



## Current knowledge demands in mental health care

In health sciences, there is almost unanimous recognition of the responsibilities attributed to each of the staff members. However, the profiles of the professionals are adapted to the realities of the work environments and may be influenced by the budget limits of the institutions responsible for the management of health services, the market demands, and the population demands.

Each profile in health services are usually distinct. However, they have mutual areas of training and overlaps are relatively common, which requires team members to understand that their ultimate goal is to guarantee the users' well-being. To do this, it is necessary to acquire competencies, i.e., expertise, specific skills, abilities to perform activities or intervene in a given area. From an educational perspective, specific competencies are distinguished from those that are wide or generic. The former requires special attention in academic training, since they characterize the profession by distinguishing it from others. In addition, the evaluation of specific competencies validates the academic degree that socially recognizes the performance of the profession<sup>(1)</sup>.

In general, areas of knowledge that include health interventions can be considered as “applied sciences”; in them, general rules are adapted to practical situations. Professions whose practice is considered an applied science, involving the affective dimension of people and their relationship with the world, should value the development of cognitive and affective capacities among students and adopt approaches that allow the interconnection of the multiple dimensions of work practices<sup>(2)</sup>.

In the area of health, there is tension between the conceptions of basic and applied sciences. The positivist tradition of basic science hinders the recognition of the wide range of human behavior, which is connected to the biological dimension and is also part of the health-disease process. However, the identification of subjective and social needs is as important as the identification of biological needs, since the former influences both the production of health and the disease process. This perspective requires a professional open to innovations and to the insertion of unusual practices in care, without disregarding evidences of their effectiveness<sup>(3)</sup>.

The present and the future require movements towards the training of professionals with more holistic profiles concerning comprehensive care. This is already an ongoing process; however, it seems to be difficult to generate responses as fast as the challenges of the world of work require<sup>(3)</sup>.

Two articles in this issue challenge the reader to overcome beliefs acquired in their education and to broaden the horizon of their knowledge. Both articles address the inclusion of Integrative and Complementary Practices in the treatment and care of mentally ill patients and users of psychoactive substances. In the first case, theatrical games were used in meetings, revealing at the end of the research that they had positive influences on the social skills and competences of the patients. The second article evaluated auriculotherapy as nursing care for the reduction of marijuana and cocaine use. The authors concluded that it is necessary to include care practices other than the traditional ones for dealing with drug users.

Currently, there is an increase in the search for complementary health approaches, due to feelings of disbelief regarding pharmacological and psychological treatments in mental health care. Reducing stress and improving symptoms of anxiety and mood have been some of the reasons for using these practices and are also the conditions for which most benefits have been found<sup>(4)</sup>.

Integrative and Complementary Practices are considered important resources in mental health care, since they are accepted by users of health services and favor the relationship between professional and patient, increase the user's self-confidence and bring the patient closer to the family and the community<sup>(5)</sup>. Perhaps because they do not separate the mental patient's treatment from the community, they are practices widely used in other health alterations. Therefore, it is essential that researchers and professionals appropriate knowledge to better understand the potential benefits and the limitations of these procedures.

A current challenge for professionals and researchers is the use of virtual social networks, which can help their users through the formation of groups with beneficial objectives, such as support and mutual help groups for patients with specific diseases, but can also serve as vehicle for actions that are unclear or harmful to people's health and integrity.

Social communication in virtual communities, Facebook and other media has aroused researchers' interest as a source of information, including for health and education studies<sup>(6-7)</sup>. However, they do not serve only this purpose, but are also vehicles for marketing, e-commerce, cultural creativity businesses, distribution of media, entertainment, and even for socio-political activism<sup>(7)</sup>.

One of the articles presented proposes the challenge of understanding the formation of a self-injury group on Facebook, with text posts and images, collected within a year, that revealed characteristics of the participants, the context in which this practice occurs and follows engagement attitudes.

Another article addresses the role of families in a Psychosocial Care Center (CAPS). The authors reveal the difficulties faced by this group in the fight for their rights, even when they are connected to the Patients, Family and Employees Association. This department exercises social control actions on the care provided to the patients. The participation of family members in treatment and sharing experiences with other family members, health workers and managers provides knowledge of other contexts and can be an enriching experience for everyone in the process of psychosocial rehabilitation.

Currently, there are demands for a less technical and more critical and politicized professional training, with the inclusion of discussions that are not contemplated in higher education, such as the health reform, the psychiatric reform, social assistance, human rights, citizenship, social movements and social control committees. The objective is to raise awareness and make students perceive themselves as part of this process and as subjects connected to social policies<sup>(8)</sup>. In Associations where users participate, they are exercising their right to monitor and evaluate the services they use.

Expectations regarding university admission may interfere in the students' transition to higher education, that is, a high level of expectation leads the student to make more assumptions about what is to come. This may result in actions focused on academic performance and, consequently, may give rise to the perception of an environment that reinforces thoughts, feelings and behaviors that inhibit, limit or facilitate adaptation to the new social environment<sup>(9)</sup>. Scholars<sup>(10)</sup> have highlighted in this context the dynamics between personal and institutional resources, which interact and interfere with the students' performance by altering their perception of physical and psychological well-being.

