Saúde e Pesquisa
DOI: 10.17765/2176-9206.2024v17n3.e12540

Demands for continuing education for person-centered care in psychosocial care

Demandas de educação permanente para o cuidado centrado na pessoa na atenção psicossocial

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ABSTRACT
Describing suggestions from community mental health service professionals for the construction of a training intervention on person-centered care in psychosocial care. Social research, strategic modality with a qualitative approach carried out with 17 professionals from two Psychosocial Care Centers in the central region of Brazil in 2021. For data collection, a professional profile questionnaire, a semi-structured script for an individual online interview and notes in field journal. The data were subjected to thematic content analysis with the help of the ATLAS.ti software to organize the corpus. Based on the participants' reports, the thematic category Training Intervention was constructed, which included two categories: 1. Topics of interest to person-centered care; 2. Strategies that are attractive to the eyes of health professionals. Despite the importance of the themes and strategies raised by the professionals, it became evident that the teams did not directly refer to the specific themes of person-centered care.

Keywords: Patient-centered care. Mental health. Mental Health Services. Continuing Education Training. Qualification of human resources in health.

RESUMO
Descrever sugestões de profissionais de serviços comunitários de saúde mental para a construção de uma intervenção formativa sobre o cuidado centrado na pessoa na atenção psicossocial. Pesquisa social, modalidade estratégica, de abordagem qualitativa realizada com 17 profissionais de dois Centros de Atenção Psicossocial da região central do Brasil em 2021. Para coleta de dados utilizou-se questionário de perfil profissiográfico, roteiro semiestruturado para entrevista individual *online* e anotações em diário de campo. Os dados foram submetidos à análise de conteúdo temática, com auxílio do software *ATLAS.ti* para a organização do *corpus*. A partir dos relatos dos participantes, foi construída a categoria temática Intervenção formativa que contemplou duas categorias: 1. Temas de interesse ao cuidado centrado na pessoa; 2. Estratégias atrativas aos olhos na percepção dos profissionais de saúde. Apesar da importância dos temas e estratégias levantados pelos profissionais, ficou evidente que as equipes não se referiram de forma direta às temáticas específicas do cuidado centrado na pessoa.

Palavras-chave: Assistência centrada no paciente. Saúde Mental. Serviços de Saúde Mental. Educação Continuada. Capacitação de recursos humanos em saúde.

INTRODUCTION

Since the implementation of the Unified Health System (SUS), there have been advances and setbacks in the field of public mental health policies in Brazil. Movements of workers, users and family members in favor of the Psychiatric Reform and the anti-asylum struggle have been ensuring the adoption of psychosocial care as an emancipatory ethic that aims to reorient the model of care. A new perspective is sought in which the reception of the individual's singular experience is the central point of treatment that has its therapeutic goals focused on investing in social practices that can change the perception of mental diseases and disorders and reduce the social prejudice[1].

It is important to consider that many professionals, even today, were not formed based on the paradigm of psychosocial care, which requires training strategies capable of transforming the professional culture, often centered on the asylum model. Thus, educational efforts can contribute to the training of professionals, to deinstitutionalize mental suffering as the primary foundation of care. It is essential that the pedagogical training processes are in line with the efforts to transform the socio-cultural reality that is desired[2]. In this sense, the Permanent Health Education Policy in the SUS (HEP) aims to overcome the hegemonic model of production of mental health care, through the training of health workers in the service, with the service and for the service3.

In the context of mental health, the guideline of the Person-Centered Approach (PCA) as a fundamental strategy for humanized and psychosocial care was formalized by the Pan American Health Organization (PAHO) and the World Health Organization (WHO)[4] through specific publication, which guides the PCA as a path to be followed in guaranteeing rights, in facilitating professional contact – user in any therapeutic relationship focused on mental health5.

In the early 1960s, psychologist Carl Rogers coined the term "person-centered" within psychotherapy, evolving his client-centered thinking, used by him in the 1950s [6]. Rocha[5] warns that the Rogerian theory should not be limited to the psychotherapeutic work carried out in the office, but still is. Although the assistance performed in other health spaces is different in many ways, we are referring to person-centered care, where empathy is the central element, without professional pre-judgments with an attentive listening to user demand, which Rogers named as unconditional positive consideration[6].

In person-centered care, social workers and health professionals work with service users. Person-centered care helps these users acquire the knowledge, skills, and confidence they need to manage their health and care more effectively and make informed decisions[6]. The implementation of person- and family-centered care in health contexts can rely on various actions and strategies that contribute to user safety[7].

One of the strategies that enables person-centered care by multiprofessional teams is the Person-Centered Clinical Method (PCCM) which has four components: 1. Exploring health, disease and disease experience; 2. Understanding the person as a whole; 3. Developing a joint plan for the management of problems; 4. Strengthening the relationship between the person and the physician/health professional[8]. This method is an important tool for the effectiveness of health promotion, as it stimulates the protagonism and proactivity of the person in their treatment[9].

