

Influence of curricular reforms in mental health nursing education between 1969 and 2014



Influência das reformas curriculares no ensino de saúde mental em enfermagem: 1969 a 2014
Influencia de las reformas curriculares en enfermería en salud mental educación: 1969 a 2014

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ABSTRACT

Objective: To analyze the influence of curricular changes in mental health nursing education at the Federal University of Santa Catarina.

Method: Qualitative research, exploratory and descriptive. Data were collected in official ordinances in the Pedagogical Projects of the Nursing Course and in the Teaching Plans in the period from 1969 to 2014. The data collection was carried out between the months of March and December 2015. We used a spreadsheet to organize the data and they were analyzed according to the technique of documentary analysis.

Results: Trends in curricular changes were highlighted after the Curricular and Psychiatric Reforms. The most significant changes occurred since 2004 with the National Curriculum Guidelines and Law 10.2016.

Conclusion: It was found that the curricular changes occurred from induction and from outside the educational institution policies. The influences resulted in changes in the name of courses, course offerings and course objectives, and integration between courses and practical settings, among others.

Keywords: Curriculum. Psychiatric nursing. Mental health. Nursing education. Teaching. College Education.

RESUMO

Objetivo: Analisar a influência das mudanças curriculares no ensino da saúde mental em enfermagem na Universidade Federal de Santa Catarina.

Método: Pesquisa qualitativa, do tipo exploratória descritiva. Os dados foram coletados em portarias oficiais, nos Projetos Pedagógicos do Curso de Enfermagem e nos Planos de Ensino do período de 1969 a 2014. A coleta se deu entre os meses de março a dezembro de 2015. Os dados foram organizados em planilha eletrônica e analisados segundo a técnica de análise documental.

Resultados: Evidenciaram-se tendências de mudança curricular após as Reformas Curriculares e Psiquiátricas. As mudanças mais significativas ocorreram a partir de 2004 com as Diretrizes Curriculares Nacionais e a Lei nº 10.2016.

Conclusão: Identificou-se que as mudanças curriculares surgiram a partir de políticas indutoras e externas à instituição de ensino. As influências se deram na alteração de códigos, ementa e objetivos de disciplina, integração destas, cenários de prática, entre outros.

Palavras-chave: Currículo. Enfermagem psiquiátrica. Saúde mental. Educação em enfermagem. Ensino. Educação superior.

RESUMEN

Objetivo: Analizar la influencia de los cambios curriculares en la enseñanza de la salud mental en enfermería en la Universidad Federal de Santa Catarina.

Método: Investigación cualitativa, exploratoria y descriptiva. Los datos fueron recogidos en las ordenanzas oficiales, en los Proyectos Pedagógicos del Curso de Enfermería y en los Planes de Enseñanza del período de 1969 a 2014. La recogida se llevó a cabo entre los meses de marzo a diciembre de 2015. Los datos fueron organizados en planilla electrónica y analizados según la técnica de análisis documental.

Resultados: Se presentaron las tendencias de cambio curricular después de las Reformas Curriculares y Psiquiátricas. Los cambios más significativos se produjeron a partir de 2004 con las Directrices Curriculares Nacionales y la Ley 10.2016.

Conclusión: Se identificó que los cambios curriculares se produjeron a partir de políticas inductoras y fuera de las reglas de esa institución educativa. Las influencias se dieron en el cambio de códigos, en los planos y objetivos de disciplina, la integración entre disciplinas, escenarios de práctica, entre otros.

Palabras clave: Currículo. Enfermería psiquiátrica. Salud mental. Educación en enfermería. Enseñanza. Educación superior.

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■ INTRODUCTION

The undergraduate Nursing major at the Federal University of Santa Catarina (UFSC) began its activities in 1969. The first class graduated on 17 December 1971, though the program was only recognized on 17 December 1975, by decree n. 76.853, and had as its contextual framework the formation of nursing professionals connected with and committed to society in the fields of politics, culture, economy and social development⁽¹⁾.

The nursing program's curriculum at UFSC aimed at a general education of its students, rooted in the production of knowledge and in social transformations, by means of flexibility in research and extension, in the articulation of teaching that promotes student autonomy, with respect to plurality and cultural diversity.

