

ESCAPE ROOM: Humanizing Nursing Education in Mental Health

ESCAPE ROOM: Humanizando o Ensino de Enfermagem em Saúde Mental

ESCAPE ROOM: Humanizando la Enseñanza de Enfermería en Salud Mental

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Abstract

Objective: To describe the experience of applying an Escape Room as an innovative pedagogical strategy in mental health education for technical nursing training. **Method:** This qualitative experience report was conducted with 21 students and employed gamification, interactive questionnaires (Google Forms), and progressive QR code-based puzzles focused on reviewing the content of a curricular unit. **Results:** The activity promoted student engagement, enabling critical content review and reflection on the humanization of care. Fifteen of the nineteen participants completed all challenges within the stipulated time of 20 minutes. **Conclusion:** The methodology proved to be an effective active learning tool; however, its implementation requires adaptation to the institutional context and systematic evaluation of educational outcomes.

Keywords: Escape Room; Education Nursing; Mental Health.

Resumo

Objetivo: descrever a experiência de aplicação do Escape Room como estratégia pedagógica inovadora no ensino de saúde mental para formação técnica em enfermagem. **Método:** relato de experiência qualitativo desenvolvido com 21 alunos, utilizando gamificação, questionários interativos (Google Forms) e enigmas progressivos baseados em QR Code com foco na revisão de conteúdo de uma unidade curricular. **Resultados:** a atividade proporcionou engajamento discente, permitindo revisão crítica dos conteúdos e reflexão sobre humanização do cuidado, com 15 dos 19 participantes completando todos os desafios dentro do tempo estipulado de 20 minutos. **Conclusão:** a metodologia demonstrou ser uma ferramenta de aprendizagem ativa, porém sua implementação requer adaptações ao contexto institucional e avaliação sistemática dos resultados educacionais.

Palavras-chave: Escape Room; Ensino de Enfermagem; Saúde Mental.

Resumen

Objetivo: Describir la experiencia de aplicación del Escape Room como una estrategia pedagógica innovadora en la enseñanza de la salud mental para la formación técnica en enfermería. **Método:** Se trata de un relato de experiencia cualitativo desarrollado con 21 estudiantes, utilizando gamificación, cuestionarios interactivos (Google Forms) y enigmas progresivos basados en códigos QR, con énfasis en la revisión de los contenidos de una unidad curricular. **Resultados:** La actividad promovió el compromiso estudiantil, permitiendo una revisión crítica de los contenidos y la reflexión sobre la humanización del cuidado. Quince de los diecinueve participantes completaron todos los desafíos dentro del tiempo estipulado de 20 minutos. **Conclusión:** La metodología demostró ser una herramienta eficaz de aprendizaje activo; sin embargo, su implementación requiere adaptaciones al contexto institucional y una evaluación sistemática de los resultados educativos.

Palabras clave: Escape Room; Enseñanza de Enfermería; Salud Mental.

1. Introduction

Nursing education faces significant challenges when addressing mental health, an area historically marked by stigmas and dehumanizing practices. Traditionally, education in this field has focused on theoretical approaches that are often detached from the humanized practice required for effective patient care (Lázaro et al., 2018). In this context, the integration of active

and innovative methodologies into the nursing curriculum becomes essential to promote meaningful and transformative learning (Jacobovski & Ferro, 2021).

Given the multiple challenges inherent in educational practice, it is necessary to continually reshape the teaching and learning process. Active methodologies encourage the development of challenges, activities, and games that require specific skills appropriate to each learning stage (Araújo Neto & Santos, 2022). Gamification, defined as the application of game elements in educational contexts, has emerged as a promising strategy to engage students and facilitate the understanding of complex content. Specifically, the use of *Escape Rooms*—games in which teams solve puzzles collaboratively to “escape” from a themed environment—has been explored in higher education as a pedagogical tool. This approach can improve participants’ mental well-being and promote social interaction, creating an atmosphere of well-being that facilitates learning (Pato et al., 2024).

However, the implementation of gamified methodologies in mental health education still faces challenges, including the need for a solid pedagogical foundation and the adaptation of content to students’ cultural and contextual specificities. Studies indicate that the effectiveness of these approaches depends on the careful integration of educational objectives with game dynamics, ensuring that the playful experience does not overshadow essential content (Costa et al., 2024).

