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## ORIGINAL ARTICLE

### THE IMPORTANCE OF CARE IN THERAPEUTIC ENVIRONMENT IN A PSYCHOSOCIAL CARE CENTER

#### A IMPORTÂNCIA DO AMBIENTE TERAPÊUTICO NO CUIDADO EM UM CENTRO DE ATENÇÃO PSICOSSOCIAL

#### LA IMPORTANCIA DEL MEDIO AMBIENTE TERAPÉUTICO EN LA ATENCIÓN EN UN CENTRO DE ATENCIÓN PSICOSOCIAL

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#### ABSTRACT

**Objectives:** to describe the therapeutic environment experienced by users of CAPS and discuss how the environment benefits Therapeutics proposed by CAPS for their users. **Method:** study of qualitative approach, by means of Case Study referential. It's a CAPS III at Rio de Janeiro city/RJ/Brazil, using the data collection from a participant observation. Data collection happened on February, 2013, during a curricular internship of two months and two technical visits to observe and take notes in a research's report way. **Results:** CAPS' therapeutic environment benefit the proposal of caring, helping the user to create links with the service, build a life's Project, enhance its sociability, fortify itself as a citizenship, at last, enhance its life level. **Conclusion:** the composition and maintenance of a therapeutic environment means to recognize that people, places, physical structure and emotional climate are important for caring. **Descriptors:** Mental Health Service; Psychiatric Nursing; Mental Health.

#### RESUMO

**Objetivos:** descrever o meio terapêutico vivenciado pelos usuários do CAPS e discutir como o meio favorece a Terapêutica proposta pelo CAPS aos usuários. **Método:** estudo de abordagem qualitativa, por meio do referencial Estudo de Caso. Trata-se de um CAPS III da cidade do Rio de Janeiro/ RJ/Brasil, a partir da técnica de coleta de dados observação participante. A coleta de dados de aconteceu no mês de fevereiro de 2013, na estada de dois meses em estágio curricular e duas visitas técnicas para observação e anotações em forma de relatos de pesquisa. **Resultados:** o ambiente terapêutico do CAPS favorece a proposta de cuidado, ajudando os usuários se vincular ao serviço, construir Projeto de vida, melhorar sua sociabilidade, se fortalecer como cidadão, enfim, melhorar seu nível de saúde. **Conclusão:** a composição e manutenção de um ambiente terapêutico significa reconhecer que pessoas, espaços, estrutura física e clima emocional são relevantes para o cuidado. **Descritores:** Serviços de Saúde Mental; Enfermagem Psiquiátrica; Saúde Mental.

#### RESUMEN

**Objetivo:** describir el medio terapéutico vivido por los usuarios del CAPS y discutir como el medio favorece la Terapêutica propuesta por el CAPS a los usuarios. **Método:** estudio de Caso de un Centro de Atención Psicosocial de la ciudad de Rio de Janeiro (RJ), Brasil, a través de observación no participante. La recogida de datos se llevó a cabo en febrero de 2013, la estancia de dos meses en periodo de prácticas y dos visitas técnicas de observación y notas en forma de informes de investigación. **Resultados:** el ambiente terapéutico del CAPS favorece la propuesta de cuidado, ayudando los usuarios a vincularse al servicio, construir Proyecto de vida, mejorar su sociabilidad, fortalecerse como ciudadano, en fin, mejorar su nivel de salud. **Conclusión:** la composición y mantenimiento de un ambiente terapéutico significa reconocer que personas, espacios, estructura física y clima emocional son relevantes para el cuidado. **Descriptores:** Servicios de Salud Mental; Enfermería Psiquiátrica; Salud Mental.

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## INTRODUCTION

The therapeutic environment is one of psychiatric nursing resources. The composition and maintenance of a therapeutic environment means to know the people, the places, the physical structure and the emotional climate are relevant when talking about mental health care.

