

## AQUISIÇÃO DE HABILIDADES E COMPETÊNCIAS PARA CUIDAR EM SAÚDE MENTAL: AUTOAVALIAÇÃO DE ESTUDANTES DE ENFERMAGEM

### ACQUISITION OF CARE-GIVING SKILLS AND COMPETENCIES IN MENTAL HEALTH: NURSING STUDENT SELF-ASSESSMENT

### ADQUISICIÓN DE HABILIDADES Y COMPETENCIAS PARA CUIDAR LA SALUD MENTAL: AUTOEVALUACIÓN DEL ESTUDIANTES DE ENFERMERÍA

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#### RESUMO

**Objetivo:** Identificar como estudantes de enfermagem avaliam a aquisição de habilidades e competências para o cuidado em saúde mental. **Métodos:** Estudo descritivo, transversal, realizado com 73 estudantes de enfermagem. Os dados foram coletados, por meio de questionário e apresentados em tabelas. Analisou-se a associação entre períodos de curso, observação da prática do cuidado de enfermagem em saúde mental, e aquisição de habilidades e competências para tal prática, por meio dos testes qui-quadrado de Pearson e razão de verossimilhança. **Resultados:** Houve associação entre períodos de graduação em curso e observação das práticas de lidar com paciente em crise ( $p=0,064$ ) e aplicar a Assistência de Enfermagem em Saúde Mental no contexto comunitário ( $p=0,097$ ); a aquisição das habilidades de reconhecer preceitos da Política Nacional de Saúde Mental ( $p=0,021$ ) e aplicar a Sistematização da Assistência de Enfermagem junto à pessoa com transtorno mental ( $p=0,051$ ); e a aquisição das competências caracterizar transtornos mentais ( $p=0,013$ ) e atuar no nível de atenção primária à saúde mental ( $p=0,001$ ). **Conclusão:** Diante das lacunas identificadas na aquisição de habilidades e competências para o cuidado de enfermagem, em saúde mental, por parte de estudantes, ressalta-se a necessidade de reforçar a formação em enfermagem em saúde mental por competências e habilidades.

**Descritores:** Enfermagem; Saúde mental; Estudantes de enfermagem; Competência Profissional; Enfermagem Psiquiátrica.

#### ABSTRACT

**Objective:** To investigate how nursing students have evaluated the acquisition of care-giving skills and competencies in mental health. **Methods:** It is a cross-sectional descriptive study based on a sample composed of 73 nursing students. Data were collected through questionnaire application and presented in tables. Association among course semester, observation of nursing-care practice in mental health and acquisition of skills and competencies for such practice were analyzed through Pearson's chi-square and likelihood ratio tests. **Results:** There was association between undergraduate course semesters and observation of practices to deal with patients in crisis ( $p = 0.064$ ) and to apply Mental Health Nursing Care in communities ( $p = 0.097$ ); between the acquisition of skills to identify precepts of the National Mental Health Policy ( $p = 0.021$ ) and to apply the Nursing Care Systematization to patients with mental disorder ( $p = 0.051$ ); and between the acquisition of skills to characterize mental disorders ( $p = 0.013$ ) and to act at primary mental healthcare level ( $p = 0.001$ ). **Conclusion:** Given the gaps identified in the students' acquisition of nursing-care skills and competencies in mental health, it is important to emphasize the need to improve nursing students' training by developing their skills and abilities in mental health.

