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Mental health and occupational therapy: building a singular therapeutic project

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Abstract: Introduction: This text presents the construction of a Therapeutic Project Single of a person with mental disorder admitted in a Psychosocial Care Center of Campinas-SP. Method: We will give special focus on seams and networks produced from the intervention of the Occupational Therapy core, interspersed by the mental health field actions. Thus, we will use as text production method the experience report in the light of theoretical references of Psychosocial Clinical and Public Health. Results: As a result, we will elucidate some functions that Occupational Therapy and the use of activities can generate in a Psychosocial Care Center and the development of an interdisciplinary treatment plan. Conclusion: This development gives us subsidies to reflect on our working process in mental health with a view to clarifying specific aspects of clinical occupational therapy towards the care of people with mental disorders, in addition to evidencing functions that psychosocial care network can exercise in the broader context of the health network.

Keywords: *Occupational Therapy, Health Care, Mental Health.*

Saúde mental e terapia ocupacional: a construção de um projeto terapêutico singular

Resumo: Introdução: Este texto apresenta a construção de um Projeto Terapêutico Singular de uma pessoa com transtorno mental inserida em um Centro de Atenção Psicossocial (CAPS) de Campinas-SP. Método: Daremos especial enfoque às costuras e redes produzidas a partir da intervenção do núcleo da Terapia Ocupacional, entremeada pelas ações do campo da Saúde Mental. Para isso, utilizaremos como método de produção do texto o relato de experiência à luz de referências teóricas da Clínica Psicossocial e da Saúde Coletiva. Resultados: Como resultado, elucidaremos algumas funções que a Terapia Ocupacional e o uso de atividades podem cumprir em um CAPS e na construção de um plano terapêutico interdisciplinar. Conclusão: Essa construção nos dá subsídios para refletir sobre nosso processo de trabalho na saúde mental com o intuito de elucidar aspectos específicos da clínica terapêutica ocupacional no cuidado de pessoas com transtornos mentais, além de evidenciar funções que a rede de atenção psicossocial pode exercer no contexto mais amplo da rede de saúde.

Palavras-chave: *Terapia Ocupacional, Atenção à Saúde, Saúde Mental.*

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1 Introduction

This text intends to present the report of an occupational therapy intervention experience to highlight relevant aspects of the CAPS clinic (Psychosocial Care Center) and the core of occupational therapy in the mental health field.

Presenting a service of occupational therapy in a CAPS is to present the power of a professional core that necessarily articulates network, that is also presenting the construction of a Single Therapeutic Project (STP) shared, interdisciplinary and territorialized.

In the context of the Psychiatric Reform, the CAPS is an inserted device in a network of psychosocial care, which has a strategic role to joint and weaving nets, regulation and organization of mental health care in a given territory.

From care, it is an "open door" service with the goal of providing comprehensive care to people affected by severe and persistent mental disorders. This support aims to provide clinical and rehabilitative care with alternative strategies to the asylum model, helping to minimize the number of hospitalizations and reinterpretation of the subject's relationship and partnership with the disease. Also, it is important to build a magnified look on the health-disease-intervention, investing in the role of individuals with psychological distress and the expansion coefficient of autonomy of individuals and groups for the exercise of citizenship.

After more than two decades of the Psychiatric Reform beginning, it is necessary to reaffirm the ethical and clinical-political principles that guide, especially from the diffusion and strengthening of its practices. One way to promote this strengthening and the dissemination of their concrete experiences, with an emphasis on the effective explanation of the changes that this new model of care can promote in the encounter between health workers and users. In this sense, the socialization of Singular Therapeutic Project (STP) can function as an important analyzer of this new model, as well as their care technologies: interdisciplinary clinic, networking, attention to family, actions in the territory, etc.

For Campos (2005), the STP is a tool for the management of the clinic that includes a set of proposals for therapeutic approaches articulated to an individual or collective subjects result of the collective discussion of a specific interdisciplinary team or network.

The choice of STP as an intercessor for the production of this report is given to using this device as an analysis object, that is it is not the construction of the project itself, but its use as a trigger for discussions on the networks they can be built in search of solvability for the actions of the teams (VASCONCELOS; JORGE, 2013).

On STP reports chosen for this text, we will emphasize one of the points of this building, which was the intervention in occupational therapy, not only as it is the main route of insertion of the authors in the case, but for being the Occupational Therapy an important device for the construction of networks and strengthening of Singular Therapeutic Project of this particular case.

