REVISTA DE ENFERMAGEM REFERÊNCIA
homepage: https://rr.esenfc.pt/rr/
ISSNe: 2182.2883

Analyzing the narratives of psychosocial care users from the gender perspective

Narrativas de utentes na atenção psicossocial analisadas sob a ótica de género

Narrativas de usuarios en atención psicosocial analizadas desde una perspectiva de género

Alany Lunara Silva [1]

https://orcid.org/0009-0006-9926-914X

Rodrigo Jácob Moreira de Freitas [1]

https://orcid.org/0000-0002-5528-2995

Janieiry Lima de Araújo [1]

https://orcid.org/0000-0001-9806-8756

Sâmara Fontes Fernandes [2, 3]

https://orcid.org/0000-0002-2105-0248

Palmyra Sayonara de Góis [1]

https://orcid.org/0000-0001-8824-0532

Fernanda Damasceno Silva [1]

https://orcid.org/0000-0003-3720-7550

Laura Pereira da Silva Dantas [1]

https://orcid.org/0000-0003-0935-756X

[1] Rio Grande do Norte State University (UERN), Nursing Department, Pau dos Ferros, Rio Grande do Norte, Brazil

[2] State University of Ceará, Department of Nursing, Fortaleza, Ceará, Brazil

[3] Nova Esperança Faculty of Nursing and Medicine, Department of Medicine, Mossoró, Rio Grande do Norte, Brazil

Corresponding author
Rodrigo Jácob Moreira de Freitas
E-mail: rodrigojacob@uern.br

Received: 09.03.24
Accepted: 19.09.24

Abstract

Background: Gender is associated with psychological distress. The social pressures on women to fulfill the role of mothers, caregivers, and wives, and on men to head the families, are determining factors in the health/disease process.
Objectives: To explore the narratives of users of a psychosocial care center from the perspective of gender category.
Methodology: This qualitative study was carried out with 17 users of a psychosocial care center in the interior of northeastern Brazil. The interviews were conducted and the transcribed data were interpreted using content analysis.
Results: Two main categories emerged: "perceptions of gender roles" and "family relationships, work, and psychological distress". These categories indicate an entrenched view of male and female roles, with women seen as family caregivers and work perceived as promoting both mental health and psychological distress.
Conclusion: Social gender roles are correlated with psychological distress as they are reinforced by individuals, families, and social institutions.

Keywords: mental health; mental health services; gender role; gender studies; mental disorders

Resumo

Enquadramento: O género está relacionado com o sofrimento psíquico. A pressão social sobre a mulher para cumprir o papel de mãe, cuidadora e esposa, e do homem para ser chefe de familia, é um determinante no processo saúde/doença.
Objetivos: Analisar as narrativas dos usuários de um Centro de Atenção Psicossocial sob a ótica da categoria género.
Metodologia: Trata-se de um estudo qualitativo, realizado com 17 usuários de um centro de atenção psicossocial do interior do nordeste brasileiro. Foram realizadas entrevistas, e os dados transcritos foram interpretados através da análise de conteúdo.
Resultados: Emergiram duas categorias - Perceção sobre os papéis de gênero; Relações familiares, Trabalho e Sofrimento psíquico. Estes apontam para uma visão enraizada sobre os papéis masculinos e femininos, a mulher como cuidadora da família, e o trabalho, visto como algo que potencializa a saúde mental ou o sofrimento.
Conclusão: Os papéis sociais de género apresentam relação com o sofrimento mental, uma vez que, são reforçados pelos indivíduos, família e instituições sociais.

