

Education in mental health and psychiatry nursing in the undergraduate nursing course

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Including mental health knowledge in the integral care of the human being and being able to identify when the target of their care needs specialized Nursing support in Mental Health and Psychiatry, are essential competences of any nurse of general care, being important to understand how to integrate this knowledge in the study plans of general care nurses. This article aims to describe the conception and planning of the Mental Health and Psychiatry Nursing learning of students of the Undergraduate Nursing Course in Coimbra, Portugal, to characterize the Mental Health and Psychiatric Nursing curricular units that are part of the studies and analyze their contribution to the training of general care nurses.

Descriptors: Mental Health and Psychiatric Nursing; Nursing Education; Nursing Curriculum.

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Resumo: Incluir conhecimentos de saúde mental no cuidado integral ao ser humano e conseguir identificar quando a pessoa-alvo dos seus cuidados necessita de apoio de Enfermagem especializada em Saúde Mental e Psiquiatria são competências essenciais de qualquer enfermeiro de cuidados gerais, sendo importante perceber como integrar esse conhecimento nos planos de estudo dos enfermeiros de cuidados gerais. Este artigo tem como objetivos descrever a concepção e o planejamento da aprendizagem da Enfermagem de Saúde Mental e Psiquiatria dos estudantes do Curso de Licenciatura em Enfermagem, em Coimbra, Portugal, caracterizar as unidades curriculares de Enfermagem de Saúde Mental e Psiquiatria que integram o plano de estudos e analisar os seus contributos para a formação de competências dos enfermeiros de cuidados gerais.

Descritores: Enfermagem de Saúde Mental e Psiquiátrica; Ensino de Enfermagem; Currículo de Enfermagem.

Educación en enfermería salud mental y psiquiatría en la licenciatura en enfermería

Resumen: Incluir el conocimiento de la salud mental en la atención integral de los seres humanos y ser capaz de identificar cuando la persona cuidada necesita apoyo de enfermería especializada en salud mental y psiquiatría son habilidades esenciales para cualquier enfermera general, así es importante entender cómo integrar este conocimiento en los planes de estudio de las enfermeras de cuidados generales. Este artículo objetiva describir el diseño y planificación del aprendizaje de Enfermería de Salud Mental y Psiquiatría de los estudiantes de Licenciatura en Enfermería de Coimbra, Portugal, caracterizar las disciplinas de enfermería en salud mental y psiquiatría que incluye el plan de estudio y analizar su contribución a la formación de las habilidades de las enfermeras de cuidados generales.

Descriptores: Enfermería de Salud Mental y Psiquiatría; Educación de Enfermería; Plan de Estudios de Enfermería.

Introduction

In this article, how the Nursing of Mental Health and Psychiatry (NMHP) of the Nursing Undergraduate Course (NUC) of the Coimbra Nursing School (ESEnfC), Portugal, is conceived and planned, is presented. For a better understanding of the curricular options, it seems important to outline, however briefly, some general ideas about Nursing, discipline and the profession.

Nursing is conceived as the discipline of caring that enhances the capacities of individuals and groups in the search for satisfaction of their basic needs and fulfillment throughout life. A global understanding of the person being cared for is advocated and it is understood that body and mind are part of the same defining individuality of each person in their development process and context. In this way, mental health is an essential and indivisible component of the human being and allows him to act

and fulfill himself as a person. Thus, it is considered that health and disease transitions always involve complex processes of physical and mental adjustment; that health problems, whose main focus is an imbalance in the medical-surgical field, have aspects of emotional adjustment that need to be considered and that when the essential focus of the psychiatric disequilibrium is, equally, aspects of organic adjustment that do not if they can be despised. Nursing is a profession of people caring for people (Wanda Horta 1926-1981). At that meeting, there are attitudinal, emotional, and relational aspects that influence the outcome of the desired therapeutic relationship (Hildegard Peplau 1909-1999).

