

MENTAL HEALTH TRAINING IN THE OCCUPATIONAL THERAPY COURSES OF THE SOUTHERN REGION OF BRAZIL*

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ABSTRACT: This qualitative study, using the multiple case study method, aimed to describe the training in Mental Health in the Occupational Therapy Graduate Course of the southern region of Brazil. Data were collected through documentary analysis of the Pedagogical Projects and Teaching Plans of the Occupational Therapy in Mental Health Disciplines and semi-structured interviews performed with 19 Occupational Therapists between April and July 2013. Data analysis was carried out according to the reference of Robert K. Yin. The results showed that the teaching of Mental Health is carried out in various parts of the Psychosocial Care Network and that the curriculum proposed in each course analyzed links the training to the reality of Mental Health in the regional context. It was concluded that the teaching-learning process can promote generalist, critical and reflective training of Occupational Therapists, enabling them to perform their professional practice in Mental Health.

DESCRIPTORS: Occupational therapy; Higher education; Mental health.

FORMAÇÃO EM SAÚDE MENTAL NOS CURSOS DE TERAPIA OCUPACIONAL DA REGIÃO SUL DO BRASIL

RESUMO: Pesquisa qualitativa com o método de estudo de casos múltiplos que teve o objetivo de descrever a formação em Saúde Mental na Graduação de Terapia Ocupacional da região sul do Brasil. Os dados foram coletados mediante análise documental dos Projetos Pedagógicos, Planos de Ensino das Disciplinas de Terapia Ocupacional em Saúde Mental e entrevista semiestruturada aplicada a 19 Terapeutas Ocupacionais entre abril e julho de 2013. A análise dos dados foi realizada de acordo com referencial de Robert K. Yin. Os resultados mostraram que o ensino de Saúde Mental se realiza em diversos pontos da Rede de Atenção Psicossocial e que o currículo proposto em cada curso analisado articula a formação à realidade da Saúde Mental no seu contexto regional. Conclui-se que o processo de ensino-aprendizagem pode promover a formação generalista, crítica e reflexiva do Terapeuta Ocupacional, capacitando-o a exercer sua prática profissional em Saúde Mental.

DESCRIPTORIOS: Terapia ocupacional; Ensino superior; Saúde mental.

FORMACIÓN EN SALUD MENTAL EN LOS CURSOS DE TERAPÉUTICA OCUPACIONAL DE LA REGIÓN SUR DE BRASIL

RESUMEN: Investigación cualitativa con método de estudio de casos múltiplos cuyo objetivo fue describir la formación en Salud Mental en la Graduación de Terapéutica Ocupacional de la región sur de Brasil. Los datos fueron obtenidos por análisis documental de los Proyectos Pedagógicos, Planes de Enseñanza de las Asignaturas de Terapéutica Ocupacional en Salud Mental y entrevista semiestruturada aplicada a 19 Terapeutas Ocupacionales entre abril y julio de 2013. El análisis de los datos fue realizada de acuerdo con referencial de Robert K. Yin. Los resultados apuntaron que la enseñanza de Salud Mental se realiza en diversos puntos de la Red de Atención Psicossocial y que el currículo propuesto en cada curso analizado articula la formación a la realidad de la Salud Mental en el su contexto regional. Se concluye que el proceso de enseñanza y aprendizaje puede promover la formación generalista, crítica y reflexiva del Terapeuta Ocupacional, capacitándolo a ejercer su práctica profesional en Salud Mental.

DESCRIPTORIOS: Terapéutica ocupacional; Enseñanza superior; Salud mental.

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INTRODUCTION

The current model of Mental Health care in Brazil, requires the review of both the traditional practices as well as the academic training of Occupational Therapists, in order to train professionals qualified to work in the field of Mental Health care, from the new care paradigms within the current Health System of the country⁽¹⁾.

The National Curriculum Guidelines of Occupational Therapy (DCNTO) were instituted through National Education Council Resolution No. 6, of 19 February 2002⁽²⁾, recommending that the curricula address the essential theoretical and practical foundation elements in the field of knowledge of the professional, so that the student is engaged in a process of ongoing education.