The entire process involved in the education of nurses constitutes, also, what is called a curriculum and includes the personal and collective experiences of the students, experiences in various practical settings, community interaction, and the construction of knowledge linked to clinical, political, social and cultural education. Therefore, the curriculum extrapolates the group of content made available to students during their education, and is transformed into a true integration between those involved in learning and those attending to institutional, pedagogical and social precepts⁽²⁾.

Nursing education is legally aligned first with the Law of Guidelines and Bases of National Education (LDB/96) and to National Curricular Guidelines (DCN) of the undergraduate major in Nursing, which propose curricula that are capable of building an academic and professional profile based on competencies, abilities and knowledge that can attend to the professional demand of the Brazilian Unified Health System (SUS)⁽³⁾.

The autonomy of universities to build their programs through structured pedagogical projects, which take into consideration the local reality and the needs of the community, promotes different arrangements when it comes to the distribution of content, courses, practical experience, evaluations and other pedagogical components that compose the curriculum. In a context of constant changes in the structure of nursing programs, everyone involved in the educational process must identify the critical points of the major in order to elaborate strategies that deal with problems and maintain the integrity of the curriculum⁽⁴⁾.

In relation to mental health and psychiatry, the nursing curriculum has suffered constant changes over the years, as a response to the historical, political and social context, which for Brazil extends from the 1990's with Federal Law n. 8.080/90, instituted by SUS. The Psychiatric Reform (RP)

movement influences the structure of nursing curricula because it determines, in a significant way, the profile of the nursing professional who will perform in this area in different professional health care settings⁽⁵⁾.

The RP is a process that prescribes the de-institutionalization of a person with a mental illness, starting with the integration of mental health services with the paradigm of psychosocial care, forming a complex system of care that responds to the suffering person in a unique way. To meet this demand, new devices of care were created that, consequently, generated the necessity of new professional competencies for the nursing profession⁽⁵⁾.

The structure of nursing curricula and its connection to psychosocial care is fundamental in developing nursing programs that provide comprehensive instruction that corresponds to the demands of mental health⁽⁶⁾.

Understanding the influence of curricula on methods for teaching care is fundamental for professors and students, given that once a student enters a practical mental health setting, he will have to deal with questions that transcend physical and organizational space, as well as need to understand the politico-social conjunction that represents the way of caring for a person who is in psychic suffering⁽⁷⁾.

UFSC currently has a mental health teaching model that seeks to respond to the ideas of the RP, developing theoretical and practical activities in extra-hospital services, for example, but that was not always so. Because of this, understanding how political and social changes influence the construction of curricula and how curricula affect professional performance is of extreme importance in rethinking the practice of nursing as a political act and in considering the conscious construction of guiding institutional documents.

In this sense, we raise the following guiding question: What were the curricular modifications that influenced the teaching of psychiatric and mental health nursing at UFSC? Thus, the objective of this study is to analyze the influence of curricular changes in the teaching of psychiatric and mental health nursing at UFSC.

■ METHOD

Qualitative research, of exploratory and descriptive nature. The choice of this approach was due to the possibility of relating the process that involves curricular changes in the Undergraduate Nursing program at UFSC with health and education policies over the course of the historical period chosen (1969 to 2014).

The qualitative approach allows the construction of new concepts and categories during the investigation and

embraces the particular aspect of the object, with historical and social explanations that surround it. Qualitative research is a set of material practices that make possible the interpretation that gives visibility to the world to be researched⁽⁸⁾.

Documentary analysis was the methodological referential adopted and is characterized by the use of information that has not yet received scientific treatment, considered primary data, which should be valued as an important source of research in order to rescue historical and conceptual aspects⁽⁹⁾.

The data were analyzed according to the method of documentary analysis through steps: a) determination of objectives; b) elaboration of the work plan; c) identification of sources; d) locating sources and obtaining materials e) treatment of data; f) drawing up of forms g) logical construction of and redaction of work⁽¹⁰⁾.

The study, developed in the undergraduate nursing program at UFSC, had its data collected between the months of March and December of 2015 and in official ordinances that are part of the institution.