In Portugal, all professional nursing care is performed by nurses. The initial training is acquired through a Nursing Undergraduate Course (NUC), integrated to Higher Education and lasting for four years, after completing 12 years of schooling. In addition to these general-care nurses, they still work as other nurses who, in addition to this general training, hold a post-graduate course, specialization and / or master's degree in one of the areas of specialization recognized by the Order of Nurses (ON) among which is the Specialization in Mental Health and Psychiatry Nursing (MHPNS). It is emphasized that, to access a specialization or master's degree in a Nursing area, a previous degree in Nursing is compulsory and, in order to practice Nursing, it is necessary, at least, a degree in Nursing.

Although it is not the theme of this article, since it is only going to be about the Mental Health and Psychiatry training of students at the undergraduate level, it seems important to understand what differentiates and how the training and skills of nursing nurses are articulated general and specialist. The NUC aims at the up-to-date training of nurses with skills for professional practice and the requirements for lifelong learning. The benchmark follows the framework of competencies required for ethical and legal professional practice – *scientific, technical and human competence to provide general nursing care to the individual, the family, and the community at the three levels of prevention*⁽¹⁾. On the other hand, to the nurse specialist in Mental Health and Psychiatry Nursing (MHPN), in addition to those competences, he / she is assigned specific competences of psychotherapeutic, socio-therapeutic, psycho-social and psychoeducational care to the person throughout the life cycle, mobilizing individual, family, group or community context and dynamics in order to maintain, improve and recover health⁽²⁾.

In Europe (including Switzerland, Iceland and Norway), according to 2015 World Health Organization

(WHO) statistics, 27% of the adult population (between the ages of 18 and 65) had at least one episode of mental disorder in the last year⁽³⁾. As this organization points out, these data present an understatement of these disorders, since they do not cover the whole population, leaving out some characteristic ages of vulnerable groups.

Among the different European countries, Portugal has the highest prevalence rate of psychiatric disorders (22.9%)⁽⁴⁾. In addition, people with psychiatric disorders do not have equal access to health care compared to patients with other conditions⁽⁵⁾ and 33.6% do not receive any treatment⁽⁶⁾.

In summary, the National Mental Health Study, recently carried out under the World Mental Health Survey Initiative, showed the following data: in Portugal there is one of the highest prevalence of mental illness in Europe; a significant percentage of people with severe mental illness remain without access to mental health care; many of those who have access to mental health care still do not benefit from intervention models (treatment and psychosocial rehabilitation programs), which are now considered essential⁽⁶⁾.

Progress in the treatment of psychiatric illnesses and the fight against stigma and discrimination and in favor of the human rights of mentally ill people has led to the reorganization of care services, characterized by the breakdown of the isolation to which they were directed and the dynamics of community-based care policies. In Portugal, the change in the organization of mental health services occurred in the early 1980s. The reform had, as a theoretical reference, the assumptions that are common to most developed countries, emphasizing the main interest in promoting the social inclusion of the sick person and transferring the focus of intervention from the hospital to the community.

Since psychiatric illnesses are of multicausal origin, involving different individual and sociocultural factors, it is necessary a global understanding of them and their impact on families, groups and society, in order to favor adequate and transdisciplinary intervention in the care processes for this purpose, an innovative approach that can break with the classic intervention models still very focused on medical decisions.

In health services and in the community, nurses are challenged to care for people for whom mental health is an adjunct to the care process or for whom this is the focus of primary care. Sometimes, still, and because the person is an integrated being of body and mind, during the care process, aspects of mental health can go from adjuvant element to acquire a fundamental relief. Consequently, to include mental health knowledge in the integral care of the human being and to be able

to identify when the target person of their care needs specialized Nursing support in Mental Health and Psychiatry are essential competences of any general care nurse.