Humanization in psychiatric nursing education seeks to train professionals capable of providing qualified and empathetic care, promoting respect for dignity and human rights. One of the main challenges of traditional education in this field is the gap between theory and practice, which may lead to a superficial understanding of the humanistic dimensions of mental health care. In this regard, active teaching methodologies such as the Escape Room emerge as alternatives to stimulate student engagement, facilitate content assimilation, ensure thematic fluency, and promote critical reflections on the importance of humanized care (Ramalho et al., 2022).

Nursing education requires not only the acquisition of technical and scientific knowledge but also the development of a humanized approach to patient care. In the context of mental health, this need becomes particularly relevant given the historical exclusion, stigmatization, and violence experienced by individuals with psychiatric disorders (Silva et al., 2023).

Nursing has played a crucial role in psychiatric reform movements by adapting its practices to align with new care paradigms. Nurses came to act as therapeutic agents, focusing on mental health promotion and social reintegration of patients, rather than on previously dominant custodial practices (Fraga et al., 2006; Tenório, 2002). This shift in perspective required a reformulation of educational approaches in nursing training, incorporating methodologies that emphasize humanization and empathy in care delivery.

The Brazilian Health Reform, initiated in the 1980s, profoundly transformed mental health care, particularly through the elimination of psychiatric asylums (Scherer-Warren, 2012, p. 52). Prior to this movement, individuals with psychiatric disorders were often institutionalized for prolonged periods and isolated from their families and social networks. These substantial changes were driven by social movements advocating for the rights of people with mental disorders, culminating in the Brazilian Psychiatric Reform (Parreira et al., 2023, p. 6).

The Brazilian Unified Health System (*Sistema Único de Saúde*—SUS), established in 1990, is the public healthcare system designed to ensure universal and equitable access to health services. Grounded in the principles of universality, comprehensiveness, and equity, SUS aims to address the population’s health needs in an integrated manner (Ministry of Health, 2025). Humanization of mental health care within SUS is reflected in the process of deinstitutionalization and the expansion of Psychosocial Care Centers (*Centros de Atenção Psicossocial*—CAPS), which play a central role in mental health care by prioritizing user autonomy and human rights (Carvalho et al., 2024).

The Psychosocial Care Network (*Rede de Atenção Psicossocial*—RAPS) in Brazil is an integrated system of services and actions aimed at caring for individuals with mental disorders and issues related to alcohol and other drug use within the scope of SUS. The objective of RAPS is to provide comprehensive and humanized care, promoting autonomy and social reintegration. The network also adopts harm reduction strategies and anti-stigma practices, ensuring quality and equity in care delivery. Its continuous expansion seeks to strengthen the National Mental Health Policy and ensure comprehensive care across all levels of management (Ministry of Health, 2025).

In light of this context, the present study is justified by the need to report an alternative that integrates education, technology, and humanization, contributing to the training of professionals better prepared to work in mental health and to the strengthening of citizenship among those involved in the educational process (Leitão & Faria, 2020). The description of this pedagogical practice may serve as a reference for other nursing educators seeking active methodologies to enhance teaching and reinforce students' commitment to humanized care. Thus, this article contributes not only to the field of nursing but also to education and the development of innovative pedagogical practices that value student protagonism and knowledge construction aligned with contemporary mental health demands.

Therefore, it is imperative that educators and educational institutions consider both the benefits and limitations of incorporating the Escape Room as a pedagogical strategy, ensuring that this tool effectively contributes to the training of more humanized nursing professionals capable of addressing mental health challenges.

In this context, one may ask: How does the application of an Escape Room contribute to the humanization of mental health education in nursing training?

The objective of this study is to describe the experience of applying the Escape Room in the classroom as a pedagogical strategy to humanize mental health teaching in nursing education.