All the ordinances that suffered curricular modifications in the undergraduate nursing program from its creation in 1969 until 2014 were included in the study. After identifying in which years the modifications in the curriculum of the undergraduate nursing program occurred, other sources of data were consulted, such as: the Pedagogical Projects of the Major (PPC) in Nursing and the Teaching Plans of mental health courses, both of these referring to the years in which there were curricular modifications. The PPC's and Teaching Plans were consulted at the nursing program's departmental office. The identified sources and material were read and systematized in tables with items such as year, course code, syllabus, objectives, course load, and practical settings. Subsequent to the design of the chronological systematization of curricular reforms together with the items of teaching plans and PPC came the codification, grouping and interpretation of data. The analyses composed two categories and these categories were studied deeper with scientific productions that have a direct relationship with the study.

This study is anchored in Resolution n. 466/12 of the National Health Council⁽¹¹⁾ and was submitted for inspection to the UFSC Research Ethics Committee, being approved by the opinion n. 724.426.

■ RESULTS

The undergraduate nursing program at UFSC had, in 45 years, eight curricular reforms. These reforms established

new objectives, competencies, evaluations, prerequisites, course load and different content in each movement inherent in the program. The PPC's investigated comprise the curricular reforms of 1998, 2004 and 2011, bearing in mind that this manifestation was a result of LDB/96. The teaching plans studied, which materialized the intention of the teaching of the program investigated indicated that until the curriculum of 2004 there were two courses, Psychiatric Nursing I (without practical activity) in the beginning of the major and Psychiatric Nursing II at the end of the major with the carrying out of activities in practical settings. For this study, teaching plans in which the practical setting was related to the model of mental health care at that time were opted for. The teaching plans of the curricular reform of 2004 and of 2011 are concentrated on the area of knowledge of mental health and primary health care.

The year, the Ordinances of Curricular Reform and what each one of them establishes can be observed in Chart 1.

The change effected in 1991 is directly related to the creation of the Unified Health System (SUS), and the curriculum begins to attend to an education geared toward primary care, following the precepts of SUS. In 2004, an important redirection of teaching occurred in the country with the National Curricular Guidelines for the Nursing major, and the curriculum receives perhaps its most meaningful and impactful change.

An important aspect evidenced in the study is the change in the name of the Psychiatric Nursing course, as well as its content, over time. The name of the course suffered changes, impelled by public health policies instituted in each historical period, especially the Psychiatric Reform movement, as per Chart 2, which shows the year, the name of the course and its syllabus.

From the outset the syllabi present teaching based on interpersonal relationships and therapeutic communication, with emphasis on the teaching of specialized hospital care and concomitant accompaniment in the model of mental health care existing in the country at the time.

In 2001, with the institution of National Curricular Guidelines for Nursing, reflected in the 2004 curriculum, the name of the course became Care in the Process of Human Living III, appropriate to the proposals of national public policies of Education and Health, that advocate nursing care in mental health based on integrality and on the health care network. This curricular change in the Nursing Major promoted a profound restructuring in the Mental Health course, which extrapolated not only its nomenclature but redirected the course toward a proposal of care in the process of human living, integrating primary care and mental health in a single thematic axis.

Year of Curricular Reform	Ordinance	Stipulations
1973	344/72 4 August 1973	Establishes the curriculum, prerequisites and course load for the professional cycle of the Nursing Major at the Federal University of Santa Catarina, which, in the form of an attachment, is integrated into this Ordinance. Stipulations contrary to this are revoked.
1979	348/79 and 558/79 6 July 1979	Approves the curricular alterations corresponding to the first three phases of the Nursing Major Curriculum, which, in the form of an attachment, is integrated into this Ordinance. The alterations will be valid beginning on the publication date of this Ordinance.
1982	525/81 30 September 1981	Approves the constant alterations of the Nursing Major curriculum, which, in the form of an attachment, are integrated into this Ordinance. The alterations will be valid beginning with the first semester of 1982.
1988	333/PRE/87 and 105/PREG/89	Approves the first and third phases of the Nursing Major curriculum, which in the form of an attachment are integrated into this Ordinance. The Nursing major curriculum will be implemented, gradually, beginning with the first classes of the 1988 academic year.
1991	103/PREG/91 revoked by 010/PREG/93 17 April 1991	Approves the curricular structure of the Nursing Major, which in the form of an attachment is integrated into this Ordinance. This Ordinance will take effect beginning with the first classes of the 1991 academic year.
1998	219/PREG/97 6 November 1997	Approves the curricular structure 97.1 of the Undergraduate Nursing Program, which in the form of an attachment is integrated into this Ordinance.
2004	51/PREG/2004 15 March 2004	Approves new curricular structure for the Undergraduate Nursing Program, which, in the form of an attachment, is integrated into this Ordinance. The abovementioned curricular structure will be implemented, progressively, beginning in 2004.1.
2011	257/PREG/2010 28 September 2010	Approves the curricular matrix 2011.1 of the Undergraduate Nursing Program, which in the form of an attachment is integrated into this Ordinance. The above mentioned curricular matrix will be implemented, progressively, beginning with the first semester of the 2011 academic year.

