ORIGINAL ARTICLE

Women's health policies and their intersection with mental health: a necessary reflection

Políticas de saúde da mulher e sua intersecção com a saúde mental: uma reflexão necessária

Las políticas de salud de las mujeres y su intersección con la salud mental: una reflexión necesaria

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ABSTRACT

Objective: to conduct a critical reflection on women's health policies and their intersection with mental health. **Methods:** this is a theoretical reflection, inspired by the literature that explores the scope of women's health policies and their intersection with mental health. **Results:** reflections were developed around two axes, such as "Women's health policies in Brazil: a look at mental healthcare" and "The influence of medicalization on women's health: thinking about alternatives for expanded and comprehensive biopsychosocial care", in which challenges for expanded and comprehensive biopsychosocial care for women are highlighted. **Final considerations:** the reflection on women's health policies and their intersection with mental health leads us to the urgent need to develop strategies for comprehensive, biopsychosocial and humanized care, which overcome the practices of indiscriminate use of medication and minimization of symptoms. It is imperative that these strategies be integrated into Brazilian health system, ensuring that biopsychosocial care is not just an aspiration, but a reality accessible to all women.

Descriptors: Mental Health Assistance; Comprehensive Health Care; Health Policy; Mental Health; Women's Health.

RESUMO

Objetivo: *conduzir uma reflexão crítica sobre as políticas de saúde da mulher e sua intersecção com a saúde mental.* ***Métodos:*** *trata-se de uma reflexão teórica, inspirada na literatura que explora o escopo das políticas de saúde das mulheres e sua interseção com a saúde mental.* ***Resultados:*** *reflexões foram desenvolvidas em torno de dois eixos: "Políticas de saúde da mulher no Brasil: um olhar para o cuidado em saúde mental" e "A influência da medicalização na saúde da mulher: pensando alternativas para o cuidado biopsicossocial ampliado e integral", nas quais se destacam desafios para o cuidado biopsicossocial ampliado e integral à mulher.* ***Considerações finais:*** *a reflexão sobre as políticas de saúde da mulher e sua intersecção com a saúde mental nos remete para a necessidade urgente de construir estratégias de cuidado integral, biopsicossocial e humanizado, que supere as práticas de uso indiscriminado de medicação e da minimização dos sintomas. É imperativo que essas estratégias sejam integradas no sistema de saúde brasileiro, garantindo que o cuidado biopsicossocial seja não apenas uma aspiração, mas uma realidade acessível a todas as mulheres.*

Descritores: *Assistência à Saúde Mental; Assistência Integral à Saúde; Política de Saúde; Saúde Mental; Saúde da Mulher.*

RESUMEN

Objetivo: *realizar una reflexión crítica sobre las políticas de salud de las mujeres y su intersección con la salud mental.* ***Métodos:*** *se trata de una reflexión teórica, inspirada en la literatura que explora el alcance de las políticas de salud de las mujeres y su intersección con la salud mental.* ***Resultados:*** *se desarrollaron reflexiones en torno a dos ejes, como "Políticas de salud de las mujeres en Brasil: una mirada a la atención en salud mental" y "La influencia de la medicalización en la salud de las mujeres: pensando en alternativas para una atención biopsicosocial ampliada e integral", en las que se destacan desafíos para atención biopsicosocial ampliada e integral a las mujeres.* ***Consideraciones finales:*** *la reflexión sobre las políticas de salud de las mujeres y su intersección con la salud mental nos lleva a la urgente necesidad de construir estrategias de atención integral, biopsicosocial y humanizada, que superen prácticas de uso indiscriminado de medicamentos y minimización de síntomas. Es imperativo que estas estrategias se integren en lo sistema de salud brasileño, asegurando que la atención biopsicosocial no sea sólo una aspiración, sino una realidad accesible a todas las mujeres.*

Descriptores: *Atención a la Salud Mental; Atención Integral de Salud; Política de Salud; Salud Mental; Salud de la Mujer.*

INTRODUCTION

In the first decades of the 20th century, in a context in which the Brazilian society was guided by a restrict view of woman as mother and home caregiver, the first women's health policies were predominantly focused on care during the pregnancy-puerperal cycle[1].

