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PSYCHOSOCIAL REHABILITATION IN ASSISTED HOUSING IN BRAZIL AND PORTUGAL

Antonio José de Almeida Filho[1], *Paulo Joaquim Pina Queirós*[2], *Manuel Alves Rodrigues*[3]

[1] Ph.D. in Nursing. Lecturer of the *Escola de Enfermagem Anna Nery da Universidade Federal do Rio de Janeiro*. Rio de Janeiro, Brazil. E-mail: ajafilhos@gmail.com
[2] Ph.D. in Psychological Development and Intervention. Professor of the *Escola Superior de Enfermagem de Coimbra* (ESEnfC). Coimbra. Portugal. E-mail: pauloqueiros@esenfc.pt
[3] Ph.D. with Aggregation. Professor of the ESEnfC. Coimbra. Portugal. E-mail: demar7@gmail.com

ABSTRACT: The purpose of this research is to discuss how the Therapeutic Housing for service users with mental disorders in the municipalities of Miranda do Corvo (Portugal) and Volta Redonda (Brazil) contributes to the psychosocial rehabilitation of people with psychological problems. The study has a historical perspective and its sources were laws, resolutions and official reports, and statements from nurses, psychologists and social workers. It was verified that although in both municipalities the intention is the deinstitutionalization of people with psychological distress, in Miranda do Corvo (Portugal) the financial and administrative management is the responsibility of a foundation, while in Volta Redonda (Brazil), this management is under the auspices of the municipal executive department. Furthermore, it was noted that in Miranda do Corvo, disciplinary rules were adopted due to the excessive number of service users. It is concluded that the economic crisis in Portugal hindered the Therapeutic Houses expansion policy as it resulted in a number of users that does not allow more individualized intervention.

DESCRIPTORS: Mental health. Rehabilitation. Assisted living facilities. Psychiatric nursing. History of nursing.

REABILITAÇÃO PSICOSSOCIAL EM MORADIAS ASSISTIDAS NO BRASIL E EM PORTUGAL

RESUMO: O objetivo desta pesquisa é discutir como as Moradias Terapêuticas para usuários com transtorno mental, nos municípios de Miranda do Corvo-Portugal e de Volta Redonda-Brasil contribuem com o processo de reabilitação psicossocial das pessoas com sofrimento psíquico. Estudo de perspectiva histórica, cujas fontes foram leis, resoluções e relatórios oficiais e depoimentos de enfermeiros, psicólogos e assistentes sociais. Constatou-se que, embora em ambos os municípios a intenção seja a desinstitucionalização das pessoas com sofrimento psíquico, em Miranda do Corvo-Portugal a gestão financeira e administrativa é de responsabilidade de uma Fundação e, em Volta Redonda-Brasil, essa gestão fica sob os auspícios do poder executivo municipal, além de se observar em Miranda do Corvo a adoção de normas disciplinares em função no excesso de usuários. Conclui-se que a crise econômica em Portugal interferiu na política de expansão de Moradias Terapêuticas para uma quantidade de usuários que não permite intervenção mais individualizada.

DESCRITORES: Saúde mental. Reabilitação. Moradias assistidas. Enfermagem psiquiátrica. História da enfermagem.

LA REHABILITACIÓN PSICOSOCIAL EN LA VIVIENDA ASISTIDA EN BRASIL Y PORTUGAL

RESUMEN: El objetivo de esta investigación es analizar cómo las Casas Terapéuticas para los usuarios con trastornos mentales en los municipios de Miranda do Corvo-Portugal y Volta Redonda-Brasil contribuyen a la rehabilitación psicosocial de las personas con sufrimiento mental. Estudio de perspectiva histórica, cuyas fuentes históricas fueron leyes, resoluciones e informes oficiales y declaraciones de enfermeras, psicólogos y trabajadores sociales. Se encontró que en ambos municipios la intención es la desinstitucionalización de las personas con sufrimiento mental, en Miranda do Corvo-Portugal la gestión financiera y administrativa es responsabilidad de una fundación y, en Volta Redonda-Brasil esta gestión es auspiciada por el ejecutivo municipal, además de observar en Miranda del Corvo-Portugal la adopción de medidas disciplinarias en función de exceso de los usuarios. Se concluye que la crisis económica en Portugal ha interferido con la política de expansión de las Casas Terapéuticas en cuanto al número de usuarios que no permite la intervención más individualizada.