This context justifies studies on the academic training in Occupational Therapy in the graduation course, anchored in the DCNTO framework, in which the philosophical concept is founded on the four pillars of Education, described in the Report of the United Nations Educational, Scientific and Cultural Organization (UNESCO) of the International Commission on Education for the Twenty-first Century: learning to know, learning to do, learning to live together and learning to be, and the knowledge necessary for future education⁽²⁻⁴⁾.

The authors⁽⁴⁻⁵⁾ emphasize, in the educational process, the need to work with the principles and processes of human knowledge and science; to consider the principles of relevant knowledge; to teach the human condition; to teach worldly identity; to face the uncertainties of knowledge; to teach mutual understanding between human beings and to teach global ethics.

From this perspective, teaching should be constituted in active learning, centered on the student as the subject of the learning and the teacher as the facilitator and mediator of this process^(2,4).

Therefore, during the Occupational Therapy graduation course it is necessary to work with the meaning of the relevant knowledge, knowledge which cannot dispense with scientific rigor and aggregates the regional locus and the multidimensionality present in this context^(2,5-6).

Thus, the training of the Occupational Therapist must provide interactions with the Brazilian National Health System (SUS), the transformation of the care model, the establishment of the service network, lines of care and the participation of various actors in their social and territorial context; adding to this the transversality of themes such as human rights, social justice, citizenship, ethics, and environmental education, considered essential in the teaching of the graduate course.

It is therefore understood that education and knowledge constructed in all stages of the life of the undergraduate student should be based on the four pillars of learning⁽³⁾. Learning to know and learning to do are echoed in the principles governing the contextualization and multidimensionality that characterize the relevant knowledge⁽³⁻⁵⁾; learning to do makes it possible to intervene in the environment and context and learning to live together instrumentalizes the subject in the practice of social participation and cooperation. Learning to be joins those previously mentioned and, along with learning to live together, reflects the need for solidarity in future education⁽³⁾, knowledge required in the context of the academic training of the Occupational Therapist and the teaching of Mental Health in the graduate course⁽²⁾.

Considering the relevance of the academic practice in the Mental Health Area in preparing the future professional for one of the essential fields of activity of this profession and the DCNTO as the support in the selection of the contents to be developed during the training, the aim of this work was to describe the training in Mental Health in the Occupational Therapy Graduate Course of the southern region of Brazil.

METHOD

This was a qualitative study using the multiple case study method, advocated by Robert K. Yin⁽⁷⁾. It was approved by the Research Ethics Committee of the Health Sciences Sector of the Federal University of Paraná (Authorization No. 247.951 of 2013), respecting the ethical principles of research with human subjects and obtaining the informed consent of the participants⁽⁸⁻⁹⁾.

For the composition of the study corpus the following inclusion criteria were applied to the Higher Education Institutions (HEIs): to agree to participate as a co-participant institution; to have a course registered in the e-MEC⁽¹⁰⁾ with operating authorization; to offer Occupational Therapy in Mental Health disciplines; to offer curricular practical training in Mental Health. Regarding the Occupational Therapist professionals the criteria were: to be part of the teaching body (effective and substitute) of Occupational Therapy courses belonging to the HEIs of southern Brazil, to work in institutions/ services linked to the HEIs, to teach specific disciplines of Occupational Therapy in Mental Health, to supervise and perform preceptorship in curricular practical training in the Mental Health area.

Exclusion criteria for the HEIs were courses in the implementation process in the initial semesters of operation, without the provision of places and in the phase of closure by the Institution of Higher Education.

Through the e-MEC System site⁽¹⁰⁾ the existence was identified of three undergraduate courses in Occupational Therapy registered in Paraná, five in Rio Grande do Sul and two in Santa Catarina, giving a total of ten courses in the Southern Region. Of these ten courses, five met the pre-established inclusion criteria and of these only four accepted the invitation to participate. After telephoning the coordinators of the courses and obtaining their affirmations of availability, a correspondence was sent containing an invitation letter and the Co-participant Institution Authorization Terms. The coordinators indicated 21 Occupational Therapists who worked directly in the teaching of Occupational Therapy courses in Mental Health and performed supervision and preceptorship of curricular practical training in Mental Health. Of these, 19 agreed to participate and signed the Informed Consent (IC) form.

