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THE EXPERIENCE IN THE GAM: IMPACT IN THE PROFESSIONAL FORMATION OF HEALTH STUDENTS: AN EXPERIENCE REPORT

LA EXPERIENCIA EN EL GAM: IMPACTO EN LA FORMACIÓN PROFESIONAL DE LOS ESTUDIANTES DE SALUD: UN INFORME DE EXPERIENCIA

A VIVÊNCIA NO GAM: IMPACTO NA FORMAÇÃO PROFISSIONAL DE ESTUDANTES NA ÁREA DA SAÚDE: RELATO DE EXPERIÊNCIA

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Abstract
This descriptive study aimed to report the experience in an Extension project: Autonomous Medication Management - AMM in the care of patients in mental distress using medications in Caps II in Vitória da Conquista-BA. The study began in June 2018 and concluded in June 2019, involving students of the nursing and medicine courses of the Federal University of Bahia, in the scenario of the Psychosocial Care Center - CAPS, where it sought to share the co-management in the treatment of people in mental distress, in the use of medications and care with and, it was used: individual's medical record, singular monitoring, groups and interactional dynamics, field diary, transcripts of the meetings. The results involved the approximation and implementation of spaces for dialogue that sought to stimulate the autonomy and the power to act of users in the exercise of citizenship and co-management of care, thus allowing the sharing of knowledge built in theoretical discussions based on the realization in practice. The university extension is an integral part for the professional training of students in the health area, being a privileged field for the detention of knowledge.

Key-words: Mental health; autonomy; University Extension.

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e-ISSN: 2595-4881

Resumen
Este estudio descriptivo tuvo como objetivo reportar la experiencia en un proyecto de Extensión: Gestión Autónoma de la Medicación - AMM en el cuidado de pacientes con angustia mental utilizando medicamentos en el Caps II en Vitória da Conquista-BA. El estudio se inició en junio de 2018 y concluyó en junio de 2019, con la participación de los estudiantes de los cursos de enfermería y medicina de la Universidad Federal de Bahía, en el escenario del Centro de Atención Psicosocial - CAPS, donde se buscó compartir la cogestión en el tratamiento de las personas en el malestar mental, en el uso de los medicamentos y el cuidado con estos, se utilizó: la historia clínica del individuo, el seguimiento singular, los grupos y la dinámica interaccional, el diario de campo, las transcripciones de las reuniones. Los resultados mostraron la relevancia de la aproximación con la comunidad, a partir de la implementación de espacios de diálogo que estimulen la autonomía y el poder de acción de los usuarios de los servicios de salud mental, en el ejercicio de la ciudadanía y la cogestión del cuidado, al permitir compartir los conocimientos construidos en las discusiones teóricas fundamentadas con la realidad vivida en el desempeño práctico. La extensión universitaria es una parte integral para la formación profesional de los estudiantes en el área de la salud, siendo un campo privilegiado para la posesión de conocimientos.

Palabras clave: Salud mental; autonomía; extensión universitaria.

Resumo
Este estudo descritivo objetivou relatar a experiência em um projeto de Extensão: Gestão Autônoma da Medicação – GAM no cuidado à pacientes em sofrimento mental em uso de medicações no Caps II em Vitória da Conquista-BA. O estudo iniciado em junho de 2018 concluiu-se em junho de 2019, envolvendo discentes dos cursos de enfermagem e medicina da Universidade Federal da Bahia, no cenário do Centro de Atenção Psicossocial – CAPS, onde buscou compartilhar a cogestão no tratamento de pessoas em sofrimento mental, na utilização dos medicamentos e cuidados com estes, utilizou-se: prontuário do indivíduo, acompanhamento singular, grupos e dinâmicas interacionais, diário de campo, transcrições dos encontros. Os resultados apresentaram a relevância da aproximação com a comunidade a partir da implementação de espaços de diálogo que estimulam a autonomia e o poder de agir dos usuários dos serviços de saúde mental no exercício da cidadania e da cogestão do cuidado, por permitir partilhar o saber construído nas discussões teóricas alicerçado com a realidade vivida na atuação prática. A extensão universitária é parte integrante para formação profissional dos estudantes na área da saúde, sendo um campo privilegiado para detenção do saber.

Palavras-chave: Saúde mental; autonomia; extensão universitária.

Introduction

The Autonomous Medication Management (GAM) brings in its content the goal of proposing strategies that aim at the users in Mental Health to autonomy and co-management in their treatment and active participation in therapeutic projects (PASSOS; CARVALHO; MAGGI, 2012).

e-ISSN: 2595-4881

The care of the user in the mental health service is still based on a fragmented and interventionist look, of a specialized technique that moves away from the reality of those who live in mental suffering, where little space is left for understanding the context in the lived world, the day to day and the needs of each user, not even existing a qualified listening (FRAZÃO; MINAKAWA, 2018).

