

SINGULAR THERAPEUTIC PROJECT IN PSYCHOSOCIAL CARE CENTERS: BRAZILIAN SCIENTIFIC PRODUCTION IN GRADUATE STUDIES¹

PROJETO TERAPÊUTICO SINGULAR EM CENTROS DE ATENÇÃO PSICOSSOCIAL: PRODUÇÃO CIENTÍFICA BRASILEIRA NA PÓS-GRADUAÇÃO

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ABSTRACT

Objective: to know and analyze the trend of Brazilian scientific production on the Singular Therapeutic Project in Psychosocial Care Centers. **Methodology:** this is a narrative review of the literature, carried out on the theses and dissertations portal of the Coordination for the Improvement of Higher Education Personnel, in June 2022. **Results:** the Singular Therapeutic Project provides the user and their family with the protagonism in care, making them co-responsible for it. The instrument is based on the use of light technologies, such as listening and welcoming, which corroborates the emancipatory care in mental health. It enables the services of the psychosocial care network to move towards the management of mental health care based on the humanized, integral and equitable health model. Furthermore, the Singular Therapeutic Project appears as an important way to build public policies based on the real needs of the territories and assisted users. However, it is known that there are still important challenges facing the construction of the instrument, which directly impact the democratic management of the instrument. **Final considerations:** the study made it possible to know the scientific productions of graduate programs about the Singular Therapeutic Project in Psychosocial Care Centers, which predominantly use qualitative research methods. Furthermore, it made it possible to identify the weaknesses that still exist in the services of the care network, providing a basis for the development of future research and actions in the field of mental health.

Keywords: Mental Health Services, Health Policy, Mental Health.

RESUMO

Objetivo: conhecer e analisar a tendência das produções científicas brasileiras sobre o Projeto Terapêutico Singular nos Centros de Atenção Psicossocial. **Metodologia:** trata-se de uma revisão narrativa da literatura, realizada no portal de teses e dissertações da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, no mês de junho de 2022. **Resultados:** o Projeto Terapêutico Singular proporciona ao usuário

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e a sua família o protagonismo no cuidado, tornando-os corresponsáveis pelo mesmo. **O instrumento é pautado no uso de tecnologias leves, tais como escuta e acolhimento, o que corrobora com o cuidado emancipatório em saúde mental. Ele possibilita aos serviços da rede de atenção psicossocial caminhar rumo a gestão do cuidado em saúde mental pautado no modelo humanizado, integral e equânime em saúde.** Ademais, o Projeto Terapêutico Singular configura-se como importante via para a construção de políticas públicas embasadas na real necessidade dos territórios e dos usuários assistidos. Entretanto, sabe-se que ainda existem importantes desafios frente a construção do **instrumento, os quais impactam diretamente no gerenciamento democrático do instrumento.** *Considerações finais: o estudo possibilitou conhecer as produções científicas dos programas de pós-graduação acerca do Projeto Terapêutico Singular nos Centros de Atenção Psicossocial, as quais se utilizam, predominantemente, de métodos qualitativos de pesquisa. Ademais, permitiu identificar as fragilidades ainda existentes nos serviços da rede assistencial, dando embasamento para o desenvolvimento de futuras pesquisas e ações no campo da saúde mental.*

Palavras-chave ou Palabras clave: Serviços de Saúde Mental, Política de Saúde, Saúde Mental.

INTRODUCTION

The Brazilian Psychiatric Reform proposed the transition of the care model of mental health care, instituting a network of substitutive services to psychiatric hospitals, with the Psychosocial Care Centers (CAPS) being the services responsible for its consolidation. Established by Ordinance nº 336/02, the CAPS propose territorial and community-based care, which operates from the logic of “open doors” and in different modalities, facts that corroborate with the (re)insertion of madness in the social space (BRASIL, 2002; YASUI, LUZIO, AMARANTE, 2018).

