Original Article

TEXTO & CONTEXTO ENFERMAGEM
TEXT & CONTEXT NURSING TEXTO & CONTEXTO ENFERMERÍA

SINGULAR THERAPEUTIC PROJECT ACTIONS IN A PSYCHOSOCIAL CARE CENTER: PROFESSIONALS' AND USERS' PERSPECTIVES

Priscila de Melo Zubiaurre[1]
Fernanda Demetrio Wasum[1]
Márcia Aparecida Ferreira de Oliveira[2]
Tereza Maria Mendes Diniz de Andrade Barroso[3]
Stela Maris de Mello Padoin[1]
Zaira Letícia Tisott[4]
Daiana Foggiato de Siqueira[1]

[1]Universidade Federal de Santa Maria, Programa de Pós-graduação de Enfermagem. Santa Maria, Rio Grande do Sul, Brasil.
[2]Universidade de São Paulo, Programa de Pós-graduação de Enfermagem. Ribeirão Preto, São Paulo, Brasil.
[3]Escola Superior de Enfermagem de Coimbra, Programa de Pós-graduação de Enfermagem. Coimbra, Portugal.
[4]Universidade Federal do Rio Grande do Sul, Programa de Pós-graduação de Enfermagem. Porto Alegre, Rio Grande do Sul, Brasil.

ABSTRACT

Objective: to understand Singular Therapeutic Project actions, developed for users of psychoactive substances, in a Psychosocial Care Center, from professionals' and users' perspectives.
Method: phenomenological qualitative research in light of Alfred Schütz's Social Phenomenology. It was carried out in a Psychosocial Care Center for Alcohol and Other Drugs in a municipality in the north of southern Brazil. Phenomenological interviews were used with 13 healthcare professionals and 13 service users between April and August 2023. A comprehensive analysis of information was based on the theoretical-methodological framework.
Results: the Singular Therapeutic Project actions were identified from two perspectives (users and professionals) and the reciprocity of perspectives among participants, such as reception and return actions, individual care, collective therapeutic activities, pharmacological treatment and network and referral coordination.
Conclusion: the actions are limited to Psychiatric Reform principles and medication care and are centered on professionals, pointing out the need to promote leading role, autonomy and co-responsibility for users.

DESCRITORES: Mental health. Substance abuse treatment centers. Mental health assistance. Health personnel. Drug users.

HOW CITED: Zubiaurre PM, Wasum FD, Oliveira MAF, Barroso TMMA, Padoin SMM, Tisott ZL, Siqueira DF. Singular therapeutic project actions in a psychosocial care center: professionals' and users' perspectives. Texto Contexto Enferm [Internet]. 2024 [cited YEAR MONTH DAY]; 33:e20240049. Available from: https://doi.org/10.1590/1980-265X-TCE-2024-0049en

AÇÕES DO PROJETO TERAPÊUTICO SINGULAR EM CENTRO DE ATENÇÃO PSICOSSOCIAL: PERSPECTIVAS DE PROFISSIONAIS E USUÁRIOS

RESUMO

Objetivo: compreender as ações do Projeto Terapêutico Singular, desenvolvidas aos usuários de substâncias psicoativas, em um Centro de Atenção Psicossocial, nas perspectivas de profissionais e de usuários.
Método: pesquisa qualitativa fenomenológica à luz da Fenomenologia Social de Alfred Schütz. Foi realizada em um Centro de Atenção Psicossocial Álcool e Outras Drogas em município da região norte do sul do Brasil. Utilizou-se entrevista fenomenológica com 13 profissionais de saúde e 13 usuários do serviço, entre abril e agosto de 2023. A análise compreensiva das informações foi pautada no referencial teórico-metodológico.
Resultados: foram identificadas as ações do Projeto Terapêutico Singular em duas perspectivas (usuários e profissionais) e a reciprocidade de perspectivas entre os participantes, que foram: as ações de acolhimentos e retornos, atendimentos individuais, atividades terapêuticas coletivas, tratamento farmacológico e articulações de rede e de encaminhamentos.
Conclusão: as ações se limitam nos princípios da Reforma Psiquiátrica e ao cuidado medicamentoso e estão centralizadas nos profissionais, apontando a necessidade de promover o protagonismo, a autonomia e a corresponsabilização ao usuário.

DESCRITORES: Saúde mental. Centros de tratamento de abuso de substâncias. Assistência à saúde mental. Pessoal de saúde. Usuários de drogas.