Medicine, thus, becomes distant from the knowledge of the population, in which health science starts to stimulate a dependence of the user on technical-assistance services causing a "medical iatrogenesis", which causes damage to the subject and society, in which the user loses autonomy to deal with his own treatment (FRAZZÃO; MINAKAWA, 2018).

Since the Psychiatric Reform to the current years, new forms of assistance to the user with mental suffering, which considers respect, the subjective values of the user, promoting their autonomy and recognition of their treatment have been discussed (SILVEIRA; MORAES, 2018). Autonomous Medication Management (GAM) has been a device that involves the mental health service and the user in several dimensions, such as co-management, care, rights, and autonomy (PASSOS; CARVALHO; MAGGI, 2012).

The GAM guide was adapted to the Brazilian reality throughout 2009 and 2010, seeking to consider the Brazilian context of the Psychiatric Reform and the existence of SUS, modifying the content of the second part of the Canadian guide, which guided the reduction or cessation of medication use. The Brazilian guide brings the proposal of negotiation and dialogue. Negotiation between users and the physician, in order to define the best drug treatment. In which the withdrawal and reduction of medications are possibilities to be evaluated, based on each context (SILVEIRA; MORAES, 2018).

The GAM project proposes to report experiences lived in the approach of the university with the community, which are relevant due to the lack of similar experiences in the curriculum of health courses. The university extension to go through the path of student training produces an education that integrates theory and practice by enabling exchanges of knowledge and shared construction of knowledge. (RODRIGUES et al., 2013).

e-ISSN: 2595-4881

There is a need to externalize the experience as a student participating in the extension project. Therefore, the present study, based on the experience with the Autonomous Medication Management (GAM-BR[1]) in the extension project at the Multidisciplinary Health Institute, Anísio Teixeira Campus of the Federal University of Bahia, in Vitória da Conquista, Bahia, aims to report in a critical-reflective way the experience in this extracurricular space and the potential acquired along the way.

The theoretical construction at the base of the experience

The construction of the theoretical framework buoyed the understanding of the organizational process of mental health and the nuances needed to elucidate topics aimed at: History of Madness/Psychiatric Reform, GAM, and Outreach Project.

Mental Health is defined as being a set of factors that maintain the balance of external experiences and charges, not only being about the absence of disease, but a well-being that enables the subject a way to act and deal positively with adversities (WHO, 2017).

There is a growing number of people in mental distress around the world. Mental disorders add up in different symptoms and can be characterized by aggregations of disordered thoughts into different types of behaviors and relationships with others (GAINO et. al, 2018).

Depression, for example, is among the most relevant issues, being a frequent mental disorder that affects about 300 million people of all ages worldwide, affecting more women than men. Meanwhile suicide is an alarming figure among people with mental suffering. Almost 800,000 deaths by suicide occurred in 2016. Men are more affected, being 75% more likely than women to die by suicide. These deaths also occur in adolescents and adults of all ages (WHO, 2018).

e-ISSN: 2595-4881

Examples of advances in mental health care are the valorization and insertion of the family as important actors for comprehensive care of the user in mental suffering. The constant support and encouragement of family members is relevant for the empowerment of users and the family itself, being a significant factor for the advancement of deinstitutionalization in mental health, besides knowing how to recognize the other as a subject and not as an object of intervention (ALVES et al., 2013).

The participation of the family and the user in the co-management of their treatment is recommended so that they can deal with the adversities and emotions associated with mental suffering, thus both parties can acquire conditions to perform their care, leading the mental health user to a process of construction and improvement of their autonomy (BRAUN et al., 2014).

History of Madness/Psychiatric Reform

It is observed in the history of madness that the treatment process was limited to the hospital space, in a logic of hospital-centric care. In its process of maturation and change in mental health care, arising from many struggles, lines of care emerged with a perspective that aims at social inclusion, in a model more focused on community intervention, that is, on social experiences and relationships (YASUI, 2006).

Thus, in this hospital-centric care, the mentally ill were not seen as citizens, unable to enjoy fundamental rights such as freedom of choice. Called alienated, delirious, or hallucinated they were in asylums that assigned them care, a place transformed into a center of exclusion, alienation, a treatment based on moral repression, making them silenced voices amidst so much suffering (AMARANTE; NUNES, 2018).

