PRIMARY HEALTHCARE: STIGMA AGAINST INDIVIDUALS WITH MENTAL DISORDERS

ATENÇÃO PRIMÁRIA À SAÚDE: ESTIGMA A INDIVÍDUOS COM TRANSTORNOS MENTAIS

ATENCIÓN PRIMARIA DE SALUD: ESTIGMA HACIA INDIVIDUOS CON TRASTORNOS MENTALES

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ABSTRACT

Objective: to reflect on the relationship between patients with mental disorders and nurses in primary healthcare units. **Method:** this is a qualitative and reflective study originating from the reflections and questions about the involvement and the way nurses working in primary healthcare units provide healthcare to psychiatric patients in a municipality of the State of São Paulo, Brazil. **Results:** it was observed that the stigma of mental disorder has been the focus of increasing attention in the last years and, in addition, an important factor for individuals with mental disorders, given that it generates suffering due to self-esteem issues and impact on life quality. It was found that social stigma is a reality that also belongs to nurses, who should change this reality. It is necessary to promote the social inclusion of these patients, with the right to quality healthcare, respect, and ethics. **Conclusion:** there was estrangement and stigma in the healthcare provided to individuals with mental disorders in the context of primary healthcare. It should be emphasized that nurses need to seek strategies to create this link with individuals with mental disorders, and influence the nursing team to adopt this behavior. **Descriptors:** Social Stigma; Prejudice; Mental Disorders; Nursing Care; Psychiatric Nursing; Primary Healthcare.

RESUMO

Objetivo: refletir a relação entre pacientes portadores de transtornos mentais e enfermeiros, pelo atendimento nas unidades de atenção primária à saúde. **Método:** trata-se de estudo qualitativo, do tipo reflexivo, originário das reflexões e questionamentos em torno do envolvimento e maneiras como enfermeiros de unidades de atenção primária à saúde prestam atendimento a pacientes psiquiátricos em município do Estado de São Paulo. **Resultados:** notou-se que o estigma do transtorno mental tem sido alvo de crescente atenção nos últimos anos e é um importante fator para o indivíduo com transtorno mental, dado que gera sofrimento pelas questões de autoestima e reflexos na qualidade de vida. Constatou-se que o estigma social é uma realidade que também pertence aos enfermeiros, cabendo aos mesmos a mudança dessa realidade, sendo necessária adesão a inclusão social desses pacientes, com direito a atendimento de qualidade, respeito e ética. **Conclusão:** conclui-se que é claro o distanciamento e estigma no atendimento a indivíduos com transtornos mentais no contexto da atenção primária à saúde. Enfatiza-se que o enfermeiro deve procurar estratégias para a criação desse vínculo com indivíduos com transtornos mentais e influenciar a equipe na adoção desse comportamento. **Descritores:** Estigma Social; Preconceito; Transtornos Mentais; Cuidados de Enfermagem; Enfermagem Psiquiátrica; Atenção Primária à Saúde.

RESUMEN

Objetivo: reflexionar sobre la relación entre pacientes con trastornos mentales y enfermeros en unidades de atención primaria de salud. **Método:** se trata de un estudio cualitativo, del tipo reflexivo, producto de las reflexiones y cuestionamientos sobre la participación y modos como enfermeros de unidades de atención primaria de salud atienden a pacientes psiquiátricos en un municipio del Estado de São Paulo, Brasil. **Resultados:** se ha notado que el estigma del trastorno mental ha sido objeto de una creciente atención en los últimos años y es un importante factor para individuos con trastornos mentales, dado que genera sufrimiento por cuestiones de autoestima e impactos en la calidad de vida. Se constató que el estigma social es una realidad también perteneciente a los enfermeros, correspondiendo a ellos el cambio de esa realidad y siendo necesaria la adhesión a la inclusión social de esos pacientes, con derecho a atención de calidad, respeto y ética. **Conclusión:** se concluye que es claro el distanciamiento y estigma en la atención a individuos con trastornos mentales en el contexto de la atención primaria de salud. Los enfermeros deben buscar estrategias para crear ese vínculo con individuos con trastornos mentales e influir para que el equipo adopte ese comportamiento. **Descriptores:** Estigma Social; Prejuicio; Trastornos Mentales; Atención de Enfermería; Enfermería Psiquiátrica; Atención Primaria de Salud.

