

## EMPOWERMENT FOR THE RECOVERY: POTENTIALITIES IDENTIFIED IN THE ACTIONS OF PSYCHOSOCIAL REHABILITATION<sup>1</sup>

Elitiele Ortiz dos Santos\*

Luciane Prado Kantorski\*\*

Ana Paula Muller Andrade\*\*\*

Valéria Cristina Christello Coimbra\*\*\*\*

Poliana Farias Alves\*\*\*\*\*

### ABSTRACT

The study aimed to identify the potentialities of empowerment for recovery in the actions in Psychosocial Rehabilitation Center for Psychosocial Care (CAPS) in view of the workers. It is a descriptive, qualitative study involving 14 workers in a CAPS. The collecting data occurred from July to August 2011. Was used semi-structured interviews and thematic analysis of Minayo, attempting to identify evidence that indicate the use of the perspective of empowerment for recovery actions developed in the service. It was identified that the actions of workers create opportunities to the users exercise their ability decision on the construction of the Therapeutic Singular Plan and the organization of actions that are offered by the service use respect, listening, dialogue and negotiation as facilitating strategies of this empowerment for the recovery process. It was noticed that the professionals besides promoting democratic spaces adopt a stance of listening and recognition of the other's opinion so that the user empowerment remains as one of the instruments of health work for the purpose of recovery.

**Keywords:** Mental Health. Community-Institutional Relations. Personal Autonomy. Community Mental Health Services.

### INTRODUCTION

In mental health area, the concept of recovery emerged in 1980 in the United States from users movement of mental health services that exposed their experiences with mental disorders, including changes and personal discoveries, and submitted proposals for the development of a model aimed at greater personal empowerment and citizenship<sup>(1,2)</sup>.

The term recovery presents the idea, not in the sense of cure or remission of disease symptoms, but the recovery of the life project of the person through the experience of mental disorders<sup>(1,3)</sup>. Some regions of Portugal, Canada, United States, New Zealand and Ireland have adopted recovery as a strategy to guide mental health services<sup>(3)</sup>. Services guided for the recovery use specific operation features, with greater concern for the empowerment and

participation of users in their lives and the society to achieve the recovery<sup>(2,4)</sup>.

Empowerment is a state where the person recognizes his power of decision, feeling he can make a difference with his expressions and opinions among a group. Thus, the empowerment is possible when the person is part of the collective, having a support ensuring access to information, resources, clarifying his rights and offering choices<sup>(5)</sup>. In this sense, it is believed that the chances of recovery are increased when seeking to achieve empowerment to the user<sup>(3)</sup>.

In Brazil, the expanded concept of Recovery is in a public health interest and is being analyzed in order to bring it closer to practices of the substitute services to promote Psychosocial Rehabilitation. In these services, the approach that characterizes improvement concepts is focused on the parameters that the team hopes. In practices oriented for recovery, the approach

<sup>1</sup>The research CAPSUL was financed by the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) and Ministério da Saúde.

\*Nurse. Master in Mental Health. Doctoral Student of Nursing Postgraduate Program of the Universidade Federal do Rio Grande do Sul/PPGENF/UFRGS. E-mail: elitiele\_ortiz@hotmail.com

\*\*Nurse. PhD in Psychiatric Nursing. Professor of Nursing School of the Universidade Federal de Pelotas, Pelotas/RS, Brasil. E-mail: kantorski@uol.com.br

\*\*\*Psychologist. Doctoral Student of Nursing Postgraduate Program of the Universidade Federal de Pelotas, Pelotas/RS, Brasil. E-mail: psicopaula@yahoo.com.br

\*\*\*\* Nurse. PhD in Psychiatric Nursing. Professor of Nursing School of the Universidade Federal de Pelotas, Pelotas/RS, Brasil. E-mail: valeriacoimbra@hotmail.com

\*\*\*\*\* Nurse. Master in Mental Health. Doctoral Student of Nursing Postgraduate Program of the Universidade Federal de Pelotas, Pelotas/RS, Brasil. E-mail: polibrina@hotmail.com

is focused on the perception of improvement in the user's perspective. Therefore, it is essential the change of professionally centered model<sup>(6)</sup>.