ACCIONES DEL PROYECTO TERAPÉUTICO ÚNICO EN UN CENTRO DE ATENCIÓN PSICOSOCIAL: PERSPECTIVAS DE PROFESIONALES Y USUARIOS

RESUMEN

Objetivo: comprender las acciones del Proyecto Terapéutico Singular, desarrollado para usuarios de sustancias psicoactivas, en un Centro de Atención Psicosocial, desde la perspectiva de profesionales y usuarios.
Método: investigación cualitativa fenomenológica a la luz de la Fenomenología Social de Alfred Schütz. Se llevó a cabo en un Centro de Atención Psicosocial al Alcohol y Otras Drogas de un municipio de la región norte del sur de Brasil. Se utilizaron entrevistas fenomenológicas a 13 profesionales de la salud y 13 usuarios del servicio entre abril y agosto de 2023. El análisis integral de la información se basó en el marco teórico-metodológico.
Resultados: las acciones del Proyecto Terapéutico Singular fueron identificadas desde dos perspectivas (usuarios y profesionales) y la reciprocidad de perspectivas entre los participantes, como acciones de acogida y retorno, atención individual, actividades terapéuticas colectivas, tratamiento farmacológico y coordinación de redes y derivaciones.
Conclusión: las acciones se circunscriben a los principios de la Reforma Psiquiátrica y de la atención médica y se centran en los profesionales, señalando la necesidad de promover protagonismo, autonomía y corresponsabilidad del usuario.

DESCRIPTORES: Salud mental. Centros de tratamiento de abuso de sustancias. Atención a la salud mental. Personal de salud. Consumidores de drogas.

INTRODUCTION

It is known that the abusive and/or harmful use of psychoactive substances (PAS) is a global phenomenon. According to statistical data[1] from Latin America and the Caribbean, around at least 4.4 million men and 1.2 million women develop mental and behavioral disorders related to PAS use. Such disorders are among the main causes of premature mortality and disability of individuals. In 2019, the United States led the ranking of countries with the highest levels of mortality rates and health loss related to this situation. Brazil appears in sixth place in the ranking of countries when the topic is the loss of individuals' health.

It is estimated that 5.6% of the American population, between 15 and 64 years old, has used some type of PAS at least once in their lives. The phenomenon is more prevalent among young men aged 15 to 30[2]. It is estimated that around 10% of the population (23 million people) struggle with problematic use of PAS. Research shows that one-third of the American population will meet the criteria for a mental and behavioral disorder due to alcohol use at some point in their lives[3–4].

In Brazilian, until the mid-1980s, the focus of discussions on the phenomenon of PAS consumption was restricted to safety issues. Motivated by this ideal, the model of prohibitionist policies and social control of the "war on drugs" in the United States began to be adopted[5–6]. However, at the end of the same decade, the failure of this model was understood in the face of PAS increase, diversity and early consumption[6].

With the advent of the Brazilian Psychiatric Reform (BPR), care for people in mental distress and abusive and/or harmful use of PAS was redirected to the Psychosocial Care Network (RAPS – *Rede de Atenção Psicossocial*)[7–8–9]. Teams such as the Family Health Support Center (NASF – *Núcleo de Apoio* à Saúde da Família), Community Health Workers (CHW) and Outreach Street Offices enabled care close to the reality of users and their families. These initiatives sought to minimize the risks to people using and entering healthcare spaces, which was often hampered by stigma and prejudice. Allied to the initiatives, there was a harm reduction strategy, which was responsible for promoting comprehensive health to PAS users[6–7,9].

Since then, in Brazil, public policies aimed at the PAS user population are still ongoing. Suffering advances and setbacks around care and prevention strategies and, on the other hand, strategies of repression and prohibitionism, the topic is characterized as a major challenge to be faced[5–8,10].

In the post-BPR context, Psychosocial Care Centers (CAPS – *Centros de Atenção Psicossocial*) become one of the main RAPS care devices. Established through Ordinance 336/02, these are territorial-based services that serve the population through the logic of open doors and care in freedom. They operate through different modalities, including Alcohol and other Drugs (AD)[7–9,11]. Furthermore, it sees users as main actors of their care, together with their family members, seeking to meet their real health needs. In this way, CAPS proves to be essential for mental health based on BPR and anti-prohibitionism principles[8–9,11].

Added to this, an important strategy for humanized healthcare, especially with regard to mental health, is the Singular Therapeutic Project (PTS – *Projeto Terapêutico Singular*). Promoted by the Brazilian National Humanization Policy (PNH – *Política Nacional de Humanização*), PTS is an instrument that enables individual, group and family care based on reception, bond formation and co-responsibility between the people involved in the act of care. It enables the joint construction of objectives and actions between professionals, users and families, to be carried out by a multidisciplinary team[12–13]. Furthermore, it is characterized as a care management tool, aiming to gather, organize and record therapeutic possibilities regarding users' health-disease process[14].

This tool is characterized as a powerful mental healthcare strategy. However, important challenges in its construction and practice are highlighted, revealing that there are still tensions between the different models of care[13].

This indicates the need to listen to professionals and end users of care to understand their actions, perspectives and intentions, contributing with qualitative evidence for PTS construction in practice. To this end, Alfred Schütz's Theory of Reciprocity of Social Phenomenology Perspective was chosen as a framework. Each of the people involved in the world of life has a way of perceiving and dealing with the characteristics that imply a given situation[15]. This approach focuses on the world of life and assumes that reality is constructed by individuals for themselves, based on their intersubjective experiences[15–17].

In this way, the objective is to understand PTS actions, developed for PAS users, in a CAPS from professionals' and users' perspectives.

METHOD

This is a qualitative study in light of Alfred Schütz's Social Phenomenology. This approach allows us to describe the constitution of everyday experience, which arises from a situational environment, when interaction and communication occurs among individuals, seeking to construct a relative totality for the analysis of a series of social facts. Thus, it is possible to understand a certain social reality from the identification of people's speeches[15–18].

