

The teaching-learning process in mental health: the student's perspective about psychosocial rehabilitation and citizenship

PROCESSO ENSINO APRENDIZAGEM EM SAÚDE MENTAL: O OLHAR DO ALUNO SOBRE REABILITAÇÃO PSICOSSOCIAL E CIDADANIA

PROCESO ENSEÑANZA-APRENDIZAJE EN SALUD MENTAL: LA VISIÓN DEL ALUMNO SOBRE LA REHABILITACIÓN PSICOSSOCIAL Y CIUDADANÍA

Sônia Barros¹, Heloísa Garcia Claro²

ABSTRACT

The current national mental health policies confirm the need to encourage teaching, research and extension practices that favor new professional attitude. A previous study has shown that the students' representation about the competencies required in mental health fall into categories about the concepts of competence, cognitive resources, expressed feelings, and the concept of health and illness, but with no reference to themes related to the users' citizenship or psychosocial rehabilitation, which are central concepts in the course discipline. In this study, an analysis was made of the representation about these concepts, the knowledge and skills identified as being necessary to practice rehabilitation. Participants were students of a public university, attending the Mental Health Nursing class. The results show that students value the users' needs, but the representations about citizenship and psychosocial rehabilitation are founded on common sense about hazards and basic rights like health and leisure.

DESCRIPTORS

Mental health
Education, nursing
Competency-based education
Rehabilitation

RESUMO

As políticas de Saúde Mental vigentes no país confirmam necessidade de estimular práticas de ensino, pesquisa e extensão que favoreçam novas atitudes profissionais. Estudo anterior revelou que a representação de alunos sobre competências necessárias na saúde mental, conforma categorias sobre conceitos de competência, recursos cognitivos, sentimentos expressos e conceito de saúde e doença, não se depreendendo temas relacionados à Cidadania ou à Reabilitação Psicossocial dos usuários, conceitos centrais no ensino da disciplina. Neste estudo, analisou-se a representação sobre estes conceitos, sobre os saberes e habilidades identificados como necessários para a prática da Reabilitação. Os entrevistados cursaram a disciplina de Enfermagem em Saúde Mental de uma universidade pública e os resultados mostram valorização das demandas dos usuários, no entanto, as representações sobre cidadania e reabilitação psicossocial sustentam-se no senso comum relacionado à periculosidade e à direitos básicos como à saúde e lazer.

DESCRIPTORIOS

Saúde mental
Educação em enfermagem
Educação baseada em competências
Reabilitação

RESUMEN

Las políticas de Salud Mental vigentes en el país confirman necesidad de estimular prácticas de enseñanza, investigación y extensión que promuevan nuevas actitudes profesionales. Estudio anterior reveló que la representación de alumnos sobre competencias necesarias en salud mental conforma categorías sobre conceptos de competencia, recursos cognitivos, sentimientos expresados y concepto de salud-enfermedad, sin desconocer temas relacionados a Ciudadanía o Rehabilitación Psicossocial del usuario, conceptos centrales de enseñanza de la disciplina. Este estudio analizó la representación de estos conceptos, sobre saberes y habilidades identificados como necesarios para la práctica de Rehabilitación. Los entrevistados cursaron la materia Enfermería en Salud Mental en universidad pública. Los resultados demuestran valorización de demandas de usuarios; mientras tanto, las representaciones sobre ciudadanía y rehabilitación psicossocial se sustentan en el sentido común relacionado a peligrosidad y derechos básicos como salud y recreación.

DESCRIPTORIOS

Salud mental
Educación em enfermagem
Educación basada en competencias
Rehabilitación

¹Associate Professor, Psychiatric and Maternal-Infant Nursing Department, University of São Paulo School of Nursing. São Paulo, SP, Brazil. sobarros@usp.br
²RN. Master's student, Graduate Nursing Program, University of São Paulo School of Nursing. heloisa.claro@usp.br

INTRODUCTION

In the specific field of mental health, current Brazilian political guidelines confirm the need to stimulate teaching, research and community service practices that enhance new professional attitudes for the future of mental health care.