The strategies proposed by the Recovery act in the following perspective: the user entered in leisure activities, labor market and community education; the user has the possibility to choose the activities to participate, even if enter in the labor market, education and leisure in the community; therapy aims to minimize the consequences of the psychological distress caused in social life, for the construction of life projects; the focus of workers is the uniqueness of the subject, enhancing the user experience with mental disorders (crisis situations, hospitalization, and difficulties in coping with the symptoms of the disease), also worrying about the internal stigma and social stigma, shame and acceptance of themselves; hope the user to develop the empowerment and recover his life project, recovering hope and reacquisition of something that was lost with the disease and improved quality of life<sup>(1,2,3)</sup>.

The services guided to recovery potentiate the actions of Psychosocial Rehabilitation since they also care about the social dimension of the user, such as housing, work and education, the experience of psychic disorder, personal determination, empowerment, citizenship and overcoming the stigma<sup>1,2,3</sup>.

Psychosocial Care Centers (CAPS) are highlighted among the mental health services that act on the proposal of Psychosocial Rehabilitation because they live in the community and are considered referral services of the mental health network. They welcome individuals with severe and persistent mental disorders and their families by offering them care for psychosocial rehabilitation, with actions enabling greater participation of these users in the services, in the development of Singular Therapeutic Plan, favoring citizenship and social inclusion<sup>(7,8)</sup>.

Thus, it is necessary to understand how the empowerment concepts and recovery can be identified in this type of service and how it happens, since the importance of actions carried out in substitutive services and that have demonstrated possibilities for empowerment and recovery of individuals in psychological distress. Therefore, this study aims to identify the

empowerment potential for recovery at Psychosocial Rehabilitation actions of a Psychosocial Care Center in the workers' point of view.

## METHODOLOGY:

This research is a study of qualitative approach, a case study type on a Psychosocial Care Center II. It is a cutout of the second edition of the evaluation research of Psychosocial Care Centers of Southern Brazil (CPASUL)<sup>(9)</sup>. CAPSUL research unfolded in a qualitative study and quantitative study, covering the states of Rio Grande do Sul, Santa Catarina and Paraná. In this clipping, data will be presented regarding the qualitative research conducted in a CAPS II, located in the state of Santa Catarina.

Data collection takes place from July to August 2011 through semi-structured interviews about the work process, conducted with 14 workers (W) of this service. The selection of the study site was intentional, by being a CAPS that is a referral for the rest of southern Brazil and its suitability to the standards established by Ordinance n.336/GM 2002 There were also observed uptime, the service experience and availability of subjects in joining the research proposal.

The inclusion criteria in the study were: subjects employed in the service (nurse, social worker, psychologist, nurse technician, physical education teacher, reception staff, cleaning staff, etc.) seeking to diversify as much as possible the composition of this group, including at least one subject from each profession in order to understand the perception of different professionals on the theme under study.

The interviews were audio-recorded and transcribed in full. To analyze the data, the thematic analysis based on Minayo (2010) was used, obeying three stages consisting of pre-analysis, the choice of information, then the reading and exploration of material and finally the interpretation of data obtained<sup>(10)</sup>.

For data interpretation, a literature review about the concept of empowerment and recovery was used, in order to identify the speeches fragments of meaning that would allow answering the following guiding question:

“What are the empowerment potential for recovery at Psychosocial Rehabilitation actions of a Psychosocial Care Center by the workers’ point of view?” The following themes emerged: empowerment potential for recovery in organizing the service and in the elaboration of the SingularTherapeutic Plan.

Ethical aspects were respected according to Resolution 336/1996 considering its update by Resolution 466/2012 of the National Council of Health of the Ministry of Health. The study was approved by the Ethics Committee in Research of the Federal University of Pelotas under number 176/2011.

## RESULTS AND DISCUSSION

The professionals of mental health services have an important responsibility to provide support for the user to access empowerment such as encouraging active user participation when choosing and development of possible service activities; provide opportunities and a number of choice; support for the user to maintain control over the decisions of the aspects of life, including the mode of organization of the institutions and, above all, actions that ensure an individualized approach so that each user has influence on their needs, in order to stimulate the ability and have the decision<sup>(2,3)</sup>.