**Descriptors:** Nursing; Mental Health; Students, Nursing; Professional Competence; Psychiatric Nursing.

#### RESUMEN

**Objetivo:** Identificar como los estudiantes de enfermería evalúan la adquisición de habilidades y competencias para la atención de la salud mental. **Métodos:** Estudio descriptivo de corte transversal con 73 estudiantes de enfermería. Los datos fueron recolectados a través de un cuestionario y presentados en tablas. Se analizaron las asociaciones entre los períodos del curso, la observación de la práctica de la atención de enfermería en salud mental y la adquisición de habilidades y competencias para esta práctica mediante la prueba de *chi-cuadrado* de Pearson y la razón de probabilidad. **Resultados:** Hubo una asociación entre los períodos de pregrado y la observación de las prácticas para tratar pacientes en crisis ( $p = 0.064$ ) y la aplicación de la Asistencia de Enfermería en Salud Mental en el contexto comunitario ( $p = 0.097$ ); la adquisición de las habilidades para reconocer los preceptos de la Política Nacional de Salud Mental ( $p = 0.021$ ) y aplicar la Sistematización de la Asistencia de Enfermería junto a la persona con trastorno mental ( $p = 0.051$ ); y la adquisición de habilidades para caracterizar los trastornos mentales ( $p = 0.013$ ) y actuar en el nivel de atención primaria de salud mental ( $p = 0.001$ ). **Conclusión:** Dadas las lagunas identificadas en la adquisición de habilidades y competencias para la atención de enfermería en salud mental por parte de los estudiantes, se enfatiza la necesidad de reforzar la formación en enfermería de la salud mental por competencias y habilidades.

**Descriptores:** Enfermería; Salud Mental; Estudiantes de Enfermería; Competencia Profesional; Enfermería Psiquiátrica.

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## INTRODUCTION

The transition from institutionalization to the social insertion of those who suffer from mental disorders has demanded from the nurse's assistance an integration of knowledge and practices that allow the recognition of the person in a social reality and in a family context. This recognition requires, in the formation of this professional, the adoption of a mental health care model, based on overcoming of the biomedical and hospital-centered/asylum model, which values biopsychosocial aspects of health care and demarcates a commitment to the principles of the Unified Health System (SUS). However, several authors state that the training of nurses to work in mental health has been deficient, due to the lack of definition as to the skills and competencies required for their performance in this field<sup>(1-2)</sup>.

According to the National Curriculum Guidelines (NCGs), the nursing student's training process must be based on the specific competences of the profession, considering the protagonist student, in order to become a generalist, humanist, critical and reflective professional, including, in this context, attention to mental health<sup>(3-4)</sup>.

NCGs are guided by competence pedagogy as a way of overcoming the decontextualized and disciplinary approach of teaching. It refers to competences as practical domains of everyday situations that necessarily include the understanding of the action taken and its intended use. They can only be achieved if they are developed in conjunction with the students' skills, which can only be achieved by understanding the content that explains that domain<sup>(5)</sup>.

In Brazil, there is still no consensus or regulation about specific competences for mental health nurse practice. There is, however, some national agreement of nursing professors in this field that teaching should be guided by the principles of Psychiatric Reform. From this perspective, these teachers believe that by organizing and developing teaching planning, they will be training competent and skilled nurses for mental health care practice<sup>(5-6)</sup>.

Added to this lack of definition, other factors influence in order to make it difficult for the student to grasp and put into practice the knowledge acquired and take it to his professional life, among them: predisposition and student choice for other areas of interest;

particularities in the methodologies used by each teacher; immaturity on the part of students entering universities at an earlier age; the lack of specific training and lack of full knowledge of the curriculum by some teachers; knowledge and nursing practices in mental health are not delivered across many curricula; the short time of student contact with the theme; and the turnover of substitute professors<sup>(7)</sup>.

Based on the above and the teaching experience in mental health nursing, in a public university, whose Pedagogical Political Project delimits specific mental health skills and competences, we chose to develop this study, which started from the following question: how do students of nursing assess the acquisition of skills and competencies for mental health care?

In order to answer this question, this article aimed to identify how nursing students evaluate the acquisition of skills and competencies for mental health care.

## METHODS

This is a descriptive and cross-sectional study conducted with nursing students from a public university located in northeastern Brazil. The population was represented by 82 students regularly enrolled in the 2016.1 semester. Inclusion criteria were: to be regularly enrolled in the sixth, seventh, or eighth periods of the undergraduate nursing course. Those who performed institutional locking during the collection period and refused to participate in the research were excluded. The sample consisted of 73 students, being: 19 from the sixth period, 33 from the seventh and 21 from the eighth.