The Singular Therapeutic Project (PTS) emerges in this scenario as one of the main care strategies proposed by the National Humanization Policy (PNH), as it prioritizes reception, the formation of a bond between user-service and co-responsibility between the subjects involved in the act of caring. It is instituted after the creation of Ordinance nº 147/94 and encouraged by the PNH, being presented as an instrument that enables individual, group and family care. It is characterized as a set of objectives and actions to be carried out by a multidisciplinary team, and its planning should aim at the recovery of the user from admission to discharge (BRASIL, 2008).

In this sense, the PTS becomes an important strategy for the development of mental health practices, due to the fact that it provides an involved and integral look at the subject. In addition, its planning enables the construction of a care chain, based on relational technologies, to be developed together with other services that make up the Psychosocial Care Network (RAPS). (YASUI, *et al.*, 2018; BAPTISTA, CAMATTA, *et al.*, 2020).

Given the relevance of the instrument in the construction of humanized care in mental health, the question was what is the trend of scientific productions in Brazilian graduate studies on the Singular Therapeutic Project in Psychosocial Care Centers? Based on this questioning, the present study aims to know and analyze the trend of Brazilian scientific production on PTS in CAPS.

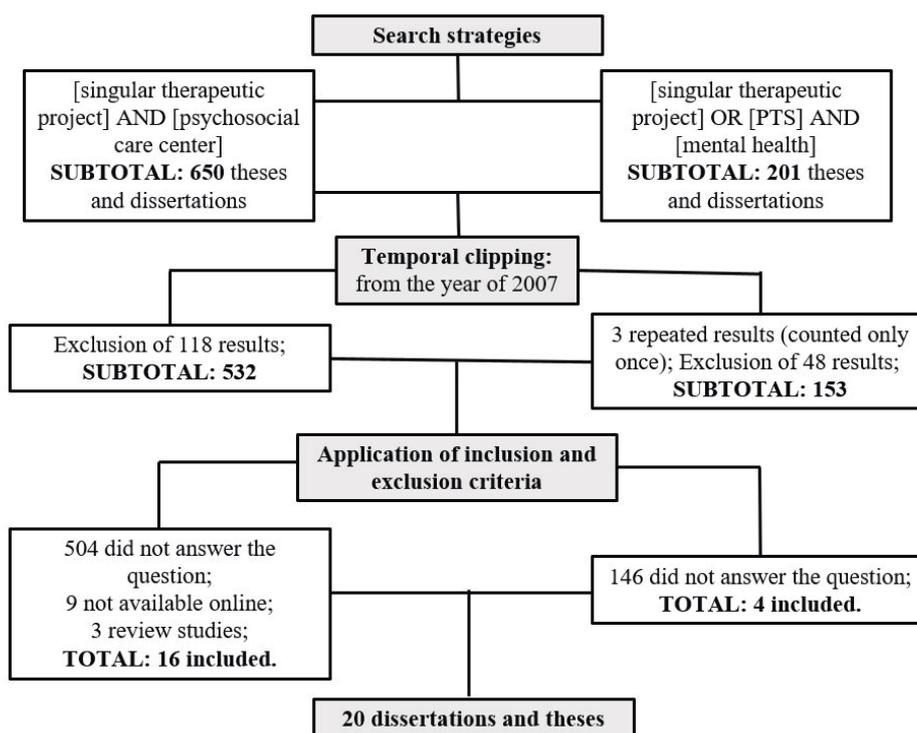
METHODOLOGY

The present research is a narrative literature review, carried out on the theses and dissertations portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), in June 2022. The search was carried out through the insertion of keywords in the search box of the portal. In this one, two search strategies were used, the first with the use of the words [singular therapeutic project] AND [psychosocial care center], and the use of the Boolean operator “AND”, in which the result of 650 theses and dissertations was obtained. The second strategy used the words [singular therapeutic project] OR [PTS] AND [mental health], using the Boolean operators “OR” and “AND”, through which 201 results were obtained.

The search had a time frame including research carried out from the year 2007, in view of the historical landmark of the institution of PTS in the network of health care services (BRASIL, 2007). Thus, the use of the first search strategy excluded 118 results, totaling 532. And the second strategy excluded 48 results, totaling 153, as shown in Figure 1. Thus, adding the quantity of the two strategies, 685 theses and dissertations were analyzed in the present study.