From data analyzed, it was found that the workers of this Psychosocial Care Center recognize that the actions taken in this service include strategies that provide the user achieve empowerment, which are: empowerment for recovery in the service organization, and elaboration of the Singular the Therapeutic Plan.

In the CAPS studied through interviews, it was identified that professionals stimulate and provide spaces for users to take an active role in decision-making regarding the organization of the activities offered by the service. The assemblies are constituted as one of those spaces, ensuring possibilities for the user to be heard and get involved in the construction and transformation of strategies offered, as reported:

We have some meetings in the last Friday of each month where discussions are also discussion of the activities, sometimes giving suggestions for changes and we see what can be created. (W2)

We have the meetings [...] where we did the meeting where employees, family members and users participate [...]. Space I think it's wide open and professionals are here too wide open to listen to them. (W6)

It is the possibility of participation linked the existence of participatory spaces<sup>(11)</sup>. It is agreed that the participation of individuals in psychological distress in the organization of services is the essential base in promoting empowerment and increases the chances of recovery<sup>(3)</sup>. By enabling these spaces, the professionals of this study demonstrate important to consider the involvement of users in the service and thus being available through listening and negotiation seeking to adapt the suggestions to what is feasible to be developed. In addition to the meetings, the professionals list other spaces in which the capabilities of users' decisions are recognized and valued:

[...] But normally, day by day, this is done. The user has something to put on, he sits with the professional and talks about the situation, but the situation of the service itself usually happen in the meetings. (W3)

{Users' words} are shared in the meetings in order to improve the team. Then “oh the user brought such a thing”. (W4)

[...] In the workshops, the support group, the psychologists, so I think they have the opportunity to talk in general, so the staff can see and hear. I think we have it. (W14).

The meetings are considered as formalized spaces in service to the joint discussion of the users and referrals. However, professionals are not limited to this space sharing the opinion and desire of those users day by day of the service activities, and in team meetings and the therapeutic workshops.

Even according to the lines, regardless of the space where the user is, the mental health professional needs to be sensitive to accommodate the demand, either by listening or by close observation, without losing the opportunity to “enforce” the opinion of those who really use the service and are key players in its construction. Therefore, the involvement of users in the service, their presence and action in decision-making spaces contribute to health in order to be offered as it strengthens user empowerment process, and helps on the

satisfactory service results, approximating the actions of needs of individuals in psychological distress.

A study in two therapeutic residential services with different organizational dynamics showed that when the residents have greater control over the organization of the services that are inserted, it is possible to develop more skills in social responsibilities and experiences in the collective than those individuals inserted in services controlled by professionals. In addition, the benefits cited enable to integrate the individual with the social aspects involved in community life<sup>(12)</sup>. Thus, it is stated that empowerment is closely linked to contexts that facilitate this process by providing conditions for recovery.

The possibility of choice in the Singular Therapeutic Plan activities also emerged as a strategy used by professionals for the user to reach empowerment, as evidenced by the following lines:

It is not mandatory user's participation in the activities, everything is discussed, is negotiated. (W1)

The treatment plan for the user is negotiated, discussed [...]. (W6)

[...] We discussed {the Singular Therapeutic Plan}, we have a good understanding of what it would be singular therapeutic. (W7)

[...] The therapeutic project have to fit with the user, not as we want to [...] it has to respect the subject's situation [...] let's talk, which workshop you like to participate [...] Oh I have trouble waking up early, so let's do it in the afternoon. (W13)

When it comes to the organizational level, aspects such as respect, tolerance, trust and the development of collaborative actions between the different actors characterize what we hope for empowerment. It is important that the individual with mental disorders make decisions based on what they consider appropriate for their recovery process<sup>(2)</sup>.

The speeches showed a recognition that the PTS is guided by the user's choices and the worker in the process takes the responsibility to respect him considering the specifics of the situations of each subject and opportunities to participate in the service. For this, the dialogue

and negotiation were listed as favorable strategies in the professional relationship with the user to assist in the construction process of his PTS.