To systematize this process text, we will use the experience reporting methodology from the theoretical framework of Psychosocial Clinic[1] in dialogue with the current Public Health called "In defense of life"[2].

As a data source, we will use for the production of this report document analysis on the records and clinical experience lived by the authors.

2 From building the case for the production of cases

José Carlos[3] was born in 1964, in Campinas, in a family composed of three children. He states that until seven years old, his life proceeded normally, without any event that it considers significant. At that age, his father left home, so his family experienced serious financial hardship and relational difficulties. He was forced out of a private school and study in a public school, where, according to reports, he was the only blond boy, called whitey by other children. Around this time, his brother, then 8 years old was blind due to a brain tumor. José becomes the caregiver and companion figure to this brother until today.

At 16, his father returns home, José started a technical course and got his first job as a machinist. Until 1981, he started to "lead a life of hard work and much excitement", with great service and night parties. Moreover, he practiced karate classes and other vocational courses.

At 20 years old, he lived a great love, but he was abandoned three years later. In the same year of the breakup, José was told that he would have to undergo a varicose surgery (pathological formation of varicose veins in the scrotum area). At that time,

he reports that began to live the feeling that he will have his penis amputated and started to develop persecutory behavior at work and with the family.

A year later, he made a major suicide attempt, crashing his motorcycle into a car at high speed. In this episode, he remained a few days in the ICU with multiple fractures in the body.

Since then, the psychotic symptoms began to intensify. In less than one year, he was removed by the National Institute of Social Security (INSS) by disability (at 26 years old) and suffered his first of many psychiatric hospitalizations. At that time, José claims to have discovered that he was not born to the world of work and completes:

> *I declare that I stop, I set in the towel; I give myself to the fairy hands of nurses, surgeons at the hands of psychiatrists and the police hand - entered the path of no return of psychiatry* [...] (José Carlos).

When completed 32 years old, José lived long periods of hospitalizations and brief returns home. He stated to have been the subject of several interventions, including electroconvulsive therapy, which, in his analysis, it made him develop

> *Miraculous powers to know spaces of death being alive* [...] (José Carlos).

At 33, José states that he "[...] accepted the condition of their parents consider him crazy [...]" and started his first follow-up by the Basic Health Unit, receiving medical drug monitoring by 2005, when he was referred to a CAPS-III.

In the first intervention performed by professionals of CAPS in home visits, he was found in the poor state of hygiene, for months without leaving the room, with heightened sexuality, little contact with delusions of grandeur, persecution and auditory hallucinations.

Since the beginning of treatment, José´s family has always been very emotional at the same time treated him like a child who needed intensive care and control full-time.

During the first years of participation in service, monitoring of José was very punctual, until the request of professional reference that accompanied him, he was inserted into occupational therapy workshop happening weekly.

José finds in this space an important environment for expression of his anxieties and delusions, especially through painting and writing. The compulsion of José by the activities, expressed in the workshops indicated the need to add to the group care an individual monitoring in Occupational Therapy. The psychologist of the institution also assessed the need to assist him in psychotherapy group. Thus, there is the possibility of strengthening the bond of professionals with the user and to producing new assemblages' network.

With this set of actions, José proceeds to create emotional bonds with other users of CAPS, to produce a shareable sense about their delusions, conflicts develop, build their agenda, acting in the world, communicating better.

Realizing the gradual improvement of José, his family began to participate in family groups, recognizing their potential and position differently on their limitations.

After a few months of investment by the team, José was already performing better in psychiatric symptoms, but he complained of various side effects of medication. In part, these effects were identified in the areas of occupational therapy intervention where he was invited to act and interact.

At that moment, José decided that no longer accepted taking the medication. This causes an initial resistance by professionals, but considering the process that it was performed, the team decides to support the possibility that negotiations with his psychiatrist who does not share that decision, at the same time any room for dialogue.

This attitude caused several discussions in a team on their role to José and other users on the complexity of the responsibilities of the team and the rights of mental health of users. We analyzed critically if we did therapeutically or control the lives of some users.

We try to include and expand the discussion on the medication, in addition to reducing symptomatology; we seek to build with the team the idea that the medication also has the role of establishing the condition of a different relationship between the patient and the problem between patient and staff, and patient life. Along these lines, pharmacological intervention must have a deep congruence and integration with the user´s STP construction (SARACENO; ASIOLI; TOGNONI, 2001).