Consistent use of person-centered care requires changes in the way services are provided, in the roles of participants in both health professionals and the people they serve, and in the relationships between users, staff and health professionals. Although it is a challenge, person-centered care has been provided by a small but growing number of services with positive results. This change requires effort, but it is possible to effect[6].

To put person-centered care into practice, an international initiative is a joint formulation based on experience, a method developed by university students at King's College London and applied in several countries, which seeks to combine the experiences of users and professionals to improve and restructure services considering the experiences of people[6].

In Brazil, despite efforts to implement practices in mental health based on person-centered care and the psychosocial care model, there are undeniable the constant disputes in this scenario according to the political context that show setbacks as the publication of the "Guidelines for a Model of Integral Care in Mental Health in Brazil"[10] that rescues the perspective of mental health care based on the biomedical, centralizing and hospital-centered model that to date has never been overcome, which generates a mismatch in relation to person-centered care, which reaffirms the importance of addressing the formation of multiprofessional teams about person-centered care, in the search for mental health care that, in fact, seeks deinstitutionalization, which is antimanicomial and aims for effective social participation.

Given the above, it is important to give voice to professionals who work in the psychosocial care scenario to understand their needs for improving care practice to provide comprehensive, resolutive and person-centered mental health care. Therefore, the objective of this study is to describe suggestions of professionals from community mental health services for the construction of a formative intervention on person-centered care in psychosocial care.

METHODOLOGY

It is a social research, strategic modality, qualitative approach. Social research explores the world of meaning through experiences, behaviors, worldviews, and relationships of people, including researchers. In the strategic method, the meaning of a specific problem is analyzed with reference to historical processes, to provoke reflection on its future solutions. It is through the worldview of participants in the research process and theories of the Social Sciences that inexplicable phenomena are clarified[11-12].

The study scenario consisted of two Psychosocial Care Centers (CAPS) located in the central region of Brazil, one characterized as Center for Psychosocial Care for Children and Adolescents (CAPSi) and the other as a Center for Psychosocial Care Alcohol and Drugs (CAPSad) type III. It is worth mentioning that in the period of data collection, 44 professionals were linked to the investigated services, 22 in each health unit. Of these, six accepted to participate in CAPSi and 11 in CAPSad III, totaling 17 professionals, selected by non-probabilistic sampling, for convenience, having as inclusion criteria professionals who provided direct assistance to users and their families and as exclusion criteria professionals who were officially removed from the service due to leave or vacation.

As data collection instruments, were adopted by the team of researchers: questionnaire profissiographic profile, field diary for notes and a semi-structured script with guiding questions for individual interview online, and especially for this study the following questions: What is the contribution of the use of educational material/intervention to achieve care centered on the user/person? What are your suggestions about the content of this material/ intervention? Subsequently, the questionnaire of Profissiographic profile and the semi-structured script were evaluated by two doctors, a nurse expertise in Management of Health and Patient Safety and a psychologist specialized in Mental Health. Then, a pilot test of the application of the questionnaire and the semi-structured script for interview with 11 professionals who worked in CAPS was carried out to put into practice the step by step of the methodological path and to verify

if the strategies for obtaining the data would be aligned and appropriate to the objective initially set.

In addition, adjustments were made in the way of conducting the collection after the pilot test, instead of being performed through answers typed via Google Forms due to the impossibility of entering the field in person due to the worsening scenario of the covid-19 pandemic[19], it was chosen to operationalize virtual individual interviews for a greater depth in the answers. Soon, after this reformulation, the approach to the field was performed through a video call with the mental health coordinator of the municipality in which the research would be implemented. In this meeting, the objectives of the research and how the data collection would be conducted were exposed and, at the end, the letter of consent for the beginning of the data collection was requested.

Afterwards, meetings were scheduled with the professionals and managers of the CAPS included in the study to sensitize them to adhere to the research proposal, and at the end of this moment, a link was sent to the work group in the social network of the teams for access to the Informed Consent Form (ICF) questionnaire and space for scheduling possibilities of dates and times for virtual meeting for interview.

Thus, the data collection was carried out in the months of June to August 2021 and was performed by two nurses, the main researcher, doctoral student in nursing and a Stranda in nursing. Individual online interviews were recorded in video format through the Google Meet application lasting between 15 and 48 minutes, with an average of 25 minutes and transcribed in full for further analysis. After the interviews, the facilitators discussed their perceptions related to what was exposed and how to approach the participants, and records were made in the field diary to assist in the inferences of the analytical process of the data and future discussions of the findings.