DESCRIPTORES: Salud mental. Rehabilitación. Instituciones de vida asistida. Enfermería psiquiátrica. Historia de la enfermería.

INTRODUCTION

Mental illness has come to be highlighted and be considered of interest for research since the end of the 19th century, with emphasis on the psychiatric institutions for treating and/or isolating the person with some form of psychiatric disturbance. There was a significant increase in these institutions in different continents, including Europe, where there predominated the discourse of the social withdrawal of those in asylums, for the undertaking of appropriate treatment and the protection of the population from any peculiarity intrinsic to these persons. As a result of this, the psychiatric hospitals were, in a certain way, seen as a solution for madness, although this treatment proposal was also, from its beginning, the target of criticism.[1]

In opposition to this treatment, which isolated those who live with psychiatric illness, there began and expanded, in various countries and continents, a set of political, social, cultural, administrative and legal initiatives, which aimed to transform society's relationship with the person with psychological illness. These actions, known as the Psychiatric Reform, are a complex process which has as its challenge to reconfigure the social practices, taking into account a new perspective on the person with mental illness. The Reform covers, therefore, a number of issues, ranging from transformations in the medical-psychiatric institution and knowledge through to the social practices of interaction with these people.[2]

In this context, both in Portugal and Brazil, legal measures have been approved, although at different times, so as to address the forming of a support network necessary for the process of dehospitalization, deinstitutionalization, and psychosocial rehabilitation of those with psychological problems. As a result, in both these countries, Therapeutic Housing was adopted as an extra-hospital measure important in the process of psychological rehabilitation and restoration of citizenship*, with its own characteristics and challenges.

This study is justified as it allows one to learn more regarding the development of the Psychiatric Reform in Portugal and Brazil, and, through this, to understand more regarding the care network subsequent to the creation of the extra-hospital measures in mental health in the two countries, with emphasis on Therapeutic Housing. In addition to this, this study contributes to greater understanding of historical phenomena regarding the expansion of actions for better attending the needs of those with psychological illnesses.

The present investigation's objectives are as follows: to discuss how Therapeutic Housing for those with mental illness, in the municipalities of Miranda do Corvo (in the District of Coimbra, Portugal) and Volta Redonda (in the State of Rio de Janeiro, Brazil) have contributed to the process of psychosocial rehabilitation of people with psychological illness. The term "Therapeutic Housing" was adopted in this study in place of "Therapeutic Residences" as it was considered to be more easily understood by readers.

METHODOLOGY

This is qualitative research with a historical perspective, as it allows the reaffirmation of the principle that, in history, all approaches are based in the social context and are interlinked, with the aim of formulating problems regarding the collective actors, involving the relationships and the behavior between the various social groups, with emphasis, also, on the social dynamic.[3]

The primary sources were made up of written documents such as laws, decrees and reports, directly related to the issue, in both countries, and available on official pages online. In addition, interviews were held with four professionals who participated in the process of creating and implanting Therapeutic Housing for people with psychological illness in the municipality of Volta Redonda (in the southern region of the State of Rio de Janeiro in Brazil), which has 87,366 inhabitants and covers an area of 182,483 Km². These professionals were two nurses, one psychologist, and one social worker.

Interviews were also held with four professionals – all linked to the three Therapeutic Housing sites administered by the Care, Development and Professional Training Foundation (ADFP Foundation), in the municipality of Miranda do Corvo (in the District of Coimbra, Portugal), which has a population of 7147 inhabitants and covers a geographical area of 46.61 Km². The Portuguese professionals interviewed were one nurse, two psychologists,

* Restoring citizenship in the sense of ensuring their human rights. Translator's note.

and one social worker. The municipalities of Volta Redonda (Brazil) and Miranda do Corvo (Portugal) will be the scenarios of this study.