These course periods were chosen because they were in which theoretical and practical contents of Mental Health Nursing were approached with greater emphasis, namely: sixth period (discipline 'Nursing in the Mental Health Care Process'), seventh period (disciplines 'Nursing in the Care of the Elderly' and 'Nursing in the Care of the Child in Primary Care') and eighth period (disciplines 'Nursing in the Care of Sexual and Reproductive Health' and 'Nursing in the Process of Nursing Child in the hospital context'). It is noteworthy that, besides the theoretical classes in the mentioned disciplines, the students had the opportunity to observe nursing teachers performing nursing care in mental health and perform this practice in laboratories and public health services (Basic Health Units, Centers of

Psychosocial Care, day hospital, clinical and psychiatric hospitals).

Data collection took place in June 2016 through a questionnaire that addressed sociodemographic aspects of students (gender, age, place of birth, marital status, number of children, profession/occupation, individual and family income) and a self-assessment regarding the acquisition of skills and competences to perform nursing care in mental health, and observation of the practice implementation by a course teacher. The following specific skills and competences for mental health nursing care, proposed in the Pedagogical Project of the Course of the aforementioned institution, were considered: recognizing the precepts of the National Mental Health Policy; applying the mental state examination; developing the therapeutic relationship; coordinate groups; characterizing mental disorders; applying the Nursing Care Systematization (SAE) with the person with mental disorder; dealing with the patient in mental disorder crisis; acting at the primary, secondary and tertiary levels of mental health care; and applying Mental Health Nursing Care in individual, family and community contexts.

Data were organized and processed using Software Statistical Package for Social Sciences (SPSS) version 20.0, license No. 10101131007. Results were presented in tables with absolute and relative frequencies. The association between course periods, the observation of the practice of mental health nursing care and the acquisition of

skills and competences for this practice through Pearson's chi-square tests and likelihood ratio were analyzed. For all analyzes,  $p < 0.05$  was considered statistically significant.

The research was approved by the Research Ethics Committee of the Federal University of Ceará, protocol No. 480,404, CAAE No. 20166013.5.0000.5054, and respected the ethical and legal aspects provided for in Resolution No. 466/2012 of the National Health Council<sup>(8)</sup>.

## RESULTS AND DISCUSSION

Regarding the profile of the participants, predominantly female students (91.8%), aged between 19 and 24 years old (71.2%), born in Fortaleza - Ceará (71.2%), single (91, 8%), without children (91.8%), who only dedicated themselves to studies (53.3%), with an individual income of up to one (1) minimum wage (68.5%) and family income between two and four minimum wages (40.0%).

According to Table 1, in summary, there was an association between undergraduate periods in progress and acquisition of competence to characterize mental disorders ( $p = 0.013$ ), acquisition of skills to recognize precepts of the National Mental Health Policy ( $p = 0.021$ ) and to apply SAE with the person with mental disorder ( $p = 0.051$ ) and observation of the practice of dealing with a patient in crisis ( $p = 0.064$ ).

Table 1 – Distribution of students according to undergraduate degree and self-assessment regarding the observation of the implementation of mental health nursing care by a professor of the course, and acquisition of skills and competences to perform mental health nursing care. Fortaleza, CE, Brazil, 2016. (N=73).

Variables	Undergraduate Degree						Value of $p^*$
	Sixth (N=19)		Seventh (N=33)		Eighth (N=21)		
	N	%	N	%	N	%	
<b>Recognizing precepts of the National Mental Health Policy</b>							
Practice Observation							
Yes	17	89,5	28	84,8	18	85,7	0,893
No	2	10,5	5	15,2	3	14,3	
Skill Acquisition							
Yes	16	84,2	15	45,5	11	52,4	0,021
No	3	15,8	18	54,5	10	47,6	

