ABSTRACT

Objective: analyzing the importance of the work activities of the Psychosocial Care Center for insertion of users in the labor market. Method: an exploratory and descriptive study with a qualitative approach, using semi-structured interview for data production, analyzed and categorized by Content Analysis Technique. The project was approved by the Research Ethics Committee, CAAE: 25728713.7000.5211. Results: work activities had a significant contribution that provided benefits, such as: rescue in resocialization, family reinsertion and informal labor market. Conclusion: work activities contributed to the rescue of the autonomy and construction of a new identity. The family's commitment in this process reintegrates these people in the socioeconomic and family context. Descriptors: Labor Activities; Psychosocial; Labor Market.

RESUMO


RESUMEN

Objetivo: analizar la importancia de las actividades de trabajo del Centro de Atención Psicosocial para la inserción de los usuarios en el mercado laboral. Método: este es un estudio exploratorio y descriptivo con enfoque cualitativo, utilizando entrevista semi-estructurada para la producción de datos, analizados y clasificados por la Técnica de Análisis de Contenido. El proyecto fue aprobado por el Comité de Ética en la Investigación, CAAE: 25728713.7000.5211. Resultados: las actividades de trabajo tuvieron una contribución significativa, que proporcionaron beneficios, tales como: rescate de la resocialización, la reinserción familiar y el mercado laboral informal. Conclusión: las actividades de trabajo contribuyeron al rescate de la autonomía y la construcción de una nueva identidad. El compromiso de la familia en este proceso reintegra a estas personas en el nivel socioeconómico y la familia. Descriptores: Las Actividades Laborales; Psicosocial; Mercado de Trabajo.
INTRODUCTION

The movement of Psychiatric Reform in Brazil focuses on the exclusion condition in which people in psychological distress were; having discussed the inclusion of people with mental disorders in the world, in the social sphere, and promoting the rehabilitation of these people, providing autonomy for entry into the labor market.¹

Given the above, it is important to emphasize the contribution of a mental health amplifier, this called the Center for Psychosocial Care - CAPS, where it is a device of the Mental Health Policy that welcomes people in severe psychological distress and develops activity in different modalities, such as: labor activity, social reintegration, income-generating activities and encouraging the labor market insertion that be it formal or informal.¹ Thus, CAPS offers an interventionist model in the exclusion of these people, as the individual who enjoy these services have a monitoring of activities aimed at increasing their choices and possibilities.²

In the 80s, the Psychiatric Reform becomes a public policy.³ From that go along democratically event the principles, guidelines and strategies for change in mental health care in Brazil, granting to the Psychosocial Attention Centers - CAPS strategic value for changing the health care model, and is the social control as a guarantee of the progress of psychiatric reform in Brazil.⁴

CAPS is a mental health device regulated by Ordinance nº 336/GM of February 19th, 2002, integrated the network of the Unified Health System, SUS. This ordinance recognized and developed the operation and the complexity of CAPS, who have the mission to providing service availability of beds for people suffering from severe and persistent mental disorders in a given territory, providing shelter and psychosocial rehabilitation, with the aim of favoring the exercise of citizenship, autonomy and social inclusion of users and families.³ Thus, these services differentiate into different categories, CAPS I and CAPS II designated for daily care of adults with severe mental disorders and persists; CAPS III is designed for daily and nightly care of adults with severe and persistent mental disorders; CAPSi, is aimed at children and adolescents in need of psychiatric interventions; CAPSd receives users of alcohol and other drugs with coming use disorders and dependence on psychoactive substances, has resting beds for the purpose of detoxification treatment.⁴

One of the CAPS objectives is to encourage families to share in the best possible way the daily life of service and offer the population of a given territory the user probation monitoring using accessibility to work, leisure, sport, education, culture, exercise of civil rights and consolidation of family ties and community.⁵

Therapeutic activities offered by the CAPS are: individual or group psychotherapy, therapeutic workshops, community activities, artistic activities, guidance and monitoring of medication, home care and family, and the presence of the essential user. We emphasize that the Caps Professionals are characterized by a multidisciplinary and interdisciplinary team, consisting of: psychologists, social workers, psychiatrists, clinicians, nurses, occupational therapists, speech therapists, nursing technicians, administrative workers and others. Being careful with the shared user by all staff.¹

The Caps Professionals are characterized by a multidisciplinary and interdisciplinary team of psychologists, social workers, psychiatrists, clinicians, nurses, occupational therapists, speech therapists, nursing technicians, administrative workers and others. In this case, the responsibility to care for the user happens to be shared by the team and not a single professional.³

The worker in mental health is called by the term Technical Reference - TR, the hosts and ensures the link between users and services, and is responsible for creating and monitoring along with the user therapeutic project, assess the goals of the treatment plan, talking with the family and with other professionals in the CAPS.³