Regarding the analytical process of the data, the content analysis technique was chosen, thematic modality according to the steps recommended by Bardin[13]: 1. pre-analysis consisting of the organization of the materials to be analyzed and floating reading of the data for the formulation of initial hypotheses; 2. exploitation of material marked by data coding by identifying the units of record and context which are subsequently grouped by similarity for the construction of the sense cores; 3. treatment of the results obtained: inference and interpretation that discloses the findings through the thematic categories from the analysis. In addition, the ATLAS.ti software was used as an aid tool for the organization of the corpus that represents the set of materials that will be analyzed.

This research is part of a larger project entitled “Educational strategy and organizational support of health professionals for user involvement in safe care”, approved by the Research Ethics Committee (CEP), Opinion N. 4.298.136 and Certificate of Presentation for Ethical Assessment (CAAE) N. 22469119.0.0000.5078. The participants, after consultation, electronically signed the ICF, following the procedures of research in a virtual environment in accordance with the recommendations of Resolution 466 of 2012[14] and guidelines of circular letter N. 2/2021/CONEP/SECNS/MS[15]. Participants were coded by the letter P and numbered 1 to 17 along with the name of the CAPS to which they were linked (CAPSi) and (CAPSAD) ensuring the confidentiality and anonymity of professionals.

RESULTS AND DISCUSSION

Regarding the sociodemographic and professional characterization, 15 of the participants were female, aged between 33 and 61 and included professionals from several areas: five psychologists; five nursing technicians; three nurses; two social workers; a speech therapist

and a pharmacist, and of these, seven members of the teams specialized in mental health.

From the content analysis process, the thematic category Formative intervention emerged, which included two categories that address the suggestions of themes and strategies in the vision of professionals to improve their practice in relation to person-centered care (Figure 1).

