

# Action on mental health area: students perspectives on a degree in occupational therapy

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**Abstract:** Objective: This study aimed to identify the perspectives and expectations of students on a degree in occupational therapy regarding an internship in mental health, offered in the course fifth year. The study's assumption was based on the conception historically constructed and assimilated about "madness"; tied to something threatening and dangerous, which would be potentially detrimental to a satisfactory internship student performance, interfering even in the choice for the mental health area upon completion of the degree course. Method: The participants were 12 students from first to fourth year of the course, being selected three students per year. Data were collected through semi-structured interviews and the analysis was performed using thematic content analysis. Results: The results were organized into the following analytical categories: 1. Skills, in which students mentioned the need for deconstruction of prejudices, theoretical approaches and the development of relational skills (such as listening, empathy and care to people in psychological distress); 2. Difficulties faced, characterized by feelings of helplessness and fear of the population to be attended, and 3. Strategies to deal with difficulties, consisting of the insertion practices since the beginning of the course, mini-courses offers, lectures and institutional visits and expansion of fields for internship. Conclusion: The results provide input for the professors of occupational therapy in the area of mental health to reflect on possible strategies to ensure learning and mitigate the difficulties inherent to it.

**Keywords:** *Teaching, Occupational Therapy, Mental Health.*

## Atuação na área de saúde mental: perspectiva de estudantes de um curso de graduação em terapia ocupacional

**Resumo:** Objetivo: Este estudo objetivou conhecer as perspectivas e expectativas dos estudantes de um curso de Terapia Ocupacional sobre a atuação no estágio em saúde mental, ofertado no quinto ano do curso de graduação. O pressuposto do estudo foi baseado na concepção historicamente construída e assimilada sobre "loucura", vinculada a algo ameaçante e perigoso, o que seria potencialmente prejudicial para um desempenho satisfatório dos estudantes no estágio, interferindo, inclusive, na escolha por atuar na área de saúde mental após a conclusão do curso de graduação. Método: Participaram da pesquisa 12 estudantes, do primeiro ao quarto ano do curso de graduação, sendo selecionados três estudantes de cada ano. Os dados foram coletados por meio de entrevistas semiestruturadas e a análise foi realizada com análise de conteúdo temática. Resultados: Os resultados foram organizados nas seguintes categorias analíticas: 1. *Habilidades para a atuação*, em que os estudantes referiram a necessidade de desconstrução de preconceitos, o aprofundamento teórico e o desenvolvimento de habilidades relacionais (tais como escuta, empatia e acolhimento à pessoa em sofrimento psíquico); 2. *Dificuldades enfrentadas*, caracterizadas por sentimentos como impotência e medo da população a ser atendida e 3. *Estratégias para a lida com as dificuldades*, consistindo na inserção de práticas desde o início da graduação, oferta de minicursos, palestras e visitas institucionais e ampliação dos campos de estágios. Conclusão: Os resultados oferecem subsídios para que os docentes da área de terapia ocupacional em saúde mental reflitam sobre possíveis estratégias que assegurem a aprendizagem e atenuem as dificuldades a ela inerentes.

**Palavras-chave:** *Ensino, Terapia Ocupacional, Saúde Mental.*

## 1 Introduction

According to the law in 11,788, the internship is an opportunity for students of different undergraduate courses perform practices based on knowledge acquired during the stay at the University. The internship is an experience of theoretical and practical articulation of the trainee's daily life, seeking to foster a better understanding of content and reflection and confirmation of his professional choice (BRASIL, 2008).

According to this law, the purpose of the internship (mandatory or not) is to enable the trainee professional and socio-cultural learning to provide his reflections on the implementation of practices and also about prospects, glimpsing employability in the labor market at the end of the degree course. Therefore, the trainee also considers the internship period, the social and economic reality of the professional specialty of his choice, which helps him to choose certain fields of activity at the expense of others (BRASIL, 2008).

For Werneck et al. (2010), it is essential to define what an internship is because, from that definition and understanding, several curriculum can be structured.

According to Buriolla (2001, p. 13), an internship

[...] Is where the professional identity of the student is generated, built and refer; aimed to the development of an experienced, reflective and critical action and, therefore, it should be planned gradually and systematically.

