

# MENTAL HEALTH AND EDUCATION: SCHOOLING TRAJECTORY OF USERS OF A PSYCHOSOCIAL CARE CENTER

## SAÚDE MENTAL E EDUCAÇÃO: TRAJETÓRIA DE ESCOLARIZAÇÃO DOS USUÁRIOS DE UM CENTRO DE ATENÇÃO PSICOSSOCIAL

## SALUD MENTAL Y EDUCACIÓN: TRAYECTORIA DE LA ESCOLARIZACIÓN DE LOS USUARIOS DE UN CENTRO DE ATENCIÓN PSICOSOCIAL

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**Objective:** to describe and analyze the experience of users of a mental health service about their schooling trajectories, as well as the rescue of teaching through Youth and Adult Education. **Method:** descriptive and analytical research, with a qualitative approach, conducted with users who attended Youth and Adult Education, who were interviewed. Subsequently, their discourses were categorized and analyzed. **Results:** interruptions with school contact and the absence of social and family support predominated in the participants' arguments, which prevented them from achieving their initial goals, which needed to be adapted or replaced. The motivations for the return to schooling considered the entry of new care agents, the search for autonomy and the pleasure in developing skills and expression by art. **Conclusion:** the trajectories narrated were crossed by ruptures and losses of life projects, including education. The motivations for the return to schooling appeared as a search for autonomy. The Youth and Adult Education emerged as a space for experimentation, new choices and the construction of affective and social bonds.

**Descriptors:** Education. Mental Health. Autonomy. Learning. Mental Health Services.

*Objetivo:* descrever e analisar a experiência dos usuários de um serviço de saúde mental acerca de suas trajetórias de escolarização, assim como o resgate do ensino por meio da Educação de Jovens e Adultos. *Método:* pesquisa descritiva e analítica, de abordagem qualitativa, realizada com usuários que frequentavam a Educação de Jovens e Adultos, os quais foram entrevistados. *Posteriormente,* seus discursos foram categorizados e analisados. *Resultados:* predominaram, na argumentação dos participantes, as interrupções com o contato escolar e a ausência de suporte social e familiar, que os impediu de alcançar suas metas iniciais de realização, as quais precisaram ser adaptadas ou substituídas. *As motivações para o retorno à escolarização consideraram a entrada de novos agentes de cuidado, a busca pela autonomia e o prazer em desenvolver habilidades e expressão pela arte. Conclusão:* as trajetórias narradas foram atravessadas por rupturas e perdas de projetos de vida, incluindo a educação. *As motivações para o retorno à escolarização apareceram como busca pela autonomia. A Educação de Jovens e Adultos surgiu como espaço de experimentação, de novas escolhas e de construção de vínculos afetivos e sociais.*

*Descritores:* Educação. Saúde Mental. Autonomia. Aprendizagem. Serviços de Saúde Mental.

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*Objetivo: describir y analizar la experiencia de los usuarios de un servicio de salud mental sobre sus trayectorias escolares, así como el rescate de la enseñanza a través de la Educación de Jóvenes y Adultos. Método: investigación descriptiva y analítica, con un enfoque cualitativo, realizada con usuarios que frecuentaban la Educación de Jóvenes y Adultos, que fueron entrevistados. Más tarde, sus discursos fueron categorizados y analizados. Resultados: las interrupciones con el contacto escolar y la ausencia de apoyo social y familiar predominaron en los argumentos de los participantes, lo que les impidió alcanzar sus objetivos iniciales, que fueron adaptados o reemplazados. Las motivaciones para el regreso a la escolarización consideraron la entrada de nuevos agentes de atención, la búsqueda de la autonomía y el placer en el desarrollo de habilidades y expresión por arte. Conclusión: las trayectorias narradas fueron atravesadas por rupturas y pérdidas de proyectos de vida, incluida la educación. Las motivaciones para el regreso a la educación aparecieron como una búsqueda de autonomía. La Educación de Jóvenes y Adultos surgió como un espacio para la experimentación, nuevas opciones y la construcción de lazos afectivos y sociales.*

*Descriptor: Educación. Salud Mental. Autonomía. Aprendizaje. Servicios de Salud Mental.*

## Introduction

Psychosocial care adopts a conception of care anchored in the Brazilian psychiatric reform (PR), a social movement that emerged in the 1970s, with complaints and criticism against institutions of violence, large asylums, in a scenario of re-democratization and struggle against the dictatorship<sup>(1)</sup>. The Brazilian PR has constituted as a public policy of mental health in recent years and represented the change of care paradigm, to a psychosocial model that aimed at the constitution of a new locus of intervention in the field of society's relations with madness, transforming them. This has been occurring through formulations of the policies and strategies of social inclusion of the subjects, ethical process of inclusion, solidarity and citizenship<sup>(2)</sup>, in the context of the Unified Health System (UHS).

