Theoretical-practical and methodological approaches in Nursing education for mental health care

Abordagens teórico-práticas e metodológicas na formação em enfermagem para a saúde mental

Abordajesteórico-prácticos y metodológicos enlaformación de enfermería para lasalud mental

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Abstract: **Objective:** to identify theoretical-practical and methodological curricular activities in the training of nurses related to mental health education. **Method:** it is a documentary, descriptive and exploratory study, with a qualitative approach. It was developed in two Undergraduate Nursing Courses in a city in the State of Rio Grande do Sul, one of which is public and the other, private. Some discipline teaching plans were analyzed, according to documentary analysis. The data were collected in the second semester of 2018. **Results:** the theoretical-practical and methodological curricular activities related to mental health education are inserted in an articulated way with other knowledge fields. This injunction shows that the theoretical dimension has been accompanying the transformations in this field of knowledge and practice. **Conclusion:** the disciplines include approaches that are coherent with social, economic and cultural situations, but there is little information about the methodological dimension related to the scenarios of practice for mental health education.
Keywords: Health policy; Higher education institutions; Mental health; Nursing Education; Unique Health System

Resumo: **Objetivo:** identificar as atividades curriculares teórico-práticas e metodológicas na formação do enfermeiro relacionadas à educação em saúde mental. **Método:** estudo documental, descritivo e exploratório, de abordagem qualitativa. Foi desenvolvido em dois Cursos de Graduação em Enfermagem de um município do interior do Estado do Rio Grande do Sul, sendo um deles de caráter público e outro, privado. Foram analisados os planos de ensino de disciplinas, segundo análise documental. Os dados foram coletados no segundo semestre de 2018. **Resultados:** as atividades curriculares teórico-práticas e metodológicas relacionadas à educação em saúde

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mental estão inseridas de modo articulado a outros saberes, mostrando que a dimensão teórica vem acompanhando as transformações nesse campo de saberes e práticas. **Conclusão:** as disciplinas contemplam abordagens coerentes com as situações sociais, econômicas e culturais, porém observam-se poucas informações sobre a dimensão metodológica, relacionada aos cenários de práticas para a educação em saúde mental.

Descritores: Educação em enfermagem; Instituições de ensino superior; Política de saúde, saúde mental; Sistema único de saúde

Resumen: Objetivo: identificar las actividades curriculares teórico-prácticas y metodológicas en la formación del enfermero relacionadas con la educación en salud mental. **Método:** estudio documental, descriptivo y exploratorio, de enfoque cualitativo. Fue desarrollado en dos Cursos de Graduación en Enfermería de un municipio del interior del Estado del Rio Grande do Sul, siendo uno de ellos de carácter público y otro, privado. Se analizaronlos planes de enseñanza de disciplinas, segundo análisis documental. Los datos fueron recogidos en el segundo semestre de 2018. **Resultados:** las actividades curriculares teórico-prácticas y metodológicas relacionadas al a educación en salud mental están insertadas de modo articulado a otros saberes, mostrando que la dimensión teórica viene acompañando las transformaciones en ese campo de saberes y prácticas. **Conclusión:** las disciplinas contemplan enfoques coherentes con las situaciones sociales, económicas y culturales, pero se observan pocas informaciones sobre la dimensión metodológica, relacionada con los escenarios de prácticas para la educación en salud mental.

Descriptores: Educación en enfermería; Instituciones de educación superior; Política de salud, salud mental; Sistema único de salud

Introduction

The advances in mental health policy, after the creation of the Unified Health System (UHS), redirected care to users and their families. For approximately two decades, there has been growth and the search for strengthening a differentiated model of care and protection.[1] This new model of mental health care has had some repercussions on concrete actions, especially with the creation of the Psychosocial Care Centers (PCC), which aim to provide comprehensive, universal and equitable mental health care. From these changes, new forms of organization of mental health services have been constructed and influenced on the life quality of UHS users.[2]