A semistructured script was used, and the accounts were transcribed in full. In order to ensure the anonymity of the people interviewed, regarding the housing in the municipality of Miranda do Corvo (Portugal), the letter W was adopted, for 'witness', followed by ordinal numbers in ascending order; hence, the study's first witness was identified as W1 and so on through to W4. For the witnesses linked to the housing in the municipality of Volta Redonda (Brazil), the four witnesses were also identified using W, followed by ordinal numbers in ascending order from W5 through to W8.

The analysis involved repeated readings of the documentary corpus, following which the findings were organized, classified, and contextualized in consonance with the historic method. The support of the literature regarding the Psychiatric Reform, dehospitalization, deinstitutionalization and psychosocial rehabilitation – important in care for the person with a psychological illness – allowed the construction of a version relating to the participation of the nurse in the structure and functioning of the Therapeutic Housing for people with mental illnesses in the municipality of Volta Redonda (Brazil), as well as the participation of the health professionals in the residential units in Miranda do Corvo (Portugal).

The secondary sources were made up of articles indexed in the SciELO electronic library, other international indexation bases, and in the books which addressed psychiatric care and psychiatric nursing.

It is valid to communicate that this project was approved in the Research Ethics Committees of the *Escola de Enfermagem Anna Nery*, of the *Universidade Federal do Rio de Janeiro* (São Francisco de Assis Teaching Hospital) under Protocol N. 015/2011 and of the *Unidade Investigação em Ciências da Saúde: Enfermagem: Escola Superior de Enfermagem de Coimbra*, under Protocol N. 226/10-2014.

RESULTS AND DISCUSSION

Therapeutic Housing in the municipality of Miranda do Corvo, District of Coimbra, Portugal

In Portugal, the organization and management of the mental health services has undergone an evolution resembling that of the other European countries, above all in recent decades. The trajectory of public policies for mental health in Portugal ranges from centralization in the psychiatric hospitals, passing through the integration with primary health care, through to the establishment of the current model, based in the principles of community psychiatry, in which the care is promoted prioritarily at the community level, and the local services constitute the base of the mental health system.[4]

Despite some movements in the opposite direction having taken place in Portugal, above all up to the first half of the decade of the 1990s, the publication of Law N. 36/98 and of Decree-Law N. 35/99 aimed for the recovery of the conceptual principles regarding the organization of mental health services common to the other countries of the European Union. As a result, there were advances in the decentralization of the services network, in the articulation with primary care, and with the structured development of some psychosocial rehabilitation programs.[4] At this point, Decree-Law N. 35/99 mentions the residential units, as a possibility for the psychosocial rehabilitation and restoration of citizenship of people with psychiatric illness.[5]

The National Mental Health Plan 2007-2016 clarifies regarding which organs can be structured with the health units which provide home support in the area of mental health. This Plan, however, does not clarify much apart from this.[6] Only with the approval of decree N. 149/2011, involving the Ministry of Labor and Social Solidarity and the Ministry of Health, was more detail given regarding how these residences were to function, with these being classified according to the degree of autonomy of those using them.[7]

It is in this context that the municipality of Miranda do Corvo (Portugal) has three Therapeutic Housing sites, named Tolerance Residence, Equality Residence, and Hope Residence; one is a single-storey building, while the others have more than one storey. All have support for physical and organizational structure in the municipality itself, which we shall term, in this study, the Space for Residential Support, to facilitate readers' understanding. It is in this space that most of the activities undertaken by the people with psychological illness, linked to each housing site, are concentrated (Figure 1).

