

# CONCEPTIONS OF NURSING STUDENTS ON THE HEALTH - MENTAL DISEASE PROCESS

## CONCEPÇÕES DE ACADÊMICOS DE ENFERMAGEM SOBRE O PROCESSO SAÚDE - DOENÇA MENTAL

## CONCEPCIONES DE ACADÉMICOS DE ENFERMERÍA SOBRE EL PROCESO SALUD - ENFERMEDAD MENTAL

Helena Moraes Cortes<sup>1</sup>  
Paula Hayasi Pinho<sup>2</sup>  
Bernardo Otto Sousa Passos<sup>3</sup>

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**Objective:** to analyze the conceptions of the health-mental disease process through narratives of students of nursing graduate courses of a federal university in Bahia. **Method:** narrative research, qualitative approach, which analyzed narratives of students from the nursing course of a public university in Bahia, from April to July 2021. Data were analyzed using Cardano's narrative technique. **Results:** 40 students aged between 19 and 50 participated. The results were grouped into empirical categories: conceptions of the health-mental disease process and quality of life; psychosocial interventions for coping with psychic suffering; reflection of the covid-19 pandemic in the psychological suffering of university students; and infrastructure/functioning of the university affecting the mental health of the university. **Final considerations:** the narratives of the students suggest possible pedagogical and clinical interventions of the Universities to future nursing students. Students understand the need for their practice to be guided by the principles of the UHS and anchored in nursing care.

**Descriptors:** Mental Health. Psychosocial Impact. Students, Nursing. COVID-19. Health-Disease Process.

*Objetivo: analisar as concepções do processo saúde-doença mental mediante narrativas dos discentes dos cursos de graduação em Enfermagem de uma universidade federal baiana. Método: pesquisa narrativa, de abordagem qualitativa, que analisou narrativas de acadêmicos do curso de Enfermagem de uma universidade pública baiana, de abril a julho de 2021. Os dados foram analisados por meio da técnica narrativa de Cardano. Resultados: participaram 40 acadêmicos com idade entre 19 e 50 anos. Os resultados foram agrupados em categorias empíricas: concepções do processo saúde-doença mental e qualidade de vida; intervenções psicossociais para o enfrentamento do sofrimento psíquico; reflexo da pandemia de Covid-19 no sofrimento psíquico dos universitários; e infraestrutura/funcionamento da universidade repercutindo na saúde mental do universitário. Considerações finais: as narrativas dos estudantes sugerem possíveis intervenções pedagógicas e clínicas das Universidades aos estudantes futuros enfermeiros. Os estudantes compreendem a necessidade de sua prática ser balizada pelos princípios do SUS e ancorada no cuidado de enfermagem.*

Corresponding author: Helena Moraes Cortes, [helena.cortes@ufsc.br](mailto:helena.cortes@ufsc.br)

<sup>1</sup> Universidade Federal de Santa Catarina, Florianópolis, SC, Brazil. <https://orcid.org/0000-0001-8538-8400>.

<sup>2</sup> Universidade Federal do Recôncavo da Bahia, Santo Antônio de Jesus, BA, Brazil. <https://orcid.org/0000-0001-8922-0699>.

<sup>3</sup> Universidade Federal do Recôncavo da Bahia, Santo Antônio de Jesus, BA, Brazil. <https://orcid.org/0000-0002-1473-3497>.

*Descritores: Saúde Mental. Impacto Psicossocial. Estudantes de Enfermagem. COVID-19. Processo Saúde-Doença.*

*Objetivo: analizar las concepciones del proceso salud-enfermedad mental mediante narrativas de los discentes de los cursos de graduación en Enfermería de una universidad federal bahiana. Método: investigación narrativa, de abordaje cualitativo, que analizó narrativas de académicos del curso de Enfermería de una universidad pública bahiana, de abril a julio de 2021. Los datos fueron analizados por medio de la técnica narrativa de Cardano. Resultados: participaron 40 académicos con edad entre 19 y 50 años. Los resultados fueron agrupados en categorías empíricas: concepciones del proceso salud-enfermedad mental y calidad de vida; intervenciones psicosociales para el enfrentamiento del sufrimiento psíquico; reflejo de la pandemia de covid-19 en el sufrimiento psíquico de los universitarios; e infraestructura/funcionamiento de la universidad repercutiendo en la salud mental del universitario. Consideraciones finales: las narrativas de los estudiantes sugieren posibles intervenciones pedagógicas y clínicas de las Universidades a los estudiantes futuros enfermeros. Los estudiantes comprenden la necesidad de que su práctica sea marcada por los principios del SUS y anclada en el cuidado de enfermería.*