Although these advances are recognized and, evidently, they have performed a grand impact on care actions, there are still numerous challenges related to the country's political, social and economic scenarios, in addition to the difficulty of overcoming an institutionalized model of mental health care that is characterized by discrimination and segregation of its users in society. Even though universality represents a fundamental principle of the UHS, according

to the characteristics of each region, it is evident the existence of a current political situation in a rapid setback process that hinders the continuous advance of health policies in Brazil.[3]

In this scenario, the training of professionals to work in the SUS needs to accompany the transformations that take place in this field of knowledge and practice in an expanded way, in addition to the changes in mental health policies, as well as their growing and continuous demands for reorganization. Because it is a scenario characterized by the multidimensionality of care, mental health integrates the training of health professionals at the most diverse levels. Nursing, in this context, has acted in an integrated manner with other professions and it currently experiences a transition process in face of the new National Curricular Guidelines (NCG) for the training of nurses.[4]

Thus, Higher Education Institutions (HEI) must guide their curricular matrix, which is materialized in the Pedagogical Projects of Undergraduate Nursing Courses, so that they may follow the transformations of health actions, within the scope of UHS. In reiterating the above, the NCG recommend a solid basic training, in which the student is prepared to face the challenges of rapid changes in society, the conditions of professional practice and the labor market. Therefore, the training process must be developed in areas or centers of competence regulated by theoretical and methodological frameworks that consider the collective and individual needs of the population, and consider the various aspects that make up the plurality and uniqueness of the human being.[4]

These discussions, fostered by the process of construction and reconstruction of the NCG, have encouraged Nursing Undergraduate Courses to implement training processes through active teaching and learning methodologies, both in theoretical and practical fields. This formative model seeks to overcome the inadequate approach directed to disease and the transmission of knowledge, rather, it appreciates the dialogue and subjectivity of the actors involved in the educational construction. For this to occur, some pedagogical strategies must be

considered in which professors and students systematically integrate the set of different knowledge, not to fragment discussions, but to consider the importance of integrating the reflections between both protagonists in the current social scenario.[5]

Even with the promotion of NCG and the advances in health policies with a focus on comprehensive care, some reductionist training processes have still been observed, which occur in practice scenarios that have not accompanied this expanding context of transformations. Thus, upon considering the existence of formal curricula and hidden curricula in the teaching and learning processes, a permanent analysis of the ways of learning and teaching in mental health is relevant and necessary.

Given this scenario, there is the following research question: how is mental health education organized in undergraduate Nursing courses, considering the changes in this field of knowledge and on practices at UHS? Therefore, the objective is to identify the theoretical-practical and methodological curricular activities in the training of nurses, which are related to mental health education.

Method

This article is part of an academic master's degree thesis developed in the Health and Life Sciences Concentration Area. It is a documentary study, of a descriptive and exploratory nature, structured in a qualitative approach. The scenarios were the Nursing Undergraduate Courses of two HEIs in a city in the State of Rio Grande do Sul. One of the institutions is public and the other is private. The choice for these institutions is justified because they offer professional training at the undergraduate and graduate levels. It is noteworthy that the research did not intend to carry out a comparative analysis of the two courses, but rather to expand the possibilities of obtaining data in more than one concrete reality.

The teaching plans of both institutions were included in the research, which contained certain descriptors expressed in the following items: objectives, program, syllabus, teaching methodology and learning assessment. The teaching plans are understood as instruments for the pedagogical organization of the subjects, which are used during the academic semesters. They have a flexible structure, however, they at least need to contain the objectives, program, methodology, and learning assessment, in addition to the basic and complementary bibliographies of the curricular subjects.