Psychosocial Care Centers (CAPS), strategic services of this proposal, promote psychosocial rehabilitation, which comprises a set of strategies aimed at increasing the possibilities of exchanges and valorization of the subject and his/her context in the different axes of life – housing, work, leisure<sup>(3)</sup> and education. The objective of psychosocial rehabilitation is to generate autonomy through the provision of expanded care, of an inclusive character, which needs to articulate the participation of institutions of social support and protection in the guarantee of social rights and in the exercise of citizenship of users<sup>(4)</sup>, from an intersectoral perspective.

In this sense, the mental health field, aiming at the inclusion of people in psychological distress in

society, has been building an intersectoral dialogue between mental health policy and education, through discussions that are still incipient. At the III and IV National Conferences on Mental Health, Youth and Adult Education (EJA) was evidenced as an inclusive strategy. In these events, the need for dialogues between these fields was reaffirmed<sup>(5)</sup>. It is important to mention that the EJA emerged as a response of Brazilian education to an exclusionary social and economic system. The excluded and deprived groups of fundamental occupations involve individuals in poverty, women and children in situations of social vulnerability and people in psychological distress. The latter have been little heard in researches conducted in Brazil, when the subject of study concerns their educational processes<sup>(6)</sup>.

Brazilian studies on the characterization of the clinical and sociodemographic profile of users of mental health services, like CAPS, demonstrated low level of education and low income as relevant variables for the analysis of the living conditions of people seeking mental health services, in addition to the expressive female presence in this Service<sup>(7-9)</sup>. These data corroborate those presented by the Brazilian Institute of Geography and Statistics, on the significant number of illiterate people and lower average years of schooling, especially in the Northeast region<sup>(10)</sup>.

In a recent study, researchers interviewed three illiterate people, users of a CAPS. The authors identified a history of early work, which interrupted the stay at school. The absence of

social and family support, socioeconomic factors and stigma (prejudice) before mental illness were reported<sup>(6)</sup>. It is worth considering that the aspect of permanence in educational institutions and the achievement of good results lies in the family structure and support. Family problems are closely related to mental disorders, specifically due to the presence of stress symptoms, resulting in consequent changes in emotional state. These elements suggest the contextual weaknesses in which the subjects of this study are included, involved in a complex network of impasses during the stages of schooling<sup>(11)</sup>.

In view of these weaknesses, there is a design of experiences towards a dialogue between mental health and EJA, such as the creation of literacy rooms in CAPS, usually linked to the municipal Regular Education Network, aiming to create a transitory moment of schooling between CAPS and regular school<sup>(5)</sup>. Producing mental health care permeates the recognition of schooling as one of the psychosocial rehabilitation strategies and contributes, above all, to an inclusive process of CAPS users.

After these considerations, addressing a theme of timid expression in the scientific community, about the proposals of education for adult users of mental health services, the present study performed the analysis of narratives of users of a type II CAPS in the Federal District. For this evaluation, the interfaces of schooling in the process of autonomy and integral care of people in psychological distress were considered.

The aim of this study was to describe and analyze the experience of these users about their schooling trajectories, as well as the rescue of teaching through Youth and Adult Education.

## Method

This study is characterized as a descriptive and analytical research, with a qualitative approach. This research option reflects the authors' understanding of the need to approach the multiple factors of the students' experience, which could trace the intermissions in schooling and describe the experience of the EJA in the

course of the challenges faced. Due to these factors, qualitative research proved to be the most appropriate to study the theme.

The research site was a Psychosocial Care Center II (CAPS) of the Federal District (FD), a health care service, with a community and territorial basis. Among the main activities developed in this space are individual care, family care, groups and therapeutic workshops, projects for generating work and income, expression and art activities, actions in partnership with the intersectoral network of services and community participation activities.

