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RESEARCH

Percepção de acadêmicos de enfermagem sobre o cuidado em saúde mental em domicílio: uma abordagem qualitativa

Perception of nursing students on mental health home-care: a qualitative approach

Percepción de alumnos de enfermería sobre el cuidado en salud mental en domicilio: un enfoque cualitativo

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ABSTRACT

Objective: to understand the perceptions of Nursing students on mental health home-care, accomplished through extension activities. **Method:** this is an exploratory, descriptive research with a qualitative approach. There were 14 students of Nursing participating in the study. Data was collected through audio-recorded with semi-structured interviews treated according to Bardin content analysis. **Results:** the data led to three categories: "The University Extension in Mental Health as an Opportunity for the Personal and Academic Growth", "Reformulating Concepts of Care through the University Extension in Mental Health", "University Extension in Mental Health as a Facilitator of the Humanized Care". **Conclusion:** the students apprehend the university extension as a way of acquiring knowledge and different abilities, by having the opportunity to carry out an effective approach with the family and with the quotidian of the Person with Mental Disorder (PTM). **Descriptors:** Teaching, Nursing, Perception, Mental health, Home visit.

RESUMO

Objetivo: compreender a percepção de acadêmicos de enfermagem sobre o cuidado em saúde mental em domicílio, realizado por meio de atividades de extensão universitária. **Método:** trata-se de uma pesquisa descritiva exploratória com abordagem qualitativa. Participaram do estudo 14 acadêmicos de enfermagem. Os dados foram coletados através de entrevistas semiestruturadas, as quais foram áudio-gravadas, e tratados conforme análise de conteúdo de Bardin. **Resultados:** os dados resultaram em três categorias: "A Extensão Universitária em Saúde Mental como Oportunidade para o Crescimento Pessoal e Acadêmico", "Reformulando Conceitos de Cuidado por meio da Extensão Universitária em Saúde Mental", "A Extensão Universitária em Saúde Mental como Facilitadora do Cuidado Humanizado". **Conclusão:** os acadêmicos compreendem a extensão universitária como uma maneira de adquirir conhecimentos e habilidades diversificadas por terem a oportunidade de operacionalizar uma aproximação eficaz com a família e com o cotidiano da Pessoa com Transtorno Mental (PTM). **Descritores:** Ensino, Enfermagem, Percepção, Saúde mental, Visita Domiciliar.

RESUMEN

Objetivo: comprender la percepción de académicos de enfermería sobre el cuidado en salud mental en el domicilio, realizado por medio de actividades de extensión universitaria. **Método:** se trata de una investigación descriptiva exploratoria con enfoque cualitativo. Participaron del estudio 14 alumnos de enfermería. Los datos fueron recolectados a través de entrevistas semiestruturadas audio-grabadas y tratados conforme análisis de contenido de Bardin. **Resultados:** los datos resultaron en tres categorías: "La Extensión Universitaria en Salud Mental como Oportunidad para el Crecimiento Personal y Académico", "Reformulando Conceptos de Cuidado por medio de la Extensión Universitaria en Salud Mental", "La Extensión Universitaria en Salud Mental como Facilitadora del Cuidado Humanizado". **Conclusión:** los alumnos comprenden la extensión universitaria como una manera de adquirir conocimientos y habilidades diversificadas, pues tienen la oportunidad de trabajar una aproximación eficaz con la familia y con el cotidiano de la Persona con Trastorno Mental (PTM). **Descriptorios:** Enseñanza; Enfermería; Percepción; Salud Mental; Visita Domiciliar.

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INTRODUCTION

The Psychiatric Reform in Brazil began in the 1980s, proposing a new model of care to individuals in psychological distress, ensuring them the right to citizenship and humanized health care. The redesign was done through the process called deinstitutionalization, which the Person with Mental Disorder (PMD) receives non-hospital care, through socialized and comprehensive care. However, this process has been slow and gradually, needing for acceleration and reshaping of some assistance proposed.¹

In this context of Psychiatric Reform, it is necessary to carry out changes in nursing education since the National Curriculum Guidelines (DCNs) establishes non-binding contents to the subject of mental health and psychiatric nursing, at the discretion of undergraduate nursing courses the choice of content covered in these subjects and workload, becoming deficient in academic learning.²

