



ORIGINAL

Perception of nursing students on children's mental health

Percepção de graduandos de enfermagem sobre a saúde mental infantojuvenil
Percepción de los estudiantes de enfermería sobre la salud mental infanto-juvenil

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ABSTRACT

Objective: to know the perception of nursing students on the theoretical-practical knowledge and experience of the child and adolescent mental health care provided during their graduation. **Methodology:** this is an exploratory, descriptive study, with a qualitative approach, developed in a public higher education institution, from March to April 2019. Ten nursing students from the last period of graduation participated, answering semi-structured interviews, transcribed and submitted to thematic content analysis. **Results:** we found the following analysis categories: undergraduate students' understanding of the meaning of mental health; aspects necessary for the child/adolescent to have good mental health; the role of nurses in caring for the mental health of children and adolescents; training of nurses to care for the mental health of children and adolescents. Although students can identify mental health problems that affect children and adolescents, they do not feel able to provide due care to these people. **Conclusion:** the distances between teaching and practice in children's mental health show the need for restructuring in the training of nurses, the permanent curriculum review, and pedagogical strategies to better prepare future nurses to respond with greater security to this growing demand of care.

Descriptors: Mental health. Child. Adolescent. Nursing care. Nursing education.

RESUMO

Objetivo: conhecer a percepção de graduandos de enfermagem sobre o conhecimento teórico-prático e experiência de cuidado da saúde mental infantojuvenil proporcionados durante a graduação. **Metodologia:** estudo exploratório, descritivo, de abordagem qualitativa, desenvolvido em uma instituição pública de ensino superior, no período de março a abril de 2019. Participaram dez graduandos de enfermagem do último período da graduação, que responderam a entrevistas semiestruturadas, sendo transcritas e submetidas à análise de conteúdo temática. **Resultados:** evidenciaram-se as seguintes categorias de análise: compreensão dos graduandos quanto ao significado de saúde mental; aspectos necessários para que a criança/adolescente tenha uma boa saúde mental; papel do enfermeiro no cuidado da saúde mental de crianças e adolescentes; formação do enfermeiro para o cuidado da saúde mental de crianças e adolescentes. Embora os graduandos sejam capazes de identificar problemas de saúde mental que acometem crianças e adolescentes, não se sentem aptos a prestar o devido cuidado a essa clientela. **Conclusão:** as distâncias entre o ensino e a prática na saúde mental infantojuvenil denotam a necessidade de reestruturação na formação de enfermeiros, da permanente revisão curricular e das estratégias pedagógicas, a fim de melhor preparar os futuros enfermeiros para responder com maior segurança a essa demanda crescente de cuidado.

Descritores: Saúde mental. Criança. Adolescente. Cuidados de enfermagem. Educação em enfermagem.

RESUMÉN

Objetivo: conocer la percepción de estudiantes de enfermería sobre el conocimiento teórico-práctico y experiencia de cuidado de la salud mental infanto-juvenil proporcionados durante la graduación. **Metodología:** estudio exploratorio, descriptivo, de enfoque cualitativo, desarrollado en una institución pública de enseñanza superior, en el período de marzo a abril de 2019. Participaron diez estudiantes de enfermería del último período de la graduación, que respondieron a entrevistas semi-estructuradas, que fueron transcritas y sometidas al análisis de contenido temático. **Resultados:** encontramos las siguientes categorías de análisis: comprensión de los estudiantes sobre el significado de salud mental; aspectos necesarios para que el niño/adolescente tenga una buena salud mental; papel del enfermero en el cuidado de la salud mental de niños y adolescentes; formación del enfermero para el cuidado de la salud mental de niños y adolescentes. Aunque los estudiantes sean capaces de identificar problemas de salud mental que afectan niños y adolescentes, no se sienten aptos a prestar el debido cuidado a esas personas. **Conclusión:** las distancias entre la enseñanza y la práctica en la salud mental infanto-juvenil muestran la necesidad de reestructuración en la formación de enfermeros, de la permanente revisión curricular y de las estrategias pedagógicas, para preparar mejor a los futuros enfermeros para responder con mayor seguridad a esa demanda creciente de cuidado.