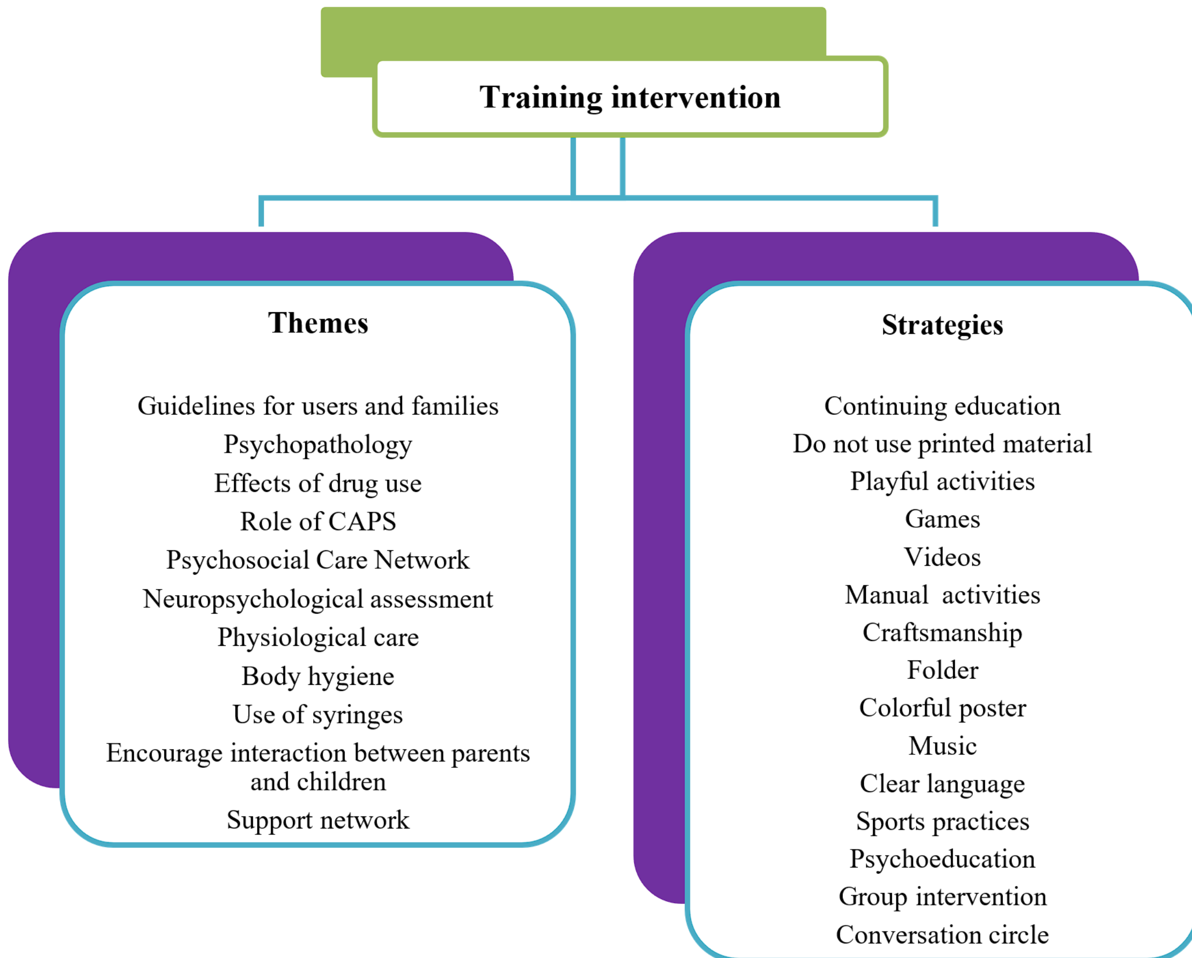

Figure 1. Coding tree of the study categories. Aparecida de Goiânia, GO, Brazil, 2021.
Source: the authors (2021). The coding tree was built based on the testimonials of the professionals.

CATEGORY 1 - TOPICS OF INTEREST TO PERSON-CENTERED CARE

Guidelines for the care of users and their families to help improve the people assisted by the service was a demand for training raised by professionals, as illustrated by the reports:

> (...) And what can we do to help (...) not only the user, because not only the user, which is affecting a family, then listen to the issues, right (...) (P3 CAPSi)

> (...) What is the orientation, how can he [user] be following those guidelines so that he can succeed in what is being passed on and be able to absorb something positive that may be contributing to his improvement. (P11 CAPSAD)

The participatory and emancipatory process requires guaranteeing to the subjects the right to voice in decisions and a critical and

reflective education, from the formal to the informal spaces of education. It needs to be based on a participatory perspective, with educational and systematically planned strategies aimed at stimulating the process of choosing and assertive decision[16]. Therefore, mental health professionals should, in addition to providing guidance through health education processes, build a space that privileges the exchanges of knowledge between the team and the people assisted to stimulate the engagement of users in their own care.

The preparation of physical educational material for the guidance of family members who are not constantly present in the CAPS emerged in the testimony of one of the participants as an important theme:

> (...) For the family member, I think it would be cool, interesting, because sometimes the family member doesn't have much patience, doesn't have much time, sometimes you can't get everyone together, as the family member is not often in the unit, the physical educational material is interesting, because I will be able to cover all the family members who come to the unit, Regardless of the time he comes, why he comes, if he will stay for a long or short time, if he came just to bring, anyway, then for the family I think it is very feasible. (P17 CAPSAD)

Research has shown that the use of physical educational materials as primers are useful resources for mental health care of the population. A scope review that aimed to identify the booklets made available and shown by studies in national and international databases and databases aimed at promoting mental health during the period of the COVID-19 pandemic identified 21 materials on various themes related to mental health[17], demonstrating that these resources are important for the dissemination of information and guidance related to people's mental health.

A material or intervention that assists them in providing information to users about the psychopathology of mental disorders and the effects of drug use on the body was cited by professionals as a necessity:

> Look, I believe that what should be in this material, what is missing a lot is for it to specify each ICD, you know, for example, because sometimes a user says, 'oh, I had an anxiety crisis', and we asked him, 'okay, but what crisis, how was it?', and it's usually not an anxiety crisis, So they confuse a lot what it is, so the educational material that would be simplified to explain what is panic disorder, what is anxiety, what is personality disorder (...). (P5 CAPSi)
>
> It's really talking about what they feel, about the difficulty that is abstinence, these things being very clear in the case of a material or in an intervention, what is it that the person is so restless, because they want to use marijuana and are trying to stop, explain, have this clear, the effects of marijuana, marijuana is an example, you know, any other drug (...) (P13 CAPSAD)

Research that aimed to perform epidemiological survey of the most frequently attended psychopathologies in a CAPS type II located in the central region of Brazil pointed out that the largest number of visits was related to panic disorder (20.5%) followed by manic affective disorder (18.3%) and the lowest number to moderate depressive episode (1.8%)[18], which demonstrates the importance of mental health professionals being constantly expanding knowledge in relation to various mental disorders to offer resolution care, compatible with the needs of users.

Publicizing the role of the CAPS was another topic suggestion by the professionals, because, according to them, many users are unaware of how a community mental health service works, especially the CAPS type III, as well as the Psychosocial Care Network (RAPS):

> I think that the introduction, what the service is, which professionals are there, what we offer (...) and then many question why there are no CAPS III services here, so, we have to seek, 'no, the CAPS does not have this function', (...) because then we give them a hand, they want everything (...) there is a free service there, I think we already have this material, you can put it at the end, you know, cases that don't fit there, where they can seek help, what we offer, the service (...) (P3 CAPSi)
> For me it's essential, you know, because in my opinion it's essential, because these families need to understand, not only these families who need to go deeper, but the role of the CAPS is also to know the facts, they don't even know, they don't even know that it exists (...), you know, and this needs to be more publicized, more talked about, more and more (...) (P3 CAPSi)

The CAPS are services that make up the Psychosocial Care Network (RAPS), which focuses on the comprehensiveness of health care through interprofessionality as opposed to segregating and manicomical practices[2] and aims to assist people with mental disorders, suffering or who are dependent on alcohol and other drugs.