It is considered, therefore, that all nurses must have a basic training in Mental Health Nursing and that relevant aspects of this subject area are essential for the understanding and performance of all Nursing activities. Many of these contents and learnings are included in all other curricular units of the course, such as communication, which is the object of learning from the first year and that integrates and deepens in several stages of the progression of the course. However, in addition to this contribution that Mental Health knowledge makes in all curricular areas of learning to be a nurse, there is a need to individualize and organize, in a coherent whole, specific Mental Health and Psychiatry learning, albeit at a generalist level. In fact, many care for people with mental disorders can be developed by general care nurses. In addition, greater knowledge about psychiatric illnesses and the needs and potentialities of people suffering from mental disorders is a very important contribution to reducing stigma and to a higher quality of care overall. Lastly, nurses specializing in Mental Health and Psychiatry Nursing in Portugal represent only a small part of Nursing assets accounting for, in 2015, 1,679 specialist nurses in Mental Health and Psychiatry Nursing in a universe of 67,893 nurses⁽⁷⁾.

Thus, in the Nursing teams, one can have, in a collaborative way, general nurses and specialist nurses in Mental Health and Psychiatry. The link between these and general and specialized care is a challenge, since the care to be provided to groups with special needs, such as those suffering from mental problems or at risk of becoming ill, require not only a generalist preparation, but also, a specialized preparation⁽⁸⁾.

In conclusion, it can be stated that general care nurses have a training that allows them to understand the whole person in an integrative way between body and mind and to respond effectively to their global care needs, taking into account the somatic and mental expressions. However, this knowledge, sufficient to meet general needs and to understand how a person processes a crisis situation, is not enough to respond to a great number of problems placed in the care of these populations with special characteristics. Thus, training in Mental Health and Psychiatry Nursing is not only important, as part of the training of general care nurses, but also imposes itself as a specialized training for nurses who, with adequate general education, want specialize in this important area of care.

Mental Health and Psychiatry Nursing framework: a curriculum development model in initial training

The overall curricular concept in MHPN, within the framework of initial training, at the undergraduate level, followed by the ESEnFC, is based on the international recommendations for Nursing education integrating the main reforms of Nursing education in Portugal, namely the implementation of the process of Bologna, the current context of advancement of knowledge in the scientific area of Mental Health and Psychiatry Nursing and the innovation and development of new technologies. The structuring of an articulated scientific knowledge in subjects of hyper-complexity implies the active involvement of students in the learning processes through a curriculum focused on experiential learning committed to the prevention, promotion and rehabilitation in mental health.

To frame the MHPN curriculum model in the context of initial training, the philosophical and theoretical frameworks that determine the choice will be briefly described.

The curricular model of the initial formation is based on a constructivist and humanistic perspective. Based on a positive and humanistic approach, emphasis is placed on the freedom, dignity and potential of each human being. Considering the presuppositions of constructivism, one recognizes the dependence on the acquisition of new knowledge and new skills, contact with other realities valuing themselves, thus, experiential and reflective learning.

From these assumptions, it is possible to verify that the central aspects of the field of Nursing, such as communication, are successively explored throughout the course in a complexization spiral and greater capacity of execution. Likewise, theoretical and theoretical-practical curricular units intersect with clinical teaching units where experiential and reflexive learning acquire particular relevance.

Thus, while some learning in mental health are integrated in different curricular units and throughout the course, others, such as the deepening of the knowledge in mental health and the learning in psychiatric Nursing are carried out, preferably and intentionally, in the last semesters of the course.

To this end, it is part of the curricular structure of the course: a curricular unit of Mental Health and Psychiatry Nursing, in the 5th semester; a clinical teaching period, corresponding to five weeks, in the 6th or 7th semester; two optional curricular units - Liaison Psychiatry Nursing and Community Mental Health Nursing and Rehabilitation - and their respective clinical teaching (Figure 1).

Year	1°		2°		3°		4°	
Semester	1°	2°	3°	4°	5°	6°	7°	8°
Mental Health Contents "cross-sectional"								
Curricular Unit of Mental Health and Psychiatry Nursing					6 ECTS*			
Clinical Teaching Mental Health and Psychiatry Nursing						5 Weeks		
Option: Liaison Psychiatry Nursing								18 ECTS*
Option: Community Mental Health Nursing and Rehabilitation								18 ECTS*

*ECTS - European Credit Transfer System

Figure 1. Distribution of contents and curricular units of Mental Health and Psychiatry Nursing in the curricular plan of the Nursing Undergraduate Course of the Nursing School of Coimbra (NUC, ESEnFC)

This distribution of curricular units is based on the NUC students' global development project, with an increasing matrix of differentiation and deepening of knowledge in Nursing, as well as in the interdependence of different curricular areas. Thus, for example, clinical teaching in Mental Health and Psychiatry can be attended in the 6th or 7th semester, as well as the clinical teaching of other disciplinary areas of Nursing, and it is expected that the order of its execution will be of little relevance for the acquisition of the Transversal and global competencies of General Care Nursing.