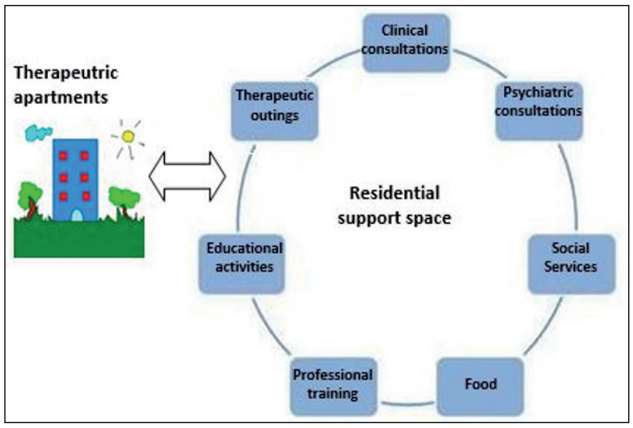

Figure 1 - Therapeutic Housing and the support network in the municipality of Miranda do Corvo, Coimbra, Portugal

The management of the housing takes place through a Foundation, in line with the following account: *all the housing is administered by the ADFP Foundation* [Care, Development and Professional Training]. *This is a non-profit-making Private Institution of Social Solidarity* [IPSS], *with a public use status, set up in November 1987 and based in Miranda do Corvo. The financial maintenance of the Therapeutic Housing belonging to the ADFP Foundation has resources for investing from the Foundation itself, such as the Biological Park, Vineyards, Restaurant and others, besides resources from the Ministry of Health, and Private Institutions of Social Solidarity, and the Coimbra University Hospital Center* [CHUC], *in accordance with the established protocol* (W1).

The Therapeutic Housing in Miranda do Corvo (Portugal) is made up of two buildings for service users with greater autonomy, and one single-storey house for service users with greater psychological compromise due to long periods of hospitalization and, therefore, whose autonomy is significantly reduced: *the Residences* [Housing] *are apartments in buildings rented by the Foundation, close to the Foundation's headquarters, where the service users remain at night, and during the day they go out for activities here in the Foundation itself* [the Residential Support Space], *or in the town itself, and, sometimes, outside the town. They come back only at night* (W2); [...] *There is also the Equality Residence which is at ground level* [ground floor], *which is for service users with a greater degree of dependency, requiring assistance for nearly all activities* (W3).

The three Therapeutic Housing sites were inaugurated in 2004, and their functioning anteceded the signing of a protocol defining the responsibilities of each one of the parties involved, this including the financial resources. In this regard, the protocol agreed with the Tolerance Housing site characterized it as a Supported Living Unit and involved the ADFP Foundation, the Psychiatric Clinic of the University of Coimbra, and the Social Services. For the Equality and Hope housing sites, the protocol involved the ADFP Foundation and the Coimbra University Hospital Center, when it involved the closure of the old psychiatric hospitals, namely, the Lorvão Psychiatric Hospital and the Arnes Psychiatric and Recuperation Center.[8]

Regarding the degree of autonomy of the Housing's users, the Tolerance Residence is for those with a greater degree of autonomy, able to undertake self-care activities and participate in professional training programs, and is for both sexes. The Equality Residence is for both sexes, and is also for those whose autonomy is highly compromised and who therefore require assistance in order to undertake activities of hygiene, eating and drinking, medication and others. The Hope Residence, on the other hand, exclusively for male users, takes those with a greater degree of autonomy, who are able to use public transport, undertake self-care activities and participate in professional training programs. *If someone is in the apartment* [in the Tolerance Residence] *it's because he can carry out activities decided with him* [the service user]*: carrying out his own hygiene, preparing his own meals, getting dressed without help and getting organized to go out for the scheduled activities, recreational activities, professional training, and others* (W1)*;* [...] *In the Hope Residence, on the other hand, there are those with severe compromising of their autonomy, who need assistance of all sorts, for eating, hygiene* (W4).

Regarding the availability for users per Housing unit, these differ between themselves, in line with the following accounts: [...] *The Tolerance Residence has 21 users, in a building with five apartments, each with three rooms; the Equality Residence has 20 users, in a house with seven rooms; and the Hope Residence has 49 users in eight apartments, ranging from 2 to 3 rooms. The Equality and Hope Residences take a maximum of three users per room, while the Tolerance Residence takes a maximum of two* (W4).

