

Perspectives of former residents on training for mental health work**Perspectivas de ex-residentes sobre a formação para o trabalho em saúde mental****Perspectivas de exresidentes sobre la capacitación para el trabajo en salud mental****Received: 05/12/2020****Approved: 03/06/2021****Published: 21/08/2021****Isabella Cristina Barral Faria Lima¹****Izabel Christina Friche Passos²**

This is a quantitative-qualitative, exploratory and documentary study. It aimed to present the profile of former residents and their perspectives on residency programs in mental health. This study regarded the political-pedagogical projects of three programs in the cities of Belo Horizonte and Betim, Minas Gerais, Brazil, and the application of questionnaires with graduates through the Google Forms platform between 2012 and 2017. 33 former residents participated, mostly women. In the training area, the following were identified: 10 psychologists, 7 social workers, 6 occupational therapists, 5 nurses and 5 doctors. Five categories emerged from the textual and documentary descriptions, namely: *Brief contextualization of the programs analyzed, Characterization of former residents participating in the research and the choice of residency program, Practice scenarios and activities carried out, Supervision received and theoretical perspectives, and Evaluation of training experience.* It was found that former residents had contact with mental health before joining the programs, chosen by quality criteria. The majority informed that they had access to the political-pedagogical project of the program carried out and assessed that practical and theoretical activities corresponded to what was planned. Teamwork was positive and the workload was negative. The theoretical perspective guiding the psychosocial care in the programs was pointed out, indicating regularity in the references to productions of the psychiatric reform. Almost all, after residency, worked in the field of mental health, thus showing the importance and influence of training.

Descriptors: Health human resource training; Mental health; Internship and residency.

Este é um estudo de caráter quantitativo-qualitativo, exploratório e documental com o objetivo de apresentar o perfil de ex-residentes e suas perspectivas acerca de programas de residência em saúde mental. Considerou-se os projetos político-pedagógicos de três programas das cidades de Belo Horizonte e Betim, Minas Gerais, e a aplicação de questionários pela plataforma *Google Forms* junto a formandos entre os anos de 2012 a 2017. Participaram 33 ex-residentes, sendo a maioria mulher. Na área de formação, foram identificados: 10 psicólogos, sete assistentes sociais, seis terapeutas ocupacionais, cinco enfermeiros e cinco médicos. Cinco categorias emergiram das descrições textuais e documentais, a saber: *Breve contextualização dos programas estudados, Caracterização dos ex-residentes participantes da pesquisa e a escolha pelos programas de residência, Cenários de prática e atividades realizadas, Supervisão recebida e perspectivas teóricas, e Avaliação da experiência de formação.* Constatou-se que os ex-residentes tiveram contato com o campo da saúde mental antes de ingressarem nos programas, escolhidos por critérios de qualidade. A maioria informou que teve acesso ao projeto político-pedagógico do programa realizado e avaliou que atividades práticas e teóricas correspondiam ao previsto. Apontou-se como positivo o trabalho em equipe e como negativo a carga de atuação excessiva. Apontou-se a perspectiva teórica orientadora da atenção psicossocial nos programas, indicando regularidade nas referências às produções da reforma psiquiátrica. Quase todos, após a residência, trabalhavam no campo da saúde mental, mostrando assim, a importância e influência da formação.

Descritores: Capacitação de recursos humanos em saúde; Saúde mental; Internato e residência.

Estudio cuantitativo-cualitativo, exploratorio y documental que pretende presentar el perfil de exresidentes y sus perspectivas sobre los programas de residencia en salud mental. Se consideraron los proyectos político-pedagógicos de tres programas en las ciudades de Belo Horizonte y Betim, Minas Gerais, Brasil, y la aplicación de cuestionarios a través de la plataforma *Google Forms* con estudiantes de pregrado entre los años 2012 y 2017. Participaron un total de 33 exresidentes, la mayoría de ellos mujeres. En el ámbito de la formación, se identificaron 10 psicólogos, siete trabajadores sociales, seis terapeutas ocupacionales, cinco enfermeros y cinco médicos. De las descripciones textuales y documentales surgieron cinco categorías, a saber: *Breve contextualización de los programas estudiados, Caracterización de los exresidentes participantes en la investigación y la elección de los programas de residencia, Escenarios de práctica y actividades realizadas, Supervisión recibida y perspectivas teóricas, y Evaluación de la experiencia formativa.* Se observó que los exresidentes tuvieron contacto con el campo de la salud mental antes de entrar en los programas, elegidos por criterios de calidad. La mayoría informó que tuvo acceso al proyecto político-pedagógico del programa realizado y evaluó que las actividades prácticas y teóricas correspondían a lo previsto. Se señaló como positivo el trabajo en equipo y como negativo la excesiva carga de trabajo. Se señaló la perspectiva teórica que orienta la atención psicossocial en los programas, indicando regularidad en las referencias a las producciones de la reforma psiquiátrica. Casi todos ellos, después de la residencia, trabajaron en el campo de la salud mental, demostrando así la importancia e influencia de la formación

Descritores: Capacitación de recursos humanos en salud; Salud mental; Internado y residencia.

* Financing: Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brazil (CAPES) – Financing Code 001/2017.

1. Psychologist. Specialist in Hospital and Health Psychology. Master and PhD in Psychology. Professor of the Psychology Course at Faculdade Arnaldo Janssen, Belo Horizonte, MG, Brazil. ORCID: 0000-0002-7993-6834 E-mail: isa.farialima@gmail.com

2. Psychologist. Master in Philosophy. PhD in Psychology. Post Doctorate in Medical Anthropology. Full Professor of the Psychology course at the Universidade Federal de Minas Gerais, Belo Horizonte, MG, Brazil. ORCID: 0000-0001-9238-8732 E-mail: izabelfrichepassos@gmail.com

INTRODUCTION

Difficulties related to training processes for work in the field of mental health are not recent^{1,2}. The current obstacles in mental health work training were already present, with their historical particularities, for about forty years. For example, in the 1970s, Luiz Cerqueira mentioned the need for training professionals to work in multidisciplinary teams at different levels of care, as well as preparing them for working with new concepts of health and treatments, without exclusivist reductionism³.

In that sense, but in another historical moment, the Final Report of the 2nd Brazilian National Conference on Mental Health determined that training programs for people should be based on some principles, including: multi-professionalism, problematization of local reality, continuing education and articulation of political, administrative and technical knowledge/powers⁴. The Final Report of the 3rd Brazilian National Conference on Mental Health showed the relevance of interdisciplinary and permanent training programs in mental health for the Unified Health System (SUS), aimed at workers involved in the process of Psychiatric Reform and, among several education programs, highlighted multidisciplinary residencies in mental health as opportune⁵.