After approval by the Research Ethics Committee (REC) at the College of Ceilândia (FCE) of the University of Brasília, through Protocol n. 2.513.823/2018, a data collection was conducted on active users who attended or were registered in the EJA, based on the registration on the embracement form and consultation with service professionals in a multiprofessional team meeting.

The participants were selected according to the following inclusion criteria: active CAPS users, with passage through the EJA and users living in the regions of Ceilândia and Taguatinga, the highest demand of the CAPS. The records of users who were in archive folders of the Service were excluded. In total, four users of the unit were selected, who were invited to participate in the research, through a telephone contact. The participation proposal was carried out in a semi-structured interview lasting approximately one hour. After the participants' acceptance, the day and time suggested by them were scheduled, favoring the routine of follow-ups in the CAPS, as a facilitating condition for the collection of the material.

An interview guide was prepared with the following questions: Tell about the initial period of your schooling and the reason for stopping studying. What motivated you to go back to school? How is your relationship with the school and the teachers? What is your dream/desire/interest upon returning to school?

The interviews were recorded and transcribed. The transcription did not adjust the speeches. The method of analysis used was thematic content analysis<sup>(12)</sup>. As a form of methodological rigor,

two examiners analyzed the thematic categories in order to reach a consensus on the categories created for analysis and discussion. The data produced were discussed in the light of political and educational references in Brazil, as well as social and family support in the learning and gender processes. The participants were identified in the categorization as Learners 1, 2, 3 and 4.

## Results and Discussion

The thematic analysis of the content manifested in the experiences described by mental health users and students of the EJA, allowed the emergence of four categories of discourse analysis, which will be described throughout this article, namely: Category 1 – The primordial rupture: Who cares and teaches before the school institution takes over? Category 2 – Wanting and dreaming: the longing to want to be; Category 3 – The rescue of the care that teaches: the experience of Youth and Adult Education; and Category 4 – Crossing of symptoms and illness processes.

### *Category 1 – The primordial rupture: Who cares and teaches before the school institution takes over?*

The convergence of the trajectories reported in this study reveals the mismatches in the schooling process of the interviewees and the interferences of this context in the way they perceive and position themselves socially. Childhood is the period of greatest demand for family care functions. This factor inserts the school institution as co-responsible in the process of cognitive, moral, affective and social education of individuals. Moreover, it is the interconnection of all these aspects that influences the experiences of schooling<sup>(13)</sup>.

The narratives presented here permeate a very early rupture at this stage, which signals that, before the school is absent for them as a possibility, there is violence and helplessness in primitive stages of the experience. The analysis of these stories reveals a number of psychosocial risk factors for psychic disorganizations and impairments

of social-affective development. Since the family finds difficulties in properly fulfilling its most basic socialization activities and support to its members, contexts of vulnerability are created<sup>(14)</sup>.

There are stimuli that can influence the psyche of children and adolescents in a somatic and harmful way, including: absence of stable parental relationships; lack of support from their social context; economic, social or personal problems; lack of maternal care in childhood; and parental aggression. The occurrence of these aspects is frequent in the participants' speech and encompasses a set of deprivations identified by them in childhood and projected on their adult needs, with a set of interests linked to interrupted life projects<sup>(15)</sup>.

*It was a simple school, with a teacher named Rita. She beat me pretty much with a spanking paddle. Well, I think I stayed until about 10 years, because my mom took me from school to put me in the farm to work, to weed. And I worked fasting. I was not very happy, because this old lady, who was not my mother, beat me up a lot. Only giving birth, and I was caring for her kids. (Learner 1).*

*And if I had had the church's support, I had already finished high school and had already finished college, right? If I had the church's support, but had no support of the church or my family. I had always been disliked in my family, because my father has always been very troubled. So I raised my brothers. I raised my brothers. (Learner 2).*

One of the consequences of the care provided by families is the insertion of members in a school community, which will perform teaching and socialization practices necessary for socioemotional development. However, the way of interaction with family and education institutions influences school accomplishment<sup>(16)</sup>. In the reports presented, the family appears as absent or related to situations of violence, which reverses its logic of protection. Another condition is that the configuration of the schools and the teaching methods reported began in a rural context, which suggests greater limitations in the teaching-learning structure.