As inclusion criteria, theses and dissertations relevant to the study theme and that answered the research question were considered. As exclusion criteria, review studies and those that were not available online and free of charge were considered. Repeated theses and dissertations were counted only once, totaling three repetitions. After applying the criteria, 504 studies were excluded from the first strategy, and 146 from the second strategy because they did not answer the research question.

Figure 1 - Flowchart of the search strategy in the CAPES Theses and Dissertations database.



Source: Authors' Construction.

Thus, 17 dissertations (85%) and 3 (15%) theses remained for analysis, totaling 20 results (100%), which are organized in the analytical synoptic table (Table 1) below.

Table 1 - List of selected theses and dissertations.

CODE/ AUTHOR	TITLE	TYPE/ YEAR
E1/ SOUZA	Work processes [in the psychosocial field] of a CAPS III reference team paths for the shared construction of projects for the life of a service user	Master's degree/ 2011
E2/ DIAS	Desire in psychosis and the construction of the Singular Therapeutic Project: psychoanalytic considerations on the direction of treatment in public mental health	Master's degree/ 2019
E3/ ÁVILA	Reflections on an experience in singular therapeutic projects from the users' discourse	Master's degree/ 2019
E4/ MELO	An experience based on matrix support in mental health: a strategy for comprehensive care	Master's degree/ 2009
E5/ SILVA	The organization of the matrix team as an articulating tool of the network for psychosocial rehabilitation	Master's degree/ 2013
E6/ CARVALHO	Psychosocial Rehabilitation and the Imaginary About Care in CAPS: A Survey of Mental Health Professionals	Master's degree/ 2016
E7/ DIAS	Epidemiological profile of users of a Psychosocial Care Center ADIII	Master's degree/ 2014
E8/ COSTA	Therapeutic itineraries of people with severe mental illness: plural perspectives on the psychosocial care network	Master's degree/ 2016
E9/ FONTENELLE	Subjects in crisis: intervention strategies of professionals in a Psychosocial Care Center - CAPS II	Master's degree/ 2010
E10/ MENESCAL	The Matrix Support of a Psychosocial Care Center III: a nursing study	Master's degree/ 2014
E11/ MORAES	Phenomenological perception of professionals from the psychosocial care center (caps): experiences and challenges of mental health practice	Master's degree/ 2018
E12/ DAVID	Mental health and racism: the performance of a Child and Adolescent Psychosocial Care Center II	Master's degree/ 2018
E13/ BALDANI	Contributions of CAPS III internship experiences for interdisciplinary training in Mental Health from the perspective of the Psychiatric Reform	Master's degree/ 2016
E14/ SILVA	Participatory research and knowledge production: psychosocial rehabilitation tools in the daily life of therapeutic residences	Doctorate degree/ 2017
E15/ RABELLO	Life histories of residents of therapeutic residences discharged from long-term hospitalization in a psychiatric hospital	Master's degree/ 2014
E16/ RIBEIRO	The construction of the Singular Therapeutic Project with users with work-related psychological distress: the perspective of workers from Psychosocial Care Centers III adult	Doctorate degree/ 2021
E17/ CARDORE	Singular Therapeutic Project (PTS): the perceptions of workers at a Psychosocial Care Center for alcohol and drugs (CAPS ad)	Master's degree/ 2012
E18/ SANTOS	The participation of users in the treatment plan in a CAPS-ad: a case study	Master's degree/ 2017
E19/ SILVA	Qualification of procedure records in psychosocial care centers: continuing health education as a management strategy	Doctorate degree/ 2018
E20/ CARVALHO	Production of care by the nursing team for users of alcohol and other drugs in the psychosocial care network	Master's degree/ 2018

Legend: the letter "E" corresponds to "study". Source: Construction of the Authors.