Currently, there are ongoing training experiences for work in health for undergraduates that seek to strengthen the links between SUS services and educational institutions, such as the National Program for the Reorientation of Professional Training in Health and the Educational Program for Work in Health, both coordinated by the Brazilian Ministry of Health. In undergraduate studies, multidisciplinary residencies in health, also promoted by notices from the Ministry of Health, are recognized as one of these important experiences⁶.

Since the end of the 1970s, therefore in the wake of the Health Reform and even before the creation of SUS, there have been isolated residency experiences of this type in Brazil. As a *latu sensu* graduate modality, residency has been regulated for the medical category since 1977, but it was only almost three decades later, in 2005, the process of regulating multidisciplinary residencies in other professional areas of health began⁷. Thus, the systematic financial investment of the Brazilian State, through a training policy that guarantees the support and continuity of multiprofessional programs, is recent.

With guaranteed financial investment, the number of multidisciplinary residency programs expanded⁸. According to data available via e-mail in March 2016, by the Technical Team of the Multiprofessional Residency of the General Coordination of Residencies in Health of the Ministry of Education, there were more than fifteen hundred programs registered in the System of Multiprofessional Residency in Health Commission. These programs are linked to the most diverse emphases: women's health, family health, child and adolescent health, mental health, chronic diseases, indigenous health, among others⁹.

Specifically in the field of mental health, there were few experiences of multidisciplinary residency in the country before the 2000s, such as the Integrated Residency Program in Psychiatry and Mental Health developed by the Instituto Philippe Pinel, of the Municipal Health Department of Rio de Janeiro, in partnership with the Escola Nacional de Saúde Pública, of the Fundação Oswaldo Cruz. This is recognized as the first mental health program to integrate training of psychiatry professionals with other health professionals with higher education, in the early 1990s¹⁰.

Other outstanding experiences are the Integrated Mental Health Residency Program at the São Pedro Psychiatric Hospital (in the state of Rio Grande do Sul), which began in 2000⁷, and the Multiprofessional Integrated Residency Program in Collective Mental Health, developed since 2005 by the Universidade Federal do Rio Grande do Sul¹⁰. In the Northeastern region, the Multiprofessional Residency in Public Health stands out, with an area of concentration in Mental Health linked to the Universidade Federal da Bahia, which had its first class in 2008 and produced a wide systematization of the activities¹¹. The latter was closed about two years ago.

This study addresses the three mental health residency programs in the metropolitan region of Belo Horizonte, in the state of Minas Gerais¹², and aims to present the profile of former residents and their perspectives on these programs.

METHODS

This is a quantitative-qualitative, exploratory¹³ and documentary study, with partial results of research carried out from 2015 to 2019, concerning political-pedagogical projects and the application of questionnaires¹⁴ to former residents of mental health programs.

According to a survey carried out on the list of 1500 projects in professional and multidisciplinary area programs registered with the Ministry of Health, approximately ninety were linked to the field of mental health, eight of them in the state of Minas Gerais⁹.

From this survey, the multidisciplinary residences in the metropolitan region of Belo Horizonte were chosen as a subject due to their centrality in the training of professionals specialized in mental health for the state and the characteristic of the Psychosocial Care Networks (PCN) in the municipalities of Belo Horizonte and Betim, headquarters of the programs analyzed here, are nationally recognized as well implemented and high quality in terms of mental health care provided to the population^{15,16}.

Looking to know and understand the profile of these professionals and outline an overview of the experience they had in the respective programs, once the program coordinators agreed, all those who had completed training by the year 2017 were invited via email to participate of the research through an online and self-applied questionnaire. With the aid of this tool, we sought to access relevant information to the topic in question that could be coded in a standardized way, and recorded in a quantitative way¹⁴. Questionnaires are particularly effective tools for the production of information when combined with other strategies, such as document analysis¹⁴.

Former residents from all areas of training involved in the programs were invited.

The questionnaire was elaborated based on documental analysis of the political-pedagogical projects of the programs⁹ and its final version consisted of 45 open and closed questions, including some with options on a Likert scale¹⁴ divided into eight sections: 1) Respondent identification; 2) Choice of residency program; 3) Knowledge on the political-pedagogical project of chosen program; 4) Practical activities; 5) Theoretical or theoretical-practical activities; 6) General evaluation of training experience; 7) Professional status after completion of residency; 8) Criticism and/or suggestions about the questionnaire and availability for a future interview.

The questionnaire was available via Google Forms[®] survey management application from September to December 2017, and required approximately forty minutes to complete. The data obtained were exported from Google Forms[®] to Microsoft Excel TM[®] software, and treated and analyzed from February to August 2018. Quantitative data were analyzed with descriptive statistics, with frequencies calculated and presented in the form of tables .

Qualitative data from the open questions were used to complement the information. For the presentation and discussion of results, thematic categories were organized from the perspective of theoretical contributions from the field of psychosocial care in interface with training in the modality in question^{1,2,10,11,17}.

The research was approved by the Research Ethics Committee of the Universidade Federal de Minas Gerais under CAAE: 56054316.1.3001.5119 and the confidentiality of the respondents to the study was guaranteed.

RESULTS

Seventy-eight former residents were invited to the study. Of these, 57 completed Integrated Mental Health Residency at the Hospital Odilon Behrens of the Municipality of Belo Horizonte in partnership with the Universidade Federal de Preto (IMHR PBH/UFOP), 16 completed Multiprofessional Residency in Mental Health of the Municipality of Betim in partnership with the Escola de Saúde Pública de Minas Gerais (MRMH Betim/ESP-MG) or in partnership with the Pontifícia Universidade Católica de Minas Gerais (MRMH Betim/PUC Minas), and five completed the Multiprofessional Residency in Mental Health at the Fundação Hospitalar do Estado de Minas Gerais in partnership with Faculdade Ciências Médicas of Minas Gerais (MRMH FHEMIG/FCM-MG). The latter was not fully carried out in the open and community-based services of PCN, using a psychiatric hospital as a training setting for most of the process.

It is noteworthy that, due to changes of educational institution, the Multiprofessional Residency in Mental Health of the Municipality of Betim had two registered political-pedagogical projects, although it is the same program in continuity and carried out in the same municipality. Thus, the data from this program will be presented separately.