*Back at my aunt's farm, I was raised on a farm. It was a group. There was a group there, my cousin was the teacher. It was a farm. It was a farm in Rio Grande do Norte. I learned to read... only after I was literate... with the newspaper (Learner 3).*

*My aunt... She is my mother at heart. She was the one who taught me to read, to brush my teeth, to take care of*

*the hygiene of my body, I lived with her, in a place called Cumurupim. Then I took care of her first child when she got a baby. (Learner 1).*

Just as the act of learning is consolidated with affective experiences, there is an ambivalence of feelings of non-belonging and in the weaknesses of the family system that prevented the school permanence during the early stages of life. The reports also coincide the role of caregiver delegated by these families to the children, even if they demanded the same condition for themselves, the imposed need for subsistence, through child labor, and the persistence in developing skills that the school helped to recognize and that required the investment of a caregiver to gain affective meaning.

The precarious care presented in the statements was not able to impede children's desires and aspirations from firming the social and professional roles they wished to occupy, suggesting the impulse to return to school as an attempt to re-signify the possibilities lost when school education stood by. It is worth considering that "teaching" arises in these narratives in a close relationship with the care act and that the non-completion of formal education is understood as a response to the absence of family and social affective support.

### *Category 2 – Wanting and dreaming: the longing to want to be*

Revisiting the dreams of the past is as common as touching the memories of helplessness and frustration present in the participants' accounts. The discourses construct an evaluative process of the ideals of the past around a reality that has distanced itself from the expected results, as the difficulties had been imposed. Nevertheless, adaptations of these longings were structuring and re-conducting new attempts of personal fulfillment.

*I dreamed of being a flight attendant! I would only go home after returning from a trip... Just give food for the kids and make them get by! That is my dream! (Learner 1).*

*Because, I had always dreamed of going to college. Then I thought: By God's will, if it is right to finish high school, then I will go to college, which is nutrition! I had that thought. But I had no support. I cannot count on my family. (Learner 2).*

*So, to get to these two professions I have, it was very hard, you know? I had to work as a helper, to learn, I had to attend a course to learn. I attended an online course to learn the works. To work with electricity, hydraulics. If I had my studies, return to studies... and I continue to study, I will become an engineer! (Learner 3).*

Higher education is presented as the dream of conquering a place of recognition, becoming visible and thus assuming an identity that assures them in the midst of the weaknesses pointed out in family relationships, as well as the consequences of the deprivation of other spaces of social protection. From the perspective of gender, in addition to the dream of having a professional education, there is, in the feminine desire, the need to give up exclusive dedication in their maternal and home functions, in order to exercise autonomy through the relationship with work.

The right to education is an old and complex agenda for women. For EJA educators, there is a challenge around a curricular organization capable of dialoguing with the knowledge and practices produced by these women outside school. This type of reflection needs to consider the interfaces of relationship between class, gender, race and work experiences, because these aspects often reveal existences marked by social exclusion<sup>(17)</sup>. Although the students consider the family support an indispensable incentive for reaching higher education, it was based on the frustrations experienced that other possibilities of work were built, among which, the technical and empirical training of work activities, in addition to the performance of social roles supported by new perspectives. In this same scenario, the resumption of studies rescues memories and mobilizes affections to conduct a new path in adult schooling, which allows building new objectives and choices.

### *Category 3 – The rescue of the care that teaches: the experience of Youth and Adult Education*

The determination to rescue opportunities and the construction of new bonds of care reoriented, for these students, the reunion with the experience of schooling. At this moment, it is indispensable to consider that these are biographies in motion, which assumed

representations and values transformed by experiences, in which new situations of personal and social recognition were converted in the search for the EJA.

