RESUMO

Objetivo: compreender a percepção dos trabalhadores da equipe de enfermagem sobre a educação permanente em saúde mental. Método: estudo qualitativo, descritivo, exploratório, desenvolvido em três unidades de internação de um hospital geral. Realizou-se a coleta de dados por meio de entrevistas semiestruturadas com 15 trabalhadores da equipe de enfermagem. Fundamentou-se a análise dos dados no método de Análise do Fenômeno Situado. Resultados: aponta-se que os trabalhadores identificaram experiências com usuários de saúde mental marcadas por dificuldades no exercício do cuidado, em virtude da carência de conhecimento específico e experiência. Verificou-se que, quando as ações de educação permanente abordam temáticas técnico-assistenciais, motiva-se a necessidade de buscar informação, por meio das discussões entre pares e/ou da pesquisa individual. Conclusão: a educação permanente em saúde mental permite que a equipe de enfermagem repense as práticas, o processo de trabalho e o cuidar em saúde mental, de modo mais humanizado e em conformidade com a Reforma Psiquiátrica. Observa-se que a Enfermagem deve ser capaz de desenvolver habilidades para o manejo de situações específicas e gerar segurança e conforto aos profissionais para a oferta do cuidado.

Descritores: Educação Permanente; Saúde Mental; Serviços de Saúde Mental; Hospitais Gerais; Enfermagem; Cuidados de Enfermagem.

ABSTRACT

Objective: to understand the perception of nursing team workers about permanent education in mental health. Method: qualitative, descriptive, exploratory study, developed in three inpatient units of a general hospital. Data were collected through semi-structured interviews with 15 workers on the nursing team. Data analysis was based on the Situated Phenomenon Analysis method. Results: the workers reported experiences with mental health patients marked by difficulties in the exercise of care due to the lack of specific knowledge and experience. When permanent education actions address technical-assistance issues, the need to seek information is motivated through peer discussions and/or individual research. Conclusion: permanent education in mental health allows the nursing team to rethink practices, the work processes, and mental health care in
a more humane way and in accordance with the psychiatric reform. It is observed that the nursing team must be able to develop skills for handling specific situations and generate safety and comfort for professionals to provide care.

**Descriptors:** Education Continuing; Mental Health; Mental Health Services; General Hospitals; Nursing; Nursing Care.

**RESUMEN**

**Objetivo:** comprender la percepción del personal de enfermería sobre la educación permanente en salud mental. **Método:** estudio cualitativo, descriptivo, exploratorio, desarrollado en tres unidades de internación de un hospital general. Los datos fueron recolectados a través de entrevistas semiestructuradas con 15 trabajadores del equipo de enfermería. El análisis de datos se basó en el método de Análisis de Fenómeno Situado. **Resultados:** se señala que los trabajadores identificaron experiencias con usuarios de salud mental marcadas por dificultades en el ejercicio del cuidado, debido a la falta de conocimientos y experiencia específicos. Se encontró que, cuando las acciones de educación permanente abordan temas de asistencia técnica, se motiva la necesidad de buscar información, a través de discusiones entre pares y / o investigación individual. **Conclusión:** la educación permanente en salud mental permite al equipo de enfermería repensar las prácticas, el proceso de trabajo y el cuidado de la salud mental, de una manera más humanizada y acorde con la Reforma Psiquiátrica. Se observa que na Enfermería debe ser capaz de desarrollar habilidades para el manejo de situaciones específicas y generar seguridad y comodidad para que los profesionales brinden cuidados. **Descriptors:** Educación Continua; Salud Mental; Servicios de Salud Mental; Hospitales Generales; Enfermería; Atención de Enfermería.

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The Brazilian Psychiatric Reform (BPR) emerged from the 1970s due to feelings of discontent and uneasiness, initially of professionals and workers in the area and, subsequently, of family members and users.¹ The BPR is considered a social movement with ideals that directly influence a given society’s culture, also having an impact on the mental health care model.

The structuring of the Psychosocial Care Network (RAPS in Portuguese), established through Ordinance No. 3088/2011,² which is integrated and articulated in different points of care, is emphasized as an essential component of the BPR, establishing that care in mental health must be present in the most diverse healthcare settings.

Urgent/emergency care and hospital care are some of the components that make up the RAPS. One of the biggest challenges of the BPR is to change the focus of mental health care from the single offer of hospital beds to a new model of care. Thus, it is necessary that general hospitals are used as a resource to cope with moments of crisis that require brief hospitalizations.

People with mental disorders or other mental health demands must be assisted in different wards of general hospitals and not only in mental health specialized facilities, where a specialized team provides care. The reality shows the importance of critical and reflective analysis of mental health care as practices offered by unskilled workers, such as those of the nursing team, as well as the development of Permanent Education in Health (PEH) actions as a way of reorienting these practices.

