge, since technical training is in the existential, represented by prejudices and stereotyped paradigms.

Skills and Competences: For the development of the nursing student in Mental Health and Psychiatry, one of the points emphasized by the interviewees points out factors that hinder their skills and competences, because the impact in the teaching context of this discipline points to the little time of practical classes, a factor that discourages the definition and achievement of the objectives, as we observe in the following discourse:

[...] If he could accompany, with greater time, with greater or more presence in the unit, I think that the training would come out with a higher quality and with more adherence of these future nurses to be qualified to act in Mental Health (E8).

We perceive that the interviewed teacher conditions the quality of student education to the length of the students' permanence in health services. Thus, the longer the length of stay in practical classes in the Mental Health care unit, the better their training and performance. For Barros (2006), many aspects oppose the development of teaching of Mental Health Nursing and these are related to the scarcity or absence of fields in health services for the development of adequate academic practice and the difficulty of student's articulation with the new paradigm focused on the Psychiatric Reform, and the development of practices with the multidisciplinary team. It is necessary to contemplate the development of Mental Health Care practices in primary care (AB), which should be considered an option, because, through it, it is possible to have a much closer contact with the community, besides favoring a care in an integral way, both the individual and the family and the community. In this context, there is an unfavorable picture

based on the professionals' concern about how to deal with people with mental disorders in primary care, and because they do not feel empowered, they develop old practices and habits hospitalocentric medicalization of the individual (RODRIGUES; MOREIRA, 2012). Another difficulty encountered for the implementation of mental health care refers to the scarcity of human and financial resources, the violation of patient rights, the inadequacy of professional assistance, which today requires attention beyond the control of symptoms or organization of care (FUREGATO, 2009).

Mental Health Care is offered by SUS, but it is a challenge to be taught in the HEIs, represented by the difficulty in updating, empowering and raising awareness among health professionals so that these care are focused on the social context, integrality and management of health services (RODRIGUES, 2012). The CAPs come with proposals intended by SUS, aimed at the integral care of the individual, which break with the paradigms aimed at mental illness and value mental health. By gaining spaces previously belonging to the hospitalocentric models and grounded in the hospital space, the CAPs need to consolidate the commitments and responsibilities of the entire health care network with the mental health care of the populations. However, in order to such changes occur, there is a need to carry out interdisciplinary work that interlinks the multiple knowledge and professional practices (BEZERRA; DIMENSTEIN, 2008). The knowledge and practices of attention also need to favor cultural diversity as a factor linked to its development because, according to Amarante (2012), cultural diversity should be understood in its complexity, requiring from the individual relationships of respect to each other in their social interaction. Public policies are challenged, as to the recognition of this diversity of individuals and social groups, to configure their policies so that they can achieve changes in health services. Souza *et al.* (2007), when investigating indigenous communities in Amazonas, exemplify this diversity of individuals and social groups and show the need for research to enable interdisciplinary articulation in Indigenous Mental Health. Raising the awareness of nursing students regarding the care about this clientele, so that prejudices and paradigms are broken is a way to help their teaching and learning process, and thus, consecutively, the development of their skills and competencies. According to the interviewees' discourse, aspects such as prejudice against this patients negatively affect their development and their training for competencies in this area. The students' resistance to the discipline of Nursing in Mental Health and Psychiatry is noticeable by professors due to these pre-formed concepts. The interviewees emphasize the difficulty and the blockage generated by students during teaching, as we can see in the following speeches:

[...] in my perception as a teacher of this discipline, I perceive that there is resistance in students; I also see, many times, the position of society itself reflecting this stigma [...] (P4).

[...] What I could point out as strengths of this discipline is the fact that we can, within these theoretical and practical hours, provide this nursing student with a different version from that prejudiced and discriminatory vision that he/she brings when he/she starts studying Psychiatry [...] (P2).

[...] they go scared and afraid to the internship, to the practical class at the unit [...] (S8).