*I really like school. Because I was hard working! I managed to copy everything, even though I spent many years without studying. And then, what I could not handle, I did in the resource room. With the teachers' help, I was able to copy, managing to learn, right? Do the jobs. (Learner 2).*

*For me, be updated or with my computer course, which I attended to improve, have a better quality of life. Everything is fundamental to me. They are all fundamental, because they are qualified teachers, they are good teachers who help me a lot. I am very happy at the school. (Learner 4).*

*Oh, it was good. I really like... to read. But with a vision problem... I stopped reading. And write... I also like writing! I bought books, these word bunts. I am going to use all words. Then I get to the notebook. (Learner 3).*

It is observed that, once again, the entrance of schooling needs to be adjusted, in view of gender identity, so that, in this narrative, the education points to a subjectivity built around family care and household activities. It states that, currently, there is still the challenge of dealing with tiredness of household chores, which results in a more restricted period for studies.

*Because when I want something, I fight until I get it. Because it is good to study. But here, at Teaching Center 6, it was better, because I had guitar lessons... bad art class. I am very tired! There is only time left to study, because I wash, I iron, I cook... (Learner 1).*

It is inseparable for EJA students to reconcile school activities with domestic work, family commitments, paid work, among other care practices and responsibilities with family members. The life experiences and possibilities built on the feminine social representation provoke the adaptations in these women, to exercise the right to education. Thus, it is worth observing, in this journey, a response of resistance and struggle for women's achievements<sup>(17)</sup>.

The motivations for returning to schooling consider the entry of new care agents, the search for autonomy of knowledge and the pleasure in developing skills and expression by art. The act of studying is seen as a good thing, which offers pleasure, well-being. Both learners 1 and 3 described how they mobilized between teaching strategies to know reading and writing in a new

process of learning, professionalization and awakening of consciousness to a living world of meanings.

*I registered in the EJA through the elderly's association. The president is like a mother to me. She has embraced me for seven years [...] she has helped me a lot. She rescued me out of the deep end. I had a very serious problem, and she helped me a lot! (Learner 4).*

*They explain everything, it is great! I like it, I like it a lot! The teachers are one man and two women [...] who teaches mathematics on the Fridays. (Learner 1).*

*We have help from others. Who understands more and has more... knowledge in reading, understand? So we ask them help. (Learner 3).*

Development, as a subject running mutual support relationships, constitutes collective support in the classroom for the performance of tasks. Furthermore, it denotes the social function of the educational programs developed by the EJA as coping tools for the challenges and situations of helplessness experienced by them. It is worth considering that the need for support in personal relationships for investment in learning appears as continuous and timeless demand, which allows EJA participants to rescue these demands even today and build new possibilities for accomplishment.

#### *Category 4 – Crossing of symptoms and illness processes*

When the disease process is taken as the focus of analysis, it is inevitable to highlight the importance of effective dialogues and negotiations around school inclusion proposals for people with mental health problems and associated clinical complexities. Despite the normative principles that guarantee the proper functioning of an institution, it is necessary to think about the particularities of its members, in order to ensure an effective participation and the design of a mirror of interventions on the demands presented.

Among the conditions inherent to mental disorders that influence the teaching-learning proposals, it is worth considering the presence of cognitive deficits, the effect of medications of continued use, the oscillations of mood states,

the dysfunctions of sense perception, as well as the habits and rituals characteristic of psychiatric diagnoses, as expressed in the following statement.

*I take sleeping pills. I take Haldol injection. I am taking a pill now, because of gallstones. I am taking medication. The doctor prescribed many drugs to take, I was in pain (Learner 3).*

This reality demands the provision of an intersectoral network of services, which guarantees the articulation of care policies, so that rehabilitation, care and psychosocial care take place in all spaces that confer basic social rights, including the right to education<sup>(18)</sup>. It is not, therefore, a mere insertion of these users in the EJA, but the need for their inclusion (permanence), through continuous care and accompanied by the various actors: professionals from the social support network, family and community.

*Because I have support here at CAPS. I am following the treatment. In addition to schizophrenia, I also have an OCD-called disease. It takes me a long time to wash my hands, shave, brush my teeth, bathe. It takes me a long time. (Learner 2).*

Although the determinations are multiple, interruptions in the schooling process arise amid experiences of violence and cycles of illness, whether transient or permanent, but which impose obstacles to the fulfillment of their obligations as students. In addition to the characteristics of psychiatric disorders, some clinical comorbidities affect the health of the interviewees and, at some point, were responsible for preventing access and permanence in the school day.