It is important that the communication established do not harm the user in the empowerment course, but it helps him. To this end, it is essential that the professionals keep in mind the empowerment ideas while a constructive and meaningful perspective based on the principle that when the person takes upon himself the ability to make choices at the same time, he promotes important developments for recovery<sup>(13)</sup>.

Even if the user's recovery is not a simple and fast process, the PTS can be a key strategy to restructure the actions of health services guided by longitudinal actions to address aspects necessary for the recovery of each subject<sup>(14)</sup>.

From the perspective of the Psychosocial Rehabilitation, the PTS has a construction based on the possibilities and aspects involving a person's life. Thus, the professionals use the therapeutic possibilities of the service, as individual consultation in groups, workshops<sup>(15,16)</sup>. It is known that the CAPS are powerful services in the provision of therapeutic possibilities for users<sup>(17)</sup>, and concern about leisure activities, education in the community. The following statements show that professionals also exploit the community spaces:

We do the matrix [...] to give conditions so they can be doing these workshops, these groups in the community. And there are some cases that we see that are very successful, several experiments [...] many jobs as being made by community agents for the nursing [...] I think they have a theater in the Culture House [...] where users can attend those they want [...] it is also a space that is open, that is, that they can occupy. (W2)

Here is a city that has a lot of psychosocial care strategies, many community workshops, then we know the territory and matrix workshops and use not only what the health center provides, but what the social assistance offers, what education department offers, what the churches offer as well. Yet, the person can identify in the support group that is a group that prioritizes the user's speech, working with the speech. [...]. (W4)

[...] we usually do some actions also at the community events that are generally sociocultural [...] we see that the associations have enough

social events, it is a job feature. (W8)

In order to qualify the mental health services and extend them to areas that address the lives of those subjects, the studied professionals establish links with other services and sectors highlighting the support received by the matrix support offered by a specialized team. It aims to give consistency to these objectives and enhance the resources available in the territory<sup>(18)</sup>.

Professionals recognize that the city offers several strategies for mental health (workshops in the community, theater classes at the culture house, socio-cultural events and churches) that are not restricted to the health sector, implying the education and support spaces and community leisure. Therefore, there is the relevance of the professional know the area in which the user is inserted in order to offer "therapeutic possibilities" of the city, exploring these activities and/or supporting the development of local actions with the involvement of the population<sup>(19)</sup>, considered strategic activities with goals and objectives aimed at Psychosocial Rehabilitation.

Thus, the use of the territory by mental health professionals working in community-based services is a prerequisite for the development of actions whose purpose is to stimulate processes of social inclusion and citizenship exercise<sup>(20,21)</sup>. For empowerment, it is necessary that the experience in the community context is valued in the culture, at work, in employment, in pairs, so that citizenship has based opportunities for social participation and more alternatives for choice. Community integration is understood as a fundamental right for people in psychological distress as they may regain and/or strengthen social roles developing more and more skills to increase their level of involvement in the community, constituting what we hope for their recovery<sup>(2)</sup>.

It is up to the worker to act in a care perspective extending the life of the user, providing them with the expansion of their power of social contractual<sup>(22)</sup>, focusing on wishes and singularities, considering the possibilities of the service and/or community. The professionals of this study demonstrated attention on the individuality of the user and focused in their main interest:

[...] He has been participating in workshops and then it is always dynamic, it is always changing according to the need and the desire of the user, it is like this, the workshops. (W2)

[...] We value person's culture and I think that works because we adapt the referral to the person's profile. I think that's the key, it is to know the person, what he likes, and from what he likes, do referrals, not offering only what health has as provision. (W4)

The user, he can have more autonomy, he can manage his schedule, his treatment plan, we do not need to be doing it for him, we have a great bargaining power in quotes [...] but from the moment that we begin to work their autonomy, our contract power is always being set back to that user can take it. (W8)

[...] We are looking for listening to the patient and making the plan he asks upon that speaks of it, his need [...]. (W10)

[...] We engage with the reality of the patient, to see the capabilities, to see if he will do such treatment or not. (W12)

As seen in the speeches, the fact of working with user's needs in the empowerment process from the Singular Therapeutic Plan, the employee use of listening as an important link with the user and watch the shortcomings of that user, to identify the moment to intervene, retreating and advancing in their strategies as needed in order to meet the specificities of the subject.