Chart 1 – Year, ordinance and stipulation by the Curricular Reforms in the undergraduate nursing program at UFSC over the course of 45 years

Source: Research data, 2015.

The last curricular reform carried out in the major was concerned with recommendations from the Ministry of Education via Resolution n. 4, from April 2009⁽¹²⁾, which regulates the minimum course load and the processes relative to the integralization and duration of undergraduate majors, among them nursing. Therefore, the Brazilian undergraduate education in for nursing, under the above-mentioned resolution, came to have 4,000 hours and to be completed over five years, which demanded a new curricular change.

In this way, the major that was completed in four years was altered to one that took five years; eight semesters turned into ten semesters, and what was offered in the sixth semester began to be offered in the seventh semester of the major, maintaining the same theoretical and methodological models as the previous curriculum.

Significant changes in the teaching plan and the content of the course took place as well, as Chart 3 demonstrates, which describes the course's credit hour value and objectives.

Year	Course Name	Syllabus
1973	Psychiatric Nursing II	Nursing assistance to mentally ill patients in view of the behavior of each patient and to nursing diagnosis. Intra- and interpersonal relationship.
1979	Psychiatric Nursing II	The process of Psychiatric nursing as an interpersonal relationship. Psychic factors that affect person-to-person communication. Principles of preventive psychiatry. Mental Health Plan.
1982	Nursing Methodologies	Application of methodology in nursing assistance, in community institutions that attend to psychiatric patients, the elderly, exceptional patients and patients that need rehabilitation. Principle of leadership and administration applied to the work of nursing.
1988 1991 1998	Psychiatric Nursing II	Nursing assistance to the mentally ill. Application of assistance methodology in psychiatric nursing. Aspects relative to the mentally ill. Alternative practices of psychiatric assistance. Main therapies employed. Policies of assistance to the mentally ill.
2004	Care in the Process of Human Living III	The Unified Health System in its models of management and assistance. Epidemiology as foundation for the planning process of local health. The process of creating health districts. Primary care for the health of the individual, family and community. Popular education, health and social control. Mental health and psychiatric reform. Care for the individual, family and community in actions of promotion and recuperation of mental health.
2011	Care in the Process of Human Living V – Primary Care and Mental Health	The Unified Health System in its models of management and assistance. Epidemiology as foundation for the planning process of local health. Primary care for the health of the individual, family and community. Social and cultural environment as determination in the process of health/illness. Primary care for the health of the individual, family and community considering ethnic and racial aspects and the questions of human rights. Popular education and health and social control. Mental health and psychiatric reform. Care for the individual, family and community in actions of promotion and recuperation of mental health. Ethics and bioethics. Investigative process. Management of nursing care. Systematization of assistance in nursing. Patient safety.

Chart 2 – Year, name of the course of psychiatric nursing in the Nursing Major at IFSC from 1973 to 2011

Source: Research data, 2015

The credit hour value of the course, including practical activities, with the curricular reforms between the years 1970 and 2011 oscillate between 90 and 432 hours, with the exception of the year of 1982, whose reform sought to integrate the curriculum and psychiatric nursing by adding the area of administration, with a course load of 360 hours, in two areas of knowledge. The course load was increased beginning in 2004 and, considerably, in 2011, but in conjunction with another area of knowledge, which is collective health.