*Descritores: Salud Mental. Impacto Psicossocial. Estudantes de Enfermería. COVID-19. Proceso Salud-Enfermedad.*

## Introduction

Mental health in the field of psychosocial care has an expanded view of the health-disease process due to the psychic and sociocultural determination that are intertwined in psychic suffering, excluding from the focus the exclusively organic determination of the phenomenon itself. The traditional hegemonic biomedical model conceives health as the absence of disease, since it is seen as a malfunction of the biological body, emphasizing the dichotomy between mind and body<sup>(1)</sup>. For a long period, mental health in Brazil was neglected, seen with prejudice, myths and a structure that followed the biases of a hospital-centered asylum model<sup>(2)</sup>.

Soon after the Psychiatric Reform, with the decentralization of mental health care and the creation of new services that could serve the population in psychological distress, the care that was geared to the biomedical model needed and needs to be constantly modified, being necessary to organize a new form of mental health care<sup>(3)</sup>.

However, despite the changes that occurred with the Brazilian Psychiatric Reform, prejudice, stigma and discrimination attributed to people affected by mental disorder have still permeated the social imaginary, reducing the mentally suffering subject to the idea of incompetence and dangerousness. Mental disorders, such as depression, for example, are still taboo in medical education, which contributes to students' own

difficulty to seek help in mental health services when they are in psychological distress<sup>(4)</sup>.

The entry into higher education can cause psychic suffering to the student, since it coincides with the end of adolescence and is characterized by many physical, psychic and social changes. In addition to being a phase marked by challenges and uncertainties before new demands and responsibilities, it requires the need for adaptation by university students. A study revealed that signs of psychic suffering and anxious symptoms are high among university students in the post-covid-19 pandemic return to school<sup>(5)</sup>. Considering these perspectives, this study is justified with the following research question: What are the conceptions that nursing students of a federal university in Bahia have about the health-mental disease process?

It is assumed that the conceptions of the health-mental disease process for nursing students date back to the social imaginary of the crazy person and madness, history of psychiatric reform in Brazil and may be influenced by the historical moment of psychic suffering imposed by the covid-19 pandemic.

Given the above, the objective of this study was to analyze the conceptions of the health-mental disease process through the narratives of students of nursing graduate courses of a federal university in Bahia.

## Method

This is a narrative research, with a qualitative approach, which analyzed the data from the narratives of students of Nursing Bachelor's Course of a Federal University in Bahia. The inclusion criteria were: age over 18 years, duly enrolled in the nursing course. As exclusion criteria: under 18 years and answers written incompletely in the online form.

The data was collected between April 13 and July 13, 2021, through Google Forms with two triggering questions: Tell freely about what you understand about mental illness, and Tell freely how you think mental health care should be to people who suffer mentally. This instrument was disclosed through the social networks of students with active enrollment and the students' emails, made available by the course coordination.

For data processing, content analysis was adopted, which included the following stages: segmentation of empirical documentation; qualification of the identified and selected segments; and the individuation of the relationships between the attributes conferred to the various segments<sup>(6)</sup>. From the data analysis, the following empirical categories emerged: Conceptions of the health-mental disease process and quality of life; Social Determinants of Health; Psychosocial interventions for coping with psychic suffering; and Reflection of the covid-19 pandemic in the psychological suffering of university students. This research was approved by the Research Ethics Committee of the Universidade Federal do Recôncavo da Bahia, Certificate of Presentation of Ethical Assessment (CAAE) 44084721.0.0000.0056.

To present the results, the participants were identified by the letter P, followed by the number corresponding to the order of response in the research data collection form.