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INTRODUCTION

It is understood that a great landmark for public health was established by the 1988 Brazilian Federal Constitution with the establishment of the Unified Health System, whose proposal was to ensure universal access to the system and a new concept of health defined as a right, besides considering the levels of healthcare. This fact allowed health services to be restructured with the purpose of prioritizing actions of a collective and preventive nature to the detriment of individual and curative actions that had been prevalent until that time.¹

It is observed that the regulation of the Unified Health System in Brazil established a new concept of health. The goal was to decentralize services, with principles of universality, equity, and integrality, ensuring healthcare and better quality for the population.² To that end, basic health units and the Family Health Strategy became responsible for providing the services. They are the places for initial access of the population to the health system, both constituted by a multiprofessional team.³

The National Primary Healthcare Policy defines the functions of each health professional working in primary healthcare units. This way, in addition to the duties attributed to all professionals, nurses should ensure integral healthcare for the promotion and protection of health, prevention of diseases, treatment, rehabilitation, and health maintenance. Thus, they will cover the different social spaces and all stages of the life cycle of individuals, families, and the community.³ In other words, nurses' activities in primary healthcare are understood in two dimensions: (a) the production of healthcare and management of the therapeutic process; and (b) management activities of the health service and the nursing team.⁴

This way, it is possible to understand that healthcare—based on the aforementioned legislation that defines the functioning of the Unified Health System—should be offered to all individuals residing in the territory of the unit, regardless of their physical, social, or pathological characteristics. A general service should be offered, embracing any individual that seeks healthcare.

It should be emphasized that individuals with mental disorders are included in that population. Reinserted in the community and in the family life, as a result of the restructuring of psychiatric care, they have the same rights to healthcare offered to the whole population, provided in substitutive services to the psychiatric hospitals, in order to overcome the issue of long hospitalizations.⁶

The viability of this service will be achieved when all primary healthcare professionals are

Primary healthcare: stigma against individuals with...

prepared to provide effective and quality healthcare, without any discrimination and prejudice. However, it has been observed that society in general establishes relationships of fear, disbelief, shame, and guardianship with individuals with mental disorders. These individuals end up being reduced to the status of strangers, without rights and identity, without prognosis, and without hope.⁷

OBJECTIVE

- To reflect on the relationship between patients with mental disorders and nurses, in order to understand how healthcare is provided to psychiatric patients in primary healthcare units.

METHOD

This is a qualitative and reflective study originating from the reflections and questions about the involvement and the way nurses working in primary healthcare units provide care to psychiatric patients in a municipality of the State of São Paulo, Brazil.

Reflections and questions about the social stigma suffered by these individuals in health institutions were raised during the collection of data carried out in 2016. The topic was nurses' self-perception about healthcare provided to psychiatric patients. It was observed that there was a clear estrangement between health professionals and individuals with mental disorders.⁸ The data from this theoretical essay allowed the experiences and reflections of the researchers and the search for the topic in the literature.

In order to achieve the goal of the present study, we used a theoretical-conceptual methodological approach, based on the National Primary Healthcare Policy, the National Mental Health Policy, and scientific articles available at Medical Literature Analysis and Retrieval System Online (MEDLINE), and Latin American and Caribbean Literature in Health Sciences (LILACS), in Portuguese, addressing the estrangement of nurses in healthcare provided to individuals with mental disorders, and concepts of stigma.^{3,6}

The present study is structured into two main sections. In the first section, we reflect on the stigma experienced by individuals with mental disorders. Next, we describe how nurses provided primary healthcare to individuals with mental disorders.