The research was carried out in a CAPS AD in a municipality in the northern region of the state of Rio Grande do Sul, Brazil. The service team was made up of 11 healthcare professionals (three doctors, one clinician and two psychiatrists; two psychologists; two social workers; one nurse; and three nursing technicians). Furthermore, it had two resident professionals (psychologists) who were part of a Multidisciplinary Residency Program in Cardiology and two resident professionals (a nurse and a social worker) from a Multidisciplinary Residency Program in Mental Health.

Thirteen professionals and 13 CAPS AD users participated in the research, with whom the researcher had previous contact through being closer to the research field and being used to the scenario. The approximation and acclimatization stages took place simultaneously and lasted two months.

An invitation to participants was made intentionally and personally. It was based on the researcher's experience and ability to recognize characteristics of potential participants and provide relevant information to achieve the research objectives[19].

A phenomenological interview was carried out, individually, as a meeting, a face-to-face relationship that made it possible to establish a reciprocal relationship between researcher and interviewee[20]. The interviews were carried out by the researcher, who already had experience with this type of data production. They took place in a reserved room at the service, from April to August 2023, and were recorded using a digital recorder with prior authorization of participants. The research objective, its risks, benefits and ethical aspects were presented through the Informed Consent Form.

Professionals working in the service during the data collection period, within a period of at least six months, believing that during this period they would be used to the service and working instruments, were included. Professionals away from work during the data collection period were excluded. Users who sought the service for reception and/or re-accommodation during the data collection period were included. Users with any cognitive deficit and/or communication difficulties, as assessed by the service's multidisciplinary team, were excluded.

The interviews followed a different script for participants. When participants were professionals, for the biographical situation, they were asked about date of birth, sex, race/color, religion, marital status, profession, whether they had specialization in mental health, how long they had worked in the service and whether they chose to work in service. The guiding questions were: tell me about PTS; tell me about the meaning of PTS construction; and what do you have in mind when constructing the PTS?

When participants were users, for the biographical situation, they were asked about date of birth, sex, race/color, religion, marital status, number of children, education, occupation/profession, family income, how long they had been undergoing treatment at CAPS and how many days a week they attended the service. The guiding questions were: tell me about PTS; tell me about the meaning of PTS construction; and what do you expect from PTS?

The average interview time with professionals was 19 minutes and with users it was 17 minutes. It should be noted that no minimum and/or maximum time was established. To preserve confidentiality and anonymity of information, professionals were identified by the letter “P” and users by the letter “U”, followed by Arabic numerals.

All professionals invited to participate in the research accepted the invitation. However, following the inclusion and exclusion criteria established for the research, two team professionals were excluded because they had been working in the service for less than six months. As for users, seven did not accept the invitation to participate in the research. It should be noted that no interview was repeated.

For comprehensive analysis of information, the steps mentioned and suggested by Social Phenomenology researchers[15–17] were used. Transcription was carried out immediately after the interview to help recapture the interviewee’s original speech, without losing the essence. After transcribing the interviews, the interviews were read and re-read, seeking to identify the research objective. Then, common ideas that met the objective were identified. Each interview was read again and reread in full, in order to confirm what the ideas expressed[15–17].

At this stage, comprehensive analysis took place, through careful reading and critical analysis of content of statements. From this, the categorization and understanding of the investigated phenomenon was carried out[15–17,20].

To develop the research, Resolution 466/12 of the Brazilian National Health Council was used.

RESULTS

As for the characterization of the 13 professionals, the majority (08) were aged between 20 and 39 years old, 11 of whom were women and 13 self-declared as white. Among the professionals, ten are Catholic and six are single. As for the profession, they are nursing technicians (03), psychologists (03) and social workers (03), with eight professionals not specializing in mental health. Among the professionals, seven have worked in the service for less than or equal to two years and seven did not choose to work in the service.

As for the 13 users, there was a prevalence (12) of males, whites (08), Catholics (09), with incomplete primary education (08) and aged between 40 and 49 years old (05). Among them, ten are single and seven have more than one child. Regarding users’ occupation/profession, responses were diverse, with no prevalence. As for users’ income, eight receive one to two minimum wages/month. Length of follow-up at the service ranged from one month to ten years, with six having been monitored at CAPS AD for more than a year and seven attending the service at least once a week.

In categorization, PTS actions were highlighted from professionals’ and users’ perspectives. The reciprocity of perspectives of PTS actions was analyzed.

Professionals' perspective

It was found that professionals identify the following PTS actions and understand their perspectives: qualified listening comprising receptions and returns; team meetings to define assignments; co-responsibility for autonomy in treatment; individual care and collective therapeutic activities combined with pharmacological treatment for well-being; and referrals to network articulations.

According to professionals, using qualified listening, they explain CAPS AD's work by meeting free demand at CAPS, with a view to reception and returning. […] *Doing this moment of sensitive listening and checking what is needed* (P01). […] *I can build those who passed by me on a return in an initial reception* (P09). *Patients arrive, here we receive them or their family* (P12).