After a few meetings, another doctor took over the case and the team bet to play with the user and his family to their decision on what to do with his treatment and his body. Monitoring was intensified in CAPS during the time of gradual medication removal and gradually his complaints regarding

side effects such as impotence, rigidity, drooling, etc., have been declining.

He stayed for a few months very well, started dating and attended other activities of CAPS. This bet was extremely important for the confidence and linking José Carlos service (which legitimized his desire) and the development of emotional relationships in various other areas of his life.

The experience of some stressful situations in CAPS and in his home (the suicide of one of her friends in CAPS and the father´s health worsens) associated with prolonged time without medication were some of the elements that contributed to José Carlos returned to present important pictures of delusions, insomnia, and euphoria.

We intensify the individual assistance in occupational therapy, especially because in moments of discursive disorganization, the use of activities as provided significant improvement intervention instrument and the possibility of expression of conflicts to José were not able to be put into words.

For Castro, Lima and Brunello (2001), human activities consist of a set of actions that have qualities, demanding skills, materiality and activate processes. The language of action is one of many ways of knowing yourself, the other, the world, space and time in which we live and our culture.

What is established in the course of an occupational therapy service is an experimental field of self and the world. It is not only the confrontation with a new field of expression but the constitution of subjectivity complexes. The subject-activity-multiple-exchange agency offers diverse forms of the composition of an existential corporeality, producing resingularization processes (GUATTARI, 2006).

At that moment of Jose´s treatment, the writing activity comes to occupy the central role of occupational therapy intervention. Strict assistance was intended for his narratives and the occupational therapist enter reports of his delusional experiences, accounts of his life experiences. In the process, José was thrilled, raged, wept, laughed and therapeutic interventions were performed.

Often when reading his stories, José was aware of his disorganization, did not play the role and began the same story again. At such times, the support function offered by the occupational therapist was crucial. According to Knobloch (1998), professional support position is given in the literal sense to bear the unbearable, to affirm the reality of the event of crisis, to support its destructive force, so more creative destinations for the subject are found.

With time, the narrative went to have a beginning, middle and end, transmitting understandable stories, with more shared meanings, even if not standardized. Even in the expression of his delusions, it could be built a sense not only for those who narrated but for those who read and listened to his stories.

When we reported this experience, we were always in doubt whether we will describe his reports as stories or History. The story is a neologism to designating the popular narrative, traditional, fictitious tale. This term clearly differs from the notion of *History*, by being something "invented" and something truthful, factual. Another form of distinction is to write "history" (with lowercase) and "History" (with a capital letter). The first term means narrative and the second refers to the science that studies the man in time.

The question was brought by the fact of whether they are delusional experiences but experienced as real and true reality factors for the user. The madness Hybridism and "reality" - identification and estrangement were always present. In the end, considering ethically that the user experience was what gave value to these writings, we now refer to them as the Zé´s stories, saying the *real factor* of delirium.

Over time, he began to read his 'stories' that have been compiled in a text entitled *"In two minutes, almost eternity"*. This reading was done weekly for other professionals and users in living space and producing a positive effect on people and provocative, sometimes emotional, sometimes laughing or estrangement.

Over time, some users were waiting for the end of the occupational therapy sessions, doing a circle and José read the week´s story.

Subsequently, this production exceeded the institutional limits, and his stories were accepted to be exposed in the session "Prose and Poems" of Campinas Municipal Health Conference. His narratives were also publicized in a literary exhibition held in a public square. These interventions

> [...] produce an effect in exhibitors and for the public, transforming the relationships between them. [...] In this context, process and product become a unit direction [...] (CASTRO; LIMA; BRUNELLO, 2001, p. 53).

Gradually, the intervention in occupational therapy and the voice of José formerly occupied little centrality in his treatment, go out of the protected setting and started in the institution, gaining spaces in the city.

It is interesting to note that, as stated by Lima (2004), the products of therapeutic intervention will gradually give off its institutional source to make its way in the cultural universe and see how they allow strangeness and new affectations, establishing new schemes sensitivity. Space for "crazy" creations are opened for the importance of attentive listening and interested by these productions, to generate conflict in the institutional space and beyond.

In this sense, the activity worked not only facilitating the expression of suffering, its objectification, and preparation but new meanings to a delirious subjectivity, putting this expression in dialogue with a group and with the city, providing other areas of insertion. In contexts like this, the person "speaks" in his doing, but also "is spoken" by him, in the sense that we are bearers of our history built in relationship with others (FERIGATO; SY; CARVALHO, 2011).