In Nursing teaching, this finding appears in a study carried out in a universe of human resource trainers, where the author captures a theoretical contradiction between the purpose of the intervention and the proposed intervention instruments, that is, the intervention perspective considers the symptoms universe of the disease to the detriment of a perspective that affirms the dialectics of the health disease process⁽¹⁾.

New pedagogical premises need to be sought for competency building in nursing students, in view of the difficulties perceived for them to mobilize their learning in view of practical situations experienced during psychiatric and mental health nursing teaching⁽²⁾.

The results of a research performed to construct knowledge on the competences needed for nurses to act in psychiatric nursing and mental health, with a view to the transformation of psychiatric nursing and mental health teaching, indicated the perception that teachers believe they are preparing competent nurses for mental health care practice, according to the Psychiatric Reform principles, but without defining the pedagogical framework to sustain this teaching-learning process. This result motivated a study aimed at confronting the competency pedagogy framework with the educators' pedagogical reference framework, which revealed that nurses understand competency in different ways, but also approximate the pedagogical concept of competency, defined as mobilization of personal resources and the environment to act effectively in a given context⁽³⁻⁴⁾.

Considering that the object of the teaching-learning process is the student, who from the perspective of the abovementioned research is considered an active subject of learning, who by himself seeks knowledge and experiences, when placed in situations that mobilize his skills, manifesting intellectual, creative and expressive activity, a study was developed within that project to get to know students' representations on this process in mental health nursing. Thematic analysis of the interviews did not reveal themes related to the citizenship of people with mental disorders, these subjects' social inclusion or psychosocial rehabilitation, which are central concepts of the Psychiatric Reform and the axis that guides the Mental Health Nursing subject these students take.

Developing competences in students means preparing them for life in modern society. Making them capable of using, integrating and mobilizing the contents apprehended

in practical situations in the attempt to solve problems. The students accumulate knowledge, pass tests, but do not manage to mobilize what they have learned in real situations, during and beyond work. The universe of knowing/doing, ruled by the Psychiatric Reform, demands changes from the perspective of deconstructing the control and custody model of mental patients, with a view to the construction of care model that structure alternative practices to replace traditional psychiatric action⁽⁵⁻⁶⁾.

Mental patients' exclusion has been a theme in the Brazilian Psychiatric Reform process. The reform addressed issues related to the insertion of mental patients in the world. Its main task was the construction of their citizenship, no longer understood as a universal formal attribute, but as a project open to the singularities and particularities of different ways of expressing the human condition⁽⁷⁾.

Given the complex dimension of the issue, however, involving the inclusion of people experienced in mental disorders, challenges continuously emerge for all stakeholders: professionals, users and their relatives and service managers in the context of the Unified Health System (SUS).

to develop student competences with a view to satisfactory action as future nurses in psychiatric and mental health nursing, knowledge and skills related to citizenship and social inclusion need to be mobilized.

Professionals working at Psychosocial Care Centers (CAPS) consider social inclusion as a process that covers citizenship as the practice of fundamental rights, linked with adequate care, access to leisure and socially acknowledge productive activity. Citizenship, though, is understood not only as the practice of these rights, but also as the exercise of full contractual power and affective, productive and relational autonomy⁽⁸⁾.

The inclusion of mental patients involves the exercise of citizenship, expressed in political action, but also in desire, passion and needs, each of which represents the passage from one instance to the other, where the fundamental principle is the right to live one's own life, be unique and different from other people, but equal to all: it means that room exists for a rational discussion of solid possibilities for a better life and equipping man to fight against hegemonies of corporatist interests that misinterpret ethics⁽⁹⁾.

Thus, to develop student competences with a view to satisfactory action as future nurses in psychiatric and mental health nursing, knowledge and skills related to citizenship and social inclusion need to be mobilized.

OBJECTIVE

The aim was to get to know students' representations on competency development in the teaching-learning process in mental health nursing, with a view to analyze their representation on the concept of citizenship in a psychiatric nursing and mental health course and what resources (knowledge and skills) the students identify as necessary for psychosocial rehabilitation practice.