Descriptores: Salud mental. Niño. Adolescente. Atención de enfermería. Educación en enfermería.

INTRODUCTION

Mental health problems in children and adolescents can occur by several factors such as genetic problems, brain disorders, violence, loss of close people, chronic adversities and acute stressors, developmental disorders, adoption processes, and cultural and social aspects that generate significant impacts on child development and the adolescent's personality.⁽¹⁾ There are two specific categories of mental problems in childhood and adolescence established by the World Health Organization (WHO): psychological development disorders and behavioral and emotional disorders. Psychological development disorders begin in early childhood or second childhood, in which there is an impairment or delay in the development of functions together with the biological maturation of the central nervous system and continuous evolution without relapse remissions. Behavioral and emotional disorders involve hyperkinetic disorders such as activity, attention, and behavior disorders.⁽²⁾

In Brazil, only at the beginning of the 21st century, the development of a Mental Health Policy for Children and Adolescents began. Before this policy, the education and social assistance sectors were responsible for the actions related to children's mental health in the country, with a focus on reparative and disciplinary issues, and the participation of health professionals was almost absent.⁽³⁾ The actions of mental health for children and adolescents, previously focused only on caring for people with severe psychological distress, started to include situations of risk or social vulnerability such as trafficking, prostitution, alcohol and other drugs, violence, and also problems related to school difficulties, behaviors aggressive, self-harm and social isolation.⁽⁴⁾

Since the Psychiatric Reform movement and the implementation of the mental health policy for children and adolescents as an agenda by the Unified Health System (SUS), the mental health care of children and adolescents has been progressing with emphasis on the creation of the Children and Youth Psychosocial Care Centers (CAPSi), regulated in 2002 by Ordinance 336 of the Ministry of Health,⁽⁵⁾ aimed to the reception and treatment of children and adolescents with mental problems.⁽⁶⁾

Despite the investments in health care equipment for the implementation of child and adolescent mental health strategies for the rights guaranteed by the Statute of Children and Adolescents (ECA), the topic of attention to the mental health of this population is not addressed with such intensity and frequency in academic articles and texts, official documents or technical reports from the Ministry of Health.⁽⁷⁾ This may reflect the lack of approach to this topic in the academic training of health professionals, especially nursing.⁽⁸⁻⁹⁾

Methodologically speaking, in the current teaching of mental health, whether in the classroom or internship areas, there are divergences of interests and teaching with an emphasis on psychopathologies, which do not encompass the precepts of the Psychiatric Reform centered on the psychiatric

institution and reinforcing knowledge and exclusion practices of diseases of the mind. As a result, we found problems in the recognition, proper treatment, prejudice, and segregation of patients, which contradicts the discourses of professionals and academic institutions, also reflecting on the scarce scientific production on general mental health.⁽¹⁰⁾

Considering the need to train nurses with skills and competencies to meet the demands of mental health for children and adolescents, we need to understand Nursing undergraduate students from a higher education institution about their theoretical-practical training in this topic. Thus, this study can support the development of strategies to face the problems found.

Therefore, this study aimed to understand the perception of nursing students about the theoretical-practical knowledge and experience of the child and adolescent mental health care provided during their graduation.

METHODOLOGY

This is an exploratory, descriptive study, with a qualitative approach, developed in a public institution of higher education located in the Municipality of Picos, Piauí, Brazil.

Ten nursing undergraduate students from the last period of graduation participated in the study. The inclusion criteria were: to be properly enrolled in the Nursing Bachelor's Degree and to be in the last period of graduation. We excluded students who were not attending classes or who had a medical certificate at the time of data collection.

