Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

INFLUENCES OF OCCUPATIONAL THERAPY IN THE ROUTINE OF USERS IN A PSYCHOSOCIAL ATTENTION CENTER

REPERCUSSÕES DA TERAPIA OCUPACIONAL NO COTIDIANO DOS USUÁRIOS EM UM CENTRO DE ATENÇÃO PSICOSSOCIAL

REPERCUSIONES DE LA TERAPIA OCUPACIONAL EN EL COTIDIANO DE LOS USUARIOS EN UN CENTRO DE ATENCIÓN PSICOSOCIAL

Marília Silva de Araújo[1], Priscilla Maria de Castro Silva[2], Elisângela Braga de Azevedo[3], Mariana Albernaz Pinheiro de Carvalho[4], Carla Carolina da Silva Leite[5], Maria Oliveira Ferreira Filha[6]

ABSTRACT

Objective: to evaluate the effects of Occupational Therapy (OT) in everyday users of a particular CAPS and investigate the difficulties faced by them in the workshops of OT. ***Method:*** this is an exploratory-descriptive study, of qualitative approach, whose population consisted of CAPS users in Campina Grande/PB. The research was initiated after the institution has signed a letter of consent authorizing the development of the research in service. The sample consisted of 25 users, were submitted to the data collection instrument (semi structured interview). Data were analyzed by using the technique of content analysis proposed by Bardin (2009), respecting the rules of uniformity, completeness, uniqueness, and appropriateness or relevance objectivity inherent in the technique. The study was operationalized after approval by the Ethics Committee of the Center for Higher Education and Development, Faculty of Medical Sciences (CESED/FCM) of Paraiba. ***Results:*** the data were analyzed in seven categories: Conceptions of the therapeutic groups; Changes in daily life and family social participation after OT; Occupational Therapy as a place of singularity and preference of the subject; OT as a moment imposed by technical reference; Difficulties encountered by users during their participation in the OT; Suggestions for improvements to the therapeutic groups; Affective relationships constructed through OT and Social Rehabilitation provided by the OT. ***Conclusion***: It concluded that users have the conception that the workshops enhance social relationships, and improve self-esteem, have the opportunity to reintegrate into society because of the feeling of acceptance and respect. ***Descriptors:*** Mental health services; occupational therapy; socialization.

RESUMO

Objetivo: avaliar as repercussões da Terapia Ocupacional (TO) no cotidiano dos usuários de um CAPS da Paraíba e investigar as dificuldades enfrentadas pelos mesmos nas oficinas. ***Método:*** estudo exploratório-descritivo, de abordagem qualitativa, cuja população foi composta por usuários do CAPS do município de Campina Grande/PB. A pesquisa foi iniciada após a instituição ter assinado a carta de anuência autorizando o desenvolvimento da pesquisa no serviço. A amostra foi constituída por 25 usuários os quais foram submetidos a entrevista semiestruturada. Os dados foram analisados a partir da técnica de análise de conteúdo, respeitando-se as regras de homogeneidade, exaustividade, exclusividade, objetividade e adequação ou pertinência inerentes à técnica. O estudo foi operacionalizado após a aprovação do projeto de pesquisa pelo Comitê de Ética do Centro de Ensino Superior e Desenvolvimento da Faculdade de Ciências Médicas (CESED/FCM) da Paraíba sob o número de protocolo: 2354.0.000.405-10. ***Resultados:*** os dados foram agrupados e analisados nas categorias: Concepções acerca das oficinas terapêuticas; Mudanças no Cotidiano Familiar e Social após a participação na TO; TO como espaço de singularidade e preferência do indivíduo; TO como momento imposto pelo técnico de referência; Dificuldades encontradas pelos usuários durante suas participações na TO; Sugestões de melhorias para as oficinas; Laços afetivos firmados através da TO e Reinserção social proporcionada pela TO. ***Conclusão:*** os usuários têm a concepção de que as oficinas potencializam as relações sociais, e com a melhoria da autoestima havia a possibilidade de reinserir-se na sociedade devido ao sentimento de reconhecimento e respeito. ***Descritores:*** terapia ocupacional; serviços de saúde mental; socialização.