Neuropsychological assessment, physiological care, body hygiene and use of syringes by drug users were other themes suggested by professionals:

> (...) a neuropsychological evaluation that is very requested, you know, (...) (P3 CAPSi)
> (...) For the user it would be two things that I think are interesting for the users, anxiety management and ways with their own care, their own care entering so much hygiene, their own hygiene, their safety, safety, hygiene (...) (P17 CAPSAD);
> (...) It is important to train professionals to address some issues with users about the use of syringes, which we know that today the use of syringes is much lower (...) (P16 CAPSAD)
> (...) and this hygiene care, the importance now of this COVID period, that they maintain distance, hygiene, that it is difficult to talk about hygiene for those who are homeless, but having material and having trained professionals, we can pass a little on to these people. (P16 CAPSAD)

It is noted that some professionals are concerned with issues related to the biological scope for assistance. Despite its importance, it is necessary to look at the other dimensions of life of people assisted by the teams of community mental health services for the consolidation of person-centered care in the scenario of psychosocial care, because, according to researchers[19], practices anchored in traditional psychiatry and the biomedical model in CAPS are harmful because they provide oppression and discrimination of minorities and neglect the subjectivity and social dimensions of the public served.

How to stimulate the interaction between parents and children and the issue of the support network also emerged in the participants' reports as demands for training of professional practice in the context of psychosocial care:

> This here we use a lot, that's how we all use it, nursing technicians, nurses, other therapists, psychologists, social workers,

> we have a wide range of activities here for them, and sometimes when we don't have them, we create these materials ourselves, we have already created some materials here, including to take home, playful and therapeutic activities for the father to do together with them, so we use a lot of these care strategies. (P6 CAPSi)
>
> Okay, let's go, for the family member, I think about the support network, so addressing topics what would be the support I could give, the ways of listening, even if I am not able to give support to put the user inside my home, but it can be an affective support that I do (...). (P17 CAPSAD)

One way to encourage the participation of family members of CAPS users in the psychosocial rehabilitation process of their relatives is the construction of the Singular Therapeutic Project (STP) with the involvement of all important social actors in this journey of rescuing life projects, such as the multidisciplinary team, users and their families, which favors the social reintegration of the person with demands for mental health care[20].

Finally, self-care of the mental health professional was another issue raised by one of the study participants as important for better care for users:

> (...) For the professional, I think we can handle the demand, of course if there were more demand and more professionals would be great, but, what I see, we are often tired, so one thing for the professional would be management strategies with their own anxiety, with the professional's own self-care. (P17 CAPSAD)
>
> (...) I see that nowadays, especially in this time of pandemic, we don't have support, listening to us, professionals, so, like, I think it's interesting, we call this within our unit Caregiver's Day, we must take a moment, we talk about the day, but it's not a day, it is a period (...). (P17 CAPSAD)

It is important to emphasize that only good physical space conditions in the environment in which the work is carried out and the availability of material resources for labor practice are not sufficient for the health of the worker; self-care must be considered to prevent damage in both biological and psychological aspects[21]. Therefore, it is necessary to reserve moments of self-care to multiprofessional teams that work in community mental health services because they are in direct and constant contact with the suffering and vulnerability of people with mental problems arising from drug dependence and the co-dependence of their families, to minimize emotional impacts on personal life and professional practice.

Despite the importance of the issues raised by the multiprofessional teams, it was possible to realize that important central themes of person-centered care as the principles defined by the Health Foundation: Ensure treatment for all people with dignity, compassion and respect; Offer coordinated and personalized actions of care, support and treatment; Offer support and conditions for people to recognize and develop their skills and competences and thus have autonomy in the process of caring for oneself[6], were not remembered by professionals, either because they were unaware of the subject or because they attributed greater importance to these other issues related to mental health care.

In this direction, another way of putting person-centered care in health services into practice is the PCCM, where its four components address questions about person-centered care: 1. Exploring health, disease and disease experience; 2. Understanding the person as a whole; 3. Elaborating a joint plan for the management

of problems; 4. Strengthening the relationship between the person and the physician/health professional[8]. It is noted that professionals also did not refer directly to these aspects.