Anxiety among university students is a phenomenon that must be identified, so that it is possible to intervene when it reaches the level of uncontrolled physical and psychic symptoms. High levels of anxiety can significantly affect the construction of the students' identity and their quality of life<sup>(11)</sup>, as well as lead to behaviors that are detrimental to their health and integrity. Students often feel vulnerable when managing the increasing volume of information of university life and when planning their professional career. Also, they can experience stress with certain teaching and learning features of the profession. In addition, the student has to deal with his search for independence and autonomy from his parents, with the conflict of managing academic demands and leisure activities with conflicts related to affective relationships<sup>(12)</sup>.

Studies<sup>(12-13)</sup> conducted with health students, particularly those who have direct contact with users of health services (physicians and nurses), have verified the impact of stress and social skills on the academic experience of students and discovered that lack of social skills to face social interpersonal situations perceived as social risk is related to stress. These evidences support the concerns about the university's academic performance, health, and psychosocial well-being.

Use of psychoactive substances is an expected behavior in the group composed of adolescents and young adults. In Brazil, the problems related to the use of psychoactive substances in this population are alarming.

A study conducted with university students in the 1990s<sup>(14)</sup> indicated that alcohol and tobacco were the most used substances, with a high prevalence in the previous 12 months: a 82.3% prevalence of alcohol, 29.6% of tobacco and 30.6% of “illicit drugs”, which had a prevalence of 38.1% in life, 26.3% in the last 12 months and 18.9% in the last 30 days (data in the area of biological sciences). The use of “illicit drugs” was higher among male students. In a similar research carried out later, with the same questionnaire<sup>(15)</sup>, the behavior of biological sciences undergraduate students in relation to alcohol and drug use was also evaluated. It was observed that users of tobacco and “drugs” were more engaged in social and cultural activities and spent less time on academic activities than non-users. These results corroborate an earlier study<sup>(16)</sup> and showed that biological sciences students should receive a different approach in relation to alcohol and other drugs, because, in the future, they will take the basic notions of health to the community.

Thus, it is important to know the use pattern, the attitudes and the knowledge of this group regarding the consumption of alcohol, tobacco, “illicit drugs” and “medicines”. A study<sup>(17)</sup> found a correlation between increased use of tobacco and “drugs” when students were more tired, stressed, depressed or at parties. Alcohol use was higher when students were at parties or during weekends and free time. This observation showed that when students were away from home and more exposed to these substances, the use increased. Students who did not have or practiced religion and those with higher family incomes were more exposed to drug and alcohol use. The data revealed the need for different policies of awareness and prevention for these populations, since directed actions can be more successful than those that address all students.

A study with university students in the Northeast region of Brazil<sup>(18)</sup> showed that the highest consumption of alcohol, especially alcohol abuse, occurred among male students who were older and smokers. It also showed that students were aware of STD transmission and contraceptive methods, but there was misinformation about AIDS. This was more frequent among alcohol abusers, which increases risk, since alcohol abuse is correlated with unsafe sex practices. The same study indicated an association between alcohol abuse and exposure to advertising in several media vehicles, demonstrating the influence of advertising on the use of alcohol.

Two studies on the theme show that the scenario has not changed: young university students continue to use psychoactive substances and expose themselves to all kinds of risks. Perhaps the time has come, or actually, it is long past time to conduct intervention studies among students to show effective ways to encourage sensible use of these substances, to minimize the risks of abusive use and to look at the use of substances in the expectation of it being a form of recreation.

The use of crack cocaine among women is addressed in an article in a pertinent way, since it is an issue associated with marginality and criminality, characteristics usually attributed to users of this drug, as well as risky sexual practices<sup>(19)</sup>. The stigma on this population is already established, built in part by the mass media discrimination surrounding the use of this drug, which makes the search for health services more difficult for this group<sup>(20)</sup>.

The scarcity of studies on gender and vulnerability makes it impossible to categorize women as a group qualified for therapeutic programs more adequate and sensitive to their priorities and needs. Instead, women are marginalized, even within the topic of addictions. However, the need for distinct therapeutic groups for men and women<sup>(20)</sup> is being increasingly perceived, probably because of the social stigma that women feel in mixed groups<sup>(21)</sup>. The set of studies on the topic, including the one presented in this issue, indicates the urgency to introduce innovations in social and health practices to access this public.

The topics discussed were very diverse and complex, but also relevant and current. The expectation is that the articles update the knowledge, raise concerns, lead health professionals, educators and researchers to reflect and stimulate their interest in increasing their knowledge and creativity for the development of programs and projects dedicated to groups similar to those studied in this issue.

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Margarita Antonia Villar Luis

Chief Editor of the SMAD, Revista Eletrônica Saúde Mental Álcool e Drogas, Full Professor of the University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development, Brazil, e-mail: [margarit@eerp.usp.br](mailto:margarit@eerp.usp.br)