The study sample was for convenience. The sample closure followed the criterion of saturation of information in the testimonies since in qualitative research, the effort to see all the possibilities of empirical approximation of the object, considering its dimensions and interconnections, becomes more important than the number of research participants.⁽¹¹⁾

We collected the data from March to April 2019 with nursing students under the supervision of a professor and a doctoral student tutor at Fiocruz. For data collection, we used a semi-structured interview script. The questions proposed by the semi-structured script were about the students' experience throughout their education, their perceptions about the importance of the nurse professional in the mental health care of children and adolescents, among other aspects.

Initially, we contacted the class leader to explain about the study and obtain support in the dissemination, and to request the contact of the other students who were invited to participate in the study. After their acceptance, we scheduled the interviews with the students, according to the availability of the date and time of the participants.

We conducted the interviews in a room reserved for this purpose at the educational institution, at a place and time previously scheduled, of about 30 minutes each, respecting the privacy of the participants. We recorded the interviews and then transcribed them in full and submitted them to the

content analysis proposed by Bardin,⁽¹²⁾ finding nuclei of meaning in three stages: pre-analysis, exploration of the material, treatment of the results obtained, and interpretation.

All research participants were informed about the objectives of the study and the ethical precepts described in Resolutions 466/2012 and 510/2016 of the National Health Council and signed the Informed Consent Form. We kept their identities confidential using codes (E1, E2, E3, ..., E10). This study was approved by the Research Ethics Committee of the Federal University of Piauí, under Opinion 3,207,760, of March 19, 2019.

RESULTS

Regarding the sociodemographic characterization of the students, we found the most female, single, brown in skin color, aged between 21 and 28 years old, from other cities in the state of Piauí, different from the city where the university campus is located and with income between two and six minimum wages. The results revealed four categories of analysis: undergraduate students' understanding of the meaning of mental health; aspects necessary for the child/adolescent to have good mental health; the role of nurses in caring for the mental health of children and adolescents; training of nurses to care for the mental health of children and adolescents

Undergraduate students' understanding of the meaning of mental health

We could identify three subcategories: mental health as the domain of their actions/emotions and a balance between physical, mental, and social well-being; mental health as an absence of mental illness; mental health as something unattainable.

- Mental health as the domain of their actions/emotions and a balance between physical, mental, and social well-being:

For this group of undergraduates, the meaning of the term mental health is related to the person's ability to act consciously in the different circumstances that affect them, also defining mental health as a complete physical, emotional and social well-being:

[...] I think it is the person having full control over his actions, that is, he is aware of what he is doing [...] and the person is also aware of it ... mental well-being and be aware of their actions. (E1)

[...] to keep this mental sanity, this mental health, despite the problems that everyone faces, that this person can go through and experience during these problems so that it does not affect him negatively. (E3)

[...] complete well-being of the mind, complete emotional well-being. (E6)

[...]complete psychological well-being, the individual has self-esteem, the feeling, and the ability to face everyday situations, it is when he is well both in physical, and psychological and social aspects. (E8)

- Mental health as an absence of mental illness:

Some students understand that mental health is the absence of mental illness, also relating to complete physical, mental, and social well-being:

[...] it is the absence of mental illness, which can be some disorder [...] some impairment [...] it is when the person has a healthy life, you know, a healthy cognitive life, without any mental illness. (E2)

[...] I would say that it is the complete physical, social and mental well-being [...] it is also the absence of mental disorders. (E4)

- Mental health as something unattainable:

For a graduate student, complete mental health is something that cannot be achieved in the complexity of life because according to him, a person will never feel good about everything around him, there will always be some discomfort, concern, or anxiety in any day-to-day situation:

[...] I consider it a utopia because I don't know if there is this person who is in complete well-being with his mind, without having anything that bothers him, no anxiety. (E6)

Aspects necessary for the child/adolescent to have good mental health

According to the speeches, we observed four subcategories: harmonious domestic and social life and respect for their physical needs; spiritual guidance; limits and discipline; emotional education.