2. Method

This study is characterized as a descriptive experience report (ER) (Barros, 2024; Gaya & Gaya, 2018) with a qualitative approach (Pereira et al., 2018), presenting the application of an Escape Room as a pedagogical strategy to humanize mental health education in nursing training at an educational institution located in the interior of the state of São Paulo, Brazil. One alternative to optimize the learning process is gamification, defined as the application of elements characteristic of games in contexts outside the gaming environment, such as educational or corporate settings. In alignment with technological innovations, gamification offers an engaging method capable of meeting educators' and students' demands for more dynamic and interactive approaches (Livengood & Lan, 2023). Digital game-based learning is a method that "incorporates educational content or learning principles into games to engage learners" and also integrates aspects of immersive learning to create a virtual learning environment. Among the possible alternatives, the Escape Room stands out, as it may incorporate virtual, augmented, and mixed reality elements (Neetoo et al., 2021).

The study does not involve statistical analysis but emphasizes a detailed description of the activity, its stages, challenges, and contributions to learning and participants' awareness. The development of the experience report followed a model grounded in theoretical assumptions, adopting the facilitating framework proposed by Mussi et al. (2021) as a reference for academic writing.

The experience report took place in October 2023, on the final day of the curricular unit *Nursing Care in Mental Health*, which has a total workload of 60 hours, and was intended as a competency review activity. The session lasted 3.5 hours and was conducted during the evening period of the technical nursing program. The experience was designed to revisit

previously studied content, apply acquired knowledge, and promote awareness of mental health through its historical developments.

The initiative was conducted by a nursing instructor with the collaboration of a library assistant. Twenty-one students participated in the activity; they had approximately eight months of technical nursing education and were concluding their studies in mental health. The participants had a secondary-level educational background, were aged between 18 and 47 years, and had a mean age of 32.5 years. The inspiration for the project emerged from the impactful history of psychiatric asylums in Brazil and the significant role played by the Federal Constitution and the Unified Health System (SUS) in dismantling such practices.

The activity was carried out in the nursing skills laboratory, which included a conventional classroom with seating capacity for 32 students, as well as laboratory facilities for practical activities. A computer, image projector, and interactive whiteboard were used to support class delivery. Google Forms were employed to administer the dynamic questionnaires and were essential to the instructional design, as they allowed the inclusion of multiple-choice questions, illustrative images, interactive responses, and the creation of a data repository for future analyses, while also generating no environmental waste. Additionally, students used their own mobile phones connected to the institution's Wi-Fi network to access the forms via Quick Response (QR) codes. The nursing laboratory, with its wide range of educational tools, practical objects, and furnishings, played a key role in concealing the QR codes used to progressively unfold the proposed activities.

This experience report fully complied with ethical principles related to participants' privacy and confidentiality. It was grounded in Resolution No. 510/2016 of the National Research Ethics Commission (CONEP), which states that activities exclusively aimed at education, teaching, or training—without the purpose of scientific research—and involving undergraduate students, technical program students, or professionals in specialization programs are not required to be registered with or evaluated by the CEP/CONEP system, in accordance with Item VIII of that resolution.

3. Experience Report and Discussion

The methodology was based on the application of an educational Escape Room, structured into three interactive gamified phases. The activity involved quizzes created in Google Forms, progressive puzzles, and the use of QR codes to unlock subsequent stages. Google Forms is a tool that enables the creation of interactive quizzes and questionnaires, which can be used to dynamically and playfully assess students' knowledge. In addition, it offers customization features that allow instructors to adapt assessments according to the specific needs of each learner, thereby promoting an individualized and inclusive approach (Almeida, 2023).

The final objective was to symbolically "free" a chained psychiatric patient subjected to electroconvulsive therapy, representing the transition from an exclusion-based model to humanized care. This approach is considered essential, as it is grounded in comprehensive care for individuals with mental disorders. It is based on the consideration of biological, psychological, social, and behavioral dimensions, recognizing the multifactorial nature inherent to such conditions. Its implementation from a holistic perspective enhances not only the quality of the therapeutic experience but also clinical outcomes, particularly in conditions that affect volition, cognition, and interpersonal dynamics (Sanz-Osorio, 2024).