## Results

The participants were 40 students. Of these, regarding their gender identity, 6 were cisgender men, 1 transgender man, 30 cisgender women

and 3 participants preferred not to define gender in the form; ages ranged from 19 to 50 years. Of this total, 16 students had already attended some curricular component related to mental health during graduation, while 24 had not yet attended.

The results were grouped into empirical categories:

### *Category 1 – Conceptions of the health-mental disease process and quality of life*

Students' conception of the health-mental disease process was evidenced in several ways, including exhaustion of body and mind, social determinants, hereditary and acquired factors and social stigma as the cause of the health-mental disease process.

The exhaustion of the body and mind in the face of academic fatigue and the flow of productivity in which the nursing student is charged during the graduation course end up triggering both physical and mental signs and symptoms. This process is expressed through fatigue, discouragement, sadness, fear and insomnia. Some participants stated that this is associated with the process of mental illness:

*I see mental illness as all the negative changes related to the psychology of each being, illness beyond the physical aspect, mental fatigue, sad thoughts, when the mind and body can no longer handle the flow of productivity to which they are submitted. (P1).*

*Manifestation of signs or symptoms that may or may not be physical, but which are associated with sensations that a person may have in the process of mental illness, presenting characteristics such as tiredness, fatigue, sleep disorders. (P25).*

There were reports in which the physical manifestations are the symptoms of this illness and the interference of the process of mental illness in the quality of life of the individual. Thus, the individual cannot perform their daily activities with quality of life, and the physical or mental signs and symptoms end up being excessive and recurrent to the point of interfering with the quality of life of the student:

*Psychic issues do not allow the individual to have a good quality of life, they are unable to carry out their daily activities. (P3).*

Thus, exhaustion manifested by physical or mental symptoms becomes one of the causes of mental illness pointed out by the participants of this research.

### *Category 2 – Social Determinants of Health*

#### Extrinsic factors

Social issues were reported by participants as present in their daily lives and interfering with their mental health. They may be linked to interaction with oneself or family life as a direct or indirect cause of mental illness:

*It happens procedurally, the way of living will act on people's bodies and minds, improving their quality of life or increasing its degradation. There are signs that show this illness. Another relationship is the subject's life trajectory, whether due to violence, losses, traumas that will contribute.* (P6).

*Illness is involved in aspects of the individual's daily life.* (P17).

*For example, the context in which the individual was raised, which may be surrounded by traumas, fights and situations that harm their growth and the development of mental health.* (P2).

*Difficulties in everyday life, interaction with others and with oneself* (P38).

Participants understand that violence, trauma and family difficulties can be factors that contribute to mental illness.

#### Hereditary and acquired factors

As an understanding of mental illness, there was the example of the use and abuse of alcohol and other drugs, because it is something that can be acquired throughout the life of the individual:

*It can happen for several reasons. Whether genetic or acquired throughout life, such as the use of alcohol and other drugs, depression, among others.* (P21).

Participants believe the interference of hereditary factors, which can even be acquired throughout life, with the use of some psychoactive substance or other external factors.

#### Social stigma

The social stigma arose from narratives that reported the existence of a look at society before people with mental illness, in which individuals who face the process of psychic suffering are stigmatized by society in general. The participants reported a look at the common sense of the social-cultural imaginary about the crazy person and madness, and it is possible to recognize that students are aware of this conception:

*Individuals who have a mental disorder are socially stigmatized, treated as crazy or incapable of carrying out daily activities.* (P2).

*Change in individual behavior, considered abnormal by society.* (P9).

The speeches revealed prejudice towards people in psychic suffering who tend to reinforce what is perpetuated by society. This factor triggers a vision that places the other as unable to perform daily activities, stigmatizing them.

### *Category 3 – Psychosocial interventions for coping with psychic suffering*

#### Guiding principles of the Unified Health System (UHS)

The understanding of psychosocial interventions for coping with psychological suffering should be guided by comprehensiveness and reintegration of the person into society in the eyes of nursing students:

*There must be assistance with a comprehensive, careful view, humanized assistance that favors the reintegration of this user into society.* (P21).

*There must be a free service location.* (P11).