The sources of data or evidence⁽⁷⁾ used in the case study were individual interviews carried out with the participants, Pedagogical Projects of the Courses and Teaching Plans of the Occupational Therapy in Mental Health Disciplines, with this collected material organized into a database. Access to the documents and performance of the interviews

took place from April to July 2013. The recorded interviews lasted between 30 and 60 minutes and were then literally transcribed by the researcher and reviewed by the interviewees.

From the reading and analysis of the Teaching Plans and interviews with the study participants, five categories were defined: 1) Specific contents of Mental Health; 2) Learning scenarios; 3) Competences for the practice of Mental Health; 4) Teaching strategies; and 5) Evaluation strategies. For the analysis of the material the case description analytical strategy was used, integrated with the contextualization of the course, and characterization of the disciplines and categories.

Triangulation of data was used for the development of the case description, which refers to the adoption of multiple perceptions to clarify the meaning of the findings that converge with the set of facts⁽⁷⁾, when data sources are adopted. The chain of evidence of this study was established from the description of the synthesis of each case and of the cross-case description, according to the methodology of Robert K. Yin⁽⁷⁾.

RESULTS

The results are presented starting with the characterization of the study participants and Teaching Plans, then that of the categories.

Study participants were 19 Occupational Therapists who worked directly in the teaching of Occupational Therapy in Mental Health disciplines, supervision and preceptorship of curricular practical training in Mental Health and the coordinators of the Course of each HEI, as presented in Table 1.

The simultaneous performance of functions was observed among the participants: seven taught disciplines and supervised the practical training; two performed coordination, teaching and supervision of the practical training; one performed coordination and supervision; one performed coordination; four performed supervision and four were preceptors.

The courses of the HEIs (1, 2, 3 and 4) are organized as presential, semestral and with system of credits, with two HEIs being public (HEI2 and IES4) and two private (HEI1 and HEI3), as presented in Table 2.

Table 1 – Characterization of the Participants. Curitiba-PR-Brazil, 2014

HEI	Participants	Gender	Age	Length of training	Length of Practice in Mental Health	Qualification
HEI1	P1 (C)	F	54	30	20	Master's degree
HEI1	P2 (D, S)	F	57	13	7	Master's degree
HEI1	P3 (PC)	F	50	27	15	Professional Improvement
HEI2	P4 (C, D, S)	F	49	29	26	Master's degree
HEI2	P5 (D, S)	M	53	32	32	Doctorate
HEI2	P6 (D, S)	M	33	8	8	Master's degree
HEI2	P7 (D, S)	F	48	28	28	Master's degree
HEI2	P8 (PC)	F	55	32	20	Specialization
HEI2	P9 (PC)	F	35	4	2	Specialization
HEI2	P10 (PC)	F	31	7	7	Graduation
HEI3	P11 (C, S)	F	57	16	16	Specialization
HEI3	P12 (D, S)	F	29	4	4	Specialization
HEI3	P13 (D, S)	F	30	8	5	Master's degree
HEI3	P14 (S)	F	25	4	2	Master's degree
HEI3	P15 (S)	F	29	4	1	Specialization
HEI3	P16(S)	F	40	5	4	Specialization
HEI3	P17 (S)	F	27	5	5	Specialization
HEI4	P18(C, D, S)	M	43	17	14	Doctorate
HEI4	P19 (D, S)	F	55	26	26	Doctorate

Key: Course Coordinator (C); Teacher giving specific Occupational Therapy disciplines (T); Practical Training Supervisor (S); Preceptor (PC).