Team meetings take place weekly and, according to professionals' perception, consist of the multidisciplinary team discussing the cases that have undergone reception or re-accommodation, with a view to defining the team's responsibilities and treatment. [...] *at this point, we will discuss who this patient is, what they need, what we will offer, what we can offer* (P05). *In team meetings, it is discussed who will take charge, what will be defined for each patient* (P08).

Co-responsibility/autonomy in treatment was another intention captured in professionals' speech. They intend for users to become actors in PTS development, implementing it through assistance/help actions for users and their families. [...] *we often make home visits*. [...] *we call, try by phone first, then anything goes to the house...* (P09). *It* (PTS) *needs to be built between professionals, patients… we need to include the family too* (P10).

They report that individual care is carried out predominantly by psychiatrists, clinicians and psychologists. [...] *it is more aimed at psychologists and psychiatrists* (P04). [...] *where they come for psychological care or psychiatric care, or for care with a clinical doctor* (P12).

They indicated that collective therapeutic activities also constitute PTS. They include groups, tours, themed cinema sessions and commemorative date events. [...] *some groups according to possibility* (P05). [...] *today we had two films that were shown to the patients, alluding to May, the anti-asylum struggle. I think it's cinema with popcorn... talk, debate the film* (P06).

Participants understand medication as an important ally in treatment, realizing that it provides well-being to individuals. [...]*medication is also an ally, as together with the therapy it will be faster to calm down, because generally those who come frequently and take the medication are fine* (P02).

Furthermore, making referrals, from professionals' perspective, constitute PTS actions, taking into account the articulations in the care network for this user. This occurs with different levels of RAPS care and complementary services, such as primary, hospital and transitional residential care, and social assistance. *I worked with CRAS* (Social Assistance Reference Center)*, with the community leader, the guardianship council and with the family as well* (P04). *Then contact was made with the reference FHS* (Family Health Strategy), *which is close to his house* (P08). […] *patient who will be discharged from a therapeutic community.* […] *searches for hospitalization* (P09).

Users' perspective

Users identified the following PTS actions: receptions and returns; individual care and collective therapeutic activities; pharmacological treatment, which for some is uncomfortable; and referrals to network articulations.

According to users' perspective, receptions take time to occur at CAPS AD, and returns and re-accommodations occur when they have not attended the service for a period of time. […] *today I'm returning* […] *the return of someone who left a clinic* (U08). […] *delay in reception… you go there for reception* (U11).

Another action perceived by users was individual care, exemplified by psychological, medical, clinical and psychiatric care as well as guidance and support from professionals. *Psychological and psychiatric support* (U02). […] *we have good support, good guidance*. […] *she* (doctor) *asked for some tests…* (U04).

It was learned that collective therapeutic activities are another action identified by users. Among the activities, art therapy, groups, walks, gardening and physical exercise were mentioned. […] *there was a painting workshop, we went around the city, did some activities* (U07). […] *talk to colleagues (group), among friends*. […] *physical education, dealing with the garden…* (U10).

From users' perspective, pharmacological treatment is a PTS action and the drugs are easily accessible at CAPS AD. However, although some users attribute benefits to the use of medications, others experience discomfort. […] *they will give me medication to take* (U06). […] "*doped" on medication… they only gave me a handful of medications* (U08).

Furthermore, network articulations/routings were also perceived by users as a PTS action. According to reports, these occur with several network services. [...] *they referred me when I needed hospitalization* (U01). [...] *even housing, they helped me... they put me there in the inclusive residence* (U10).

Reciprocity of perspectives between users and professionals

To understand the reciprocity of perspectives between professionals and users in relation to PTS actions and their intentions, statements were organized and grouped according to the research objective (Figure 1).