With regard to the mentioned descriptors, they were selected from the Health Sciences Descriptors (DeCS) webpage - http://decs.bvs.br/, and are presented below: 1. Mental Health; 2 Psychosocial Care; 3. Psychosocial Care Center; 4. Psychosocial Care Networks; 5. Psychiatry/Psychiatric Nursing; 6. Mental health services; 7. Expanded Clinic; 8. Singular Therapeutic Project; 9. Psychiatric Reform; 10. Deinstitutionalization; 11. Health Care Networks; 12. Health policies; 13. Chemical Dependency. Therefore, the teaching plans that contained these descriptors constituted the set of documents that were analyzed.

The teaching plans of all disciplines of the Nursing Courses participating in the study were analyzed. Access to the teaching plans was made via Course Coordinators, which made the teaching plans available in the "PDF" extension format via electronic mail. After the initial collection, from the mentioned descriptors, 10 (ten) disciplines were selected, 5 (five) of each of the participating courses. For the analysis of the teaching plans, there was no distinction between public or private HEIs, since these were analyzed together.

We used a documentary analysis to evaluate the data.[6] In order to develop the analysis, initially, we constituted a satisfactory corpus by selecting the several possibilities to eventually reach the relevant information. Thus, after a preliminary analysis of the documents, the documentary analysis itself was carried out in order to put together all the parts: elements of the problem or the theoretical framework, context, authors, interests, reliability, nature of the text

and key concepts. In this process, we sought to perform the interpretation of the data and its relationship with the specialized literature, through the analysis of the documentary content.[6] These stages of the research were carried out after the study bot approved by the Research Ethics Committee, statement No. 2,457,331 .

Results and discussion

The data analysis resulted in two thematic categories entitled: "Theoretical-practical approaches and their relationship with the mental health field" and "Methodological approaches to the training of nurses for mental health." The results were presented through tables, followed by the discussion, as shown below:

Theoretical-practical approaches and their relation with the field of mental health

The first thematic category was built based on the data from the programs, which form the set of syllabus, and the objectives of the selected disciplines, presented in Chart 1.

Table 1 - Disciplines, Programs and Objectives of the Teaching Plans selected for the study

Disciplines	Program (P) and Objectives (O)
D1. Whole Attention to Mental Health	P: Brazilian Psychiatric Reform. Models of psychosocial care. Comprehensive mental health care networks. Promotion, prevention, recovery and rehabilitation actions in mental health. Mental disorders. Psychic suffering. Social reintegration and the retake of autonomy. Assistive technologies in mental health. Mental health nursing care process at individual, family and community levels. O: To enable critical-reflective learning and develop critical academic thinking in relation to nursing care in the context of mental health/illness and its repercussions and challenges in individual, family, community and collective terms; to provide to the student the opportunity to participate in a multidisciplinary health team.

Disciplines	Program (P) and Objectives (O)
D2.Nurning Care to Adults I	P: Adult care process. Patient safety. Expanded Clinic. System physiopathology. Systematization of Nursing Care O: To offer an opportunity to the nursing student to promote a conduct centered on the principles of human valorization, responsibility and training of leaders and professionals; to develop interpersonal relationship between student and professor with a multidisciplinary team and the patients; to follow specific ethical principles of the nursing code of ethics.
D3. Mental Health Nursing Care	P: History of mental health and Psychiatric Reform; Models of mental health care; Mental health nursing and family care; O: To examine mental functions; Mental health interventions. General: provide academic training with practical experiences focused on the Brazilian Psychiatric Reform process.
D4. Nursing at Primary Health Care	P: Primary Health Care Network of the Unified Health System; Health care models; Team work; Social Control and community participation. O: To get to know the organization of the network that integrates UHS services; analyze the techno-assistance models in health, and identify the work of the health worker in the necessary changes; get to know and act in nursing care within the scope of health practices in primary care, involving clinic, epidemiology and health education.
D5. Nursing in the Context of the Adult in Critical Health Situations	P: The acting of the student in the different scenarios of adult care; nursing care for adults with general trauma; nursing in adult care in a surgical inpatient unit; nursing in adult care in a surgical center unit and anesthetic recovery room in the hospital context; nursing in adult care in an intensive care unit; mental health nursing care in an inpatient unit (nursing in adult care for psychological distress). O: To care for adults in more complex situations in a systematic way by meeting their needs based on ethical and humanistic principles, and to consider the human being and his relationships in the social, political, economic and cultural context in which he is inserted.
D6. Nursing and the Public Policies	P: History of health policy in Brazil and the Unified Health System; the health-disease process and its determinants; health promotion as a guide for health practices; the family as a health care unit. O: To get to know the health system in Brazil; identify the socioeconomic, environmental and cultural determinants of the health-disease process.
D7. Theoretical-philosophical foundations of Nursing	P: Philosophical principles and theoretical foundations of health and nursing care, individually and collectively. Systemic conception of human beings, nursing care and expanded health. Health and spirituality. Theoretical, philosophical, methodological and legal aspects that underlie the Nursing Care Systematization. O: To develop critical-reflective and creative skills for the competent exercise of expanded clinical nursing practice and ethical decision-making at the individual, family and community levels.