*I realized this problem about three years ago. I am losing my sight. I manage to see very little with the right eye. I see only the figure with the right eye, I cannot see anything! With the left eye, I pretty much only see 60% as well. My eyesight is also bleary. (Learner 3).*

*Now I am focusing on my health. Because I am diabetic, my legs were swelling. I had a serious problem in my leg and now I am getting better, I am returning to the treatments. The foot doctor was doing it for me. (Learner 4).*

Another aspect concerns the format of imprisonment in the conjugal relationship, manifested by the following report, and the suffering related to the attributions of early motherhood. This process led to frustrations

and negative affections throughout the life experiences of the school, so that she protests, throughout the narrative, the appropriation of a right, of studying and, with it, having the freedom that once denied to her.

*How I liked to study! But after three years here, my husband picked me up on the way to school, and my father made me marry him, who was 21. So I was forced to get married. It was the most unfortunate day of my life [...] I was crying with a son in my arms. He was turning one year old and I was already expecting another one, after he bit me a lot! They would not let me study, talk to anyone. I could not even stand at the door, that he would already beta me. (Learner 1).*

This coping resource inserted the EJA as a horizon of choices and caused a change in the relations of oppression to which she was submitted by marriage, although, in the previous categories, it was evident that gender relations required and still require greater efforts to fulfill their objectives. Thus, it is understood that there is a personal patrimony, that is, a baggage of experience that is in the background of multiple contexts, which generate and demand diversified learning processes.

There is need to overcome the idea that education is done through knowledge transfer, with uniform teaching practices, or banking education<sup>(19-20)</sup>. This assumption loses place for the use of communicative situations that allow portraying, through writing, reading and speech, the social world. In this proposal, it is essential to review the roles of educators for investigative, creative and reflective actors of their practices. These characteristics allow the elaboration of expanded and inclusive pedagogical projects, which should establish dialogues about socioeconomic aspects, health-disease processes, history of schooling, values and cultural aspects of students.

The limitations of this study encompass the multifactorial condition of mental illness. For this analysis, the perspective of users involved in their own experience was considered, which limits the understanding to the perspective centered on the subject's discourse. Moreover, the collection took place in the unit where mental health treatment is performed, which may have interfered in the way they wish to be identified and the representations inherent to that space.

## Conclusion

The axes of analysis here presented show that learning takes place in a care-mediated process. It is the affective investment, provided by health, education, family and community professionals, the conditioning factor for the beginning and course of motivations related to the objectives of personal and professional training of these users. However, the absences pointed out by the participants during child development, in addition to the socioeconomic context and vulnerabilities to which they belong, demonstrated the ruptures and losses in their life projects, including education.

The proposal of social inclusion and rescue of autonomy, as well as the improvement of interpersonal relationships obtained, in the meeting with the EJA, fertile conditions to build bonds of knowledge and the experimentation of a new social environment based on their realities. Thus, the change in the logic of mental health care needs to be a social and collective project, since the psychosocial care model happens in the intersectoriality of programs, actions and services to comply with care integrality.

Regarding their interruptions with school contact, the participants' arguments reveal that the absence of social and family support prevented them from achieving their initial goals, which needed to be adapted or replaced. Another perception concerns the social roles of gender, which arise as barriers and limitations during the schooling course, marked by the division between domestic and family care tasks, which impaired school performance and the notion of schooling as a priority.

One must focus on the learner and user, because they are responsible for providing services with an existential patrimony transformed by social determinants, characteristics of mental illness, the family organization background and the social support network to which they belong. This is what constitutes the challenge of EJA teachers, who need to work with the heterogeneity presented, in order to build perspectives of care and teaching as a means of

opportunities to provide educational processes that generate knowledge applied to the context.

More studies should be developed seeking correlations in the processes of schooling of mental health users in the EJA, in addition to the hypotheses launched here. These results are expected to guide behaviors among health and education professionals, as well as aspects of the institutional dynamics of services that work with this theme.

## Collaborations:

1 – conception, design, analysis and interpretation of data: Ioneide de Oliveira Campos and Yasmim Bezerra Magalhães;

2 – writing of the article and relevant critical review of the intellectual content: Ioneide de Oliveira Campos and Yasmim Bezerra Magalhães;

3 – final approval of the version to be published: Ioneide de Oliveira Campos and Yasmim Bezerra Magalhães.

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