The Ministry of Health states that users and their relatives can expect from the Center of Psychosocial Attention (CAPS, in Portuguese) a treatment performed by therapy, through a friendly and structured environment.<sup>1</sup> When beginning a user following-up at CAPS, the first step is to build a Therapeutic Project (PT), in other words, a group of attendances that will respect its particularities, will customize the attendance in and outside the unit, and will suggest activities during the service. The professional that received the patient will be a Reference Technician, always considering that the link established is vital in its therapeutic process.<sup>1</sup>

CAPS offers therapeutic activities through diurnal and nocturnal (when necessary) receiving following -up the users through the place. Offer a therapeutic and friendly environment and that can also receive people in a critical situation, very disarrayed and that cannot follow the activities of the unit at the moment. The success when receiving people in critical situation is essential to fulfill a CAPS objective: meet the severe psychiatric disorder and avoid psychiatric hospitalization. CAPS offers several therapeutic activities, such as: individual or group attendance, therapeutic workshops, community activities, artistic activities, guidance and follow-up to take medications, home and relatives attendance.<sup>1</sup>

The therapeutic activities suggested on PT can be made when in service or not as part of a therapeutic strategy of psychosocial rehabilitation. The strategies for social inclusion (as work, culture and leisure) respect individual possibilities and citizenship principles that will minimize the stigmas and will promote the prominence of each user facing its life.<sup>1</sup>

Worth to remember the point of view of Florence Nightingale had, as a goal, to prioritize the provision of a stimulator environment of the health development. She believed that this would make a difference when rehabilitating the illness people and these precepts sustains the Environmental Theory.<sup>2</sup>

Another concept in this dynamics is the health environment; comprehends the

physical, social, professional places and interpersonal relationships that must be in synchrony with a health project aimed for the friendly, decisive and human attention. The National Policy of Brazilian Humanizing has one of its goals the valorization of the environment, organizing healthy and friendly workplaces. Based on the idea of transversality and non-dissociability of attention and management, of environmental projects created together as a device, will contribute to change work relations. This understanding of environment is leaded by three main axes: The place that aims comfort; the place as a tool to make the work process easier; and the environment as a place for meetings among people.<sup>3</sup>

The therapeutic environment is a caring strategy and an important tool for psychiatric nursing.<sup>4</sup> Caring as nursing basis on mental health has gradually transformed itself, based on the perspectives of the Health Reform, of the Psychiatry Reform, of the Psychosocial Rehabilitation movement and of the deinstitutionalization of mental disorder bearer.

This framework of conceptual and practical changes has been created new ways of thinking, treating and caring on mental health, involving the structure of a services and caring network that will involve users, relatives, workers, managers and community<sup>5</sup>. CAPS has been demonstrated efficiency when changes long term hospitalization for these therapeutic places for treatment, not separating the patients from their families and their community. Promoting the engagement of relatives in the attendance with the necessary attention, helping to recover and reintegrate the person with psychological distress.<sup>6</sup>

It's liability of the mental health staff to improve interpersonal relations, improving the communication level and shaping a therapeutic environment that will act in synergy with biological and occupational therapies, promoting mental health and resocialization of the patient as possible, in other words, having the characteristics of each pathology, its evolutionary stage and the patient life context.

The attendance with an integral look from CAPS multidisciplinary staff is part of a therapeutic environment created for users of a unit, such as activities performed, for example, painting workshop, costume jewelry, Assemblies, soccer, Hip Hop workshops. The "Good Morning" time, which happens in the beginning of daytime activities, is also part of a therapeutic and

integrative context. The users have freedom to communicate with health professionals acting in this context, what is essential, because the users can talk with the professional that they have more affinity.

## OBJECTIVES

- To describe the therapeutic environment lived by CAPS' users.
- To discuss about how this environment can benefit the Therapeutic suggested by CAPS to their users.