Despite the relevance of these Brazilian programs in reducing maternal and infant mortality, there was no concern for other aspects essential to women's health, such as mental, sexual and reproductive health, nor for the prevention of diseases of the female reproductive system and violence against women[2]. This gap occupied space and agenda in feminist movements, which fought for policies that addressed comprehensive care and that permeated all phases of the female life cycle[2].

Initiatives such as the Brazilian Maternal and Child Health Program, launched in the 1970s, and the Brazilian Comprehensive Women's Healthcare Program (Portuguese acronym: PAISM - *Programa de Assistência Integral à Saúde da Mulher*), established in 1984, although they incorporated the topic of reducing sexual violence against women and educational actions, prioritized reproductive issues and disease prevention[3].

The Brazilian National Policy for Comprehensive Care for Women's Health (Portuguese acronym: PNAISM - *Política Nacional de Atenção Integral à Saúde da Mulher*)[4], established in 2004 and still in force today, in addition to encompassing a series of strategies aimed at providing quality care throughout all stages of women's lives, presents discussions on the relationship between mental health and gender. However, the approach maintains a superficial discourse, neglecting the complexity of the psychosocial issues that affect women's mental health.

Several public health problems involve especially women's mental health, such as attempted suicide, among those aged 18 to 49, which reaches a prevalence of 10.9%, and post-traumatic stress disorder, which reaches a prevalence of 16.0%[5]. Another worrying phenomenon is self-harm among adolescents and young people[6]. The main causes for non-suicidal self-harm with young women are the history of sexual abuse suffered by this group, paternal rejection, bullying and lack of support at school[7].

The predominance of medication-centered mental health interventions in official documents related to women's health[4], combined with the scarcity of diverse therapeutic alternatives, such as physical exercise, psychotherapy, sociotherapy and collaborative care, in these documents, raises concerns about women's autonomy and well-being and disregards the importance of psycho-emotional support, which is essential for understanding the social and psychological roots of mental health problems, and does not provide for the use of non-drug care techniques[8].

Therefore, this article aimed to present a critical reflection on women's health policies and their intersection with mental health, highlighting the challenges for expanded and comprehensive biopsychosocial care.

METHODS

This is a reflection inspired by literature that explores the scope of women's health policies and their intersection with mental health, in light of the psychosocial care framework[9]. In this framework, the phenomenon of mental health and psychosocial care involves dimensions of a complex social process: 1. Theoretical-conceptual or epistemic dimension; 2. Technical-assistance dimension; 3. Legal-political dimension; and 4. Sociocultural dimension.

The theoretical-conceptual dimension deals with the reflection of the concepts of psychiatry that must be analyzed according to the historical context and scientific knowledge that are constantly changing to avoid setbacks[9].

The technical-assistance dimension represents a radical break with the traditional asylum model. In its place, a network of diversified and humanized services emerges, which seeks to guarantee comprehensive care for people with mental distress, recognizing their autonomy, subjectivity and rights[9].

The legal-political dimension involves the creation of laws, ordinances, standards and a continuous process of social mobilization, through which we seek to guarantee human rights, combat stigma and discrimination, in addition to building a new paradigm in mental healthcare based on deinstitutionalization, psychosocial care and individual autonomy[9].

The sociocultural dimension encourages society's participation in problematizing Psychiatric Reform to think about madness, mental disorders and psychiatric hospitals from the perspective of the artistic and cultural production of people involved in the psychosocial rehabilitation process, such as users, families, professionals and volunteers[9].

On the one hand, there is a shortage of studies on women's mental health, and on the other, studies in the area are centered on criticism of mental distress medicalization[10,11], i.e., the approach in which drug therapy is taken as the center of mental healthcare[12].

RESULTS AND DISCUSSION

The text was organized into two reflective topics: "Women's health policies in Brazil: a look at mental healthcare" and "The influence of medicalization on women's health: thinking about alternatives for expanded and comprehensive biopsychosocial care".

Women's health policies in Brazil: a look at mental healthcare

The reorganization of 19th century European ideals and values responsible for establishing the contemporary world inserted women into a model that had repercussions on their family and work patterns, moral values as well as on the perception of the place of oppression and gender inequality in society[3].

