

Psychosocial rehabilitation in the west network of the municipality of São Paulo: potentialities and challenges



A reabilitação psicossocial na rede oeste do município de São Paulo: potencialidades e desafios
La rehabilitación psicossocial en la red oeste del municipio de São Paulo: potencialidades y desafios

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ABSTRACT

Objective: To describe the strategies of the Psychosocial Rehabilitation conducted in the Network of Psychosocial Care of the western region of the municipality of São Paulo.

Methodology: Descriptive qualitative study, carried out with 123 professionals, from September 2015 to July 2016. Data processed by the software Alceste and analyzed in light of the analytical category Psychosocial Rehabilitation of Benedetto Saraceno and complementary literature.

Results: Three classes emerged that address the potential and scarcity of therapeutic residential services as a space to resume the daily life; importance of cultural activities for the exchange of identities and care beyond the scope of health; the potential of projects to generate work and income to regain the contractual power.

Conclusion: The strategies contribute to the construction of subjectivity and the resumption of the citizenship. In order to sustain the Psychosocial Rehabilitation it is necessary to overcome the weaknesses of human, physical and structural resources. Still, there is potential in the collaborative work and accountability of the teams.

Keywords: Mental health. Mental health services. Mental health assistance. Health policy. Qualitative research. Delivery of health care.

RESUMO

Objetivo: Descrever as estratégias de Reabilitação Psicossocial conduzidas na Rede de Atenção Psicossocial da região Oeste do município de São Paulo.

Metodologia: estudo qualitativo descritivo, realizado com 123 profissionais, de setembro de 2015 a julho de 2016. Dados processados pelo software Alceste e analisados a luz da categoria analítica Reabilitação Psicossocial de Benedetto Saraceno e literatura complementar.

Resultados: Emergiram três classes que tratam do potencial e escassez dos serviços residenciais terapêuticos enquanto espaço de retomada da vida cotidiana; importância das atividades culturais para troca de identidades e cuidado para além do âmbito da saúde e; a potencialidade dos projetos de geração de trabalho e renda para retomada do poder contratual.

Conclusão: As estratégias contribuem para construção da subjetividade e retomada da cidadania. Para sustentar a Reabilitação Psicossocial é necessário superar as fragilidades de recursos humanos, físicos e estruturais. Ainda assim, há potencialidade no trabalho colaborativo e de responsabilização das equipes.

Palavras chave: Saúde mental. Serviços de saúde mental. Assistência à saúde mental. Política de saúde. Pesquisa qualitativa. Assistência à saúde.

RESUMEN

Objetivo: Describir las estrategias de Rehabilitación Psicossocial conducidas en la Red de Atención Psicossocial de la región Oeste del municipio de São Paulo.

Metodología: Estudio cualitativo y descriptivo, realizado con 123 profesionales, de septiembre de 2015 a julio de 2016. Datos procesados por el software Alceste y analizados a la luz de la categoría analítica Rehabilitación Psicossocial de Benedetto Saraceno y literatura complementaria.

Resultados: Emergieron tres clases que tratan del potencial y de la escasez de los servicios residenciales terapêuticos como espacio de retomada a la vida cotidiana; la importancia de las actividades culturales para el intercambio de identidades y del cuidado más allá del ámbito de la salud; y la potencialidad de los proyectos de generación de trabajo y renta para reanudación del poder contractual.

Conclusión: Las estrategias contribuyen a construir la subjetividad y a reanudar la ciudadanía. Para sostener la Rehabilitación Psicossocial, es necesario superar las debilidades de los recursos humanos, físicos y estructurales. Sin embargo, hay potencialidad en el trabajo colaborativo y de responsabilidad de los equipos.

Palabras clave: Salud mental. Servicios de salud mental. Atención a la salud mental. Política de salud. Investigación cualitativa. Prestación de atención de salud.

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■ INTRODUCTION

In the middle 1970s, the mobilization of mental health professionals and relatives of people with mental disorders unsatisfied with the current care model triggered a succession of anti-asylum movements in Brazil. These events led to the disruption of the traditional form of treatment, centered on disrespect for the individual's choices, autonomy and singularities, culminating in the Psychiatric Reform (PR) and the National Mental Health Policy (NMHP), supported by the Law No. 10.216/2001.