Table 2 - Characterization of Occupational Therapy Courses of the participating HEIs. Curitiba-PR-Brazil, 2014

HEI	Academic Organization	Administrative Category	Period	No. of Hours	Places/Year	Tempo de Integralização	
						Minimum	Maximum
1	University Center	Private	Night	3.564	40	08 semesters	13 semesters
2	University	Public	Integral	3.915	60	09 semesters	13 semesters
3	University Center	Private	Night	3.859	40	09 semesters	18 semesters
4	University	Public	Integral	4.090	35	08 semesters	12 semesters

Fonte: e-MEC⁽¹²⁾

Teaching Plans

In the survey of the curriculum, the four Occupational Therapy courses of the participating HEIs, 29 Teaching Plans were identified related to teaching Mental Health, with the following distribution: six in HEI1, eight in HEI2, seven in HEI3 and eight in HEI4.

The number of hours of the Occupational Therapy disciplines that address the teaching of Mental Health were as follows: HEI1 - 1494 hours, distributed in six disciplines; HEI 2 - 1095 hours, distributed in eight disciplines; HEI3 - 1394 hours, distributed in seven disciplines; and HEI4 - 1200 hours, distributed in eight disciplines.

As regards the syllabus, the thematic description of Mental Health contained:

Occupational therapy applied to Mental Health in IES 2 of 60 hours; Occupational Therapy and Mental Health in HEI3 of 51 hours; and Occupational Therapy in Mental Health in HEI4 of 60 hours. In HEI1 the Mental Health content was offered in a thematic unit, in three disciplines in the 4th and 5th semester, permeated with other content proposed in other theoretical disciplines.

Categories

In Figure 1 the five categories of the study are highlighted: Specific contents of Mental Health; Competences for the practice of Mental Health; Learning scenarios; Teaching strategies; and Evaluation strategies.