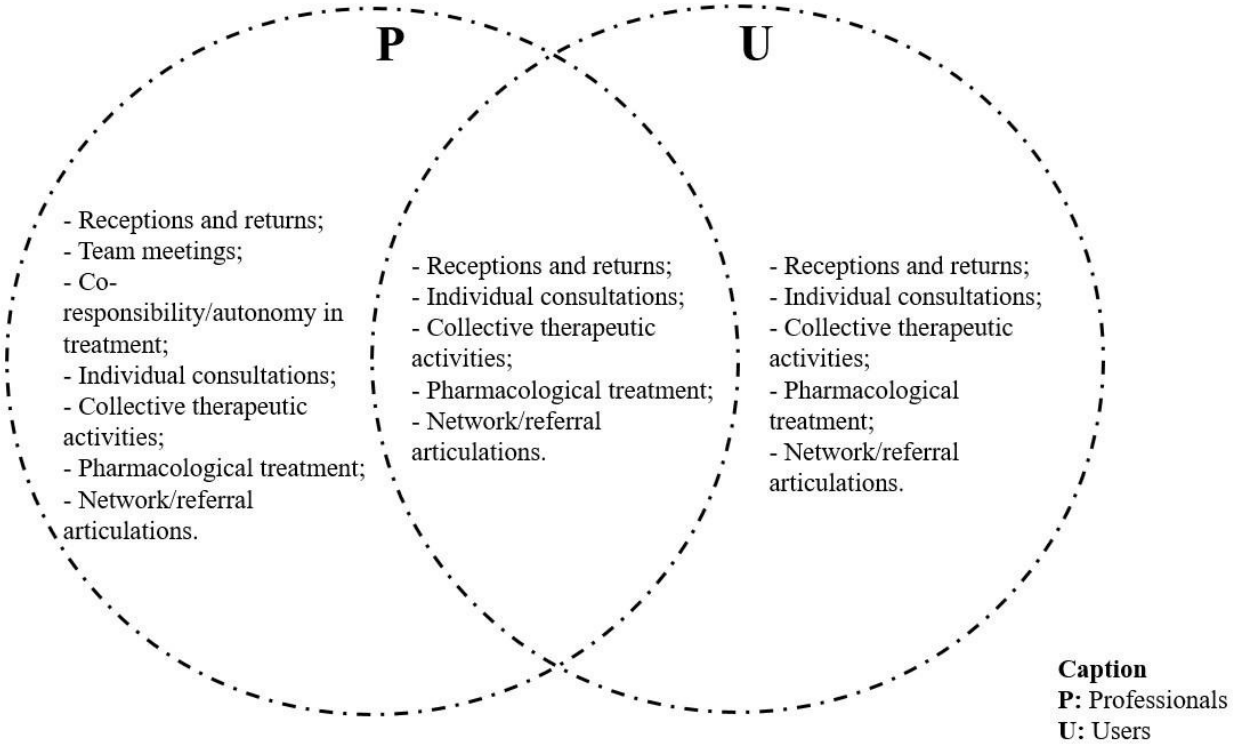

Figure 1 – Approximation between the Singular Therapeutic Project actions identified by professionals and users

It can be seen that there was a convergence of actions and intentions between professionals and users: receptions and returns; individual services; collective therapeutic activities; pharmacological treatment; and routing and network articulation. It was noticed that participants do not share the action of team meetings, since this is the responsibility of professionals. Furthermore, users do not perceive the movement of co-responsibility and/or autonomy indicated by professionals.

DISCUSSION

It is known that reception is one of the main humanizing practices of care in CAPS. It is the first action carried out with users in CAPS and is characterized as a mediating space that produces the relationship between professionals and users based on listening and accountability. In this regard, the return or reception is characterized as the repetition of the first action[21].

The experience lived individually, such as reception, is produced collectively through the social relationships that individuals establish with other people, making it possible to experience others directly or indirectly. In indirect social relationships, individuals turn to their fellow man in "guidance-by-Them". In this the "I" is not aware of the ongoing flow of the other's consciousness, but rather of their own experiences and interpretations. From them, individuals presuppose typical characteristics about their contemporary and assume that these may exist now or at another time[15]. In this way, a relationship of anonymity is established, with individuals experiencing their contemporary in an immediate, indirect and impersonal way[16]. Thus, it is understood that both professionals and users experience an indirect social relationship when they move away, but, reciprocally, they perceive the approach, through qualified listening that leads to reception, reception/returning to CAPS.

Hence, for reception, it is necessary to listen to every complaint or report from users, which does not usually have space in common clinical relationships. It is through listening that it is possible to reconstruct and respect the circumstances that led individuals to become ill, in order to understand the correlations established between what they feel and the field of life. Thus, it can be called qualified or expanded listening, when considering the complexity of individuals' experience and promoting their unique expression, favoring the identification of new/other less harmful ways of dealing with the situations they face in their life trajectory[21–22].

In line with this assumption, authors of social phenomenology[15–17,20] state that, to establish a space for listening and dialogue, face-to-face relationships become necessary. It can be said that it provides rapprochement and interaction between individuals, enabling them to delve deeper into the experiences of others, as they are experienced and understood by them. Therefore, a bridge can be built between professional and user[20].

When healthcare professionals share a common time and space with users, and are within reach of each other's direct experience, they will be able to establish a face-to-face situation. Or even, when the "you", user, coexists with professionals, temporarily in a community of space given in corporeal presence, it can be said that this "you" is part of the social world of associates[16]. Thus, when healthcare professionals receive them, they are aware of the other as a human being present in a direct social relationship. Moreover, professionals become unilaterally guided-by-You by perceiving the presence of others, recognizing and experiencing them, attributing life and consciousness to them in a shared or direct social relationship.

As the reception is users' first contact with the service, it is through it that individuals will orient themselves and define themselves, according to the scenario around them, with the world of life. This fact will affect the way they interpret situations and how they will face them in the reality in which they are inserted[15].

Individual care was another PTS action that showed convergence between professionals and users. It can be said that individualized care suggests a quality of information provided and guidance given to users by the professionals who assist them. Furthermore, it facilitates and encourages users' access to the service. However, it suggests the fragmentation of the service and the reduction of individuals to a passive biological body of health interventions, which, consequently, ends up making clinical practice biologizing[23].