In Brazil, this period was marked by uprisings of feminist movements that brought the slogan "our bodies belong to us"[13], characterizing the growing presence of women in the public sphere, in institutional debate spaces and in political and social life. This phenomenon, in addition to the visibility of the female condition in society, also questioned inequalities and demanded rights, being a comprehensive part of a historical process that gained strength both nationally and internationally[8].

To understand the current landscape of women's health policies, it is essential to contextualize government initiatives that have shaped women's care over the years. Between the 1930s and 1970s, health programs that covered women's care were limited to a reproductive and maternal perspective, which reflected the social thinking that focused on women as housewives and caregivers[4].

Considering the Brazilian feminist movement, these programs were criticized for their reductive approach to women's health, limiting themselves to some care during pregnancy and childbirth and neglecting women for most of their lives. By actively participating in discussions about representation in health, the women's uprising played a fundamental role in placing previously neglected issues on the national political agenda, considered restricted to the private sphere.

The feminist struggle aimed to expose inequalities in living conditions and relationships between men and women, as well as to address issues related to sexuality and reproduction, the difficulties associated with contraception and prevention of Sexually Transmitted Diseases (STD), in addition to the extra work burden faced by women, who were responsible for housework and raising children[14]. In the face of these uprisings, the Ministry of Health of Brazil, in 1984, published one of the landmarks in promoting female autonomy over their reproductive choices and improving maternal healthcare: PAISM[15].

Based on the principles and guidelines of decentralization, hierarchization and regionalization of services, as well as care comprehensiveness and equity, the program aimed to guarantee access to healthcare services, information on family planning, prevention of STD, gynecological and obstetric care, including promoting women's active participation in managing their own health. These ideals inspired the structuring of the Brazilian Health System (In Portuguese acronym: SUS - *Sistema* Único *de Saúde*)[15].

Among its actions, the program promised to combine healthcare with the provision of information on the exercise of sexuality, the physiology of reproduction, the regulation of fertility and the risks of induced abortion, prevention of STD and cancers, and recommendations about improvements of hygiene and eating habits[15]. There is no doubt that the creation of PAISM was essential both to reshape the meaning of being feminine in the social context and to strengthen an ideal of holistic care for a portion of society that was previously unassisted in its entirety. However, as social and health demands evolved, the update and expand policies became imperative to better meet women's needs[16].

In order to address this need, a partnership of several social movements, such as women's movements, black people, scholars in the area, and non-governmental organizations, came together to draft a document based on the SUS principles (comprehensiveness, universality, and equity) and that included perspectives on gender. Thus, in 2004, the Ministry of Health of Brazil published PNAISM[4].

This national policy not only reinforced actions related to reproductive health, but also aimed to fill some gaps, incorporating actions for promotion, prevention, diagnosis, treatment and rehabilitation, addressing issues related to gender violence, black, indigenous and imprisoned women's health, as well as issues related to mental health, among others[16].

Concerning mental health, PNAISM aims to provide fair, humane, efficient and effective care, emphasizing the importance of comprehensiveness and gender issues as references in training professionals who assist this population group, as well as recognizing that these aspects can positively influence the reality of women's mental health[4]; however, it does not present alternatives or instructions on how to achieve such ideals.

The policy's objectives and strategies include crucial points such as the implementation of a model of mental healthcare for women from a gender perspective, improved information on women with mental disorders in SUS and the qualification of mental healthcare for women. However, despite recognizing issues related to women's mental health, the policy does not provide tangible guidelines for achieving the "more sensitive, inclusive, and integrated approach, aligned with gender particularities and the social contexts in which women live"[17] provided for in its scope.

The lack of discussions on women's mental health issues in health policies aimed at women, based on a biopsychosocial perspective, is one of the factors that lead to the simplification and stigmatization of female mental distress, making medicalization a priority and often the only intervention in healthcare services. Excessive medicalization, characterized by a higher prevalence of pharmacological interventions and a lower prevalence of holistic approaches, can be attributed, in part, to the predominant biomedical model in clinical practice[18].