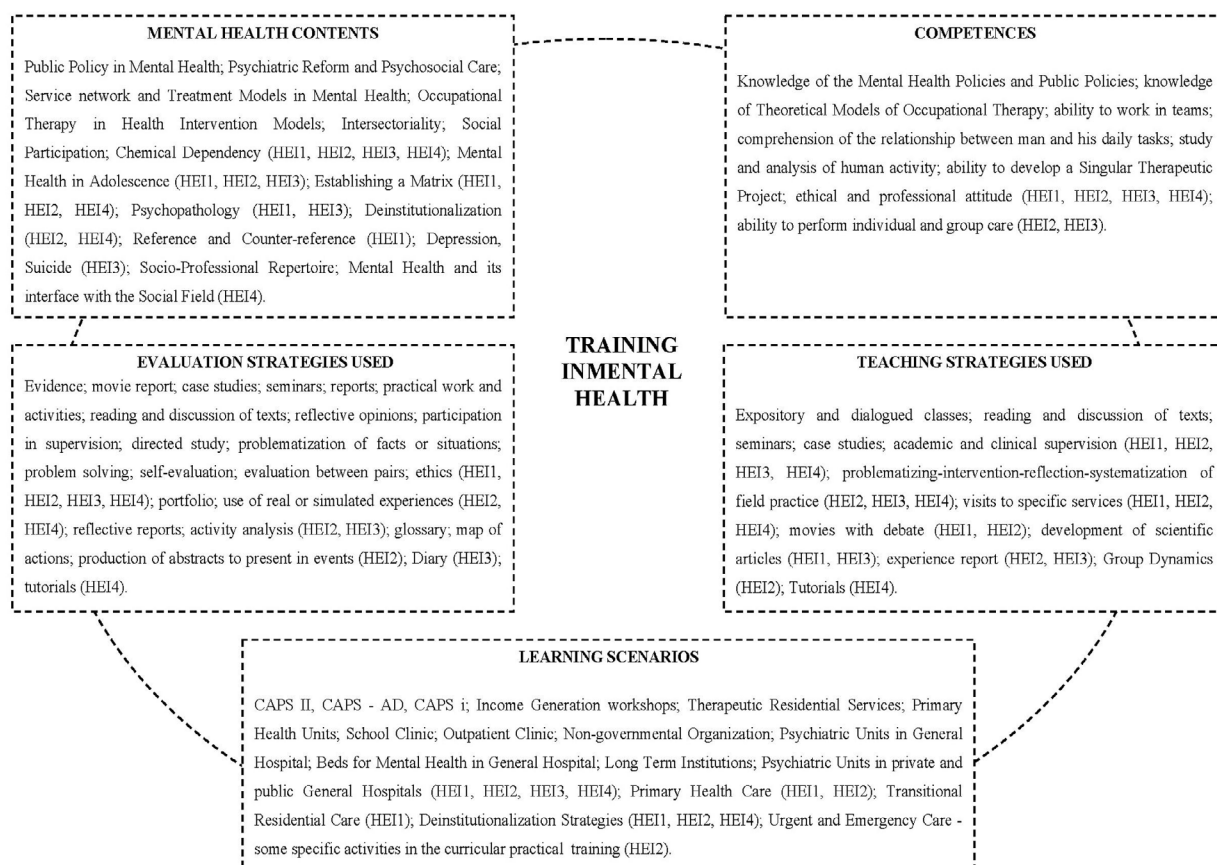


Figure 1 – Training in Mental Health in the Occupational Therapy Graduate Courses of the Southern Region of Brazil. Curitiba-PR-Brazil, 2014

Specific contents of Mental Health

The selection of the Mental Health content and how that teaching occurs in the pedagogical practice are supported by the current transformations of the legislation and care scenarios originating from the Psychiatric Reform Movement.

[...] To understand the relationship and implications of Mental Health: intersectorality, interdisciplinarity, construction of the singular project in a given territory, to demystify the idea of madness, to construct new discussions guided by the social models, social participation; to know the interfaces between the various social facilities and health care facilities in the territoriality. (HEI4P18: C, T, S)

[...] Among the specific content that I teach, I highlight the History of Madness, Psychiatric Reform, Post Psychiatric Reform, Psychopathology. Mental Health Services network. In this trajectory the historical process up to the structure existing today is shown. (HEI1P2: T, S)

The aspects mentioned above by the participants, in relation to the content, indicate a real perception of the HEIs studied that training in Mental Health needs to cover both the complexity of the social dynamics in each territory, as well as the diversity of demands upon which the occupational therapist must act.

Competences for the practice of Mental Health

Participants focused on Mental Health as essential and necessary for the training of the Occupational Therapist. Therefore, the development of competences in this area is required so that students develop critical ability, technical mastery and autonomy. The ethical aspect was emphasized, covering personal and professional ethics in relation to the users and the team, reinforcing the idea that, in addition to learning to know the reality where it will be practiced, learning to live with differences and diversities is also required:

[...] The professional who will work in Mental Health has to have flexibility, observation skill,

the ability to develop a unique treatment plan, to work in groups and to listen, knowledge of the policies and the law, knowledge of the operating dynamics of the place where they will work, considering that each space has its demands and its specificities. (HEI2P7: T, S)

[...] I consider the competencies to be: command of knowledge, the ethical attitude, evaluation and treatment plan, management and performance of groups, and analysis of activity. The analysis of activity is a valuable competence in the graduation course training. It involves the ability to think, reflect and question, important elements of good academic training. (HEI3P13: T, S)

In relation to the development of competences, beyond the specifics of Occupational Therapy, the concern of the participants was observed regarding the students' comprehension of the paradigmatic changes in the field of Mental Health training, arising from the Psychiatric Reform and the SUS, highlighted by the need for the Students to know the Public Policies and the principles of intersectorality, establishing a matrix, interdisciplinary, territorialization and their interfaces in the different health facilities.