- Harmonious domestic and social life and respect for their physical needs:

In this subcategory, the students showed their opinion of the importance of a good relationship with the child with their family and society, and the need for good nutrition, education, and physical activity as fundamental factors for the healthy physical and mental development of children and adolescents:

Also be socializing these children [...] also had the role of the family in guiding these children, allowing them to play, study, [...] know how to put them to interact, right? Trying to put them in society [...] a good education, physical exercises and they need fun, right? (E4)

[...] it must be based on basic feelings, the child has to feel loved, accepted, respect the child's individuality, educate him, but educate in a way that does not impose certain things that he does not want. It is making the child feel safe, safe to face his fears. (E8)

[...] they need to be inserted in a structured family bosom, where they can report to their parents and family members their anxieties, emotions, that they can also interact with other children, and be a healthy environment for them to develop the best way possible. (E9)

- Spiritual guidance

One of the interviewees considered it important that children or adolescents attend religious meetings. The student's speech shows that religious beliefs and practices can have a considerable

influence on the healthy development and mental health of individuals.

[...] attending institutions like churches, that kind of thing, participating in religion. (E1)

- Limits and discipline

Given technological advances and changes in the population's lifestyle, the students cited the importance of imposing limits and discipline on children and adolescents to educate them and have control over the actions:

[...] to have discipline, many things today like television, video games, cell phones, the internet harm the mental health of children and adolescents. So, a little restraint, a little discipline in use. [...] This child or adolescent has to have schedules, right? Discipline, time to play, to do activities, for leisure, this discipline I think helps mental health. (E2)

[...] also in terms of control, many parents are very controlling with their children, so I think this influences a lot because when the child goes outside and knows the world, it can affect their mental health a lot, the child is not prepared for that, [...] I think that adolescents cannot be too loose to do what they want, of course, there must be rules for him to make a responsible adult, but that does not prevent him from knowing society. (E10)

- Emotional education

In addition to the need for good family life, good nutrition, and physical activity, emotional education was also cited as an important factor, even as a priority, for children and adolescents to have a healthy development:

[...] a lot of emotional education towards these children [...] so that this child grows with the least possible trauma [...] the more emotional support the child has for the mental health, the better performance will have in studies, a better interaction with the classmates, living with other people will be better, so it is very important to prioritize this. (E3)

The role of nurses in mental health care for children and adolescents

We identified two subcategories in the analysis of the statements: supporting, bonding, and guiding the child and his family; to recognize possible mental disorders/impairments and refer to specialized care.

- Supporting, bonding, and guiding the child and his family

In this subcategory, the students understand that the professional nurse has the role of a health educator, providing support and guidance to children and adolescents and their families, and developing a relationship of empathy and bonding to optimize the therapy used in the treatment and monitoring of their patients:

Is to provide full support, right? [...] to acquire the trust of that child so that this child can

report something that he needs to be attended to, creating [...] a bond. (E10)

[...] a facilitator, a promoter of care, right? In this case, the professional enters the issue of the advisor of the family, the promotion of this care to these children and adolescents. [...] he enters as a facilitator of this care, right? Facilitator, the mediator of mental health care. (E2)

I believe that the nurse is inserted in all stages of the therapeutic monitoring of this child or adolescent. From the reception to the promotion of therapeutic activities, therapeutic workshops, medication, family support, and even the nurse creates a bond with the family, because as a child or adolescent, they are dependent on the family. So, the nurse works as a spokesperson as well, about how the treatment is going to help the family together with the multidisciplinary team and guide them [...] The nurse is present in the whole process, giving family guidelines. [...] but with even greater dedication, because it is a more complicated people to deal with. (E3)

- To recognize possible mental disorders/impairment and refer to specialized care:

This subcategory concerns the role of the nurse in recognizing signs of possible disorders of the child or adolescent, so they can do an appropriate referral to a specialized professional:

To observe signs of any disorder during nursing consultations. (E5)

The first role of the nurse concerning this is to recognize, not to diagnose, but to recognize that that child or adolescent needs help regarding mental health, and then forward him to a mental health professional, psychologist, or psychiatrist [...]. (E6)

He has to be attentive, to have a look beyond the physical, he has to observe the child and adolescent as a whole, observe from their developmental characteristics, and their behavior, physical, physiological, emotional. [...] a meticulous look, [...] to be helping to diagnose something and to intervene with care, refer him to a specialized professional, for the best treatment. (E7)

Training of nurses to care for the mental health of children and adolescents

When reflecting on their preparation to meet the mental health demands of children and adolescents, the students exposed their dissatisfaction with the training, especially in the lack of practical classes and internships aimed at these people. Most students do not consider themselves able to provide quality care to children and adolescents with mental problems.