Currently, the field of mental health is mobilized in the construction and sedimentation of the Psychosocial Care Network (PCN), instituted by the Ordinance 3.088/2011⁽¹⁾, having as a framework for its success the Psychosocial Rehabilitation (PR), understood as a set of strategies that aims to increase the opportunities of people with mental disorders to exchange resources and affections, as well as to increase their contractual power⁽²⁾.

In the PR, the rehabilitation processes cannot insert the subject into models instituted in the expectation of leading to a state of normality, on the contrary, they must contribute to the production of their potentialities, and in the context of performance, professionals must remove themselves from practices and asylum senses⁽³⁾. It is in this aspect that Benedetto Saraceno⁽²⁾ places the PR as a resource that intends to rescue the individuality and subjectivity of the individual in psychic suffering, and anchors in the respect for their integrality and existence, built from the axes: Housing, Social Network and Work with Social Value.

The Housing axis encompasses the concepts of "house" and "reside". Home is considered a right, supported by the strategies of the "Come Back Home" program and the Therapeutic Residency Services (TRS). In the second axis, the Social Network, also called "Changing the identities", starts from the premise that the individual's disability is also a quantitative and qualitative impoverishment of their social network, whereby the person with mental disorder will be able to be (re)inserted in the community⁽²⁾. The third axis is Work with Social Value and considers the "sense of work" as "the production function of economic, social and psychological sense"⁽²⁾ understood and worked as a means of emancipation and social inclusion⁽⁴⁾.

The PR implies the development of a set of emancipatory heterogeneous actions in the fields of work, education, culture, housing, health, among other possibilities and needs that, developed in an articulated way with the resources of the territory, promote the protagonism of users and the full exercise of their citizenship. However, in order for its proposal to be aligned with the point of view of the Expan-

ded Clinic, it is necessary a practice of transformation of the subject and society⁽⁵⁾, and this involves a plurality of actors in a dynamic, continuous and largely conflicting game⁽⁶⁾.

In other words, the work must be committed and sympathetic to the person in psychic suffering, hoping to expand their possibilities as a being with rights. Thus, studies emphasize that mental health care based on the logic of the PR is still incipient in Brazil due to the absence of a PCN of its own or agreed upon within the municipalities⁽⁷⁾, disarticulation among the PCN components, absence of initiatives for the social inclusion through work, lack of training of health professionals⁽⁸⁾, and that overcoming these obstacles requires professionals to face political challenges and flexible positions towards users, but with clear directions within the collective work⁽⁹⁾.

Although professionals in the context of the daily practice have different conceptual understandings, the PR can be developed at any level of mental health care, and considering how its operationalization in praxis occurs, it contributes to a critical analysis of the challenges and impasses in the care of people in mental distress.

Based on these questions and considering the importance of the PR strategies on the NMHP platform, to understand how they are processed - in order to qualify the mental health care - the study was guided by the question: Is the mental health care conducted from the perspective of the Psychosocial Rehabilitation?

It is believed that this study offers subsidies to foster the critical-reflexive analysis of PR's potentialities and weaknesses. Based on the above, the study aims to describe the PR strategies conducted in the PCN of the West Region of the municipality of São Paulo.

■ METHODOLOGY

The present study is part of the research "The Psychosocial Care Network of the Western Region of the Municipality of São Paulo" carried out in the regions of Lapa, Perdizes, Leopoldina and Pinheiros, which serves a population of 595,269 inhabitants.

Of the 25 care points that compose the mental health network of the Western Coordination were part of the study 23 points: 10 Basic Health Units (BHU), four of them with a mental health team, the others receive support from three Family Health Care Centers (NASF); 5 Psychosocial Care Centers (CAPS) - 2 adult CAPS II, 1 CAPS II for abusive drug users, 1 CAPS II for child and adolescent care, 1 adult CAPS III; 1 Emergency Unit - Psychiatric Emergency Sector (ER) with nine beds (the network does not have psychiatric beds in a general hospital); 1 Coexistence and Cooperative

Center (CECCO); 2 Therapeutic Residential Services (TRS), 1 mixed and 1 female; 2 teams from the Street Office (CR), which develops shared actions and integrated to the other care points and 2 teams of the Family Health Care Centers (NASF). The services that did not participate claimed that the teams' agenda was a barrier: 1 CAPS II for abusive drug users and 4 BHUs (1 of them with a mental health team and three traditional ones).