## METHOD

The research it's sustained by the qualitative approach, through the Case Report referential.<sup>7</sup> It's a CAPS III at Rio de Janeiro city (RJ, Brazil), through data collection technique and participant observation. Data collection was performed in February, 2013, in two months of curricular internship and two technical visits to observe and take notes as in research reports. The research was approved by the CEP (Ethic Committee in Research) from the City Hall of Municipal Secretariat of Health and Civil Defense of Rio de Janeiro city under number 23/2013.

The notes were taken after approximation and knowledge about this service functioning. It was necessary to know the professionals, users, relatives, physical place and nearby to understand and report the plot of relations established in the environment where the attendance takes place by CAPS. After data collection, the information were read and debated by the authors in order to understand, group and analyze the environment on the researched CAPS where the attendances happens. These data were treated by the Content Analyze of thematic type and debated considering the Mental Health Policy in Brazil.<sup>8</sup>

It was made a participant observation guided by the study called: The different caring meanings - considerations about the attention in mental health.<sup>5</sup> This bibliographic study analyzed the therapeutic changes suggested in psychosocial field nowadays and, moreover, pointed essential axes in this process: Philosophical Ethic Perspective of caring; Instrumental-Technical Dimension of caring; and the Policy Dimension.

This option was chosen because analyzes the ways of taken care through an ethical and philosophical perspective and it was noted that such experience requires from workers ethical comprehension and availability to implement a wide-ranging caring on the instrumental-technical dimension of caring in

mental health we lived with traditional models and focused on clinical psychology but also on caring by talking, listening, sharing of liability. Talking about policy dimension of caring, for us, every citizen has its rights, emancipate the people, so they can build their own autonomy, so we think how those aspects are described at CAPS and what is the importance of these professionals when observed by academic people who are integrant part of this transition model.

## RESULTS

The staff of Rocinha CAPS is made by 2 caters, 4 management assistants, 1 technical coordinator (Psychologist), 1 management coordinator, 2 workshop presenters, 1 painter, 2 social workers, 1 pharmacy technician, 1 occupational therapist, 12 nursing technicians, 7 nurses, 3 psychologists, 4 psychiatrists, 1 principal (Psychologist).

At CAPS, the service dynamics happens in an interdisciplinary way, when professionals with several educations contribute for the aim: build a therapeutic project with the users and their families. The professionals will meet to talk about the cases and change information and perceptions about some situation. The different knowledge allows a rich building of the attention and intervention model. This way, the different people that participates of the process of health production is appreciated, where the respect for autonomy and prominence of each one are considered, allowing correspondence, create links and collective participation in the health practices.

The users contracted by the services appear according to their PT and the others are received, evaluated or referenced to others services, which will attend their necessities. In some cases other attendances are booked until the real caring necessity is clear, in other cases the professional requires the psychiatrist physician for prompt evaluation.

Home visits are also a caring strategy. They are booked by the staff; most of times in accordance with the necessity of each user or even when the user is absent.

The differences among CAPS' users are respected and it's noted a movement where cultural, social and personal differences are both object and tool of work. To do this, the professionals walk by CAPS ranging territory, search for partnerships and keep them with services or people, according to cases demand, perform therapeutic activities, among others strategies.

From the first attendance, receiving, PTS follow-up, users are heard and their choices are evaluated and negotiated according to therapeutic proposal. The object of work is the person or a group of persons, where subjectivity is considered as foreground. In the same way, cultural aspects are considered to build proposals of therapeutic conduct, since the elaboration of therapeutic projects aims the singularity as main element for articulation.

At this place, health services are part of the same architectonic structure: UPA (Emergency Room Treatment), Clinic of Family and CAPS. UPA and Clinic of Family are on the first floor, CAPS on the second. The users have access to services through ramps located in the rear. Aiming to improve the attendance of the users and their families in the three services and to ensure articulation and integration, the professionals go after others services if necessary.