It is important to emphasize that the Pan American Health Organization has prepared a material regarding guidelines on community mental health services to promote human rights-based and person-centered approaches. This guide aims to collaborate and support developing countries. It focuses especially on the reform of community services and responses from the perspective of human rights, fostering the fundamental rights of equality, non-discrimination, legal capacity, free and informed consent and social inclusion[4].

The guide cited above provides a roadmap to ending involuntary institutionalization, hospitalization and treatment, and outlines concrete steps to build mental health services that respect the inherent dignity of every human being on the planet. The importance and urgency of this problem encourages legislators around the world to invest in community mental health services that meet international human rights standards. It also presents a vision of mental health care that meets the highest standards of respect for human rights and gives hope for a better life for millions of people around the world suffering from mental disorders and disabilities and their families[4].

CATEGORY 2 - STRATEGIES THAT ARE ATTRACTIVE TO THE EYES IN THE PERCEPTION OF HEALTH PROFESSIONALS

This category addresses what mental health teams want to structure the process of experiential training on person-centered care. It is noted that, when asked about what they would like a strategy focused on themselves, it was evident that the professionals thought of activities that they could reproduce with users of community mental health services.

One participant claimed that continuing education is an important strategy for instrumentalizing them to use tools capable of reaching all users, regardless of their level of education:

> In fact... A very directive educational material perhaps, but, like this, I see much more, this is very important for us a continuing education, because, for our user, most of our users they have a very low level of education, so much so that, for example, sometimes I do some dynamics that are to write I do very rarely, because many of them do not know how to write or read. (P17 CAPSAD)

In the health scenario, there are two paradigms related to the development of people, Continuing Education (CE) and Permanent Education (PE). CE focuses on updating knowledge. These are punctual courses without continuous occurrence and usually occur in school or academic environments with content transmission techniques with a disciplinary focuss[22].

On the other hand, PE aims to provide transformation in the improvement practices of multiprofessional teams in which the teaching and learning process is closely related to the day-to-day of institutions, occurring in the service environment itself. In addition, there is appreciation of the problematization of reality and has in practice the kick start to the construction of knowledge. Therefore, apprentices are active subjects throughout the process because they do not passively receive the information[22].

In addition, the actions of Permanent Education in Health (PEH) seek to provide opportunities for changes in the work of workers, as well as in the organization of work processs[22].

Not using printed material was a suggestion of what not to be done, because the professional verbalized that, due to the audience served in the unit be composed of people living

in street situations, direct this material to this group in the future would not be effective. Thus, using playful activities in the training process was another suggestion verbalized by professionals, especially those that serve the children and youth public because they are resources that favor working in a more interesting way the themes that guide psychosocial care and enhances the understanding of information:

> Many of our users are homeless, it's more of a role for them, so the physical educational role, I think it's difficult (...). (P17 CAPSAD)
> (...) For the users, and I believe that materials (...) in the form of sometimes even playful activities, you know, as we place it as the center of care, then it is also responsible for this process, it is interesting to have this. (P2 CAPSi)
> Fundamental, because the more playful the therapies, the more the ability to understand life situations, we only verbalize something, the capacity for apprehension is small, the capacity for apprehension increases as visual and motor resources to be able to work on some aspects of families, some aspects related to pathologies, so use of playful material, pedagogical, is of paramount importance (...). (P4 CAPSi)

The use of playfulness for the care of children and adolescents with mental health care demands is a powerful tool, as shown in a study in which the resource of board game for autistic children was used, which demonstrated that this strategy was able to promote cognitive and social development of the children assisted.

It emerged in the testimony of a professional the suggestion of using pedagogical games or other natures during the training process, because they are resources that children and adolescents like, besides facilitating learning:

> (...) Even the games, the pedagogical games and the games that are not pedagogical also have a big influence, they like it a lot, not only the children, but the teenagers as well (...) (P6 CAPSi)

The dissemination of studies that address the issue of the use of games with children with mental disorders is relevant to bring to light the need for the use of these strategies by multidisciplinary teams to promote autonomy, control of feelings and emotions to provide a better quality of life for this audience, as well as for all people inserted in its context[23].

Short videos were another tool verbalized by participants that is attractive to users of community mental health services and holds their attention in the content that is exposed as the reports demonstrate:

> (...) Short videos also catch their [users'] attention, nothing too long or with words that they would have difficulty understanding, because then they start to find it boring (...) (P7 CAPSAD);
> So, I believe that didactic material, videos, is not, a matter of... They [users] are interested in videos, I think that's more is what they hold a lot of attention (...) (P9 CAPSAD)

From the perspective of using games and videos, also called educational material (EM) developed for education, researchers[24] warn that their objectives must be evaluated to ensure compliance with what is proposed. In this sense, it is essential that any use of tools is evaluated if it favors the fulfillment of therapeutic objectives for that individual or group.