METHOD

This qualitative study was guided by the theoretical reference framework of competency pedagogy. Competency is considered as the “ability to act effectively in a given type of situation, based on but not limited to knowledge”⁽⁵⁾.

The research was carried out at the University of São Paulo in São Paulo City. During the Undergraduate Program in Nursing, students take the subject Mental Health and Psychiatric Nursing in Adult Health (ENP0252), with a total hour load of 180 hours, divided between 60 hours for theoretical teaching, 90 hours of theoretical-practical teaching and 30 hours for a course paper.

About 40 students per semester take the course, with possible small variations. Students are divided in four practicum areas, which are: CAPS (Psychosocial Care Center) Perdizes, CAPS Pirituba, CAPS Itaim and the Referral Center for Tobacco and other Drugs (CRATOD). All 36 students who took the subject ENP0252 Mental Health and Psychiatric Nursing in Adult Health as part of the undergraduate program at the School where the study was carried out were invited to participate as research subjects during the semester before data collection. Eighteen of them were interviewed, who made an appointment during the period defined for data collection and agreed to be interviewed. Students were located through the school’s undergraduate service.

Approval for the project was obtained from the Institutional Review board at the University of São Paulo School of Nursing, process number: 568/2006, as well as permission for research at the teaching unit, in compliance with institutional standards in force. Before the start of the interviews, the Informed Consent Term was presented. The researcher contacted the students.

For data collection, a questionnaire was used with questions related to the students’ characteristics and the concepts of psychosocial rehabilitation and citizenship. For data analysis, Thematic Analysis was used, a method widely used in social and health sciences, which involves discovering the cores of meaning that constitute communication, whose presence or frequency mean something for the analytic purpose⁽¹⁰⁻¹¹⁾.

The students’ discourse was coded according to the order of the interviews and the number of the question the excerpt was taken from, e.g. E2.3: Interview number 2, excerpt related to the third question.

RESULTS AND DISCUSSION

Students’ characteristics

Two of the interviewed students were male (11%) and 16 female (89%); nine (50%) of them were younger than 21. Among the other nine, five (39%) were between 21 and 24 years old, two (11%) older than 30, one 33 and the other

42 years old. At the time of data collection, 07 (39%) students were in the sixth semester of the undergraduate program, i.e. the third year, and 11 (61%) in the fourth semester of the same program, i.e. the second year. Four students (22%) had professional experience before taking the program, one as an electronics technician, one as a systems analyst, one as a masseuse and one as a psychologist. Interviewees with professional experience were between 23 and 42 years old.

Also, eight (50%) had a technical degree and two (11%) another higher education degree before taking the undergraduate nursing program. Only two (11%) were professionally active at the time of the interview, one of whom as a grantee in the university’s institutional monitoring program and one as a free-lancer. Four (22%) interviewed students had past experiences with relatives suffering from mental disorders before the subject. These relatives were aunts, cousins or siblings. Only one interviewee had professional experience with mental disorder patients while working as a psychologist.

These data reveal that most of the students are young people younger than 24, without professional experience (except four) before the nursing program and who did not usually relate with mental disorder patients.

Students’ conceptions of Psychosocial Rehabilitation (PR)

Rehabilitation should be understood as the set of actions aimed at increasing people’s skills, consequently decreasing their disabilities and impairment. In case of mental disorder, it can decrease damage. For the sake of effective rehabilitation, it is important to reinsert the person in society. When patients themselves believe that they are incapable or impotent towards the dynamics of their life, a state of inertia emerges, decreasing their conditions to cope with the difficulties experienced, a situation that can be modified to the extent that support from the social network is expanded. To achieve rehabilitation, patients need to re-establish affective and social relations, reconquering their rights in the community and their social power. PR starts to be understood based on the idea of reconstructing the full exercise of citizenship and social contractuality in its three scenarios⁽¹²⁻¹⁴⁾.

