

FIGHTING STIGMA ASSOCIATED WITH MENTAL ILLNESS: AN ACCOUNT OF THE EXPERIENCE OF PROFESSIONAL HEALTH EDUCATION

COMBATER O ESTIGMA ASSOCIADO AO SOFRIMENTO PSÍQUICO: UM RELATO DE EXPERIÊNCIA DA EDUCAÇÃO PROFISSIONAL EM SAÚDE

COMBATIR EL ESTIGMA ASOCIADO CON EL TRASTORNO MENTAL: UNA DESCRIPCIÓN DE LA EXPERIENCIA DE LA EDUCACIÓN PROFESIONAL EN SALUD

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ABSTRACT: The stigmatizing attitudes, associated with individuals with mental illness, present in students and health workers are reproduced in health care, producing adversities, in addition to those already generated by the mental illness itself. One way to combat this social problem is to invest in professional education in anti-stigmatizing education. The objective of this article is to present an experience report of an intervention in the mental health discipline, of the technical course in nursing, consisting of the planning and implementation of a teaching practice, aimed at facing the stigma. This practice showed a reduction in stigma among nursing technical students and it was related to an organization of the discipline, with the inclusion of educational strategies that defend the psychosocial care model and that promote students' contact with cases of individuals with mental illness.

KEYWORDS: Social stigma. Mental disorders. Education. Education. Nursing.

RESUMO: As atitudes estigmatizantes, associadas aos indivíduos em sofrimento psíquico, presentes em estudantes e trabalhadores da área da saúde são reproduzidos no cuidado com a saúde, produzindo adversidades, além daquelas já geradas pelo próprio sofrimento psíquico. Uma forma de combater esse problema social é o investimento da educação profissional em um ensino antiestigmatizante. O objetivo deste artigo é apresentar um relato de experiência de uma intervenção na disciplina de saúde mental, do curso técnico em enfermagem, constituída pelo planejamento e implementação de uma prática de ensino, voltada para o enfrentamento do estigma. Esta prática mostrou redução do estigma entre alunos técnicos de enfermagem e a mesma esteve relacionada a uma organização da disciplina, com a inclusão de estratégias educacionais que defendam o modelo de atenção psicossocial e que promovam o contato dos estudantes com casos de indivíduos em sofrimento psíquico.

PALAVRAS-CHAVE: Estigma social. Transtornos mentais. Educação. Educação em enfermagem.

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RESUMEN: Las Actitudes Estigmatizantes asociadas con personas con enfermedades mentales, presentes en estudiantes y profesionales de la salud, se reproducen en la atención salud, causando adversidades, además de las ya generadas por enfermedades mentales. Una forma de combatir este problema social es invertir en educación profesional contra el estigma. El propósito de este artículo es presentar un informe de experiencia de una intervención en la disciplina de salud mental, del curso técnico en enfermería, que consiste en planificar e implementar una práctica docente, con el objetivo de abordar el estigma. Esta práctica mostró una reducción en el estigma entre los estudiantes técnicos de enfermería y estuvo relacionada con la organización de la disciplina, con la inclusión de estrategias educativas que defienden el modelo de atención psicosocial y que promueven el contacto de los estudiantes con casos de personas con enfermedades mentales.

PALABRAS CLAVE: Estigma social. Transtornos mentales. Educación. Educación en enfermería.

Introduction

Coping with stigma has been considered by scholars and institutions focused on the health field as an important theme for improving health promotion for people with some type of psychological suffering. This concern shows that there is a need to break down this real barrier, in a way that facilitates the provision of care to this portion of the population. The World Health Organization (WHO) in its World Health Report, which focuses on new concepts of mental health, addresses this issue by indicating that “[...] policies are necessary to ensure the end of stigma and discrimination as well as the implementation of prevention and effective treatment, with adequate funding”² (OMS, 2001, p. 13). From this perspective, paths must be drawn so that this objective can be achieved.

The understanding of the stigma present in this study runs through the publication of the book “*Identidade deteriorada*” (Deteriorated identity), by sociologist Erwin Goffman. For the author, stigma arises from the relation between normal and stigmatized people, considered as abnormal and deviant by society. Stigma, then, would be a preconception elaborated by normals based on attributes considered common and natural, which is transformed into normative expectations, used in a rigorous way (GOFFMAN, 1988).