In the 1970s, the Psychiatric Reform process emerges in Brazil. Amid the context of (re)democratization, the movement of mental health workers (MTSM) began, aiming to question the public policies in mental health and the care model

e-ISSN: 2595-4881

centered on psychiatric hospitals. The movement gained strength and in 1987, at a meeting of the MTSM, a fundamental strategy emerged that took shape in a social movement for change in the field of mental health with the slogan "for a society without mental institutions". In this context, the movement further required the participation of society in the discussions around mental health care (YASUI, 2006).

Also in the 1980s, the first Center for Psychosocial Care (CAPS) was implemented in Brazil, meeting any situation of psychiatric or social crisis related to mental health, where the replacement of the care model with the closing of hospices would begin, enabling new ways of living together, meeting and treating the user in mental distress (ALMEIDA FILHO, 2015).

The reduced knowledge of the user about his treatment interferes with his ability to decide about his care process, because, not having information about the medications used, side effects and even other alternatives for treatment, the user does not feel able or able to discuss the medications, which causes the choices to be made only by the doctor. Even with advances made in mental health, the logic of the asylum still prevails, in which there is a predominance of hierarchization, subordination of the health professional to the user (FRAZÃO; MINAKAWA, 2018).

On the same side, to the industry of psychopharmaceuticals that grows in large proportion, attributed among other things, as the perception of the doctor towards the user acting in a mechanistic way that follows the logic of medicalization and that the doctor has difficulty in recognizing a disease that requires drug prescription and another that can be treated only or allied with another type of intervention, presenting medication as the best or only form of treatment (SILVEIRA; MORAES, 2018).

e-ISSN: 2595-4881

Autonomous Medication Management (GAM-BR)

The GAM began to be developed in Canada in 1993, as a strategy by which we consider medications in all aspects of the life of the mental health service user, learning to care for the use of medications. Being an initiative of groups of users with mental disorders, in order to help other users in coping with treatment, being built through a very participatory collective process, with associations for the defense of users' rights, organization of discussion groups among users, professionals of health networks and researchers, in an action plan prepared by the Canadian government (CAMPOS et. al., 2014).

The Autonomous Medication Management proposes that mental health practices do not depend so much on medicalization and seeks to make users who use psychotropic drugs more aware of their use, to be more critical when questioning the desired and undesired effects that the medication brings to daily life. In addition to making the same seek autonomy, know their rights, know their right to participate in the decision to choose which will be their best treatment (SILVEIRA; MORAES, 2018).

From the debates between the users themselves and mental health workers, it was found the importance of increasingly active participation of the user to understand their treatment and participate in the decision to change the dose of medication, exchange medication or even progressively stop its use, always recognizing the unique paths of each person (ONOCKO-CAMPOS, 2013). The MAG has two fundamental principles that are: the right to information and the right to accept or refuse treatment, focusing on the user's participation in decisions regarding his treatment, always considering the context in which he is inserted (PASSOS; CARVALHO; MAGGI, 2012).

The experiences lived in CAPS in the development of the GAM group, with a discussion process on listening, monitoring and co-management in the treatment are relevant for the singular and integral treatment of the user in mental distress, being of extreme importance for the improvement of the mental state and the understanding of the process of illness (Alves et al, 2013).

e-ISSN: 2595-4881

Gonçalves and Campos (2017), through narratives of mental health users in an experience of autonomous medication management, found that the GAM approach enables the user to experience the effects of medications, and also to know about rights and activism in the field of mental health, being people who are better prepared to deal with their own mental suffering.

Extension Project

The extension projects enable the students to live in the community or receive it in their "Campi", thus disseminating the knowledge held by both parties, and it is a way for the university to share knowledge by taking it to non-university students, thus making a more democratic environment of knowledge (ANAYA; TEIXEIRA, 2007).

The insertion, from an extension proposal, in health services, specifically in mental health has brought an enriching experience for the professional look at issues concerning psychosocial care, in which it could be worked communication skills, qualified listening, empathy and co-responsibility in building unique therapeutic projects. All these are basic requirements for future professionals who, regardless of their specialty or subspecialty, will have to deal directly with the public, offering them humanized and dignified care.

In this interim, the wealth of developing intervention in the community is in building knowledge sediment in the nuances from the different concepts, cultures, and ways of organizing this same community (FRIZZO, et. Al. 2016).

It is evident that the theoretical presentation becomes shallow and distant from many realities, which place the extension as a possibility to bring out factors of distances as powerful tools for joint construction of solutions and interventions in the various facets of the problems experienced that impact the physical and mental health (economic, social, cultural, educational, moral, among others).

e-ISSN: 2595-4881

Methods

This is an experience report, carried out by a professor of the Nursing Course of the IMS/CAT/UFBA.