Following the conception of the health-mental disease process, participants reported the importance of therapeutic strategies aimed at improving the quality of life of the user for their greater autonomy:

*It must be free from prejudice and stigma, valuing the subject's autonomy, through individualized and humanized care, seeking to understand their demands and the origin of their mental illness.* (P2).

*Develop therapeutic strategies to improve quality of life, through the subject's autonomy, social relationships and potential. (P6).*

*Mental health care needs to be more humanized. (P20).*

The look at the principles of the UHS as psychosocial interventions for care demonstrates the understanding focused on the field of psychosocial care, consisting of a more empathic, integral and humanized look at these people.

#### Mental health assistance with active listening

Active listening was reported as an important factor for a warm and adequate service. In addition, the need to conceive a mental health care without judgments and welcoming, from the perspective of future nurses, was highlighted:

*These people must be assisted regularly, with an appropriate, calm, listening approach. (P1).*

*Assistance with active listening; understanding the person's feelings with empathy; non-judgmental communication. (P6).*

*Welcoming, non-judgmental service, with active listening. (P12).*

*Approach in a welcoming way with plenty of listening, attention and empathy. (P13).*

*It is necessary to listen and pay more attention to these individuals. Therefore, the humanization of health professionals and all people who work in mental health sectors is fundamental. (P20).*

This approach was identified as a need for the individual, because students understand the need for humanization in mental health care, focusing on active listening throughout the care process, focusing on the psychosocial mode.

#### Family in care plan

Moreover, participants brought the importance of family and community during treatment in mental health, so that there is more qualified care and assistance:

*The family must be involved in this process, as a protagonist, in order to develop treatment/assistance that respects subjectivities, social insertion. (P37).*

*Take into account family or emotional community aspects, so that there is support in the care plan, psychosocial assessment, offering medication care, if necessary. (P41).*

The narratives showed the need to bring the family to the centrality of the care of the person who suffers mentally, considering the systemic and integral process of the subject focus of care.

#### Service with a psychotherapeutic and/or medication approach

Some participants affirmed the need for a psychotherapeutic approach, with the possibility of considering the drug treatment in case of need or indication, as follows:

*Assistance appropriate to your pathology, with support from a psychologist or psychiatrist. (P11).*

*Specialized professionals and drug therapy when indicated. (P23).*

*Take into account family or emotional community aspects, so that there is support in the care plan, psychosocial assessment, offering medication care, if necessary. (P41).*

From the respondents' perspective, the psychotherapeutic approach was considered one of the important psychosocial elements for the care of users in psychological distress.

#### Category 4 – Reflection of the covid-19 pandemic in the psychological suffering of university students

The impact of the covid-19 pandemic was remarkable in the participants' speeches. They reported how much this generated suffering in their life contexts:

*It affects people who have some psychological pressure, mental exhaustion, stress, anxiety, being something very common in the context in which we are living. (P36).*

*I believe that excess information, both from media and social networks, and the lack of internal processing of this information can cause mental illness, especially in recent years, where we are experiencing a terrible global and national crisis in all aspects, political, health, etc. (P29).*

*Anxiety, daily stress with work, students with extreme demands from professors, especially during this pandemic period. (P20).*

Due to the public health crisis experienced in the context of the covid-19 pandemic,

participants also narrated the sum of the political aspects that were caught as something impactful and that has been sickening the social fabric, as evident in the following narratives:

*In recent years, where we have experienced a terrible global and national crisis in all aspects, political, health, etc. (P29).*

*In the current situation, everyone needs support [referring to the mental health care]. (P18).*

*During the covid-19 pandemic period, unfortunately, this illness has become even more present in people's lives. (P35).*

The repercussions of the covid-19 pandemic on the mental health of the students participating in this research were evident, being marked in the reports the various negative interferences throughout the period and how mental illness was more present in people's lives during this period of our history.