Disciplines	Program (P) and Objectives (O)
D8. Management of Health Services	P: General management theories; Health Care Networks; instruments to manage nursing care in health work processes and to act on problems in health and nursing services; physical and organizational structure of health and nursing services; people management policy in health and nursing; evaluation and monitoring system; health and nursing marketing. O: To act as the manager and leader of the Nursing team and the team of health services, participation in the planning, organization, evaluation and management of resources, with the aim to meet the real health needs of the population from the epidemiological profile and expand their participation in the process management.
D9. Health Public Policies	P: Health policies, public health and community health. Articulations between public health policies, and the individual and collective needs of the population. Analysis and evolution of the historical process of public health policies in Brazil. Brazilian health reform. Unified Health System - UHS. Social Control in Health. The health policy construction process. Current Public Health Policies in the Brazilian context. O: To get to know the current public health policies in the Brazilian context and their implications for care practices, the organization of services and the management of programs and strategies linked to the individual and collective health needs of the population.
D10. Health and Scociety	P: Extended health concept. Social determinants and conditions. Social vulnerabilities. The health and disease processes. Current political systems in Brazil. Models of health care. Emerging themes of health and society. O: To create situations that enable students to develop the ability to critically analyze everyday ethical situations.

According to the data presented in the sequence, the theoretical-practical approaches are predominantly related to the historical context of mental health, to the organization of mental health in UHS and to the insertion of Nursing in this dimension. Thus, the current configuration of mental health in Brazil is listed in the teaching plans studied, from a historical perspective, until reaching the assistance arrangements present in current practices. To this end, the terms analyzed denote that mental health care has accompanied the countless transformations evidenced in political, economic and social contexts. The culmination of this process is the universalization of access to health, especially after it was expressed in the Federal Constitution of Brazil in 1988. Therefore, in teaching plans (D6, D9), the term 'health policy' was predominantly observed, which highlights the importance of studying about it.

Within this dimension, especially the Brazilian sanitation movement integrated the disciplines and, in this sense, it is considered that as a political and social process, its limits and potentials should be questioned, as constitutional and institutional, in addition to being an essential condition for the implantation of UHS in the whole country.[3] Therefore, some limitations that are still present in the set of health actions need to be overcome. A reform needs to be understood as a current movement, which should permanently seek possibilities for the construction and reconstruction of the health system.

Likewise, the term 'UHS' is mentioned in some teaching plans (D4, D6, D9), which shows that the teaching-learning process of future nurses has accompanied the discussions that have been taking place in the construction of the largest Brazilian health policy, which is regulated by the 8,080/90 Law. Social control, in this same perspective, is ensured by the 8,142/90 Law, which legitimizes the discussion about community participation in the three governmental spheres of management of this system.[7]