The intention of this project came from a previous experience of the teacher, during her professional qualification, with the GAM in the city of Campinas/SP and her desire to expand to other places the care strategy based on autonomy and care centered on the individual who suffers, being a project for professional training based on the integrality of the students' look.

The extension project included teachers and students from the Nursing and Medicine courses: one scholarship holder, ten volunteers and one responsible teacher.

The scenario of the experience started at the Multidisciplinary Health Institute Anísio Teixeira Campus of the Federal University of Bahia (IMS/CAT/UFBA), where the moderators were trained to later be inserted in the project that soon after went through the Psychosocial Care Center (CAPS) II.

The activities were aimed specifically at Mental Health users who are in CAPS II, which serves the adult age group, specializing in the care of severe and persistent mental disorders, and includes cities and/or regions with at least 70,000 to 200,000 inhabitants (BRASIL, 2018).

Results and Discussion

This report is presented in two parts referring to the respective moments of experience in the project: the preparation of the moderators and their insertion in the mental health service. The extensionist activity of the project was carried out in the form of biweekly workshops between June 2018 and June 2019 in the Psychosocial Care Center (CAPS) II in Vitória da Conquista/BA.

e-ISSN: 2595-4881

- Preparation of the moderators

The first moment of the experience comprised the training of the moderators at the Multidisciplinary Health Institute Anísio Teixeira Campus of the Federal University of Bahia (IMS/CAT/UFBA), where they were guided to later be inserted in the project and the Psychosocial Care Center (CAPS). This moment allowed the student: theoretical and practical knowledge of the mental health service, approach to the user in mental distress, and strategies for the application of the GAM Guide for the moderator.

At the time of the training, this project instigated me to understand how university extension activities can impact the professional life of students in the health area, because, even before being inserted in the mental health service, we are faced with several difficulties to be overcome.

The GAM guide is not presented to be followed to the letter, as a ready-made methodology, it is a document with reports of experiences, with clues, suggestions, and guidelines for us to follow, considering the context in which the group is inserted, which requires adaptation, improvisation, daily flexibilities, and potentialities to create the very path that the experience will be followed (FREITAS; RENCKZIEL; BARCELLOS, 2016).

One of the basic principles of the MAG guide is co-management, so it is not an independent management of the user's own life, but a shared management in a group, which is done together, which collectively expands the viability of care (GONÇALVES; CAMPOS, 2017).

According to the moderators' narratives, in the academic space, we found little opportunity for experiences that could allow exploring potentialities and assimilating theory versus practice, and the GAM provided a space for building strategies and empowerment, exploring ethical, human, and moral issues, which can be determining factors in training as a professional, without being such a fragmented training; this new look emphasizes care processes that involve welcoming and bonding.

e-ISSN: 2595-4881

Besides the GAM guide for the moderator, there is the GAM guide for the user, which we also had to appropriate, because, based on this guide, we conduct the whole process of placement in the mental health service.

- Insertion in the mental health service

The next step was the insertion in the mental health service, where we found ourselves getting closer to the users and the professionals. According to the information obtained by the coordination, CAPS II currently has 284 active users, and with the contribution of the service professionals, ten users were selected to be invited to participate in the group, these would have to be users that besides being inserted in the service, should make use of psychopharmaceuticals and also present a minimum of cognitive understanding.

The experiment with users began in June 2018. The planned strategy was based on getting to know the users through a presentation technique. Then, the "mirror dynamic" was performed, in which each participant would have to look inside a box, observe what was inside, and express in one word what they felt upon seeing what was there. Everyone was surprised when they picked up the box, because they were amazed to see that what was inside was the reflection of their own image, and how impacting it was to look at themselves and define themselves in one word.

In this perspective, the moderator played a key role, because he guided the group through non-directive questioning, which guided and enabled the balance in the discussions, giving autonomy to the group, in the search for the breaking of stigmas and the group's bonding.

According to Rodrigues et al. (2013), university extension becomes important so that the students have the opportunity to confront theory versus practice, give their opinion about their training, becoming an active subject, taking the knowledge of which, they hold, and learning more from reality, leading them to position themselves in the situations they experience.

e-ISSN: 2595-4881

In the second moment of the experience, the group started to interact, and then guiding questions were posed by the GAM guide: "How do you present yourself to those who want to know a little about you?", "How do people who know you usually present you?" and "Do you notice differences in how you present yourself and how others present you?". Some responses brought up thought-provoking accounts that made me realize that users have a clear perception of the way people look at them with so much prejudice and stigma. Many reported that the way others present them is always as "crazy", unable to make decisions, have opinions, or organize their own lives.