The neglect as social and gender factors, so crucial to understanding the complexity and specificity of women's mental health, must be overcome. In this regard, care must be taken to ensure that the indiscriminate use of medications is not considered as an alternative treatment and that psychosocial, cultural and environmental aspects are recognized as essential for harm promotion and prevention, treatment and social reintegration of women with mental distress.

The influence of medicalization on women's health: thinking about alternatives for expanded and comprehensive biopsychosocial care

Over time, women's mental health has often been stigmatized, associated with derogatory notions of fragility and hysteria, with their bodies often seen as something evil. This historical stigma has contributed to the search for quick solutions and the preference for medicalization as a way to "control" or "correct" behaviors considered inappropriate[18]. Significant progress in the research and development of psychotropic drugs, such as antidepressants and anxiolytics, in recent decades has expanded the availability and prescription of these medications, further consolidating medicalization in clinical practice[19].

The transition to the 20th century brought with it the significant medicalization of motherhood, with the rise of obstetrics as a medical specialty. Obstetric interventions became commonplace, and the medicalization of childbirth included the widespread use of analgesics and anesthesia, representing a shift from natural processes to medical procedures[20].

In the 1960s, medicalization reached the sphere of reproduction with the development of hormonal contraceptives, such as the birth control pill. Although it offered fertility control, this innovation also raised questions about female autonomy and control over one's body[21].

The medicalization had also impacted in the conception and treatment of women's mental health issues. From an epidemiological point of view, women have higher rates of depression, generalized anxiety disorders, phobias and eating disorders, which increase the complexity of this scenario, and raise critical questions about the factors inherent in the interaction between women's experiences and the medical sphere[21].

The use of medications to treat mental disorders requires monitoring by a qualified professional, since there is a risk of drug interactions, development of physical or psychological dependence, especially with drugs used for a long time, and their misuse or abrupt interruption can result in withdrawal symptoms. Moreover, suppressing symptoms through medication can make it difficult to identify the underlying causes of mental disorders and adverse side effects, such as drowsiness and weight gain, negatively impacting women's well-being[22].

Therefore, alternatives that transcend conventional approaches must be urgent to explore. Integrating a biopsychosocial perspective into women's mental heal-

thcare is essential to understand and address the complexities of this unique health dimension. It is also imperative to consider a variety of factors, recognizing that women's mental health is intrinsically intertwined with biological, psychological, social and cultural elements.

The progress in mental healthcare promoted by the psychosocial care model is undeniable, but there is still a need to reformulate the condition of this care and the training of healthcare professionals. When training is based on a biomedical model, focused on curative and medicinal approaches, it becomes a barrier to offering comprehensive care that prioritizes a person's subjectivity[23].

There are therapeutic alternatives that must be considered to treatment of mental disorders. The use of herbal medicines and the practice of holistic therapies, such as group therapy, art therapy and meditation can serve as tools for coping with trauma and regulating emotions[24].

It is important to highlight that this conceptualization reflects a historical dichotomy between points of view of psychiatry, with its biomedical and pharmacological constructions of health, and Psychiatric Reform, which is inspired by the principles of deinstitutionalization, seeking a more humanized and integrated approach[25]. There is, therefore, the challenge of balancing the provision of pharmacological treatments with this approach. However, the influence of the pharmaceutical industry and the historical emphasis on controlled clinical trials often favor biomedical research rather than research on the effectiveness of holistic therapies[25].

This dispute highlights the need for an integrated approach, considering the diversity of women's experiences and needs. To this end, a substantial reformulation of public health policies aimed at women is essential and requires significant investments to create and strengthen community support networks and to expand services that consider gender specificities.

Furthermore, it is crucial to encourage training healthcare professionals, including nurses, in psychosocial interventions and inclusive approaches that take into account the particularities of this population. An emphasis on producing evidence that supports the comprehensiveness and effectiveness of these practices is essential for structuring more comprehensive policies, directing scientific research towards community therapies and female psychosocial rehabilitation.

FINAL CONSIDERATIONS

Theoretical reflection on women's health policies and their intersection with mental health allows us to see that there is a profound gap between the two areas, resulting in multifaceted care centered on mental distress medicalization, disregarding the psychosocial aspects that involve women in their entire life context.