Palavras-chave: saúde mental; serviços de saúde mental; papel de género; estudos de género; transtornos mentais

Resumen

Marco contextual: El género está relacionado con el sufrimiento psicológico. La presión social sobre la mujer para que cumpla el papel de madre, cuidadora y esposa, y sobre el hombre para que sea el cabeza de familia es un factor determinante en el proceso salud/enfermedad.
Objetivos: Analizar las narrativas de los usuarios de un Centro de Atención Psicosocial desde la perspectiva de la categoría de género.
Metodología: Se trata de un estudio cualitativo realizado con 17 usuarios de un centro de atención psicosocial del interior del nordeste de Brasil. Se realizaron entrevistas y los datos transcritos se interpretaron mediante análisis de contenido.
Resultados: Surgieron dos categorías, Percepción de los roles de género; Relaciones familiares, trabajo y sufrimiento psíquico. Estos apuntan a una visión muy arraigada de los roles masculino y femenino, de las mujeres como cuidadoras de la familia y del trabajo como algo que mejora la salud mental o el sufrimiento.
Conclusión: Los roles sociales de género están relacionados con el sufrimiento mental, ya que son reforzados por los individuos, las familias y las instituciones sociales.

Palabras clave: salud mental; servicios de salud mental; rol de género; estudios de género; trastornos mentales

How to cite this article: Silva, A. L., Freitas, R. J., Araújo, J. L., Fernandes, S. F., Góis, P. S., Silva, F. D. & Dantas, L. (2024). Analyzing the narratives of psychosocial care users from the gender perspective. *Revista de Enfermagem Referência*, *6*(3), e24.35.34984. https://doi.org/10.12707/RVI24.35.34984

Introduction

Mental health is one of the most discussed topics in the media when it comes to identifying the causes of illness in populations. Although these debates are relevant to the identification of health problems, they must be based on the perspective that mental suffering is caused by multiple factors, including psychological, biological, and social (World Health Organization, 2022).

Thus, the impact of social aspects on people's lives and health cannot be ignored. Reducing mental suffering to biological issues means neglecting the complex biopsychosocial aspects that make up human beings, as mental health is influenced by social relationships, the roles that men and women play, the gender division of labor, and how gender identities are presented and represented (Alibudbud, 2022).

Historically, gender roles are understood as predetermined destinies. Often, before birth, parents choose the color of the baby's essentials according to the baby's sex, thus implying that biology determines the gender dichotomy. As children grow up, social rules are passed on to them by their families, along with schools and/or other social institutions (Galvão et al., 2021). As a result, individuals in psychological distress reproduce the social models and gender expectations that society has imposed.

The gender perspective shows that women are more likely to suffer from mood disorders and to use psychotropic medications. In addition, women are associated with the concern of caring for their families, which is regarded as a relevant factor that contributes to either protection or illness. On the other hand, men tend to be associated with more severe disorders such as schizophrenia, higher suicide rates, and the stress of providing for the family. Thus, psychological distress is linked to social gender issues and represents an important social determinant of health (Silva & Melo, 2021).

Addressing this issue is relevant because it is one of the priorities of health research when dealing with mental health and its determinants. In addition, it is one of the goals of the United Nations (UN) 2030 Agenda, being linked to studies on health and well-being, as well as strategies to promote gender equality.

Our study aims to contribute to the process of listening to people who are suffering and giving voice to aspects of their lives related to gender and mental health, from a perspective that goes beyond the biomedical. This is key to understanding the social factors that may influence mental health, recognizing that these aspects may differ between men and women. Furthermore, our study offers health professionals the opportunity to broaden their knowledge and skills based on people's life narratives, and to promote new forms of equitable care, centered on people and their specificities, and contextualized within the social setting in which they are integrated.

Therefore, our study aims to explore the narratives of the users of a psychosocial care center (CAPS - *Centro de Atenção Psicossocial*) from the perspective of gender.

Background

The Psychiatric Reform in Brazil resulted in the questioning of psychiatric treatments and practices, and the inclusion of social and cultural factors in the proposals for more humanized forms of psychiatric treatment. It was triggered by the denunciations and criticisms of social movements and the struggle against the authoritarianism of the dictatorship and the asylum institutions, thus initiating the fight for freedom and against violence (Chagas et al., 2023).