Talking about infrastructure, CAPS has 1 room for caring, 4 rooms for rest, 9 rooms for consultation, 1 living room, 2 toilets (male and female for patients), 1 toilet for employees, 1 room for management, 1 room for the board, 2 rooms for group, 1 room for workshop, 1 cafeteria, 1 auditorium for the three services (UPA, CAPS and Clinic of Family).

In this CAPS, the receiving service is 24 hours per day, professional acting at this service or at Emergency Room where they sensitively hear and where they identify the users' main disturbs. Patients have consultations with the psychiatrist physician every week or every 2 weeks, according to its necessity. On the first attendance the professionals will decide the main conducts to be taken and these conducts are evaluated on each attendance. For nocturnal receiving, the user will spend the night under the attention and caring of the nurse staff, however, it's recommend not more than 7 days at the nocturnal receiving because the most important objective is the reintegration of the user in the community and the preservation of autonomy.

In the first consultation of the patient admitted at CAPS with a psychiatrist physician and a health professional from the mini-staff for he will be integrated, whole registry is gathered and talked about the therapeutic proposals and personal characteristics and the decision of what workshop the user will participate or if the user will be reintegrated to the community.

The participation of relatives in consultations, in the building and in the

follow-up of the Singular Therapeutic Project is very important because it will be a fundamental tool in the user treatment. The family can help in several ways and with this participation they will learn how to handle the illness and with the patient. Beside consultations, families are invited to participate of the Family Meeting, festive or cultural activities at CAPS. Home visits also are made.

Workshops help a lot in the users' treatment and personal development. They will occur from Monday to Saturday, in or outside the unit, ranging the territory. Workshops taking place in this Institution such as: "Good Morning", "Venting", "Assembly", Handcrafts, Paintings. Most of these workshops occur with the patients sited in circle, one in front of another, what will lead to a more interaction with each other and with the professionals. On these workshops nowadays themes, each one difficulty and motor coordination are approached.

At CAPS entrance, the one accessed by users through ramps, the users stay in this environment between activities, sometimes talking or smoking, a very common habit of them. At the moment that the users arrive at the unit, there is a wardrobe near the living room where they can store their belongings, if they have any. This way, they can pass the whole day at CAPS, participating of the activities with no worries.

The rooms for resting meet the demand of patients in nocturnal receiving, with a bed, a bathroom and a wardrobe where they can store their belongings on each room.

At the rooms for group occurs the meetings of final of shaft with all professionals and where the registries are made on the books and notebooks by the multidisciplinary staff.

Radio and television will be on or off, depending on what the users or employees will choose and this do not is a damage to their conversation at the living room. It's also possible notice paintings, drawings, photos, monuments through almost all the unit, everything made by the patients. These artworks are organized in a way that the environment is not saturated, in contrast, they make the environment more welcoming and happier: they call attention because they are always colored.

The external area has a parking lot, a garden created and maintained by employees and users and a ramp to access the unit. The smokers use the ramp, but they reported that is not possible to smoke during rainy days.

## DISCUSSION

### ◆ Receiving and Therapeutic Environment

We understand receiving as a practice of work that aims to ensure the hearing, the link, the liability, the resolute attention, the promotion of citizenship and the autonomy of user. In this action, it's expected a production from the meeting between users and employees on a moment of interpersonal relation and mutual exchange. The practice of receiving must unleash the practice of hearing, because it's expected from the professional to establish a empathy relation, producing health together.<sup>9</sup>

Such practice is a possibility to universalize the access as far as everybody is received, and it's based on the turnaround of organization and of the service functioning, when the service is centered on the user, qualifying the relations established between employees and users from humanity, solidary and citizenship parameters.

At CAPS environment, when someone arrives, this person shall be received and listened about the sufferings. Such receiving can be made in different ways, according to the service organization: free demand, regular consultations, groups, workshops and leisure activities. The aim of this first contact is to understand the situation on the wider possible way and start a trust link with the professionals.