Stigma can present itself in several ways, the main type being social, since it is from it that all others form (self-stigma, professional, family and structural). This level of stigma is part of the structure of society and fulfills a function, well described by Ahmedani (2011, p. 4) “It is a belief supported by a large part of society in which people with the stigmatized condition are less equal or

² “[...] políticas são necessárias para assegurar o fim do estigma e da discriminação bem como a implantação da prevenção e do tratamento eficaz, com financiamento adequado”

part of a lower group. In this context, stigma is incorporated in the social sphere, to create inferiority”³. In this way, it ends up producing difficulties beyond those already intrinsic to psychological suffering.

It is known that stigmatizing attitudes, according to Cavazza (2005), are social products and, therefore, their confrontation in the first place must be through processes that are placed in the relations between social groups. However, it must not be forgotten that intra-individual changes also allow transformations in attitudes. For them to occur, the strategy that, according to Corrigan *et al.* (2001), presents better results is the association between education and contact, especially with groups of people who have some type of relation with people with mental disorders.

Education is considered, by Arboleda-Floréz and Stuart (2012), one of the approaches to reduce stigma and, when applied to the population, be composed of lay people, people with mental disorders, students or health professionals, it has as purpose “to replace myths and misinformation with precise conceptions about the nature and prevalence of mental disorders, thus improving the global knowledge load on mental health”⁴ (ARBOLEDA-FLÓREZ; STUART, 2012, p. 461).

In view of this panorama, some questions arose to guide this experience with nursing technical students. An important question is whether there is an influence of mental health education in coping with the stigma associated with mental disorder in nursing technical students. This questioning arose from the observation of studies on stigma in health professionals, even though they have knowledge of such disorders. According to Nordt *et al.* (2006), mental health professionals do not differ from the general public about their desired social distance from individuals with some mental disorder. The mere existence of a discipline or content focused on the subject, during professional formation, does not seem to be satisfactory to minimize the problem.

These doubts led to another type of questioning, now related not to the existence of a formative content about mental disorders, but rather, how the teaching of mental health produces changes in the level of stigma associated with mental disorder in technical nursing students.

In view of these questions, there was a need to apply an intervention in the teaching of mental health, in an anti-stigmatizing perspective, to nursing technical students. The report of this experience is the objective of this article, presenting the practice and experience as a teacher of the discipline.

³ “É uma crença sustentada por uma grande parcela da sociedade em que as pessoas com a condição estigmatizada são menos iguais ou fazem parte de um grupo inferior. Nesse contexto, o estigma é incorporado no âmbito social, para criar inferioridade”

⁴ “substituir mitos e a desinformação com concepções precisas sobre a natureza e a prevalência de transtornos mentais, melhorando assim a carga de conhecimento global em saúde mental”

Methodology

The study scenario was the mental health discipline in which I exercise the role of teacher, offered to students of the technical nursing course in 2019, with a workload of 108 hours, from the Decentralized Unit of the Federal Center for Technological Education Celso Suckow da Fonseca (CEFET/Uned-NI) located in the municipality of Nova Iguaçu (RJ), which offers the Medium Technical Nursing Course.

The mental health discipline was built from an anti-stigmatizing conception, aiming to promote a change in students' stigmatizing attitudes towards individuals in psychological distress. To this end, the discipline was conceived from the perspective of knowledge combined with a critical and problematizing reflection on psychological suffering.

Thus, the proposal for the mental health discipline was in line with Bezerra Junior (2007), when he says that the student must provoke critical capacity and technical competence to engage in a care practice that constitutes an exercise in transformation for all involved: patients, professionals and the community. This allows for a possible construction of a new attitude towards stigma and its associated problems.

The discipline had the fundamental help of strategic pedagogical instruments that increased contact with stories of individuals in psychological distress, including videos, films, journalistic reports, books, documentaries, scientific articles, among others, which are described during the experience report.

This experience report was constructed in such a way that students' individual and collective experiences, events and behaviors were expressed and that they could communicate the stigma associated with mental disorder in nursing technical students and their relation with mental health education in an anti-stigmatizing perspective.