In 2001, Federal Law No. 10.216, authored by Paulo Delgado, reorganized the mental health system and implemented the Psychiatric Reform in Brazil, promoting the gradual elimination of mental institutions and changing psychiatric treatment protocols. The following year, Decree No. 336 regulated the provision of comprehensive and dynamic mental health care. The Brazilian Unified Health System (SUS - *Sistema Único de Saúde*) implemented CAPS, outpatient clinics and primary health care units, therapeutic residential services (SRTs - *Serviços de Residencia Terapêuticas*), and support networks (Batista, 2023), as well as allocated psychiatric treatment beds in general hospitals.

The creation of health care networks (RAS - *Redes de Atenção à Saúde*) also allowed the implementation of psychosocial care networks (RAPS - *Redes de Atenção Psicossocial*), aimed at decentralizing mental health care and bringing it closer to the populations. As specialized care units, CAPS organize mental health care and combine clinical care and psychosocial rehabilitation programs, promoting social integration, bonding, and interaction (Batista, 2023).

The post-psychiatric reform period in Brazil has been one of the most transformative due to the diversification of healthcare instruments, strategies, and experiences aimed at transforming the care model and expanding social inclusion opportunities (Lima et al., 2023). Therefore, the changes occurring in the field of mental health also reflect social changes, resulting in the inclusion of the gender perspective as a social determinant of health (Mendes, 2018). Health determinants are factors that influence the health of individuals and populations. These factors can be categorized as social, economic, environmental, and biological determinants, covering a wide range of conditions and behaviors that affect health throughout a person's life (Mendes, 2018).

The gender category is used to address social or cultural aspects that involve the construction of masculinity and femininity. It is a historical and cultural category that aims to demonstrate and explain how asymmetries and differences between the genders, which are inscribed in the culture, are considered natural. As such, the category helps to understand the constructions of masculinity and femininity and allows the questioning of their hegemonic models. From this perspective, men and women display behaviors, perform functions, and have occupations based on the typical male and female roles defined by society

- a phenomenon referred to as gender roles (Scott & Urso, 2021).
The apparent gender division in the labor market, designated as the sexual division of labor (Caponi et al., 2023), mostly associates men with the production sphere, in other words, the world of paid work, while women are assigned to the reproduction sphere. This includes all work related to human reproduction, including the provision of care, affection, feeding, cleaning, and other domestic activities that are essential to sustain life and participate in other social spheres.
The gender category, as a hegemonic principle of thought and action that divides men and women into fixed, unchangeable, and hierarchical roles, has a major impact on health. Moreover, the social pressure on women to fulfill the roles of mothers, caregivers, and wives and on men to be household providers and achieve the ideals of masculinity can lead to psychological distress (Caponi et al., 2023).

Research question

How do people in psychological distress understand gender relationships?