First, at no time during graduation, we did not have contact with children and adolescents. [...] So, for me, the course is insufficient, as a future nurse who almost graduated, I don't feel like this, totally capable, totally able to take care of children and adolescents with mental health problems. (E2)

[...] I believe that the professionals trained on our campus are graduating without proper knowledge in this area. If someone decides to continue in this area or wants to go deeper into the subject, they will have to look in other ways, in specializations, especially if they are going to work in a place that requires this knowledge, they will have to start from scratch and train themselves, because our course does not prepare professionals to work in this area, not only due to the subjects hours but also due to the lack of practice fields. (E3)

It needs to improve a lot because it is very needy because we only see the mental health part related to adults, and never have a focus on children and adolescents, and it was necessary to have a greater focus. We also don't have internships with children and teenagers with mental health problems, nor during the course did I see anything related. (E5)

DISCUSSION

We could say that the concept of mental health is considered complex, as there is still no specific definition for it. We can mention the WHO concepts among many existing ones, which is the most used as a reference in studies on the theme, defining mental health not simply as the absence of disease or illness, but rather a state of complete physical, mental and social well-being.⁽¹³⁾ It is also how the individual seeks a balance between activities and his efforts to achieve psychological resilience, and the ability to appreciate life, the way he dominates his emotions and how he deals with the adversities and daily problems, seeking a certain emotional balance between the internal patrimony and the demands or external experiences.⁽¹⁴⁾

Authors argue that the WHO concept is critical since it is complex and imprecise, difficult to define, and considered even idealistic and utopian since few people fit into this state of complete physical, mental and social well-being. This is in agreement with the interviewee's speech when considering a utopia the search for the definition of something that can be considered unattainable.⁽¹⁵⁾

The family is a kind of primary network for social interaction and provides support considered essential, for the construction and maintenance of an individual's physical and psychological integrity, considered a reference regarding beliefs, values, and behaviors. For the authors, the deep relationships are established within the family, especially in the child's first years of life, forming their first bonds of coexistence in society, mediating their relationships with the world.⁽¹⁶⁾

At the end of the 1980s, WHO began to study more deeply the relationship between religiosity/spirituality and mental health, including the spiritual aspect in the multidimensional concept of health. In this way, the man began to be seen in a more integrated way, considering himself to be a bio-psycho-socio-spiritual being, with spiritual well-being as an experience of strengthening, support, and purposeful search of the individual to deal in a

balanced way day-to-day adversity, improving quality of life.⁽¹⁴⁾

Acting with limits and discipline are important aspects within the family dynamics and the healthy development of children and adolescents since they provide an adequate and respectful relationship with family members and society, especially in the values and habits of the context in which they live.⁽¹⁷⁾

The study's findings corroborate research that⁽¹⁸⁾ mentions the family as a source of support for the healthy emotional development of its members when it manages to offer care, affection, attention, dialogue, autonomy, limits, and freedom. If a child builds social, cultural, and affective bonds in the family environment, there is strengthening as a person, helping in the resolution of conflicts, in coexistence and adaptation to society, and in the most different situations that can be exposed throughout his life.⁽¹⁸⁾

After the Psychiatric Reform and faced with a new model of care, mental health services began to promote the creation of strategies for the inclusion of people with mental disorders, taking treatments within the family and social context. With this, the professional nurse started to have a more active role in the treatment and monitoring of these individuals, acting in the inclusion of the family in the therapeutic plan and helping caregivers to deal with the challenges imposed by this condition.⁽¹⁹⁾