Given this gap in professional nursing education, it is believed that teaching and extension are interwoven with new ways to build health, as they provide the essential basis for the development of competent professionals through the local recognition of health needs. In the area of mental health becomes the extension, even more, necessary as an opportunity to learn social, interpersonal and general skills abilities to take effective action ahead in social reality that exacerbates risk factors for impaired mental health of individuals and families.³

Therefore, it is emphasized the need for changes in the pedagogical education of mental health and psychiatric nursing subjects at universities, where the extension should be further explored especially in these subjects. Home visits are necessary for academic during extensions, as favoring closer relationships with the individual and family comprehensively, so the home works as a true therapeutic space, contributing to a more humanized care, according to the assumptions of the Psychiatric Reform and health policies of the Unified Health System (SUS).⁴

Based on these, this research aims to understand the perception of nursing students about mental health care at home, conducted through university extension activities.

METHOD

It is an exploratory, descriptive research with a qualitative approach. Qualitative research seeks to interpret, understand and describe the subjectivity and the phenomena experienced by the researched subjects.⁵

The participants of the study were 14 nursing students, included by having participated for a minimum of two months of a school extension project in a municipality of West Paulista, entitled "Taking care of families in the community: a look at mental health". The extension project was approved under protocol 1119.

Home visits were conducted weekly by nursing students lasting 30-40 minutes to promote mental health in the family and community life. This project followed 50 families living in a West Paulista neighborhood. The families included in the extension project were those who had no medical diagnosis of mental disorder for any family member.

Data were collected from September to November 2013, through semi-structured interviews, audio-recorded, with 30 minutes duration on average, performed in the college, when rooms available, from a previous contact with the students, considering their availability date and time.

Interviews had the following guiding questions: 1) According to your perception in carrying out home visits through the extension project, was there a change in your way of thinking about mental health care at home? 2) What was it like for you to conduct home visits as a form of mental health care? 3) Did you notice changes in your academic experience? If so, how it contributes to your professional future?

To better characterize the subjects, data as gender, age, graduation and long-term interest in the project of all academics who took part in the interview were collected.

Soon after the completion of each interview, the speeches were fully transcribed. After transcribed the statements, some corrections in language vices were corrected, without changing the essence of the talks.

The data were treated as thematic content analysis,⁶ which consists of a data analysis technique that allows the researcher freedom and innovation at the time to analyze the content of messages. This data analysis technique varies between three poles: pre-analysis; exploration of the material; and treatment of the results: inference and interpretation.

In the pre-analysis, a briefing reading of all the material was performed for approximation with its contents. After the initial reading, there was the election of the statements to be analyzed, carrying out a second reading guided by the objective of the research, the formulation of hypotheses and identification of similarities.

In the material exploration phase, a new reading of the transcripts was conducted considering the similarities between speeches for the establishment of thematic groups and consequent cut of all material aimed at categorization. For the treatment phase of the

inference, results and interpretations were proposed that were based on theoretical assumptions.

This research had the authorization of the extension project coordinators and approved by the Ethics Committee in Research CEP and CAPI of the University of West Paulista under protocol 1780 and CAAE 18783713.9.0000.5515, respecting the guidelines Resolution 466/2012 of the National Health Council.

It was decided to call the participants by names of birds due to their figurative sense to ensure confidentiality and anonymity during the tabulation and display of the interviews, thinking that students are seeking to fly to new horizons through the university extension.

RESULTS AND DISCUSSION

There were 14 nursing students interviewed, finding that the age ranged was from 20 to 42 years old, 12 were female and two males.

Regarding the time of participation in the project, three students had a period of 2 years, seven participated for one year and six months, two participated for one year, one participated for six months, and one student was involved for two months.

As the period of the graduation in the date of data collection, five students were enrolled in the 8th period, that is in the fourth year, seven were in their 6th period, corresponding to the third graduation year, and two had already completed a nursing degree. There are the categories with the statements that represent them and the inferences drawn from the thematic content analysis.

The University Extension in Mental Health as an Opportunity for the Personal and Academic Growth

The university extension focused on mental health care within the community can contribute to the personal and academic maturation of nursing students. Through the described reports, there are changes in the way they perceive their feelings towards the activities of care in outpatient mental health as forming evaluative principles when it comes to psychiatric care, with noticeable changes in their aspirations while future health care professional for demonstrating deep desire to transform realities in view of the fact their responsibilities and social role.