The questionnaires were available online from September to December 2017 and were answered by 33 former residents, 21 of them from the IMHR PBH/UFOP, eight from the MRMH Betim/ESP-MG or Betim/PUC Minas and four from the MRMH FHEMIG/FCM-MG, according to Table 1.

Chart 1. Participants by professional area and mental health residency program in the Metropolitan Region of Belo Horizonte, 2018.

Program	Nursing		Psychology		Psychiatry		Social Services		Occupational Therapy		Total	
	A	B	A	B	A	B	A	B	A	B	A	B
IMHR PBH/UFOP	08	04	08	05	23	05	08	03	10	04	57	21
MRMH Betim/ESP-MG	03	01	03	03	-	-	03	02	02	01	11	07
MRMH Betim/PUC Minas	02	-	01	01	-	-	-	-	02	-	05	01
MRMH FHEMIG/FCM-MG	01	-	01	01	-	-	02	02	01	01	05	04
Total	14	05	13	10	23	05	13	07	15	06	78	33

A. Number of former residents who completed one of the programs under study by the year 2017 and who were invited to participate in the survey.

B. Number of former residents who responded to the questionnaire.

It was identified that the majority of former residents participating were women (27); 13 were between 25 and 30 years old, 17 were between 30 and 40 years old and three former residents were over 40 years old.

With regard to area of training, there were 10 psychologists, seven social workers, six occupational therapists, five nurses and five physicians were identified among the respondents. Most had their first contact with the field of mental health while still undergraduates, especially through mandatory courses. And, in many cases, through curricular internships (13), extracurricular internships (09) and elective courses (08). Other activities that provided this contact were study groups (06), scientific initiation projects (03) and extension projects (03).

Few experiences were reported directly carried out in partnership with SUS, through ministerial induction, such as PET-Saúde (05) and VerSUS (01). On the other hand, the student movement, which was not a category provided for in the questionnaire, was registered in the "others" option by three participants, who explicitly referred to the "Coletivo Espaço Saúde".

Questioned about the reasons that led them to do residency in mental health (in this case, each respondent could register more than one reason), most mentioned their interest in professional qualification or improvement of technical skills, in addition to considering that residency is a facilitating means for insertion in the area and an opportunity to undertake a postgraduate degree. Remuneration was the least mentioned reason, indicated by six former residents of different specialties, except medicine.

For the specific choice of the admission program, the recognition of the health institution to which the programs are linked was generally a very important factor. Especially in the case of IMHR PBH/UFOP and MRMH Betim/ESP-MG, programs carried out entirely in the network of substitute services to the psychiatric hospital, former residents considered the fact that the proposals of both were related to the Anti-Asylum Psychiatric Reform very important. Table 2 below details this information.

Chart 2. Factors that influenced former residents' choices for mental health residency programs in the Metropolitan Region of Belo Horizonte, 2018.

Factors	Program				Total n=33
	PBH UFOP n=21	Betim ESP-MG n=07	Betim PUC Minas n=01	FHEMIG FCM-MG n=04	
Relation of the Program proposal with the Anti-Asylum Psychiatric Reform	12	07	0	0	19
Recognition of the health institution to which the program is linked	10	02	0	01	13
Third party referral	04	01	01	02	08
Recognition of the educational institution to which the program is linked	02	04	0	01	07
Location	03	01	0	0	04

It was also found that the educational institution did not influence the choice too much, with the exception of the case of ESP-MG.

Most respondents indicated that they made a choice based on quality criteria. A former resident of the MRMH Betim/ESP - MG reinforcing this understanding when, in an optional open space for comments, they stated that the choice was based on a desire to work in a context whose principles are *a state, universal and quality SUS*.

Based on the political-pedagogical projects (PPP), a list of services and other fields of activities was listed so that former residents could inform those in which they worked. An optional open space was also made available for them to register any other that was not on the list. Former residents of the MRMH FHEMIG/FCM-MG, as well as those of the MRMH Betim/PUC Minas, indicated five services they had worked on, while those of the MRMH Betim/ESP-MG indicated eight. The ones from the IMHR PBH/UFOP indicated 19 different practice scenarios.

The service indicated by all former residents was the Psychosocial Care Center, CAPS (or Mental Health Reference Center, CERSAM), and almost all also included those specialized in people who abuse drugs and those specialized in children and young people. The Basic Health Units also received almost all residents. And, in addition, the Living Centers received residents from all programs, except those from the MRMH FHEMIG/FCM-MG.

All residents of the MRMH FHEMIG/FCM-MG did work at the psychiatric hospital, while only one resident of IMHR PBH/UFOP did work at this service. On the other hand, the Psychiatric Emergency Service (PES) and the Mobile Clinic, present at the Belo Horizonte PCN, but not at the Betim PCN, were services that almost all residents of the IMHR PBH/UFOP did work at some point. The optional open space was not used by many, but three former residents of the IMHR PBH/UFOP indicated that they worked in the Art of Health and in the Comprehensive Care Program for the Judicial Patient with Mental Distress (PAI-PJ), both fields of practice exclusive to this residence.

Almost all former residents of the MRMH FHEMIG/FCM-MG stated that they wish they had worked in a Therapeutic Residential Service and in the Mobile Clinic.

Most former residents reported that they had access to the PPP of their respective program (27 respondents) and assessed that the practical activities generally corresponded (20) or partially corresponded (5) to what was expected. Residents also considered that the

theoretical activities generally corresponded (15 respondents) or partially corresponded (9) to what was expected.

Based on the PPP, a list of practical activities was indicated for respondents to list, on a Likert-type scale, the frequency with which certain activities were performed. According to almost all former students, the activities of team meetings, clinical case discussions, shifts and individual care in an outpatient situation were performed “many times” or “always”.

Most also indicated harm reduction actions, individual assistance in hospitalization situations, individual assistance to family members and the construction of unique therapeutic projects as performed “many times” or “always”. Therapeutic workshops and user meetings, collective activities, were held “many times” or “always” by just over half of the former residents.

Almost all former residents of the IMHR PBH/UFOP indicated that they performed individual activities related to teamwork “many times” or “always”. More than half indicated that home visits, therapeutic follow-up, user assembly, therapeutic workshops and matrix support were performed “often” or “always”.

In the case of the MRMH Betim/ESP-MG, all former residents indicated that they “often” or “always” performed or participated in the following activities: user meetings, individual outpatient care, discussions of clinical cases, shifts and team meetings.