RESUMEN

Objetivo: evaluar las repercusiones de la TO en el cotidiano de los usuarios de un CPS e investigar las dificultades enfrentadas por los mismos en los talleres de TO. ***Método:*** se trata de un estudio exploratorio-descriptivo, de abordaje cualitativo, cuya población estuvo conformada por usuarios de un CAPS en Campina Grande / PB. La investigación se inició después de que la institución ha firmado una carta de consentimiento autorizando el desarrollo de la investigación en el servicio. La muestra constó de 25 usuarios se presentaron en el instrumento de recolección de datos (entrevista semiestructurada). Los datos fueron analizados utilizando la técnica de análisis de contenido propuesto por Bardin (2009), respetando las normas de uniformidad, integridad, singularidad, y la conveniencia o la objetividad relevancia inherente a la técnica. El estudio fue puesto en práctica después de la aprobación por el Comité de Ética del Centro para la Educación Superior y el Desarrollo, Facultad de Ciencias Médicas (CESED / FCM) de Paraíba. ***Resultados:*** los datos fueron agregados y analizados en siete categorías: Concepciones de los grupos terapéuticos; Cambios en la vida social cotidiana y familiar después de su participación en la TO; TO como un lugar de la singularidad y la preferencia del sujeto; TO como un momento impuesto por el técnico de referencia; Dificultades encontradas por los usuarios durante su participación en la TO; Sugerencias para mejorar los grupos terapéuticos; Relaciones afectivas construidas por la TO e Rehabilitación social proporcionada por la TO. ***Conclusión:*** se concluye que los usuarios tienen al concepción de que los talleres de mejorar las relaciones sociales, y la mejora de la autoestima tenido la oportunidad de reintegrarse en la sociedad debido a la sensación de reconocimiento y respeto. ***Descriptores:*** terapia ocupacional; servicios de salud mental; socialización.

[1]Nurse. Ph.D in Nursing from the UFPB. Professor of the Department of Nursing of the FCM of Campina Grande. Member of GERCMH/UFPB. João Pessoa (PB), Brazil. E-mail: elisaaz@terra.com.br; [2]Nurse. Faculty of Medical Sciences, Paraiba/FCM. Campina Grande (PB), Brazil. E-mail: priscillamcs@hotmail.com; [3]Nurse. Master of the PPGEnf from UFPB. Member of the GERCMH/UFPB. João Pessoa (PB), Brazil. E-mail: mary_albernaz@hotmail.com; [4]Nurse. Master of the Post-Graduation Program in Nursing of the Federal University of Paraiba/UFPB. Professor of the Federal University of Campina Grande/PB. Member of the Group of Studies and Research in Community Mental Health/GERCMH/UFPB. João Pessoa (PB), Brazil. E-mail: priscillamcs@hotmail.com; [5]Academic in Nursing at the State University of Paraiba/UEPB. Campina Grande (PB), Brazil. E-mail: carlacarolina01@gmail.com; [6]Nurse. PhD in Nursing from the Federal University of Ceara. Adjunct Professor IV of the UFPB. Leader of Group GERCMH/UFPB. João Pessoa (PB), Brazil. E-mail: marfilha@yahoo.com

Article compiled from the Work Completion of Graduation in Nursing << **Impact of Occupational Therapy in everyday users in a Psychosocial Care Center** >> submitted to the Faculty of Medical Sciences of Campina Grande - PB. Campina Grande-PB, Brazil, 2011

INTRODUCTION

After the Second World War health has become an obligation of the State: the right to health to the citizens. Thus, mental health walked along with improvements, reformulating the assistance related to individuals with psychological distress, raising proposals, such as the Social Psychiatry.

In this context, psychosocial care professionals fail to deal only with the disease, with prescription of drugs and therapy applications, starting to focus on the people with need of treatment and offered quality of care. Come to occupy also with the daily, time, space, work, leisure, pleasure, and the organization of joint activities. According with the rehabilitation process, it is expected that the professionals work emphasizing the healthier parts and the potentialities of the individual, through a comprehensive approach, offering vocational support, social, recreational, residential and educational, adjusted to the unique demands of each individual. [1]

This implies in a change of thought related to insanity and to the assistance provided to the people with psychical distress. It also means to reorganize the network of services, seek the participation of the family, and capacitate human resources already existing in the framework to attend to this new demand. Finally, begins the process of Psychiatric Reform in all aspects. [2]