The three Housing sites have available one nurse and a minimum of two assistants throughout the period in which the users are present. In addition to this, the three Therapeutic Housing sites have available a Residential Support Space, where

the clinical and psychiatric medical consultations take place, weekly; psychological care and care from the social services, as and when necessary; recreational activities with appropriate staff, physical education activities, planning for therapeutic outings, and others.

Stigma was also emphasized, above all when the first 80 service users with psychological problems arrived in the municipality. At that time, the theme which predominated in the social environments among the city's inhabitants was as follows: *yes, this happened* [stigma], *but it was when the first eighty service users arrived. We ourselves* [the workers] *had never worked in this area. We had knowledge regarding mental illness, but that is different from knowing about them* [the service users] *and working with them* (W3); [...] *The neighbors* [other residents of the same building] *contacted the City Council so they wouldn't allow the service users to move into the apartments. The population was scared of aggression, of the unknown* (W2).

The person with a psychological illness has an undesirable characteristic resulting from the psychiatric condition. This condition can lead to consequences which hinder the person's resocialization, the more so when one considers that this person is, not infrequently, rejected and disqualified before society.[9] Society establishes a division of people into categories and, based on that, they are identified by the characteristics which are common to each category's members. Hence, a social identity is also established for the person with a psychological illness, although in this case an inhuman logic is evidenced in the social relationships.[10]

Another aspect reported by one witness is that there was a routine to be followed, with times established for meals: for hygiene; for leaving and returning to the Housing, apart from at weekends; for smoking tobacco; and a routine for breakfast, by groups, with the purpose of allowing the supervision of the taking of the medications prescribed. Although the residents were not restricted to the internal space of the Therapeutic Housing, they were subject to control at various points. [...] *The users who go out during the day leave the apartment at eight in the morning and cannot go back until the end of the day, the apartments are locked. This is a necessary routine because some users would go back during the day to sleep* [...]. *For breakfast, the service users are organized in groups of 15. This was necessary so that we would be able to supervise the use of the medications. It would be impossible to monitor the taking of the medications with the fifty service users there at the same time. This supervision is undertaken by the nurse and the assistants* (W2).

The defining of rules, with defined times, without negotiation taking into account the specific characteristics of each service user, such as the impossibility of returning to the housing before night, supervision of groups for breakfast, due to the therapy prescribed, and a specified time for smoking, are similar to the institutionalizing routine of the person with psychological illness. Many of these specified rules occur as a result of the excessive number of service users for the Therapeutic Housing in the municipality of Miranda do Corvo (Portugal). Situations such as these result in the technical team planning the activities so as to meet the clinical needs posed by the illness; the maintenance of basic needs, such as eating, sleeping and living; while the other activities, important in recovering relationships and construction of a new life project for the service users, may not be prioritized.[11]

The rules implemented in the housing sites need to be flexible and take into account the specific characteristics of each person with psychological illness, as it is only in this way that one will be, effectively, deinstitutionalizing the service users with psychological illness and moving towards their psychosocial rehabilitation. Even for those people with severe mental illness, holistic care consists of going beyond pharmacological treatment. It is necessary to ensure access to a broad range of psychosocial services, regarding which caution is necessary in applying rules and standardization to the care. Numerous initiatives carried out in North America and internationally have promoted the generalized adoption of such services.[12-13]

It would also be necessary to invest in actions for the development of the social competencies of those using the Therapeutic Housing, so as to broaden their universe of social activities and, in this way, also to increase their degree of autonomy in the territory in which they live. This condition would translate into important attitudes for the group's psychosocial rehabilitation; however, it is not yet possible due to the severe economic crisis affecting Portugal. *One would have to develop training in social competencies, this doesn't happen because of the lack of financial resources, that is to say, it's not possible to encourage the service user to make their bed, make their*

own breakfast, have lunch, carry out their own hygiene, among other things (W2).