RESULTS

♦ **Stigma suffered by individuals with mental disorders**

The downgrading of the individuals is associated with social isolation, moral judgment, and discrimination. These actions constitute the

Cassiano APC, Marcolan JF, Silva DA da.

stigmatization process.⁹ It can be observed that, considered a mark of shame, disapproval, and misfortune, having a mental disorder has led to rejection, estrangement, and social discrimination. Therefore, there is stigmatization and social exclusion, and this fact aggravates personal suffering, as a result of the limitations imposed by the disorder and confrontation with one's fears and self-prejudice.¹⁰⁻¹¹ Social stigma is thus related to mental disorders with the distinction between individuals, product of a characteristic that marks them and results in a barrier to social inclusion.¹²

Six key dimensions of the association of stigma with mental disorder have been taken into consideration, namely: (1) visibility: analysis of visibility of characteristics and behaviors related to mental disorders that are detectable by other individuals; (2) course: development over time - chronic/reversible; (3) disorganization: influence of behaviors on interpersonal relationships; (4) aesthetics: facial and/or body perception tends to decreased attraction; (5) origin: reasons for differentiated treatment; and (6) risk: degree of threat imposed by that difference.¹⁰

It can be observed that the intensity of judgment, exclusion, and stigmatization of individuals with mental disorders by society is so considerable that, in turn, negative stereotypes are internalized. This way, these individuals come to believe that they have innumerable limitations and disabilities, which results in low self-esteem.¹²

The rejection and the discrimination of individuals with mental disorders have been observed throughout history and, often, they resulted in isolation. This way, they keep their identities secret, in order to avoid the experience of exclusion and disrespect, a situation that can lead to the aggravation of suffering.¹³ It is inferred that social stigma is the form by which society labels individuals, with a direct impact that generates serious consequences that can even include abandoning health services on the part of patients.

From this perspective, stigma can compromise the treatment of individuals with mental disorders, favoring delayed diagnosis, lack of treatment determination, and decreased therapeutic compliance.¹⁴ Health professionals, including nurses, should be willing to break with their own prejudices and culture of stigmatization—which include asylums, fear, and aggression directed at individuals with mental disorders—so that they can provide quality healthcare to this population.¹⁵

It is observed that, for the change of attitude and behavior in healthcare provided to individuals with mental disorder, the acquisition of knowledge and skills is only part of the needs, because the

Primary healthcare: stigma against individuals with...

establishment of educational strategies will stimulate affective dimensions.¹⁶

♦ Healthcare provided by nurses to individuals with mental disorders

It is worth emphasizing that nurses should observe and provide healthcare, establishing an effective care plan for patient improvement. This plan should be followed by all the nursing team and other members of the unit. To that end, it is of fundamental importance that nurses are well supported theoretically in order to develop a broad and more qualified action with the patients.¹⁷

Continuous updating and technical and scientific preparation are of utmost importance for nurses, given that they establish a link between health and user, in order to provide healthcare to all individuals, including those with mental disorders, which is a population with worldwide prevalence.¹⁸⁻¹⁹

The Brazilian psychiatric reform proposed the use of the therapeutic approach, through projects that safeguard social and family ties, configured in specific legislation for healthcare provided to individuals with mental disorder, considering their differences and singularities. However, healthcare is inadequately provided to individuals with mental disorders, who consider it insufficient. Nurses are unprepared for this kind of healthcare, in which user embracement, renewal of prescriptions, distribution of medicines, and referral to specialized services are the actions performed.^{8,21-22}

Significant and essential benefits are generated by performing user embracement in mental healthcare, composed of therapeutic listening and understanding, and culminating in the creation of links between health professionals and patients. Consequently, there is inclusion of users that become responsible for their own health and, in addition, they become able to create their autonomy as citizens.²³

A research conducted with 23 nurses working in psychosocial care centers found that interaction, communication, and therapeutic link between multiprofessional teams and individuals with mental disorders contributed to treatment compliance.²⁴ However, it has been frequently reported that user embracement performed with individuals that suffer from mental disorders is limited to screening and referral for specialized mental health services. This fact indicates estrangement between nurses and these patients.^{5,25}

The training activities of primary healthcare performed by nursing undergraduate students allowed observing that low credit hours and lack of theoretical content in mental health generated lack of preparation and made it impossible to demythologize the stigma against individuals with

mental disorders. Even worrisome was the surprise of the professionals observed in the area of primary healthcare when receiving individuals with mental disorders for healthcare. Thus, the mistaken idea of the asylum model is corroborated, i.e., basic care is not the area for providing healthcare to those individuals.²⁶

In view of this situation, it is possible to criticize the problems related to the academic mental health training, which, together with the discriminatory and exclusivist social conception, lead to the nurses' lack of preparation for providing mental healthcare.²⁶ It has been observed that, even in the possibility of providing healthcare in primary healthcare units, in accordance with the Systematization of Qualified Nursing Care, and offering the necessary healthcare to meet the complaints of individuals with mental disorders, referral has commonly been the first action. It is important to emphasize that this action should only be considered in the impossibility of providing the necessary healthcare to the patients.