The fundamental ethical principles of nursing professionals (a profession responsible for the direct care of individuals, families, and communities) determine that nursing care must aim at health promotion, prevention, recovery and rehabilitation,³ in all services of the health care network.

It is known that mental health nursing is one of the existing specialties of this profession. The nursing team has a classic composition; however, what sets it apart is the preparation for interdisciplinary action in front of specific audiences. It can be said that, historically, this specialization has always existed. However, the BPR precepts have influenced the training of new workers in the area and criticism, reflections, and redirection of pre-existing actions.

It is noted that the BPR process also induces changes and adjustments in the hospital practice of non-specialized mental health nurses. Therefore, they can use permanent education in mental health as an instrument in continuing education for a more qualified care.

The Ministry of Health defines PEH as:

[...] an educational dimension with potentialities linked to mechanisms and themes that make it possible to generate reflection on the work process, self-management, institutional change,
and transformation of in-service practices, through the proposal of learning to learn, working in teams, building daily life, and themselves as an object of individual, collective, and institutional learning.\textsuperscript{4:10}

In the hospital environment, PEH can be used as a pedagogical tool for training that allows educational actions, discussion, analysis, and evaluation of health practices to improve the quality of care.

PEH effectively faces real problems, considering the workers' previous knowledge and experiences, making actions more flexible and adaptable. Thus, professionals occupy the position of reflective actors and knowledge builders.\textsuperscript{5}

In the mental health field, the PEH strategy faces the challenge of consolidating the BPR. Mental health and PHE must remain articulated so that practices can be transformed and the precepts of the BPR are instituted in health services as a whole.\textsuperscript{6}

PHE actions in mental health can also be directed to the formation of reflective spaces in mental health provided by the nursing team that works in the hospital setting. Besides, PEH can minimize the weaknesses still found in mental health nursing education, offering support in several areas, especially at the hospital level.

The professional education’s proposal in mental health encompasses the reorganization of practices to build a more articulated and inventive professional performance, promoting comprehensive care in addition to acquiring the skills necessary to build a practice consistent with the BPR and the deinstitutionalization process.\textsuperscript{7}

This study's thematic approach is justified considering that the nursing team workers are responsible for the first contact with patients and stays longer with them in the hospital. Thus, this group is responsible for the initial step of permanent education in mental health in the hospital setting.

Since the number of studies that address permanent education in mental health in general hospitals is small, it is expected that this research cooperates for the knowledge of the nursing team's view on this theme, which can motivate more consistent discussions and the development of new studies and practices in the area.

**OBJECTIVE**

To understand the perception of nursing team workers about permanent education in mental health.

**METHOD**
This is a qualitative descriptive-exploratory study. Descriptive studies play an important role in qualitative research. The descriptive character makes it capable of portraying how specific facts, phenomena, or events occur in reality. The study's exploratory perspective is justified because its main focus is still little studied and explored, in addition to providing greater approximation and familiarity with the research theme.

The research was developed in the following non-specialized mental health care wards in a hospital located in Bahia, Brazil: Infectology, Medical Clinic, and Cardiology. During data production, nurses, technicians, and nursing assistants were working in these wards.

The Infectology ward is characterized as a "closed" unit specialized in the care of patients with infectious diseases, with a high prevalence of acquired immunodeficiency syndrome and tuberculosis. The nursing team working in this ward was composed of seven nurses, 26 technicians, and three nursing assistants.

The Medical Clinic ward had 23 beds to treat various pathologies such as cancer and respiratory syndromes. The nursing team working in this ward consisted of 32 technicians and four nursing assistants; however, the number of nurses was not fixed, as this is considered an "open ward".

The Cardiology ward had 17 beds for patients with cardiac diseases (mainly heart failure). The team working in this ward comprised 24 technicians and five nursing assistants. As in the Medical Clinic, it was observed that the number of nurses working in this unit was not fixed.

The wards mentioned above provided care to patients with different profiles and pathological processes. It should be noted that, routinely, the same patient presents a set of comorbidities that must be considered for quality and comprehensive care. Between these, there may be mental suffering or mental health demands that may emerge from the hospitalization process.

Semi-structured interviews were conducted with 15 workers from the nursing team, with the participation of five professionals from each predefined unit.

The participants were six nurses and nine nursing technicians, without the inclusion of nursing assistants due to a reduced number of such professionals in the study setting. The inclusion criteria were length of service of at least one year in the selected wards (experience criterion) and having provided care for people with mental health demands. The absence of direct action in the patient's care during the hospitalization process was defined as an exclusion criterion as the chances of providing care to mental health demands are reduced.