Results and discussion

The first contact with students occurred in the classroom where the mental health discipline was presented, with its objectives and proposals for educational activities. In this initial moment of meeting, a simple survey was made to discover some of the students' prior knowledge, which was in the open question: What is the place of care for a person in psychological distress? At that moment, another word that was easier for them to understand was also used, as mentally ill. The responses in order of frequency were: Psychiatric hospital (vast majority); psychiatric clinic; asylum and psychiatry practice.

The responses showed that there is a predominance of the institutionalizing notion of assistance to individuals in psychological distress by students and that the mental health discipline would have to use this information as a parameter for strategies that would transform this notion so related to stigmatizing beliefs and attitudes.

In order for the students to be able to understand more effectively some themes related to the theoretical classes, especially the institutionalization and asylum treatment, an extra activity was proposed to the classroom, which consisted of the virtual visit of the exhibition on the Pedro II Hospital Cultural Health Center and reading excerpts from the book “Holocausto brasileiro” – Brazilian holocaust - (Author of Daniela Arbex, 2013). Also, to foster a discussion with students about asylum treatment, students watched the documentaries “Em nome da razão” - In the name of reason - (directed by Helvécio Ratton, 1979) and “Holocausto Brasileiro” – Brazilian Holocaust – (directed by Daniela Arbex and Armando Mendez, 2016).

From this set of activities, in the debate with the students it was noticed that they knew little about the history of the psychiatric hospitals presented by the videos, as well as the non-human form of assistance to these people.

In order to present the reality of asylum treatment in psychiatry, this made students recognize that the stereotyped behaviors that people presented in documentaries were not essentially the product of their psychological suffering, but largely related to social isolation and with the subhuman treatment they received. Some of these characteristics are mentioned by the students, such as withdrawal, impoverished speech and careless appearance.

Especially the reading of the book “Brazilian Holocaust”, which establishes greater contact with individual stories from the Barbacena Asylum, increased the students' perception that institutionalization is not the best assistance mechanism and that it is responsible for depersonalization, chronification of some suffering and worsening of clinical, social, family and psychological conditions.

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The purpose of the mental health discipline in an anti-stigmatizing perspective was to discuss stigma at all possible times, so it was proposed that students point out stigmas associated with the individual in psychological distress. They managed to recognize the existence of the following

stigmas: irrecoverable; violent; identifiable by appearance; altered speech and behavior; careless; they cannot work or study and have delays.

In this context of describing stigmas found in society, a debate arose as to why students, or society in general, presented this image about people with whom they do not have direct contact. The media was recognized by the students as being an important factor for the diffusion of certain characteristics that end up being generalized to all individuals in psychological distress and in particular television presents a distorted image of these people who are not known by society, which they still have stereotypes that are linked to a past of asylum treatment.

This image presented by the students themselves is in line with Gil's thinking (2010, p. 100), who reports that

Despite the increase in the level of information and awareness of public opinion, it is still notorious the permanence of negative stereotypes about diseases and mental patients, which in a way are enhanced by the concentration of public opinion in negative episodes that tend to accentuate the feelings of insecurity on the part of society in general, contributing to the creation of categories and stereotypes that, in turn, are at the origin of the processes of categorization and social discrimination.⁵

In order to continue the discussion of stigmas, especially those associated with irrecoverability, social restriction and violence, it was proposed to watch a film that brings an important reflection on the transformation of a psychiatric hospital: “*Nise – O coração da loucura*” – Nise - The heart of madness – (direction by Roberto Berlinder, 2015), but with a focus on the stigmas already mentioned.

After showing the film, some students, based on some excerpts from the video, said that some violent characteristics of individuals in psychological distress could be related to the way they were treated in the hospital environment, with aggression being a response to oppressive people or environments, which demonstrated that some students began to dissociate the image of violence from psychological suffering. However, this has not yet proved to be the opinion of the majority of the class.

The Anti-Asylum Fight Movement was presented as an important theme to be known, for presenting significant actions of this movement in the field of stigma and showing that the fight against stigmatization is not localized, but an action by mental health workers and supporters and that

⁵ Apesar de ter aumentado o nível de informação e sensibilização da opinião pública ainda é notória a permanência de estereótipos negativos acerca das doenças e dos doentes mentais que, de certo modo são potenciados pela concentração da opinião pública em episódios negativos que tendem a acentuar os sentimentos de insegurança por parte da sociedade em geral, contribuindo para a criação de categorias e estereótipos que, por seu lado, estão na origem dos processos de categorização e de discriminação social.

it was through this movement that some stigmas were put into discussion and gained visibility in society, the most discussed with students being the issue of social restriction and isolation.