Manual activities and performing crafts were other suggestions verbalized by professionals

for insertion in the training process, because the users they serve have affinity for these activities, as the reports demonstrate:

> (...) Wow, we see a lot of improvement, it's an important factor, the materials of use, painting, the canvases (...) (P6 CAPSi)
> They [users] really like to make things like this, handmade works, it hooks them a lot (...) (P8 CAPSAD)
> (...) There are some [users] who draw very well, they are draftspersons, others do handicrafts... Just like there, there is one there who does some work with popsicle sticks, makes the baskets, the houses look so cute, so... And when they see the work they do, they feel useful too, right, we are trying to develop the work with the garden (...) (P8 CAPSAD)

The implementation of craft groups has been used as a strategy for mental health care, as demonstrated by a survey conducted with 170 women patients in the waiting room in Primary Care services presenting as positive developments greater social support and rescue of self-esteem, centered on activities in the Health Unit, and income generation[25].

The inclusion of sports practices related to the training process was highlighted by a participant because they can reproduce with users later:

> (...) And it was also good to develop with some sports practice, to have a very tidy place to have a sports practice with them [users]. (P8 CAPSAD)

Scientific evidence indicates that physical activity by workers has the power to prevent the development of arterial hypertension[26]. Therefore, sports also positively influence the mental health of professionals because they provide well-being and increase the self-esteem of people who practice it, which has an impact on performance and productivity in the work environment.

The construction of Folder and colored poster were other proposals suggested to assist in the training process:

> (...) Or through we read the folder, each one asks a question, or each one gives their opinion too, I don't know how this will be passed, but any contribution is super productive. (P14 CAPSAD)
> Looking, colorful poster with images that they can visualize, the question, for example (...) (P7 CAPSAD)

The preparation of folders has been an interesting strategy to assist in the promotion of mental health of the population as demonstrated by a research that aimed to disseminate the dialogical construction of Folder in virtual format to disseminate strategies for maintaining mental health in the period of the COVID-19[27]. Creative actions that expand the therapeutic proposals can be a path to comprehensive care to the individual.

Conducting case study to problematize the situations brought by users and their families was another suggestion given by a professional as an effective tool to enhance learning:

> Look, I think it would be fundamental, but it is that thing, but it had to be a systematic thing, you know, it's like this, I really study, let's study, let's read more, let's do a case study, you know, like this (...). (P10 CAPSAD)

A strategy that enables the discussion of cases of CAPS users in a collective way among the multiprofessional team is the construction of the Singular Therapeutic Project in a collective way during the team meetings. According to researchers, the STP is an important tool especially in the mental health scenario and is

in line with the public health policies in force in Brazil to establish a new look at the phenomenon of madness[20].

Adopting clear language during the training period was cited as an important requirement when thinking about the final focus of mental health care that are users, because, when using a fancy language, the people assisted end up not understanding the message, which impairs changes in behavior:

> We always try to work in a clear way so that the user understands what is being passed on to him, there is no point in taking complex topics where we are going to talk, talk and he will not understand anything, so always be with practical topics so that the user understands what is being passed (...) (P11 CAPSAD)

Both in oral and written form, it is important that multidisciplinary teams pay attention to the way they communicate so that information is accessible to all. An integrative review that sought to identify the methodology used for the elaboration of printed health education materials for adults pointed out that there is a consensus in the literature regarding the clear and understandable need of materials to favor the understanding of the public target, because the level of education of the people to whom these materials[28] is not always evaluated before[28].

Thinking about multiplying the experience with users, the professionals reported that the musical resources are well accepted by the people assisted and favor the mental health care:

> They like music, they like video, they like music, they like video. (P12 CAPSAD)
> Look, what they like, what I realized, we, today, have a music therapist, then we see that her approach to the team is being very accepted for what they like, so they like to move and this she provides them, so an educational material that would make them more comfortable, It's all restrained, right? (...) (P15 CAPSAD)

It is emphasized that, in music, interactions can be manifested and experienced in various dimensions such as physical, mental, behavioral, social, spiritual and musically. In this way, musical experiences can be used to work a wide range of perspectives, for example, to explore relationships between two opposite feelings of a client, or feelings of the client and the therapist, the client and the family, between feelings and thoughts of the client, between ideals and sentiments[29].