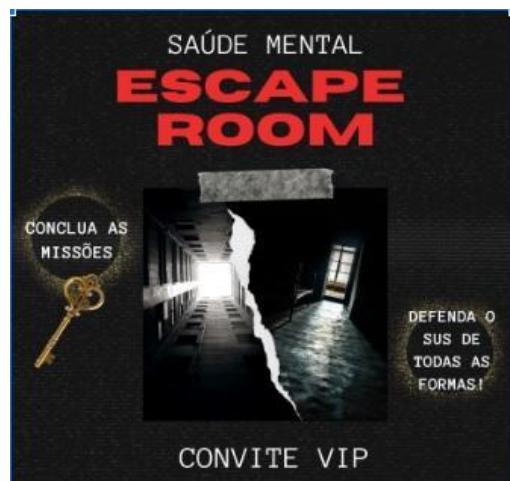
Historically, psychiatric hospitals in Brazil were institutions that treated individuals with mental disorders, often under dehumanizing conditions. These facilities were known for their isolationist and punitive approaches, where patients were frequently subjected to severe treatments and neglect. The absence of rights and the stigmatization of patients were common, reflecting a negative societal view of mental health (Duarte, 2023).

Following the 1988 Federal Constitution, new rights and guarantees were granted to citizens, including those with mental disorders. From the 1990s onward, the Anti-Asylum Movement began to organize and challenge the logic of psychiatric institutions. This movement advocated for the deinstitutionalization of patients and the promotion of alternative care models, such as community-based services and therapeutic approaches that respect individuals' dignity and human rights. It also emphasized the importance of civil society participation in shaping public mental health policies (Scherer-Warren, 2012, p. 52).

The struggle against regression in the treatment of people with mental disorders remains ongoing. In this context, the activity enabled the stimulation of students' critical and reflective thinking while simultaneously adopting a multifocal approach to the various topics addressed throughout the curricular unit.

To initiate the activity, all students received a personalized invitation to participate in the Escape Room, creating an atmosphere of exclusivity aimed at "special" invitees only. The invitations were designed using the Canva platform and included introductory information about the gamification process. Canva is a graphic design tool that, even in its free version, offers a wide range of templates for different types of projects. The platform is intuitive and allows for the rapid creation of visual content with minimal learning time (Lauff, 2023, pp. 224–225). The invitations referenced the missions to be completed and emphasized the importance of preserving the Unified Health System (SUS), alluding to its principles and guidelines. Figure 1 illustrates the design of the invitations distributed to participants.

Figure 1: Ticket to participate in the Escape Room.



Source: Prepared by the Authors (2023).

The goal for each participant was to revisit the topics studied in the Mental Health curricular unit and overcome the challenges presented in order to escape the room and obtain the "liberating key" of a victim of the asylum system, as shown in Figure 2. To achieve this, a time limit was established for completing the activity and, consequently, for symbolically freeing the patient from the psychiatric institution. A timer was displayed on the board, totaling 20 minutes.

Figure 2: A victim of the mental health system, chained and symbolically receiving electroshock therapy.



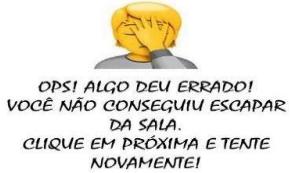
Source: Prepared by the Authors (2023).

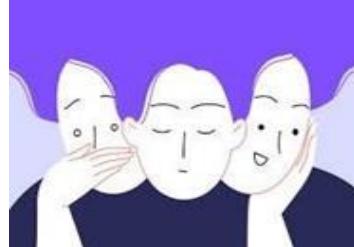
The first stage of the gamification began by instructing students to scan a QR code located on the back of the invitation, which directed them to an online questionnaire (Google Forms) containing questions on the history of mental health, the Psychosocial Care Network (RAPS), mental health therapies, and psychiatric disorders. The game narrative emphasized the need to “free a victim of the asylum system,” aligning with the principles of the Brazilian Psychiatric Reform and the Unified Health System (SUS).

The form’s first section presented an introductory statement explaining the game dynamics and displaying the image of the invitation. This was followed by the questionnaire itself, which was designed to simulate different “rooms,” in line with the proposed gamified experience. The pedagogical proposal of this first form combined objective theoretical review with emotional engagement of each student.