Of the 263 participants in the network that were included in the National Registry of Health Establishments in Brazil, 123 higher level professionals from the health area participated in this research. The criteria for selecting the participants were: to work in the clinical practice or management. The exclusion criteria were: to be on vacation or medical leave during the period of data collection. The study was conceived with an exploratory and descriptive research with a qualitative approach, whose characteristic is to respond to particular questions of a certain reality that cannot be quantified⁽¹⁰⁾.

The data collection was carried out from September 2015 to July 2016, simultaneously among the points of the network, and was conducted with interviews recorded in audio, with an average duration of 45 minutes, supported by a script containing semi-structured questions elaborated for the study. All performed at the care point where the professional worked on dates and times pre-scheduled. The question asked in the interview was: How is the Psychosocial Rehabilitation conducted in the Psychosocial Care Network of the Western Region?

The data were codified and categorized in the *Analytical Lexical program Context of a Ensemble of Segments de Texte* (ALCESTE) version 2010. It makes a statistical classification of simple statements, adopting the laws of vocabulary distribution for the lexical analysis of the words of a set of texts, regardless the origin of their production⁽¹¹⁾.

The process started from the definition of each interview as an Initial Context Unit (ICU), with the initial fragmentation of the 123 ICUs. In the first stage, the program recognizes the ICUs, separates into equal-sized pieces of text called Elementary Context Units (ECUs), which are segments of texts consisting of linguistic utterances. Subsequently, it groups the words occurrences according to the roots, calculating the frequencies of these reduced forms. In the second stage, it performs the calculation of the matrix data and the classification of the ECUs. The set of these is divided according to the similarities of words and number of times that it appears.

Still at this stage, the program applies the descending hierarchical classification and generates a definitive classification. In the third stage, the program originates the

Descending Hierarchical Rating (DHR), with the relations between the classes, description of each of them by the lexical vocabulary and the variables considered in the command lines. Finally, in the fourth stage, it makes the selection of the most recurring ECUs and contextualizes the most significant vocabulary of the classes⁽¹¹⁾.

The study assumes that the development of the PR strategy supports the mental health care as advocated by the NMHP and the PCN in the West coordination. The empirical data were elaborated in light of the analytical category Psychosocial Rehabilitation proposed by Benedetto Saraceno and complementary literature. The project was approved by the Ethics Committee of the Nursing School of the University of São Paulo under the opinion No. 1,274,734 and all the participants signed the Free and Informed Consent Term. These were identified by numbers, professional category and care point where they operate.

■ RESULTS

Of the 123 professionals who participated, 22.8% were nurses, 24.4% were psychologists, 20.3% were physicians, 10.6% were occupational therapists, 9.8% were social workers, 4.1% were physical therapists, and 8.1% pharmacists, nutritionists and speech therapists. Components of the PCN in which they operate: 55.5% in BHUs; 24.5% CAPS; 4.9% CECCO; 6.5% ER; 3.2% NASF; 4% CR; and 1.6% TRS. Most of them are female, with ages varying between 27 and 66 years old. The degree time is greater than 20 years in half of the sample. They hold a specialization degree (86.5%). They have been working in the network for between 10 and 20 years (27.6%), less than one year (23.6%), more than 20 years (6.5%). They have a care role (87.6%), with a workload of 40 hours per week (43.4%).

With the reduction of the words to their roots through the DHR conducted by Alceste, 1,256 ECUs were considered for the analysis of the 9,246 initially divided, using 83% of the content submitted for analysis, which is considered good.⁽¹¹⁾ From the structures of relevance extracted by the Alceste, three thematic classes emerged: Class 1 - Assisted housing: barriers to overcome; Class 2 - Cultural activities: practices and limitations; and Class 3 - Solidary economy: protagonism in the network.