Initially, the description of the university extension in mental health can be identified as a medium that allowed the construction of new concepts of students in the academic environment. This point brings out the importance of the extension of a process of dynamic

and efficient teaching in nursing education, contributing to the construction of their critical and reflective character against health care.

[...] I realized that home visits help me control over emotions and to behave more professionally in front of the patients [...]. (Calopsita, 23, graduated)

Perceptions about the visits change the way that the university realizes graduation, bringing personal growth and changes the way we see the health needs of the country and the community. (Maritaca, 25, graduated)

Professionally I had a further vision, of how I should act when receiving graduation. So I feel I must do something more for the population, which encouraged me to be willing to improve the future as an academic and as a professional. (Blue Macaw, 25, 6th period)

In the speeches of these students, we realize the importance of university extension as a tool for the development of critical and reflective thinking. The development of this thought occurs because the extension provides a broad overview of the health problems faced by society, which does understand the importance of comprehensive care to PMD, family and community, especially when to cover complex issues like Community mental health care, still suffering from stigma and prejudice in their professional acceptance, often reflecting a retrograde training.

The fact that the content and timetable of Mental Health and Psychiatric Nursing courses are not standardized in university nursing curricula, it seems to contribute to the training of professionals unable to act to fulfill the demand of the community mental health, leading to a fragmented care practice.² From this perspective, the extent of the contribution is evident in mental health as scope for the performance of the knowledge acquired in the classroom, by providing the academic reflection through the articulation between theory and practice.⁷⁻⁸

This is often reflected in the daily lives of many nurses who are struggling to work with issues related to mental health in primary care, often due to the lack of stimulation during graduation to activities related to mental health, which in turn leads to a lack of professional identification with this area of activity.⁹ Thus, it is important the university extension in mental health, such as through changes in the training of nurses from the perspective of comprehensive care to PMD and families.⁸

The testimony of Blue Macaw, Seagull and Pigeon White-Wing presented below show the impact of university extension in family and social everyday of the student, since the fact of the they recognize other conflicting realities can help rethinking their family and socialization difficulties, as during the extension practices, particularly those students related to mental health, can easily come across situations that raise awareness in a beneficial way, and that can be translated into moments of reflection and empathy. This can also help them rethinking their attitudes towards those around them, encouraging positive behavioral change, which is a critical factor in maintaining their mental health.

Personally, I changed my way of thinking, my way of looking at people, the way of how I see my family and familiar dialogue also improved [...] I realized that I have become more mature in the matter of communication. (Hyacinth Macaw, 25, 6th period)

I realized that after I had started doing home visits for mental health for the extension project, I changed my behavior in my college room because often I arrived and did not talk to anyone, and after the project I started to come and talk to the friends. People who are closest to me say it was easier to live with me. I think it is because of the experiences of home visits. (Seagull, 29, 6th period)

The coexistence, interaction, not only by coping with situations of risk or with mental illness, but also knowing how to interact with people; all this helped a lot in my communication and be more participatory in the family and in the classroom. (Pigeon White-Wing, 30, 6th period)

Because sometimes you do visits and look at your family, stop and think, "Wow do I am taking good care of my family, do I am taking good care of my parents and my grandparents? Do they need that too?" (Little Canary, 34, 6th period)

The comparison that the student does of others' realities observed during the project to their personal life promotes the improvement of interpersonal relationships, whether family or within the university environment. In this sense, the extension may favor the development of skills that will assist in their professional future, which contributes to the formation of professionals committed to the reality that surrounds it.

Thus, the university extension to be linked to direct contact with the community can allow the student to know the other and himself more fully, and this results from critical reflections that emerge from questions between practice and theory, which provides indispensable condition to form citizens committed to the social issues.³

Another important point is evidenced in the testimonies of care sensitivity to mental health awakened through the university extension. Because of this teaching process, students can understand the health needs of the families served by the project investigating their perception of other forms of nonverbal communication, a factor essential for humanized care in mental health.

I see that it is important to listen to what the other wants to say, because there are people who speak of their view, the body, to touch you. Then he made me understand, have more heart and be more open to listening to someone else who is around me at any time of my day. (Maritaca, 25, graduated)

I began to look beyond the disease. I realized that when I nurse will have to take a broad view and not only see the patient and the disease but rather, his gestures and looks to be able to take better care. (Little Canary, 34, 6th period)

It was not just academic learning that I had these visits were knowledge about the lives of other people, stories, moments, and diverse cultures that I took with me. (Falcon, 21, 8th period)

Through the lines described above, it can be inferred that the students realize the extent as something positive for their personal and professional growth as it awakens their

knowledge and attitudes not learned in the classroom, especially to sharpen their perception emotional to establish a relationship of complicity in what is going to understand the gesture, speech, and especially to refine their view beyond the disease.