On the other hand, in the last semester, when the student already has a global view of the different areas of intervention of Nursing, when the latter is able, with a greater degree of autonomy, to evaluate their complementary training needs and when it begins to idealize your future professional career, you are offered the opportunity of different optional areas in which you can carry out your training course. In the area of the MHPN, two possible options, previously mentioned, were selected, taking into account their relevance and crosssectionality in the context of general care.

With regard to mental health, one begins with the knowledge that, when students begin their Nursing education, after 12 years of compulsory schooling, they already have a set of knowledge related to health, whether they have been acquired by their and informal training built as a result of interactions with increasingly open systems, as is customary in the development process, and shows the ecological theory of Bronfenbrenner⁽⁹⁾.

Studies on Mental Health literacy in young Portuguese have shown the relative importance of different sources of information⁽¹⁰⁾, with a strong relevance of Social Communication, not always subject to scientific knowledge, and how young people have difficulties in recognizing the more frequent disruptions, often using inappropriate labels, devaluing professional help and showing preference for informal help⁽¹¹⁻¹²⁾. Nursing students themselves share stereotypes

and stigmatizing conceptions about mental illness / psychiatry that may influence their learning and the development of specific competencies for the provision of Mental Health Nursing care⁽¹³⁻¹⁴⁾. In fact, research on the attitudes of nursing students regarding Mental Health and Psychiatric Nursing consistently reveals unsatisfactory attitudes, which is one of the areas least favored by these students as a career opportunity. On the other hand, quasi-experimental studies have shown that students tend to have more favorable attitudes towards Mental Health Nursing when they have more hours of theoretical preparation in this scientific area⁽¹⁵⁾.

In this way, learning in Mental Health and Psychiatry aims not only at acquiring basic knowledge for acting in this field, but also in deconstructing preconceived ideas and creating conditions for new concepts, knowledge and attitudes can develop.

Lastly, the two optional units offered at the end of the course (8th semester) are designed to provide students who are motivated by the knowledge and intervention in Mental Health to develop competencies more geared to the two areas of intervention of the Mental Health and Psychiatry Nursing with great impact in the general context of care: Liaison Psychiatry, to improve their ability to recognize mental health problems associated with health transitions and Community Mental Health and Rehabilitation, not only to deepen components promotion of mental health and prevention of psychiatric diseases, but also to care for people with this type of disease in a community context.

Curricular development of Mental Health and Psychiatry Nursing

Curricular Unit of Mental Health and Psychiatry Nursing (5th semester)

In the third year, 5th semester, the structuring curricular unit of this scientific area is taught. ESEnFC's NUC of MHPN curricular unit is developed from five

essential modules and aims to contribute to the development of knowledge and skills in the field of Nursing care in general and Mental and Psychiatric Health, in particular, to the three levels of prevention, targeting the adult population. Each of the modules has an internal coherence around specific learning objectives, starting with more general issues and the development of the conceptual matrix of the MHPN for intervention in laboratory context based on fictional clinical problems (Figure 2).

The first module, “Basic Concepts and Historical Evolution of Mental Health and Psychiatric Nursing”, 15 hours theoretical, aims to provide students with a set of basic concepts and knowledge essential to

understanding the health / mental illness phenomena, Nursing Mental Health and psychiatric care. In an integrative perspective, mental health is addressed as part of the concept of health and on a continuum throughout the life cycle. The programmatic contents are developed taking into account the cultural, anthropological and social specificities that, over time, can be observed in the analysis of mental processes and human behavior. Accelerated changes in socioeconomic terms, lifestyles, behaviors, urbanization, changes in the labor markets and poverty are increasing the incidence of psychiatric pathology, which poses new challenges and great demand pressure to the mental health services themselves⁽¹⁶⁾.