Establish a diagnosis is very important, but shall not be the single neither the main objective on this moment of knowing the services.<sup>1</sup>

Receiving and hearing are considered essential tools on the health work, particularly on mental health, when the patient shall talk about its suffering, giving the suggestion to help in the search the solution to its problems. That's why a qualified hearing makes the difference when deciding what the appropriated conduct is. Specifically in mental health field, the hearing minimize the problem, so the person will have conditions to think better about its situation and take the better decision.

Hearing cannot be limit only to what was told, but also the lacks in the discourse, demanding from these professionals perception to work under such silences; beside this, to listen is crucial to know who is talking, what it's been talking about, how to talk, involving the link between employee-user.<sup>9</sup> At the CAPS where this study took place, this aspect is noted and there is a near

relationship among patients, relatives and professionals.

The receiving, especially when talking about services in the territory, it's directly related to the link establishment, in other words, a relation of trust, permeated by liability and by commitment. The link carries with it and idea of the user as an autonomous person, active participant of health process, having two approaches: the one of the user and the one of the professional, and them together are liable by the production of caring, building a mutual liability between them.

During group activities (e.g. Workshops, Therapeutic Groups) it's possible to keep the link and notice details and also situations of the user's routine through informal conversations 1. CAPS offer several types of therapeutic activities, for example: individual or group psychotherapist, therapeutic workshops, community and artistic activities, guidance and monitoring the use of medications, home and relatives' attendance.<sup>1</sup>

In the CAPS, the workshops occur from Monday to Saturday and the activities will also occur in the communities, what is an incentive to recognize and link to others places and persons in the territory.

Familiar receiving means to provide attendance for the family: nuclear attendance and to a group of families, individualized attendance to relatives, home visits, learning activities, leisure activities with the family, aiming to integrate the family on user's treatment and also on the attention of multiprofessional staff to the health of caretakers who are taking care of the people with mental disturb.

Moreover, develop activities together with neighborhood associations and others institutions in the community, aiming social exchanges, integration of service and of the user with its family, community and society in general. These activities may be: communities' parties walk with community's groups, participation in events and groups of communities' centers.<sup>1</sup>

Home visit, as an action of mental health, it's possible an interaction more effective among the involved actors, appearing as a technology that may make the integral assistance to user as well the caring to family easier.

In CAPS it's used home visits, ensuring attention and attendance to users when: they do not go to service, need a specific attendance, or just for empathy or interaction

with the user. The visit is made in order to narrow the link and easing to the health network available in the territory. Visits are made by a CAPS' professional and a Community's Agent of Health (Clinic of Family), aiming the integration of both services and a better comprehension and attendance of the users.

Another issue evaluated as an action of mental health is a case debate of users with psychiatric disturb on the routine of staff's work, place where each professional presents their point of view and, together, decides the caring strategies. Case debates happen in different moments of work: staff meetings, change of shafts, meetings on the change of shaft, at consultations, during informal talks, at the receiving, in the reception. In different ways, ESF's staff tries to organize actions of mental health, using the debates to have impressions about the users and their families, resources to think and create the caring to the people with psychiatric disturb.

During case debate, familiar and life history of each user is considered, singularizing its existence. Each professional contributes with some information to decide the best conduct for each case. For example, the community's agent of health reports how was the home visit, the nursing technician talk about the receiving, nurse and physician inform about the consultations and the staff begins to know the case in a more integral way, making possible different ideas and looks for attention in health.<sup>7</sup>

As noted at CAPS during studies, this resource is made in an interdisciplinary way, where professionals with different educations support the aim: build a therapeutic project with the users and their families. Thus, the user will be contemplated in a universal and interdisciplinary way.

This place for meeting between employee and user fortifies the links as far as appreciates and allows the expression of suffering, of necessities, of doubts and of affections, "meaning that they will now have their works determined by the use of light technologies, which operates into interceding relations between employee-user". It's a place where the users have liberty to talk about their desires, necessities for health, trusting and feeling that someone is taking care of them. This technology in health produces relief and the sensation of solution before their needs.