Class 1 - comprises 553 of the 1,256 ECUs that were analyzed, which represents 44% of the analysis *corpus*, with the reduced forms, the minimum cutoff point was 9 and the maximum 21. The radicals found were: Hum_Res+ (09 x² Human Resource), Can+ (12 x² Can), Pat+ (12 x² Patient), Hosp+ (12 x² Hospitalization), Res+ (12 x² Reside), Past+ (13 x² Past), Fam+ (14 x² Family), Ret+ + (14 x² Return), Arri+ (15 x² Arrive), Want+ (15 x² Want) e Sta+ (21 x² Stay). In class 2,

of the 1,256 ECUs that were analyzed, 377 compose this class, which is equivalent to 30% of the analysis *corpus*, with reduced forms ranging from 12 to 34, namely: Articul+ (34 x² Articulation), Servi+ (29 x² Services), Reuni+ (26 x² Reunion), Stren+ (17 x² Strengthen), Nec+(16 x² Necessities), Poin+ (15 x² Points), Cultur+ (14 x² Culture), Men_Hea+ (15 x² Mental Health) e Inv+ (12 x² Investment).

In class 3, of the 1,256 ECUs that were analyzed, 326 compose this class, which is equivalent to 26% of the analysis *corpus*, with reduced forms varying from 09 to 22 among which are: Reha+ (22 x² Rehabilitation), Cont+ (21 x² Contractuality), Cha+ (17 x² Challenge), Work+ (15 x² Work), Enla+ (13 x² Enlargement), Acti+ (13 x² Activities), Inser+ (13 x² Insertion), Constru+ (11 x² Construction), Advan+ (11 x² Advances, Prac+ (11 x² Practices), Mat+ (09 x² Materials).

Class 1 - refers to the importance of the TRS as a space for resumption of the daily life, and difficulties in quantitative terms in the PR process. For the professionals of the West PCN, the TRSs are scenarios for the exercise of recovery of daily life of users, and as intermediaries in this process, they have to compromise and deal with the challenges from the point of view of the relation and the weaknesses of support of this device.

...this is a space to support the care... of user interaction with other people... despite the difficulties with the RT deficit that we have (E85 Psic Caps).

We need a lot of availability, not just tranquility, the work is difficult, we have a lot of desire to be here (E72 Psic Caps).

In an attempt to overcome difficulties and to solidify the TRS construct, professionals consider that care practices should be based on complex and interconnected actions.

The residence does a daily job, for life, and it happens together in and with other teams... (E53 Enf Caps).

With the purpose of conducting the PR actions, it is manifested in the collection of new TRSs to strengthen the empowerment and construction of their residents' identities:

We need more therapeutic residencies, because without this it is complicated to do the psychosocial rehabilitation (E99 Enf Caps).

We have a minimal structure of the psychosocial care network, but I still think that the issue regarding housing, especially, is a challenge to move forward (E115 Psic Caps).

Class 2 - understands as a general content the importance of proposing artistic and cultural activities as possibilities of care beyond the scope of health, sustaining the social network axis according to the guidelines of Saraceno's Psychosocial Rehabilitation, and it also covers the necessary coping actions for the solidification of these proposals.

The indications of artistic-cultural activities constitute for the professionals of the West PCN a PR strategy that transcends the space of the clinic and articulates with the social network axis as fundamental to stimulate the exchange of identities.

I made partnerships with museums... it was a very interesting thing to use other scenarios, to leave the health field (E107 Psic Cecco).

They constitute a therapeutic value and an important PR strategy, and their practice requires articulation between the devices of the psychosocial care network.

We are trying to expand their sociocultural activities, we thought of going to the theater or some cultural spaces, talking with other services (E99 Enf CAPS).

At the West PCN, the expansion of the social network of the user poses challenges. The professionals point out that, in the private sector, there is still a restriction on the availability of spaces for the development of artistic and cultural activities at business hours, aimed at the general public, and it demonstrates that the stigma is an obstacle to be overcome.

We managed to make a good partnership with a bank that owns a cinema, they schedule and they can go, it is usually at two o'clock, at a symbolic price, and when there are fewer people, but it is already an advance to overcome this (E53 Enf CAPS).