With respect to the objectives of the course in its trajectory of changes, it began with a concentration on the student, going on to concentrate on care for the patient

via interpersonal relationship, and embraces the increased care process.

■ DISCUSSION OF DATA

Influence of Curricular Reforms and Psychiatry in the Nursing Major at UFSC

The structural transformations in the teaching of psychiatric nursing and mental health in the undergraduate nursing majors in Brazil happened with Curricular Reforms and also with Psychiatric Reform, which contribute to the historical reflection about changes in the teaching of mental health.

Date	Course Name	CH	Objectives
1973	Psychiatric Nursing II	126	The student should be capable of providing nursing assistance to the mentally ill according to the behavior of each patient and giving assistance to patients in general clinic, in what is related to the psychological aspects, striving to ensure that his or her personal conflicts, ideas and prejudices do not interfere with assistance.
1979	Psychiatric Nursing II	105	The student should identify and characterize a general frame of reference in the nurse-patient relationship, seeking to promote and protect mental health.
1982	Nursing Methodologies	360	The student should be capable of: create and apply administrative and scientific and technical knowledge acquired in nursing assistance. Provide nursing assistance to patients via person-to-person relationships and apply principles of psychiatry in various levels of prevention, according to the theory of basic human necessities.
1988	Psychiatric Nursing II	150	Provide nursing assistance to the mentally ill.
1991	Psychiatric Nursing II	90	Provide nursing assistance to the mentally ill.
1998	Psychiatric Nursing II	90	Provide nursing assistance to the mentally ill.
2004	Care in the Process of Human Living III	432	Carry out individual and collective acts of promotion, protection and recuperation of the health of the individual, family and community, at the level of primary care in the Unified Health System (SUS). Observing the three levels of complexity relative to primary care and mental health, considering the cognitive, technical, humanistic and political skills and the process of local health planning as method of structuring the work process of the multiprofessional team.
2011	Care in the Process of Human Living V – Primary Care and Mental Health	432	Carry out individual and collective acts of promotion, protection and recuperation of the health of the individual, family and community, at the level of primary care in the Unified Health System (SUS). Observing the three levels of complexity relative to Primary Care and Mental Health, considering the cognitive, technical, humanistic and political skills and the process of local health planning as method of structuring the work process of the multiprofessional team.

Chart 3 – Credit hour value and objectives of the course in the period 1973-2011

Source: Research data, 2015.

With respect to Curricular Reform, as a process of dense change in the curricular matrix initiated by the time of its implementation, is determined under two big axes, the first is the legal axis, with educational policies, implemented by the Ministry of Education and the mobilization of class entities, represented by the Brazilian Association of Nursing (ABEn), as external induction, that emphasizes science and teaching, and the represents the demand of the profession in spaces that formulate and execute public policy.

The other axis refers to the necessity constituted by the very institution of teaching, where the curricular reform is exposed to internal processes related to the major and the

university. Generally the internal changes are for adjustments, at the rate which external changes imply structural changes in the course load, practical settings, pedagogical processes, methodologies of teaching, significant changes in the curricular grid in order to respond to the exit profile, in other words, modification of the entire curricular matrix.

In Brazil, the curricular reforms as external processes issued by the Ministry of Education are evidenced between the years of 1923, 1949, 1962, 1972 and 1994, 1997 and 2001 with the National Curricular Guidelines⁽¹³⁻¹⁴⁾.

As has already been observed, the external reforms initiated by the Ministry of Education had repercussions

in the curriculum studied with the reforms of 1973, 1998 and 2004. The other reforms in the major, for example 1979, 1982, 1988, 1991 were adjustments for the internal necessity of the major, observed in the alterations in the course name and credit hour value in these periods.

In Brazil, the first attempt to systematize the teaching of nursing in the area of psychiatry was in 1890 in the Professional School of Nurses in the National Hospice of the Insane. In 1923 the teaching of nursing was institutionalized, but there was no interest in the teaching of this specific area. Around 1941, a few classes of psychiatric nursing were administered, together with the expansion of insane asylums. In 1949, with Law n. 775 and the Decree n. 27.426, teaching and internship in psychiatric nursing became obligatory⁽¹⁵⁾.