The International Statistical Classification of Diseases and Health Related Problems (CID) is one of the tools of epidemiology in everyday medical life, (CID, 2019). Through the users' speeches, it was possible to realize, many times, that they are no longer recognized by their name, but by the disease they have, by the CID number.

As the group continued, more impactful information emerged when asked about the phrase "I am a person, not a disease". One of the users told us that he is more than the CID code, that he has depression, but it is more than depression, that those who have mental suffering are other things too, because, they like to do several things and have a life behind an illness.

When the user has the impression of living in exclusion or labeled by the disease, the disease steals the identity of the person living, which brings psychic suffering, especially for those who try to re-socialize after mental suffering, in a society that looks at these people with so much stigma and prejudice. This fact makes social reinsertion more difficult (JORGE; BEZERRA, 2004).

Throughout the project's life, therapeutic proposals were presented, approaching different aspects of the user's life, described in the Guide. The issues included in the GAM seek to discuss the most varied areas of the user's daily life, going beyond medication and its biological effects (GONÇALVES; CAMPOS, 2017).

e-ISSN: 2595-4881

The principles of co-management and user autonomy govern the GAM (FREITAS; RENCKZIEL; BARCELLOS, 2016) and these were the basis of the discussions held, seeking to encourage greater participation in the choice of their therapy, through dialogue with the service. All meetings were recorded in medical records and field notebooks by the moderators of the meetings, which allowed an individual evaluation of the progress of each user, and the reflective critical view of each moderator in relation to the project.

The users lack information about what is prescribed, the lack of discussions about medications, and the distancing between professional and user of the mental health service are problems listed (FRAZÃO; MINAKAWA, 2018).

On the other hand, the GAM guide itself is made up of open questions, in which the user can explore his subjectivity, ask broad questions about everyday actions. This provides an opportunity to promote collectivization and the sharing of experiences on various topics. In this sense, GAM is a collective practice in which the user, in addition to exploring the issues experienced, can also experience experiences about new psychotropic drugs and autonomy over their treatment (PASSOS; CARVALHO; MAGGI, 2012).

Adherence to GAM proved to be relevant due to the bond formed, discussions and responses of users to proposed questions. By not being restricted only to the effects of medication, other aspects of the lives of users were explored, giving a better picture of the meanings that medication has in the patient's life, and the possibility of proximity with the mental health service. Another point highlighted by the users is the importance of including the discussion of these themes in the care provided by health professionals, considering the user's autonomy regarding medication.

For both the users and the moderators, the experience was enriching, as there were moments of reflection on both the correlation between theory and practice for the moderators, and on the richness of the life experience brought by the users' speeches during the meetings. It was evident the users' lack of autonomy and information about their drug treatment. Most were unaware of the medication they

e-ISSN: 2595-4881

were using and the side effects they could cause to the body. There were reports of the need to create strategies that would enable the proximity of the service to the user, and they also recognized the importance of the student being inserted in this process, because they can become more capable and prepared professionals for further intervention in the service.

For the moderators, the relevance of participating in an extension project was the sharing of experiences beyond the classroom. It was dealing with the real, the everyday life, the routine of people who feel stigmatized and somehow excluded from activities in the social environment. For the student to understand, from the time of training, the importance of establishing a bond with the users, of understanding the place, the sociocultural context of each person.

According to Deslandes and Arantes (2017), when we think about the academic education of the student, it is important to emphasize contextualized forms of knowledge transmission, which enable learning in a meaningful way. According to the students' reports, the participation in the extension project allowed them to stimulate the desire to learn and thus deepen their knowledge, which increased with each debate held during the meetings. These actions demanded dedication and study to expand the knowledge, which, added to the context they lived, could add positively to the moments of discussion and understanding of the project.

At all times in the GAM group, the moderators tried to help the autonomy of each user in relation to treatment, bearing in mind that the moderators of the project are health students and this whole process of experience was part of a less archaic formation, rich in values and subjectivities, which leads me to infer that the GAM extension project has the sensibility not only to form more humanized professionals, open to dialogue, but also reflective professionals with respect to decision making about the treatment of patients in mental distress.

Conclusion

It was perceived that GAM brings more autonomy to users in mental suffering, by considering the limitations and potentialities of each one, as a fundamental factor for facing the stigma suffered by this group. Groups like this one enable spaces for dialogue that understand the importance of stimulating the users' autonomy and power to act in the exercise of citizenship and co-management of care. For this, we must pay attention to the deficit observed in the dialogue between the health service and the user, aggravated by limited access to some relevant health information, these being basic rights of the user and the duty of the institution involved in care.

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