Identifying user's needs requires that the employee be involved with it, knowing his difficulties, strengths, aspirations and social context. According to the statements, this approach would assist in the preparation of actions, combined with the desire and those needs.

We agree that the difficulties of the users as a result of mental disorder is the starting point, the recovery is the destination and psychosocial rehabilitation actions are the road we will go<sup>(23)</sup>. Thus, the mental health worker plays a key role may be facilitating or hindering this process since the empowerment of results for recovery depends on their attitudes and the way activities are proposed in services<sup>(14)</sup>. Therefore, it is up to the professionals as facilitators, to bet that recovery is possible when supported such as promoting attitudes, opportunities and supporting skills development for empowerment.

In the following lines, it is more evident the purpose of employee actions, subjects of this study, which are closely linked to search for Recovery, and empowerment being one of the strategies to achieve it:

You reached a level that's fine, you're getting to have autonomy in some things and such, and now you will go to team care there in your neighborhood [...] there just has this return, why do they call, there we pass to another meeting, he looks at him and continues [...]. The meetings also, this space of discussion, I cannot tell you what the recipe is, but I believe it is to have more success in treatment, for the individual to be recovered, again inserted in their midst, in their community. (W5)

[...] We worked enough the issue of their inclusion in the territory, to participate in activities in the community, the health unit for facilitating this discharge and he can live in the best possible way, with a wellness, quality of life as any citizen. (W11)

The workers' actions are for the user having more autonomy, and can be inserted in the family spaces and optimally community aiming to become less dependent on service structures. Understanding that for the recovery to be achieved it is essential that the user is inserted in his community context expanding his relationships and establishing strong links with other people<sup>(2)</sup>.

Thus, professionals seek and perform their practices within a perspective that users are not restricted to spaces in the service but they are included in other spaces, the social area as citizens with rights and preserved wills.

## FINAL CONSIDERATIONS

As empowerment potential for recovery in Psychosocial Rehabilitation actions of CAPS workers, the user participation in the service organization and preparation of Singular Therapeutic Plan were identified.

The meeting of the service was identified as a potential space for users to express their

opinions about the way how the health production in the service is because it showed an environment for discussion and joint contracting. In addition, it was identified that these strategies take place in other individual and collective spaces of the service and community.

In the elaboration of the PTS, professionals use various strategies, including respect, listening, dialogue, negotiation; nurture the user participation in activities in the service and inclusion in social spaces. Also, it is considered the desire and need of the user. From it what has been said, it is clear that professionals in addition to promoting democratic spaces adopt a favorable position enabling, through the aforementioned strategies, empowerment is achieved.

The purpose of the work means that professionals crave the user does not restrict the relationships and actions of the professionals of that service, but to experience their life project in the community, establishing ties with other professionals, other people, strengthening citizenship and autonomy in the territory. However, it is necessary to advance in social inclusion strategies out of service for that increase is the empowerment of possibilities for recovery.

For the discussion of this study, we found few references on recovery in the national literature, and especially research that portray the harmonization of practices guided by the recovery in services guided by the Psychosocial Rehabilitation. It is not a simple adaptation of concepts and/or acquisition strategies coming from other different places because we believe that in each context there must be a critical review of concepts, ideas and collective discussions, and appreciation of local experiences. However, knowing the characteristics involving recovery are critical for professionals and health managers in order to encourage them to rethink their practices in mental health services, empowering them and turning them towards improvements in mental health care.