These attitudes are part of the therapy proposed, as the treatment's main objective must be that of promoting enrichment of the repertoire of the service user's skills and social behaviors, as creating measures which substitute the asylums does not in itself entail a substitution of the culture, concepts and practices which gave rise to, and consolidated, traditional psychiatry.[15] As a result, the asylum will only truly be closed down when the basis of the traditional psychiatric paradigm has been dismantled in the way of thinking and acting of those professionals who work directly with the service users. This is only possible when the professional is willing to reconfigure her knowledges, practices and values, with a view to broadening the autonomy of the person with a psychological illness, rejecting the culture of excluding madness.

Besides this, if social cohesion and social solidarity in the neighborhoods where they live are important for the mental health of people who do not present psychiatric disturbances, we understand that these variables are also fundamental for the psychosocial rehabilitation of people with psychological illness. It is as a result of this that it is necessary to value external activities outside the Therapeutic Housing and actions combating social stigma directed against this group.[14]

In the municipality of Miranda do Corvo (Portugal), we perceive that the psychosocial care network takes place, fundamentally, in the ambit of the ADFP Foundation, with some insertions in the territory. This care is, in many aspects, hindered by the important financial crisis being experienced by Portugal, which limits investments in acquiring more Therapeutic Housing, more professionals and other extra-hospital institutions so as to broaden the psychosocial care network to people with psychological illness, which would make it possible to provide more individualized care in the Therapeutic Housing and other services of this network.

Therapeutic Housing in the municipality of Volta Redonda, State of Rio de Janeiro, Brazil

In Brazil, the Psychiatric Reform process appeared at the end of the 1970s, in a context in which the crisis in the model of care, centered on the psychiatric hospital, was demonstrated. However, it was only in 1989 that a Draft Law, proposed the regulation of the rights of people with mental illnesses, and the progressive extinguishment of asylums in Brazil. Its passage through the National Congress took over a decade before Law N. 10,216 was promulgated on 6th April 2001. Under this Law, only people in acute crises would be placed in psychiatric hospitals, while all others were to receive alternative treatment and remain with their families, treatment being undertaken prioritarily in community services.[16] Based on this, there are two simultaneous movements: the construction of a mental health care network, substituting the model centered on hospitalization; and the inspection and progressive and planned reduction in the number of psychiatric beds currently in existence. In this way, the Brazilian Psychiatric Reform was characterized as official policy of the Federal Government.[17]

Among the measures which make up the mental health care network in order to ensure holistic care for service users with psychological illnesses, one has the Therapeutic Housing, articulated with other measures of the extra-hospital care network, such as: reserved bed spaces in General Hospitals; the Family Health Strategy (ESF); Residents' Associations; Day Centers; Integrated Healthcare Centers (CAIS); and the Psychosocial Care Centers (CAPS), which are outpatient attendance units for people receiving therapeutic treatment of different natures: abusive use of drugs, alcoholism and mental illnesses.[18]

It is in this context, in 2009, as a result of the closure of the Volta Redonda Health Center, the only psychiatric institution provided under the Unified Health System (SUS) in the municipality of Volta Redonda (Brazil), the Therapeutic Housing was implanted, as an alternative for living for service users with mental illnesses.[9] The implantation of these Housing units was only possible because the other elements of the psychosocial care network were already functioning (Figure 2). This network of psychosocial care is important as it invests in the possibility of the service users' social insertion and the recovery of their citizenship, in addition to the opportunity to closen the contact with those citizens who see mental illness as a threat.