Each question represented an entry into a specific room, and students were required to provide the correct answer to “escape” that room. A total of ten rooms were created, each with a distinct name and theme, illustrated with representative images. If a student selected an incorrect answer within a room, an automatic message was triggered stating: “*Oops! Something went wrong! You were unable to escape the room. Click NEXT and try again.*” This obstacle required the student to restart the process and repeat the previously completed questions, thereby delaying progression and reinforcing a sense of “racing against time.” Each incorrect response redirected the student back to the beginning of the activity. Table 1 below illustrates the rooms and summarizes their respective thematic approaches.

Table 1: Themed rooms from Phase 1.

Room Name	Graphical representation	Approach
Wrong attempt		Return to the beginning of the questionnaire. Delay in the process of releasing the patient from the psychiatric hospital.
Ship of Fools		In the Middle Ages, the Black Death was replaced by madness as the major social problem, leading to the exclusion of the insane on ships adrift at sea.
Asylum		Brazilian Law 10.216/2001 aims to guarantee the human rights and dignity of people with mental disorders, promoting deinstitutionalization and social inclusion.
Psychosocial Care Network RAPS		The RAPS includes various services, such as Psychosocial Care Centers, Shelters, Therapeutic Residential Services, and General Hospitals. Private health services are not part of the RAPS.
Mental Health		Medications that have an affinity for the central nervous system are called psychotropic drugs. They are essential in the treatment of various mental disorders.

Communication		Problems include stigma, lack of training, impersonal environments, and language barriers, hindering communication with the healthcare team.
Social Support		Therapeutic Communities offer free and voluntary residential care for people with disorders resulting from the use of psychoactive substances.
Occupational Therapy		Nise da Silveira was a pioneer in occupational therapy, using art and animals in the treatment of patients with mental disorders, and she criticized violent treatments such as electroshock therapy.
Therapy		Mechanical restraint should be used safely and effectively, as a last resort to control violent behavior, preventing harm to patients and professionals.
Drugs		Types of drugs: depressants, stimulants, and hallucinogens. They impact mood, thoughts, and behavior.

Worker's Health		Workers with double or triple shifts may be affected by Burnout Syndrome.
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Source: Prepared by the Authors with free figures from Google (2023).

The gamified approach sought to engage participants by incorporating elements such as urgency, individual challenges, and immediate feedback—strategies widely recognized in the literature as effective in increasing motivation and knowledge retention (Zainuddin et al., 2020). Furthermore, the use of games in education has demonstrated potential to reinforce knowledge retention and develop critical skills among students (Marques et al., 2021).

Upon completing the first questionnaire, students were presented with a puzzle that had to be solved in order to advance to the second phase. The first-stage puzzle was introduced by Nise da Silveira. In the 1940s, the psychiatrist Nise da Silveira emerged as a key figure in mental health treatment in Brazil by advocating for humanized clinical practices. Rejecting aggressive therapies such as electroconvulsive treatments and lobotomies, she developed a pioneering approach to occupational therapy based on artistic expression as a means of communication and social reintegration. Her workshops at the National Psychiatric Center in Rio de Janeiro became spaces of creative freedom, where patients explored painting and modeling, producing works that challenged the stigmas of madness and gained artistic and scientific recognition. Her work not only humanized treatment but also redefined the relationship between art and mental health, influencing generations of therapists. Her legacy remains a fundamental reference in the struggle for dignity and inclusion of individuals experiencing psychological distress, reinforcing art as a tool for social and clinical transformation (Castro & Lima, 2007). This representation is illustrated in Figure 3.

Figure 3: Nise da Silveira, representing the hostess, proposes the riddle.

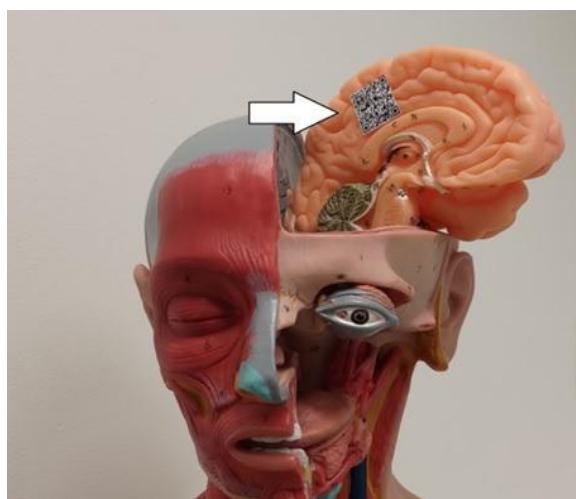


Source: Prepared by the Authors with free figures from Google (2023).