According to the National Council of Education/Board of Higher Education 6 (CNE/CES), which presents the National Curriculum Guidelines for Undergraduate courses in Occupational Therapy, the internship should contribute to the formation of an occupational therapist with "[...] generalist, humanist, critical and reflective profile [...]" (BRASIL, 2002, p. 1). This training process should provide him the development of various skills and competencies to act based on "[...] ethical principles in the clinical and therapeutic field and prevention of occupational therapy practice" (BRASIL, 2002, p. 1).

According to the same document, the Occupational Therapy courses should offer internships under faculty supervision, to cover 20% of the total course of the undergraduate course. The teacher should act considering the student as a subject of learning

and, therefore, he needs to facilitate and mediate the teaching-learning process (BRASIL, 2002).

Thus, the internship is of fundamental importance for the formation of the student, being a unique learning period, enabling a critical and reflective thinking about the professional action.

This article discusses mental health training, specifically the Occupational Therapy (OT) internship in the mental health area.

According to Kantorski et al. (2005), the Internship in Mental Health aims at the trainee learns to build a therapeutic relationship with the person in his care. From this relationship, the trainee begins to identify and deal with his personal needs and especially the needs of the people he assists. Through the therapeutic relationship, it is possible to use the theoretical content to support the practical activities of the trainees.

There must be school flexibility to provide the knowledge and recognition to the learner so after, that, he can develop skills needed to work with others.

According to the New University of Lisbon (UNIVERSIDADE..., 2012), the Internship in Mental Health and Psychiatry should promote knowledge and skills for diagnosis and intervention with the person with mental disorder; stimulate research; offer integrated experiences working in multidisciplinary teams and sensitize the trainees to public health aspects and the organization of mental health equipment.

The internship in Occupational Therapy in Mental Health area aims to students develop multiple skills necessary for their future professional practice. Among these skills, Barata, Cocenas and Kebbe (2010) state to the apprentice need to establish therapeutic relationship, properly assess people in psychological distress, develop treatment plans that meet the unique needs of each person, use individual and group care strategies (considering the different realities of mental health facilities in which they operate). The trainee must also consistently articulate theory and practice and develop a professional attitude that values while participating in the health teams in which he operates. Here, aspects such as punctuality, initiative, cooperation and communication (verbal and written) with the team are important criteria to be considered by internship supervisors.

The apprehension of professional identity is extremely important for occupational therapists because of the particularities of the profession.

It presents interfaces with several areas of knowledge, and its historical trajectory supports this statement, since the different theoretical and methodological approaches that emerge from the history of Occupational Therapy, adapting to the multiple needs of the labor market. To meet the complex construction issues and or identity reconstruction of people with mental disorders, training in Occupational Therapy in Mental Health must provide the student and trainee unique skills for a singled view to this population, considering aspects of their daily lives (PAES, 2011).

Silva et al. (2011) discuss the activities in a supervised internship of Occupational Therapy in Mental Health in a public university. The internship was developed with users of a day hospital in mental health, with a workload of 48 hours. The authors problematize that the Brazilian Psychiatric Reform was driving models and not restrictive interventional actions, confronting the old asylum model, based on the social exclusion of patients and ineffective resolution of their problems. From the Reform, the Mental Health becomes a social responsibility, being articulated to the historical transformations of society. Mental health facilities must be organized into an integrated network of social and health services, and among them, there are:

Psychosocial Attention Centers/CAPS; health services basic network: Basic Health Units/BHU and Centers of Support for Family Health/NASFs; day hospital/HD and psychiatric beds in the General Hospital; the Coexistence and Cooperatives Centers, with social and cultural activities and income generation projects; therapeutic residential services/SRT and the "Back Home" Program. The assistance becomes progressively, decentralized and territorialized, as provided in the Federal Law establishing the Unified Health System (SUS) in Brazil. Given this organization, psychiatric care began to prioritize offering treatment in community-based services, ensuring the protection and rights of people with mental disorders (SILVA et al., 2011, p. 1-2).

According to Ordinance number 3088 of December 23, 2011, these equipment and mental health programs are health care points, setting up a Psychosocial Care Network for people in psychological distress due to mental disorder and or abuse of psychoactive substances (BRASIL, 2011).

Among the many objectives indicated by the authors mentioned, one of them was to assess how the trainees evaluated the activities carried out in the Occupational Therapy Internship. According to them, these activities should restore autonomy and self-esteem of the users, favoring strengthening the bond between day hospital users and trainees. They concluded that the activities have been developed only within the service, and it would be necessary to extend to socio-cultural spaces to strengthen support networks and user care in different contexts and times (in the crisis outbreak and the transit through the territory).