Methodology

This is an exploratory-descriptive study with a qualitative approach. Exploratory-descriptive research is suitable for gaining a preliminary and then detailed understanding of a phenomenon, combining the flexibility of exploration with the systematization of description to provide a full picture of the topic under study (Lakatos & Marconi, 2017). The guidelines and recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed. The study was conducted in a CAPS II located in a city in the interior of Rio Grande do Norte, in northeastern Brazil, with an estimated population of 30,802 inhabitants, a territorial area of 259.959 km², and a population density of 106.73 inhabitants/km². The CAPS II targets medium-sized communities and serves a specific population, acting as a reference point for mental health care in the community. The main objective of these centers is to avoid unnecessary psychiatric hospitalization and to promote the autonomy and quality of life of users through humanized multiprofessional care (Batista, 2023). The center where the study was conducted was chosen because of its importance in mental health care in the region, as it is the only mental health referral center serving more than 14 municipalities in the surrounding area.
The population selected for the study consisted of users of this CAPS II, with only 30 active medical records out of 5,000 registered. To be included in the study, both male and female users had to be over the age of 18, have an active medical record, and be in a stable emotional state to participate in the interviews included in the study.
Individuals who did not attend consultations during the data collection period were excluded. This resulted in a sample loss of 13 participants who did not go to the center during the data collection period. The study was conducted with a final convenience sample of 17 users.
Data collection was carried out using the narrative interview technique, which allows interviewees to tell their own stories freely and spontaneously, allowing for an in-depth analysis of their experiences (Lakatos & Marconi, 2017), along with a script. Initially, a meeting was held with the institution's psychologist to present the study and seek collaboration during the collection phase. The psychologist identified the users and facilitated the interviewer's contact and bonding with the users. The next steps were to schedule the interviews, read and explain the Informed Consent Form to the participants to obtain their signatures, and conduct the interviews. The institution's psychologist also provided support during the interviews. The data collection phase was carried out in December 2019.
The interview script included closed-ended questions regarding the sociodemographic and financial characterization of the participants, which were asked by the interviewer at the beginning of the interview. These questions were followed by an open-ended question focused on the object of study: "Tell us about your life, how your mental disorder began, and whether being a man or a woman affects your mental health. The script was written jointly by the investigator and the supervisor. There was no pilot testing of the interviews. The interviews were recorded individually, in a private room at CAPS II, with only the participant, the interviewer (who at the time was a Bachelor of Nursing Student previously trained in the interview technique by the research group), and the institution's psychologist present. It should be noted that the psychologist did not interfere in the interview process but provided support to the interviewer and a greater sense of security and confidence to the participants. A mobile phone MP3 application was used for audio recording. Interviews lasted an average of 30 minutes, and no interviews were repeated. The recordings were transcribed, provided to the participants, and archived for later analysis without changes. Field notes and observations were made after the interviews, during the transcript analysis process, and contributed to the investigator's process of reflection. The data collection phase was completed on schedule. However, at that time, it became apparent that the participants' answers were becoming repetitive, indicating the theoretical saturation of the results.
To analyze the qualitative data, a content analysis according to Bardin (2009) was carried out, which included the phases of pre-analysis of the collected data, exploration of the material, and treatment of the results. The researcher carried out a floating reading of the transcripts during the pre-analysis. The exploration of the material allowed the identification of the recording units and the emergence of 21 codes. After coding, seven subcategories emerged through inference and correlation. These, in turn, were grouped into two significant thematic categories derived from the data. Finally, in the treatment of results/inferences/interpretation phase, the results were discussed in light

of the literature on gender perspective and psychological distress. The gender theoretical framework of feminist Scott (1989) was followed. The analysis was primarily conducted by the investigator and the supervisor.

The study was submitted to the Research Ethics Committee (CEP) of the State University of Rio Grande do Norte (UERN) for evaluation, based on resolutions 466/12 and 510/16. It was approved with opinion number 3.693.333 on November 8, 2019, and CAAE: 17562319.6.0000.5294. The codes "User 1" to "User 17" were assigned to guarantee the anonymity of the participants.

Results

Based on the results obtained, it was possible to draw the following profile of CAPS II users: most participants were women (*n* = 9; 53%), aged between 41 and 50 years (*n* = 9; 53%), 58.8% (*n* = 10) were married, 64.9% (*n* = 11) had incomplete primary education, 94.1% (*n* = 16) were unemployed, and 41.1% (*n* = 8) were unable to answer about their diagnosis.

In addition, 88.2% (*n* = 15) lived in Pau dos Ferros, 32% (*n* = 6) lived alone with their spouse, and 32% (*n* = 6) lived with their spouse and children. Finally, 47% (*n* = 8) of the participants reported that their preferred daily activity was housework.

Participants' narratives were grouped into the following two categories: "perceptions of gender roles" and "family relationships, work, and psychological distress".

Perception of gender roles

CAPS II users, both male and female, shared their perspectives on what it means to be a man and a woman, as illustrated in the following statements:

> We live in a time today [where people] talk about equality. I'm not against women having jobs or having the means to support themselves, nor am I an extremist about that. I have no problem. My wife even works outside the home. I feel good [about that], the responsibility is shared at home. Women have gained a lot of space, and I think it's their right, I don't think they should be submissive to men, because that creates discomfort". (User 2).