The semi-structured interviews were guided by a data collection instrument. The use of interviews for collecting objective and subjective data in the field contributes to the knowledge of a particular phenomenon, based on the expression of the subjects as to what they experience in
everyday reality and specific historical, social, and cultural contexts, allowing researches to know the logic of the relationships between subjects and the phenomena of interest.9

Data were collected between October and December 2017. The first part of the interview consisted in collecting information for characterizing the participants including professional category, age, gender, religion, race/color, among others. The following questions composed the second part of the instrument: What is your experience in caring for hospitalized people who also have mental suffering or mental health demands in this ward? What do you think about permanent education in the field of mental health? Does this theme run through your daily work in this hospital?

Empirical data were treated using the “Situated Phenomenon Structure” method.8 After the reports’ transcription, the analysis was carried out in two phases: ideographic and nomothetic.

The ideographic analysis is careful and systematic and concerns the representation of the ideas from each participant’s reports.8 This type of analysis has naive descriptions of the subjects that contain different meanings. The researcher seeks to analyze and group the units of meaning in isolation and in group.

Four moments of analysis were conducted after a careful reading of the reports to apprehend the general meaning for the set of propositions, as follow: First moment of reflection (pre-analysis), which included a description, phrases of effect, and passages of meaning; Second moment of reflection, which arranged the units of meaning from the participants’ reports, the meaningful statements (focusing on the phenomenon under study), and the transformation of the units of meaning; Third moment of reflection, in which significant statements were organized, resulting, after careful reading and analysis, in the identification of meaningful words based on the selection of the most significant words in relation to the phenomenon; and Fourth moment of reflection, which included all the significant words of the participants identified by the pseudonyms. The convergence of meanings was indicated through the constant analysis of words and by looking for their essence.

The second phase of nomothetic analysis aimed to expand the understanding from individual discourses towards a broader and general perspective, promoting the articulation between particular examples. Therefore, it is noted that the general psychological structure can be understood from the convergences and divergences of individual discourses.8 It is noteworthy that the second phase of the analysis allowed for a movement from individual to general, which involved the understanding and the articulation between categories.

The study was submitted to the Research Ethics Committee of the local institution. During the study development, the guidelines and standards for research involving human beings of the
Resolution 466/2012 of the National Health Council/Ministry of Health were considered. The bioethical principles of autonomy, non-maleficence, beneficence, justice, and equity were guaranteed to the participants. The project was approved according to opinion no. 2.254.239, which generated the Presentation Certificate for Ethical Appreciation (CAAE) no. 70874017.9.0000.5531.

Each interlocutor was identified by pseudonyms chosen by the participants themselves to maintain the confidentiality of the information. Authorization for recording was granted by participants, who were informed that the records would be used for research purposes only.

RESULTS

A total of 15 workers participated in the study. These professionals were working in three different pre-selected hospital wards, with five professionals from each unit. As for the professional category, six participants were nurses and nine were nursing technicians.

Eleven participants were female and four were male. Most of the participants were women because nursing is a mostly female-dominated profession. The predominance of women among nursing workers is mainly because care is associated historically with women (85.1% of nursing workers are women).10

Concerning the age group, ten participants were aged between 29 and 39 years old, three, between 40 and 50 years, and two between 18 and 28 years. As to race/color, 11 participants declared themselves “brown” and four “black”. Concerning marital status, five participants were in a stable union, four were single, four were married, and two were divorced.

Regarding education, seven workers had finished graduate studies, two had completed college, four (who were nursing technicians) had not completed the undergraduate course, and two had completed high school. All participants reported being exposed to curricular components about mental health. There was unanimity concerning the existence of mental health content in both the technical and higher education curricula of courses attended by the participants.

It should be noted, on the other hand, as to the permanent education in mental health theme, that 12 subjects answered that there was no such approach during professional training, and three answered that it was. This can negatively influence the PHE process while making it difficult to identify needs and search for discussion spaces in the workplace.

The professionals’ time of experience ranged between one and ten years. Nine participants had been working in the hospital for two years, four for one year, and two for two to three years. The importance of the low turnover in the investigated setting is emphasized in order to know the profile of the users who are hospitalized and to acquire experience and, consequently, security and
skills to develop the activities. This can also contribute to the management and quality care of users.

Demands in mental health in daily work

The participants reported that the mental health demands were routine and that these demands were configured in different ways.