	Objectives
Module I	<ul style="list-style-type: none"> Define the concept of mental health Analyze the determinants of mental health Understanding the extent of mental health problems and the impact of psychiatric illness Distinguish, throughout historical periods, the different conceptions of “mental illness” To analyze the implications of different conceptions in the provision of care for people with psychiatric disorders Understanding the impact of the stigma of mental illness on the different processes of access, treatment and rehabilitation of individuals Understanding the different factors that interfere in the process of adaptation to stress situations To analyze the concept of crisis and its implications in the development process of the individual Recognize the relevant legal aspects in the field of Mental Health and Psychiatric Nursing Recognize the importance of promoting the mental health of individuals and groups Recognize the importance of individual, family and community involvement in the recovery process
Module II	<ul style="list-style-type: none"> Characterize the psychiatric history and mental examination Classify the different psychopathological changes according to the different components of the mental examination Distinguish the main characteristics that identify some common psychiatric diseases and those considered serious Distinguish concepts of imputability and non-attributability
Module III	<ul style="list-style-type: none"> Distinguishing the most commonly used therapeutic modalities for the treatment of psychiatric disorders Understand the assumptions of the help relationship Distinguish the different capacities essential to the development of the aid relationship process Describe the mode of action, indications, side effects and specific interventions of Nursing in the following psychopharmacological groups: antipsychotics, anxiolytics, antidepressants and mood stabilizers Identify the factors of nonadherence to treatment Understanding the problem of aggressive behavior in a psychiatric context
Module IV	<ul style="list-style-type: none"> Interpret different clinical situations by classifying the symptomatological characteristics and the different factors that interfere in the problem situation Identify the priority focuses and formulate the Nursing diagnoses of the different clinical cases presented Propose and justify the specific Nursing care for problem solving To analyze the possible effects of communicational strategies in the interpersonal relationship with patients in the psychiatric context To analyze the specific contributions of general care nurses in different care processes (from prevention to rehabilitation)
Module V	<ul style="list-style-type: none"> Conduct a clinical nursing interview in the context of the evaluation of mental health status in a simulated practice context Perform the Jacobson progressive muscle relaxation technique Perform assertiveness techniques in simulated practice context Plan an Occupational Therapeutic Activity To analyze the impact of the communicational attitudes of the nurses in the processes of therapeutic relation To play the essential skills of aid relationship in the context of simulated practice

Figure 2. Educational objectives of the modules of the MHPN curricular unit

Other programmatic contents, such as the History of Psychiatry, aiming to distinguish, throughout historical periods, the different conceptions of “mental illness”, allow to analyze the implications of these concepts and stereotypes in the care of people with psychiatric disorders and in the proposed care models. This curricular construction aims to provide students with a critical and reflective understanding of the evolution of care models in Psychiatry, from the asylum model, exclusion and coercive restraint of “madness”, to the integrative and emancipatory models proposed by Community Psychiatry and psychosocial rehabilitation⁽¹⁷⁾.

The Stigma of Mental Illness is an in depth topic, considering that it is a fundamental item in the training of future nurses. The concept of stigma can be defined as a social process, or a complex personal experience characterized by exclusion, rejection or devaluation resulting from prejudice or adverse social judgment about a person or group identified with a specific problem⁽¹⁸⁾. In order for the student to understand the different factors that interfere in the process of adaptation to stress situations, the Stuart Stress Model is introduced as the basic reference. This model is based on a holistic perspective integrating biopsychosocial components, namely predisposing factors, precipitating factors, stressor evaluation, adaptation resources, adaptation mechanisms and a continuum of adjustment responses⁽¹⁹⁾.