Solving the puzzle provided the clues necessary to locate the next QR code and advance to the second phase. The proposed riddle was: “*To find me, you must understand that I command everything. I always place myself above you. I am neither snobbish nor narcissistic, but without me, you are nothing! Who am I?*” The correct answer was “*brain*,” and the QR code was placed inside a detachable human torso used for anatomy studies, positioned within the inner portion of the cerebral hemisphere and located in the nursing practice laboratory. To find it, students were required to disassemble the model.

To maintain an atmosphere of mystery, a curtain was used to separate the classroom from the nursing skills laboratory, preventing students who were completing the questionnaire from observing the search for the QR code. Only one student at a time was allowed to conduct the search, always with the curtain closed and under the teacher’s supervision. Figure 4 illustrates the location of the QR code.

Figure 4: QR code located on the anatomical specimen.



Source: Prepared by the Authors (2023).

The second phase followed the same structure as the first questionnaire in Google Forms; however, a new theme was introduced. The objective was to present different mental disorders and their characteristics. It is important to emphasize the need to discuss the multiple nuances related to mental health, demonstrating that educational practices within classrooms have evolved to reflect the principles of psychiatric reform. The incorporation of active methodologies, such as clinical simulation and game-based learning, has been used to engage students and facilitate the understanding of complex mental health-related content (Ramalho et al., 2022; Rached et al., 2024). These approaches promote an interactive learning environment, allowing students to develop critical and reflective skills necessary for humanized care.

In this phase, each question was referred to as a *mission*, totaling five missions that had to be completed in order to uncover the puzzle leading to another QR code. Table 2 summarizes the respective mission models associated with this stage.

Table 2: Missions for the second stage of gamification.

Room Name	Graphical representation	Approach
Wrong attempt		Return to the beginning of the questionnaire. Delay in the process of releasing the patient from the psychiatric hospital.
Disorders 1		Organic mental disorders impair memory, physical, social, and occupational functioning.
Disorders 2		Anxiety is an emotional reaction to a perceived threat from the future. Uncertainty and unpredictability are its main triggers.
Disorders 3		Psychotic disorders cause people to perceive or interpret reality differently, and may involve hallucinations or delusions.
Disorders 4		Somatoform disorders include physical symptoms without a clear medical explanation, such as pain, nausea, and dizziness, and are not intentionally created or feigned.
Disorders 5		Biological, psychological, sociocultural, and family factors may be linked to eating disorders.

Source: Prepared by the Authors with free figures from Google (2023).

The obstacle that required students to restart the questionnaire and repeat the process in the event of an incorrect answer was maintained, reinforcing a sense of urgency in their responses. Upon completing the final mission, a message was once again displayed to present the new puzzle. Figure 5 illustrates this stage.

Figure 5: A message from Philippe Pinel regarding the second enigma.



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PARA TE AJUDAR LHE DAREI UM
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Source: Prepared by the Authors with free figures from Google (2023).

Philippe Pinel (1745–1826) was a French physician and a pioneer in the humanized treatment of patients with mental disorders, and he is considered one of the founders of modern psychiatry. Influenced by vitalism and Enlightenment ideals, Pinel advocated for *moral treatment*, replacing violent methods—such as chains and isolation—with approaches based on dialogue, respect, and social reintegration. Throughout his professional career, he implemented practices such as therapeutic activities, welcoming environments, and therapeutic interaction, emphasizing the dignity of patients (Surjous, 2025).

To enhance the sense of mystery within the gamified experience, the following riddle was presented: “*Look for the one that amplifies your ability to listen. It helps you reach the depths of hearts, allowing you to hear the TUM-TÁ of life!*” The correct answer was “*stethoscope*.” The QR code was attached to the diaphragm membrane of the stethoscope and hung on the upper pole of an intravenous (IV) stand. The idea was to leave the object visible so that students could locate it and scan the QR code, which directed them to the third phase. Figure 6 illustrates the placement of the stethoscope in the nursing skills laboratory.