Infrastructure/functioning of the university having an impact on the mental health of university students

The functioning and infrastructure of the university emerged as an important factor that impacted on the mental health of the university participants in this research. The students pointed out that the structure of the University, the overload of academic work, the demands during this pandemic period influenced their mental health:

*We are health students seeking to learn and become professionals to care for others, but, in this process, we may lack self-care, culminating in mental illness, and/or, consequently, physical illness, due to the circumstances that this process involves us. (P12).*

*The university increased my anxiety too much [during the pandemic]. (P22).*

*The systems in which we live provide these triggers, the conditions of academic environments, educational institutions, health institutions. (P5).*

The participants stated that the university itself does not realize how the academic functioning has been affecting them and, when this occurs, the academy acts inappropriately in the face of this mental illness:

*Individuals become mentally ill and the bodies [at the university] do not realize this, when they do, they cover it up, hide it, help the oppressors, executioners, blame the victims, there is denial of mental illness in these circles. (P5).*

To improve mental health care, students narrated strategies to take care of their mental health, emphasizing the existence of psychological care in the university that was the stage of this study, but draw attention to the importance of more accessible screening in the educational institution:

*But, scheduling it was very hard. Maybe if someone could... if it had an easier way. [...] Maybe the region had some [therapeutic] workshop or something telling us we had a psychologist. There should be some screening, easier approach at the university. (P22).*

These students showed what interferes with their mental health within the university campus, citing that, in some moments, even attending health school, there may be a lack of self-care. However, these bring interventions that can be performed.

## Discussion

The study demonstrates that there is no consensus on the definition of mental health and that often contradictory or even distinct conceptions occur in the same context<sup>(7)</sup>. Through the conceptions of the health-mental disease process and quality of life reported by university students, it is possible to observe a look that follows the understanding of the World Health Organization (WHO). This concept defines health as a state of complete physical, mental and social well-being, and not only the absence of disease<sup>(8)</sup>.

Exhaustion can be experienced in certain situations of academic life, and even experiencing some emotions, such as fear, anger, sadness, anxiety, loneliness and stress, is also part of people's everyday life. However, it is necessary to differentiate these feelings and emotions from the actual mental disease, which can be caused by anxiety, stress or even depression. The lack of some care when these signs and symptoms

occur may lead to more severe psychological distress<sup>(9)</sup>.

In the case of social determinants of health, studies have shown that the incidence of common mental disorders presented social determinants of various levels, being them of a broad order, such as social inequality, and, with this, the absence of equity, living conditions and problems of broad aspects, such as education and health<sup>(9-10)</sup>. In addition, the presence of stigma to those who suffer mentally along with social, political structure and personal and interpersonal interactions, cause less availability, quality and accessibility to services for people in the health-mental disease process<sup>(11)</sup>.

The psychosocial interventions for coping with psychic suffering as the students showed, and which have been implemented in the Psychosocial Care Network (PSCN), composed mainly of Psychosocial Care Centers (PSCC), over the years, which has replaced the hospital-centered and asylum-based model, constitute a system of mental health care in the form of psychosocial care that aims to be innovative and constantly changing<sup>(2)</sup>. Participants showed that mental health care with humanization and embracement in mental health services should subsidize care, with the inclusion of principles such as comprehensive care, and family involvement in the care process<sup>(12)</sup>.

Moreover, students highlight the need for implementation in mental health care, such as the development of empathy, active listening, humanization and co-responsibility of the subjects during the process of psychic suffering. These dimensions are indispensable conditions for a successful care process and an adequate operationalization of the embracement of users who suffer mentally<sup>(13)</sup>. In this line of reasoning, a study showed that listening needs to be in the work process of the mental health nurse and other workers of the multidisciplinary team, being the main tool for anchoring human and integral care and the basis of good health practices<sup>(14)</sup>.

Regarding psychosocial interventions performed by psychiatric and mental health nurses, the Brazilian experience has pointed out

some technologies of care and inclusion that should be added to the nursing clinic in mental health. Whether in the area of teaching or in the clinical-care area, therapeutic communication, strengthening the nurse-user bond, the resources and potentialities present in the territory, the use of affection as a therapeutic resource, the implementation of the Calgary family evaluation model have been considered as good practices in mental health widely used by these professionals in the context of PSCN<sup>(15)</sup>. Nurses have been trained for mental health care directed not only to the community, but also at the individual level to the one who suffers mentally, because it is in the family that assistance often finds locus of attention. Regarding mental health care in the family dimension, a study showed that, when the family is present during care, there is a relevant improvement in the treatment of the person in psychological distress<sup>(16)</sup>.