The new profile of mental health worker designates a multipurpose performance, so that the multiple skills act in the social division of labor control, it requires a proponent professional, formulator, articulator, manager, implementer, negotiator, investigator and equacionador.⁶

The psychologist at CAPS develops various activities, offering support from the most serious point - the crisis to rebuild ties with life, developing activities such as hosting, coordination groups, monitoring of therapeutic workshops, individual sessions with users under crises, service to family, home visits, work in a multidisciplinary team, directed organizes groups will generate income, is informative assemblies, with
The importance of the work to the worker's life manifests itself as something central and absorbent, which overlaps the other experiences of individual and family life, including going to govern the conditions of living and social participation. People in the labor market, there are an identity constitution called «construction of professional identity» which allows the individual constructs and expressed. Work is to impose the nature of our face, the world is more like us and thus subjectivity deposited there, outside of us, representing us. The rewarding working conditions are conditions for the individual to build their identity and reinforce it.6,7

The history of psychiatry showed the value of work as an intervention, since the introduction of the Moral Treatment by Pinel, from 1773, in France, the mental hospital was recognized as a therapeutic means and passed to assign the work to a therapeutic character. It can be said that within the asylum, work has always had this connotation.6

The inclusion of people with mental disorders in the labor market plays a key role in economic inclusion, and especially in the social environment. It believes that mental patients should be seen as someone able to work through a process of habilitation or rehabilitation, it is in a working environment that these people can show their productive competence, causing them to be seen with a new look, and not as people unable.8

There are still many challenges for mental health intervention, this, is the user access difficulty to productive lives. Up points, despite all the progress, paradigm shifts and implemented practices aimed at psychosocial rehabilitation, the inclusion into the labor market is still a major barrier to be overcome, aiming to achieve better quality of living standards and more specific conditions social inclusion.8

Given the above, this study aims to analyzing the importance of the work activities of the Psychosocial Care Center for insertion of users in the labor market.

METHOD

This is a field of study, exploratory and descriptive, with a qualitative approach. There were interviewed users aged over 18 years old, participating in work activities in the CAPS and were exerting some formal or informal professional activity. The study had the setting of the research a Psychosocial Care Center (CAPS) in the city of Campo Maior-PI

According to the Resolution 466 of 12th December, 2012, of the National Health Council (CNS) of the Ministry of Health, the project was submitted to the Research Ethics Committee (CEP) of the Faculty Integral Diferencial Devry Brazil - FACID DEVRY BRAZIL, being authorized with the CAAE: 25728713.70000.5211.

After authorization there was held data production with the Informed Consent (IC), guaranteeing the confidentiality of information issued by the interviewees and consent of the participants there were conducted interviews. In the survey, eight subjects who agreed voluntarily participated.

The research inclusion criteria constituted by a list of participants for the Coordination Institution, since it was necessary to know about the participation in the activities and implementation of any professional activity. Already as an exclusion criterion, settled people with mental disorders who participated in the work activities of CAPS, but that did not develop any professional activity.

After collecting the data, the data were analyzed through the Content Analysis Technique9, transcribing the interviews, read thoroughly categorized, appearing for analysis categories: industrial activities, satisfaction and work, work and life changing, integration into the labor market and the link between work and difficulties. RESULTS AND DISCUSSION

Figure 1 shows the profile of the participants, being important to note that to be kept to the ethical principles and safeguarded the preservation of the identity of each one, they were identified numerically, so that the understanding of the analysis to be satisfactorily.
Participants developed by the tors such as:

The work activities are essential in the treatment given to users of CAPS. These activities are conducted in groups with the presence and guidance of one or more professionals, monitors and / or trainees. They perform several types of activities that can be defined by the interests of users, the possibilities of technical service, needs, with a view to greater social and family integration, the expression of feelings and problems, the development of physical skills, engage in productive activities, the collective exercise of citizenship. Different types of work activities can be developed in CAPS, provided they have the sense to promote better opportunities for emotional exchanges, symbolic, material, able to foster linkages and human interaction.5

Category 2. Work and Satisfaction

Survey participants expressed that with the help of activities, these provided them interaction with others, recognition of their abilities, pleasures, and even some form of financial compensation. With so many factors provided well-being in their lives. What can be elucidated following:

- Improved because I did nothing at home and now I'm in my sit waiting coming people buy and keep talking with me, until the day Saturday and Sunday I'm selling. Before had nothing to do, I just kept thinking weeding and rubbish. [...] (Participant 1)
- It improved because I step by the police, the police did not say anything to me, I pass through the street no one calls me crazy. I'm going to read the Rosary church songs. I go to Santo Antonio church. I went to the Church Universal on Sunday. I do not practice evil and how I work people see me someone else [...] (Participant 5)

One can realize the benefits that work provides are related to other factors such as:

Figure 1. Profile of research participants. Campo Maior (PI), 2014.