Figure 6: Stethoscope with QR code.

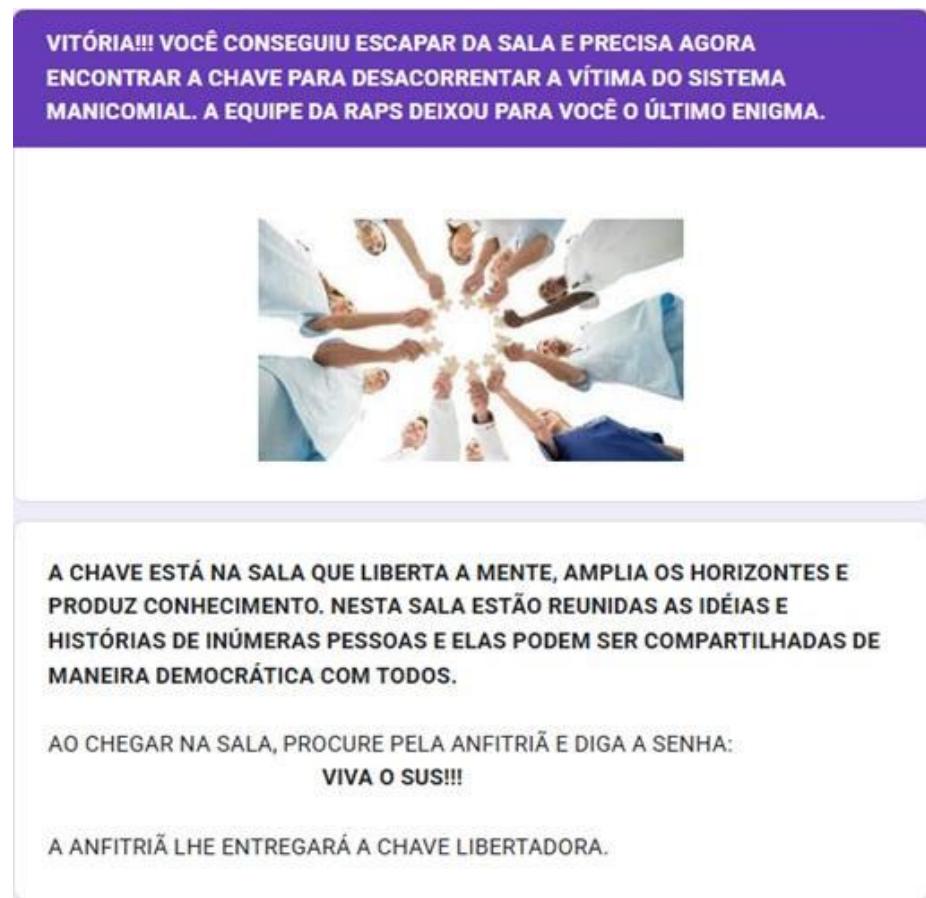


Source: Prepared by the Authors (2023).

Advancing to the third phase, students encountered a new Google Forms questionnaire and a new challenge. This time, the experience was based on a clinical case involving the admission of a patient to the emergency department with a presumed diagnosis of exogenous benzodiazepine intoxication. The case also provided clinical history, anamnesis, and physical examination data. Case-Based Learning (CBL) is an educational methodology that employs practical scenarios to stimulate active learning and cooperation among students. Unlike traditional teaching methods, which are teacher-centered and focused on knowledge transmission, CBL encourages students to actively engage in problem-solving and the evaluation of real-life situations (Saini et al., 2023).

The questions in the form were designed as “rooms,” following the sequence of care provided to the patient, including a vital signs room, an intervention room, and a treatment room. After successfully completing the final room, students were directed to the final riddle of the game. Figure 7 illustrates the message and the final challenge.

Figure 7: Final message with the riddle to escape the room and obtain the liberating key.



Source: Prepared by the Authors with free figures from Google (2023).