Nursing care in the mental health area works as an educator and provider of health and well-being, and for its effectiveness, we can mention the involvement in acting with the interdisciplinary team and interpersonal relationships; the mental health education provider for the individual and family; the responsibility for the continuity and management of the therapeutic space and the care of children, adolescents, adults, and the elderly people; the participation in community actions for mental health; among other roles.⁽¹⁹⁾

This new model suggests new assistance proposals so that mental health care for children and adolescents is developed in different health services, inherently implying the territory, the intersectorality, and the care network, which can act in a way articulated and collaborative to provide greater access and better care.⁽²⁰⁾ The nurse performs several roles in children's mental health such as the individual and collective care, the therapeutic projects (as an important tool to know the individuals and propose care from their needs, activating points in the network, and calling for shared and co-responsible care), the home visits (important to know the context of users), and the articulation of care in an intersectoral network.⁽²¹⁾ Therefore, we perceive the importance of the professional nurse in the care of children and adolescents with mental disorders, seeking the inclusion of these people in the different health care networks.

Thus, the teaching of nursing in children's mental health must provide conditions for the students to develop scientific, humanistic, and technical skills, knowledge with specificity in the area, instrumentalizing them for their professional

practice.⁽²²⁾ The analysis of the statements of the undergraduate students is in agreement with study findings regarding the teaching of mental health in undergraduate nursing in Brazil, in which they evidenced in their results that, more than half of the courses evaluated in the research, provided only one discipline in the curriculum referring to this theme, being insufficient for the content to be addressed satisfactorily.⁽²³⁾

The fragility in the teaching of mental health in nursing is related to the reduced workload, leaving gaps in the teaching-learning process of undergraduate students, especially in the area of child and adolescent mental health that in most cases is insufficient and unsatisfactory, training professionals without the experiences and knowledge necessary to provide quality care to this people.⁽²⁴⁾

The fact that the contents and workload of the disciplines of Mental Health and Psychiatric Nursing are not standardized in university nursing curricula seems to contribute to the training of professionals unable to act in the demand for mental health, leading to a fragmented care practice. In this perspective, the contribution of extension in mental health is evidenced as a field of action for the performance of knowledge acquired in the classroom, reflecting by the academic through the articulation between theory and practice.⁽⁸⁾

This situation is often reflected in the daily lives of many nurses who face difficulties to work with aspects related to children's mental health in primary care, often due to the lack of stimulation during graduation to activities related to mental health that consequently leads to a lack of professional identification with this area of activity.^(10,17,23-24)

The study had limitations such as the results refer to a single educational institution, limiting the group of participants, not being able to replicate it in other contexts; the refusal of four students to participate in the interviews, alleging the lack of knowledge on the topic and the fear of not responding adequately to the questions that would be asked. This study contributes to the pediatrics area and, mainly, to the mental health of children and adolescents, highlighting gaps in the training of nurses and demonstrating the need to invest in the training of undergraduate students and the continuing education of nurses, an important element to improve care, offering comprehensive care for children and adolescents with mental disorders.

CONCLUSION

Although nursing students can identify some mental health problems that affect children and adolescents, they do not feel able to provide due care to this population, considering that during graduation there is no focus on teaching the topic, leaving gaps in the training of professional nurses in the institution.

The distances between teaching and practice in mental health for children and adolescents showed the need for restructuring the training of nurses, the permanent curriculum review, and pedagogical strategies. We suggest university extension and

experiences not learned in the classroom in the search to promote learning and enrich academic education through the perception of the subjectivities of individuals, giving an unmatched possibility of welcoming, empathy, and bonding. All these elements are essential for mental health practices today as they are guided by the principles of humanization, contributing to the training of nurses committed to their reality.

Thus, it is relevant to review the institution's pedagogical political project to include the mental health care of children and adolescents in the curriculum of the course, combining theory and practice to better prepare future nurses to assist greater security to this growing demand for care.

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