Within this theme, some old laws that dealt with psychiatric care were used to broaden the discussion of the anti-asylum struggle, demonstrating through them how the individual in psychological distress was seen by society, as well as the importance of movements in favor of destitution the asylum and its ideas reproduced in society.

The associated study of laws and anti-asylum struggle movements raised questions related to the change in care for individuals in psychological distress, there is a transformation in the thinking of health professionals, and for that purpose they used the film “Nise - The heart of madness” as an example, in which it can be seen that changes in employee attitudes were necessary.

As a continuation of the class on the anti-asylum struggle movement, the students had a sequence of classes focused on the discussion of Psychiatric Reform, legislation associated with it and the peculiarities of the mental health care model proposed by the reform.

When it came to discussing alternative models to the asylum, the group's eminent doubt was associated with how to treat them outside of hospitalization and whether it was possible. The presence of some stigmas seemed to be associated with the disrepute in deinstitutionalization, as the students' justification for not believing in this possibility is added to the belief that people with mental disorders would have difficulty living outside the hospital environment, due to the dependence that they would have this type of environment, as well as the risk they could bring to society, based on the idea that they are aggressive and unstable people.

The understanding on the part of the students about the functioning and effectiveness of the structures that favor the process of deinstitutionalization (Psychosocial care center – CAPS, Portuguese initials – and therapeutic residency) was still difficult and could be justified by the little practical knowledge about these places, in addition to some issues that have become barriers for the student to believe in the possibility of community treatment, such as discrediting the independence of people in psychological distress and their ability to live in groups or in a house divided by people who have the same types of problems.

In order to increase students' knowledge about the CAPS and in an attempt to reduce their discredit about this institution, considered central to the continuity of the psychiatric reform process, students had the opportunity to watch three journalistic reports on television called “Saúde Mental – CAPS” (Canal Bandeirantes, 2013), “Mental Health - Therapeutic Residences” (Canal Bandeirantes, 2012), “Breaking Paradigm” (Canal Bandeirantes, 2013), which documented the functioning of a CAPS and other structures associated with it as social cooperatives and therapeutic residency.

The perception they presented after watching the videos was that the people who attend the CAPS, as well as the employees, behave differently from those who are in psychiatric hospitals. The difference in the environment and the care provided would be related, according to the students, to better rehabilitation in such a way that it becomes possible to believe that these people can live outside an isolation environment.

This indirect contact with individuals in psychological distress coupled with health education, especially that focused on extra-hospital care with a focus on deinstitutionalization, replaces myths with reality, positively affecting attitudes towards stigmas (FOSTER *et al.*, 2010; ROBERTSON-HICKLING; PAISLEY, 2011; LÓPEZ *et al.*, 2008).

Amid educational activities during the academic year, students participated and built actions for the institution's annual event called Nursing Week, which coincidentally took place in the same period in which the Anti-asylum Week was celebrated. Taking advantage of the juxtaposition of the dates, students were proposed to develop an activity in which the idea of anti-asylum struggle was presented and disseminated to the event participants.

During the month leading up to the meeting, students prepared a workshop to publicize the work of creating shirt art that referred to the anti-asylum struggle and the stigma associated with individuals in psychological distress.

The choice of prints to be printed was made in the weeks leading up to the event, in debates that revealed how much each student had learned about this theme, as it was also noticed that the involvement of students in this activity increased participation in classes in which there was discussion in around stigma and psychiatric reform.

As a way of discussing the stigma of individual responsibility of people for their mental disorders, the students watched a documentary entitled “OCD - The real story of a life lost in thoughts” (directed by the Odisea channel, 2008), which at the same time which complemented the theoretical class on anxiety disorders also described cases in which people with anxiety and obsessive-compulsive disorder (OCD) reported how they were judged for their problems in a stigmatizing way.

As a consequence, students were able to identify that people with anxiety disorders, for being considered by society as aware of their actions, end up being reprimanded for the lack of willpower to improve their behaviors and that some carriers end up agreeing with this thought, that reminded students of the self-stigma class.