Although all interviewees affirm that, according to them, they contributed to the PR of at least one user, only some mentioned experiences related to the definitions above:

I stimulated him, (the user) he played the guitar, so I stimulated him [...] to use this as a job, right? Give classes, go to the workshop, participate in music workshops at CAPS (E3.1).

We (*the group*) were doing that project, to collect funds [...]. Whether they want to or not it’s also a way for them to get a job, training. [...] they said that, for them (*the users*), having learned something there, and doing it outside had already helped, because he could seek a job with that, and I think that was a contribution (E5.1).

These students' discourse reveals the understanding of the work concept as a form of inclusion, using one of the user's skills, stimulating coping with the disorder and the user's inclusion in society. Mental health service users who demand work experience the social exclusion that occurs, among other reasons, due to their marginality in the production process. In this sense, the concept of work and income generation appears as a way to promote users' rehabilitation and reinsertion in society, reconquering their consumption rights and, thus, regaining part of their contractual power⁽¹⁵⁾.

He (*the user*) was around 40, 50 years old, he had been using (drugs) since he was 18, [...] he said that he managed to get much better when [...] he was taking yoga classes at a gym, and he was getting back to secondary education because he had dropped out, but he had a relapse when he stopped doing that due to financial problems, [...] and we managed to find a free place to do yoga, and we recommended that to him [...] I think that can contribute, if that helped him to maintain things, to quit substance use, it managed to contribute (E6.1).

The above text indicates that the student attempted to reinsert the user in an activity, yoga, as a way to make that person practice activities he was interested in, expanding his social network, his relations with the community. This reinsertion proposal and stimulus for users to appropriate themselves of the environment in his territory and community, offering him the necessary conditions, are part of the Psychiatric Reform movement. Students may not be clear about the concepts but, in daily practice, they attempt to put in practice interventions that promote the PR, as PR actions include the acquisition of a new skills, the appreciation of any useful activity the person develops and access to social networks⁽¹⁶⁻¹⁷⁾.

In the rehabilitation perspective, taking care means considering the importance of constructing life projects, significant to each user, as the central axis of therapeutic action. In other students' discourse, experiences were identified as follows:

He (*the user*) gave his medicine to other users. Then we started to talk to him about that, and he started to take the drugs instead of just passing them on to the other patients (E1.1).

He (*the user*) was very immediatist, I managed to bypass that and say calm down, we'll do that soon and not now (E2.1).

We kept talking, he (*the user*) kept on telling [...] how he doesn't like things, how he tried to kill himself, he just isn't trying anymore because of his family, his mother and grandmother whom he likes a lot, and so on, and then we kept talking (E5.1).

In the above phrases, we can identify that student relate the therapeutic limit and support, which are therapeutic nursing measures, with PR strategies. They indicate a psychotherapeutic attitude in their statements, as they try

to understand the patient, accept what the patient says and goes through, be emotionally involved within certain limits and listen to the patient^(13,18).

The following thematic phrase exemplifies students' difficulty to escape from the concept of mental illness as a disease *of the brain*, as an essentially organismic education impairs the psychosocial view of the mental health-disease process, and the search for the *pathologic* in the person, as the focus of the disease needs to be found:

Then you too, right, you really want to treat people, because people there, the disease is not physically visible, the scar... the scar is there inside the brain, that's it (E8.1).

Students' conceptions of citizenship

Citizenship expresses a set of rights that enable people to actively participate in life and the government of its people. Who does not have citizenship is marginalized or excluded from social life and decision-making, and left in an inferior position inside the social group. In Brazil after the psychiatric reform, the psychosocial treatment rights of people with mental disorders are protected by laws and guidelines. This treatment attempts to be no longer hospital-centered. Instead, a process is ongoing (as stigma and asylum thinking are still present in health practices) that tries to reintroduce patients with mental disorders in society as participant members in the community, that is, as citizens with rights who are able to practice their functions and participate as members in the production and consumption process, and can thus use their rights and fulfill their duties as Brazilian citizens⁽¹⁹⁻²⁰⁾.