In relation to mental health care, in cases of mental disorders, the drug can be considered an accessory care, since it helps the user in the process of walking to solve their problems, but cannot occupy the centrality in the individual's singular therapeutic project<sup>(17)</sup>.

However, the psychotherapeutic approach can also help in the resolution of impulse control, conflicts, thought changes and beliefs related to oneself and the world. In the context of mental health Nursing, there should be a model of psychotherapeutic intervention to be used by psychiatric nurses in the treatment of psychic suffering, which is used in addition to its basic structure, the comprehensiveness of Nursing taxonomies<sup>(18)</sup>. A study pointed out that nursing has some attributions, such as identifying the needs of life, psychic and spiritual, through interpersonal communication, evaluating the patient with empathy and encouraging the autonomy of this patient<sup>(19)</sup>.

Regarding the reflection of the covid-19 pandemic, with the report of nursing students on academic life, it was possible to understand that external factors can interfere in the lives of these students, leaving them more vulnerable to the process of mental illness. When the sum of other

unexpected factors occurs during graduation, the signs and symptoms may intensify, such as the covid-19 pandemic<sup>(19)</sup>. The mental health of university students is significantly affected by public health emergencies, and these students need attention, help and support from society, families and universities<sup>(20)</sup>. Narratives around the mental illness of Nursing students in the covid-19 pandemic were also evidenced in a study at a public university in São Paulo, in which, in most of the students, a mental health impairment was perceived when experiencing this atypical moment<sup>(21)</sup>.

The psychic suffering, in the conception of the nursing students interviewed, was related to the infrastructure and functioning of the university that has been affecting their mental health. The students narrated that they suffer both physically and psychologically, due to the stress generated by the many academic demands and structural deficits of the university that do not support their development. A study that analyzed the psychic suffering in university students and some associated factors pointed out that the characteristics that were most frequently related to psychic suffering had as risk factors some conditions related to academic life and health. It also identified as protective factors certain coping strategies, sense of coherence, self-efficacy, vigor, self-esteem, resilience, among other psychological conditions<sup>(22)</sup>.

In this study, participants brought conceptions of people outside the university, showing a look at the body, society and subjectivity in which each one is born, lives and is imposed in a certain way in and by the social fabric. In addition, they narrated how they were at the pandemic moment and how the university influenced their health in general, according to their self-perception.

The limitations of this study refer to the electronic process for data collection during the pandemic moment.

The research contributes to the students' understanding of the need for their practice to be guided by the principles of the UHS, anchoring nursing care in mental health in an articulated way with the singular therapeutic project of each

user, importance of care in an interprofessional perspective aligned to the precepts of the Psychiatric Reform and having psychosocial attention as the guiding axis.

### Final Considerations

It was considered that the understandings of nursing students interviewed about the health-mental disease process brought a more complex look at the understanding of the crazy person and madness, mental health care and the repercussions of the covid-19 pandemic in the mental health of these students, during their training process. Thus, there should be possible pedagogical and clinical interventions of the Universities in future nursing students.

The conceptions about the health-mental disease process of nursing students permeated the social determinants of this process, the various psychosocial interventions that need to involve mental health care, according to their own narratives of suffering that were imposed on them during the covid-19 pandemic.

The students' understanding of psychosocial interventions is that they can be developed especially by nurses for those who suffer mentally, giving room for the development and improvement of other studies related to the health-mental disease process.

### Collaborations:

1 – conception and planning of the project: Helena Moraes Cortes, Paula Hayasi Pinho and Bernardo Otto Sousa Passos;

2 – analysis and interpretation of data: Helena Moraes Cortes, Paula Hayasi Pinho and Bernardo Otto Sousa Passos;

3 – writing and/or critical review: Helena Moraes Cortes, Paula Hayasi Pinho and Bernardo Otto Sousa Passos;

4 – approval of the final version: Helena Moraes Cortes, Paula Hayasi Pinho and Bernardo Otto Sousa Passos.



## Competing interests

There are no competing interests.

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