[...] but they also have mental health amid these comorbidities. (Lia)

[...] suicide risk, [...] this is the biggest issue for people there, [...]. (Lia)

She, [...] committed suicide [...] threw herself downstairs [...] downwards [...]. (Rosa)

It was observed that the nursing team experiences mental health demands in the daily work in addition to the comorbidities specific to each hospital ward, as revealed by Lia. Besides, suicide was stressed as a mental health issue, which is a possible consequence of mental health problems, an issue ratified by Rosa, who exposed a situation of suicide in one of the wards.

For Olivia, psychotic outbreaks during hospitalization exemplify the existence of mental health demands with progress towards heteroaggression attempts.

[...] once, a patient had a psychotic break [...] suddenly, he left the room screaming, wanting to attack the team [...]. (Olivia)

Elements such as feeding, self-care, and interaction influence hospitalized patients' experiences of sudden mood changes and aggression outbursts, as exposed by Helena and Laurinha.

They are challenging, they change their mood very quickly, [...] they get aggressive [...]. (Helena)

Really, he got depressed, [...] he stopped walking, [...] he doesn't want to eat anymore, [...] or showering, he is prostrate [...]. (Laurinha)

Feelings produced by mental health demands

The team exhibited feelings of fear and apprehension emerging from caring for people who had mental health issues. It was stated, by Flora, that the fear arose due to the lack of knowledge of the possible consequences of this care process, while Beth reported that the feeling would be due to the possibility of suffering an aggressive act. Clara said that the fear came from the expectation of how to deal with the person, which still reverberates in the care provided.

[...] I didn't know what she was capable of, [...] this caused a particular fear. (Flora)

[...] you are always afraid, [...] of being attacked, [...] harassed [...]. (Beth)

[...] the team was afraid of how to deal with it, there are people who are really closed off [...] they only do the basics [...]. (Clara)

The feeling of fear was also pointed out, as Bianca stated when exposed to risks. According to Clara, the apprehension arises as a result of the lack of preparation to deal with the patient.
she was afraid, no one wants to be exposed, to take risks [...]. (Bianca)

the team was initially apprehensive because we are not [...] prepared to deal with it [...].

(Clara)

**Difficulties and learning of the nursing team concerning mental health care**

Workers experienced difficulties in the care process related with the demands on mental health. It was noticed that, at times, nurses and nursing technicians did not know how to deal with such demands.

In their statements, Polyana and Lia expressed that not knowing how to deal with care makes care more complex and challenging. Lele pointed out the team's lack of preparation to deal with inpatients who already had mental disorders.

we are skating on thin ice in this matter, we don't know how to deal with it, [...] it's complicated [...]. (Polyana)

it is not easy, [...] sometimes, we don't know how to deal with it [...]. (Lia)

we are not [...] prepared to deal with patients with mental disorders. (Lele)

The lack of experience and unpreparedness reported by the participants constitute difficulties in mental health care. It is noteworthy that Clara, Polyana, and Flora, for example, reported that the team had no training and was not used to or had no experience with mental health issues, making care even more difficult.

We are not [...] prepared to deal with psychiatric patients. (Clara)

It is complicated, [...] the team is not trained to handle such situations [...] we are not used to it [...]. (Polyana)

It is complicated because we have no experience [...]. (Flora)

The nursing workers revealed that they obtained learning for mental health care through experience in everyday reality (professionals’ experiences in caring for people with mental disorders or other mental health demands).

we do what we have to do ... and we learn to deal with these patients [...]. (Bianca)

this experience makes me [...] learn a little more every day [...] makes me go and get more knowledge in this area [...]. (Rosa)

there are so many psychiatric patients [...] we learn without any help. (Walker)

The statements of Bianca, Rosa, and Walker demonstrate that daily care in the face of mental health demands becomes a learning space, especially in the individual approach. It was identified, in this perspective, by Walker, that the experiences of care for people with mental health demands help in the management and prepare them for this field on a compulsory basis.

**Nursing team perceptions about professional education in mental health**
Nursing workers demonstrated how important mental health education is to the nursing practice in different hospital units. Lele reported that the offer of such actions by the hospital is crucial. It should be added that Lia and Flora identified the importance of such actions for the team's training.

[...] I think this is essential for the professionals [...] the hospital should offer such training [...]. (Lele)

[...] permanent education is essential [...], to prepare the team better ensuring a better understanding of mental health issues [...]. (Lia)

[...] it's important, [...] people have their peculiarities [...] you need to be prepared for that. (Flora)

In the statement that follows, the relevance of mental health education for professionals is highlighted. This type of education helps the professional deal with different situations, as Bianca pointed out in her report.

[...] it is extremely important. [...] the professionals must be trained to deal with different types of care [...] we are often taken by surprise [...]. (Bianca)

It was observed, by Drummond, that mental health permanent education is essential, as there may be workers with poor primary education in this field in addition to the low or no experience in caring for people with mental health demands.