Still, in the 1980's and 90's, the motivation for curricular change emerged (as a result of) from social necessities and changes in the setting of health in the country, awakening a process of education linked to the epidemiological and social profile, breaking with the previous process that was linked to purely clinical education and limited to health services⁽¹⁴⁾.

However, the biggest influence in curricular reform in the Nursing Major at UFSC, implemented in 2004 and in 2011, occurs after the National Curricular Guidelines of 2001. This regulation foreshadows the commitment of the teaching institution to Health Reform, to actions in health, to the principles of the Unified Health System, to the necessity of pedagogical processes, with active methodologies and a capacity for intervention beginning with the health/illness process "where care inserts itself in the mental health of the population"⁽¹⁶⁾.

As for curricular reforms and their influence in the practice of psychiatric nursing and mental health, this study reveals that curricular organization is structured in the disciplinary modality, from its creation until the year 2004, in which the practice of psychiatric nursing, while being isolated from other nursing practices, proposes a teaching model that concentrates on people with mental disorders.

The challenge of today is to integrate specific courses with the rest of the courses in the major so that integrality and singularity are the bases upon which students build their knowledge of care. It should be noted that this curricular structure was predominant in institutions of higher education from the 1970's to 1990's and that the alterations in the name of the course reflect the current model of mental health care in the country.

The search for an integrated curriculum begins with the creation of the National Curricular Guidelines, which propose a pedagogical organization with emphasis on this

model of the curriculum, which the Nursing Major at UFSC followed in the years of 2004 and 2011. From this perspective, nursing practice shifted its focus to the teaching of care in the process of human living and brought together two areas of knowledge: mental health and primary care.

In relation to issues addressed by teaching plans over the years, the influence of Psychiatric Reform stands out, this being understood as a complex social process that is articulated in theoretical and conceptual dimensions, as well as clinical, practical, juridical, political and sociocultural dimensions⁽¹⁷⁾.

The kind of education aligned with Psychiatric Reform must begin with the conscientization of educators about the educational process, whose critical and reflective capacities must be manifested in the official documents of the major. This means that the construction of nursing practice in mental health, constituted over time, points to a presupposition prescribed by Psychiatric Reform, which is that care is engaging with the patient. In the same way, perhaps the main contribution of Psychiatric Reform to nursing practice is the questioning, critique of and reflection about the conception of the patient and care for the patient in suffering, since the issues addressed were concomitant to frameworks in Psychiatric Reform in Brazil, although without adopting the radicality of the latter.

In the 1970's and 80's, critiques of insane asylums and scientific knowledge concerning psychiatry with a focus on psychopathology gained momentum, but teaching was hegemonic, centered on mental disorders and asylums. The results show that teaching is a contradiction, since although teaching was directed toward care for human beings with necessities and demands, and, this broadened the relationship between student and 'educator', the locality of the asylum restricted the relationship to its own space.

In the 1990's the first ordinances of the National Mental Health Policy began to appear, evidenced in the syllabi of courses, even if practical teaching continued in the asylum and the focus on the patient did not allow the student to comprehend the relationship: structure, ideology and care in the territory, which can be observed in the collective efforts of educators to make the reform be reflected in the education of students.

In 2001, with the Law of Psychiatric Reform, when mental health policy started to be a state policy, and the the complexity of the reform was already consolidated in Brazil, teaching stepped outside of the asylum, articulated a structural relationship through the Unified Health System with the inclusion of social control, territorialization, planning and promotion of health impacting the historical moment with change in the model of mental health care.

Trajectory of the Teaching of Mental Health in the Nursing Major at UFSC – 1969-2014

The Nursing Major at UFSC maintains in its curriculum student education for performance in mental health since its constitution in 1969, and, throughout these more than 40 years of history, has influenced and been influenced by public health and education policies.

The curricular constitution moves between moments of greater or lesser insertion of mental health in courses, sometimes increasing the course load, other times modifying its insertion in the major, nevertheless maintaining its direct or indirect presence in the process of teaching and learning. Maintaining the focus of mental health on student education means considering this a relevant area in the professional performance of nurses, who are prepared to perform in diverse health care settings.