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Variables	Undergraduate Degree						Value of p*
	Sixth (N=19)		Seventh (N=33)		Eighth (N=21)		
	N	%	N	%	N	%	
Acquisition of competence							
Yes	6	31,6	12	36,4	7	33,3	0,881
No	-	-	3	9,1	2	9,5	
Partly	12	63,2	16	48,5	11	52,4	
Do not know	1	5,3	2	6,1	1	4,8	
<b>Applying mental state exam</b>							
Practice Observation							
Yes	16	84,2	26	78,8	15	71,4	0,616
No	3	15,8	7	21,8	6	28,6	
Skill Acquisition							
Yes	13	68,4	17	51,5	15	71,4	0,266
No	6	31,6	16	48,5	6	28,6	
Acquisition of competence							
Yes	8	42,1	15	45,5	11	52,4	0,400
No	-	-	4	12,1	3	14,3	
Partly	11	57,9	12	36,4	6	28,6	
Do not know	-	-	2	6,1	1	4,8	
<b>Developing therapeutic relationship</b>							
Practice Observation							
Yes	16	84,2	28	84,8	19	90,5	0,803
No	3	15,8	5	15,2	2	9,5	
Skill Acquisition							
Yes	18	94,7	30	90,9	20	95,2	0,787
No	1	5,3	3	9,1	1	4,8	
Acquisition of competence							
Yes	17	89,5	27	81,8	18	85,7	0,753
No	-	-	-	-	-	-	
Partly	2	10,5	6	18,2	3	14,3	
Do not know	-	-	-	-	-	-	
<b>Coordinating groups</b>							
Yes	19	100,0	33	100,0	21	100,0	1,000
No	-	-	-	-	-	-	
Skill Acquisition							
Yes	19	100,0	31	93,9	20	95,2	0,561
No	-	-	2	6,1	1	4,1	
Acquisition of competence							
Yes	17	89,5	29	87,9	17	81,0	0,867
No	-	-	1	3,0	1	4,8	
Partly	2	10,5	3	9,1	3	14,3	
Do not know	-	-	-	-	-	-	
<b>Characterizing mental disorders</b>							
Practice Observation							
Yes	18	94,7	29	87,9	20	95,2	0,544
No	1	5,3	4	12,1	1	4,8	
Skill Acquisition							
Yes	15	78,9	24	72,7	18	85,7	0,528
No	4	21,1	9	27,3	3	14,3	
Acquisition of competence							
Yes	4	21,1	19	57,6	8	38,1	0,013
No	-	-	3	9,1	-	-	
Partly	15		11	33,3	13	61,9	
Do not know	-	-	-	-	-	-	

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Variables	Undergraduate Degree						Value of p*
	Sixth (N=19)		Seventh (N=33)		Eighth (N=21)		
	N	%	N	%	N	%	
<b>Applying SAE to the person with mental disorder</b>							
Practice Observation							
Yes	14	73,7	28	84,8	13	61,9	0,159
No	5	26,3	5	15,2	8	38,1	
Skill Acquisition							
Yes	12	63,2	25	75,8	9	42,9	0,051
No	7	36,8	8	24,2	12	57,1	
Acquisition of competence							
Yes	10	52,6	23	69,7	9	42,9	0,237
No	1	5,3	3	9,1	2	9,5	
Partly	7	36,8	7	21,2	7	33,3	
Do not know	1	5,3	-	-	3	14,3	
<b>Dealing with the patient in crisis</b>							
Practice Observation							
Yes	7	36,8	10	30,3	13	61,9	0,064
No	12	63,2	23	69,7	8	38,1	
Skill Acquisition							
Yes	2	10,5	4	12,1	6	28,6	0,204
No	17	89,5	29	87,9	15	71,4	
Acquisition of competence							
Yes	1	5,3	2	6,1	3	14,3	0,580
No	8	42,1	14	42,4	4	19,0	
Partly	5	26,3	11	33,3	8	38,1	
Do not know	5	26,3	6	18,2	6	28,6	

Source: it was created by the authors.

\* Pearson's p - chi-square test

There was no maintenance in the acquisition of the ability to recognize precepts of the National Policy of Mental Health, by the students of the three periods studied. It was highlighted the acquisition of this ability in the sixth period (84.2%), perhaps due to the fact that it is in the discipline 'Nursing in the Mental Health Care Process' - offered in this period - which deals more deeply with the Reform process, the Brazilian Psychiatric Association and the current National Mental Health Policy. Among students in the seventh and eighth periods of study, only 45.5% and 52.4% respectively, assessed having acquired such ability.

Regarding the variable characterizing mental disorders, it was significant the increase in the acquisition of this competence from the sixth (21.1%) to the seventh period (57.6%) of course, and decline in the percentage of students who felt competent from the seventh (57.6%) for the eighth period (38.1%). This finding may point to the need for a greater approach to this content during the eighth period of formation.