Learning Scenarios

The practical activities and the curricular practical training of Occupational Therapy in Mental Health are carried out in various parts of the Psychosocial Care Network (RAPS), such as in the Primary Health Care, Specialized Psychosocial Care in Psychosocial Care Center I and II (CAPS), Psychosocial Care Center for Alcohol and Drugs (CAPS AD), Hospital Care, Transitory Residential Care, and Therapeutic Residential Services:

[...] In the selection of the practical training locations the criteria is to provide an arc of understanding of the services that exist in terms of the Mental Health policy, having professionals who are references in relation to this work. (HEI1P1: C)

[...] The practical training has several actions: to work in the network, therapeutic monitoring in a

singularized way, guided by the demands of the individual, because the practice can be diverse. Monitoring of users in some groups that are offered in the CAPS. (HEI2P6: T, S)

This offer is subject to availability of the services and of Occupational Therapists in the RAPS; pedagogical criteria established for the development of the practical activities and curricular practical training, involving increasingly complex levels - observation, assisted practice and autonomous practice; number of students enrolled; distribution of didactic tasks and allocation of teachers.

Teaching Strategies

In relation to the teaching strategies, there was a predominance of the use of problematization methodologies in the teaching-learning process:

[...] Working with problematization, I use the ARCO method, a research problem, a study problem and the student develops projects, proposals, from a reality identified in the territory. (HE2P4: C, T, S)

[...] The texts are guided and programmed in each class with discussions in group settings. The problem situations are created on four central themes: intervention, the practice, theoretical model of Occupational Therapy and the Reference of the Psychiatric Reform. (HEI4P19: T, S)

The statements emphasized active methodologies and the investment in pedagogical processes that lead the student to identify problem situations in the four cornerstones of learning also applied in Mental Health.

Evaluation Strategies

The evaluation process is ruled by the procedural evaluation and the use of diverse strategies that cultivate the monitoring of the students:

[...] I try to enhance the dialogued expository classes, reading of texts, involve them in the

teaching-learning process, discussion of texts, films with discussions, case studies, visits, evaluation instruments. (HEI1P2: T, S)

[...] I have made the evaluation a moment that the students can learn, reflect and that can cause a break in them, a break in the linearity of thought, so that they might imagine, think, comprehend, have "insight", reflection, construction of thought. (HEI4P19: T, S)

It should be noted here that evaluation strategies in isolation, outside the context in which they are developed, lose their essence, because they are intrinsically linked to the procedural evaluation established in the teaching plans and in the report of the participants in each HEI, which attaches a contextualized singularity to the evaluation process.

DISCUSSION

The characterizations of the Course Pedagogical Projects, the Teaching Plans, the content, the procedures and the strategies, as well as the professional perspective involved in the training of students can contribute to the analysis and comprehension of the challenges for the training of a generalist, critical and reflective professional, able to exercise their practice in Mental Health^(2,11).

The competences represent a dynamic combination of knowledge and comprehension of the skills and capabilities defined by the DCNTO, among which stand out the ability to work in a multidisciplinary team, with family, within the network, in crisis situations and in workshops, the utilization of diversified resources, communication, management activities, planning, and the construction of projects and actions of an interdisciplinary and intersectoral nature, which allow the curricula to promote the construction of a professional profile with competences capable of acting according to the principles of the SUS and the Brazilian Psychiatric Reform^(2,12).

For this, the students must learn in different spheres (being, doing, living together, knowing) in order to become autonomous professionals ensuring the integrality and quality of care and the humanization of the care provided both

to individuals as well as family members and communities⁽²⁻⁵⁾.

Thus, contextualization, an important principle in relation to relevant knowledge⁽⁵⁻⁶⁾, will gradually become part of the training and practice of Occupational Therapy in Mental Health. It is noteworthy, too, that the moment of supervision of the practical training brings together different and fundamental learning processes for the development of skills and competencies such as learning to know, to do, to participate and to cooperate with others in different activities, processes that direct the Curriculum Guidelines for training of occupational therapists^(2-3,13).

The development of the teaching-learning process in Mental Health is performed in curricular practical training scenarios in various parts of the RAPS(14), aiming to insert the student into the reality of the world of work from the teaching-service interaction. However, the performance of these activities presents numerous challenges for the educational institutions with regard to the teaching-service-community articulation, organization and work processes and the models of practice in the Mental Health care field of in the current Health System in the country^(1-2,12-13).