---

## EMPOWERMENT PARA O RECOVERY: POTENCIALIDADES IDENTIFICADAS NAS AÇÕES DE REABILITAÇÃO PSICOSSOCIAL

### RESUMO

O estudo teve como objetivo identificar as potencialidades de *empowerment* para o *recovery* nas ações de Reabilitação Psicossocial do Centro de Atenção Psicossocial (CAPS) na visão dos trabalhadores. É um estudo descritivo, de abordagem qualitativa, no qual participaram 14 trabalhadores de um CAPS. A coleta de dados

ocorreu nos meses de julho e agosto de 2011. Utilizou-se de entrevistas semiestruturadas e a análise temática de Minayo para identificar evidências que constatassem a utilização da perspectiva do *empowerment* para o *recovery* nas ações desenvolvidas no serviço. Identificou-se que as ações dos trabalhadores oportunizam que o usuário exercite a capacidade de decisão sobre a construção do Plano Terapêutico Singular e que as ações ofertadas pelo serviço utilizam o respeito, a escuta, o diálogo e negociação como estratégias facilitadoras do processo de *empowerment* para o *recovery*. Percebeu-se que os profissionais promovem espaços democráticos, adotam uma postura favorável de escuta e reconhecimento de opinião do outro a fim de que o *empowerment* do usuário se mantenha como um dos instrumentos do trabalho em saúde com a finalidade do *recovery*.

**Palavras-chave:** Saúde Mental. Participação Comunitária. Autonomia Pessoal. Serviços Comunitários de Saúde Mental.

## EMPODERAMIENTO PARA LA RECUPERACIÓN: POTENCIAL IDENTIFICADO EN LAS ACCIONES DE REHABILITACIÓN PSICOSOCIAL

### RESUMEN

El estudio tuvo como objetivo identificar el potencial de empoderamiento para las acciones de recuperación en el Centro de Rehabilitación Psicosocial de Atención Psicosocial (CAPS), en vista de los trabajadores. Un estudio cualitativo descriptivo con 14 trabajadores en un CAPS está recopilando datos de julio a agosto de 2011. Se utilizaron entrevistas semi-estructuradas y análisis temático de Minayo, tratando de identificar evidencia de que indicar el uso de la perspectiva de empoderamiento para las acciones de recuperación desarrolladas en el servicio. Se encontró que las acciones de los trabajadores dan la oportunidad al usuario la posibilidad de ejercer la decisión sobre la construcción del Plan Singular Terapéutico y las acciones ofrecidas por el servicio utiliza estrategias de respeto, de escucha, de diálogo y negociación como facilitadores del proceso de empoderamiento la recuperación. Se observó que los profesionales que promueven espacios democráticos, adoptan una postura de escucha y el reconocimiento de la opinión de la otra de manera que la capacitación del usuario se mantiene como uno de los instrumentos de trabajo de salud con el propósito de recuperación.

**Palabras clave:** Salud Mental. Relaciones Comunidad Institución. La Autonomía Personal. Servicios de Salud Mental de la Comunidad.