In this scenario of uncertainty and deficits in mental healthcare, measures are proposed to reorganize the teamwork process, with matrix support practices performed together with primary healthcare teams, in order to incorporate knowledge and practices of mental health specialties. However, several difficulties and disagreements regarding this action have been observed.²⁷

DISCUSSION

Individuals with mental disorders are associated with stereotypes such as disability, unpredictability, and violence. Concomitantly, human rights are denied. In the search for employment, housing, education, social security rights, or even access to treatment, individuals with mental disorders experience disadvantage, which represents a perverse act of social exclusion.²⁸ As a result of this social stigma, patients suffer from low self-esteem. They believe that they are incapable and different from others, a situation that contributes to worsen the quality of life of individuals with mental disorders and perpetuate the asylum model.²⁸

The literature has already pointed out the cruelty with which individuals with mental disorder are treated by society, and how evil the consequences of this behavior directed at these people may be.

It has been observed that, regarding access to treatment, the need of providing healthcare to individuals with mental disorders in primary healthcare has been considered and understood by nurses. However, in practice, there is an attitude of estrangement and resistance to provide healthcare to this population, as a result of the

inadequate prior training in mental health and the stigma and prejudice associated with mental disorders.¹⁶

Negative feelings of exclusion, humiliation, and disgust, precursors of psychological distress and aggravation of the mental disorders, are generated in individuals with mental disorders, in line with nurses' stigma and prejudices. In turn, the patients are discouraged from persisting in the treatments, which, in many cases, should continue throughout their lives.²⁹ This perspective of social exclusion results in the risk of hospitalization in psychiatry units, due to the worsening of the mental disorders.²⁹

Given the situation abovementioned, it is possible to affirm that there is still a culture of supporting the asylum model, influencing the relationships, knowledge, and practices as if they were present within each health professional; as if they were still rooted in the system and have to be deconstructed.³⁰

In other words, it is inferred that, in the experience of exclusion, the individuals with mental disorders will have their psychic suffering related to other individuals and themselves aggravated, because they believe in limitations and stereotypes.

As a consequence, it can occur that individuals with mental disorders stop seeking for healthcare units due to difficulties and the fact that they are not complying with the necessary treatment, which further aggravates the clinical picture. This situation could be avoided respecting all individuals and providing decent healthcare to them, without distinction and prejudice. It is understood that compliance with treatment and coordination of healthcare occurs more effectively when there is a reference professional for the individuals with mental disorders. This way, there will be confidence in the search for help from the health professional that has embraced them in a humanized way.⁵

CONCLUSION

It is possible to affirm that the stigma associated with individuals with mental disorders is cultural in our society, rooted in the asylum precepts, with the continuous violation of dignity, the right to enjoy adequate quality of life, and the right to health and social inclusion. It has been observed that the relationship between patients with mental disorders and nurses was composed of actions of this nature.

It should be noted that, in health—the segment responsible for the prevention, diagnosis and treatment of diseases—this stereotyped behavior is of considerable incomprehensibility when considering the responsibility of health services.

It is clearly necessary to change nurses' behaviors as managers and responsible for the

Cassiano APC, Marcolan JF, Silva DA da.

units, and other health professionals providing user embracement, inclusion, and healthcare to these individuals. This way, strategies will be sought in order to create links with individuals with mental disorders to ensure their rights as citizens.