In addition to the preceding, Bandeira et al. (2005) and Dutra (2000) reported that during the process of students training in internship courses in the mental health area, there are important aspects to be considered. For these authors, people with mental disorders tend to be represented by the popular imagination as dangerous and menacing social integrity. It does not matter if professionals such as occupational therapists, psychologists, psychiatrists, doctors and nurses are caring them because the stigma given to the "madness", historically constructed, can overcome a proper understanding of symptomatic manifestations of a person with the mental disorder. For students who experience part of their training in that area, the reproduction of these collective values of the mental disorder ("madness") makes them believe that the person with a psychiatric diagnosis would be necessarily uncontrolled or dangerous.

Thus, students can glimpse their activities in the Mental Health internship with a negative expectation, generating insecurity and anxiety (BANDEIRA et al., 2005; DUTRA, 2000). This may interfere with the learning process, and therefore, this issue should be analyzed with caution.

According to Medeiros (2003), Occupational therapy is a profession whose foundations come from medical and psychosocial sciences. In the Mental Health area, Occupational Therapy has several models for practice, with the overall objective to engage the people in meaningful activities, so they live satisfactorily in different sociocultural contexts. The search for social insertion and replacement of the person in psychological distress in a significant occupational life, something contemplated by the public mental health policies, is a fundamental goal of Occupational Therapy.

In spite of the optimistic theoretical-methodological and political propositions to work in Occupational

Therapy in Mental Health area, it is considered that students of Occupational Therapy also represented it negatively due to issues related to the supposed danger of “madness” and the resulting insecurity that deals with people with mental disorders can provide.

Thus, this study seeks to access perceptions that elaborate the future inclusion in occupational therapy internship in Mental Health by students of an undergraduate degree in Occupational Therapy.

## 2 Objectives

**GENERAL** – To investigate how the students of Occupational Therapy perceive themselves to the prospect of coming to work in Occupational Therapy in Mental Health area.

**SPECIFIC** – To identify and describe the skills that students think they have to work in Occupational Therapy of Mental Health area; the difficulties they face and how they can interfere with the performance in that area, and what strategies they use to deal with their difficulties.

## 3 Method

A qualitative and descriptive research focused on subjective aspects by the perception of research subjects (students) about their perspective of acting in Occupational Therapy in Mental Health area. In the context of qualitative method applied to health, a conception similar to the human sciences is used, according to which the phenomenon itself is not studied, but its individual or collective meaning to people's lives (TURATO, 2005). In this study, accessing the different ways that students give to a professional acting area (Occupational Therapy in Mental Health) would bring opportunities to grasp how this area is meant collectively, in the context research reality chosen. It is expected that the results provide an overview of the difficulties of the students in this area of specific training, allowing them to seek new strategies to facilitate learning and reduce the referred suffering of the students from the perspective of working in Mental Health.

The study was approved by the Research Ethics Committee of the Faculty of Medicine Ribeirão Preto - USP, Process HCRP nº 267/2012.

Data collection was carried out with students from an undergraduate degree in Occupational Therapy at a public university in the state of São Paulo.

This course is organized in 10 semesters (five years). Three students from each class from first to the fourth grade were interviewed, totaling 12 students, all being informed about the characteristics of research and signed the Informed Consent Form. After signing the Form, they answered all questions of the instrument proposed for data collection.

In this study, to ensure anonymity to participants interviewed, they were identified by the initials S1, S2, and S3, respectively, subjects 1, 2 and 3.

**INCLUSION CRITERIA:** To be a student of the Occupational Therapy undergraduate course in that University; to have participated in the mandatory Internship in Mental Health before (which occurs in the 5<sup>th</sup> grade) to the date of the interview.

**EXCLUSION CRITERIA:** To be a student of other graduate programs than Occupational Therapy; to be graduated as an Occupational Therapist; to have joined the mandatory Internship in Mental Health of the 5<sup>th</sup> grade until the date of the interview.

Data collection conducted between October and December 2012 adopted a semi-structured interview with a script including the following themes: the perception of the student on future deals with subjects suffering from mental disorders; prospects for the completion of the compulsory internship in Mental Health; perspective on professional practice in the mental health area after graduating; goals of Occupational Therapy in Mental Health; skills needed to work in Mental Health.