Among these stories, his experiences of motorcycle driver were always very present. He spoke of the sense of freedom that the wind in his face caused. Many of his delusions were tied to the motorcycle, which had been his instrument to the suicide attempt in the past. The idea of returning to riding motorcycles was frustrated by his family and the loss for years of his driver's license.

Then, we thought about the alternative of a bike doing, in part, José relives some of those emotions. We provided a bicycle from a professional at a symbolic price in the CAPS bazaar, and he acquired it. It took only twice O.T. monitoring. Then, he turned the bike into something very different from what it was in the beginning, putting a radio, trinkets, and stickers. He started on a new exploration of the territory. For neighbors, he was no longer the "crazy Zé", he was the "Zé bike". This body-bike-street composition created new existential territories (DELEUZE; GUATTARI, 1997) and new possibilities of meeting: with traffic, with bike fixer, with the gas stations employee, with customers of the corner bar. All this, tracing the path of crazy rides, allowing him to be recognized and recognized himself by other activities (FERIGATO, 2013; CASTRO; LIMA; BRUNELLO, 2001).

3 New meetings connecting new possibilities

Two years later, the occupational therapist that accompanies this journey was disconnected from CAPS and the case was gradually transferred to another O.T. chosen by José (this story is narrated by the two occupational therapists).

Since then, the assistance happens weekly, sometimes in the CAPS setting, either in his home or around town. The chosen activities are in accordance with the demands of the subject and the therapeutic process, focusing on the assumptions of occupational therapy as a production of life. The search for therapeutic action points to the construction of a methodology of intervention in occupational therapy which requires close alignment between the clinic, the proliferation of life and subjective processes (LIMA et al., 2009).

In this sense,

> Talking, writing, cooking, painting, walking etc. are ways of caring/living/listening/ accept suffering, madness and give them time and matter so that shooting, walking, cooking, singing to recreate ways of being in the world ... the activities, the human do are taken as territories, power and matter of creation, modes of expression to exist, new beginnings and own manufacturing worlds [...] (QUARENTEI, 1994, p. 197).

More recently, the interest of José of rescue the contact with people who passed through his life and for this purpose appeared, and he asked to learn to use the internet. During the consultations, we did the most basic questions of computer learning as to turn on/off the computer, conversations as something he wanted to say could be transmitted online. We talked about the virtual and the real, and his perceptions about these worlds and his life on the senses and the brands that were in his life as he produced letters to be sent by email.

He learns how to research topics of interest in search and video sites... He watches clips of his favorite bands and tells of his experiences of youth. He makes new connections with the world and his world.

However, virtuality and small advances in digital inclusion were not enough; José wanted to go beyond... He wanted to go beyond the limits that his cycling and computer are allowed. He wanted to follow his girlfriend on the weekend, ride the bus, go "to the city" - which for decades was not without the family company.

Investing in such activities would be a gamble to produce the perception of the changes that the other has from him, a possibility to reduce stigmas and generate new encounters between the man and his partner (FERIGATO, 2013).

Also, José brought a certain discomfort with the use of money for his benefit in the house reforms

and asked for help to talk to the family about his rights regarding the use of his money. We carry out the conversation; the family was receptive. It was agreed that at first he would receive support from the therapist for planning and use of money, in addition to monitoring the initial purchases through Therapeutic Accompaniment (T.A.).

José often brings the feeling that the family still did not trust him, and he, in turn, could not express what he thought of the family. The investment in this relationship was also targeted for intervention, carried out for a period still in progress.These were just a few steps of the construction of José´s Therapeutic Project. In line with the proposal of an occupational therapy intervention plan, the construction of the Singular Therapeutic Project produced a coproduction of movement and co-management of the therapeutic process of a Singular Subject in vulnerability situation. Interventions were built considering that the same subject is inserted into a social, cultural, family and territory context (OLIVEIRA, 2010a).

The coproduction of autonomy, one of the historic goals of occupational therapy and one of the proposals of the STP, was "measured" not for healing, but from the gain of the subjects in terms of gradients, the ability to handle his problems and potential, with his socio-relational context, in relation to a previous situation (OLIVEIRA, 2010b).

We assessed that today, even with the diagnosis of schizophrenia, José is more the protagonist of his life and has increased the bargaining power, social and emotional bonds with the significant qualification of many aspects of his daily life, for example, greater autonomy in family relationships, in activities of daily life and practical life.