They place Cecco in evidence and acknowledge that, although few, and they favor the circulation of their own autonomy around the city, and still claim that this imposes responsibility on the users, on their choices and decisions.

We have Cecco, which is an important point of the network, although they have very few human resources to carry out their work, they have the idea of expanding the range of options for the users... (E88 A. Social CAPS).

They also point out that Cecco act as a place for the recognition of the diversity and citizen coexistence, the

rescue of public spaces, in addition to offering art and culture activities that complement the actions in the field of specialty devices.

I can talk about the articulation with the Ceccos, because there are possibilities, opportunities for coexistence, possibility of circulation beyond the Caps (E17 Psic CAPS).

The interviewees express the obstacles they face regarding the integration of mental health users into the social and cultural life, referring to the lack of physical equipment that works with artistic and cultural activities and allows the meeting of an excluded group with those that circulate in public spaces such as the Ceccos.

I do not see a great investment in Ceccos (E31 Fisio UBS).

Ceccos are not everywhere, I think we do miracles because we have few resources (E99 Enf Caps).

Thus, the teams call on users and the community to participate in the construction of these activities and strengthen this aspect of mental health care.

There is a lack of participation of the people who are treated in the CAPS and more territorial resources for this to occur in a more effective way (E86 Med Caps).

We try to articulate with other actors and we get a lot of 'nos'. There is a lack of awareness of the population here that it is possible to open the doors for something, it is necessary to work more with the community (E70 Psic Ubs).

Class 3 - deals with the potential of the projects of generation of work and income developed in the network, and of the possibilities for the resumption of the contractual power of the users, approaching the axis work-social value proposed by the PR. The professionals point to the Solidarity Economy (ECOSOL) as a strong strategy to promote the recovery of the contractual power of the users, which in addition to generating income and training through work, builds spaces for socialization, learning and cooperation among those involved:

ECOSOL is a very high point in the issue of rehabilitation, to think about inclusion through work (E88 A. Social Caps).

When understood as an emancipatory and citizenship project, ECOSOL is not restricted to the field of health:

ECOSOL is a point that we need and it is facing many other places besides the Mental Health (E115 Psic Caps).

It should be highlighted the participation of users in productive activities with the aim of expanding the possibilities of their social inclusion.

Through the work, we emphasize the potential of the individual, their autonomy and social integration (E81 Enf Ubs).

Thus, the points of the PCN seek to strengthen work as a social value, which if developed in a supportive way, pushes the restructuring of the individual and collective autonomy, and also stimulates the potential and overcoming of limitations resulting from the users' illness.

We try to make the individual assume their daily lives, their autonomy and to manage themselves as much as possible ... (E10 Psic UBS).

In this conception, a professional indicates that ECOSOL has reached a certain robustness, and it emerges with satisfactory results through attempts of interlocution with other components of the network:

We have several solidarity economy networks, with interfaces with other network devices (EC109 Med Cecco).

Even if it is advocated to be external to the CAPS, ECOSOL is still developed, for the most part, within the substitutive services.

We try to sell the works made by the patients, it is difficult, but we try to improve these works more and more... get out of CAPS (E107 Psic Cecco).

In order to advance, professionals consider that it is important to take ownership of the territory and the willingness to make it potent in favor of opportunities and experimentation of new menus in the communitarian experience, and they claim that the commercialization of the products happens with a public that demands quality, respecting their logic.

We are concerned about how to occupy this territory in its various possibilities, producing and bringing products that can be sold in fairs of the ecosol networks, without wear to the user (E88 A. Social Caps).

■ DISCUSSION

Although presented in the ordinance of the PCN⁽¹⁾ as a component, the PR represents a comprehensive and complex process that guides the actions developed by the services/professionals, guiding the logic of the deinstitutionalization and mental health policy, thus, its praxis is not simple to be conducted.

In this perspective, the present study found that the PR in the NCP of the West Region of the municipality of São Paulo faces challenges from the structural point of view, due to the deficit of SRTs that can sustain actions to rescue the subjectivity of the individual in psychic suffering and contribute with the trajectory of building a new identity. While a space of coexistence and residence for individuals who have undergone the institutionalization process, the weaknesses in relation to this resource compromise the resumption of life in society of people who do not have ties and/or conditions to return to the family nucleus⁽¹²⁾.