The terms 'history of health policies in Brazil,' 'health-disease process' and their determinants and their relationship with UHS were also terms observed in different sections of the teaching plans (D4, D6, D9 and D10) that demonstrated to be addressed in the formation of the Nursing student. UHS, organized in a structural and systemic manner throughout the Brazilian territory, offers support to health care actions that enable the principles and guidelines of this policy. In addition, it comprises the set of health services and actions articulated in networks in the three governmental spheres, which enable initiatives for promotion, surveillance and health care.[7-8]

The transformations in the health system in Brazil were discussed, as well as some models of health care instituted that should be reviewed, according to the current organization proposed by UHS. As a result, mental health care during the period of the health movement in the 1970s/80s received direct encouragement from individuals and organizations willing to discuss and change

the care practices of subjects with mental disorders and drug use. Thus, in aiming to protect individuals with mental disorders, in addition to guaranteeing their rights, the Brazilian Psychiatric Reform (BPR) sought to transform the mental health care model through the 10,216/2001 Law, with a focus on the care and rehabilitation of users, without discrimination of any kind.[1]

Based on this scenario, knowledge, psychiatric practices and the hospital-centered model as a form of treatment were questioned.[9] With this, the BPR, according to the menus and objectives, highlights the relevance of the subject for academic construction. This new field of social, intersectoral, multiple and articulated actors with different social inclusion devices and strategies involved in the anti-asylum movement have shaped a new reflection and discourse on mental health by breaking up with the former dominant view of Brazilian psychiatry.[10]

As one of the products of the Psychiatric Reform, the term 'mental health' described in some teaching plans (D1, D2, D5) highlights some changes in thinking, caring and promoting health in an inclusive way. These changes advocate the importance of the citizenship of users, as well as the performance of actions with interdisciplinary, transdisciplinary and intersectorial characteristics.[10] In this view, the use of the term 'mental health' permeates more specific disciplines to the theme and seems to denote an education directed to some comprehensive and universal care, which may expand the possibilities of action for Nursing, within the scope of UHS.

With this, the HEIs seem to be following the current configurations of health policies in the country, developing professional education through critical-reflective processes proposed in the objectives, seeking to develop skills for management, multiprofessional teamwork, and emphasizing attention to basic health, with a focus on social participation. In addition, health care networks (HCN), the expanded clinic, and the unique therapeutic project (UTP) were addressed from the discussion on transformative care practices that are more inclusive to society (D2, D4, D7 and D8).

Although the term primary health care has been addressed on a smaller scale (D4), it is understood that in the context of health care networks and policies, repetitively cited, there is a direct link to this field of action and health care. In addition, primary care is understood as the set of individual, family and collective actions, and it is the main gateway and communication center, as well as the care coordinator, as recommended in the HCN framework.[8]

These care devices are fundamental to be approached with Nursing students, so that it is possible to aggregate different knowledge in the construction of knowledge by establishing bridges between the expanded clinic and the nursing process, in addition to integrating the dimensions of care, work and education.[11] Within a reality of constant struggles, mental health, as part of health care system, is integrated into the current organization of the system and it is directly involved in the care flows of health care networks.

The articulation between Nursing and the mental health field was evidenced especially through the terms 'adult care process,' 'mental health nursing' and 'family care' (D1, D2, D3 and D5). These subjects were articulated with topics such as critical thinking, territory dynamics, and strategies for reorganizing health services, which showed some concern in a strategic analysis for planning mental health care.

The ethical principles of the nursing code were observed (D2, D5, D7), as well as the need to insert nurses in the multiprofessional team (D1, D2, D4), which reinforced an essential characteristic of mental health: the interprofessional performance. This need is emphasized in the NCG when they advise that curricula should seek an academic and professional profile with competences, skills and content that allow them to work in interprofessional teams with quality, efficiency and resolution in the UHS field.[4] By understanding that knowledge from different areas should be articulated, group construction and dialogue are essential for structuring an educational model that seeks integration between the various professions.[5,12]

Methodological approaches to the training of nurses for mental health

The second thematic category was built based on data from teaching methodologies and learning assessments foreseen in the selected subjects presented in Chart 2.