For data analysis, the content analysis of Bardin (2021) was used. This method is organized into three chronological poles: 1) pre-analysis, characterized by the organization and systematization of data; 2) the exploration of the materials, where the codification, decomposition or enumeration of the data takes place; and 3) treatment of results, inference and interpretation of results, at which time the most relevant information is condensed and highlighted in relation to the research objective.

It is noteworthy that the research complied with the ethical aspects established by Law No. 9,610 of February 19, 1998, which amends, updates and consolidates the legislation on copyright and provides other measures.

RESULTS AND DISCUSSION

For better data analysis, the results were organized in a table according to their year of defense (Table 1).

Table 1 - Distribution of studies according to year of defense.

YEAR	FREQUENCY
2009	1 (5%)
2010	1 (5%)
2011	1 (5%)
2012	1 (5%)
2013	1 (5%)
2014	3 (15%)
2016	3 (15%)
2017	2 (10%)
2018	4 (20%)
2019	2 (10%)
2021	1 (5%)
Total	20 (100%)

Source: Authors' Construction.

Analyzing Table 1, it can be seen that the selected studies that addressed the topic of PTS in CAPS were defended between the years 2009 and 2021. However, there were gaps during this period, being represented by the years 2015 and 2020, in which no studies on the topic were found. Against this, it is clear that the year 2018 was the year that most studies were produced on PTS in CAPS.

In Table 2, the results are organized according to the geographic region of the educational institutions where the studies were defended.

Table 2 - Distribution of studies according to the geographic region of the educational institutions.

REGION	FREQUENCY
North	0 (0%)
North East	3 (15%)
Midwest	2 (10%)
Southeast	12 (60%)
South	3 (15%)
Total	20 (100%)

Source: Authors' Construction.

As for the distribution according to the geographic region of the educational institutions (Table 2), the prevalence of productions of studies on the subject is found in the southeastern region of the country, represented by 60% of the quantity of productions. The northern region was the only one that did not present productions on the research topic.

Analyzing the studies, it was possible to observe that the method used was predominantly a qualitative approach, with only one study using a cross-sectional approach (E7). Among the most diverse methods of data collection that the researchers used, there are: case study, semi-structured interviews, focus groups, document analysis and participatory observation.

A quantitative of 12 surveys were carried out in CAPS, in the following modalities: CAPS I (E3), CAPS II (E9), CAPS III (E1; E10; E13; E16), CAPS II ad (E17; E18), CAPS III ad (E7; E20), CAPS i (E2; E12), and in regional general CAPS (E8). Dissertations E4, E6 and E11 did not specify the type of CAPS where they carried out the collection of research data. The dissertation E5 deals with a study on the evaluation of structural aspects, work processes and CAPS results in the southern region of Brazil. Thesis E19 deals with a study carried out in three municipalities in the state of Goiás, which have different types of CAPS, namely: two CAPS II, one CAPS III, three CAPS ad and one CAPS i. The dissertation E20, on the other hand, involves in the study a CAPS for mental disorders and a CAPS ad (both without specifying the modality), as well as a health center that serves the population that uses alcohol and other drugs.

In addition, two productions (E14; E15) are studies developed in Therapeutic Residential Services (SRTs) that use PTS in their daily practice of care for users who are in the process of social (re)insertion after a long period of hospitalization and , who were being followed up at CAPS. Furthermore, two productions present discussions about PTS using other nomenclatures, such as “therapeutic itinerary” (E8) and “procedure records” (E19).

The growth of the *stricto sensu* postgraduate system has been developing asymmetrically in Brazil, considering the population’s access and the production of scientific knowledge. Factors such as hierarchy and inequality in academia end up implying the access and permanence of the poorest population in this environment, reflecting on the quantity of scientific productions (NAZARENO, HERBETTA, 2019), as can be seen by observing the number of studies found from searches in the CAPES database.

The results indicate that the PTS is developed not only in CAPS, but also in SRTs (E14, E15). In addition, the instrument was the starting point to discuss issues concerning its construction, such as work (E16), gender (E7) and race/color (E12).

From the exploration of data obtained from theses and dissertations that addressed the research topic, some results were condensed and discussed in the following categories: potentialities of the Singular Therapeutic Project and challenges experienced.