- Category 1. Laboral Activities of CAPS

In this category we sought to understand the types of work activities developed by the CAPS that the subjects had participated. On this part, the subjects reported that they participated in various work activities, such as:

[...] I did other activities such as embroidery; I even learned to sew here in Caps. Ever had crafts; all here in CAPS. I had the crochet that I learned to do and to this day I do. Things that I imagine in my mind, I can do [...] (Participant 5)

[...] Here at CAPS I learned to embroider, I have done to some clothes for me, and I learned to do here [...] (Participant 7)

[...] I have participated in crafts, oh we made a swaddling clothes and sell in Santo Antonio festivities. I have learned many things here in Caps [...] (Participant 8)

According to these perspectives, it is noticeable that have been offered different types of work activities in CAPS. Which had a significant contribution to the lives of these people with regard to rehabilitation, but were not used as subsidies for entering the labor market, when in fact, could have served as a beginning of a professional career, and the inclusion in the labor market, in a formal way, complying with the law. In this sense, it can be cited as an example the creation of assemblies or even unions for entering this reality and possibility of acting in a professional activity.

Users should be encouraged to create their associations or cooperatives where they can, through the organization, discuss and seek collective solutions to social issues and basic rights, to achieve the health promotion policies and citizenship of all involved.5
search for autonomy, reconstruction of a new identity, rehabilitation and integration into society. It is from the moment that these activities provide different types of benefits that users perceive themselves as people and recognizes their citizenship.

The work triggers a link job-satisfaction of needs which gets a new link: becomes work-exchange equivalent satisfaction of needs. Work is such a specific task of the man who works as a source of construction, fulfillment, satisfaction, wealth, material goods and useful services to human society.5-10

Regarding satisfaction that the work offers, it evidences that:

[…] Working I feel good because it has a … private area for the person getting stuck, one has the freedom to work, to earn money. I can buy a pack of spares win and so will […] (Participant 5)

By these lines, the work is seen as a practice that values the man allowing him to develop his financial responsibilities as relevant social role. Thus, they show that work provides secondary benefits in that interact with their environment.

The importance of the work to the worker’s life manifests itself as something central and absorbent, which overlaps the other experiences of individual and family life, including going to govern the conditions of living and social participation.7

The work system modifies the man himself and inserts a given distinct social relationship. In this sense, this relationship pointed to approach the individual in society and his family. Through working tool man transforms human history and is transformed by it. As we see in the following report:

[…] Oh, it’s great to work because it is to her that I earn my pocket money and I tidy many friends, everybody talks to me, called “marquim” calls ‘pitu’, everyone likes me. And I think it’s good to have friends. The love of my mother, I had no mother’s love there too and now I have my brother also because I work like they like me […] (Participant 1)

The above emphasizes the need that man has for social integration, as well as within the family. These integrations demonstrate a key building block for realization of their actions in the labor market, given that it is through satisfying relationship that it is motivated by such work.

♦ Category 3. Work and Life Change

More than a simple practice, the work comes to be viewed as a factor that enables the growth of the human being, something that adds and give you opportunities to change throughout life. Therefore, this category points out the changes in the work established in the lives of those surveyed:

[…] It changed many things, because people talk to me, I buy my stuff. My children obey me. Now what I wanted was someone to live with me, you understand me, because living without anyone’s bad […] (Participant 5)

[…] Changed because now, I stay in my house, do my thing. I talk to my neighbors, everyone there near my house, like me […] (Participant 6)

[…] Dr. changed much because I only lived in the world when it was night I wanted to go out in the world, oh my mother lived in and came to stay with me, only she locked the door and hid the key and I was fighting wanting to leave to world. I get sick when the will is just to walk in the world, any time of night. Now it never happened this not because I go every day to help my neighbor and I come home I will sleep […] (Participant 8)

Analyzing these lines, we see the importance of working in various aspects of human life. So the work acquires a significant character, constituting a foundation in the life history of the individual, enabling the same, livelihoods and stimulating in its construction to the society in which it is inserted.