Considering its potential, the TRS is not only a material place where one lives, or where one is, on the contrary, it represents a home, a house, with the possibility of contractuality in relation to the material and symbolic organization of spaces and objects, and it is in this space where the fundamental basis of the PR is exercised, which is the power to make choices⁽²⁾. In resistance, the professionals at the West PCN daily overcome their own paralyzes to meet the demands of care and not run the risk of regressing to the asylum model, characterized by impositions and loss of rights.

When they come up, the TRSs have the aim of providing a chance of life-saving for these individuals, as well as they contribute to their recognition as citizens of rights, depriving them of the role of object that the asylum institution has given them. And even with difficulties in quantitative terms, it is observed that professionals work as intermediaries in the (re)learning of the "natural" activities of users' daily lives, and reinforce that the work in this component of the PCN is permeated by constant transformations, and the creation of new means of conducting it is a daily exercise, since the (re)signification of life of its residents is a dynamic process.

In the understanding that the PR is built in the daily practice and that the responses to the challenges are processed in the coping of these,⁽⁹⁾ the workers in the West PCN are (co)responsible for the production of health, the effectiveness of practices, the promotion of individuality and citizenship in a broader sense. With these actions, they reinforce their commitment to the NMHP and face the structural deficits that impact on the resumption of users' social skills, which have been subtracted due to the social exclusion imposed.

Considering that the TRSs are spaces for individuals to call home, and support the resumption of decisions about life itself⁽¹³⁾, it is necessary to be attentive so that this important device does not become a space of recovery of a morally acceptable life, but of appreciation of singularities and protagonisms⁽¹⁴⁾, by this perspective, in protecting this space, the housing axis proposed by Saraceno is concretized⁽²⁾. Regarding care, the TRSs require an integrated and expanded multiprofessional team, a space where nurses/staff, as therapeutic agents, insert themselves and contribute to the construction of the stories of their residents.

Regarding the social network axis of the PR, the professionals of the West PCN invest in artistic-cultural activities, and recognize how these practices build and humanize care, (co)produce subjectivity, catalyze the affectivity and the social reintegration⁽¹⁵⁾. Although an ascending proposal, the social actors of this context have in mind that for the success of the artistic-cultural activities, it is fundamental not to confuse them with actions of entertainment and/or fleeting occupation, and that their experiences must generate sense to the needs of life of its participants and a means for their circulation in the public space.

Since the scarcity of physical, human and structural resources has compromised the conduct of therapeutic projects, it is imperative that there are planning and investment that meet the specificities of the network, in addition to the understanding that the cultural capital represents an ethical need to sustain the choices of people in the PR process. In this panorama, the exercise of citizenship through artistic-cultural activities broadens the relations of users with the outside world, that is, extra-Caps.

Leading this process, the Coexistence and Cooperative Centers (Ceccos), although insufficient quantitatively in the networks of Brazilian municipalities, do an excellent job and promote the movement of the user in the context where they live⁽¹⁵⁾. The PCN's role is to promote, reintegrate and integrate into the labor market people with mental disorders, as well as the general population in a situation of vulnerability⁽¹⁾ in addition to sustaining interventions in the social area with interconnections in education, culture and health.

The West PCN has only one Cecco, which has been articulated with the other devices of the network in the perspective that they send or even stimulate the spontaneous search of the users for this service, a challenge that implies in the support of the autonomy and initiative so that the same ones circulate more throughout the territory. In this logic, the nurses/staff need to move forward and contribute to the strengthening of Ceccos, in order to move beyond the clinical scenarios and to expand the scope of their practice. In order to do so, they need allow themselves to learn and

have the understanding that health care in its broadest sense transcends the traditional possibilities of care.

The articulation of the NMHP with the field of culture brings the CAPS closer to the Ceccos and other possible scenarios, expanding and strengthening the activities of insertion in social spaces⁽¹⁵⁾. However, there is still difficulty in integrating Cecco with other network devices, a concern that can only be changed by deconstructing its view as a treatment or therapy space. Even if it is, it should work in a modality that differentiates itself from other services, because, as a space of conviviality, it produces new and different ways of thinking the therapeutic action⁽¹⁶⁾.