At consultation, the receiving it's used as technique, generating procedures and organized actions that will make the listening, analyze, the risk evaluation and the offer for

solutions or alternatives for the problems presented easier. The relational aspect permeating the consultation is important for the psychosocial rehabilitation of user, because on this moment is possible develop better the issue "regain the life", when the user feels like a citizen again.<sup>9</sup>

#### ♦ Territorialisation and CAPS

The territory is considered a space that encompasses the physical characteristics of some area and the marks determined by human<sup>10</sup>. In other words, is the place where the user feel himself socially integrated, feel freer to go and come and with a lot of relations with others.

Talking about mental health, we consider that the territory is the area where the service must assume total liability. This means that a staff shall act in the territory of each user, in the places and ways composing their routines. So it's in these places that the people became sick, so the caring must be done in these places. The services working the perspectives of territory develops an active role when promoting mental health.

Beside the geographical space, the understanding of territory also involves the idea of territorialisation as a living force of real social relations, being the place where they make the references of the person's life. Thus, the territory is considered an important space for caring, allowing an approximation between mental health and basic attention because both congregate similar objectives before the object of health caring: the subject, being individual or collective, sick or healthy.

To implement caring into this place, we also need to know the context where the service is, in other words, population's necessities and resources. The territory where the service and the people attended are is a place marked by intense social vulnerability.<sup>10</sup>

One of the strategies that have been directed by public policies is the articulation between the services of basic attention and of mental health, aiming to put the caring actions in territories. In other words, is a matriarchal support where a contribution of knowledges and a practice of group of actions are performed, and the building of therapeutic projects for cases considered complexes.<sup>11</sup>

CAPS shall search a permanent integration with staffs from the basic health network in their territories, because they have fundamental role when following-up, in the capacitation, and supporting the work of the people with mental disturbs.

At CAPS there is an integration of the basic health unit (Clinic of Family) with CAPS itself, because both units are located at the same territory, contributing to a better articulation between the services and, consequently, a better building of the caring network of this user.

The matriarchal support provides a collective building of knowledges in mental health, ensuring caring spaces for the Community's Agent of Health and providing the building of routine networks, stimulating the articulation between mental health and family health in a way that will benefit the citizenship and the autonomy of the subjects about their own health.<sup>12</sup>

Another issue involving the territory is when the attendance of the user occurs outside CAPS, in other words, at home, by home visits. This strategy has as purpose to understand the family demands, the interpersonal relations, beside narrowing the link and building of possible interventions in the place.

Some studies indicate that the professionals use different technologies for the inclusion of mental health in the territory such as receiving, listening, link, home visits, among others. The development of these actions has enabled the construction of a new practice in mental health in the territory that values the individual in psychological disturb as the protagonist of his existence.<sup>9</sup>

The home visit facilitates access to services and health actions, meeting the needs of users through the host and the bond, being an instrument that seeks to strengthen the changes proposed for primary care. In the context of mental health, it allows a more effective interaction between the actors involved, appearing as a technology that can facilitate the comprehensive user assistance, as well as care to families.<sup>9</sup>

At Rocinha CAPS, home visits take place according to the user's needs or when it does not come to the service. This contributes to team understands the context in which the user lives, promoting a more participatory care, integrating health professionals, users and their families.

Most of times, visits with one or two mental health professionals and one or two of the PSF were carried out. The presence of community employees is essential because it is they who have the greatest relationship with the families.

The visits should be designed according to each situation and each family. There are no rules or strict criteria to be followed. They

are usually performed when there are situations of greater vulnerability, crisis and risk of psychiatric hospitalizations, family conflicts, intense psychological disturbs and cases that do not reach the mental health services, as people raped, threatened and imprisoned.