REFERENCES

1. Constituição (1988). Constituição da República Federativa do Brasil. Brasília, DF: Senado Federal; 1988.
2. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União, 19 Set 1990.
3. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União, 22 Set 2017.
4. Ferreira SRS, Périco LAD, Dias VRGF. The complexity of the work of nurses in Primary Health Care. *Rev. bras. enferm.* 2018;71(Supl 1):704-9. Doi: [10.1590/0034-7167-2017-0471](https://doi.org/10.1590/0034-7167-2017-0471)
5. Simões WMB, Moreira MS. A importância dos atributos: acolhimento, vínculo e longitudinalidade na construção da função de referência em saúde mental na atenção primária à saúde. *Enferm. rev.* [Internet]. 2013 [cited 2017 Oct 1];16(3):223-39. Available from: <http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/12894>
6. Lei nº 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Diário Oficial da União, 9 Abr 2001.
7. Paiva PC, Torrenté MON, Landim FLP, Branco JGO, Tamboril BCR, Cabral ALT. Sofrimento psíquico e a abordagem da comunidade na voz do agente comunitário de saúde. *Rev Esc Enferm USP.* 2016;50(spe):139-44. Doi: [10.1590/S0080-623420160000300020](https://doi.org/10.1590/S0080-623420160000300020)
8. Cassiano APC, Silva RG, Almeida CL, Silva DA. Percepção dos enfermeiros frente ao atendimento a portadores de transtorno de bordeline. *Nursing (São Paulo)* [Internet]. 2016 [cited 2017 Oct 1];19(220):1381-5. Available from: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IscScript=iah/iah.xis&src=google&base=BDENF&lang=p&nextAction=lnk&exprSearch=29228&indexSearch=ID>
9. Ronzani TM, Soares RG, Nery FC, Silveira PS. Brazilian cross-cultural adaptation of the “stigma scale of internalized mental illness - ismi-br”. *Gerais, Rev. Interinst. Psicol.* [Internet]. 2017 [cited 2018 Oct 1];10(1):25-34. Available from:

Primary healthcare: stigma against individuals with...

- http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202017000100004
10. Silva JJ, Carvalho JCM. Pontes para a inclusão: O combate ao estigma na doença mental. *R. Pró-Uni.* [Internet]. 2017 [cited 2018 Oct 1];8(2):47-51. Available from: <http://editora.universidadedevassouras.edu.br/index.php/RPU/article/view/984/865>
 11. Thornicroft G, Mehta NMBBS, Clement S, Evans-Lacko S, Doherty MMBBS, Rose D, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *Lancet.* 2016;387(10023):1123-1132. Doi: [10.1016/S0140-6736\(15\)00298-6](https://doi.org/10.1016/S0140-6736(15)00298-6)
 12. Weber CAT, Jurueña MF. Paradigmas de atenção e estigma da doença mental na reforma psiquiátrica brasileira. *Psicol. Saúde doenças.* 2017;18(3):640-56. Doi: [10.15309/17psd180302](https://doi.org/10.15309/17psd180302)
 13. Jorge MR. Concepções populares e estigma relacionados às doenças mentais. *Nova perspect. sist.* [Internet]. 2013 [cited 2018 Oct 1];22(46):8-19. Available from: <http://www.revistanps.com.br/nps/article/view/110>
 14. Mathew CP. Impact of internalized stigma on life satisfaction of persons with mental illness. *Indian J Appl Res* [Internet]. 2017 [cited 2018 Oct 1];7(10):574-7. Available from: <https://www.journals.com/index.php/ijar/article/view/8390/8329>
 15. Silva APM, Pereira CB, Souza SLP, Almeida SKM, Pereira SE, Santos PI et al. Mental health in the work of Nurse the Primary Care of a municipality in Brazil. *Rev Cuba Enf* [Internet]. 2015 [cited 2018 Sept 29];31(1)1-14. Available from: <http://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=62072>
 16. Pereira AA, Reinaldo AMS, Andrade DCL. Proposta educativa em saúde mental para enfermeiros da atenção primária à saúde. *Sanare (Sobral, Online)* [Internet]. 2015 [cited 2018 Oct 1];14(2):17-26. Available from: <https://sanare.emnuvens.com.br/sanare/article/view/820>
 17. Barbiani R, Nora CRD, Schaefer R. Nursing practices in the primary health care context: a scoping review. *Rev Latino-Am Enfermagem.* 2016;24:e2721 Doi: [10.1590/1518-8345.0880.2721](https://doi.org/10.1590/1518-8345.0880.2721)
 18. Organização Mundial da Saúde. Relatório sobre saúde no mundo 2001. Saúde mental: nova concepção, nova esperança. Genebra: OMS; 2001.
 19. Organização Mundial da Saúde. Integração da saúde mental nos cuidados de saúde primários. Uma perspectiva global. Portugal: OMS; 2009.
 20. Pacheco SUC, Rodrigues SR, Benatto MC. The importance of CAPS user empowerment for (re)construction of your life project. *Mental* [Internet]. 2018 [cited 2018 Oct 1];12(22):72-89. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-44272018000100006