POTENTIALS OF THE SINGULAR THERAPEUTIC PROJECT

The construction of the PTS in CAPS makes it possible to break with the biomedical model of mental health care, as it is guided by the paradigm of the psychosocial model of care (E3 ÁVILA, 2013; E8 COSTA, 2016). It is known that the psychosocial model seeks to understand psychic suffering in conjunction with the subject's daily life, welcoming it in its complexity and in its various manifestations: pain, suffering, inequalities and inequities (YASUI, *et al.*, 2018).

In this way, the PTS, supported by the psychosocial model of care, promotes comprehensive health care for the subject in psychological distress (E4 MELO, 2009; E9 FONTENELLE, 2010; E5 SILVA, 2013; E7 DIAS, 2014; E12 DAVID, 2018), taking him as autonomous and, therefore, the protagonist of their care (E3 ÁVILA, 2013; E5 SILVA, 2013; E15 RABELLO, 2014; E6 CARVALHO, 2016; E8 COSTA, 2016; E14 SILVA, 2017; E18 SANTOS, 2017; E11 MORAES, 2018; E12 DAVID, 2018). This is due to the fact that the PTS instrument is built based on the health needs of the user, considering their opinions and their life project. In this sense, the individual's unique history carries us to the world of citizenship, where he becomes the protagonist of his care (PINTO, *et al.*, 2011; YASUI, *et al.*, 2018). User protagonism requires a collective construction that must shift the concept of "user-object" to concrete forms that empower a "user-actor" as a political subject (AMARANTE, TORRE, 2018).

Intertwined with this proposal is another potential in the construction of the PTS: psychosocial rehabilitation (E17 CARDORE, 2012; E5 SILVA, 2013; E15 RABELLO, 2014; E6 CARVALHO, 2016; E14 SILVA, 2017). It is known that the process of building the PTS presupposes the participation of the user and his family to customize the actions in front of his needs in a broad way, as well as to work on the social rehabilitation of the subject (BAPTISTA, *et al.*, 2020). Rehabilitation is a process that demands the creation of negotiation spaces for the subject, his family, the community and for the services that are involved in his care. In this way, the exercise of citizenship by the subject in psychological distress guarantees adequate assistance (GORCHINSKI, *et al.*, 2022).

The topic of psychosocial rehabilitation is also addressed in studies on the use of PTS in SRTs (E15 RABELLO, 2014; E14 SILVA, 2017). In this scenario, the instrument is of paramount importance, as it makes it possible to work on autonomy, protagonism and social inclusion of users who are in social rehabilitation after a long period of hospitalization in psychiatric hospitals. In addition, the PTS allows assessing the level of quality of care provided to residents of residential units (SOARES, SILVA, 2020).

Another potentiality in the construction of PTS in CAPS is the use of light technologies (E4 MELO, 2009; E1 SOUZA, 2011; E3 ÁVILA, 2013; E5 SILVA, 2013; E7 DIAS, 2014; E10 MENESCAL, 2014; E6 CARVALHO, 2016; E8 COSTA, 2016; E13 BALDANI, 2016; E14 SILVA, 2017; E18 SANTOS, 2017; E11 MORAES, 2018; E12 DAVID, 2018; E2 DIAS, 2019), such as the bond between professional-user, listening, welcoming and co-responsibility. The use of light technologies supports emancipatory care in mental health, constituting itself as a powerful way of expressing the subjectivity

of the suffering subject in an effective and creative way. This is due to the fact of changing the attitude towards the population that seeks health services, starting to understand it with acts of receiving and listening (JORGE, *et al.*, 2011) In addition, the use of these technologies becomes fundamental for the organization of the care line, as they allow the construction of affective bonds, trust and knowledge sharing between the patients. actors involved in care (SILVEIRA, *et al.*, 2019).