It is noteworthy that pre-testing of the instrument to script setting were performed. The application test comprised three interviews with students of Occupational Therapy that met the selection criteria moreover, were not included in the study. Set the script, 12 interviews were conducted (one with each student participant) with recorder help, whose answers were transcribed.

For data analysis, a content analysis method proposed by Bardin (2004) was used, which identified the units of meaning that emerged from the students' interviews. Therefore, the initial reading of the transcribed material was performed, so that there was familiarization with the expressed content and depth of the personal impressions of the respondents. After several re-readings were held thoroughly, to highlight the converging themes of the speeches, from which the data were categorized.

## 4 Results and Discussion

With the use of thematic content analysis, the following categories and units of analysis were identified as shown in Table 1.

### 4.1 Skills for acting

The skills required for the students' performance in Occupational Therapy in Mental Health area involve general perceptions, such as:

*Contact your problem (the future patient) and help him face it (S3, 2<sup>nd</sup> grade).*

This discourse does not show the specific skills to perform future professional practices of the students, but among the testimonies collected there were more elaborated perceptions, showing more precise aspects of these skills. They were:

*To promote the mental organization, well-being, quality of life, without suffering (S2, 2<sup>nd</sup> grade).*

*Emotional control, dealing with the very limits and others, know how to separate what is yours and what is the other, empathy, have good mental health (S2, 2<sup>nd</sup> grade).*

*Ability to relate, to separate what is real from what is not real (S3, 3<sup>rd</sup> grade).*

According to the above data, although most of the subjects interviewed belong to the second grade of Occupational Therapy (so they had the same subjects), the skills identified by them differ according to individual views. The difference between the perceptions developed by students can be explained in several ways: the period in which the student is; the provision of theoretical and practical courses (available or not in the curriculum); student identification with the content; involvement in

extension projects and personal investment in the study of the constituent thematic area.

Among the skills indicated by the deponents, promoting the mental organization of a person with mental disorder involves addressing the symptoms of the disease to alleviate the suffering to promote the well-being and quality of life of patients. These skills also involve personal aspects of students, such as the need to control their feelings and do not identify with the suffering of others.

#### 4.1.1 Deconstruction of prejudice

Facing prejudices associated with the Occupational Therapy in Mental Health area, as well as its identification was referred as a skill to be developed by the students:

*Be free of prejudice, not stigmatizing, like much of the area (S2, 1<sup>st</sup> grade). I hope, to the internship being without prejudice (S1, 3<sup>rd</sup> grade).*

According to Barata, Cocenas and Kebbe (2010), a student sharing values and beliefs socially pejorative constructed about the "madness", can become resistant and fearful forward to future integration into the internship. This is aligned with the above statement because the perception of the research participant is free from prejudice suggesting the possibility of a more secure performance in Mental Health. This is a relevant issue to be addressed by teachers in that area because the teaching and learning process can be facilitated by the use of strategies that promote the deconstruction of prejudices. This assumes that, in addition to teaching "traditional" content, teachers should welcome and sensitize students to their needs and possible identifications (suffering generators) with the contents studied, which can interfere with the development of skills to work in the area.

**Table 1.** Analytical categories and thematic units.

Analytical categories	Thematic units
4.1 Skills for acting	4.1.1 Deconstruction of prejudice
	4.1.2 Theoretical basis (psychopathology, treatment techniques)
	4.1.3 Patience, sensitivity, empathy, respect, listening, and reception
4.2 Difficulties found	4.2.1 Fear, anxiety, and impotence
	4.2.2 Stigma and prejudice
4.3 Strategies for dealing with difficulties:	4.3.1 Previous experience in the area
	4.3.2 Mini-courses, lectures, technical visits
	4.3.3 Internship fields expansion

### 4.1.2 Theoretical basis (psychopathology, treatment techniques)

For students, the largest field of theoretical concepts that deal with psychopathology (as well as other topics) and on the read methods with new situations about future patients were listed as skills needed to be structured during the period preceding the Occupational Therapy Internship in Mental Health.

*Having the theoretical part better and stronger and contact with professionals to be better prepared (S3, 1<sup>st</sup> grade).*

*Knowing the theory and pathology (S1, 2<sup>nd</sup> grade).*

*Be aware of disorders and on the subject, ability to handle situations that may arise (S3, 3<sup>rd</sup> grade).*

The data also indicate the possibility for students to have greater contact with occupational therapists working in the mental health field as a way to cope with their doubts and anxieties. It is noteworthy that for the research subjects who attend the earliest periods of the degree course (like the first and second grade), psychopathology content, models of intervention, health policy and mental health cannot be an integral part of their curricula, which would explain the absence of this knowledge they pointed out, which would be taught in subsequent years.