However, the problem of using PAS involves social, economic and political issues that must be considered in the development of care for users, requiring inter and transdisciplinary action from the service team. These forms of teamwork in mental health are fundamental to facilitating care provision, as there is fluidity and interactivity between different areas of knowledge[13]. Furthermore, multi, inter and transdisciplinary teamwork are found in the world of everyday life. This is "[…] the terrain through which individuals can establish relationships with a view to sharing common meanings, interpretative and expressive formats" [24:77].

In the world of life, individuals use their "natural attitude" to operate. It is a stance taken in the face of objective facts that represent the conditions for their action. Their conduct, in turn, is restricted by some particular factors in the world of life that impose conditions and opportunities on them to achieve their objectives[15–16]. CAPS AD team professionals have intentions in their actions to achieve the objectives in caring for users. The actions, however, are conditioned to certain particularities of the reality of the service and work processes.

Among the collective therapeutic activities mentioned in this study and convergent, those in groups are collective spaces that promote discussion between peers and, thus, health promotion for users, becoming an effective psychosocial intervention[25]. In groups, it is important to have moments of listening, sharing life experiences and empathy and reflection among its members. Thus, they are a powerful tool for working on users' subjectivity due to the bond formed between members. It is considered that social interaction provides well-being, quality of life and reflections to individuals about their suffering and life experiences[25–26].

Pharmacological treatment was another PTS action from professionals' and users' perspectives. Professionals understand medications as important allies in treatment, as they provide well-being to individuals. However, some users attributed biopsychosocial benefits to the use of medications and others attributed discomfort. The exaggerated use of psychotropic drugs is part of a hegemonic and biologizing idea in psychological distress care. This can bring benefits to people, but it can also be linked to a need to establish control, silencing and isolation strategies. It is important to think that this therapy must be combined with other care strategies, where people are considered beyond their biological dimension[27].

When prescribing medications to users, professionals reveal intentional expectations regarding users' treatment/care. In this regard, it is stated that every action is guided by a final objective, an intention. However, it does not mean that the steps to reach there are clear, concrete and distinct for individuals. It is worth pointing out that, during the action, initial planning can be reevaluated and, if necessary, another/new planning will take its place. Thus, it is worth paying attention to intentional expectations and the moment in which they disappear from the field of perception, which are covered by other objectives or by predictions that did not come true[28].

Furthermore, network articulations mediated by referrals were another convergent action between professionals and users. Several RAPS services and complementary services participate in these actions, sharing the care to be provided to users. Shared care comprises the interdisciplinary and intersectoral notion in health to promote comprehensive and equitable care for users. Working with territorial and community-based services provides an opportunity to be closer to the reality experienced by individuals and, thus, to their unique history[12].

Thus, it is observed in this study that reciprocal understanding, related to PTS actions, both from professionals' and users' perspectives, permeates a care that is consistent with Psychiatric Reform principles when talking about the importance of reception, group work and articulation with RAPS. Furthermore, it points out perspectives that lead us to care based on the idea of medication and centrality of care in CAPS AD.

The results of this study draw attention to users' perception of PTS, as they do not address their leading role, autonomy and co-responsibility in planning the actions mentioned by professionals in their statements. A study carried out in a CAPS points out the main mechanisms for promoting user leading role, namely: creative communication, through language; close communication; and networking, focused on territorial actions. Therefore, it is possible to build horizontal care relationships and discuss with users leading care and articulate means of social inclusion with the network, promoting autonomy and citizenship to individuals[29–30].

As for limitations, there is geographic and punctual delimitation in CAPS AD. However, the study may involve more teams and services that rely on the PTS instrument in their work processes, in order to problematize the complexity of PTS actions and enhance forms of care.

CONCLUSION

The identification of PTS actions, both by the CAPS AD team and by users, was limited to the principles of BPR and are aimed at centralized and medicinal care. It was noticed that participants do not converge on drug treatment intentionality and users do not perceive the movement of co-responsibility and/or autonomy indicated by professionals, minimizing the power of users' empowerment in the face of the instrument.

The study shows the need for the CAPS AD team to develop the PTS in a more shared way with users, with a view to promoting leading role, autonomy and co-responsibility for actions. Furthermore, it is necessary to broaden our perspective on PTS actions, based on subjectivity, the approach to family and society, the occupation of public spaces, (re)insertion and social rehabilitation through work, education, leisure, housing and rights as a citizen.

Thus, the findings of this research contribute to identifying important challenges in mental health. This encourages reflection on the implementation of expanded care in the assistance provided by CAPS AD teams in a psychosocial rehabilitation scenario as well as for mental health teaching in the context of BPR and advances in the construction of new research on the subject.