Performing the intervention in a group format was another suggestion given by the professionals because they realize that the users of the services like and would serve both as a strategy to socialize what is learned, as well as being a space of expression of subjectivity, extrapolating a formation only in cognitive aspect:

> Look, you talked about educational material, I see how much they like the group of the doctor there, the psychiatrist, who talks a lot about chemical dependence itself, about drugs, about all of them, about the effects, about what can lead a person to use drugs, and it's a group like this that users feel very good, They get to know what their pathology is, you know, and there are the experiences they exchange... I have already attended some of the doctor's lectures there (...). (P13 CAPSAD)
> Well, for me it would be of good value, right, and we are passing this on to the users, to the users, the way we can be passing it can be in various ways during

the groups, we can make a group only or during each group, it depends on how this is going to be passed on (...). (P14 CAPSAD)
(...) To dance, to sing, to express oneself individually, even if it were a group, each one can, so their moment to expose their frustrations, their expectations, would be good. I do not know what that would look like, but that's what they like. (P15 CAPSAD)

Group interventions have several therapeutic possibilities for users of CAPS and mental health services in general, for their families and for professionals, facilitating work processes focused on the Psychosocial Care model[30].

It emerged in the testimony of the participants that psychoeducation is an important strategy to be inserted in the training process because it provides an opportunity to approach the issues addressed with the reality of life of users:

(...) The doctor says a lot that the worst drug is the one you use, you know, there are a lot of people who say that the worst drug is alcohol, you know, and there are some who say that marijuana is a lesser drug, 'I only smoke marijuana', 'no, my problem is just alcohol', but the only thing you use is bad, the doctor there always talks, you know, in the lectures about the worst drug, okay, these things, in a material, in an intervention, to talk about what is really important, what is very close to their reality, I think that this is addressed in the psychotherapy groups there with the psychologists, you know, that it is a closed group, right, I believe that this is addressed by the CAPS psychologists. (P13 CAPSAD)
(...) and psychoeducation, (...) although we are having psychoeducation, but it is always great, especially when they are users who have been in the unit for a long time, they get tired of hearing the same subjects from the same people, so I think that, right? (...). (P17 CAPSAD)

Psychoeducation is a strategy that elevates the practice of the professional since it prioritizes and values the autonomy of the user over therapeutic commitments. Psychoeducation aims, in its principles, to stimulate the autonomy of the individual over his life. In this perspective, it is an interventionist strategy with a strong impact on mental health treatment[31].

The Conversation Circle was a strategy cited so that professionals could socialize the materials built through research to users of services:

(...) Conversation circles where we expose these materials and they [users] are able to absorb what is being passed on. (P11 CAPSAD).

The Conversation Circle is a powerful tool, used even for the purpose of mental health care, as demonstrated by an investigation that consisted in the implementation of online conversation wheel with relatives of autistic children during the COVID-19 pandemic, demonstrating that this space for sharing similar experiences was extremely important for the construction of bonds and minimization of conflicts and anguishes[32].

The research shows that many professionals working in the psychosocial care scenario lack knowledge about person-centered care evidenced by the suggestion of some topics that are not related to this care model. Therefore, as practical implications, it is urgent the need to approach this subject by educational institutions and in the work environment for the development

of this competence to combat the reproduction of asylum and hospital practices.

CONCLUSION

Among the suggestions for themes, the professionals who make up the mental health teams mentioned as a need for inclusion in the training process on person-centered care: ways to guide users and family members, information on psychopathology of mental disorders and the consequences of drug dependence, clarify the role of CAPS, especially type III, as well as RAPS, neuropsychological assessment, physiological care, body hygiene, use of syringes by drug users, such as stimulating interaction between parents and children, support network and self-care of the mental health professional.

In relation to the strategies to build the training process, emerged in the reports of the participants the importance of carrying out continuing education processes for the qualification of professional practice, not performing printed material, using playful activities, pedagogical games, short videos, manual activities, crafts, sports practices, folder, case study, use clear language, music, perform training in group format, use psychoeducation and conversation wheel.

Despite the importance of the themes and strategies raised by the professionals, it was evident that the teams did not refer directly to specific themes of person-centered care, either by ignorance of the subject, or for giving greater importance to other issues related to mental health care. In addition, many team members have restricted themselves to biological issues and, for care to be person-centered, it is necessary to broaden the look at the other areas of life of those who seek help to develop the autonomy of people assisted in relation to their care.

The participation of CAPS professionals only in the survey of themes and suggestions for the construction of training intervention for person-centered care can be considered a study limitation. Listening to the perspectives and opinions of users and their families is an important action for their active involvement in the planning of these strategies that will directly impact the assistance aimed at them, In addition, this movement provides opportunities for the development of the protagonism, and autonomy of people assisted in community mental health services.

The study brings contributions to the field of care because it clarifies what are the demands of professional improvement of mental health teams that work in the scenario of psychosocial care through processes of permanent education in health. In the academic context, signals the importance of investments in the teaching of themes related to person-centered care in a transversal way in the disciplines that make up the curriculum of the courses of different training areas that make up the workforce in community health services care that strengthens and contributes to the model of care based on psychosocial care.

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Received: 28 feb. 2024
Accepted: 10 apr. 2024