Among these rights, social rights stand out, which are well described in the federal constitution as education, health, work, housing, leisure, safety, social security, protection for motherhood and childhood and support to the helpless. It is fundamental to understand that citizenship is the pre-condition of any care process. Citizenship is a right by itself: the sum of negative rights (not being excluded, not being abandoned, not being violated) and positive rights (receiving care at health services, receiving quality care, having one's needs acknowledged)⁽¹⁹⁻²¹⁾.

The students were asked whether, at some time during the practicum, they managed to watch users practice their citizenship. The students expressed concepts that can be considered in accordance with the above-described citizenship rights, as illustrated in the following phrases.

He took the bus, [...] went to the theater, movies (E1.2).

Just the fact that he was attending the CAPS, it serves to get rehabilitation and participate in this social life, take the bus and act like any other person (E3.2).

At the CAPS there's the inclusion cup, right, which takes users outside to interact with other CAPS, play soccer, get included in society [...] They go on excursions, for them to take the bus (E4.2).

Due to the fact that they are there, [...] they can be inside the CAPS, I think that, one way or the other, it's already a way to practice citizenship (E5.2).

He (*the user*) was getting his ticket there, because [...] there was a problem with his ticket, they said he could only use the ticket when he was having a crisis, you know? [...] they checked it out and he got the ticket back (E7.2).

He (*the user*) is a member of the management board today (E8.2).

When we went to the park, we left the CAPS, we took the bus with them (E11.2).

Some users attended libraries, the family used to take them to clubs, places that enhanced their rehabilitation (E13.2).

When we took the bus, normal transportation to a park, I don't remember the name (E14.2).

Just going to the CAPS every day [...] I think he's already a citizen (E16.2).

In the students' discourse, the right to transportation, to coming and going, to leisure and health can be identified. They mention that merely the fact that users are attending the CAPS already makes them practice their citizenship, as they are using the right of coming and going, and transportation to get to the health service, which is also a social right. The right to leisure appears when leaving the CAPS, accompanied or not by professionals. Events like the Inclusion Cup also come up, which aim for integration among users from different services. The statements also reveal the students' concern with the users' defense when their rights are infringed on. The students see themselves as agents of change here, as they get involved and participate in the users' recovery process of citizenship. They do not remain limited to procedures in the institutional sphere, but expand their practice to the demands the users present⁽²²⁾.

Student competencies

In the competency model, where subjects are considered actors of their interventions instead of operators, what is expected is that the subjects know how to go beyond prescriptions, that they know how to act and, hence, take initiative. Conduct is not reduced to a behavior, but acknowledges the subjects' faculty to trigger and join resources and actions⁽²³⁾.

According to this concept, the students' discourse reveals some factors related to competences, as follows.

- *Knowing how to Act and React Pertinently*

Knowing how to act and react pertinently allows individuals to make good decisions in view of the situations they are confronted with. They should be willing to go beyond protocols, adopt a critical posture towards situations and choose interventions with clear objectives⁽²³⁾.

This competency can be observed in the following excerpts:

And we worked with him, tried to talk, tried to discover what had happened to him, yes, see what he was doing with his life, his daily reality, to try and address the things that were making his health worse (E1.1).

I got him to trust me, right, to talk, I let him expose himself (E4.1).

In these examples, the students show know-how, as they trigger actions to identify the users' problems and, thus, build their interventions. Mobilizing the knowledge gained in class, theoretical knowledge, students show that they know how to *combine resources and mobilize them in a context*, a competency addressed further ahead. The students use communication resources, such as knowing how to listen, and also use relational resources like empathy for users to feel at ease to talk about their problems, which facilitates treatment, i.e. their actions have a clear goal: successful communication with users. Students' discourse also reveals knowing how to go beyond prescriptions, knowing how to judge, negotiate, decide, which departs from knowing how to act and react pertinently, where students show how they made their decisions on care for the users:

One user had lost his papers, and then we helped him, called Rio de Janeiro because that's where he's from, tried to find the place where he had been institutionalized earlier, and we did not really manage to find it, we were going to take him to get new papers (E12.2).