To discuss stigmas related to mood disorders, especially depression, students initially had a theoretical content about the disorders and three other activities: previous reading of the article “*Experiências do stigma na depressão: um estudo transcultural*” – Experiences of stigma in

depression: a cross-cultural study – (author Moreira and Telles, 2008), discussion of cases from suicide letters and a lecture on medicalization of feelings.

The proposed theoretical content was mainly aimed at stimulating the understanding of a multifactorial causal model of depression. However, when students were introduced to antidepressant medications, it was noted that they attributed biochemistry as being the most important cause, which led some students to understand that rehabilitation would be associated only with medication, which would tend to generate individual accountability in situations in which there is no drug response.

As discussions of depression continued, stories of people with depression who committed suicide were analyzed from letters written by them. This analysis of cases of patients with depression, although superficial, made it possible for students to identify numerous causal factors of depression in the same person. While students were able to identify several predisposing factors for depression, they also noted that in the letters individuals tended to point out a single cause for their problems.

The students' perceptions when reading the letters were very diverse. Some understood that low self-esteem is a manifestation of depression, which, according to them, is made worse by individual blaming for their disorder, while others maintained that people with depression more easily internalize the stigma of guilt.

When the classes on schizophrenia started, the students had already watched the documentary on the functioning of CAPS and social cooperatives (watched at the beginning of the discipline), and the workshop on anti-asylum fight was held. These experiences contributed to the students making critical and important questions when they watched journalistic videos recommended for classes on schizophrenia: “Moving on - Overcoming schizophrenia” (Rede Vida, 2014); “The Dr. Eiras health home and psychiatric reform” (Canal TV Brasil, 2015); “Eleanor Longden - The voices in my head” (Site TED, 2013); “I am not a show - Schizophrenia” (Site TED, 2017); “Listeners of voices” (Futura channel, 2017) and the documentary “Di capacitados” (Directed by Pepe Martinez, 2015).

The class considered schizophrenia as the main example of psychiatric suffering at the beginning of the school year and its manifestations fit what they considered the 'typical crazy'. During the course this view can be modified.

Despite the apparent decrease in the presence of some stigmas in students, the association of violence with schizophrenia was still very ingrained in the class, so it was necessary to maintain a special focus on this issue during schizophrenia classes.

These stigmatizing attitudes were well consolidated, to the point that they can be characterized, according to the concept of Cavazza (2005), as strong attitudes, considering the characteristics of being persistent and resistant to changes, as well as causing great impact in the processes of elaboration of information and behavior.

The great difficulty in working on the issue of violence with students was due to the fact that they only learned about the cases of schizophrenia associated with some manifestation of aggression, making them believe that all people with schizophrenia and other disorders would be violent people, and with the progress of the course, they were able to identify that these associations are due, in part, by the population not accepting that cases of extreme violence could be caused by people considered normal.

In order to improve students' understanding of the association of violence with schizophrenia or disorders that present psychotic conditions, the reading of the article “*Esquizofrenia, psicopatologia e crime violento: uma revisão das evidências empíricas*” - Schizophrenia, psychopathology and violent crime: a review of the empirical evidence - was indicated (authorship Teixeira *et al.*, 2007) and a visit to the websites Understanding Schizophrenia (developed by psychiatrist Leonardo Palmeira) and Memories of a Schizophrenic (developed by Júlio Cezar Oliveira), which addressed, among other subjects, the real picture of violence in this population.

After coming into contact with these materials, a topic pointed out by several students was the use of licit or illicit drugs as a factor that preceded the violent behavior of people with schizophrenia, which raised the discussion regarding the drug as a stimulating factor for any act of violence, since for some students it also encourages violence in people who are not diagnosed with a mental disorder.

Regarding the forms of treatment for schizophrenia, these were addressed in a class that was also concerned with discussing the concepts of healing, recovery and rehabilitation existing in the health area. The intention of this content was to discuss stigmas such as irrecoverability and disability.

This class in question was a moment in which the students remembered countless contents already seen in the discipline in which there was an effective rehabilitation of individuals in psychological distress, the most cited being the cases in which people returned to have loving relationships and to work.