[...] this is extremely important because not everyone had the opportunity to work, [...] or study about mental health [...] during [...] professional training [...]. (Drummond)

Reports of participants like Polyana and Clara reveals that the execution of permanent education actions in mental health should occur, as these could help the team deal with situations, at the same time that the professionals would be prepared for such demands. Laurinha defended an approach to this theme, revealing that the actions work as a support to the team.

[...] there should be training on this matter [...] we are not used to dealing with this type of patient, [...] we need to learn to deal with certain situations [...]. (Polyana)

[...] if that content were addressed effectively, it would be extremely beneficial, [...] we need to know how to deal with this type of situation, how to act, how to react to certain moments [...]. (Clara)

[...] that would be a great support [...] for us, technicians, who need to know how to deal with patients. [...] this content should cover a little more, [...] it would be interesting [...]. (Laurinha)

Permanent education in mental health generates positive results. For Lia, Olivia, Helena, and Bianca, permanent education in mental health contributes to the preparation of the team in the
face of the identified demands, as it generates understanding about the theme, influencing the
development of skills to act in different situations.

[... the team must be better prepared to know and to understand mental health issues [...].
(Lia)

[...] if you have a little more developed sensitivity, you must encourage professionals to
develop that sight [...]. (Olivia)

[...] the quality of care would improve a lot if we were being prepared, studying and improving.
(Helena)

[...] professionals have to deal with different types of assistance [...]. (Bianca)

Flora and Drummond argued that professionals, when experiencing professional education
actions, feel safe and comfortable to exercise care, being able to face fears, capable of generating
positive results for both the professional and the patient.

[...] with permanent education, it could be better, [...] more comfortable for people, [...] they
would feel more secure [...] as for the patient [...] better quality assistance [...]. (Flora)

[...] the more you study, [...] you are educated, [...] you are updated on the subject, the less
fear [...] you have, [...] so, it ends up generating better comfort to us [...] when assisting
patients, [...]. (Drummond)

Mental health professional education in daily work

The interlocutors refer that the absence of permanent education in mental health marks the
work routine. Actions do not occur in a structured way and the professionals highlighted the lack of
encouragement to seek knowledge related to this theme. It is revealed by Rosa that, even after the
request, the actions did not take place.

[...] I never had a training specifically focused on mental health. (Drummond)

[...] no, [...] I was never invited to a training about it, and I was never encouraged to do [...].
(Bianca)

[...] that’s it, we don’t have such a training. [...] I miss it, [...] we have already requested it.
(Rosa)

It is pointed out that other professionals participated in professional education activities and/or
actions on other thematic areas; however, they never focused on mental health.

[...] we have continuing education on wound treatment, medication administration [...] there is
nothing focused on mental health, [...] the hospital has to be prepared to receive such patients
[...]. (Lua)

[...] not that I can think of [...] Psychiatric subjects are not addressed [...]. (Laurinha)
Some professionals revealed the presence of professional mental health education while working in the wards, and, for some, the discussions held by the multidisciplinary team help the effectiveness of care. For others, the support is given through conversations with psychologists that becomes essential to the process.

[...] there are some discussions [...] in conversation circles and [...] case discussions, [...] but nothing institutionalized [...] from day to day at work. (Lele)

[...] there are always [...] conversations with the psychologist [...]. (Flora)

It was suggested, by Rosa and Helena, that scientific research carried out on the themes that cause doubts is a way to be prepared for mental health demands.

[...] I am a curious person [...] I like to be always searching, even though it is not exactly the area I work in. (Rosa)

[...] only those who study, [...] those who have doubts [...] do research. (Helena)

DISCUSSION

After the ideographic analysis of the reports, the nomothetic analysis started, in a movement from the individual to the general, involving understanding and articulation between the categories.8

Demands in mental health in daily work

The participants revealed the presence of hospitalized people with mental disorders in the different wards, including suicide risk, behavioral and mood changes, and psychotic outbreaks during hospitalization (Lia, Rosa, Olivia, Bianca, Flora, Drummond, and Walker). This demonstrates that hospitalization is primarily clinical and mental disorders, when present, are considered comorbidities.

However, other types of mental health demands can occur throughout the hospitalization process. The authors of a research with coronary patients,11 state that the experience of hospitalization alone generates numerous stressors, regardless of previous mental suffering. It is noticed that factors such as pain, fear of dying, inability to perform the family’s roles, and lack of control over oneself and the future are some of the feelings capable of providing great suffering for hospitalized patients. These manifestations are expected during the experience of the illness/hospitalization process. However, they must be cared for and supervised by workers to avoid new mental health demands.