"She has much more responsibility, much more autonomy. In the past, women were more submissive, today it is not anymore... today their freedom is more important" (User 1).

"I have seen, and I still see people saying that men, especially in Brazil, are macho. So, women have fought hard for their rights and continue to do so" (User 3).

However, male participants also reported some views that reinforce the perception of men's dominance over women: "[Women] have space, they have rights, just like men. [However,] They need to be more understanding and don't think that just because women's freedom was liberated, they own the world" (User 1).

> If the woman, she talks to her husband, is able to work, clean the house, [and] do everything, everything is fine. But as soon as the woman loses her place, she puts someone else to take care of the children, she no longer has control of the house, and she puts someone else in charge of the house... I mean ... in my opinion, this doesn't bring any benefit. (User 2)
>
> I never wanted her to work... but she was born and raised working in the countryside. Then I went to São Paulo, and when she got there, she said she wanted to work, so I said, "No, you don't. I don't want that, absolutely not. . . You wash, iron and cook for me and that is good enough. No way, I want you to stay at home." (User 12)

The participants' narratives also point to the relationships and the behavior of men and women in these contexts:

> They are disappearing, men don't love like they used to. Sometimes I look at those older people, couples, united. The wife is happy with her husband, and I look at mine and realize it wasn't like that. He destroyed my life, but I'm okay now, thank God… I don't want to live that life anymore. Husbands killing wives. And I saved myself from my husband, he wanted to kill me. (User 5)

"I lived with my first husband; I couldn't stand him. He always did the wrong thing; he didn't respect me. He just treated me like those women of the street" (User 8).

Family relationships, work, and psychological distress

Most narratives about family and family relationships were produced by female participants:

"A lot of worries, family problems, I feel like they rely on me. I don't have the strength to react. That's what they passed on to me, to my head" (User 7).

> If there isn't any help, someone to help you help... particularly those who have children, there is a 90% chance of getting sick. It's a lot of responsibility; if the person doesn't get enough rest... the time will come when the body can't handle it (User 15).

"Men don't, but women do. Women worry more, men don't care, it doesn't matter to them. Women have more responsibilities and more worries. [The responsibility] falls only on the woman" (User 16).

> In addition to my health problems, it's now been discovered that my father has CA [cancer], and my mother is also always sick. When the news came, I felt like I was falling. When I saw my father, when I saw his situation, I lost it (User 6).

The participants' perspectives on work are mainly expressed by male users and include two viewpoints: one according to which work is a positive and protective factor against mental illness, and the other according to which work is a place of wear and tear and illness aggravation. These viewpoints are expressed in the following statements:

> Mental problems usually affect those who have an unoccupied mind and have nothing to do. Because when you work, even at home, you keep your mind busy with something. And when you're not working, you're just sitting around, imagining nonsense... psychic illness is more likely to affect

> an unoccupied person than a person who's occupied. (User 11)

"Yes, because while you're doing some housework you forget your problems. Your mind is busy, you're not thinking about negative things all the time. You think about what you're doing" (User 17).

> For her, to take care of her children, to take care of her family, to do her work is not possible. Washing, ironing, everything... I don't think it's possible. [But] If she works, she is going to think about housework [all the time], then she'll come home tired at night, and it will accumulate, and accumulate, and wear her out. (User 12)
>
> I'm living proof that working too much will never get you anywhere. My first crisis was mental exhaustion. I worked in a bakery, went to bed at eleven o'clock, and woke up at half past two. So, I didn't sleep much. When I got married, the boss said I had to be the pastry chef to pay me a better salary, so I accepted, I wanted to marry my wife. But I should have stopped before, because I felt I was losing my strength... a stressful work situation is too much (User 2)

Discussion

The results show that the profile of CAPS II users is similar to that found throughout Brazil, with the majority being women, over 40 years old, and with incomplete primary education (Barbosa et al., 2020). Users in our study reproduced the gender roles introjected by society and addressed current issues such as the role of women in society, feminism, women's rights, and machismo.