Faced with this situation, occupations were created to improve life both social and psychic. Hermann Simon, creator of the Occupational Therapy and author of the work Therapy most active of the psychiatric hospital (1929), he was a great precursor of these activities, sought not the disease itself, but the socialization and the work that these sick could assume from the development of these actions. [3]

The Brazilian Psychiatric Reform for nearly two decades, has as distinctive and fundamental hallmark the claim of citizenship of people with mental illness: while bringing political demands, administrative, technical - also theoretical - quite new, the reform insists in an original argument: the 'rights' of the mentally ill, their 'citizenship'. [4]

From this perspective, it is necessary to think of reform as a political and social complex process, mingled of actors, institutions and forces of different origins. It is a set of transformations of practices, knowledge, cultural and social values, because it aims that treating the mentally ill has always been a sign of exclusion and sheltering. [5]

The paradigmatic reorientation demanded the organization of a network of psychosocial care which passes through the opening of specialized services and the organization / reorganization of actions and services on the local network, more specifically, at the strengthening of assistance actions at the primary care level, according to orientation stated in Caracas, in 1990, as a mark of the reform processes of mental health assistance in the Americas. In Brazil, the Reform represents, above all, the creation of complex care services such as the Centers for Psychosocial Attention (CAPS), Centers for Psychosocial Care (NAPS), therapeutic homes, etc... And practices anchored in a supportive care, creative and interdisciplinary. [7,8]

As justification for the preparation of this research, starts to build practices in the internships realized in CAPS I of a municipality of Paraiba, and perceives the relevance of Occupational Therapy (OT) to the users. At the academy was developed a project of extension with workshops of art therapy using twines and regional dances, which made to perceive the relevance of the therapies employed by the users.

Occupational Therapy in the field of the Psychiatric Reform starts to assume as objective of therapeutic action the person and his needs and not the symptoms of disease. [8] OT should not only be an instrument of intervention to control and eliminate the psychical uneasiness, it must contribute for the collective life and the individual existences to be more attractive, open and creative and the occupational therapists, facilitators of this process of transformation, tireless creators of possibilities.

At this perspective the workshops, the work and the art can act as catalysts of the construction of existential territories (to insert or reinsert socially the users, to make them citizens), or belonging to worlds in which the users can gain their daily, hence, work of OT developed in the CAPS consists of training, therapeutic workshops, socio-therapeutic activities that seek to prepare the individual to live in community and individual and social psychotherapeutic attendance. [11,12]

The present study reminds us, so to the following questions: What impacts the occupational therapy has proposed to the users of CAPS? The Occupational Therapy has caused changes in the participants? What

difficulties the users have encountered during the workshops of OT?

Based on the foregoing, the objective is to evaluate the effects of OT in the daily of the users of CAPS III of Campina Grande – PB, in order to investigate the changes that it can bring to the users and investigate the difficulties faced by them at the workshops of OT.

METHOD

Exploratory-descriptive study, of qualitative approach, carried out in CAPS III Relive, with all users who made use of OT in October of 2010 and who attended to the following criteria of inclusion: to be a user of CAPS III Reviver of Campina Grande, to participate in the OT of CAPS III, to accept participate voluntarily in the interview, signing the Term of Free Informed Consent and to be over 18 years of age, of both sexes. The research was initiated after the institution has signed the letter of consent authorizing the development of research in the service.

Data were collected through semi-structured interview guide with subjective questions and analyzed from the technique of content analysis, which has as objective to reach by the procedures, systematic and objective of description of content of the messages, indicators which allow the induction of information related to the conditions of production / reception of these messages. The guide of interview was applied to 25 users of the CAPS III-Relive of Campina Grande / PB, all older than 18 years, with mental disorders, and participants of the occupational therapies offered by the service. The rules of analysis of this technique were those of categorization of information by: homogeneity, completeness, uniqueness, objectivity and adequation or pertinence. [13]

As for the phase for analysis of content, was performed the transcription of the interviews in its literality, categorizing them according to their affinities and relevance.

The research started after its approval of the research project by the Ethics Committee of the Center for Higher Education and Development / Faculty of Medical Sciences (CESED / FCM) under the protocol: 2354.0.000.405-10.