From the preceding, it is suggested that the inclusion of theoretical content and observations of professional practices in Occupational Therapy of Mental Health area can assist the student in the first contact with the area, allowing the clarification of doubts and anxiety reduction triggered by pre-conceived ideas about the person with the mental disorder.

### 4.1.3 Patience, sensitivity, empathy, respect, listening, and reception

Students also pointed skills like patience, sensitivity, empathy, respect, listening and welcoming as essential to the performance in the Occupational Therapy Internship in Mental Health area. According to participants, such skills are important for the training process because they are attributes to structure an appropriate therapeutic profile. Their testimonies were:

*Pay attention, patience (S2, 1<sup>st</sup> grade).*

*Be patient, to know how to separate what is yours and what is the other, values clarification, be flexible to deal with unforeseen (S3, 1<sup>st</sup> grade).*

*Host, knowing how to listen, treat with respect, establish a link (S3, 2<sup>nd</sup> grade).*

*Empathy, do not be afraid, have a treatment to help deal with the issues of the subject (S1, 3<sup>rd</sup> grade).*

*Knowing welcome the patient and have a sensitivity (S2, 4<sup>th</sup> grade).*

The above data was provided by students from 1<sup>st</sup> to 4<sup>th</sup> grade of the Occupational Therapy degree. Although the experiences of the participants enrolled in different years of that course could be different since they are drawn from the unique experience of each student, in line with the period in which they are in the graduation, their perceptions about the skills for proper performance in the Professional Internship have common aspects.

It is noteworthy that the skills listed by the participants are not necessarily only linked to theoretical frameworks available during the undergraduate course. The theoretical and scientific knowledge basis are needed, but the opportunity for students to experience practical activities from the beginning of the course favor the development of these skills, as they would be attached to individual perceptions of each student on concepts that formulate on the “madness”, the feelings associated with them and the coping strategies they use to deal with particular fears. In this way, teachers could equip students not only with different theoretical and practical contributions but welcome them seeking to deconstruct preconceived ideas, helping them to deal with their feelings.

## 4.2 Difficulties found

### 4.2.1 Fear, anxiety and impotence

Students show difficulties to be faced when inserting in Professional Occupational Therapy Internship in Mental Health, and their perceptions were:

*Fear and think a little scary the fact that these subjects get out of reality, people with mental disorders are sometimes very aggressive. It is necessary mental disorder understanding not to exclude them (S3, 1<sup>st</sup> grade).*

*I am afraid this area and I plan to have a contact before the internship to help deal with this fear (S1, 2<sup>nd</sup> grade).*

*Have negative expectations, do not like and do not know to deal with mental health, have difficulty, I hope to be better trained and prepared to cope with it better on the internship (S3, 2<sup>nd</sup> grade).*

*I could not understand what they say (the patients) did not feel safe because the subjects with mental disorders had the intention of aggression, I did not know how to act, I felt very afraid (S2, 2<sup>nd</sup> grade).*

*They attempt suicide, victimize, get hurt and this contact, I was afraid and fear to find and not knowing how to act, for this fear, I do not want to search and investigate on the mental disorder (S2, 3<sup>rd</sup> grade).*

*Fear of contact with this population (S3, 4<sup>th</sup> grade).*

*I am afraid (S1 and S3, 4<sup>th</sup> grade).*

According to the perceptions developed by students, it is observed that future contact with people with a mental disorder during the internship, is fear, anxiety, anguish and impotence generator. Once the person with a psychiatric disorder is associated with derogatory characteristics such as aggression and uncontrolled, they are seen to be a risk to people living with them, including the students, leading to feelings that do not favor the identification and approach.

This was significant in the following statement:

*I find it very hard to deal with this situation of compulsory training in mental health, causing anxiety and great distress, not liking the area. I believe that the internship should not be required to leave for those who are interested and like this area because who does not like and has bound to the area endangers the physical and mental health of a person required and do not want it (S2, 2<sup>nd</sup> grade).*

According to Telles (2002), when a person takes their own “madness” becomes a discredited object to himself and others, as this is closely associated with the lack of their life and their actions. Due to this fact, the person “lose” his citizenship and his rights. The society considers the “crazy person” as someone who does not act as the socially sanctioned standards and therefore stigmatizes.