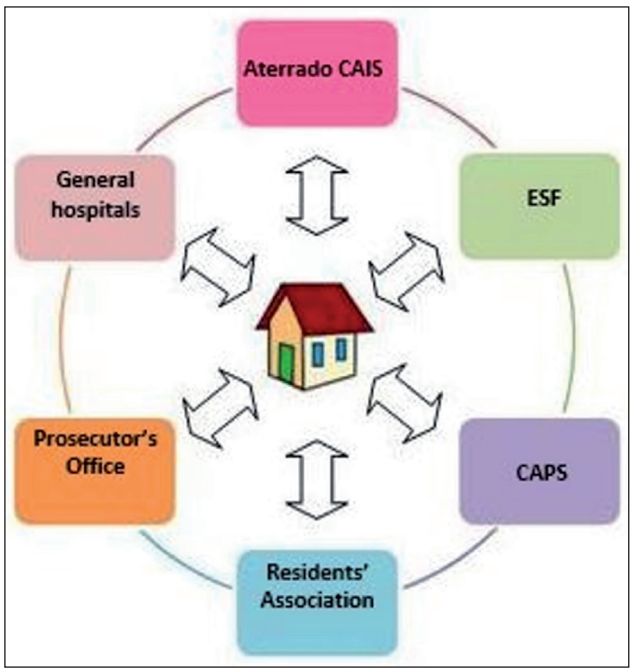

Figure 2 - Therapeutic Housing and the support network in Volta Redonda, Rio de Janeiro, Brazil

The professionals involved in the process of implanting the Therapeutic Housing managed to rent three houses. It is possible to observe that there was concern on the part of the professionals regarding the location and structure of the buildings, as they sought to meet the stipulations in Ministerial Ordinance N. 106/2000,[19] ensuring the houses' proximity to other spaces of social exchange, which contributes to service users' effective social reinsertion, and favors their psychosocial rehabilitation.

The Therapeutic Housing received 28 users, distributed as follows: one house with 10 users and the other two with nine users each, while the stipulation of Decree N. 106/2000 was that capacity should vary from eight to six users per Therapeutic Housing unit.[19] [...] *The number of people was above what the decree called for, it was precisely because of this that we needed one more house, we had one user too many in each Residence* (W5)*;* [...] *When it was inaugurated, when I arrived here in 2009, the residences had 10 people, and under the old decree we couldn't have 10 people, we could only have eight people. So we knew we were going to have to implant one more residence* (W6).

The excessive number of residents was in contradiction of Decree N. 106/2000 and constituted, therefore, an obstacle to the request for accreditation to the SUS. Due to this, the maintenance of the financing and costs of the Therapeutic Housing remained the responsibility of the Prefecture, as the passing on of federal funds for maintenance of the service occurs only subsequent to the accreditation being put into effect. Hence: [...] *The municipality always met all the expenses from the houses* (W6).

In order to monitor the service users in the Therapeutic Housing, the decision was made to use nurse technicians**, who were assessed by the team which coordinated the implementation process for this housing. This team included the nurse manager of the Mental Health Program.

In this initial stage, the choice of the nurse technicians for working in the Housing was explained by the users' high degree of dependency and the limitations which result from the chronic character of the illness, in line with the following account: [...] *The need to have nurse technicians as carers, due to the low degree of autonomy that these users of the therapeutic housing had* (W7).

For the Therapeutic Housing in Volta Redonda (Brazil) it was necessary to contract nurse technicians, as these were classified as Type II, those specified for users with other morbidities, such as: arterial hypertension, diabetes mellitus and others, and needed specific care. However, these professionals needed to have an understanding based around rehabilitation and its functions, and to undertake activities which went beyond technical procedures, and were to encourage the user's autonomy, within the residences.

As stipulated in the legislation then in place, each Therapeutic Housing unit was to be articulated directly with a specialist CAPS. In Volta Redonda (Brazil), three Therapeutic Housing units were articulated, by December 2009, with the *Vila* CAPS and the *Usina dos Sonhos* CAPS; from that point on, the *Belvederi* CAPS also joined the list of specialist measures for supporting the Housing.[20]

The initial functioning of the three Therapeutic Housing units experienced problems which affected the residents themselves, the nurse technicians who worked in the Housing, and the services which provided support to the housing and the neighborhood. [...] *When I arrived here it was, indeed, still a very difficult time, with people adapting* [...] *So, it was a very tense. For the people who were there, for the users, it was a very troubled period* (W6).