Either individual or collective point of view, the work experience will establish relevance, will highlight facts and meanings, and differentiate some objects from others in the perception of individuals.11

♦ Category 4. Insertion in the Labor Market

According to national guidelines, to be in treatment at CAPS does not mean that you have to get most of their time within the CAPS. Activities can be developed out of service as part of a therapeutic strategy psychosocial rehabilitation, which may begin or be articulated by the CAPS, but to be held in the community, at work and in social life.5

The work can be used as a therapeutic resource for people with mental disorders. The author mentions that work should be a right for all people, even for those with mental disorders, and the lack of work can consolidate the suffering of people with disorder, for the work to improve the economic, psychological and cultural in...
human life. Thus, the therapeutic activities should include the construction of social inclusion work, respecting individual possibilities and principles of citizenship that can minimize stigma and promote the role of each user outside his life. What can be elucidated following:

[…] I started buying candy just for me, so I always bought a lot and then the teacher CAPS gave the idea that I could sell. Then I put a lot of candy on a table on the sidewalk and watching. Thanks to her, I get my money […] (Participant 1)

Given this speaks note that the CAPS took care to encourage this individual to enter the labor market. This form can be seen as a means of rehabilitation, as well as a ransom the autonomy of the subject.

Family members are often the closest link that users have with the world, those favoring a participatory way to include these people in the working world. We can prove this context in the following lines:

[…] Joaquina, wife of my cousin, spoke to him, for me to work with him and he accepted. (Participant 4)

I thank my mother who recognized me as a person, because when I had depression I did not even know the people […] (Participant 5)

[…] I thank my grandmother, who taught me. When I was 10 years old, she taught me to cook beans, wash the pots. She was explaining me everything until I learned and can do the thing […] (Participant 7)

[…] I thank God and my neighbor who helped me […] (Participant 8)

It can be seen from the statements above that the insertion of the CAPS users was through the help of relatives and friends. Therefore, it is noted that the family provides opportunities for these people to enter the labor market, so that there is concern and care to offer some kind of activity, which can be characterized as informal work.

Although according to the Law 10.216, the right of the person is guaranteed with mental disorder that should be treated with humanity and respect to achieve their recovery by inclusion in society. We can see that these people most often have no opportunity in the labor market formally, but work because they get help from their families.

The inclusion of people with mental disorders in the labor market plays a key role in economic inclusion, and especially in the social environment. It is in the work context that these people can show their productive competence, causing them to be seen with a new look, and not as people who do not produce. Then you understand that the “mental patients should be seen as someone able to work through a process of rehabilitation or habilitation.”

Category 5. The link between work and difficulties

This theme category shows the difficulties faced by participants in the research, development of income generating activities, or even their integration into the labor market. Either by social, economic reasons or subjectively, in order to face the situation, the individual finds a link between these two aspects. This can be seen in the following report:

[…] Have you had craft workshop, I learned to paint pitcher, rolling with newspaper, but I do not. I do not because it has no material, but I do know […] (Participant 3)

Given this context, it indicates that there are difficulties, which leave people with mental disorder prevented from exercising professional activities in the labor market, generating an inevitable suffering in the confrontation between their wants and desires, preventing the personal, social and professional growth.

The income-generating workshops serve as an income generating tool by learning a specific activity, which may be the same or different from the user’s profession. But often, there are obstacles hindering the inclusion of users in the labor market from these workshops. There are still many challenges for mental health intervention; these are the users of the difficulty of access to productive lives. Up points despite all the progress, paradigm shifts and implemented practices aimed at psychosocial rehabilitation, the inclusion into the labor market is still a major barrier to be overcome, aiming to achieve better quality of living standards and more specific conditions for social inclusion.8

The planning of actions articulated health to mental health policies and the implementation of the matrix support intervention devices can assist in allocating the psychosocial care network and lead to greater integration of the actions developed in the communities, as well as voicing the subject in suffering psychic in decision-making.12

CONCLUSION

Most users consider important the work activities of CAPS, where from these activities benefited from the knowledge of new friends, develop new skills in different activities, resulting in an improvement of mental health.
occupation and renumbering, promoting a recovery of citizenship of those people.

Family support is a key to integrating people into the labor market and thus contributing to the construction of a new identity. Considers the need to create assemblies and cooperatives to encourage the integration into the labor market of people with mental disorders from the professional activities of CAPS as cooperatives can be seen as an organization of people who have a common objective where they can be stimulated to develop financial responsibilities and reduce the psychological distress of both in order that the work can be seen as a therapeutic resource, making it as relevant in the social role of an individual.

The difficulties faced by participants in this study, that even like to participate in such activities; however, often are unable to exercise what you have learned for social or economic reasons. What the user takes the opportunity to enter the labor market through these activities. Thus, it can trigger up an inevitable suffering in the confrontation between their wants and desires, preventing the personal, social and professional development of these people.

Faced with this context, without pretension of exhausting the issues related to the theme, we look at the importance of future studies on the integration of people with mental disorders in the labor market, and mobilize links to create public policies related to the right of persons with mental disorder in exercise, activity formally. Since, the work provides a reflection on public policies to be implemented so that they actually have the opportunity to include these people in the formal labor market.

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