The individual care of family members, the construction of unique therapeutic projects, individual care in hospitalization situations, groups with family members and therapeutic workshops were “many times” or “always” performed by almost everyone. This profile differs a little from the general one because, proportionally, it has a higher number of residents involved in frequent collective activities, especially the assembly of users.

The only respondent to the MRMH Betim/PUC Minas questionnaire indicated that all activities listed in the question were carried out “many times” or “always”, except for interconsultations and management meetings, which were “few times” carried out.

All former residents of the MRMH FHEMIG/FCM-MG indicated that they “often” or “always” held clinical case discussions and team meetings. More than half developed “many times” or “always” harm reduction actions, individual assistance, construction of unique therapeutic projects and shifts.

All indicated that “never” or “few times” held groups with family members, consultations and income-generating workshops. Therapeutic workshops were held “a few times” by half of the residents. The activities that were “never” or “rarely” carried out by almost all former residents of this program were matrix support, user meetings and management meetings. This group, therefore, developed less collective activities than the rest.

Regarding theoretical activities, based on the PPP, a list was given to respondents to give the frequency with which the activities were carried out during the training period on a Likert-type scale¹⁴. Overall, classes with residents from different professions and case discussions in the classroom were highlighted as activities that happened “many times” or “always”.

Then, they indicated clinical-institutional supervision and collective supervision. The “never” or “few” activities indicated by the largest number of respondents were study groups and patient presentations. Therefore, there was a symmetry in the responses of former residents of all programs in relation to theoretical activities.

Regarding supervision in the field of practice or preceptorship, despite some variation, most former residents indicated that they took place at least once a week, as shown in Table 3. And almost all indicated that the supervisions were based on some theoretical perspective.

Table 3. Supervisions in the field of practice, according to former residents of the mental health residency programs of the Metropolitan Region of Belo Horizonte, 2018.

Frequency	Program				Total
	PBH UFOP	Betim ESP-MG	Betim PUC Minas	FHEMIG FCM-MG	
Once every 07 days	12	05	0	02	19
Once every 15 days	07	01	01	0	09
Once every 30 days	01	0	0	0	01
Other answers	01	01	0	02	04
Total	21	07	01	04	33

From the theoretical perspectives that guided the supervisions in the programs, the answers varied, but there was regularity in the references to the psychiatric reform productions, through related terms such as: psychosocial rehabilitation, anti-asylum psychiatric reform, mental health policy, alcohol and other drugs, aspects historical and anthropological aspects of mental suffering and recovery. Also, psychoanalysis was mentioned by more than half of respondents, as well as psychopathology. Extended clinic, social psychology, pharmacology, and evidence-based health were terms cited only once each.

Former residents of the different programs explicitly stated that the *integration of different professional categories to carry out teamwork along the lines of the Psychiatric Reform was positive*.

Half of the former residents of the IMHR PBH/UFOP highlighted the variety of practice scenarios as positive. Also half of the former residents of the MRMH FHEMIG/FCM-MG indicated this point as relevant, since, although based in a single service, a psychiatric hospital, the program allows residents to develop activities in some PCN services in Belo Horizonte.

Aligned with initial expectations, some former residents of IMHR PBH/UFOP and of MRMH Betim/ESP-MG indicated that the experience of working from the anti-asylum perspective was useful, highlighting activism and political learning, as illustrated in the comment: *The organizational spaces [of civil society] were not included in the workload of the residency, however, they were extremely important in professional and human training (Frente Mineira de Saúde Mental, Frente Mineira Drogas e Direitos Humanos and Encontros de Organização do 18 de Maio)* (former resident of IMHR PBH/UFOP).

In the same sense, a former resident of the MRMH FHEMIG/FCM-MG highlighted that *the mandatory participation in the BH mental health forums* was positive and that they understand the fact that the residents spend a year working only inside the hospital as negative.

Residents of the IMHR PBH/UFOP, MRMH Betim/ESP-MG and PUC Minas pointed out that receptivity of tutors and preceptors was also positive. Despite this, they indicated existing friction between the coordination of programs and workers included in the PCN.

Most ex-residents were satisfied with tutoring follow-up, as shown in Table 4. Regarding tutoring, the significant number of former residents of the PBH/UFOP who reported dissatisfaction, as in Table 5.

Table 4. Satisfaction of former residents in relation to the monitoring of preceptorship in mental health residency programs in the Metropolitan Region of Belo Horizonte, 2018.

Preceptory percetion	Program				Total
	PBH UFOP	Betim ESP-MG	Betim PUC Minas	FHEMIG FCM-MG	
Yes	17	07	01	03	28
No	04	0	0	01	05
Total	21	07	01	04	33

Table 5. Satisfaction of former residents in relation to mentoring monitoring in mental health residency programs in the Metropolitan Region of Belo Horizonte, 2018.

Tutorial satisfaction	Program				Total
	PBH UFOP	Betim ESP-MG	Betim PUC Minas	FHEMIG FCM-MG	
Yes	08	07	01	03	19
No	13	0	0	01	14
Total	21	07	01	04	33

Regarding what was negative, several former residents, especially from the IMHR PBH/UFOP, wrote in the open space of the questionnaire that the “workload is intense”, leading to “exhaustion” and even “illness”. In the same sense, former residents of two programs highlighted the issue of precariousness of work: *We often replace professionals, which are used as cheap labor* (ex-resident of the IMHR PBH/UFOP); *Residents [are] treated as workers and not as students, filling vacancies for professionals who did not come for work* (former MRMH resident FHEMIG/FCM-MG).

The need for a better organization of the program, as exemplified by the demand for a better fit between theoretical and practical syllabus, appeared strongly in the records of former residents of the IMHR PBH/UFOP and of the MRMH FHEMIG/FCM-MG.

However, virtually all former residents participating in the study felt that their programs met the proposed goals and that they would recommend the program to others. In addition, only five of the respondents reported that the activity they performed after completing their residency was not related to the field of mental health.

DISCUSSION

For a better contextualization, five categories that allow better interpretation of textual and documental descriptions will be presented, namely: *Brief contextualization of the programs analyzed, Characterization of former residents participating in the research and the choice of residency program, Practice scenarios and activities carried out, Supervision received and theoretical perspectives, and Evaluation of training experience.*

Brief contextualization of the programs analyzed

In an innovative perspective, Minas Gerais hosted the country's first experience of a mental health residency that did not require psychiatric hospitals as a field of practice at all¹⁸. Held in the municipality of Betim, located in the metropolitan region of Belo Horizonte, the program began in 2010.