Mentally distressed CAPS users also reflect societal norms and reproduce social markers of difference, such as gender. The imposition of gender role-related expectations remains common in everyday life, and, despite progress in implementing models of legal gender equality and expanding women's opportunities through the constitutionalization of their fundamental rights, gender inequalities persist. This is due to social and political conditions rooted in society that seek to justify these inequalities as the result of supposed natural differences between men and women (Galvão et al., 2021). This belief in men as naturally superior subjects who have control over women's bodies and desires appears in the users' narratives.

Associated with gender roles are certain concepts that are directly related to these behaviors, such as machismo. We believe that machismo has a far-reaching influence on society, with obvious detrimental effects on the lives of both men and women, leading to negative effects on the mental health of all individuals.

Female participants highlight that many men are unable to express their feelings, because of the social construction of masculinity, equally influenced by machismo.

Although the consequences of machismo have a greater impact on women, the suffering experienced by men under the influence of such belief is undeniable, as they can't show fragility or weakness (Silva & Melo, 2021). This is especially true for men with mental disorders who manifest their suffering. This specificity of male suffering can be a barrier to its recognition by health professionals. Furthermore, masculinity demands that men deal with the risks and difficulties of earning and managing the family's livelihood. Thus, for men, to lose their source of income represents a reduction of their masculinity as the breadwinners of their families (Silva & Melo, 2021), which contributes to their suffering.

It is assumed that the values that shape the roles of men and women in relationships are different. The female role is characterized by an emphasis on interpersonal relationships and the dedication to caring for others, preserving life, and valuing intimacy and affection. Female identity emerges from women's interactions with others, which provide them with attributes such as intuition, sensitivity, and empathy. On the other hand, men have to deal with the demand for success, characterized by aggressiveness, competitiveness, objectivity, and efficiency, which often leads to a painful sense of division (Silva & Melo, 2021).

In addition to marital relationships, the family unit is characterized by the development of relationships around values, care, conflicts, bonds, and daily coexistence. All these factors give individuals a sense of belonging to an environment. In terms of mental health, families can be a cause of illness or an essential means of support. In CAPS, families are invited to get involved in the activities, participating in individuals' actions. The idea of deinstitutionalization, which aims to deconstruct the asylum model, considers the family as a space of care (Ferreira et al., 2019).

Thus, the family becomes an essential foundation in the treatment of patients with mental disorders, providing them with support and a sense of belonging to a group. However, it should be recognized that family members can also be enablers of mental disorders, creating an abusive psychological dependency that contributes to the development of mental disorders (Alisherovna, 2023).

In our study, some narratives associate the family with a source of suffering, whether with children, parents, or other relatives. Women are seen as caregivers and responsible for providing for the household, roles that stand out among the factors that cause psychological distress. In addition, women's activities are often not considered work, which conveys the idea that their financial contribution is insignificant. This perspective is justified by the lack of valorization of women, as those who provide care are not considered workers, are not paid, and are often discouraged from entering the labor market, which negatively affects their chances of a future retirement (Rosar & Corso, 2023).

Nevertheless, although domestic responsibilities and childcare are still largely assumed by women, fundamental rights that were once unthinkable for women have become accessible, such as the right to education, the ability to hold a job, the right to vote and participate in politics, the right to divorce, and the right to freedom over their bodies (Valenzuela-Somogyi, 2023).

Work can have different meanings in people's lives. Mi-

randa et al. (2021) point out that work provides interaction between individuals, the workplace, and society, and observe that men associate the act of working with pleasure and happiness, linking it to a sense of usefulness and occupation of mind and time. However, some individuals also associate work with the development of mental disorders, justifying this correlation with the presence of fear, anxiety, and depression.

Thus, work is a dynamic and complex activity that is classified according to the different conditions of time, space, and relationships between individuals, and that has meanings in both financial and socio-psychological spheres. Furthermore, despite the importance of work in maintaining social relationships and in the lives of individuals, it can also become one of the main factors contributing to psychological distress (Coletta & Berlato, 2020).