Regarding the variable, applying the SAE to the person with mental disorder, despite the gain

in the acquisition of this skill of the sixth (63.2%) for the seventh period (75.8%), only 42.9% of students in the eighth period. claimed to have acquired such ability. This finding indicates that students from the eighth course period feel less able to apply SAE to people with mental disorders compared to students from other periods studied, but do not indicate that they do not apply SAE in other contexts.

Considering the variable dealing with the patient in crisis of mental disorder was significant the increase of students who observed the practice of this practice from the sixth (36.8%) to the eighth course (61.9%). It is believed that this finding is related to the fact that people in crisis of mental disorder seek more often hospital services, a context in which students from the eighth period were more present. Regarding this variable, it was identified that, although the student of the eighth period had a better opportunity to observe the execution of this practice compared to the students of the sixth and seventh periods, only 28.6% reported having acquired this skill and half of these (14.3%) claimed to have acquired this competence. It is

believed that fear, prejudice and stigma, often associated with the patient in crisis of mental disorder, may interfere in the way the nursing student relates and communicates with the patient, contributing significantly to this found.

According to Table 2, it can be summarized that there was an association between undergraduate periods in progress and observation of the application of Mental Health Nursing Care, in the family context ( $p = 0.068$ )

and acquisition of this competence ( $p = 0.059$ ); practice observation, apply Mental Health Nursing Care, in the community context ( $p = 0.097$ ); and acquisition of competence, acting at the level of primary mental health care ( $p = 0.001$ ).

Table 2 – Distribution of students according to undergraduate degree and self-assessment regarding the observation of the implementation of mental health nursing care by a professor, and acquisition of skills and competences to perform mental health nursing care. Fortaleza, CE, Brazil, 2016. (N=73).

Variables	Undergraduate Degree						Value of p*
	Sixth (N=19)		Seventh (N=33)		Eighth (N=21)		
	N	%	N	%	N	%	
<b>Applying Nursing Assistance in Mental Health in the Individual Context</b>							
Practice Observation							
Yes	14	73,7	30	90,9	19	90,5	0,177
No	5	26,3	3	9,1	2	9,5	
Skill Acquisition							
Yes	16	84,2	25	75,8	17	81,0	0,753
No	3	15,8	8	24,2	4	19,0	
Acquisition of competence							
Yes	10	52,6	25	75,8	15	71,4	0,176
No	2	10,5	-	-	-	-	
Partly	7	36,8	7	21,2	6	28,6	
Do not know	-	-	1	3,0	-	-	
<b>Applying Nursing Assistance in Mental Health in the Family Context</b>							
Practice Observation							
Yes	5	26,3	17	51,5	13	61,9	0,068
No	14	73,7	16	48,5	8	38,1	
Skill Acquisition							
Yes	2	10,5	7	21,2	7	33,3	0,218
No	17	89,5	26	78,8	14	66,7	
Acquisition of competence							
Yes	3	15,8	9	27,3	9	42,9	0,059
No	5	26,3	5	15,2	8	38,1	
Partly	10	52,6	15	45,5	2	9,5	
Do not know	1	5,3	4	12,1	2	9,5	
<b>Applying Nursing Assistance in Mental Health in the Community Context</b>							
Practice Observation							
Yes	4	21,1	17	51,5	9	42,9	0,097
No	15	78,9	16	48,5	12	57,1	
Skill Acquisition							
Yes	4	21,1	11	33,3	7	33,3	0,604
No	15	78,9	22	66,7	14	66,7	
Acquisition of competence							
Yes	3	15,8	13	39,4	8	38,1	0,408
No	6	31,6	8	24,2	8	38,1	
Partly	6	31,6	8	24,2	2	9,5	
Do not know	4	21,1	4	12,1	3	14,3	
<b>Acting at the primary level of mental health care</b>							
Practice Observation							
Yes	7	36,8	21	63,6	9	42,9	0,123
No	12	63,2	12	36,4	12	57,1	