21. Mercês AMF, Souza BML, Silva TL, Silva TTM, Cavalcanti AMTS. Práticas de enfermagem em saúde mental na estratégia de saúde da família: revisão integrativa. *Cogitare enferm.* 2015;20(2):417-25. Doi: [10.5380/ce.v20i2.38560](https://doi.org/10.5380/ce.v20i2.38560)
22. Gryschek G, Pinto AAM. Saúde Mental: como as equipes de Saúde da Família podem integrar esse cuidado na Atenção Básica. *Ciênc Saúde Colet.* 2015;20(10):3255-62. Doi: [10.1590/1413-812320152010.13572014](https://doi.org/10.1590/1413-812320152010.13572014).
23. Sousa ABS, Oliveira LKP, Schneid JL. Acolhimento realizado na atenção básica pela equipe de enfermagem ao paciente portador de transtorno mental: uma revisão teórica. *Amazôn. (Gurupi).* 2016;4(3):43-8. Doi: [10.18606/2318-1419/amazonia.sci.health.v4n3p43-48](https://doi.org/10.18606/2318-1419/amazonia.sci.health.v4n3p43-48)
24. Czarnobay J, Brusamarello T, Capistrano FC, Marin MJS, Nimtz MA, Maftum MA. Uso de psicofármacos pelo portador de transtorno mental: percepções do enfermeiro. *Cogitare enferm.* 2018;(23)1:e52149. Doi: [10.5380/ce.v23i1.52149](https://doi.org/10.5380/ce.v23i1.52149)
25. Matos JC, Oliveira ACS, Chaves AS, Ferreira FDS, Henriques MVM, Alvarenga EVA. A percepção do enfermeiro sobre suas ações em saúde mental na estratégia saúde da família. *Rev. Eletrônica Gest. Saúde.* 2015;6(3):2761-72. Doi: [10.18673/gs.v6i3.22413](https://doi.org/10.18673/gs.v6i3.22413)
26. Miyai FT, Barros S, Cortes JM. Nursing students and mental health education in primary care. *Rev. gaúch. enferm.* 2013;34(4):94-101. Doi: [10.1590/1983-1447.2014.01.37887](https://doi.org/10.1590/1983-1447.2014.01.37887)
27. Costa FRM, Lima VV, Silva RF, Fioroni LN. Challenges of matrix support as educational practice: mental health in primary healthcare. *Interface (Botucatu).* 2015;19(54):491-502. Doi: [10.1590/1807-57622013.0816](https://doi.org/10.1590/1807-57622013.0816)
28. Santos JC, Barros S, Santos IMM. Stigma: The Perspective of Workers on Community Mental Health Services— Brazil. *Glob Qual Nurs Res.* 2016;3:1-9. Doi: [10.1177/2333393616670442](https://doi.org/10.1177/2333393616670442)
29. Bussinguer EC, Arantes ML. O estigma da loucura como fator usurpador da dignidade humana: uma análise na perspectiva do direito à saúde. *Interfaces Cient. Direito.* 2016;4(2):9-20. Doi: [10.17564/2316-381X.2016v4n2p9-20](https://doi.org/10.17564/2316-381X.2016v4n2p9-20)
30. Amorim AKMA, Dias MA, Costa MLF, Araújo AC, Ferreira DS. Práticas corporais e desinstitucionalização em saúde mental: desafios e possibilidades. *Estud. psicol. (Natal).* 2017;22(1):39-49. Doi: [10.5935/1678-4669.20170005](https://doi.org/10.5935/1678-4669.20170005)

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