In view of this scenario, it can be highlighted that the challenges for developing care for women centered on biopsychosocial, expanded and integral aspects have as their main point the imminent need for investment in training healthcare professionals, in the production of protocols, documents and official materials that point to the care strategies to be developed with and for women throughout their entire life cycle.

Embracing personalized and holistic strategies and practices aims not only to mitigate symptoms, but to empower women to realize their own capabilities, face challenges with resilience, and contribute positively to their communities. Implementing these approaches requires a commitment to promoting comprehensive well-being, respecting the uniqueness of each journey.

It is imperative integrate these innovative practices into health systems in order to ensure that comprehensive biopsychosocial care is not just an aspiration, but a reality accessible to all women.

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ACMS: Conceptualization; Methodology; Supervision and Writing – original draft and Writing – review & editing.
NMM: Supervision; Visualization and Writing - review & editing.
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REFERENCES

1. Costa RC, Gonçalves JR. O direito à saúde, à efetividade do serviço e à qualidade no acesso às políticas públicas de atenção à saúde da mulher. Revista JRG de Estudos Acadêmicos. 2019 June 20;2(4):119-42. https://doi.org/10.5281/zenodo.4458722

2. Frazão MGO, Lopes ET, Couto SIS, Silva LGF, Mousinho MGCP, Araújo MCS, et al. Nursing care for women's health in Primary Care: a literature review. Res Soc Dev. 2022 Jan 24;11(2):e25211225655. https://doi.org/10.33448/rsd-v11i2.25655

3. Souto K, Moreira MR. Política Nacional de Atenção Integral à Saúde da Mulher: protagonismo do movimento de mulheres. Saúde debate. 2021 Oct 18;45(130):832-46. https://doi.org/10.1590/0103-1104202113020

4. Ministério da Saúde, Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Atenção Integral à Saúde da Mulher: princípios e diretrizes [Internet]. Brasília: Ministério da Saúde; 2009 [cited 2022 Oct 26]. Available from: https://assets-compromissoeatitude-ipg.sfo2.digitaloceanspaces.com/2012/08/MS2009_politica_nacional_mulher_principios_diretrizes.pdf

5. Vasconcelos Neto PJA, Moreira RS, Oliveira Júnior FJM, Ludermir AB. Tentativa de suicídio, transtorno de estresse pós-traumático e fatores associados em mulheres do Recife. Rev. bras. epidemiol. 2020 Mar 09;23:e200010. https://doi.org/10.1590/1980-549720200010

6. Moreira ES, Sousa JM, Pinho ES, Farinha MG, Esperidião E, Caixeta CC. Multidimensionalidade de significados da automutilação na adolescência: perspectiva de adolescentes, responsáveis e profissionais de saúde. Rev. Eletr. Enferm. 2023;25:73640. https://doi.org/10.5216/ree.v25.73640

7. Cronemberrger GL, Silva RM. Autolesão não suicida em mulheres jovens: compreensão dos significados envolvidos no ato autolesivo. Physis: Revista de Saúde Coletiva. 2023 May 15;33:e33051. https://doi.org/10.1590/S0103-7331202333051

8. Caponi S, Martínez Sevilla J, Amaral LH. El sesgo de género en el discurso y en las intervenciones psiquiátricas. Rev Estud Fem. 2023 May 01;31(1):e93055. https://doi.org/10.1590/1806-9584-2023v31n193055

9. Amarante P. Saúde mental e atenção psicossocial. Rio de Janeiro: Editora Fiocruz; 2007.

10. Bezerra ISG, Pereira MTLN, Amorim AKMA. Mulheres, medicalização e grupalidade: experiência com gestão autônoma da medicação no Nordeste. Revista Subjetividades. 2024 Jan 15;24(1):e13920. https://doi.org/10.5020/23590777.rs.v24i1.e13920

11. Caponi S, Mazon MS, Bianchi E. Gênero e saúde mental em questão. Revista Estudos Feministas. 2023 Apr 21;31(1):e93286. https://doi.org/10.1590/1806-9584-2023v31n193286