When thinking about individuals' social reintegration, gender roles must be considered. It is essential to discuss the fact that the boundaries of social norms are not fixed, as societies, according to each historical moment, have different perceptions of what is appropriate or inappropriate for each gender. Thus, social roles are strongly influenced by culture and should not be used as a means of perpetuating stigmas (Assucena & Colonese, 2023).

The telling of their narratives allows individuals to express how they understand their condition and role in society, which is an essential process for the social reintegration so desired by the Psychiatric Reform movement. As such, the gender category is central to helping CAPS II users understand themselves as subjects and how gender affects their illness. If societies are to develop more equitable public policies for mental health, they must take gender issues into account. Therefore, incorporating the topic of gender into mental health means challenging a reductionist conception of mental health.

Our study is limited by the fact that it only examines the reality of a CAPS II in the interior of Northeastern Brazil. However, despite this limitation, it contributes to care practices by promoting reflection on the relationship between social gender roles and mental health as a social phenomenon. By understanding the gender-related reasons that may be involved in the process of becoming ill, health professionals can offer more comprehensive and humanized care, thus improving the quality of therapeutic interventions. Thus, it is essential to reflect on care practices that help to deconstruct the prejudices and gender stereotypes that remain deeply rooted, so that health services can contribute to the emancipation and broadening of their users' knowledge of the world.

Conclusion

Our goal was achieved by analyzing the narratives of individuals in psychological distress from a gender perspective. Users expressed their knowledge about the condition of being a man or a woman, reproducing hegemonic gender roles, and discussed their relationship with family, work, and psychological distress. Thinking about the influence of gender roles on psychological distress can make mental health approaches more effective, as health professionals are able to see users as individuals beyond the biomedical model and consider the different aspects that shape them. This allows health care to address the social and gender factors that influence the process of becoming ill. Care plans should also include a reflection on users' life stories to open new avenues for humanized care and recognize the importance of valuing individual discourses in health services and viewing users in a comprehensive and complex way. Moreover, the education of health professionals, including nurses, should include a focus on building mental health skills that incorporate gender as a guiding principle for care theories and interventions. Therefore, we suggest that further research be conducted on this topic, including cross-cultural and intersectional aspects.

Author contributions

Conceptualização: Silva, A. L, Freitas, R. J.
Data curation: Silva, A. L, Freitas, R. J., Silva, F. D., Dantas, L.
Formal analysis: Silva, A. L, Freitas, R. J., Araújo, J. L, Fernandes, S. F., Góis, P. S., Silva, F. D., Dantas, L.
Investigation: Silva, A. L
Methodology: Silva, A. L, Freitas, R. J.
Project administration: Freitas, R. J.
Supervision: Freitas, R. J.
Visualization: Araújo, J. L, Fernandes, S. F., Góis, P. S.
Writing - original draft: Silva, A. L, Freitas, R. J., Araújo, J. L, Fernandes, S. F., Góis, P. S., Silva, F. D., Dantas, L.
Writing – review and editing: Freitas, R. J., Araújo, J. L, Fernandes, S. F., Góis, P. S., Silva, F. D., Dantas, L.

References

Alibudbud, R. (2022). Gender in mental health: Gender-based violence, suffering, recovery, and the greater responsibility of society during the COVID-19 pandemic. *Asian Journal of Psychiatry, 67*, 102953. https://doi.org/10.1016/j.ajp.2021.102953

Alisherovna, T. M. (2023). Problems of psychological despotism of gender equality in problem families. *International Journal of Formal Education, 2*(3), 146–152. http://journals.academiczone.net/index.php/ijfe/article/view/662

Assucena, B., & Colonese, C. (2023). Discussing gender and health in the training of residents of a university hospital. *Saúde em Debate, 46*, 239–250. https://doi.org/10.1590/0103-11042022e621

Barbosa, C. G., Meira, P. R., Nery, J. S., & Gondim, B. B. (2020). Perfil epidemiológico dos usuários de um Centro de Atenção Psicossocial. SMAD: *Revista Eletrônica Saúde Mental Álcool e Drogas*, *16*(1), 1-8. https://doi.org/10.11606/issn.1806-6976.smad.2020.156687

Bardin, L. (2009). *Análise de conteúdo*. Edições 70.