He was more agitated, then I talked to him a lot and perceived that he was calmer already, or when someone needed to talk about something that day, (I) talked (E13.1).

In my experience with people, they are... There's no great idea of the rights a person can have, the benefits, yes, regarding transportation, culture, access, various things that can be therapeutic, can be forms of rehabilitation, to have this knowledge that, if you focus on that therapeutic part, the main focus is on the clinical part only (E15.2).

The students also show great involvement with users and their needs. This empathic thinking and availability as a therapeutic resource are essential care skills, constituting fundamental components of the treatment clients receive⁽²¹⁾.

- *Knowing how to Combine Resources and mobilize them in a context*

Through the theoretical and material resources, among others, people can build competences and use them in their practice. In the following examples, the students show how to use resources from the environment, using approaches that go beyond technical knowledge. This is the process called *knowing how to make the best not only of incorporated resources, but also incorporated resources*, which was observed as student use themes from the users' own context to establish therapeutic bonding with them⁽²³⁾:

While we were at the practicum we attempted to, well, talk to him a lot, establish a bond like, talking about orkut, msn, because he was young and stuff, that's more or less how we tried to include him (E11.1).

She was very closed, it was difficult to talk to her, and I discovered that she liked to read, that's what I used, through reading, and she came to me to ask if we were going to read (E17.1).

• *Knowing how to Transpose*

The competency Knowing how to Transpose refers to knowledge related to previously experienced or studied situations. In the following example, the students show how they use the contents of classes related to users' social reinsertion, the importance of their autonomy and interaction with community resources⁽²³⁾:

He knew the newsagent, everything nearby the CAPS, who worked at the baker's, he had different contacts, went to the theater, like, the movies (E1.2).

So I think that you have to, you always have to consider that he has to try and start to interact with the community, with society (E1.2).

We stimulated him to try and get what he wanted (E4.2).

In their discourse, the students express that they acknowledge users as actors of their own care, which values the autonomy addressed in the course, according to the following examples, where students combine theoretical resources and mobilize them in a context:

The user I took care of was very important, I felt that he improved a lot regarding the problem he had, we managed to work together on everything (E3.1).

We were very well oriented during theoretical classes, they helped us to break some prejudices, like, I, as I never had any previous experience, breaking some taboos already happened in class and much more during the practicum, so I think experience is good but it's not all that relevant (E10.3).

Try and put oneself in the other's place, at least try and understand what he is going through (E1.1).

The following phrase again exemplifies that the student uses the concept of empathy when interacting with the users-mental patients.

It's no use that we're there practicing, that we're helping people there at the CAPS in a restricted place and you don't know for example what's happening in public, state policy and all that, because I think that the thing is that you live in the world and with the world, so you need to know what the world has to offer, and how you are going to adapt (E5.3).

This statement reveals that the student talks about the importance of incorporating environmental factors into knowledge, with a view to being more able to interact with the patient and being one of the actors in his care.

• *Knowing how to Learn and Learning how to Learn*

To achieve a successful learning process, students need to know how to learn from experience, to transform their action into experience, to know how to describe how one learns, among others⁽²³⁾.

Next, the students talk about the importance of experience and practice, knowing how to learn and learning how to learn:

(The student) has to know like, his own limits, because not everyone knows everything and then, I think he gradually constructs over time (E5.3).

Students address self-knowledge issues, necessary for the learning process. Students can be seen drawing lessons from experience, through the importance they attribute to the practicum:

So, the practicum helps a lot, having the experience to gain knowledge, because in theory it just gets difficult, you get it in class, but when you get there sometimes it's a big shock, you don't know how to act (E6.3).

You need experience, to be able to deal with things better, if I had a little more experience with that, perhaps I had helped more than I did (E7.3).

These statements indicate a process of students' ability to structure information internally and transform it into knowledge. The students acknowledge some limitations here, as practical experience is something new, but show the valuation of their experiences in these phrases, which were internalized and are an extremely important part of the learning process. When having direct experiences with users, the students go beyond each person's subjectivity in favor of intersubjectivity, enhancing the learning process. For these students, the practicum experience created opportunities to get to know the other and mainly oneself as someone vital to develop therapeutic work and, what is more, when the students expose their difficulty, which they believe derives from their lack of experience, they reflect on the practice they performed daily with the other person, improving their knowledge, creating general skills and competences to help and improve their future practice⁽¹⁸⁾.