According to Spadini and Souza (2006), mental illness is explained by multifactorial causes, requiring appropriate assistance to the individual patient, for reintegrating it and providing adequate support for him and the family. According to the authors, the rehabilitation can be difficult because the mental illness, in some cases, is still seen as transgressing social norms and disorder, causing the person to be segregated.

In this sense, it is reiterated that the perceptions and feelings of the participants studied the subject with mental disorders originate from complex historical and social aspects that underlie the different meanings and ways to address the “madness.” Such aspects are widely discussed in the literature, in the works of authors such as Medeiros (2003), Vietta, Kodato and Furlan (2001) and Pessotti (1994).

Thus, it is crucial to emphasize the need for continuous information, students on the different ideologies that underlie the history of psychiatry in occupational therapy followed and entered this history and, above all, what is offered to people with mental disorder, given current policies and care strategies in Mental Health, theme addressed by occupational therapists as Mangia and Nicácio (2001). It is believed that in this way, prejudice and negative feelings associated with Occupational Therapy in Mental Health area can gradually be reinterpreted by the students, as pointed out in the study by Freitas and Kebbe (2013).

Through systematic review of articles published in national journals on aspects involving the teaching-learning process of theoretical and practical content of Mental Health in different undergraduate courses in the health area, these authors found that the fears of students of these courses can be ameliorated and preconceived and ideas deconstructed from the experience with the practical training and the host supervisors of teachers, upon internships. It is noteworthy that, in this study, the authors found no specific references of Occupational Therapy, highlighting the analysis of articles in the areas of Nursing, Psychiatry, and Psychology, among others.

From the preceding, it is emphasized the importance of students participate or carry out practical activities in Occupational Therapy in Mental Health area since the early moments of the degree course. This would enable to clarify doubts and possible deconstruction of negative ideas on the subject with a mental disorder. It is also believed that such practices can mitigate feelings as were expressed by the participants of this study, which was also mentioned in the bibliographic study of Freitas and Kebbe (2013). Thus, it is added what is prescribing by the National Curriculum Guidelines for Undergraduate courses in Occupational Therapy: Practical activities should be offered from the beginning of the degree course “[...] it should have increasing complexity, from observation to assisted practice [...]” (BRASIL, 2002, p.5).

According to Kantorski, Pinho, and Machado (2001), the mad person is seen with prejudice, stating that the concept of “madness” is, in a way, linked to the history of the man. However, although there is this view, it seems that the contact of health professionals with the disease demystifies the crazy and insane person.

## 4.2.2 Stigma and prejudice

Students reported the stigma and prejudice associated with mental patients as difficulties to be faced, for a more secure performance in Occupational Therapy in Mental Health Area:

*Stigmatized (patients), they suffer, have no family support, much less society (S2, 1<sup>st</sup> grade).*

*Violent stereotypes in crisis have different behavior than expected, scream, cry, but with no crisis, they behave normally (S3, 2<sup>nd</sup> grade).*

*They are people who need help, there are serious cases, people think it's nothing; they need treatment (S1, 2<sup>nd</sup> grade).*

*They are stigmatized, suffering, people think it is normal (S1, 4<sup>th</sup> grade).*

The reports above suggest that stigma and prejudice associated with mental illness are generated by the family group and society. However, they can be part of the perception of the students as discussed here. This reflects the fact that they corroborate this view, sharing values and representations socially constructed.

## 4.3 Strategies for dealing with difficulties

### 4.3.1 Previous experience in the area

Respondents reported that the previous experience in the mental health area, from the beginning of the degree course, facilitate the identification with it and safer insertion in different fields internships.

*I do not identify with the area, and I do not think about acting in it, but I cannot say because I have not had contact (S3, 1<sup>st</sup> grade).*

*Having more contact with the area through projects (S1, 1<sup>st</sup> grade).*

*We have a very late contact with the area, and this creates uncertainty (S1, 2<sup>nd</sup> grade).*

*I consider it important, that contact before you start the internship. Work or activities before the 4<sup>th</sup> grade, so that the student contacts the area (S1, 3<sup>rd</sup> grade).*

According to the above lines, it is possible to see that early contact with the area tends to reduce feelings of insecurity, enabling the deconstruction of stigmas and better student preparation for future practice in Mental Health.