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Variables	Undergraduate Degree						Value of p*
	Sixth (N=19)		Seventh (N=33)		Eighth (N=21)		
	N	%	N	%	N	%	
Skill Acquisition							
Yes	6	31,6	16	48,5	5	23,8	0,159
No	13	68,4	17	51,5	16	76,2	
Acquisition of competence							
Yes	6	31,6	19	57,6	4	19,0	0,001
No	2	10,5	4	12,1	8	38,1	
Partly	5	26,3	10	30,3	7	33,3	
Do not know	6	31,6	-	-	2	9,5	
<b>Acting at the secondary level of mental health</b>							
Practice Observation							
Yes	10	52,6	16	48,5	12	57,1	0,823
No	9	47,4	17	51,5	9	42,9	
Skill Acquisition							
Yes	9	47,4	8	24,2	9	42,9	0,175
No	10	52,6	25	75,8	12	57,1	
Acquisition of competence							
Yes	8	42,1	10	30,3	8	38,1	0,698
No	2	10,5	9	27,3	6	28,6	
Partly	6	31,6	11	33,3	4	19,0	
Do not know	3	15,8	3	9,1	3	14,3	
<b>Acting at the tertiary level of mental health care</b>							
Practice Observation							
Yes	5	26,3	12	36,4	10	47,6	0,377
No	14	73,7	21	63,6	11	52,4	
Skill Acquisition							
Yes	3	16,7	5	15,2	6	28,6	0,451
No	15	83,3	28	84,8	15	71,4	
Acquisition of competence							
Yes	2	10,5	6	18,2	8	38,1	0,123
No	7	36,8	16	48,5	8	38,1	
Partly	5	26,3	9	27,3	2	9,5	
Do not know	5	26,3	2	6,1	3	14,3	

Source: it was created by the authors.

\* Pearson's p - chi-square test

Regarding the variable to apply Mental Health Nursing Assistance, despite the gradual increase in the percentage of students who observed the practice of such practice, in the family context, in the three periods under study (26.3%; 51.5%; and 61.9%; respectively), just over half of students said they had acquired such competence (15.8%; 27.3%; and 42.9%; respectively). There was an increase in the percentage of students who observed the implementation of the practice applying Mental Health Nursing Assistance, in the community context of the sixth (21.1%) to the seventh period (51.5%). However, there was a decline in the percentage of observation of this practice by students of the latter, for the eighth period (42.9%), a fact that, perhaps, is related to a greater emphasis on practical theoretical content of Mental Health Nursing, in the hospital context

for eighth graders and, consequently, less contact with the community context.

The analysis of the variable, acting at the level of primary mental health care, reinforces this finding, since it was significant the percentage increase of students who assessed having acquired such competence from the sixth (31.6%) to the seventh period of the course (57, 6%) of nursing. However, 38.1% of students in the eighth period stated that they had not acquired such competence.

Based on the self-assessment of nursing students, it is possible to state that there are significant gaps in the acquisition of skills and competencies for mental health practice, proposed by the Pedagogical Political Course Project, over different periods of the training process.

Until the 1990s, nursing action occurred, basically, in administrative spaces of the

psychiatric hospital, based on the biological model. With the Health Reform, in the last decades of the twentieth century and the consolidation of SUS and Psychiatric Reform, some changes have occurred in Brazil regarding the Mental Health Policies and, with a closer look at extramural assistance in open services, teachers have rethought the content of their subjects and the practice scenarios for the development of activities with students<sup>(9)</sup>.

The reorientation of mental health care has enabled not only the creation of several devices to replace asylums, but, consequently, adaptations of knowledge and practices in mental health. However, the attempt to break with the hospital-centered model is complex and requires mental health nursing to break the paradigm to medicate, contain and oversee, giving rise to the construction of new rehabilitation strategies that promote effective care, which require the generation of new knowledge<sup>(7)</sup>.

For the teaching of mental health to operate such transformations it is necessary to break with the hegemonic model in health, developing skills to act in the health promotion model, in synergy with the psychosocial model, and the daily routine of primary care is an ideal setting for the constitution of health new skills and abilities<sup>(5)</sup>.

Innovative strategies to teach and to build possibilities for mental health care compatible with recent transformations, such as: interpersonal relationship; therapeutic project; social inclusion, psychosocial rehabilitation; inter-professional, territorialized and inter-sectoral attention. In this logic, the formation of nurses, associated with the importance of integration and the reflection of knowledge and practices, aims to train skilled and competent professionals to act, according to the collective and social context, supported by the new model of care, integral and humanized<sup>(7, 10)</sup>.