Were adopted the ethical principles disposed at the Resolution 196/96 of the National Health Council. To the employees of the research were guaranteed the anonymity and privacy of the testimonies. They were identified by the letter U (user) followed by the numeral corresponding to the sequence of the interviews. The individuals were interviewed after signing the Informed Consent.

RESULTS

- **Interpreting the selected categories for data analysis**

To facilitate the treatment of the collected data, the informations contained in the speeches of the individuals were grouped into seven categories, as follows:

- **Conceptions about therapeutic workshops**

Given this reporting category will be explained the report about the concepts of the users of CAPS, relevant to the therapeutic workshops experienced by the same. It was perceived the real meaning of OT in the life of each one of the users identified in the statements below:

> *[...] I actually think they're very rewarding, by the process that each one of us arrived here in a different process [...] what I think the workshop is that it teaches many different things, (U 1)*
>
> *[...] activates very much our minds, we feel more comfortable mainly that I live alone, live alone and I see that it helps in communicating [...] to talk.. Then when I come here [...] I'm between a family, something I don't have at home; (U 2)*
>
> *[...] I think it's important, because I open my mind, makes me [...] more willingly, to be able to do my chores, not only to do what I do there in the shops but to do other things outside, at home, to study, because we leave much satisfied the workshops. (U 3)*

We can verify the importance of each workshop to help in the psychosocial rehabilitation of the users, because the same provide a transformation of life. Socialization is very evident in the reports. The experience of working at the workshops is positive when one of its functions is also to intervene in the field of citizenship. Thus, acting in the social sphere, contributes with possibility of transformation of the current reality with regard to the psychiatrical treatment. [10]

In relation to the changes that therapies have on social and family life of each one of them, was established a new category:

♦ Changes in Family Daily Life and Social after the participation at the Occupational Therapy

Previously seen the satisfaction of the workshops for users, in this category, becomes evident the change that each therapy does in their life, confirming at the statements which follow:

> *after I got to participate .. changed [...] these people came to welcome me and I was leaving what is called depression, was falling, falling [...] more and more and I am returning to my normal social life; (U 6)*
>
> *that is, I started to [...] here to understand better with my family, get it? To have more support, (U 10)*
>
> *changed so the way of [...] to talk, to convey something more [...] home [...] the living [...]. (U 11)*

The family is the foundation for all the struggles and advances of the people with mental illnesses, since in the discourse above they report that not only learned to cope with the disease, but went on to explain their own illness to the family, playing an important role in this process, because constitutes the nucleus which references and totalizes the protection and the sociabilization of the individuals. [14-5]

Occupational Therapy as a place of uniqueness and preference of the individual

Each individual of the research has its own preferences and particularities, feel the wish to do something which aim for and make a part of a group that relates to and identifies with. Thus, were verified the following speeches:

> *[...] the group? No, I like very, very much to be here [...] we got here doing yo, we used to make only yo.. it was when I learned to make these little balls. Ready then I do the little balls .. and taught the girls, some already know and are making and each one comes up with something new and I like, (U 7)*
>
> *[...] is, ah has many [...] has [...] exercises, dancing is what we do, have people I like, that type we did is [...]different games, to motivate more. (U 11)*

The therapeutic workshops enable the expression of each one of their members be respected, listened and shared. This action allows us to think in a constructive and inventive clinic, of new possibilities of life, a clinic committed with the construction and production of subjectivities, and always attentive to what propitiates the creation and potentiates the processes of transformation of the daily life. [16]

The power of this relationship derives from the importance exercised by the personal interactions on psychological development. Thus, the therapeutic group allows the creation of an interpersonal situation bigger and potentially more powerful than the therapist-patient relationship in individual therapy. [17]

Not always where the users are is where they would like to be, the personality of each one is due to the autonomy to want to participate or not. If the group you participate is the one you really would like to be? Originated a new category:

♦ Occupational Therapy as a moment imposed by the technique of reference

One perceives the desire which everyone has to want to create something different, try to deal with what we really long for, as follows:

> *[...] it's not only the clothes I'm enjoying, I like more jewelry [...] painting; (U 2)*
>
> *[...] it's, it's to make gift boxes, which they don't make here. (U 4)*