The use of these relational technologies, especially regarding the co-responsibility of health professionals, implies a work process developed from interdisciplinary approaches (E4 MELO, 2009; E3 ÁVILA, 2013; E5 SILVA, 2013; E7 DIAS, 2014; E9 FONTENELLE, 2010) and intersectoral (E9 FONTENELLE, 2010; E3 ÁVILA, 2013; E5 SILVA, 2013; E7 DIAS, 2014; E10 MENESCAL, 2014; E8 COSTA, 2016; E13 BALDANI, 2016; E16 RIBEIRO, 2021). It is believed that guiding care practices through interdisciplinarity and intersectoriality is an alternative to making care and network relationships flow, expanding practices to other public policies and expanding the work of professionals (LIMA, GUIMARÃES, 2019; MENDONÇA, LANZA, 2021).

In this sense, PTS potential is associated with the post-discharge of users who end up hospitalized in Psychosocial Care Units, in general hospitals, for crisis stabilization (E5 SILVA, 2013). PTS emerges as a necessary and effective interdisciplinary tool during the hospitalization period, as well as after hospital discharge. This is due to the fact that the PTS facilitates the identification of users' needs according to their reality, in the recovery of their family history, the clinical aspects that the user presents and in the construction of strategies with those involved in care. Due to this, the user may find it easier to adhere to and continue the treatment (ZANARDO, *et al.*, 2017; MENDES, *et al.*, 2019).

Another potential of the PTS is its character as a guiding instrument for care actions (E4 MELO, 2009; E9 FONTENELLE, 2010; E1 SOUZA, 2011; E3 ÁVILA, 2013; E5 SILVA, 2013; E7 DIAS, 2014; E11 MORAES, 2018; E2 DIAS, 2019) and , therefore, it works as a photograph of the service (E19 SILVA, 2018). The instrument can be used as a device for organizing the work process in health services, as it promotes reflections on professional practice and designs new ways of managing (FRANÇA, SPIRANDELLI, VERDE, 2019).

In this sense, the planning and (re)evaluation of the PTS are part of the organization of work processes, whether of user care actions (E9 FONTENELLE, 2010; E14 SILVA, 2017; E11 MORAES, 2018; E19 SILVA, 2018), or activities in the service (E9 FONTENELLE, 2010; E3 ÁVILA, 2013; E12 DAVID, 2018). The PTS is characterized as one of the important tools in the practice of identifying and managing problem situations, planning and implementing actions, for the quality of the service, as well as for the economy of material resources. In this way, planning and (re)evaluation positively impact the training process of health professionals, as shown in the study by Baldani (2016), due to the search for qualification of care (FRANÇA, *et al.*, 2019; BAPTISTA, *et al.*, 2020).

As stated, the construction of the PTS must happen jointly between the actors involved in care, a fact that requires co-responsibility and co-management of the care process (E1 SOUZA, 2011;

E3 ÁVILA, 2013; E4 MELO, 2009; E2 DIAS, 2019). It is understood that co-responsibility seeks to expand the user's ability to understand and take ownership of their health-disease process, and thus, expand their ability to manage and broker solutions in the process (JORGE, *et al.*, 2011).

Health services co-responsible for user care, on the other hand, must carry out intersectoral work (E4 MELO, 2009; E5 SILVA, 2013; E7 DIAS, 2014; E10 MENESCAL, 2014; E8 COSTA, 2016) seeking to support the promotion of comprehensive care. Intersectoral movements, inside and outside the field of mental health, occur when there is recognition of the limitation of the reference service, making it necessary to articulate another level of care to continue care actions (LIMA, GUIMARÃES, 2019).

Comprehensive and shared care requires a powerful health network in the territory, with Primary Health Care as the protagonist (E5 SILVA, 2013; E13 BALDANI, 2016). Working according to the logic of the territory enables the production of other ways of life, increasing social contractuality, autonomy and thus, the repositioning of the subject before himself and the world (YASUI, *et al.*, 2018). It is understood as fundamental the articulation of mental health with Primary Care for the matrix support to occur. The latter should provide the qualification of the production of mental health care to Primary Care professionals, so that they can develop a subjective and social understanding of the subject (NOGUEIRA, MOTA, TEIXEIRA, 2021).