REFERENCES

1. Pan American Health Organization (PAHO). The Burden of Drug Use Disorders [Internet]. 2021 [cited 2024 Apr 20]. Available from: https://www.paho.org/en/enlace/burden-drug-use-disorders
2. Nawi AM, Ismail R, Ibrahim F, Hassan MR, Manaf MRA, Amit N, et al. Risk and protective factors of drug abuse among adolescents: A systematic review. BMC Public Health [Internet]. 2021 [cited 2024 Apr 20];21(2088):1-15. Available from: https://doi.org/10.1186/s12889-021-11906-2
3. Ignaszewski MJ. The Epidemiology of Drug Abuse. J Clin Pharmacol [Internet]. 2021 [cited 2024 Abr 20];61(s2):10-7. Available from: https://doi.org/10.1002/jcph.1937. PMID: 34396554
4. Substance Abuse and Mental Health Services Administration (SAMHSA). Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health [Internet]. 2020 [cited 2024 Apr 20]; Available from: https://store.samhsa.gov/product/results-2019-national-survey-drug-use-and-health-nsduh-key-substance-use-and-mental-health

5. Tatmasu DIB, Siqueira CE, Del Prette ZAP. Public policies for drug abuse prevention in Brazil and the United States. Cad Saúde Pública [Internet]. 2020 [cited 2024 Apr 18];36(1):1-13. Available from: https://doi.org/10.1590/0102-311X00040218

6. Ribeiro FML, Minayo MCS. Cambios en la política de drogas brasileña: avance de la lógica de justicia sobre la salud. Cultura y Droga [Internet]. 2020 [cited 2024 Apr 18];25(29):17-39. Available from: https://doi.org/10.17151/culdr.2020.25.29.2

7. Prudencio JDL, Senna MCM. Política de atenção integral aos usuários de álcool e outras drogas: retrocessos nas concepções, desenho e financiamento. Rev Em Pauta [Internet]. 2022 [cited 2024 Apr 18];20(49):159-73. Available from: https://doi.org/10.12957/rep.2022.63449

8. Cardoso AMR, Albuquerque A. O modelo de assistência à saúde mental das pessoas em uso problemático de drogas: uma reflexão sob a ótica dos Direitos Humanos dos pacientes. Cad Ibero-Amer Dir Sanit [Internet]. 2020 [cited 2023 Nov 23];9(4):135-55. Available from: https://doi.org/10.17566/ciads.v9i4.611

9. Martins MER, Buchele F, Bolsoni CC. Uma revisão bibliográfica sobre as estratégias de construção da autonomia nos serviços públicos brasileiros de atenção em saúde a usuários de drogas. Cad Saúde Pública [Internet]. 2021 [cited 2024 Apr 19];37(8):1-18. Available from: https://doi.org/10.1590/0102-311X00358820

10. Delgado PG. Reforma psiquiátrica: estratégias para resistir ao desmonte. Trab Educ Saúde [Internet]. 2019 [cited 2024 Apr 21];17(2):1-4. Available from: https://doi.org/10.1590/1981-7746-sol00212

11. Duarte MVG, Barros GS, Cabral BEB. Uso de drogas e cuidado ofertado na Raps: o que pensa quem usa? Saúde Debate [Internet]. 2021 [cited 2024 Apr 20];44(127):1151-63. Available from: https://doi.org/10.1590/0103-1104202012715

12. Baptista JÁ, Camatta MW, Filippon PG, Schneider JF. Projeto Terapêutico Singular na Saúde Mental: uma revisão integrativa. Rev Bras Enferm [Internet]. 2020 [cited 2023 Nov 23];73(2):1-10. Available from: https://doi.org/10.1590/0034-7167-2018-0508

13. Zubiaurre PM, Wasum FD, Tisott ZL, Barroso TMDA, Oliveira MAF, Siqueira DF. O desenvolvimento do Projeto Terapêutico Singular na saúde mental: revisão integrativa. Arq Ciências Saúde Unipar [Internet]. 2023 [cited 2023 Nov 23];27(6):2788-804. Available from: https://doi.org/10.25110/arqsaude.v27i6.2023-041

14. Silva NS, Sousa JM, Nunes FC, Farinha MG, Bezerra ALQ. Desafios na operacionalização dos Projetos Terapêuticos Singulares nos Centros de Atenção Psicossocial. Psicol Estud [Internet]. 2020 [cited 2023 Nov 23];25:1-15. Available from: https://doi.org/10.4025/psicolestud.v25i0.49996

15. Schütz A. Sobre fenomenologia e relações sociais – Alfred Schütz. Petrópolis, RJ(BR): Vozes; 2012.

16. Schütz A. A construção significativa do mundo social: uma introdução à sociologia compreensiva. Petrópolis, RJ(BR): Vozes; 2018.

17. Zeferino MT, Carraro TE. Alfred Schütz: do referencial teórico-filosófico aos princípios metodológicos de pesquisa fenomenológica. Texto Contexto Enferm [Internet]. 2013 [cited 2023 Nov 24];22(3):826-34. Available from: https://doi.org/10.1590/S0104-07072013000300032

18. Crusoé NMC, Santos EM. Fenomenologia Sociológica de Alfred Schütz: contribuições para a investigação qualitativa em prática educativa. Rev Tempos Espaços Educ [Internet]. 2020 [cited 2023 Nov 24];13(32):1-15. Available from: https://doi.org/10.20952/revtee.v13i32.13274

19. Campos CJG, Saidel MGB. Amostragem em investigações qualitativas: conceitos e aplicações ao campo da saúde. Rev Pesq Qualit São Paulo [Internet]. 2022 [cited 2023 Nov 24];10(25):404-424. Available from: https://doi.org/10.33361/RPQ.2022.v.10.n.25.545