Difficulties regarding the construction of new models of care require the understanding that health should not be built only within the health services⁽¹⁷⁾. By involving the user in external proposals, barriers to the coexistence in society can be overcome, as long as the inclusion view is not opposed to exclusion, as this does not produce the acquisition of resources to face the norms of the social game⁽²⁾.

The historical context of mental health in Brazil shows that the institutionalization has produced an exile of the person with mental disorder and loss of their social value, placing it at the margins of society, in the inertia of the production process. Thus, the ECOSOL proposition in the West PCN is a potentiality and values actions that activate the protagonism role of the user, reconstituting their power of contractuality and psychosocial functioning, without, however, instituting it in a normalizing process.

Solidarity projects are based on cooperation, solidarity and sharing, and refute practices of competition, exploitation and capitalist profitability, but it presupposes the generation of financial returns, fundamental for restoring autonomy and independence⁽¹⁸⁾. Gradually, they have been strengthening the PR in the West PCN in the increment of actions that produce social transformation. In this reference of care, the nurses/staff, still few expressive in this field of action, can open the possibility of contributing with a broader approach, creating PR interventions sustained in the paradigm of the Psychiatric Reform.

In order to advance, the network studied has the challenge of exploring the territory and consolidating it as a social place for mental health users, as well as helping to weaken the stigma and exclusion experienced by them⁽¹⁹⁾. When the solidarity economy emerged in the early nineteenth century, from the workers' causes, it came in search of better living conditions, and nowadays, it emerges from the confrontation with the neoliberal model and place of encounter of identities that produce diversities of subjects and directions⁽²⁾.

Even though the ECOSOL does not have the same formal trading conditions, it does an emancipatory work and

not only the insertion in the labor market, but investment in the qualification of the production is a requirement that calls for political action by those involved and initiatives to strengthen it economically and politically⁽²⁰⁾. In the West PCN there is a concern in not producing or aggravating the states of illness due to the imposition of demands regarding the income of the user, as opposed to the greater purpose that is their health promotion. Therefore, ECOSOL requires prudence in its exercise, to avoid the production focused solely on profitability without any therapeutic purpose.

Although recent, the ordinance of the PCN has challenged the professionals and managers of the mental health field. Thus, the results of this study call for a more open and expanded psychiatric nursing practice, committed to the assumptions of the Psychiatric Reform and the Psychosocial Rehabilitation. It is recognized that the paradigm change for a new *modus operandi* of professional practice requires that the academic training transits through different scenarios of mental health care, and that it arouses the reflection and criticality regarding the transformative potential necessary to widen and materialize the guidelines of a rising public policy.

■ FINAL CONSIDERATIONS

The study shows that the PR strategies in the health coordination of the West region support the mental health care as recommended by the NMHP and in the guidelines of the PCN ordinance. These are constituted through Cultural Activities (social network), Solidary Economy (work with social value), Residential Therapeutic Services (housing), anchored in the Psychosocial Rehabilitation referential. The operationalization of these strategies contributes to the construction of the subjectivity and makes it possible to pave the way for resuming the citizenship; however, it faces barriers due to the weaknesses of human, physical and structural resources to support them. Thus, measures are necessary to overcome the obstacles that undermine the work of the PR in this PCN.

Despite the difficulties presented, there is a potential for collaborative work and accountability on the part of the network professionals, and among them, nurses and staff, who should reflect on their role and potential in the involvement of actions that help sustain the work of the PR in the PCN. Therefore, it is confirmed that the success of the PR depends on a strengthened and well-articulated PCN, which also guarantees the principles of the Psychiatric Reform, National Mental Health Policy and the Unified Health System.

The limitations of the research fall on the reading of the PR strategies in a specific PCN of the municipality of São

Paulo. The magnitude of the findings in offering elements that contribute to the expansion and operation of a thematic network is acknowledged. Finally, knowing the applicability of strategies promoting the PR in this PCN fosters its process of materialization and stimulates the understanding of other networks and their specificities.

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