In addition, it is through home visits that group attendances are performed, so that both staffs understand the complexity of each family group and can enter in their subjective territories. Hear the story of each member to know the dynamics of the relationships established in that residence or community understand the difficulties and potentialities of each enriches the practice helps identify opportunities, managing resources and services.<sup>13</sup>

Second, the same authors, understanding the territory where people live requires changes in looks, actions, investments. And with that, the community agent plays a key role in the staff and set territorial work with mental health. It is he who has the power input and link, contributes to the development of therapeutic projects guided by the citizenship, place of illness and suffering of people in the search for new paths, decentralizing the focus on disease in medical knowledge and the institution.

Another fact which involves the question of territoriality is the service to the families of users with mental disturbs. The family is considered essential in the treatment of users, and increase the chances of mental health promotion, also facilitates the insertion of the individual in their environment.

The involvement of family members in Rocinha CAPS is done through consultation are invited to attend the family meeting, festive or cultural activities of CAPS, or home visits are carried out.

A therapeutic group, with the participation of about ten users with psychological disturbs accompanied by their families, aimed to act jointly with staff, users and family members of individuals in psychological disturbs, seeking social integration, maintenance of deinstitutionalization, the establishment of a link and receiving the demands of living with psychic disturb<sup>9</sup>.

This therapeutic group has the same function and the same goal as the family meeting, which occurs in Rocinha CAPS. The use of group therapy as care technology in mental health and social integration appears as a strategic device of mental health action. This occurs through socialization, speech, coexistence, has provided meetings where there is communication, participation,

promoting knowledge, confidence, new relationships with each other and with the space of the place.

The use of health technologies is essential to develop this care, because it promotes the recovery and user singling in psychological disturbs, repositioning it as a subject citizen, autonomous, able to live in society. In addition, the actions and care plans, is to promote health, is to prevent disease, depend on the active participation of subjects, because, otherwise, the practices and the care projects lose their effectiveness.<sup>14-5</sup>

Finally, another aspect about the territory, is when the staff considers the particularities of the CAPS adjacencies: community resources (public and private institutions, NGOs, etc.), striking facts, the knowledge of the people of that place for problem solving, solidarity, among others.

Community resources where the user is located, which are extremely important to meet the demands of that individual as well as contribute to the maintenance of health is therapeutic and effective.

The mapping of land resources can be an important strategy for the service. It is necessary to identify the Community institutions, churches, schools and their projects, government associations and non-governmental, targeted projects for the elderly, institutions dedicated to the realization of cultural, leisure and sports activities, associations neighborhood self-help groups, in short, scenarios that can be used by combining the needs of users to what is available in your context.<sup>10</sup>

## CONCLUSION

Considering the philosophical ethics of care perspective, the CAPS studied adopts the humanist perspective, centered on the user. At all times observing the professionals move to help users in their daily deals, or for a better life. In attendance observed accountability (in the role of Technical Reference, the organization responsible for a little staff areas comprehensions and listening); interdisciplinary (through the discussion of cases in early meetings and end of shift, weekly staff meeting and the shift change); the integral care (together with other health care or other sectors); citizenship (helps provide documents, benefits, rights); Promotion of Mental Health (meets the family, serves on demand and performs interconsultation/service together with the Basic UPA and attention).

Considering the technical-instrumental dimension of care is present at work: welcoming, bond, individual and group therapy, Therapeutic Project built with users and their families, pharmacotherapy, psychotherapy, workshops at CAPS and the territory, user guidance for jobs, joint to ensure citizen rights, therapeutic monitoring, among other activities.

Considering the dimension policy, the main focus of care is a careful person, so the goals of PT are linked to autonomy, citizenship and psychosocial rehabilitation of users served.

Thus, the therapeutic environment CAPS favors care proposal, helping users to link to the service, build (PT), improve social skills, to strengthen as a citizen, finally, improve their level of health.

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