12. Freitas F, Amarante P. Medicalização em Psiquiatria. Rio de Janeiro: Editora Fiocruz; 2015.

13. Novellino MSF. Movimento feminista no Brasil no século XX. Revista Feminismos. 2018 Jan-Apr;6(1):57-66. https://periodicos.ufba.br/index.php/feminismos/article/view/30362

14. Medeiros PF, Guareschi NMF. Políticas públicas de saúde da mulher: a integralidade em questão. Rev. Estud. Fem. 2009 Aug 24;17(1):31-48. https://doi.org/10.1590/S0104-026X2009000100003

15. Ministério da Saúde. Assistência integral à saúde da mulher: bases da ação programática [Internet]. Brasília: Ministério da Saúde; 1984 [cited 2022 Oct 26]. 27 p. Available from:https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/assistencia-integral-a-saude-da-mulher-bases-para-uma-acao/

16. Santana TDB, Silva GR, Nery AA, Martins Filho IE, Vilela ABA. Avanços e desafios da concretização da política nacional da saúde da mulher: reflexão teórica. Rev. Aten. Saúde. 2019 Dec 09;17(61):135-41. https://doi.org/10.13037/ras.vol17n61.6012

17. Ballarin MLGS, Ferigato SH, Carvalho FB. Serviços de atenção à saúde mental: reflexões sobre os desafios da atenção integral à saúde da mulher. O Mundo da Saúde [Internet]. 2008 Oct 01 [cited 2023 Mar 20];32(4):511-8. Available from: https://revistamundodasaude.emnuvens.com.br/mundodasaude/article/view/840

18. Pegoraro RF, Caldana RHL. Mulheres, loucura e cuidado: a condição da mulher na provisão e demanda por cuidados em saúde mental. Saúde Soc. 2008 June 27;17(2):82-94. https://doi.org/10.1590/S0104-12902008000200009

19. Takahama CH, Turini CA, Girotto E. Perfil das exposições a medicamentos por mulheres em idade reprodutiva atendidas por um Centro de Informações Toxicológicas. Ciênc. saúde coletiva. 2014 Apr;19(4):1191-9. https://doi.org/10.1590/1413-81232014194.00512013

20. Palharini LA, Figueirôa SFM. Gênero, história e medicalização do parto: a exposição "Mulheres e práticas de saúde". Hist. cienc. saude-Manguinhos. 2018 Oct-Dec;25(4):1039-61. https://doi.org/10.1590/S0104-59702018000500008

21. Sousa AKA, Pinto KKA, Aparecido LG, Silva TR, Alves Júnior WL. Contexto histórico dos anticoncepcionais hormonais e seus efeitos colaterais no organismo feminino: uma revisão bibliográfica. [Monograph on the Internet]. [Bom Despacho]: Centro Universitário Una Bom Despacho; 2021 [cited 2023 Mar 20]. Available from: https://repositorio.animaeducacao.com.br/handle/ANIMA/19296

22. Quemel GKC, Silva EP, Conceição WR, Gomes MF, Rivera JGB, Quemel GKC. Revisão integrativa da literatura sobre o aumento no consumo de psicotrópicos em transtornos mentais como a depressão. BASR. 2021 May 21;5(3):1384-403. https://doi.org/10.34115/basrv5n3-008

23. Chaves SCS, Nobrega MPSS, Silva TS. Intervenções não farmacológicas ofertadas ao usuário com transtorno mental comum na atenção primária à saúde. J. nurs. health. 2019;9(3):e199302. https://doi.org/10.15210/jonah.v9i3.14472

24. Queiroz CCSF. Reabilitação da saúde mental de mulheres encarceradas: alternativas terapêuticas para depressão e ansiedade. Revista Ibero-Americana de Humanidades, Ciências e Educação. 2023 Oct 25;9(9):3898-907. https://doi.org/10.51891/rease.v9i9.11464

25. Santos JP, Souza MCBM, Oliveira NF. Reabilitação psicossocial na perspectiva de estudantes e enfermeiros da área de saúde mental. Rev. Eletr. Enferm. 2011 Mar 30;13(1):60-9. https://doi.org/10.5216/ree.v13i1.8740