In a study carried out on the need for continuing education in mental health, in a non-specialized service, professionals did not feel capable of meeting the demands on mental health and did not usually seek specific knowledge to obtain information on the subject. Sometimes, this
is due to insufficient training in college education, which demands urgent coping strategies directed to this population's needs.\textsuperscript{12}

It is understood that the demand for mental health will not always be present when the person arrives at the unit, but the workers can perceive it during the care process (Lele and Rosa). It is known that the person can experience the hospitalization period in different ways and that there are several factors capable of negatively influencing the hospitalization experience, reflecting on how the person perceives this process and how it is affected, reverberating, thus, in humor, behavior and social interaction.

It is pointed out that the illness process is a generator of significant changes in the individual's life and, when added to the hospitalization process, there is a direct impact on mental health. A study carried out in inpatient units of a general hospital demonstrated that the hospitalization period is marked by several challenges, resulting in a high level of stress in patients. It is estimated that this period's experience can trigger anxiety, anguish, fear of dying, reduced self-esteem, and difficulty in adapting,\textsuperscript{13} thus, the demand for mental health will not always arise in those who already had a previous mental disorder.

In another study, it was highlighted, corroborating the findings, that mental suffering is more and more frequent in non-specialized mental health services such as general hospitals.\textsuperscript{14}

From the Brazilian psychiatric reform movement, a change and strengthening in mental health care can be seen from a new logic of care. An increasing presence of people with mental issues in the wards of general hospitals is expected. Thus, the need for a greater supply of beds in general hospitals for comprehensive mental health care is reinforced.\textsuperscript{14}

The nursing team's performance is characterized primarily by direct contact with the patients. Thus, this professional category can perceive the first signs of mood and/or behavior changes in the face of such situations.

It is observed that the experiences reported by the workers can influence, daily, the way care that is offered, revealing the need for spaces for reflection for the critical view of the practices, fostering discussions and dialogues among the team members. The PEH strategy focused on the needs of the Unified Health System (SUS in Portuguese) seeks to transform practices and change fundamental care modes for reformulating policies and programs committed to the SUS and the BPR.\textsuperscript{16} This strategy works as a clinical and management tool capable of providing critical and reflective decision-making, transforming the work process based on education and practice. The PEH offers discussion spaces, the problematization of clinical actions, and experience/knowledge exchange, thus promoting changes in health practices.

**Feelings produced by mental health demands**
It is known that there are several situations in the daily work that requires specific management in mental health from nursing professionals. In addition, the lack of experience and the lack of preparation and knowledge in the field can justify the way professionals say they are affected.

The study participants reported feelings of fear and apprehension (Flora, Beth, Clara, and Bianca). Mental health care is characterized by simultaneous affectations referring to both the person receiving the care and the person offering it.

It appears that the scientific literature is clear when exposing that nursing workers are affected during the process of caring for people with mental disorders, regardless of the type of hospital service. It was mentioned that the nursing team feels fear causing difficulty in the care process emphasizing, further, that the professionals sometimes felt uncomfortable in the presence of patients with mental health issues.\(^\text{17}\)

It is suggested that the feelings that emerged may be due to the stereotypes related to mental health patients’ dangerousness, which feed the negative social imagery associated with this population. Some interviewees reinforced this hypothesis, as they mentioned that these feelings arise, mainly, given the “risk of aggression” (Beth and Bianca). It is noticed that the figure of the person who has a mental disorder as someone violent is something created and sustained historically by society. This type of fear is considered common for professionals, especially when they do not have specific preparation, which can have a negative impact on the care offered.

It was argued that the feelings reported by professionals are the result of the stigma that the person with mental disorder carries over time. These feelings are also related to the sustained idea that people with mental disorders can offer a "risk of aggression" and are "unpredictable".\(^\text{17}\)

However, to offer any type of care and exercise ethical care under the legal precepts, health professionals must dispose of values and stereotyped ideas.

In a study\(^\text{18}\) carried out with nurses and nursing assistants, differences in workers' practice in clinical and psychiatric wards were demonstrated, with the neglect of physical examination in mental health facilities and listening in general practice. In this way, the PEH strategy should be implemented to guide and create discussion spaces capable of reframing possible prejudices and stigmas in addition to providing workers moments to talk about their experiences and to express feelings arising from these experiences, contributing to a collective (re)construction of care in mental health.