In this scenario, it is understood that the main product of matrix support should be the PTS (E10 MENESCAL, 2014). The project must be produced through the sharing of knowledge, experiences and worldviews of the professionals involved, in a way that allows the visualization of new/other perspectives regarding user care. At this moment, the presence of the user and, if possible, of his family member is of paramount importance so that together they can compose the therapeutic plan, so that it contemplates their real needs (NOGUEIRA, *et al.*, 2021).

It is known that user data, such as gender, race/color and work, are of paramount importance in the construction of the PTS, because in addition to describing it, epidemiological data are generated (E1 SOUZA, 2010; E7 DIAS, 2014; E12 DAVID, 2018; E19 SILVA, 2018) for the planning, implementation and evaluation of health actions. It is understood that, as it is characterized as a person-centered care strategy, the PTS triggers processes of change in health practices, as it provides managers with the analysis and identification of critical nodes in the production of care for the assisted population (FRANÇA, *et al.*, 2019).

In view of this, it can be said that the PTS is a potential instrument for the services of the psychosocial care network, as it makes it possible to move towards the management of mental health care based on the humanized, integral and emancipatory model in health. Furthermore, the instrument is an important way to build public policies based on the real needs of the territories and assisted users.

CHALLENGES EXPERIENCED

One of the challenges in the construction of the PTS in the CAPS is due to the fragility of the professionals' understanding of the instrument (E3 ÁVILA, 2013; E20 CARVALHO, 2018), which can motivate the bureaucratization of care with the use of the reference and counter-reference document (E5 SILVA, 2013; E10 MENESCAL, 2014). Reference and counter-reference are characterized by their normative character that promotes referral procedures, which occurs vertically between the levels of complexity of the network services. Given this, it is understood that its functioning does not meet the demands and aspirations of the mental health field (QUINDERÉ, PINTO, SOUSA, CAVALCANTE, 2011; ROCHA, CALHEIROS, WYSZOMIRSKA, 2022).

The fragility of professionals' understanding of the instrument may also be related to the PTS being forgotten after its construction, a fact that implies the non-(re)evaluation of the instrument (E9 FONTENELLE, 2010; E14 SILVA, 2017; E12 DAVID, 2018). It is understood that the PTS must be flexible, being able to undergo modifications by the professionals who monitor the case, as long as it is discussed with the user and considered their perspectives and particularities. It is extremely important that the discussion about what was planned in the PTS is also discussed with other professionals in team meetings so that it continues to evolve (BAPTISTA, *et al.*, 2020).

Faced with this issue, new challenges arise: the fragility in communication between professionals (E4 MELO, 2009; E6 CARVALHO, 2016; E8 COSTA, 2016; E20 CARVALHO, 2018), and the fragility in communication with the user and the family. The lack or fragility of communication between professional-user results in the exclusion of the latter, as shown in studies by Cardore (2012), Silva (2013), Dias (2014) and Carvalho (2016). The fragility in communication between professionals compromises the articulation and integration of the multidisciplinary team, which harms the integrality of care. The fragility of dialogue with the user and family, regarding the construction of the PTS, implies the exclusion of the user's real health need (SILVA, *et al.*, 2020). According to the study by Carvalho (2016), the user's suffering would be the reason pointed out by professionals that would justify their exclusion. The disregard for the reality of the subject presented by these professionals points to objective and biomedical therapeutic approaches to the user (BAPTISTA, *et al.*, 2020).

Thus, another issue is associated with these challenges: the prescriptive and automated PTS in CAPS (E3 ÁVILA, 2013; E19 SILVA, 2018; E20 CARVALHO, 2018). This fact, as pointed out in the study by Silva (2018), corroborates the non-adherence to the activities proposed by the services. Among the attributions of professional practice at CAPS is the planning of activities for the user and the definition of therapeutic goals. Otherwise, it ends up again excluding the reality and the user's desire in the face of care actions (SILVA, *et al.*, 2020).