** In Brazil, nursing is divided into three categories: nurse, nursing technicians and nursing auxiliaries, being the highest level is a nurse, followed by technicians and auxiliaries. Translator's note.

In relation to the physical space, the houses' structure was far below the space available to the users in the psychiatric hospital where they had previously lived, where they could walk around in large areas and slept in wards with various beds. It can be noted that the division of the house into rooms and the organization of the users by a dormitory caused discomfort in the initial adaptation process. In their turn, the professionals who worked in the Therapeutic Housing also went through a difficult time, as facing the new required strategic support which derived not only from previous theoretical knowledge, but also from prior personal experiences.[21] The fact of dealing with psychiatric issues with an approach which differed from coercion, imposition of power or use of physical restraint, and medication, exposes the professional to not knowing/doing when faced with a situation, and calls her to the collective construction of new possibilities.[21]

In the case of Volta Redonda (Brazil), although the majority of the service users spent the day at the CAPS, often, this service did not have the conditions to deal with the most serious crisis, there being the need to request hospitalization in the Aterrado CAIS. This unit, created for psychiatric urgencies/emergencies, was heavily used in the users' initial phase of adaptation to the new housing. [...] *Soon after the implementation, the CAIS Aterrado gave a lot of support. Sometimes, in the house we couldn't deal with it, and we relied on the emergency service provided by the CAIS Aterrado* (W6).

The CAPS nurse clarifies that when it was necessary, the home visits were undertaken, but that it was necessary to prioritize the users' going to the service: [...] *The care provided by the nurse prioritizes that it should be in the CAPS and not in the therapeutic residences, unless it is necessary to do this* [the home visit] (W7)*;* [home visits] *only when necessary, when we need something. But we prefer to take them, you have to insert them into society* (W8).

The home visit is a resource, used by the professionals working in the ESF, which allows approximation with the user's complex and dynamic context. It can be considered as a strategy of longitudinality of the care. Besides this, it allows the use of light technologies of care, that is to say, those which are implemented through the interpersonal relationships, such as the bond and embracement.[22] The psychosocial care network established in the municipality of Volta Redonda (Brazil) presented difficulties which were targeted for intervention when identified, with the aim of proceeding with the necessary adaptations. This care network in the municipality involved services such as CAPS, ESF and CAIS, with social insertion activities and rehabilitative strategies for the service users with psychiatric disorders.

CONCLUSION

The implementation of Therapeutic Housing in both these countries originated in the political wish to dehospitalize people with psychological illnesses; however, the administrative links and functioning were significantly distinct in each municipality studied. In Volta Redonda (Brazil), the administrative and financial management, in its initial phase, remained the duty of the municipality itself, as it did not meet the criteria in the ministerial ruling, while the administrative and financial management of these units in Miranda do Corvo (Portugal) was the responsibility of the ADFP Foundation, with governmental resources.

Furthermore, in Volta Redonda (Brazil) the Housing units limited the number of users, so as to enable the flexible planning of rehabilitative care strategies, constantly adjusted and revised, in a manner undertaken sharing responsibility with the service user, and this entailed not establishing excessive rules, above all for activities which contributed to developing the autonomy of the person with a psychological illness. In Miranda do Corvo (Portugal), the excessive number of users in each Therapeutic Housing unit represented an obstacle to implementing these activities, and reproduced the disciplinary character of the psychiatric institutions, even though recreation staff, therapeutic outings, and others were made available. It is in the daily dynamic in their home, that people perceive the growth of their autonomy.

One should, however, emphasize that, apart from some situations of serious reduction in the degree of autonomy, where such measures may be inefficient, for the others there should not be action protocols, but, rather, the flexible planning of rehabilitative care, constantly adjusted and revised, in a way that involves sharing responsibility with the service user. Thus, it will be possible to consider that the actions move towards psychosocial rehabilitation, compatible with each individual's condition.

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Correspondence: Antonio José de Almeida Filho
Rua Afonso, 275
20211-110 – Cidade Nova, Rio de Janeiro, RJ, Brazil
Email: ajafilhos@gmail.com

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