Until 2013, it was linked to ESP-MG as a training institution and, during part of that period, the program had specific approaches with the group of residents in psychiatry^{9,18}. From 2013 to 2016, the responsible educational institution was the Pontifícia Universidade Católica de Minas Gerais. Due to political and economic issues, the MRMH of Betim ended its activities in 2016. This residency received professionals from nursing, psychology, occupational therapy and social work.

According to a 2018 estimate by the Instituto Brasileiro de Geografia e Estatística¹⁹, the population of Betim, located at a 30 km distance from the capital of Minas Gerais, exceeds 430 thousand people. The municipality's PCN is guided by the principles and guidelines of the SUS, the Brazilian Psychiatric Reform and the Anti-Asylum Movement and has several alternative services, including: a Psychosocial Care Center (CAPS) III; a CAPS II; a CAPS I; a CAPSad; a CAPSi; two Therapeutic Residential Services; a Community Center; four mental health teams allocated to primary care; and a Transitional Shelter¹⁵. The city never had a psychiatric hospital.

Belo Horizonte, the municipality where the other two programs studied are located, has an estimated population of over 2.5 million people²⁰. The municipality's PCN, while guided by the same principles and guidelines, is more complex. There are 13 Reference Centers in Mental

Health (CERSAM) that work as CAPS III: eight of them for adults, three for people who abuse alcohol and other drugs (CERSAM-AD) and three for children's care (CERSAMi).

As a unit of the Advanced Mobile Emergency Care Service (SAMU), there is the Psychiatric Emergency Service (SUP). PCN has 29 Therapeutic Residential Services, four Street Office Teams, a Transitional Shelter Unit for adults and one for children, nine Living Centers and a Solidarity Enterprises Incubator (SURICATO).

In primary care, there are nine complementary mental health teams for children and adolescents and 45 centers of the Arte da Saúde Program, which promote citizenship workshops for children and adolescents. Despite this complexity, the municipal network still uses psychiatric hospitalizations in a psychiatric hospital for adults and a child-juvenile hospital, public and state, and has psychiatric beds in other hospital institutions⁹.

In 2012, the Integrated Residency Program in Mental Health of the Municipal Health Department of the Municipality of Belo Horizonte (PBH) began, initially carried out in partnership with Faculdade Novos Horizontes and, at the time of the research, with the Universidade Federal de Ouro Preto. This change, however, did not generate a new political-pedagogical project, as in the case of Betim. The program welcomes residents from nursing, psychology, occupational therapy and social work. One of its particular characteristics, which distinguishes it, is the fact that it is articulated with the Psychiatry Residency of PBH, with which it carries out practical and theoretical activities in an integrated manner. Running continuously since 2012, it is the mental health residency program in the metropolitan region of Belo Horizonte that has trained the largest number of residents so far^{9,12}.

In 2014, the most recent program among those studied began, the Multiprofessional Residency in Mental Health at the Instituto Raul Soares, of the Fundação Hospitalar do Estado de Minas Gerais (FHEMIG), in partnership with the Faculdade de Ciências Médicas de Minas Gerais which receives residents from nursing, psychology, occupational therapy and social work. The MRMH FHEMIG/FCM-MG was created from the structure of the Residency in Psychiatry, which has been held at the institution for 50 years⁹. In this sense, one of its characteristics is the fact that a large part of its workload is carried out within a psychiatric hospital. A partnership was formalized with the PBH that allowed, at the time of the study, the residents of this program to carry out activities in the municipal PCN in their second year of residency.

Characterization of former residents participating in the research and the choice of residency program

The first fact that stands out regarding the research participants is the very low proportionality between the number of psychiatrists and other professionals who responded, in relation to the number of guests. It is possible that this limited participation may be indicating a certain resistance of psychiatrists to the fact that it is an integrated program in mental health, perhaps pointing to some question regarding the type of relationship that psychiatrists in training maintain with the explicitly assumed anti-asylum psychiatric reform by the program to which they were linked.

Integrated residencies happen with the articulation between Medical Residency and Multiprofessional Residency programs. As regulations are different, the selection process and certification take place independently, even when theoretical, practical and theoretical-practical activities are integrated, as in the case of IMHR PBH/UFOP. On the contrary, the great adhesion of psychologists, in relation to other professionals, is noteworthy. A characteristic of the Brazilian Psychiatric Reform, which is not observed in other countries, is the great involvement of this professional category²¹.

The Higher Education Census, carried out by the Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira (INEP)²², indicates that women are the majority in 14 of the 20 largest undergraduate courses in number of graduates, including nursing, psychology, social

services and medicine. In line with this survey, most former residents who participated in this survey were women.

Regarding the age group, considering that the average age of graduates of on-site undergraduate courses is 28 years old, according to INEP²², it is likely that many of the participants in this research have started residency right after graduation, according to the data previously presented. It is noted that the intense workload and remuneration are factors that can discourage more experienced professionals from undertaking this training.

With regard to previous training, practically all participants indicated that they had contact with the field of mental health during their undergraduate course, through curricular and/or extracurricular activities. It is necessary to emphasize the importance of the (now extinct) Coletivo Espaço Saúde, in Belo Horizonte, a student collective created *to critically discuss the health issue (...) [seeking] to develop actions that [allow] students to know and interfere in the new model of attention to Mental Health*²³.

This collective developed actions articulated with the psychosocial care network of Belo Horizonte and the Escola de Saúde Pública de Minas Gerais (ESP-MG). Currently, some people who led and went through training processes supported by this student collective work at PCN in Belo Horizonte, as it was possible to identify in other moments of this research¹².

However, although they indicate the approach of academia to issues in the field of mental health, these data cannot be qualified with the information raised exclusively by the questionnaire. The participants sought a very particular training within the field of mental health, residency, and it is possible that they were already interested in the field while they were undergraduates, providing greater contact with studies and practices related to the subject. This reservation is necessary, as there are many productions that discuss the distancing of academic training from practices in the field of psychosocial care^{1,2,18,23}.

As noted, most former residents participating in this study chose to undertake a postgraduate degree in the residency modality as a form of professional qualification or improvement of technical skills, or even to enter the labor market. This data refers to the fact that many people enter the residence immediately or shortly after graduation. On the other hand, remuneration, even though it is not recognized as a noble reason, can have a great influence in a market with a shortage of job vacancies for recent graduates in some courses in the health area.