The second module, Psychopathology and Behavioral and Mental Disorders, develops in a total of 24 hours of contact divided into two interconnected thematic blocks. Twelve teaching hours are dedicated to the teaching of contents of Psychiatry Semiology and mental examination so that the student acquires the knowledge that allows him to identify the psychological and physical parameters to evaluate in the person with psychiatric illness and to understand the importance of the mental examination and the clinical history while instruments used by nurses. The same number of hours is devoted to the most relevant psychiatric nosological charts, according to their frequency and severity, enabling them to distinguish the main features of some of the most prevalent psychiatric diseases as well as serious mental illnesses. Also in this module, the concepts and principles related to Forensic Psychiatry.

The third module, Therapeutic modalities in Nursing care, develops in a total of 15 theoretical hours of contact and integrates the essential and basic concepts of the therapeutic interventions most commonly used in the treatment of psychiatric diseases. It begins with the principles of MHPN, which integrate the person’s vision as a holistic and positive being, where the focus is on their qualities and resources, valuing the potential for

growth and considering the individual’s uniqueness and potential to establish relationship with each other. Part of the presuppositions of understanding the behavior of the individual as a process of learning and adaptation to previous stressors and revisited and deepened the assumptions of the relationship of help⁽²⁰⁾ and the Roggerian assumptions essential to the integration of the conditions for non-directive counseling⁽²¹⁾.

Module IV, Nursing Care for patients with changes in psychosocial adaptation, theoretical-practical (18 hours), provides learning to plan, implement and evaluate autonomous nursing care / interventions to patients with changes in psychosocial adaptation and psychiatric disorders. Clinical cases are analyzed and debated in a group, and practical exercises in the formulation of nursing diagnoses are carried out following the language of the International Classification for Nursing Practice (ICNP, version 2), according to the orientation of ON and the International Council of Nursing⁽²²⁾.

Finally, in the fifth module, Other interventions of Psychiatric Nursing, of nine hours of laboratory practices, a set of psychosocial techniques and interventions are trained (eg, Jacobson’s progressive muscle relaxation technique; therapeutic occupational activities and relationship skills help). With these activities, students practice simulation interventions and reflect on their meanings and performance. This training of specific skills, communicational and relational, for the care of the person in crisis situations, is fundamental for the student to practice, even in a protected environment, these interventions before the real situations.

Curricular Unit of Primary Clinical Teaching/ Differentiated Health Care: clinical area of Mental Health and Psychiatric Nursing (6th and 7th semesters)

Clinical teaching is a unique learning environment. In this context, the student, confronted with the situations lived by the target people of care, realizes their learning needs by orienting themselves to a search for focused information, comparing it with the needs and answers of their clients, reflecting on their own learning experiences and the results of their actions and thus enriching their knowledge from their experiential experience and the construction of new conceptual schemes.

Learning in a clinical context places the student in the face of the dynamics of the caring process, its complexity and multiple actors - different health professionals and care target people -, their limitations and the search for how to overcome them, ethical dilemmas and of decision-making. This kind of learning

requires professional guidance supported by Nursing teachers and nurses, especially those who are mentoring the young students, who guide them in the construction of new cognitive maps, reconstruct their knowledge of the practice of caring and, gradually, they are introduced no professional knowledge.

The confrontation with the practical situations, the reflection on the observed and the lived, the questioning and the demand for relevant information, the analysis and selection of the information gathered, the evaluation of the results of the action and the construction of meaning in the planned action allow a critical awareness about the learning process, the acquisition of transversal competences to the caring process and, in a particularly relevant way, learning to learn. Thus, the curricular unit of clinical teaching is not conceived as a moment in which the student will do a "transposition to the practice" of the learned in the curricular unit of Mental Health and Psychiatric Nursing. Rather, it is conceived as an extension of the previous curricular unit and a new way of learning that complements the strategies of theoretical, theoretical-practical approach and laboratory practices initiated in the previous phase.

Thus, in articulation and in the sequence of the curricular unit of Mental Health and Psychiatry, a Clinical Teaching in this area is developed during the 6th or 7th semester of the NUC, lasting five weeks and a total of 175 hours. It provides an opportunity for students to develop clinical learning based on the provision of global and direct nursing care to patients hospitalized in psychiatric units and their families.