Training by competences and skills requires a differentiated pedagogy and its foundations are the process centered more on learning than teaching, valuing the student as a subject of learning and the significant construction of their knowledge<sup>(4)</sup>.

It is believed that, by mainstreaming the principles of the Psychiatric Reform and the National Policy of Mental Health, in disciplines that approach nursing care, in different stages of the life cycle and in different contexts of human action, students may have greater opportunities

for observation and development of integrated health practices, favoring the acquisition of skills and competences.

However, there are several weaknesses found in the educational process in mental health nursing, as evidenced in the literature. One of them hangs on the application of SAE in this context. Experiments that use it and evaluate its effectiveness are limited. In general, professors provide opportunities for the execution of only part of it and the occasions that aim to develop it in all its stages are restricted to experiences located in a particular institutional context or case studies that take pathologies that are characterized at the interface of psychic and physical symptoms<sup>(11)</sup>.

Another barrier to the development of skills and competencies in mental health is the stigmatization of the person in psychological distress. Most nursing students express that people with mental disorders are more unpredictable, violent and likely to commit crimes or crimes. Such negative perceptions are even associated with discarding mental health in the future professional career. Stigma, fear and doubt can all contribute to distancing the student from the patient. At this point, it is important to highlight that nursing education can demarcate a space that allows the appropriation of how one perceives and reacts, in order to resize the differentiated look for the clientele, prioritizing more integrated practices of teaching and care<sup>(12-14)</sup>.

Stigma is related to insufficient or stereotyped knowledge that leads to prejudice, discrimination and social distancing from the person in psychological distress. Among the fundamental strategies for changing such stigmatizing attitudes are those of an educational nature. Contact with topics relevant to mental health during the formative process can be a starting point for addressing the issues of difference associated with mental health problems that give rise to discriminatory behaviors and reinforce stigma. The fight against stigma in mental illness is one of the main challenges pointed by the Psychiatric Reform, since the stigma related to mental illness is associated with the denial of human rights of the mentally ill themselves, bringing more suffering<sup>(5,15)</sup>.

It is also emphasized that improving mental health competence is important for overcoming the stigma associated with mental disorders. It is

possible to increase students' knowledge about disorders, but this does not necessarily imply a reduction in stigma. It is possible, for example, to have a high degree of mental health competence and not necessarily to have low stigmatizing attitudes towards the patient. However, there is evidence that competence and skill in this field have an impact on reducing stigma<sup>(16)</sup>.

When prejudice is overcome, there is more ability to interact, to visualize how the patient needs care and learning in this care experience, both patient and student. Listening is often overlooked because the patient is in crisis. For students, active listening is important because it is the efficient tool to listen to the patient, to make arrangements and to customize care<sup>(12)</sup>.

The change in students' thinking and posture regarding the mental health field, with progressive deconstruction of fear and stigma towards the unknown and openness to understand the individual in psychological distress may be possible from the association between theoretical and practical field, where students try to associate examples and content provided in the classroom with their experiences in practice<sup>(7)</sup>.

Higher education stands out as a crucial tool for breaking paradigms, propagating humanization and ensuring respect in all spheres of care. The debate, in the academy, about mental health nursing care, can lead the student to the awareness of the principles proposed by the Psychiatric Reform, providing conditions for the understanding of the nurse's role in the promotion of mental and collective health and the awakening of interest by the development of scientific, humanistic and technical skills that instrumentalize it for professional practice<sup>(14)</sup>.

## CONCLUSION

In summary, in the present study, gaps were identified regarding the acquisition of some relevant skills and competences for the implementation of nursing care in mental health by students in the training process. The results highlight the need to adapt the Pedagogical Political Project of the Nursing Course, to review the way teaching has been developed and to reflect on ways to improve it.

Despite bringing important results in the proposed context, the study has the following limitations: it represents the reality of nursing students in a single higher education institution; it focuses on their self-assessment, without

considering the perspective of other important subjects in the training process; and it does not confront the findings with student knowledge in nursing in mental health.

These results are expected to provoke interest in the scientific community to develop research, in order to expand the scientific production that addresses the theme and contribute to the alignment of the pedagogical projects of the nursing courses and the practice of professional practice in this field.

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