The main difficulties are related to the establishment of relations between theory and practice to the awareness of the occupational therapists in relation to forms of culture of the popular classes, the forms of collaboration between therapists and users, and many other difficulties that prevent the advances. [18]

Health professionals tend to influence on the decisions taken by the service users, but have no right to impose them. This influence, derived from professional formation, is controlled through the practice of enlightenment given to the patient related to the mental disorder, indicated therapies, the prognosis, collateral effects, so that their consent is based on intelligible information. This is what is called informed consent. [19]

Each disease has an obstacle to face. The difficulties encountered by the respondents raised a new category:

♦ Difficulties encountered by the users during their participation in the OT

Not always the will power to try to do everything is obtained by the simple wish. Many have limits because of their own illness and sometimes prevent them to get.

> *[...] difficulty? Because so, sometimes there are things we have! To start learning, there is a bit of difficulty with that, (U 9)*
>
> *[...] so, it's because it pulls a lot to mind,*

right? Then, there are moments when the head is still very bad, so, we cannot do that sort of thing. Sometimes we do it once, erase, make twice, make til four times to gain, but it's like that [...] little by little we'll get. (U 10)

Therefore, it is important that the difficulties lived by the users at the therapeutic workshops can be understood and accepted by the professionals, respecting the limitations of these people in front of their mental disorder.

Created in this category, respondents speak about what they would like to do more in the workshops of their daily lives, according to the statements below:

♦ Suggestions for improvement the workshops

Bellow are the speeches related to the interest shown in each speech, showing that everyone likes to do something different, or even try to do, as follows:

[...] more music, I love music, (U 5)

[...] jewelry with girls and the gift boxes, I think beautiful, (U 4)

[...] would like to teach how to do mosaic, I think that art beautiful! (U 1)

The proposal of the creation and maintenance of art workshops have achieved academic goals, allowing the patient to reintegrate them into society and family. The production of the pieces allows the possibility of exhibition and sale of products. [14-6]

For best results in these workshops it is necessary that the staff who manage them are capacitated. It is also fundamental the communication between formed groups or individuals, who must actuate tracing bonding, providing confidence and friendship. [14]

Then, asked whether the participants would have won few friends, from these questionings formulated the category below:

♦ Affective ties signed by the Occupational Therapy

Communication and respect that they learn to have with people who are giving them confidence is important for a better coexistence between the same, factors these evidenced in the following speeches:

[...] yes a lot, met people here, but I have my special friends that I communicate my difficulties; (U 3)

[...] I did, increased my self-esteem that was down there, I made enough friends; (U 4)

[...] met and I know I did with everyone. (U 12)

The texture of the bonds of communication keeps a close relation with the possibility to produce and transmit experience through productions which course in the axis of an emotional-intellectual learning, in the axis of significant learning. All attention and affection is passed be by the therapist or colleague of workshop makes the user feels good and get confidence. [18]

The network of emotional support that is given to the members of the workshops is one of the main tasks of the occupational therapist, the proper care is a manifestation of affection, and therefore, has the ability to strengthen the bonds and generate welfare. [19]

The literature emphasizes that it is difficult to opt for the treatment in the community without considering the families of the mentally ill, because they act as therapeutic agents, implying that the users involved with their families will have support not only in mental health services but will continue through the process of assistance. [19]

The following question: **Returned to work or study after the workshops?** Appeared the **Category VIII Social Reinsertion provided by OT**, so that formed two subcategories at the following points of divergences:

♦ Subcategory I - Possibilities of social reinsertion proportioned by OT

It's exciting the OT for a better social integration, through work or study, up to the same family life. Self-esteem is a goal that the workshops provide through a look for better prospects of life.