Recognition of the quality of PCN in the municipalities, Belo Horizonte and Betim, was decisive in choosing the program. That is, except in the case of ESP-MG, the choices were not based on the educational institution, but on the care network. However, former residents of the two programs carried out entirely in the substitute services network give greater importance to linking the program to the perspective of the Anti-Asylum Psychiatric Reform.

The conception of the political-pedagogical project of the MRMH Betim/ESP-MG, prepared by the Thematic Production Group on Mental Health of ESP-MG in partnership with the Coordination of Mental Health of Betim, was a key point, as the training took place in such a way entirely independent of the psychiatric hospital, assuming an explicitly anti-asylum perspective¹⁸.

ESP-MG played an important role in the psychiatric reform process in Minas Gerais, pioneering the provision of interdisciplinary specialization courses in the area of mental health from the 1980s onwards. Furthermore, professionals linked to ESP/MG involved with the MRMH have a history of teaching and activism in the field of mental health, as the former coordinator, a reference in the field of psychosocial care and the anti-asylum movement in the country^{9,18}.

In the case of the other program carried out entirely in the substitute services network, the IMHR PBH/UFOP, it is also important to mention that several people involved in the elaboration of the political-pedagogical project, coordination and preceptorship have a long history of work and activism in the field of mental health, having already fulfilled important

management positions, which may have favored the linking of this training project with the anti-asylum perspective²⁴.

Practice scenarios and activities carried out

It was possible to identify that former residents of the IMHR PBH/UFOP had the opportunity to work in a greater number of services. The PCN in Belo Horizonte has a greater complexity and extension in relation to that of Betim and, therefore, allowed for a diversification of practice scenarios in relation to the MRMH Betim/ESP-MG, which had a similar pedagogical proposal. On the other hand, the MRMH FHEMIG/FCM-MG, although located in Belo Horizonte, was headquartered in a hospital institution, in which activities were concentrated over a year, half of the residency period.

Although it is not a given relationship at first, the diversification of practice scenarios in PCN enables a diversification of care strategies, which is fundamental for the realization of public policy on mental health, as provided for in Federal Law 10.2016/2001²⁵ and Ordinance GM 3.088/ 2011²⁶. In this sense, teaching practices in psychiatric hospitals can be considered an obstacle, as the asylum model is based on a work in which there is no dialogue between professionals and in which "the fundamental determination of problems continues, in biological practice"¹⁷.

When asked about practice scenarios that they thought should be included in the training process, almost all former residents of the MRMH FHEMIG/FCM-MG stated that they would like to have worked in a Therapeutic Residential Service and in the Mobile Clinic. Regarding the Mobile Clinic, this fact is noteworthy, especially because the public psychiatric hospitals located in Belo Horizonte, such as the hospital that hosts the program, have predominantly received people who abused alcohol and other drugs²⁷.

It was also stated that most of the practical activities carried out were of an individual nature, such as assistance, or those related to teamwork, such as meetings and case discussions. Compared to the others, former residents of the MRMH FHEMIG/FCM-MG developed even less collective activities.

In the asylum mode, multidisciplinary resources are present, but they work in the model of the division of labor, comprising and producing tasks, and what is more serious, subjects, in a fragmented way. Resources that go beyond the strictly psychiatric are considered as auxiliary, as secondary. "The replacement of Psychiatry by another discipline, such as Psychology or even Psychoanalysis, would not change the nature of the asylum paradigm in this regard"¹⁷.

Contradictory to the asylum mode - the psychosocial mode, the work is carried out by multi or interprofessional teams, which in their current constitutions already surpass in many aspects the common group of specialists, and from which forms of exchange of theoretical-technical views are expected and their practices, which are capable of overcoming specialisms¹⁷. From this perspective, the production of care is much more related to collective action as a team than to work carried out by a group of professionals, and collective activities, such as groups with family members, therapeutic workshops, income-generating workshops and assemblies users, which would need to be more encouraged and developed resources.

In theoretical activities, classes with residents of different professions and case discussions in the classroom were highlighted as activities that happened more frequently, pointing, perhaps, to an attempt to overcome the fragmented and specialized training. This is a challenge that other residency programs signal^{10,11,28,29}. However, it was not possible, through this investigation, to identify the quality of this theoretical/theoretical-practical training process.

Supervision received and theoretical perspectives

Although with some variation, most former residents indicated that supervision activities in the field of practice took place at least once a week, and based on some theoretical perspective linked to the field of knowledge production in the psychiatric reform.

This is an important characteristic in relation to the context of the studied programs, as some researches have raised questions about the precariousness of work in health^{30,31} and its repercussions on training in the residency modality³². Although the frequency of supervision does not guarantee that the training process is being properly valued, it signals the existence of a concern of the programs with the monitoring of the resident professional. Furthermore, according to the data on the activities carried out, all programs frequently promoted collective theoretical activities.

The political-pedagogical projects of the three residences indicated the multidisciplinary work and the development of practices in territorial equipment as fundamental, although they did not explain a theoretical-pedagogical framework to justify such a choice, which, initially, could suggest that the documents were prepared only in compliance with the requirements of the Brazilian Federal Government⁹. However, it was found that former residents identified a certain affinity between the theoretical perspectives that guided the programs with the productions in the field of psychosocial care.

Evaluation of training experience

Mental health residencies are strategies that, in addition to constituting privileged training spaces for the SUS, should enable training in tune with teamwork in an interdisciplinary logic and in scenarios of diversified practices, that is, not restricted to hospital institutions^{7,10,11,28,29,32}.

The general assessment of former residents about their experience in the respective programs studied indicated that teamwork was the great difference, especially when carried out in different practice scenarios, including organizational spaces of civil society, such as the Frente Mineira Drogas and Human Rights and the Mental Health Forum of Minas Gerais.

Former residents of the MRMH FHEMIG/FCM-MG brought up as a critical point the fact that they spent a year working only within the psychiatric hospital. This assessment is significant because it is not isolated and suggests that residents who have gone through this program have developed a critical view of the limitations of the nursing home institution.

Former residents of all programs indicated that the receptivity of tutors and preceptors was positive, despite the existing friction between program coordination and PCN workers. Notwithstanding the satisfaction with tutoring, the dissatisfaction of former PBH/UFOP residents with tutoring is noteworthy. This is a delicate aspect that needs to be better explored, since the theoretical activities, on which tutoring plays a decisive role, were well evaluated and indicated as happening regularly and in a diversified way.