Table 2 - Disciplines, Teaching Methodologies and Learning Assessment of the Teaching Plans selected for the study

Discipline	Teaching Methodology
D1. Whole attention to Mental Health	Methodology of problematization through the Maguerez Arc. Continuous, cumulative and comprehensive assessment, in which the student must consider the aspects of being, knowing and doing. In the theoretical teaching-learning scenario through group work, presentation and debate of scientific articles, seminar and exams, participation and contribution during classes, responsibility in meeting dates and scheadules, ability to dialogue and relate with peers and the professor; attendance to classes, ability to relate theory to practice and the composition of a reflective clinical portfolio.
D2. Nursing Care to Adults	Theoretical-practical activities, theoretical classes with active participation of students in the form of dialogues, audiovisual resources, group and individual works, seminars, content script, simulation with practical demonstration of some subjects for later application. The discipline is integrated with the other disciplines of the semester that occur through Extensionist Actions in Comprehensive Family Health Care I. In the theoretical-practical evaluation, interest and participation, responsibility, frequency and posture will be considered, as well as the result of the application of objective/subjective tests, presentation of individual and group works. In the theoretical-practical activity, the supervising professor will conduct moments of reflection with the students on the teaching-learning process and he/she will also carry out a practical test.
D3. Nursing Care in Mental Health	Not informed.
D4. Nursing at Primary Care	Based on active and problematizing methodologies. Each professor will develop the content following the principles of active participation of students, teaching-service integration, proximity to the community and interdisciplinary practices for promoting meaningful learning. In this methodological model, students and professors are actors that promote the protagonism of users that need care. Assessment will be done via individual theoretical evaluations (20%), group work (20%), and practical classes (60%). Assessment in the 2nd bimester will be done via individual theoretical evaluations (40%) and practical classes (60%) of the final grade.
D5. Nursing in the Context of the Adult in Critical Health Situations	Division of groups for work, group dynamics. Assessments through tests and practical tests; if the student does not appear in the evaluations, an essay text has to be written on a point referring to the discipline containing introduction, development and conclusion; it must have clarity, internal coherence and theoretical foundation; include reflections linked to practical experience.

Discipline	Teaching Methodology
D6. Nursing and Public Policies	Expository class with debates, visits to health services, reality dramatization. Group work with the construction of a model of the territorialization of health services in Santa Maria and schools belonging to the PSE. Multiple choice tests.
D7. Theoretical-Philosophical Foundations of Nursing	Active knowledge-building methodologies such as individual and complementary readings, expository classes with debates, studies conducted in interactive groups, construction dynamics and presentation of group work, seminars, practical-theoretical activities in the community, presentation of a clinical nursing practice guided by SAE and based on Systemic Theory. Individual and group evaluation of scientific a work written in class; critical-reflective argumentation in the classroom; previous readings; critical analysis of articles and books.
D8. Health Service Management	Not informed.
D9. Health Public Policies	Active teaching-learning methodologies, such as reflective narratives, portfolio, visits to practice scenarios, guided studies, group readings and discussions, seminars and interactive classes. Procedural assessment during the course with activities/exercises, participation in class, reflective narratives that may evidence reading and critical analysis about the contents covered; portfolio and individual theoretical evaluation; thematic seminar based on visits and strategic actions in health policy management scenarios.
D10. Health and Society	Expository dialogues, guided studies, readings and discussions in groups, presentation and debates, systematization and production of individual and/or group texts based on previously indicated texts on the subject. Practices with the community of the city. Scientific work carried out in groups; portfolio; academic, reviews; criticisms; reports; summaries; assessment of individually written texts; dynamics, initiative and creativity.

Subsequently, the methodological approaches were organized, essentially, in traditional teaching-learning methodologies and, in a broader view, in active and participatory methodologies in the training of nurses.