[...] well, I'm thinking of going back to school, (U 1)

[...] I went back to school, (4 U)

[...] I do work. With the things I learned here, I do at home [...]I want so to go back to school, (U 8)

[...] whenever I'm home I get the dictionary and read, write, I look for the words. (5 U)

To insert socially segregated and lazy individuals, and retrieve them as citizens, through actions that are central through the insertion of the psychiatric patient at work and / or in artistic activities, craft, or give them access to the media and others is essential to the therapeutic process of the user. [10]

♦ Subcategories II - Difficulties for the social reintegration

The contempt and exclusion that society

passes on to the users are reported with considerable success. The resistance that people transmit when passing by those who have mental illness or simply by attending a specialized service is still common in current reality. Such notations are evidenced from the following statements:

> *[...] no, I didn't get. The people reject, mainly society and has people like crazy, I faced it, (U 3)*

> *[...] I went back to work, but I had a relapse because of stopping the medicines [...] I lost my job and was excluded, because I used to take these drugs [...] prejudice, right? (U-6)*

The mentally ill, when seen as a labor force, suffers depreciation in the capitalist system, because he is not as productive as a so-called normal person. Thus, he has been excluded from the productive life, deriving unemployment, and consequently increases the budget burden for the family. [19]

The mechanisms of exclusion provided as manifestations of emotions, such as fear of the unknown, prejudice and other difficulties experienced by different people, disabled or not, in daily life and present that when explicited can suggest mechanisms of suppuration of the limitations before the new and the difficult. [20]

Social exclusion is linked to solitude, social disruption, to the impact of economic conditions and to the crisis of the social bond. Relegating to the individuals with severe mental disorder a dual process of exclusion from employment and social fragility. [20-1]

Some problems of reinsertion can occur with the social disqualification, generated by poverty, increased to the overburden of mental disorder, and the difficulty in entering into the formal labor market leads to a fragile economic situation. [21]

FINAL CONSIDERATIONS

Occupational therapy looking for social insertion and occupation of the users who share the same has brought benefits to the life of their members. Participants evidence some conception about the participated therapies, what each one offers and transforms in the life of each user. It was evidenced that the participation of the users in the OT workshops was much satisfactory and positive, while brought improvement in the quality of life of those people.

Even before every option of workshop offered by the services of the CAPS, each one had his particularity preserved; his desire to do something that would attend their wishes. Given that many participated only by the fact of having no option of workshop they wanted.

It is observed that despite all the change process that mental health has experienced, it's significant the difficulty that the users suffer to be inserted in society, it requires not only a greater awareness such as giving value to the people before their limitations.

However, psychosocial rehabilitation which is the main goal of OT was achieved within the perceptions of the individuals; insofar as it functioned as a guidance for those who had lost hope to try to be reinserted into society.

Finally, it is considered that the OT has offered a contribution to the life of these individuals, since it is a positive and potentiating experience of perception and autonomy of these users.

REFERENCES

1. Amarante P. Psiquiatria social e Reforma Psiquiátrica. 2. ed. Rio de Janeiro: Fiocruz; 1999.

2. Tonini NS, Maraschin MS, Kantorski LP. Reorganização dos serviços: desafios para efetivação da Reforma Psiquiátrica. Rev gaúcha enferm [Internet]. 2008 [cited 2011 May 12];29(2):262-8. Available from: http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/5590

3. Mângia EF. Contribuições da abordagem canadense prática de Terapia Ocupacional centralizada no cliente e dos autores da desinstitucionalização italiana para a Terapia Ocupacional em saúde mental. Rev ter ocup [Internet]. 2002 [cited 2011 June 25];13(3):127-34. Available from: www.revistasusp.sibi.usp.br/pdf/rto/v17n2/07.pdf

4. Tenório F. A reforma psiquiátrica brasileira, da década de 1980 aos dias atuais: história e conceitos. História, Ciências, Saúde – Manguinhos [Internet]. 2002 [cited 2011 May 12];9(1):25-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-59702002000100003&lng=pt&nrm=iso&tlng=pt

5. Gonçalves AM, Sena RR. A reforma psiquiátrica no Brasil: contextualização e reflexos sobre o cuidado com o doente mental na família. Rev Latino-Am Enfermagem [Internet]. 2001 [cited 2011 June 22];9(2):48-55. Available from: http://www.scielo.br/pdf/rlae/v9n2/11514.pdf

6. Oliveira AGB, Conciani ME. Serviços residenciais terapêuticos: novos desafios para a organização das práticas de saúde mental em Cuiabá-MT. Rev Eletrônica Enferm [Internet]. 2008 [cited 2011 June 22];10(1): 167-178. Available from: http://www.revistas.ufg.br/index.php/fen/article/view/8009/5792