Based on the knowledge already established in the literature that some stigmas are related to the way people understand the causes of psychological suffering, it was proposed to students to watch the documentary “Estamira” (directed by Marcos Prado, 2006), and from it point out possible stigmatizing attitudes that would have as origin the understanding of the causality of schizophrenia. The students pointed out that, in the film, family members of the character suggest that the onset of the disorder was due to religious punishment and signal other stigmas associated with the causality that were observed, in situations where people feared that their children might have the disorder, since they believed in the heredity of the problem.

It is known that the way mental disorders are explained interferes in the modulation of stigmatizing attitudes and that the psychosocial model, applied in the discipline, is, according to Luís

(2011), the way to explain mental disorders less associated with increased stigmatization when contrary to genetic and biological explanations which, according to Romano (2016), are related to more negative attitudes towards people with mental disorders.

So that the student could visualize how stigma can permeate professional performance, a discussion was held with them from reading articles that deal with the mental health workers' conceptions and perceptions: (1) "*A concepção de loucura e do seu tratamento entre os trabalhadores de saúde mental de uma instituição prestadora de serviço em nível secundário de atenção*" - The conception of madness and its treatment among mental health workers of an institution providing services at the secondary level of care - (authored by Pugin, Barbério and Filizola, 1997); (2) "*Saúde mental na percepção de trabalhadores de um CAPS*" - Mental health in the perception of workers at a CAPS - (authored by Caeran and Dias, 2015).

The students extracted excerpts from the articles that referred to the speeches of workers that differentiated people with some type of problem classified as simpler, from those who were actually diagnosed with a mental disorder. What sparked the debate about what led the health worker to make this differentiation. The explanations also extracted from the articles would be, according to the students, the ability to live without hospitalization and the presence of aggressiveness.

What was also remembered was the conception of some mental health workers about the causes of psychological suffering, which mostly associated them with social issues, especially poverty, and few workers indicated the disorder as a purely biological problem.

Some students concluded that individuals in psychological distress, when they know that health workers have some stigma about them, might not seek their assistance, as they also indicated that they can be treated incorrectly because they are not really considered to have some psychological distress, as reported in the article read. According to another group of students, these people could be poorly served by the fear of these workers.

Final considerations

Stigmatizing attitudes towards mental disorders are a complex phenomenon that deserves special attention from the scientific and academic community, given that the academic environment is essential not only for the development of knowledge and skills, but also constitutes a space for the promotion of anti-stigma attitudes.

This experience report presented the organization of the Mental Health discipline, with the inclusion of educational strategies that promoted students' contact with individuals in psychological

distress and that defended the model of psychosocial assistance to these people. These resources adopted during classes seem to be related to the modification of some stigmatized attitudes of students.

Based on the students' own information that the media strengthens stigmas, by broadcasting stories that are not always true or starting from generalizations, the confrontation of stigma by the mental health discipline considered the use of media, but in a context of de-stigmatization, using videos in that real stories of people with mental disorders were the basis for students to form new knowledge or replace stigmatizing beliefs throughout the course.

The presence of stigmatizing attitudes, which indicated the notion that all individuals with mental suffering are aggressive, was the one that was most present during the course. Therefore, it can be said that the aggressiveness associated with mental disorder was the example of stigma whose confrontation was the most time consuming and complex.

After the anti-stigma intervention, which took place in the mental health discipline, it was possible to infer that there are some aspects about stigma that, when discussed in a health course, foster changes in attitudes. But, for this, the non-punctual character of the discussions that involved the theme was essential. The various subjects and teaching strategies were always involved in the discussion of stigma, causing students throughout the course to be exposed to information and reflections that encouraged them to develop a less stigmatizing attitude.

Despite the great stability that the attitudes present, making them difficult to be modified, it was possible to produce some attitudinal transformations in nursing technical students with regard to the stigma associated with the individual in psychological distress, through the teaching of mental health.

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How to quote this article

SANTOS FERREIRA, Marcela dos. Fighting stigma associated with mental illness: an account of the experience of professional health education. **Temas em Educ. e Saúde**, Araraquara, v. 16, n. 1, p. 187-200, Jan./June, 2020. e-ISSN 2526-3471. DOI: <https://doi.org/10.26673/tes.v16i1.13281>

Submitted: 04/02/2020

Required revisions: 30/05/2020

Approved: 28/06/2020

Published: 19/06/2020