According to Freitas and Kebbe (2013), when there is an early experience student contact with the mental health field, and a field of theoretical knowledge and, this student received appropriately by supervisors, they can better cope with insecurity. The student tends to understand better their feelings and the patient, which helps them face their anxiety and insecurity. Besides the fact that previous experience of contact with the person in mental distress facilitates their deconstruction, it would be threatening to the physical and mental integrity of the student.

Thus, early contact experience of students with the area can contribute to greater involvement in the theoretical and practical activities, encourage the development of skills necessary for dealing with users of different mental health facilities where the internships are performed. It is believed that in this way, the student will be safer and able to offer the person in their care more empathic and effective interventions, responsible and affectionate manner.

In the teaching and learning process, it is important to enable students space for further opportunity to discuss the specifics of the occupational therapist role in the mental health area as a strategy to contextualize the future practice of students. What is clear from the following statement:

*To show the characteristics of the occupational therapist work in this area, to have discussions about the difficulties of the students, to have guidelines (S2, 2<sup>nd</sup> grade).*

### 4.3.2 Mini courses, lectures, technical visits

As a strategy to placate and reduce the difficulties, the students point out some suggestions to be incorporated into the course:

*To leave the student more in touch during training, not only to find it on the internship but through projects, mini-courses, lectures by professionals (S2, 1<sup>st</sup> grade).*



*It could offer a wider range of opportunities for students to contact this area in all cycles of life, such as projects, and train well before contact because it is not easy (S3, 2<sup>nd</sup> grade).*

*From the moment you start talking about mental health, you have a related practice, visits to institutions, be discussed gradually (S1, 4<sup>th</sup> grade).*

The statements above reinforce that the previous experience in the area tends to make less insecure students, which favors the facing of fears and the development of skills for future professional practice.

From the suggestions of the surveyed participants and a special view of the issues pointed out, it is relevant to see this data to adapt and improve the curricular structure of the course, which involves the content review of the strategies employed in the theoretical and practical activities, as well as offering more fields internships.

### 4.3.3 Internship fields expansion

The expansion of the internship fields integrate the suggestions of students surveyed, aiming to offer practical activities in a variety of services and mental health facilities, which would increase student learning repertoire.

*They should be expanded internship places, such as CAPS, which does not have (S2, 4<sup>th</sup> grade).*

In addition to the new fields of practices creating opportunities for trainees to diversify their experiences, it is possible to choose for certain equipment and services that best fit their needs, which may make their training process less suffered.

## 5 Final considerations

The objectives of the study are considered as met since to have accessed the perceptions of students of Occupational Therapy forward to future integration in the mental health area, especially when they consider the internship to be done in that area. Through the testimonies collected, commitments possibilities are observed in the performance of students, being essential that theoretical and practical content is available at different times of the course, as well as student participation in activities such as short courses and institutional visits as a way to expand the field of knowledge and sensitize them to the work in Mental Health. The reception from the internship supervisors is essential as they help the student to deconstruct stigmas, deal with their fears

and prepare them more safely for the performance in practical activities.

It is important to highlight some difficulties and limitations encountered during the development of this study. Although it was approved by the Research Ethics Committee in 2012, it could only be completed in late 2014 since it was difficult to enroll participants. Several students justified unable to attend due to the various academic commitments they have at “extracurricular” times, that is, not provided in the regular class periods.

In this sense, the participation of students in extension and research projects, conducting practical activities of the various subjects and the development of completion, of course, work in extra time coincided with the proposed period for the collection of data from this study, which it was performed just after periods of classes, so as to not overlap them.

An important limitation of this study is that, in parallel to its development, gradual changes (theoretical and practical) were performed in the curriculum, but could not be explained by the participants, since they had not yet experienced the new curriculum proposals completely. The impacts and consequences of the set of changes implemented in the curriculum (specifically the new proposals in the Occupational Therapy in Mental Health area) may be identified and assessed to the satisfaction in a future study.

Also, the study highlights the contribution of these results in reshaping the course curriculum, because this process changes theoretical and practical content are being included from the earliest internships. The final implementation that is expected to these curriculum changes can be made from 2017, considering the issues raised here on the Occupational Therapy in Mental Health area.

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## Author's Contributions

Jéssica Milene Domingos collaborated in the literature survey, prepared the text writing, the collection, and transcription of data as well as data analysis and discussion of results. Leonardo Martins Kebbe prepared and was the advisor for the research project, conceived the study methodology, assisted in data analysis and discussion of results, as well as text editing. Both authors approved the final version of the texts.