• *Knowing how to Get Involved*

With a view to successful interaction with users, students need to involve their subjectivity, take risks and adopt an ethical posture. Next, students show factors related to their subjectivity, to their satisfaction with a successful interaction with the user⁽²³⁾:

The practicum with Maurício, that he was reacting well to the communication we were using (E14.1).

She soon got up, turned into a different person, and that, she said we made a lot of difference, my care, and being there, with the people who are students made a difference to her (E8.1).

The user I took care of was very important, I felt he improved a lot regarding the problem he had (E3.1).

At the end of the course he was quite happy, quite happy already, like, so I think I saw in his emotional reaction that I contributed to that (E16.1).

Experiences and knowledge the students consider necessary for PR promotion

The students were asked to suggest what knowledge or experiences would be needed for them to promote the PR. The most mentioned knowledge was therapeutic communication. The students mentioned that the perspective of interacting with the patient provoked anxiety, and the interpersonal relationship theories addressed in class mitigated their experience:

I felt some difficulty [...] in therapeutic conversation, because I was really shy, you know? I had never talked to anyone, with a mental illness, for me it was very difficult (E7.3).

It's important [...] therapeutic communication, the techniques we learn, mainly for people with mental health problems (E17.3).

Various statements mention therapeutic communication, interpersonal relationship or related aspects as important factors for the successful promotion of the PR. In addition, they also reported that knowledge on psychopathologies and physiology are necessary and they believe that the knowledge transmitted in class is important. Few statements express social reinsertion as an important practice in this process.

CONCLUSION

In view of the objectives of the course on Mental health and psychiatric nursing in adult health, including the development of the PR concept, students face difficulties to understand these contents and conceptualize it adequately. They attempt to adopt a therapeutic attitude though, which is a fundamental premise for the use of strategies to achieve the PR.

The same happens with the citizenship concept, as many affirmed not knowing what it was or did not remember at any time having observed users practice their citizenship. Among students who answered when questioned, many issued concepts related to users' morality and aggressive behavior. Students who related users' activities with citi-

zenship practice mainly reported users practicing the right to transportation, health care and leisure.

The students show that, with regard to interpersonal relationships with users, the knowledge addressed during the course equipped them for successful therapeutic interaction. They also consider that the teacher's knowledge and orientation were important to reduce their prejudice and provide them with "know-how". They are critical about their activities, perceiving the learning process as dynamic, and attempting to improve based on experiences, with a view to future interactions.

Discourse analysis reveals that students mention breaking with prejudices and paradigms. The relation with mental patients is marked by fear and insecurity, as these feelings are aroused by the unknown, and the innovative threatens the order of already established and accommodated things. Sometimes, positivist discourse is also present, attempting to separate what is normal from what is pathological. The students, however, adopted pro-active attitudes towards this unknown, as they demonstrated their involvement and willingness to transform the problems they identified.

People need to take initiative and assume responsibility in view of the situations they are faced with. It can be affirmed that the interviewed students presented situations during which they adopted these attitudes, mobilizing much of the knowledge needed for mental health care, although they still are not clear or do not associate the competences gained during the teaching-learning process with the goals of mental health care, which are currently directed at these people's PR. This can only be achieved through these social subjects' comprehensive practice of citizenship.

Mental health caregivers are expected to respect users' different experiences, so that they feel accepted and acknowledged from the start and are able to trust the person delivering care and the team. Students' effort during the practicum moved in this direction, always showing an empathic posture and valuing the demands they identified for each user. The students got frustrated when they did not reach their goals and were concerned with adopting the best intervention, showing the strength of the bond and commitment towards the users.

The students made efforts to work together with, and not for the patients, showing that they acknowledge users as actors of their own care. Although they do not master the rehabilitation concepts addressed in class, they adopt a rehabilitative attitude.