The DCNTO recommend that the curricula address the essential theoretical and practical foundation elements in the field of knowledge of the professional, so that the student learns how to learn, engaged in an ongoing education process and that the teaching is based on active learning⁽²⁻⁴⁾.

The assumptions of the active methodologies consider the student as an active agent of learning, with the teacher as the facilitator of the teaching-learning process, contributing to a contextualized, critical and participatory practice of the future professional⁽¹³⁻¹⁷⁾. The teaching strategies, such as lectures, seminars and workshops, practical classes and tutorials, for the development of competences in the professional training used in Brazil are common practices and are also adopted in other countries, such as Chile and Spain⁽¹⁸⁻¹⁹⁾.

In a study about the Teaching of Mental Health in five undergraduate courses (Nursing, Medicine, Psychology and Occupational Therapy) in two HEIs of Goiânia/GO, the development of traditional teaching practices and problematizing practices were evidenced in the teaching-learning process. The main evaluation strategies identified

were: evidence, case studies and seminars, results similar to those found in the present study⁽²⁰⁾.

In the analysis of teaching strategies it can be observed that teaching is centered on the student as the subject of learning and on the procedural evaluation^(13,21). The procedural evaluation is also a moment of learning and knowledge production for the student, in accordance with the principles of the DCNTO^(2,13).

It is understood that this proposed and described evaluation process is anchored in a new paradigm, in which the aim is to boost the opportunities for action-reflection-action, with continuous and systematic monitoring of the students by the teachers involved, with the teacher/supervisor/preceptor providing the students, in their learning process, with reflections about the world, human relationships and work that need to be continually formulated and reformulated^(13,22-23).

It is important to highlight that the diversified evaluation strategies enable the development of the systematic observation of the reality, the contextualized comprehension and interpretation, the expression and synthesis of ideas, comparative analysis, argumentation, strengthening of both the dialogue between teachers/supervisors/preceptors and students and between students and students, as well as the attitudes and values that strengthen the cooperative academic work and learning to live together with different forms and processes of evaluation^(16-17,22-23).

Among the improvements recommended in the DCNTO, the findings show that in the Mental Health teaching-learning scenario, traditional and contemporary pedagogical practices coexist within the Occupational Therapy courses.

FINAL CONSIDERATIONS

The characterization of the Course Pedagogical Projects, the Teaching Plans, their contents, the procedures and the strategies, as well as the establishment of the professional perspective involved in the academic training of undergraduate students can contribute to the analysis and comprehension of the challenges for the training of a generalist, critical and reflective professional, able to perform their practice in Mental Health.

The reference of the DCNTO, permeated

by the four pillars of education favored the comprehension of the training in Mental Health in the Occupational Therapy graduate courses of the study, establishing approaches with the knowledge necessary for a non-reducing, contextualized, multidimensional, territorialized, interdisciplinary, intersectorial professional practice in line with the principles of the SUS and Mental Health Policies.

The analysis of the Occupational Therapist professional profile trained in the four HEIs indicated that generalist, humanistic, ethical, critical and reflective training has been provided, contextualized with the regional and national locus reality, in line with current public policies and the DCNTO.

The evidence shows that the implementation of the DCNTO in these courses is different in each regional context and indicates that much effort will be needed for multidimensionality, interdisciplinary and interprofessionality to be really integrated into the graduation course training.

From the study design some limitations were found. With the target population restricted to Occupational Therapists performing the function of coordinating teacher, supervisor and preceptor it was not possible to study the perspectives of the students and graduates of the respective courses. It is believed that future studies with students and graduates can provide greater support for reflection regarding the training of the Occupational Therapist in Mental Health.

The analyzed curricula of the Undergraduate Courses in Occupational Therapy of the Southern Region of Brazil are influenced directly and indirectly by the inter-relationships between the profession and trends in the social and political context at national and international levels. It should be noted that the training of professionals in Occupational Therapy must take place in line with the DCNTO and the current Public Policies of the country.

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