Regarding dissatisfaction in theoretical and practical activities, former residents identified an exhausting workload. Especially in the cases of former residents of the IMHR PBH/UFOP and the MRMH FHEMIG/FCM-MG, there seems to be, in the perception of these actors, the need for a better organization. This aspect is considerable, as these are programs that are still being carried out and can benefit from this type of assessment, so that they do not lose their training potential for work in the logic of psychosocial care.

The precariousness of the work of higher education technicians, with inadequate contracts and salaries is a reality observed in the psychosocial care networks of several Brazilian municipalities³⁰, notably in the context of current dismantling, and in the Metropolitan Region of Belo Horizonte it would be no different. Still, it is necessary to clarify that a re-asylum policy³¹, including the harmful Ordinance 3.588/2017 of the Ministry of Health, which, through financial incentives to psychiatric beds, strengthens the asylum logic, has repercussions on ongoing residency programs.

Despite the weaknesses pointed out, essential for the construction of an evaluation process for improvement, almost all former residents indicated a high level of satisfaction with the experience and currently a significant number are working in the field of mental health. In this sense, it is important to highlight that the multidisciplinary residency, according to its legal framework, intends to favor the insertion of young health professionals in the labor market, particularly in priority areas of the Unified Health System⁷.

CONCLUSION

The documents that contain the PPP were prepared based on common guidelines within a given policy, but the way in which each of these courses is carried out is unique and depends on its context. The study provided clues about some of these particularities, such as the diversified use of internship fields, as well as the variation between individual or more collective activities.

Conducting this type of survey certainly implies an evaluative dimension and, considering that three programs were studied, it is inevitable that there is a perspective of comparison. However, this is not an assessment in relation to ideal criteria, but arising from the relationship between the unique characteristics of each course. From this perspective, the evaluative dimension emerges precisely from the perspective of people involved in the experiences: former residents. This, in fact, is one of the limits of this study: only one of the actors involved in the programs was privileged.

Provided by the perspective of former residents, the evaluative dimension presented is neither in-depth nor analytical, but considerable. The data presented may be cross checked by other surveys that are willing to listen to tutors, preceptors and other workers involved in the training processes of these programs.

REFERENCES

1. Lobosque AM, organizadora. Saúde mental: os desafios da formação. Belo Horizonte: ESP-MG; 2010. 202p. (Caderno Saúde Mental; 3).
2. Rotelli F. Formação e construção de novas instituições em saúde mental. In: Amarante P, Cruz LB, organizadores. Saúde mental, formação e crítica. Rio de Janeiro: LAPS; 2008. p. 37-50.
3. Cerqueira L. Psiquiatria social: problemas brasileiros de saúde mental. Rio de Janeiro; São Paulo: Atheneu; 1984. 306p.
4. Ministério da Saúde (Br), Secretaria de Assistência à Saúde. Relatório final da 2ª Conferência Nacional de Saúde Mental; 1992; Brasília, DF [Internet]. Brasília, DF: MS; 1994 [cited in 23 June 2021]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/2conf_mental.pdf
5. Conselho Nacional de Saúde (Brasil), Ministério da Saúde (Br). Relatório final da 3ª Conferência Nacional de Saúde Mental; 2001; Brasília, DF [Internet]. Brasília, DF: Conselho Nacional de Saúde; Ministério da Saúde; 2002 [cited in 23 June 2021]. Available from: http://conselho.saude.gov.br/biblioteca/Relatorios/saude_mental.pdf
6. França T, Magnago C, Santos MR, Belisário SA, Silva CBG. PET-Saúde/GraduaSUS: retrospectiva, diferenciais e panorama de distribuição dos projetos. Saúde Debate [Internet]. 2018 [cited in 30 Mar 2021]; 42(Esp2):286-301. Available from: <https://doi.org/10.1590/0103-11042018s220>
7. Ministério da Saúde (Br), Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação na Saúde. Residência multiprofissional em saúde: experiências, avanços e desafios [Internet]. Brasília, DF: Ministério da Saúde; 2006 [cited in 23 June 2021]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/residencia_multiprofissional.pdf
8. Sarmento LF, França T, Medeiros KR, Santos MR, Ney MS. A distribuição regional da oferta de formação na modalidade Residência Multiprofissional em Saúde. Saúde Debate [Internet]. 2017 [cited in 30 Mar 2021]; 41(113):415-24. Available from: <https://doi.org/10.1590/0103-1104201711306>