The proximity guided by the extension between academic and PMD involves understanding the meanings and singularities. The fact that the extension offer practical experience enables to go beyond rationality learned through the theories and techniques of traditional training and provides an understanding of the sensitive side of relationships.¹⁰

Therefore, students realize the extension to mental health as an opportunity for personal and academic growth, as individual experience and collective acquired during these practices, contributing to the development of their overall learning, adding their feelings and unique insights, especially to strengthen the view expansion at the health needs of the PMD. All this turns into experiences in the different contexts of their lives, giving large luggage in the course of their academic journey.

Reformulating Concepts of Care through the University Extension in Mental Health

In this category, it is evident that the university extension was perceived by students as a way of building new concepts about mental health care, noted the importance that academics attributed to home visits and family. These changes can be seen in the following statements:

Much has changed my way of thinking and seeing the care [...]. Before I understood that care was something like, for example, make a dressing, an injection, but care goes far beyond that. I went to see the home visit as a necessary thing; my perception of care has changed, because I understood that we can act before, during and after getting sick. (Flamingo, 20, 6th period)

I started to be in the shoes of those people; I began thinking about what could do to change their situation [...]. Knowing diagnose not only bodily health but the health of the soul. (Maritaca, 25, graduated)

The speech of Maritaca allows us to infer about the importance of reconstruction of the way of understanding what health care is: "... learn to diagnose not only bodily health but the health of people's soul." Through this assertion, it can be understood the perception of the student about the care that transcends the body, demonstrating that care for the emotional human being is as important as taking care of the physical body. It was also emphasized in these speeches the perception that the care can go beyond the execution of technical procedures.

In one study, the testimony of participants of an extension project on mental health also showed the reformulation of concepts of care, highlighting the importance of the nurse understanding the silences and psychological needs of the PMD to overcome the connotation procedure that care has.⁷

The Psychiatric Reform shows that their Community universe requires changes in the treatment of the PMD, and this was noticed by students who participated in the project by

conducting home visits. This context can be clearly identified in the speeches of Eagle, Pigeon White Wing and Calopsita submitted in response.

I had no knowledge of how important it is to treat mental health [...]. My way of thinking about health were people coming to us. Therefore, the project has changed my mind because I realized that we can bring health to the people [...]. I had no idea how important it is to promote mental health in the community. (Eagle, 20, 6th period)

Before participating in the project, I had another vision, an ancient vision of the patient with a mental disorder. I had that fear to talk, but I realized that they are people who need care, help, and attention. They are more needy people, so I realized they need more from us. (Pigeon White Wing, 30, 6th period)

For lack of knowledge and even a small dose of fear and prejudice, by imagining people "freaking out" in front of me, I do not know what to do with the mental patients. With a more accurate learning and a better understanding of the reality of mental health, carrying out home visits have been helping me to understand this course. (Calopsita, 23, graduated)

It can be inferred that PMD was associated with students as aggressive people, and that could have risks when the "outbreak," hence explaining the feeling of fear cited by the students to deal with these people. It is also observed in the statements the fact that the nursing student, after participating in the project, has understood not only the importance of acting on the community mental health but also to work the mental health of people as a way to promote health.

Often, the student brings a pessimistic picture of the PMD to the university environment as a reflection of what have been told by society. Therefore, it is of utmost importance that the academic participate in extension projects related to mental health, to recognize the different scenarios that surround the PMD and their families, as an instrument for change in theoretical and practical concepts for a more humane nursing psychiatry.¹¹

Emphasizing the context of conceptual reconstruction towards mental health, it was also externalized by the population under study the perception of university extension in mental health as a means to better understand what is mental illness, expanding its conception beyond the textbooks that bring only signs and symptoms without cover personal and family suffering that permeates the mental impairment. This context can be identified in the statements of Pigeon White Wing, Macaw, and Seagull.