Upon recognizing that the room associated with the final puzzle was the school library, students headed to that location in search of the key. The library assistant already held several copies of the keys to be delivered to students who correctly used the keyword required to achieve the symbolic liberation of the patient subjected to the asylum system. By prior arrangement, the staff member did not display any behavior that would indicate possession of the keys. Student initiative was therefore essential to complete the challenge and return to the nursing classroom. In this way, students progressively advanced through the challenging stages, obtaining correct answers until reaching the moment of the patient's liberation. Nineteen students participated in the gamified activity, and by the end, fifteen students successfully managed to release the patient's chains within the 20-minute time limit established for the activity.

Data collection regarding the experience was conducted through direct observation of the activity and field notes recorded by the responsible instructor, documenting aspects such as participant engagement, difficulties encountered, and discussions that emerged throughout the experience. Although the activity was designed to be individual, spontaneous collaboration among students was observed. Once a student liberated the patient, they tended to encourage their peers to complete the game as well. This behavior is consistent with Vygotsky's social learning principle, which emphasizes that peer interaction facilitates knowledge construction even in activities designed for individual performance (Vygotsky, 1978, pp. 84–91).

Data analysis followed a qualitative approach based on the description and interpretation of the experience, emphasizing the contribution of the activity to the humanization of nursing education. Elements such as active participation, challenge resolution, and reflections prompted about the asylum-based care model and humanized care were taken into

account. This study not only validates the potential of the Escape Room as an active learning methodology but also offers a practical model for educational institutions seeking to train professionals aligned with the principles and demands of the Unified Health System (SUS).

The Escape Room approach in nursing education differs from other active methodologies by integrating immersive narratives, time pressure, and collaboration under stress—elements that enhance emotional engagement and knowledge retention (Zainuddin et al., 2020). While problem-based learning (PBL) focuses on static cases, the Escape Room requires the dynamic resolution of interconnected puzzles, simulating real-life situations with a high level of interactivity (Reinkemeyer et al., 2022). Unlike traditional clinical simulations, this methodology combines physical resources with accessible technology, fostering a multimodal experience that strengthens the connection between theory and practice (Neetoo et al., 2021).

The experience demonstrated that gamification can serve as an alternative tool for reviewing complex mental health content, especially when associated with a contextualized narrative. Students displayed high levels of engagement, with parallel discussions about the topics continuing even after the completion of the game. However, it was observed that some participants experienced difficulties with questions related to the historical aspects of mental health, suggesting the need to reinforce this topic. Additionally, some students required more time to identify the locations of the QR codes, even after solving the puzzles.

These findings corroborate studies indicating that active methodologies, such as Escape Rooms, enhance learning (Pais et al., 2023), while also highlighting the importance of adjusting the level of challenge to students' profiles (Kirschner et al., 2006). The activity proved particularly effective in fostering critical reflections on the evolution of mental health care, which is essential in the training of nursing technicians committed to the principles of SUS. Furthermore, it contributes to the discussion on innovation in nursing education by proposing a low-cost, replicable model—using QR codes and Google Forms—that can be adapted to other areas of technical training, such as emergency care or primary healthcare, always with a focus on humanized care.

4. Conclusion

The experience with the Escape Room in mental health education for nursing proved to be a plausible and effective strategy, combining gamification, interactivity, and progressive challenges. Participants were able to review theoretical content from the curricular unit while reflecting on the humanistic aspects of care, with particular emphasis on the symbolic “liberation” of the asylum patient, which stimulated empathy and critical thinking regarding psychiatric reform. This approach promoted greater student engagement with the complexities of mental health care. However, gamified methodologies require careful planning, adaptation to students' profiles, and continuous evaluation. They may also face structural and technological limitations in certain institutions, demanding creativity from educators to ensure successful implementation.

It is recommended that the use of the Escape Room be extended to other areas of nursing education, such as emergency care, hospital care, and primary healthcare, in order to assess its effects on knowledge retention and the development of socio-emotional competencies. Additionally, investigating students' perceptions of the practical applicability of this methodology and exploring technologies such as virtual reality and artificial intelligence to enhance gamification are relevant avenues for future research. This study reinforces the importance of innovative approaches in the training of more critical, reflective, and humanized nursing professionals, encouraging further investigation in this field.

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