7. Oliveira FB, Silva KMD, Silva JCC. Percepção sobre a prática em enfermagem em centros de atenção psicossocial. Rev gaúcha enferm [Internet]. 2009 [cited 2011 June 25]; 30(4): 692-99. Available from: http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/13149

8. Edislândia Silva A, Paula BS, Aquino JM, Monteiro EMLM, Almeida LM, Pereira Silva F, Frazão IS, et al. O cuidar em saúde mental no Hospital Psiquiátrico: percepção da equipe de Enfermagem. Rev enferm UFPE [Internet]. 2012 [cited 2012 May 22];6(3):571-77. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/2357

9. Ribeiro MC, Machado AL. A terapia ocupacional e as novas formas do cuidar em saúde mental. Rev ter ocup [Internet]. 2008 [cited 2011 June 25];19(2):72-5. Available from: www.revistasusp.sibi.usp.br/pdf/rto/v19n2/02.pdf

10. Valladares ACA. Reabilitação psicossocial através das oficinas terapêuticas e/ou cooperativas sociais. Rev eletrônica enferm [Internet]. 2003 [cited 2011 June 25];5(1):4-9. Available from: http://www.revistas.ufg.br/index.php/fen/article/view/768

11. Abreu DN. A prática entre vários: a psicanálise na instituição de saúde Mental. Estud pesqui psicol [Internet]. 2008 [cited 2011 June 26];8(1):74-82. Available from: http://pepsic.bvs-si.org.br/pdf/epp/v8n1/v8n1a08.pdf

12. Dittz E, Santos MDL, Ribeiro, RCF. Terapia Ocupacional e atividades socioterapêuticas-contribuindo para circulação social em saúde mental. Rev Neuropsiq da Inf e Adol [Internet]. 1999 [cited 2011 June 25];7(1):36-8. Available from: http://www.psiquiatriainfantil.com.br/revista/edicoes/Ed_07_1/in_19_07.pdf

13. Richardson RJ. Pesquisa social: métodos e técnicas. 3a ed. São Paulo: Atlas; 1999.

14. Bardin L. Análise de conteúdo. 5. ed. Lisboa: Edições 70; 2009.

15. Silva PMC et al. A arteterapia como prática inclusiva no CAPS. IV Congresso Ibero-americano de Pesquisa Qualitativa em Saúde; 08 de nov de 2011. Fortaleza; 2011.

16. Santos MA. Natureza do espaço: técnica e tempo. 3. ed. São Paulo: Edusp; 2002.

17. Peluso ETP, Baruzzi M, Blay SL. A experiência de usuários do serviço público em psicoterapia de grupo: estudo qualitativo. Rev saúde pública [Internet]. 2001 [cited 2011 June 26]; 35(4):341-8. Available from: http://www.scielosp.org/pdf/rsp/v35n4/6005.pdf

18. Fernandes AMD. Perspectivas em psicologia institucional - investigação/intervenção em escolas públicas da Maré. Psicol cienc prof [Internet]. 2003 [cited 2011 11 Jul];23(4):56-63. Available from: http://pepsic.bvsalud.org/scielo.php?pid=S1414-98932003000400009&script=sci_arttext

19. Koga M, Furegato AR. Convivência com a pessoa esquizofrênica: sobrecarga familiar. Ciênc cuid Saúde [Internet]. 2002 [cited 2011 June 28];1(1):69-73. Available from: http://www.revistas.ufg.br/index.php/fen/article/view/799/906

20. Pereira AC. Oficina de criatividade com pais de crianças deficientes. Rev abordagem gestalt [Internet]. 2009 [cited 2011 June 26];15(2):169-178. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-68672009000200013

21. Pegoraro RF, Caldana RHL. Sofrimento psíquico em familiares de usuários de um Centro de Atenção Psicossocial (CAPS). Interface - Comunic. Saúde Educ [Internet]. 2008 [cited 2011 June 28];12(25):295-307. Available from: http://www.scielo.br/scielo.php?pid=S1414-32832008000200006&script=sci_arttext

Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/02/09
Last received: 2012/07/05
Accepted: 2012/07/06
Publishing: 2012/08/01

Corresponding Address

Mariana Albernaz Pinheiro de Carvalho
Rua São Gonçalo, 110, Ap. 201
Bairro Manaíra
CEP: 58038-330 — João Pessoa (PB), Brazil