During this period, the student integrates the health team participating in all activities related to the provision of Nursing care to the person with psychiatric disorders and the family, seeking experiences and taking advantage of learning opportunities taking into account the objectives of clinical teaching and of the work plan. In view of the objectives of this clinical teaching and in order to deepen some themes relevant to clinical learning and reflection on practices, a seminar program was designed to be developed by students during clinical teaching once a week, with the following thematic scheduling (Figure 3).

The different seminars constitute an opportunity to reflect on the clinical practices in MHPN that have been highlighted by the students as a significant moment of learning.

Week	Thematic definition	Objective
1st	Occupational Therapeutic Activities in a Psychiatric Context	Promoting the social and emotional well-being of patients
2nd	Nurse-patient interpersonal relationship in psychiatric context: therapeutic communicational attitudes and basic skills of help relationship	Reflecting on the possible effects of the different communicational attitudes in therapeutic context and on the learning experiences in the development of basic skills of aid relation
3rd	Presentation of Clinical Cases of Nursing	Discuss Nursing Diagnoses (ICNP version2) Reflect on the different proposals of Nursing care planning
4th	Stigma (public stigma and self-stigma) of the person with psychiatric illness	To analyze the interference of the stigma (public stigma and self-stigma) of the patient with psychiatric illness in their treatment and rehabilitation process and the different possibilities of Nursing intervention

Figure 3. Plan of Reflection Seminars on Clinical Practices

Curricular units of option in Mental Health Nursing (8th semester)

As previously mentioned, the optional curricular units are intended to provide those who feel motivated to these areas of intervention to deepen their knowledge and to develop competences more geared to the two areas of Mental Health and Psychiatry Nursing intervention, with a major impact on the general context of care: Liaison Psychiatry, to improve their ability to recognize the mental health problems associated with health transitions and Community Mental Health and Rehabilitation, not only to deepen components of mental health promotion and prevention of mental illness, but also to care for people with mental disorders in a community context.

Nursing Education in Liaison Psychiatry (ELP) and Community Mental Health Nursing and Rehabilitation (CMHNR) is carried out through a theoretical-practical curricular unit and a clinical teaching unit. In the theoretical-practical curricular units, students develop a total of 77 hours of work, of which 24 hours are theoretical-practical; four hours, seminars and four hours, tutorial orientation, which corresponds to three ECTS. On the other hand, clinical teaching in the optional area has a global load of 385 hours in clinical and / or community context corresponding to 18 ECTS.

The ELP is performed in a hospital setting, in medical and surgical inpatient services that have specialist mental health nurses integrated in their teams. It allows students to identify the factors related to crisis

situations in the individual and the family in a situation of illness - diagnosis, hospitalization and treatment - and to plan, develop and evaluate specific forms of Nursing intervention, in collaboration with the specialist nurse in Mental and Psychiatric Health Nursing.

The MHPN is carried out in the context of primary health care and allows students to implement activities to promote mental health and prevention of mental disorders directed at the various age groups (children and young people in schools, adulthood and the elderly), in collaboration with primary health care teams, for participation in continuing care programs and specific support for people with severe and chronic mental illness and their families, in collaboration with community mental health teams.

Final considerations

At the global level, mental health issues and psychiatric morbidity will be the major trends and challenges of 21st century health systems, making the basic training of trained nurses urgent for articulated and congruent responses to the needs of people and communities.

Learning in Mental Health and Psychiatry is a must for quality of care in general. It enables students to develop misconceptions about mental illness and people suffering from mental illness; enhances understanding of the strong body-mind connection; helps them to focus their attention on the subjectivity of the person they are caring for, to watch for signs of mental suffering and their importance for holistic care; contributes to the understanding of the phenomena of health-disease transition and is essential for the care of people with psychiatric diseases.

Academic curricula in Mental Health Nursing face the challenge of continually reassessing and transforming translating the profound social changes that are occurring in an accelerated way in the area of scientific and technological development and the abyssal thought revolution.