With the home visits project, I totally changed my outlook on people with mental illness, or at risk of developing a mental disorder. I went to see the mental disorder without bias and not as old as they were people who lived isolated without care. (Pigeon White Wing, 30, 6th period)

I changed my mind of certain diseases because I followed some people with depression and could tell what is real suffering for him and his family [...]. I began to see people in a different way, their feelings, especially when it is susceptible to mental disorder. (Macaw, 25, 6th period)

For me, it was paramount to go to people's homes, thus, I learned that every individual and every disease are one way. (Seagull, 29, 6th Term)

It can be seen from what has previously mentioned that the university extension is of utmost importance for the student to develop a holistic and good understanding of care, simply because it is faced with unfamiliar situations and mobilizing their capabilities. For this reason, we observe the student as the active subject of assistance, guided by the break prejudices and acceptance of the other and the disease, viewing the individual as being unique. In this way, it can be seen this learning scenario as a stimulator of students to the conception of reality with a critical eye.

It is necessary they realize the importance of citizenship and social inclusion of PMD to promote new attitudes of future professionals, being of great significance that new assumptions of nursing education in mental health are introduced during graduation. The guidelines of existing mental health policies look to stimulate educational practices that favor the mobilization of learning by doing mental health. The student must develop skills for the insertion of PMD in society and family life, thus to act satisfactorily as future nurses.³

Therefore, it is emphasized that students have realized the extent to mental health as an instrument that contributes to the construction of new concepts in the field of mental health and as a means of individual pursuit of knowledge and experience that are not offered in theory. From these considerations, it became apparent that students have established personal relationships while maintaining an only involvement with individuals and their needs, which is of great importance to individual and academic life, by promoting new attitudes for the health care professional future.

University Extension in Mental Health as a Facilitator of the Humanized Care

The university extension was perceived by the students as effective perceive the exercise of humanized care in health because the practice of mental health extension led to the creation of bonds with the individuals and families. This approach has meant that students begin to understand the importance of being in direct and frequent contact with families, primarily as a result of these require greater attention regarding their emotional and social needs, favoring the students' development of communication and listening, as primary knowledge essential to the development of humanized care in mental health.

This context can be seen in the following statements:

The project showed me that we should not deal only with roles, theory, but, eye to eye contact, proximity, the establishment of links with people in mental distress. (Heron, 42, 8th period)

You talk to the patient in his experience and understand a little more what he thinks; you notice that not all problems are a physical but emotional illness. You learn to deal with the patient's problem, take the time to sit down and talk to him. (Little Canary, 34, 6th period)

I do not see the family only as someone that I care, but as people who need care, love, and more humanization they receive in health services. (Falcon, 21, 8th period)

It is observed that the extension also provided to students apply the principles of humanization of care learned in theory in daily life by realizing that many of the difficulties faced by health patients can be avoided when they hear, receive, understand, believe and respect their opinions and complaints.

In Falcon's testimony, it is seen the awakening of personal look as to live with families during the academic project come to understand each as an individual, causing him empathy and understanding attitudes, what makes him reflect on the treatment of patients in the routine of health services. Through mental health home visits, students learn that they must go beyond the profession protocols and bureaucracies, and the care of the individual as a whole respecting their particularities, beliefs and differences is a primary task for the nurse practice.

The academic committed to attend TMD or at risk of mental health impairment need not only have technical scientific knowledge but also the ability to understand and respect human beings in their different ways of being and existing within the family context and community. This interaction between the host and dialogue allows the expansion of interactivity and co-responsibility between individuals to be developed within the principles of humanization.¹²

During this research, it can be observed that the students realized through the extension in mental health, home visits, and community care as a means of building ties between patients and professionals. This is presented in the statements below and highlight the importance of community mental health care be discussed in the curricula, mainly through university extension projects, as these cover the work as a community context as a whole.

The creation of bond with the family, learn about the culture, learn how they relate, how they live, how their everyday life is, all these are important factors [...] we should always think how the patient is important as it evolves certainly for the quality of care and also evolves to create bonds and quality of health care. (Tucano, 28, 8th period)

It seemed that we were part of the family, you begin to realize that their visits are important, they feel homesick, they cry when you leave, and then you begin to feel what is needed there to help them [...]. (Maritaca, 25, graduated)

It is gratifying to the importance we had with these people, because every time we came to their homes they met us with a smile on their faces, and it was also important for us to be there worrying about them. A simple conversation changed the way of them [...]. What impressed most was the importance we were. (Parrot, 30, 6th period)

From the above-exemplified statements, we realize that students consider the therapeutic relationship as something essential in building the mental health care, and understand that for successful interaction with the individual during home visits, it is necessary to know the patients and their everyday. They also indicate, in their speeches, a psychotherapeutic approach, focusing on prevention and promotion of mental health, attitude

this perceived by families as to receive students many felt more relieved to know that they would have someone to listen to their feelings and concerns, and this family of reciprocity can be seen as a reflection of a trust.