The absence of the user in the construction of their PTS can reaffirm biomedical care, focused on clinical and/or drug practices, as pointed out by studies by Fontenelle (2010), Cardore (2012),

Ávila (2013), Dias (2014), Santos (2017), Silva (2018) and Carvalho (2018). In this way, there is a production of fragmented care (E4 MELO, 2009; E17 CARDORE, 2012; COSTA 2016; E18 SANTOS, 2017; E19 SILVA, 2018), focusing on the disease and not on the subject who suffers. In this perspective, care is built around the definitions of disease that reduce the subject to a diversity of symptoms, to a categorizable species. The extensive and indiscriminate use of psychotropic drugs, unfortunately, is a naturalized practice in health services. Bearing this in mind, it can be said that there is a production of subjectivity that is intolerant of the demands and impasses that life presents. In this way, the anguish and sadness of life are understood merely as psychiatric diagnoses (YASUI, *et al.*, 2018).

According to the study by Fontenelle (2010), the PTS is built only in times of psychological distress crisis in CAPS. The construction of the PTS demands willingness and time from the team, for this reason, it is commonly performed in severe cases. However, moments of crisis demand relational care technologies capable of promoting comprehensiveness and resolution. For this, it is extremely important for professionals to invest in building a bond with the user and their territory, being able to use the matrix support strategy. Matrix support expands the subjects' life territories as it expands interaction with the community. In this relationship, it is possible to promote a change in the user's itinerary, which can prevent crisis situations, or the worsening of the mental health condition. (FRANÇA, *et al.*, 2019).

The reality experienced in CAPS was a challenging factor in the construction of the PTS for users. The study by Fontenelle (2010) points out that the overcrowding of services and the reduction of the technical staff interfere in the construction of the PTS. In addition, precarious institutional resources, such as the structure of services and financial resources (E16 RIBEIRO, 2021), also compromise the practice of PTS. Factors such as these lead service professionals to adopt the instrument only in times of crisis, or worsening of psychological distress. However, this strategy can compromise the treatment of the user, which can lead to psychiatric (re)hospitalizations (SILVEIRA, *et al.*, 2019).

In this scenario, it is common not to provide matrix support (E20 CARVALHO, 2018), compromising the collective construction of the PTS. It is known that problems in sharing care make it difficult to provide adequate continuity, favoring the fragmentation of user care and the realization of prescriptive PTS (BAPTISTA, *et al.*, 2020).

Another factor that compromises the construction of the PTS and, consequently, the comprehensive care of the user, is the de-emphasis or disuse of relational technologies (E20 CARVALHO, 2018), such as reception, bonding and qualified listening. It is understood that relational technologies are of paramount importance for psychosocial care, as they are linked to the emancipatory perspective of operating care for users. Furthermore, they constitute the main instrument to achieve integrality and humanization of care (JORGE, *et al.*, 2011).

On the other hand, the user's bond with the CAPS can be as problematic as its non-existence. The service can become a kind of asylum institution, having difficulties in allowing the user to be discharged from their treatment and encouraging them to take care of themselves (E17 CARDORE,

2012; E19 SILVA, 2018). It is understood that mental health is a daily process of deconstruction and construction, which aims to produce and enhance the lives of subjects undergoing treatment. For this, it is necessary to free them from the alienation historically produced by social, cultural and economic conditions, making them a citizen capable of managing their own life (YASUI, *et al.*, 2018).

It can be seen, as the studies point out, that there are important challenges facing the construction of PTS in psychosocial care services. This fact ends up harming the democratic management of user care.

FINAL CONSIDERATIONS

The present study made it possible to know the scientific productions of postgraduate programs about PTS in CAPS. It was possible to perceive that the studies of qualitative methods were predominant. The use of this method in research in the health area is of paramount importance, as it allows giving voice to the subjects involved in the daily construction of care.

It can be said that the trend of scientific productions about PTS in CAPS points to the need to continue investigating the instrument in this scenario, given the potential that it presents in relation to the service, the user and their families, and the important weaknesses in its construction/ planning by CAPS professionals from different regions of the country. Finally, it is expected that the present study will contribute in a way based on the qualification of care for mental health users and specialized services, as well as the academic community.

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