**Difficulties and learning of the nursing team in mental health care**

This category covers the nursing team's difficulties in the daily care of people with mental disorders. The professionals emphasized that the main difficulty is the lack of specific knowledge and not knowing how to deal with mental health demands (Lia, Bianca, and Polyana).
The difficulties on the part of the nursing team were evidenced by the health team's performance in the face of patients with mental suffering, highlighting the challenge of providing integral care that considers the psychic dimension of hospitalized patients. In another study, it was also shown that the nursing team perceived difficulties in caring for people with mental health demands during hospitalization, emphasizing that the difficulties generate negative affectations on professionals, such as insecurity in the provision of care.

It is pointed out that mental health care is primarily developed through soft technologies, characterized as care based on relational, active, and qualified listening, promoted through meetings between peers and collectives, and considering the subjectivities of those involved. Listening is defined as an important tool for healthcare, as it promotes bonding and identifying and responding to the patient's individual needs.

It is understood that the nursing professionals, regardless of specialty, have the most direct contact with hospitalized patients, and thus they can use these soft technologies. It should be noted that the mental health clinic aims to break the existing barriers between the various specialties, aiming to promote movements to change perceptions and paradigms historically constructed. It is assessed that the psychosocial clinic goes against the idea that knowledge in mental health is specialized and inaccessible, which can be enhanced by permanent education actions in mental health.

The use of health care tools that make up soft technologies requires skills that can be facilitated through professional education. In addition to the professionals' experiences, this study showed that the difficulty in care is sometimes due to the lack of professionals' experience and training. It is generally understood that nursing professionals who work in non-specialized units do not have previous experience in mental health care, so it is common for them to feel unprepared to deal with patients having demands in this area, because they perceive mental health care as a very complex construct, making it inaccessible by non-specialists, which sometimes constitutes a process of denying the care to be offered.

The day-to-day experiences of nursing professionals involve situations that require specific mental health care training, whether during the care for a person with a mental disorder such as comorbidity, or during the care for someone who presents mood and/or behavior changes, and this fact alone can contribute to professional learning. Participants defended that the development of actions and the daily practice result in learning for nursing professionals who have not received specific and prior mental health training.
When faced with specific situations, workers feel instigated in the search for knowledge about mental health (Rosa). It is believed that experiences can generate learning and doubts/concerns regarding themes to which nursing professionals are generally unfamiliar, which is intensified by the lack of previous experience and preparation.

In this way, it is inferred that professional education in mental health is (even if often incipient and unconscious) present in the daily lives of the professionals participating in the study, since they reported learning opportunities during work and having searched for knowledge, with a potential to generate changes.

**Nursing team perceptions about professional education in mental health**

The participants pointed out that permanent education actions are important and should be developed in the hospital environment (Rosa, Drummond, Beth, Clara, Flora, Olivia, Lia, and Bianca). Mental health permanent education is understood as a set of actions promoted and/or developed by both managers and professionals. These actions are closely related to the reality of the actors involved, aiming at changes to improve the quality of mental health care.

Professional education is a powerful tool in the workspace, as it generates processes of change and inventiveness, capable of producing new ways of conceiving and carrying out healthcare. Professional education is perceived as a management strategy for reorganizing the health system to adapt the work process of health professionals to the patients’ needs, through dialogue and reflection on practices. The study shows that the nursing workers identified the relevance and necessity of professional education. They demonstrated a traditional perception that associates educational practices with the transmission of specific knowledge directed to a specific field and based on managers' needs.

Professional education in mental health is still almost nonexistent in the hospital environment and mainly in non-specialized inpatient wards. Given the current situation and after the beginning of the BPR process with the progressive decrease of psychiatric hospitals, the formulation of the RAPS, and the inclusion of beds in general hospitals, care in these services is conceived a right of people who have some mental disorders, regardless of the primary clinical condition. The most diverse points of the healthcare network must be adapted to reality arising from the deinstitutionalization process. This process results from changes by managers and professionals, which is still a challenge in the hospital environment.

The professional education strategy in mental health is considered a device that enhances changes in practices and subjects, going against traditional models of training that, sometimes, are restricted to team meetings to discuss routing and work distribution. By professional education, the
use of active and inventive methodologies is made possible, valuing real experiences and exchange of knowledge between professionals.\textsuperscript{16}

Both the identification of the importance and the defense of professional education actions in mental health are related to the positive results. The study participants (Lia, Olivia, Helena, Bianca, Flora, and Drummond) stated that professional education in mental health can positively influence daily care, by contributing to the preparation and development of skills for the management of specific situations, in addition to the feeling of security and comfort of professionals.

Professional education can generate a critical, reflective, and potentially life-changing act:

[...] institutions need to be concerned with providing spaces for discussion for their workers to strengthen them theoretically and enable the exchange of experiences to qualify the assistance provided.\textsuperscript{14,384}

**Professional education in mental health in the daily work**

In this research, the way the nursing team workers experience professional education in mental health was revealed. It is noteworthy that there was a unanimous report of the absence of structured permanent education actions on mental health (Drummond, Helena, Lua, Laurinha, Bianca, Flora and Rosa), showing a lack of supply of such actions, even though professionals recognize their importance and need.