REFERENCES

1. Barros S, Egry EY. O louco, a loucura e a alienação institucional: o ensino de enfermagem sub judice. São Paulo: Cabral; 2001.
2. Luchese R, Barros S. A epistemologia da enfermagem psiquiátrica e saúde mental: a necessidade de construção de competências na formação do enfermeiro [nota prévia]. Rev Esc Enferm USP. 2004;38(3):350.
3. Luchese R. A enfermagem psiquiátrica e saúde mental: a necessária constituição de competências na formação e na prática do enfermeiro [tese doutorado]. São Paulo: Escola de Enfermagem, Universidade de São Paulo; 2005.
4. Barros S, Lucchese R. Problematisando o processo ensino-aprendizagem em enfermagem em saúde mental. Trabalho Educ Saúde. 2006;4(2):337-54.
5. Perrenoud P. Construindo competências [entrevista]. Nova Escola. 2000;15(135):19-21.
6. Meola ME. O campo da saúde mental e as tecnologias de cuidado: uma reflexão. Rev Ter Ocup. 2000;11(1):17-22.
7. Leal EM, Delgado PGG. Clínica e cotidiano: o CAPS como dispositivo de desinstitucionalização. In: Pinheiro R, Guljor AP, Silva Junior AG, Mattos RA, organizadores. Desinstitucionalização da saúde mental: contribuições para estudos avaliativos. Rio de Janeiro: IMS/UERJ; 2007. p. 137-54.
8. Leão A, Barros S. As representações sociais dos profissionais de saúde mental acerca do modelo de atenção e as possibilidades de inclusão social. Saúde Soc. 2008;17(1):95-106.
9. Sawaia BB. Análise psicossocial do processo saúde-doença. Rev Esc Enferm USP. 1994;28(1):105-10.
10. Fernandes H, Horta ALM. Percepções de alunas de graduação em enfermagem sobre parcerias sorodiscordantes para o HIV/AIDS. Rev Lat Am Enferm. 2005;13(4):522-9.
11. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 1992.
12. Lussi IAO, Pereira MAO, Pereira JA. A proposta de reabilitação psicossocial de Saraceno: um modelo de auto-organização? Rev Lat Am Enferm. 2006;14(3):448-56.
13. Saraceno B, Asioli F, Tognoni G. Manual de saúde mental. 3ª ed. São Paulo: Hucitec; 2001.
14. Guerra AMC. Reabilitação psicossocial no campo da reforma psiquiátrica. Rev Latino-Am Psicopatol Fund. 2004;7(2):83-92.
15. Aranha e Silva AL, Fonseca RMGS. Projeto copiadora do CAPS Luis Cerqueira: do trabalho de reproduzir coisas à produção de vida. Rev Esc Enferm USP. 2002;36(4):358-66.
16. Mielke FB, Kantorski LP, Jardim VMR, Olschowsky A, Machado MS. O cuidado em saúde mental no CAPS no entendimento dos profissionais. Ciênc Saúde Coletiva. 2009;14(1):159-64.
17. Rotelli F. Per la normalità: taccuino di uno psichiatra negli anni della grande riforma scritti 1967-1998. Trieste: Scienza Nuova; 1999.
18. Campoy MA, Merighi MAB, Stefanelli MC. O ensino de enfermagem em saúde mental e psiquiátrica: visão do professor e do aluno na perspectiva da fenomenologia social. Rev Lat Am Enferm. 2005;13(2):165-72.
19. Dallari DA. Direitos humanos e cidadania. São Paulo: Moderna; 1998.
20. Brasil. Constituição 1988. Constituição da República Federativa do Brasil. 4ª ed. São Paulo: Saraiva; 1999.
21. Saraceno B. Libertando identidades: da reabilitação psicossocial à cidadania possível. Rio de Janeiro: Te Corá; 1999.
22. Le Boterf G. Desenvolvendo a competência dos profissionais. 3ª ed. Porto Alegre: Artmed; 2003.