20. Guerrero-Castañeda RF, Menezes TMO, Ojeda-Vargas MG. Características de la entrevista fenomenológica en investigación en enfermería. Rev Gaúcha Enferm [Internet]. 2017 [cited 2023 Nov 24];38(2):1-5. Available from: https://doi.org/10.1590/1983-1447.2017.02.67458

21. Silva AD, Peres MAA. Acolhimento como tecnologia do cuidado emancipatório em Centros de Atenção Psicossocial. Rev Enferm UERJ [Internet]. 2021 [cited 2023 Dec 01];29:e62626. Available from: https://doi.org/10.12957/reuerj.2021.62626

22. Santos AB. Escuta qualificada como ferramenta de humanização do cuidado em saúde mental na Atenção Básica. APS Rev [Internet]. 2019 [cited 2024 Apr 21];1(2):170-9. Available from: https://apsemrevista.org/aps/article/view/23/22

23. Nacamura PAB, Salci MA, Coimbra VCC, Jaques AE, Piratelli Filho MB, Pini JS, et al. Avaliação de quarta geração em Centro de Atenção Psicossocial Álcool e Drogas. Esc Anna Nery [Internet]. 2022 (cited 2024 Apr 21);26:e20210302. Available from: https://doi.org/10.1590/2177-9465-EAN-2021-0302

24. Lelo TV, Caminhas LRP. Alfred Schütz e a Comunicação: contribuições epistemológicas e conceituais para o estudo das interações sociais. Novos Olhares [Internet]. 2013 [cited 2023 Nov 24];2(2):72-81. Available from: https://doi.org/10.11606/issn.2238-7714.no.2013.69829

25. Brunozi NA, Souza SS, Sampaio CR, Maier SRO, Silva LCV, Sudré GA. Grupo terapêutico em saúde mental: percepção de usuários na atenção básica. Rev Gaúcha Enferm [Internet]. 2019 [cited 2023 Dec 01];40:e20190008. Available from: https://doi.org/10.1590/1983-1447.2019.20190008

26. Sousa JM, Farinha MG, Silva NS, Caixeta CC, Lucchese R, Esperidião E. Potencialidades das intervenções grupais em Centros de Atenção Psicossocial Álcool e Drogas. Esc Anna Nery [Internet]. 2022 [cited 2023 Dec 06];26:e20210294. Available from: https://doi.org/10.1590/2177-9465-EAN-2021-0294

27. Oliveira J, Cavalcanti F, Ericson S. Medicalização da subjetividade e fetichismo psicofármaco: uma análise dos fundamentos. Saúde Soc [Internet]. 2024 [cited 2024 Apr 21];33(1):1-13. Available from: https://doi.org/10.1590/S0104-12902024220833pt

28. Silva NS, Lima MG, Ruas CM. Uso de medicamentos nos Centros de Atenção Psicossocial: análise das prescrições e perfil dos usuários em diferentes modalidades do serviço. Ciênc Saúde Coletiva [Internet]. 2020 [cited 2023 Dec 06];25(7):2871-82. Available from: https://doi.org/10.1590/1413-81232020257.23102018

29. Bossato HR, Oliveira RMPD, Dutra VFD, Loyola CMD. A enfermagem e o protagonismo do usuário no CAPS: um estudo na perspectiva construcionista. Rev Gaúcha Enferm [Internet]. 2020 [cited 2024 Apr 21];42(Spec):1-9. Available from: https://doi.org/10.1590/1983-1447.2021.20200082

30. Lavezzo BDO, Horr JF, Micheli DD, Silva EAD, Reichert RA. Atenção psicossocial a usuários de álcool e outras drogas: um estudo dos profissionais de um município sul-brasileiro. Trab Educ Saúde [Internet]. 2023 [cited 2024 Apr 21];21:1-17. Available from: https://doi.org/10.1590/1981-7746-ojs2128

NOTES

ORIGIN OF THE ARTICLE

Article extracted from the dissertation – "*Projeto Terapêutico Singular: perspectivas de usuários e profissionais de um Centro de Atenção Psicossocial*", presented to the Graduate Program in Nursing, *Universidade Federal de Santa Maria*, in 2024.

CONTRIBUTION OF AUTHORITY

Study design: Zubiaurre PM, Wasum FD, Siqueira DF, Tisott ZL.
Data collection: Zubiaurre PM.
Data analysis and interpretation: Zubiaurre PM, Siqueira DF, Tisott ZL.
Discussion of results: Zubiaurre PM.
Content writing and/or critical review: Oliveira MAF, Barroso TMMA, Padoin SMM.
Review and final approval of the final version: Siqueira DF, Tisott ZL.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research of the *Universidade Federal de Santa Maria*, Opinion 5.955.706, Certificate of Presentation for Ethical Consideration 67681323.9.0000.5346/2023.

CONFLICT OF INTEREST

There is no conflict of interest.

EDITORS

TRANSLATED BY

Letícia Belasco.

HISTORICAL

Received: February 29, 2024.
Approved: May 02, 2024.

CORRESPONDING AUTHOR

Priscila de Melo Zubiaurre.
zubiaurrepriscila@gmail.com