Regarding the teaching of nursing in Mental Health, the professors of three courses refer that one of the main points that compromise the development of student learning are intrinsic prejudices to their education, which supports in the development of feelings such as fear, insecurity and afraids, thus hindering the assistance to people with mental disorders. Prejudice is nothing more than the representation of a preconceived model, in such way that one perceives a discriminatory attitude (SALLES; CLAYS, 2013). The development of discriminatory attitudes hinders the development of teaching-learning process of the student, making it necessary, therefore, to apply to their learning new trends that change their way of thinking, so that paradigms are broken (LUCCHERSE, 2009). We found reports made by Ignácio and Marcolan (2000) about the reaction of students during field recognition, which show the apparent panic in their face, expressing through crying, what generated the need for therapeutic intervention by the professor. Such scenes mark the history of some people, who are often indignant for acting in this area as undergraduate students; others, however, consider it a discipline that they have to go through, therefore, with a feeling of an obliged doing.

Teaching/Learning Methodologies: In this category will be presented and discussed the teaching-learning methodologies and how they demonstrate the pedagogical tendencies used by professors. The following subcategories are inferred from this category: pedagogical tendencies and teaching autonomy.

Pedagogical tendencies: The subcategory pedagogical tendencies refers to the pedagogical, a social practice of the educational context, which is influenced by political, economic, social and cultural factors. The pedagogical tendencies are important for the development of the educational context, as they lead the professor to the development of a more conscious work based on the current demands of society.

Regarding the pedagogical tendencies, we noticed that there is a predominance of progressive tendencies for the application in the teaching process of mental health nursing in the HEIs of Manaus, as it is explicit in the following discourse:

[...] We have advanced towards a new conception in the formation of these academics from the psychiatric reform [...], we are working with active methodologies, problematizing methodologies, starting from a theoretical framework of Bloom's taxonomy and, also, we can not fail to mention that in our work has a very strong presence of literature and the material produced by Paulo Freire, Pedagogy of the oppressed, Pedagogy of liberation and the Pedagogy of problematization, among others, that give a support methodology for the development of the content (E8).

The professor, in his/her speech, highlights that, by virtue of the psychiatric reform, he/she moved towards new conceptions of formation/teaching, being strong the presence of the literature produced by Paulo Freire on Liberating Pedagogy and Pedagogy of problematization, Methodological support for the development of the contents indicated for the discipline.

New pedagogical proposals gain more space in educational development, giving space for new practices and ways of acting, making the traditional pedagogical practices lose territory for some time (WALDOW, 2009). With the process of transformation through which nursing education has been

going through the years, there is a requirement to strengthen the role of nurses in the face of health care needs, so that their competence is legitimate, and always directed innovative and effective knowledge of society. Therefore, the challenges during the educational process would be: directing the student according to the demands of contemporaneity and in all its scientific, technological and innovative attributes stimulating the student to develop positive skills and providing him/her with the ability to learn, to have agility, to communicate and thus to assist him/her in the face of problem situations (AMÂNCIO, 2004).

Professor autonomy: The faculty autonomy subcategory refers to how the professor will conduct the student learning process in Mental Health and Psychiatry, having freedom to direct teaching. We can see in the following speeches that the exercise of autonomy and freedom to conduct the discipline is evidenced in the speeches:

[...] the professor has the freedom to make the movement within the workload, within the menu to meet what the professor understands as content, so that the student and the professional can stimulate interest in mental health and psychiatry [...] (P5).

[...] based on the programmatic content that is passed on to me, I make some adjustments according to my need to improve the discipline (E7).

In the interviewees' speeches, we noticed that the professor has some freedom to conduct the teaching within the workload and the programmed programmatic contents. In some cases the professor selects the contents from the menu according to his/her understanding of this, and in others, the programmatic content is already pre-established. Freedom is an intrinsic condition of the human being, it is the ability of the human being to direct his/her way of thinking, being this matured in confrontation with other freedoms (FREIRE, 2011). Lino *et al.* (2010) reflect that the professor may even have methods and guidelines through his/her expectations that are not officially started during the teaching process; however, it may redirect to a teaching-learning process not very effective, which may compromise the level of cognitive development of the student, because he/she does not know what to expect from the subject and how it will be conducted. The key point, then, would be the professor to really empower himself/herself of new trends and implement them, so that the training of the graduate in Nursing acquires a generalist profile proposed in his/her CPP, in various stages of the teaching process of Nursing in Mental Health and Psychiatry.

Programmatic content: In this category called programmatic content, we will discuss the surroundings of the contents that, despite receiving centrality in the teaching plans, involve other elements for their good development. This category is inferred from the subcategory: Psychological preparation.