It was stated that the debate about care for people with mental disorders and/or demands in mental health is still little promoted in points of the healthcare network that are not specialized in mental health but belong to the RAPS.\textsuperscript{15} The non-development of PEH activities was identified, compromising the care offered.\textsuperscript{14}

It was noticed that hospitals' professional education actions were focused on themes that differ from the mental health. It is also noted that other professionals mentioned that it is necessary to stimulate the search for knowledge on this area, which also does not occur (Bianca, Lua, Laurinha and Clara). It is pointed out, corroborating the findings, that the actions of PHE in general hospitals are focused on essentially technical themes. At the same time, professionals are not encouraged to seek knowledge in the mental health field.\textsuperscript{14}

It is known that the academic training of both nurses and nursing technicians/assistants is insufficient when it comes to this area, indicating the need for preparation and guidance for the development of specific skills during professional practice. It is suggested that managers and heads of general hospitals can use the PEH strategy to provide mental health care geared to the precepts of the BPR.
It is argued that professional education provides constant learning for professionals and collaborates to solve problems related to their qualification and training, since “health workers need reflection and reorganization of their work processes to face the pressing difficulties inherent in the care of individuals and communities”.

It should be noted that the practice of nursing workers is sometimes expressed ambiguously because many, despite knowing the precepts of the BPR, never experienced the care of people in mental suffering in open contexts, having the challenge of overcoming assistance restricted to vigilance, restraints, injections, among other activities.

It is observed, diverging from the above, that some participants reported the identification of professional education in mental health in their daily work (Lele, Flora, Rosa, Helena, and Walker), which can be explained by the different perceptions that professionals have. Among the actions identified are the multidisciplinary team’s meetings, conversations with psychologists, individual research on specific themes, and care experiences.

The study findings show that the professionals perceived the presence of professional education in mental health. However, they characterized the actions as incipient, not being able to respond to both the team and the patients’ needs.

It is emphasized that professional education in mental health can generate significant changes if promoted in an appropriate, structured, planned, and health service context. Thus, different actors must be articulated including managers, professionals, and patients.

CONCLUSION

The study revealed that the nursing team workers identify, in their daily work, people who have mental disorders as comorbidities or other mental health demands, which can be triggered by the hospitalization process itself. It is assessed that such demands generate the need for answers on the part of the team, requiring skills to promote care.

Therefore, it is evident that the nursing team experiences care for people with mental health demands; however, these experiences are marked by stigmas and stereotypes that interfere with the quality of care, characterized by reduced presence/absence of professional education actions in Mental Health. Moreover, workers reported having difficulties in caring for this specific audience.

On the other hand, it is registered that few workers identified the presence of professional education in Mental Health in the units, perceived by some through actions such as discussions by the multidisciplinary team, guidance among professional peers, individual research on themes, and daily experiences.

Given the findings, there is a need to promote and develop professional education actions in Mental Health in the hospital, extending to other non-specialized health services. Participants
defended the importance and the performance of such actions, highlighting the unpreparedness for care.

It is pointed out that permanent education in Mental Health, as a pedagogical strategy, can generate contributions both for health services and for the actors involved. Considering the crossing of different types of specialties in the health area, professional education can influence the perception that specialized knowledge is not restricted to a service or group of professionals, with the need for this knowledge to pass through other care spaces.

It is indicated that the EP in Mental Health can contribute to the nursing team to rethink the practices performed by them, the work process and mental health care, regardless of whether the hospital unit is directly focused on the specialty. It is also pointed out that it can reverberate in the preparation of professionals, in the development of skills for the handling of specific situations and in the generation of feelings of security and comfort in professionals, with regard to the provision of care.

It is assessed that the research could promote reflection on the care practices for people with mental health demands in the hospital space, a key factor for quality care in the psychosocial clinic, characterized by the routine reinventing of actions. We also sought to contribute to the strengthening and recognition of the BPR process, with the potential to generate paradigm shifts, new visions and perceptions regarding the figure of the madman in Brazilian society.

It is considered necessary, given the findings, to intensify the actions of Permanent education in mental health in general hospitals. It is oriented, like any process in the field of Mental Health, that this should also be conducted with inventiveness, lightness, insistence and persistence. It is also recommended to bring the leaders closer to the field of occurrence, in order to perceive the realities of nursing workers, being important to listen to these actors, in order to identify the demands and hold them ethically responsible for the care.

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