Batista, K. (2023). Transtornos mentais comuns e a rede de atenção psicossocial do sistema único de saúde (raps/sus): Uma revisão integrativa. *Revista Sergipana de Saúde Pública, 2*(2), 8–24. https://revistasergipanadesaudepublica.org/index.php/rssp/article/view/55

Caponi, S., Sevilla, J. M., & Amaral, L. H. (2023). El sesgo de género en el discurso y en las intervenciones psiquiátricas. *Revista Estudos Feministas, 31*(1), e93055. https://doi.org/10.1590/

1806-9584-2023v31n193055

Chagas, G. D., Peranzoni, V. C., Brutti, T. A., & Oliveira, V. M. (2023). A reforma psiquiátrica brasileira no contexto sociocultural. *Revista Ilustração, 4*(1), 3–11. https://doi.org/10.46550/ilustracao.v4i1.140

Coletta, C., & Berlato, H. (2020). As vivências do trabalho e suas suscetibilidades: A patologia como um fim. *Revista Eletrônica de Ciência Administrativa, 19*(1), 61–82. https://doi.org/10.21529/recadm.2020003

Ferreira, T. P., Sampaio, J., Oliveira, I. L., & Gomes, L. B. (2019). The family in mental health care: Challenges for the production of lives. *Saúde em Debate, 43*(121), 441–449. https://doi.org/10.1590/0103-1104201912112

Galvão, A. L., Oliveira, E., Germani, A. C., & Luiz, O. C. (2021). Structural determinants of health, race, gender, and social class: A scope review. *Saúde e Sociedade, 30*(2), e200743. https://doi.org/10.1590/s0104-12902021200743

Lakatos, E. M., & Marconi, M. A. (2017). *Fundamentos de metodologia científica*. Atlas.

Lima, F. A., Cabral, M. P., Gussi, A. F., & Araújo, C. E. (2023). Digressions of the brazilian psychiatric reform in the conformation of the new mental health policy. *Physis: Revista de Saúde Coletiva, 33*, e33078. https://doi.org/10.1590/s0103-7331202333078

Mendes, E. V. (2018). As redes de atenção à saúde. *Ciência & Saúde Coletiva, 23*(6), 1639-1650. https://doi.org/10.1590/1413-81232018236.04822018

Miranda, S., Oliveira, J. L., Sampaio, C., & Neto, J. A. (2021). Mapping the working conditions of quilombola men and intersections between informality and mental health. *Interface, 25,* e200478. https://doi.org/10.1590/interface.200478

Rosar, L., & Corso, E. R. (2023). Retalhos de vida: Memórias e vivências de gênero e geração entre cuidadoras e cuidadores de idosos(as) com alzheimer. *Clio, 41*(1), 58–79. https://doi.org/10.22264/clio.issn2525-5649.2023.41.1.07

Scott, J. (1989). Gender: a useful category of historical analyses. Gender and the politics of history. New York, Columbia University Press.

Scott, J. W., & Urso, G. S. (2021). Gênero: Em perspectiva multidisciplinar. *Albuquerque: Revista de História, 13*(26), 177–186. https://doi.org/10.46401/ardh.2021.v13.14704

Silva, R. P., & Melo, E. A. (2021). Masculinities and mental distress: From personal care to fight against male sexism? *Ciência & Saúde Coletiva, 26*(10), 4613–4622. https://doi.org/10.1590/1413-812320212610.10612021

Valenzuela-Somogyi, M. (2023). Narrativas sobre las relaciones de pareja en hombres chilenos heterosexuales: Entre el machismo y la igualdad. *Revista Austral de Ciencias Sociales, 44*, 93–106. https://doi.org/10.4206/rev.austral.cienc.soc.2023.n44-05

World Health Organization (2022). World mental health report: transforming mental health for all. Geneva. https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report