The impact of globalization and economic factors on health systems, global mental health issues, the reception of immigrants and refugees, natural disasters, climate change, the threats of terrorism, the fragility of democracy and citizenship will require training of nurses with a solid basic formation in Mental Health and Psychiatry and able to understand the complexities of the contexts of emotional suffering and to carry out intervention in crisis.

On the other hand, in recent years there have been profound changes in the health system, particularly in

the organization of mental health services, based on proximity care policies, inclusion and achievement of the scientific advances produced in the treatment of psychiatric diseases. The organization of the Mental Health Services network foresees the integration of psychiatric departments in general hospitals for the treatment of patients in the acute phase and various services of a community nature, whether for promotion, prevention, outpatient treatment or rehabilitation, local and regional. This organization suggests that curricula should enable meaningful learning in the same variety of contexts and in the diversity of problems that emerge in them. In turn, the multiplicity of environments in which care activity is developed requires that all nurses have adequate knowledge and skills to respond to these challenges. However, this obligation does not invalidate, but it further heightens the need for specialist nurses in Mental Health and Psychiatry Nursing who can provide specialized care and support Nursing staff in different care contexts. Thus, another central idea that challenges the academic curricula in Mental Health and Psychiatry Nursing is community-centered intervention, that is, outside traditional hospital systems. This concept is an authentic Copernican revolution in the understanding of care in Psychiatric Nursing, but it has not yet been fully integrated into the academic curricula that maintain a hospital-centered structure in teaching / learning techniques / intervention in Nursing.

Finally, it is known that, traditionally, mental health does not receive the same political attention and the financial availability of other care areas. The lack of voice of people with psychiatric illness places health professionals, including nurses, on an ethical obligation to defend this particularly vulnerable population. To do this, nurses need to be given the skills to understand the high prevalence and the strong impact of psychiatric illnesses, to devote part of their knowledge and time to their visibility and to seek to positively influence the decision-making in the reorganization (s) of the health system and in the planning of care.

Considering that, in order to respond to these challenges, the young students who complete their academic training in Nursing are moving from the reconfiguration of conceptual schemas, some of which are deeply rooted in their "seeing the world" matrix, to a new the way in which the person is conceived and the care given to them, it is understood how important it is that contents and curricular units of Mental Health and Psychiatric Nursing are incorporated, with adequate weight and distribution throughout the course, in the training curricula in Nursing. On the other hand, the advanced training of specialist nurses in Mental Health and Psychiatry Nursing, which must correspond to an

academic master's degree, is essential for specialized care in this area.

Curricula for both initial and specialized training should include contributions from the scientific and technological revolution to the understanding and treatment of mental illness. The development of neurosciences, psychiatric genetics, cerebral imaging, psychometric theory for the definition of etiology, psychopharmacology, biotechnologies and computer systems applied to the health sciences should be reflected in a solid basic training of nurses. The support of Nursing interventions in the evidence allowed by the latest scientific research in the area of Mental Health and Psychiatry implies the permanent updating of curricular contents and a concern with the training of students for reflective and systematic scientific thinking.

Thus, it is anticipated as future tendencies in the curricular construction in Mental Health Nursing and Psychiatric Nursing to respond to these challenges:

1. A comprehensive and multidisciplinary conception throughout the curriculum of basic training of nurses in Mental Health and Psychiatry, with a solid base formation in biomedical areas, in Psychology and Social Sciences, that allows a basic understanding of the mental processes;
2. A very flexible and personalized curricular construction allowing students to build their own training course (for example, more theoretical core modules with compulsory attendance and optional specific modules offered throughout the NUC), different options in differentiated clinical teaching to work on mental health issues, intensive modules to work in the central areas of therapeutic communication in a laboratory setting, contacts with relevant community experiences, etc.);
3. A basic training using ICTs, electronic platforms, virtual environments and simulated practices.

In conclusion, it can be affirmed that learning in Mental Health and Psychiatry Nursing is not only fundamental for undergraduate students, but also for postgraduate studies (and in continuing education throughout the professional life) and that it must respond, with innovation and quality, to the care needs of the population.

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