### REFERENCES

1. Anthony WA. Recovery from mental illness: the guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal* [on line]. 1993. Boston, [acceso em: 6 nov 2011]; 16(4): 11-23. Disponível em: <http://128.197.26.36/cpr/repository/articles/pdf/anthony1993.pdf>
2. Duarte T. Recovery da doença mental: Uma visão para os sistemas e serviços de saúde mental. *Aná Psicológica* [on line]. 2007. Lisboa, [acesso em: 2014 fev 20]; 25(1): 127-133. Disponível em: <http://www.scielo.gpeari.mctes.pt/pdf/aps/v25n1/v25n1a10.pdf>
3. Ornelas J, Monteiro F, Moniz J, Duarte T. Participação e Empowerment das pessoas com doença mental e seus familiares. Lisboa, PT: AEIPS Edições: 2005.
4. Anastácio CC, Furtado JP. Reabilitação psicossocial e recovery: conceitos e influências nos serviços oferecidos pelo sistema de saúde mental. *Cadernos Brasileiros de Saúde Mental*. 2012, 4 (9): 72-83.
5. Souza JM, Tholl AD, Córdova FP, Heidemann ITSB, Boehs AE, Nitschke RG. Aplicabilidade prática do empowerment nas estratégias de promoção da saúde. *Ciênc. saúde coletiva*. 2014, 19(7): 2265-76.
6. Baccari IOP, Campos RTO, Stefanello, S. Recovery: revisão sistemática de um conceito. *Ciênc. saúde coletiva*. 2015; 20(1): 125-36.
7. Brasil. Ministério da Saúde. Caderno de Atenção Básica-Saúde Mental. Brasília; 2013.
8. Ramming T, Brito JC. “Cada CAPS é um CAPS”: uma coanálise dos recursos, meios e normas presentes nas atividades dos trabalhadores de saúde mental. *Psicologia e Sociedade*. 2011; 23(n. spe.): 150-60.
9. Kantorski LP. Avaliação dos Centros de Atenção Psicossocial da Região Sul (CAPSUL II). Relatório final. Pelotas, RS, 2013.
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12.ed. São Paulo: Hucitec, 2010.
11. Costa DFC, Paulon SM. Participação Social e protagonismo em saúde mental: a insurgência de um coletivo. *Saúde debate*. 2012, 36(95): 572-82.
12. Kloos B, Zimmerman S, Scrimenti K, Crusto C. Landlords as partners for promoting success in supported housing: “It takes more than a lease and a key”. *Psychiatric Rehabilitation Journal*. 2002; 25(3): 235- 44.
13. Cardoso JF, Couto S. Empowerment e participação nos Serviços de Saúde Mental. In: Ornelas J, Monteiro F, Moniz M, Duarte T (org.). Participação e Empowerment das pessoas com doença mental e seus familiares. Lisboa: Edições AEIPS: 2005.p.145-150.
14. Presotto RF. Participação de Usuários de Serviços de Saúde Mental em Pesquisas: Um olhar a partir dos conceitos de Empowerment e Recovery. 2013. 151p. [Dissertação]. São Paulo (SP): Faculdade de Ciências Médicas da Universidade Estadual de Campinas, Campinas, 2013.
15. Santos EO, Willrich JQ, Meneses BHSR, Franchini B, Antunes B, França SM. Serviços substitutivos na perspectiva da reabilitação psicossocial: um relato de experiência. *Cienc Cuid Saude*. 2012; 11(3):588-92.

16. Carvalho LGP, Moreira MDS, Rézio LA, Teixeira NZF. A construção de um Projeto Terapêutico Singular com usuário e família: potencialidades e limitações. *O mundo da saúde*. 2012, 36 (3): 521-25.
17. Lopes TS, Dahl CM, Serpa Jr OD, Leal EM, Campos RTO, Diaz AG. O processo de restabelecimento na perspectiva de pessoas com diagnóstico de transtornos do espectro esquizofrênico e de psiquiatras na rede pública de atenção psicossocial. *Saude soc*. 2012, 21 (3):558-571
18. Vasconcelos MGF, Jorge MSB, Pinto AGA, Pinto DM, Simões ECP5, Neto JPM. Práticas inovadoras de saúde mental na atenção básica: apoio matricial na redefinição do processo de trabalho em saúde. *Cad. Bras. Saúde Mental*. 2012. 4 (8): 166-175.
19. Gomesa JCR, Loureiro MIG. O lugar da investigação participada de base comunitária na promoção da saúde mental. Departamento. *Rer port saúde pública*. 2013. 31(1):32-48.
20. Leao A, Barros S. Território e serviço comunitário de saúde mental: as concepções presentes nos discursos dos atores do processo da reforma psiquiátrica brasileira. *Saude soc*. 2012, 21(3):572-86.
21. Presotto RF, Silveira M, Delgado PGG, Vasconcelos EM. Experiências brasileiras sobre participação de usuários e familiares na pesquisa em saúde mental. *Ciênc. saúde coletiva*. 2013, 18(10): 2837-45.
22. Camatta MW, Nasi C, Adamoli NA, Kantorski LP, Schneider JF. Avaliação de um centro de atenção psicossocial: o olhar da família. *Ciênc. saúde coletiva*. 2011. 16(11):4405-14.
23. Liberman PR. *Il recovery dalla disabilità*. Editora: Giovanni Firiotti. London. UK. 2008.

---

**Corresponding author:** Elitiele Ortiz dos Santos. Rua Lobo da Costa, nº 398, apto: 23, Code: 90050110. Porto Alegre/RS, Brazil.

**Submitted:** 23/05/2014

**Accepted:** 05/10/2015