On observing chronologically the course load, one sees in the 1970's close to 90 hours distributed to classes on theory. In 1982, the course load of the major was drastically increased and came to have 360 classroom hours incorporated along with other courses, including theoretical visits and practicums in psychiatric care institutions. In the curricular changes for 2004 and 2011, the course load was again increased and integrated with primary care, distributed between theoretical and practical classes.

Approximately 4.8% of the course load in the Nursing Major is dedicated to mental health⁽⁷⁾, corroborating evidence in the Nursing Major at UFSC, which in 2004 dedicated 3% to mental health and in 2011 was increased to 9.02%.

With the increase in course load for mental health in the Nursing Major, teaching became more complex, demanding different pedagogical practices to meet demands. Over time different teaching methods were incorporated, including theoretical and practical classes, visits to practical settings, visits to places of mental health care, health and education activities developed in the community, as well as in-class practicums that boast more creative pedagogical practice and that promote the critical capacity of students.

Ideological teaching concepts are aligned with mental health policies, influencing pedagogical practice and the teaching of nursing over time. Questions concerning what insanity is, who is insane, where the mentally ill should be in society and how they should be cared for are important and necessary in order for teaching to be meaningful. Because of this, the experiences of students should also involve the recognition of community via field practice carried out by students⁽¹⁸⁾.

Teaching in practical settings has been present in the major studied. This harkens back to the importance of the consolidation of theory with practical development and the opportunity for students to elaborate their conception and operationalization of mental health care. This elaboration allows the student to revisit how their ideas in relation to the mentally ill and mental illness are formulated⁽¹⁷⁾.

The formative process in nursing must prepare students to work on a multiprofessional team, with personal abilities to intervene in the problems of mental health, recognizing the health necessities of the population through knowledge and maturity. For this to be possible, it is an urgent matter that the teaching process include theoretical and practical performance from a perspective centered on the patient⁽¹⁹⁾.

Mental health nursing has been guided by humanistic principles over the decades, even though institutional psychiatry has shown itself to be indifferent to these principles, continuing with the medicalization and institutionalization of the individual. It is the responsibility of educators in mental health nursing to direct the curriculum towards an education that goes beyond institutional biomedical psychiatry, which seeks merely to guarantee obedience to psychiatric treatment, thus assuming its role as a facilitator of recovery in psychosocial terms⁽²⁰⁾.

In the years of 2004 and 2011 the objectives of the major were substituted for competencies, changes foreshadowed by the National Curricular Guidelines. These competencies increased care insofar as the student needs to analyze the local reality, identify health and mental health demands, relate with health actions and care within the perspective of the Health Care Network, since mental health care is inherent in the integrality of assistance.

Curricular changes translate the social, political and cultural movement of the country in each historical moment, in consonance with the pedagogical practices assumed by teachers in their teaching institutions. The increase in spaces dedicated to the practice of mental health in the nursing curriculum shows the institutional concern for preparing qualified professionals for care in this area, revealing an alignment with social necessities.

■ FINAL CONSIDERATIONS

The influence of curricular modifications as a result of legal documents and teaching plans in the practice of psychiatric and mental health nursing in the period from 1969 to 2014 in the Undergraduate Nursing Major at UFSC reflects the changes caused by Curricular and Psychiatric Reform. The most structural reforms were concerned with

the curriculum, and the paradigmatic changes in mental health care were brought about by Psychiatric Reform.

In the 1980's and 1990's, the motivation for curricular changes emerged from social necessities and alterations in the context of health in the country, giving rise to an educational process dependent upon the epidemiological and social profile, which broke with the previous process that was linked to purely clinical education and limited to health services.

Upon familiarizing oneself with the trajectory of the practice of mental health in the nursing curriculum different nuances, lacunas, difficulties and challenges for the process of teaching and learning are identified, although it is considered imperative that one look more closely at the curricular structure, so that, in this way, reflections about historical shifts cause powerful changes in education. Studies of this kind do not have the intention of generalizing, rather, as a result of inductive examination, to denote its strength, understand its limitations, which essentially center on the bias of lack of information that has been lost in history, of the limitation of records, and the hardness which documents possess.

It is the hope of this study to motivate many others to make changes to the curriculum, and especially that others can contribute to nursing education in the area of mental health and psychosocial care.

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