In view of the teaching and learning assessment methodologies, in a more traditional approach, the documents recorded individual tests, an expository class(with some debates) with the use of audiovisual resources, such as slides (D2, D4, D6, D7 and D10). It is understood that these resources can also be used in a critical and reflective way, however they were discussed separately, since some references understand them as more traditional teaching methods. In some situations, these resources are understood as means of knowledge transmission, in which the student assumes a passive posture. For this situation to change, a more critical and

expanded perspective must be present in the training institutions, in order to achieve the competence profile expected for nurses.[13]

Although the presentation of the documents contains an innovative construction, in which the student leads his investigative method, it is explicit, in some plans, the lack of definition of action scenarios for they do not clarify the theory/practice relationship. Rather, some fragmented evaluative modes, as a theoretical approach, in some cases, are predominant and they leave the practical experiences/internships, in which the student is placed, in the background (D2 and D4).

In relation to active and participatory teaching-learning methodologies, some subjects stood out in a very explicit way (D1, D4, D7, D9) in meeting critical and emancipatory approaches, in which the student is encouraged to get involved intensively for the purpose of its construction. This is, actually, a reality that should be increasingly explored. Thus, in the analyzed plans, portfolios (D1, D9 and D10) were considered as learning tools inserted in this perspective, since they provide research, autonomy and transformative reflections for the educational process.

However, the use of portfolios brings with it numerous challenges, such as student involvement, organization of the discipline, little time for its development, student workload in the semester, but, even so, it reinforces the student's role in their professional training. Therefore, it provides an analysis of the educational process itself based on the discussion of weaknesses and potentialities, which could be further explored by the student. This self-reflective process suggests the re-elaboration of the analysis and, thus, the student may reach different levels of knowledge and experiences.[14]

In addition to the portfolios as belonging to the active teaching-learning methodologies, there was student participation in seminars, reading and critical analysis of the content developed, encouragement to initiative and creativity in the presentation of previous scheduled

work, and guided studies inserted both in teaching methodologies and in learning assessment. The usage of a problematizing methodology (D1 and D4) allows some innovative models that can provide an opportunity for the student to actively interact with systematized knowledge in the training process.[15] As an example of a problematizing approach in the plans, one can mention the Maguerez Arc (D1), which, through a systematic process, denotes a concern with an autonomous construction by the student.

In view of the above, it can be considered that the rapid transformations, which occur both locally and globally, challenge universities to use new teaching-learning methods that contemplate a new conception of the world, society and man.[16] Supported in this construction, the NCG seek to guide the initiatives that enable students to learn how to learn, which also involves learning to be, learning to do, learning to live in communion, and learning to know with a perspective of an integral health care of individuals, families and communities.[4]

In summary, the teaching and learning assessment methodologies have been following the changes in the field of mental health, in order to seek an understanding of the individual in his social context. These changes demand from professors not only pedagogical, but also relational and dialogical requirements for an expanded discussion of this field of knowledge and practice with students and professionals of service teams.

As a limitation, there is the specific analysis of documents from only two training institutions. It is, therefore, important to carry out field studies in other scenarios that can give voice to the protagonists of the teaching-learning process in mental health.

Conclusion

Theoretical-practical and methodological curricular activities in the training of Nursing students related to mental health education are inserted, in most of the analyzed disciplines, in an integrated and articulated way with other knowledge fields. It shows that the theoretical

dimension has been following the transformations that occur in the studied context. However, the methodological dimension of the analyzed plans still needs to be clearer in relation to the insertion and actions of students in mental health settings.

In relation to teaching-learning methodologies, the active and problematizing ones predominated, which demonstrated a concern by the courses in promoting a critical and proactive training that is linked to the reality of the scenarios in a reflective and propositional way. Still, the insertion in the reality of the services brings a formative perspective that promotes the articulation of the ideal and the real and opens some possibilities for new strategies in mental health.

As a result, courses need to work well the injunction of health management, services and teams in order to think and act collectively to face the problems that arise in this field.

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