9. Lima ICBF. Residências multiprofissionais em saúde mental na Região Metropolitana de Belo Horizonte: articulações com a perspectiva da atenção psicossocial da reforma psiquiátrica brasileira. [dissertation]. [Belo Horizonte]: Universidade Federal de Minas Gerais; 2016. 172p.
10. Ceccim RB. Residência integrada multiprofissional em saúde mental coletiva: educação pós-graduada em área profissional da saúde realizada em serviço, sob orientação docente-assistencial. In: Fajardo AP, Rocha CMF, Pasini VL, organizadores. Residências em saúde: fazeres e saberes na formação em saúde. Porto Alegre: Hospital Nossa Senhora da Conceição; 2010. p. 17-22.
11. Coelho, MTAD, Nunes MO, Barreto SM, organizadores. Residência em saúde mental [Internet]: educando trabalhadores para a atenção psicossocial. Salvador: EDUFBA; 2017 [cited in 30 Mar 2021]; 244p. Available from: <https://repositorio.ufba.br/ri/handle/ri/21612>
12. Lima ICBF. “A fortaleza da saúde mental está nas pessoas”: um estudo sobre as residências em saúde mental da região metropolitana de Belo Horizonte. [thesis]. [Belo Horizonte]: Universidade Federal de Minas Gerais; 2019. 151p.
13. Poupart J, Deslauriers JP, Groulx LH, Laperrière A, Mayer R, Pires AP, organizadores. A pesquisa qualitativa: enfoques epistemológicos e metodológicos. Petrópolis, RJ: Editora Vozes; 2014. 464p.
14. Marconi MA, Lakatos EM. Fundamentos de metodologia científica. São Paulo: Atlas; 2003. 311p.
15. Passos ICF, Reinaldo AMS, Barboza MAG, Braga GAR, Ladeira KE. A rede de proteção e cuidado a crianças e adolescentes do município de Betim/MG e os desafios do enfrentamento ao uso abusivo de crack, álcool e outras drogas. *Pesqui Prát Psicossociais* [Internet]. 2016 [cited in 30 Mar 2021]; 11(3):583-601. Available from: http://www.seer.ufsj.edu.br/index.php/revista_ppp/article/view/1950
16. Trajano ARC, Silva RA. Humanização e reforma psiquiátrica: a radicalidade ética em defesa da vida. *Polis Psique* [Internet]. 2012 [cited in 30 Mar 2021]; 2:16-36. Available from: <https://seer.ufrgs.br/PolisePsique/article/view/40318>
17. Costa-Rosa A. O modo psicossocial: um paradigma das práticas substitutivas ao modo asilar. In: Amarante P, organizador. *Ensaio: subjetividade, saúde mental, sociedade*. Rio de Janeiro: Fiocruz; 2000. p. 141-68.
18. Lobosque AM. Prefácio. In: Coelho MTAD, Nunes MO, Barreto SMG, organizadores. Residência em saúde mental [Internet]: educando trabalhadores para a atenção psicossocial. Salvador: EDUFBA; 2017 [cited in 30 Mar 2021]; p. 1-6. Available from: <https://repositorio.ufba.br/ri/handle/ri/21612>
19. Instituto Brasileiro de Geografia e Estatística. Brasil em Síntese. Betim [Internet]. Rio de Janeiro: IBGE; 2019 [cited in 30 Mar 2021]. Available from: <https://cidades.ibge.gov.br/brasil/mg/betim/panorama>
20. Instituto Brasileiro de Geografia e Estatística. Brasil em Síntese. Belo Horizonte [Internet]. Rio de Janeiro: IBGE; 2019 [cited in 30 Mar 2021]. Available from: <https://cidades.ibge.gov.br/brasil/mg/belo-horizonte/panorama>
21. Passos ICF. Reforma psiquiátrica: as experiências francesa e italiana. Rio de Janeiro: Fiocruz; 2009. 243p.
22. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. Resumo técnico do Censo da Educação Superior 2018 [Internet]. Brasília, DF: INEP; 2020 [cited in 30 Mar 2021]. Available from: https://download.inep.gov.br/publicacoes/institucionais/estatisticas_e_indicadores/resumo_tecnico_censo_da_educacao_superior_2018.pdf
23. Almeida AL, Miranda AB. Espaço saúde: a presença do movimento estudantil na formação. In: Lobosque AM, Silva CR, organizadores. *Saúde mental: marcos conceituais e campos de prática*. Belo Horizonte: CRP 04; 2013. p. 120-3.
24. Lima ICBF, Passos ICF. Residências integradas em saúde mental: para além do tecnicismo. *Trab Educ Saúde* [Internet]. 2019 [cited in 30 Mar 2021]; 17(2):e0020940. Available from: <https://doi.org/10.1590/1981-7746-sol00209>
25. Presidência da República (Brasil). Lei Federal 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental [Internet]. Brasília, DF, 2001 [cited in 30 Mar 2021]. Available from: http://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm

26. Ministério da Saúde (Brasil). Portaria 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS) [Internet]. 2011 [cited in 30 Mar 2021]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html
27. Coelho VAA, Volpe FM, Diniz SSL, Silva EM, Cunha CF. Alteração do perfil de atendimento dos hospitais psiquiátricos públicos de Belo Horizonte, Brasil, no contexto da reforma da assistência à saúde mental. *Ciênc Saúde Colet*. [Internet]. 2014 [cited in 30 Mar 2021]; 19(8):3605-16. Available from: <https://doi.org/10.1590/1413-81232014198.11922013>
28. Onocko-Campos R, Emerich BF, Ricci EC. Residência multiprofissional em saúde mental: suporte teórico para o percurso formativo. *Interface (Botucatu)* [Internet]. 2019 [cited in 30 Mar 2021]; 23:e170813. Available from: <https://doi.org/10.1590/interface.170813>
29. Pereira DC, Zanni KP, Cunha JHS. Residência multiprofissional em saúde: percepções de residentes, preceptores e tutores. *REFACS* [Internet]. 2019 [cited in 30 Mar 2021]; 7(2):200-10. Available from: <http://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/2348>
30. Almeida DT, Barros VA. Desafios atuais para a reforma psiquiátrica brasileira: as disputas nas estruturas do estado com relação às políticas públicas e a precarização do trabalho. In: Pinto JB, Ferreira LM, organizadores. *Anais do II Seminário Nacional Direitos Humanos Como Projeto de Sociedade: perspectivas e desafios*; 2018; Belo Horizonte. Belo Horizonte: Editora Instituto DH; 2018. p. 47-57
31. Guimarães TAA, Rosa LCS. A remanicomialização do cuidado em saúde mental no Brasil no período de 2010-2019: análise de uma conjuntura antirreformista. *Social Questão* [Internet]. 2019 [cited in 23 June 2021]; 21(44):111-38. Available from: <https://www.redalyc.org/articulo.oa?id=552264340005>
32. Almeida DT, Marques MG. Desafios da formação para o trabalho em saúde mental. In: Almeida DT, Nogueira MTG, organizadoras. *Attraversiamo: saberes e experiências sobre o trabalho em saúde mental*. Belo Horizonte: Editora Instituto DH; 2018. p. 105-14.

Associate Editor: Vania Del Arco Paschoal

CONTRIBUTIONS

Isabella Cristina Barral Faria Lima contributed to the design, data analysis, writing and reviewing. **Izabel Christina Friche Passos** participated in the study design and reviewing.

How to cite this article (Vancouver)

Lima ICBF, Passos ICF. Perspectives of former residents on training for mental health work. *REFACS* [Internet]. 2021 [cited in *insert day, month and year of access*]; 9(Suppl. 2):699-713. Available from: *insert access link*. DOI: *insert DOI link*

How to cite this article (ABNT)

LIMA, I. C. B. F.; PASSOS, I. C. F. Perspectives of former residents on training for mental health work. *REFACS*, Uberaba, MG, v. 9, Suppl. 2, p. 699-713, 2021. DOI: *insert DOI link*. Available from: *insert access link*. Access in: *insert day, month and year of access*.

How to cite this article (APA)

Lima, I.C.B.F., & Passos, I.C.F. (2021). Perspectives of former residents on training for mental health work. *REFACS*, 9(Suppl.2), 699-713. Retrieved in *insert day, month and year of access* from *insert access link*. DOI: *insert DOI link*.