Psychological preparation: The subcategory psychological preparation refers to the profile of the nursing student when getting to the discipline Mental Health and Psychiatry, with little or no knowledge, as evidenced in the following speech:

[...] A more interdisciplinary or transdisciplinary action would favor much more when this student arrived at the specific study of mental health, because it would already bring some

knowledge that would be added to what was passed on by the discipline on Mental health specific [...] (E2).

I think the first stage should be in psychiatry, because then the scholar should really know what awaits him, because psychiatry does not get involved itself. It interconnects other disciplines mainly on the emotional side, and everyone thinks that nursing is a good thing every day, but it will always have a negative side and he [the student] has to be prepared psychologically [...] (E6).

The statements above emphasize that the contents need to be approached in inter and transdisciplinary actions in the different stages of the undergraduate course and point to the need to consider also the psychological preparation of the student to cope with the negative side of Nursing Practice. These ideas go against the curriculum organized in disciplines, which tends to follow a logic of compartmentalized and specialized knowledge, differently from what occurs in the integrated curricula, which prioritize the development of skills and Competences, that is, articulate the contents in a way that is emphasized the transversality (KIKUCHI; GUARIENTE 2012; TAVARES, 2003). The report by Munary (2006) points to the close relationship between professors who support nursing care with professors of Mental health, and that there is a concern in the first moment with the freshmen students, which is to welcome them in Academic scope and stimulate self-knowledge, because they arrive immersed in expectations and fears in the face of the new path they have to go through.

Mello (2003) makes it clear that the student also appears in this scenario as a protagonist and essential element necessary for his/her own training, because as the professor, the student is the target of their own changes, positioning himself/herself with a proud and participatory profile in the construction of their knowledge and not merely as a reservoir of outdated content that often leads him/her to ask why to study a particular area and why. It is necessary that the undergraduate teaching professor assist students in the construction of knowledge, because what is perceived is that students lack perception of the need to integrate the knowledge that is made available to them in the various specialties (CAMPOY *et al.* 2005). On the other hand, who provides psychological support to the professor who often goes through difficult confrontations in the insertion of the student in fields of theoretical-practical activities? If we consider that the student, as the protagonist of the teaching-learning process, builds his path, with the accompaniment and mediation of the professor, it is natural that the professor goes through the same process. In this perspective, who mediates and accompanies you?

Bibliographic References

In this last category, we will discuss which bibliographic contribution the professor appropriates to develop the pedagogical proposal in the discipline of Nursing in Mental Health and Psychiatry. From this category emerged the subcategory professor training.

Professor training: The subcategory professor training refers to the different searches for references, undertaken by teachers to improve their knowledge and, consequently, improve the teaching of Mental Health and Psychiatry. In the following example we observe how this search for bibliographic references occurs.

We develop through literature, through experience, through living. The contents are searched in what we have in the collection, in the library and also in the personal [...] (E1).

The interviewee mentions that he/she searches for the contents in all places where it is possible to dispose of the subject of mental health, collection and library, including in lived experiences. This information in comparison with the description of the bibliographic references described in the Pedagogical Project of the Course presents some disharmony with the currently published literature related to Mental Health and psychiatric reform proposals distributed free of charge in digital libraries and scientific databases. In the studies by Rodrigues et al. (2012), the bibliographic reference of the education plans of undergraduate nursing courses in the State of Santa Catarina is also discussed. The authors reflect that teaching is directed to the hospitalocentric model, because it is based on literature focused on mental disorders outside the context of public policies, thus compromising the welcoming of individuals in their complexity and directing, as the first route, the referral to the specialist. Therefore, there is a mismatch between the material produced during and after the emergence of public policies and the bibliographic references found in the education plans of Nursing in Manaus – Amazonas.

In relation to the improvement of the professor's intellectual capacities, focused on the teaching of Nursing in Mental Health and Psychiatry, this sometimes goes beyond the search for bibliographic references and launches itself into different experiences, as we can see in the speeches below:

[...] All the professionals who work in this area, by their own efforts, have to update themselves. And nowadays we have the favorable means for this communication with knowledge [...] (P5).

[...] as it did not exist, a few years ago, training here, I had to look outside, I had to seek training in another state, so this was very expensive for me, it was very difficult [...] (P2).

[...] I was not specifically prepared with the specialization to work with the discipline. I participated more for my own interest [...] (P8).