The bond when built during home visits between the student, individual and family, favors the democratization of mental health practices for allowing the development of skills and sensitivity through active listening, dialogue, trust and commitment in recognizing the real PMD's needs and their families.¹³ These factors allow us to see the importance of using lightweight technologies in health in the search for completeness and humanization of care, according to the assumptions of SUS and the psychiatric reform.¹²

In this sense, the university extension in mental health is able to provide necessary field to the development and use of lightweight technologies, which are those who understand interpersonal relationships.¹⁰

The practice of extending mental health promotes the improvement of the quality of life of the assisted families for foster care and bond with the autonomy of the PMD and gives opportunity for the academic improvement of their relational and therapeutic knowledge.^{3,14}

Actions such as qualified listening and observing the community scenario were perceived by students as qualified care instruments. Undertaking the dynamics of education to promote the academic understanding of what is not said is complex. However, this challenge was awarded success through home visits by the University Extension in Mental Health. This can be evidenced in the testimonies of Tucano and Heron.

It increased my awareness of how people live, I speak more sharpened the sense of perception, to see people, to understand the gestures that people make, the way they talk, because sometimes not everything is spoken, by the way, they do not need a lot of talking for you to understand, you just learn to observe the environment in which you are. (Tucano, 28, 8th period)

Are you having a subjective view, because sometimes the person says it is okay, but you look and realize that she is with a face of pain or suffering, and then it contributes a lot to me to change my view. (Heron, 42, 8th period)

Perceiving and valuing the subjectivity of the human being and see beyond a simple report is a possibility viewed by students as the experience with family especially in mental health needs, understanding the importance of careful observation of the characteristics and peculiarities of individuals to realize the transmission of signals, physical or emotional through body language and subjectivity.

This is evident based on the speech excerpt: "Are you have a subjective view, because sometimes the person says it is okay, but you look and realize that she has a face of pain..." (Heron). This understanding of subjectivity and care in relationships centered by the student was promoted from the extension project on mental health and intervenes in the dynamics of their actions on other scenarios of health practices.

It is important the interaction between people guided by light technologies, being able to trigger the understanding of the subjectivity of the individual, and this uniqueness becomes within the family context something fundamental to the understanding of mental health needs. The qualified hearing gives the way to this interpretation. However, listening is not limited only to listen to what the other has to say, but should also pay attention gaps speech, demanding academic sensitivity to work under these silences once that listening is considered a major challenge in health and at the same time quite required in psychosocial care.¹⁵

Finally, it emphasizes how the nursing student understood the importance of participating in extension projects related to mental health in his passage through the university. The extension was also perceived as a means of growth and enhancement of their personal, academic and professional training, because it is directly linked to experiences gained, concerning the construction of humanistic values and social responsibility.

CONCLUSION

Based on these reflections, it can be considered that students realized the university extension is focusing on a home visit in mental health as a way to acquire knowledge and diverse skills by having the opportunity to operationalize an effective approach with the family and with the individual's daily life. Thus, this allows a critical and reflective thinking about the real needs of the PMD, extending their perception of the role of the nurse in the demand for community mental health. There were also found positive changes in the way the academic conceptualizes mental health by breaking down stigmas and prejudices regarding the PMD.

As a limitation of this study, it was identified the fact of being directed to achieving results concerned only with the university extension in mental health, so not ensuring that these results can be extended to other types of extension.

Finally, mental health and psychiatric nursing subjects with a schedule and uncertain content in their teaching plan by Brazilian universities, it is observed how the university extension may be important in learning and enrichment of the academic formation, to be combined with gain experiences not learned in the classroom, through the perception of the subjectivity of individuals, giving a unique opportunity to host, empathy and bonding. All these elements are seen as essences for the practices in mental health at present, being guided by the principles of humanization, contributing to the training of nurses committed to the reality that surrounds them.

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