We seized from the interviewees that the updating of the professor active in the teaching of Nursing in Mental Health and Psychiatry is due to their own interest and effort, sometimes generating financial and travel costs, which are assumed by the professor himself/herself. There is a need to mobilize knowledge and skills, because as we develop these aspects, we train nurses trained to act satisfactorily in the area of Mental Health and Psychiatry (BARROS, 2011). In the studies of Bezerra (2014) on "Scientific research in undergraduate Nursing: experiences of student practices in the universities of Manaus", the author highlights that the indices of teachers who have qualification at undergraduate level strictosensu, in the city of Manaus, are still below the expected in the HEIs. What is perceived is that there is a great demand of students for the few professors existing in the university staff, and that this ends up impacting on the training of students. One of the starting points for the change in daily teaching in the area of Mental Health, undoubtedly, is the role of the professor. It is explicit, but the professor's initiative in relation to the process of his or her education is little appreciated and recognized. The professor, as well as any professional from the contemporary world, needs to develop

skills that generate his/her attribution to a certain area, in addition to continuing to update himself/herself throughout his/her productive life (MELLO, 2003). In this perspective, it is also up to the institution of the professor's bond to welcome the new knowledge acquired and offer him or her freedom to apply it in the daily teaching. Thus, the concepts of continuing education in health can also be applied to the need for education before the professor. The construction of knowledge in everyday life is what will configure this continuing education, from what is experienced by the actors involved in their daily work (CECCIM; FERLA, 2008). The Code of Ethics of Nursing professionals, regulated by Resolution No. 311/2007, states, in its article 14, chapter I, section I, that one of the responsibilities and duties of nursing professionals is to constantly improve their knowledge, whether technical, scientific, ethnic or cultural, in favor of society. In addition, nurses are responsible for the teaching and research process developed in the professional field on individuals, hence the importance of having knowledge in this area. Law No. 7,498, of June 25, 1986, also emphasizes, among one of the activities of nurses, the development of education aimed at improving the health of the population (COFEN, 2014).

Closing Remarks: The option to develop this research to know how the teaching and the organizational modes of the discipline on Mental Health and Psychiatry occur in undergraduate courses in Nursing showed us the educational paths taken by higher education institutions in Manaus. The teaching of mental health and psychiatry in the HEIs of Manaus according to the discourse of the professor show us that the content is still taught in a specific way, that is, there is no integration between the disciplines. We observed that all higher education institutions work with the full curriculum model, even though there are successful experiences in working with the integrated curriculum, as discussed in this work. With a full curriculum model, the discipline of Nursing in Mental Health and Psychiatry happens beyond the half of the course, in seven of the investigated HEIs, and in a single one the discipline occurs throughout the course, which favors the transversality of the theme. In the interviews, the professors addressed some difficulties in achieving the proposed objectives, including the students' prejudice about the subject, which also reflects a social stigma about madness to the detriment of understanding the processes of psychic suffering inherent in the process of living. We believe that the implementation of continuing education for professors can minimize these indicators of prejudice of which they are also affectionate. Paraphrasing sociologist and philosopher Edgar Morin (2014 p.9), "Educators must be educated" and even cared for. In the professors' speeches, it was found that there was teaching autonomy in relation to the methodology, which may represent, in a certain way, a danger as to the effectiveness of the teaching process. The need for psychological preparation of both the student and the professor during the teaching process at undergraduate level was discussed. The interviewed professors pointed out the need to insert contents and strategies that favor the student to deal with the negative aspects of daily nursing care and not only those related to Nursing disciplines in Mental Health/Psychiatry. We believe that a psycho-pedagogical follow-up is also necessary for professors. On the other hand, the speech of the professors interviewed points to the personal search for references and experiences that favor them in the teaching-learning process. In this context, it is also necessary the recognition of HEIs on the effort of professors, in order to provide support for

innovations to take place. The weaknesses of this study can be found in the in-depth analysis of the PPPs, with regard to the transversality of the contents related to mental health present in other disciplines, which can be developed in other studies. On the strengths of the paths traveled in the search for knowing the teaching in the undergraduate Nursing in Mental Health and Psychiatry in the HEIs of the city of Manaus, the results presented and discussed bring contributions to rethink the documentary bases of HEIs and consequently reflect on the teaching-learning process.

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