With this progress, we discussed with him how to build an STP that is not restricted to stay in CAPS, to explore ways of movement throughout the territory that make sense to him. Currently, part of this process takes place in CAPS (reference group, host, O.T. service) and another part is directed to the participation activities in the territory (Community Center, Therapeutic Monitoring and exploration of the city). José Carlos has maintained the choice not to use medication, and the team has respected this position.

Currently, José circulates alone in the city, communicating with others according to his needs and possibilities, he has friends, goes shopping, goes to parks, and the mall with his girlfriend was inserted, along with his blind brother in the activities of a Community Center.

Such an approach of ethical and clinical principles, according to Nicácio (1994), do not identify with the orthodox psychiatry, either with praise proposals to madness: it is going through the fields of health and illness, drawing a profound break with hegemonic clinical models or other forms of suffering coding, to confront the cultural values they attach worthlessness to diversity, difference, to break the rules.

4 Final considerations

By reporting the construction of an O.T. service articulated to a Singular Therapeutic Project constructed participatory, interdisciplinary and networking, we sought to highlight possible changes that psychosocial rehabilitation can have on the lives of people with mental disorders. In this context, we sought to elucidate some functions that occupational therapy can meet in a CAPS, constituting a character work to one significant, constructive and inclusive time; increasing the capacity of individuals and groups affected by the experience and begin to actively act in the production of new roads, building cases and stories in a reinvented everyday (FERIGATO, 2013). Also, we sought to explore actions that can be performed on CAPS beyond the clinic, conducting clinical bets that are always also an ethical and political commitment. Ethics by the possibility of intervention in the relations that a subject (worker/user) establishes with himself and the world and finally a political challenge for its institutional support of health claim as a right and a way of life to be built and not given prescriptively.

In this sense, we valued the psychosocial clinic for its power to produce deviations, the possibility generated to create a play space so that a singularity may join the world from oriented relationships not only by scientific, psychiatric and moral objectivity but by subjective variables such as desire, affection, and freedom.

The choice of this case was to assert the legitimacy of this clinic from co-built tools such as interdisciplinarity, Single Therapeutic Project, the reference staff, workshops, individual consultations and Therapeutic Accompaniments (TAs).

José, with his stories and connections, updates the benefits of monitoring in Occupational Therapy, an enlarged view, the coherent and conflictual operating an interdisciplinary team on the disease process, with interventions that not only consider the illness, but they make investments in therapeutic projects linked to daily life and to people's life projects.

José, his family and we recognize that the insertion in CAPS, monitoring of occupational therapy and other interventions of the service were important to produce new meanings to the family established relationships, to stop the flow of hospital admissions, reduce the effects of social segregation, enlarge the exercise of his citizenship.

With these interventions, there was a significant impact and significant changes from increasing the possibilities of an encounter with life.

> *20 years of isolation in the home, hospital and doping, there comes the CAPS, the O.T., and Zé start living life without shy!* (José Carlos).

Therefore, we believe in the importance of overcoming the model of treatment based on asylum interventions or purely biomedical and bet on creative interventions, investing in the movement of life. Invent new concepts and practices to cope with madness than exclusion and control instruments, but due production (QUARENTEI, 1994; LIMA et al., 2009).

We consider that the reporting of cases like this also highlights some major challenges: It is important to be attentive to the construction and re-evaluation of STP mode, as often with the intention of building care production strategies, can produce interventions that work as control strategies and disciplining of life.

We observe that often questions about the lives of individuals go, stay and/or end in CAPS as if this could account for all the user´s everyday issues. The same can happen with institutionalized occupational therapy: prescribing activities, the use of activities to adapt, regulate or disciplinary bodies and lives.

Therefore, we affirm to do occupational therapy is not about building models, revenue or activities of indications, but build with each user their unique path:

> [...] a way out of imprisoning meshes of a life relegated to areas too restricted and narrow. This is to extend the life, seek dialogues, connections, promote meetings, enabling new ways [...] (CASTRO; LIMA; BRUNELLO, 2001, p. 57)

and, in particular, enable the recognition of rights – "[...] right to choose, the right to be recognized as a guy who does and who thinks, who signs his work, which is creative and transforming agent [...]" (SILVA; CARRARO, 2014, p. 239).

Thus, regardless of the different directions that occupational therapy can produce for different subjects, its effectiveness committed to freedom lies mainly in the size of the *passage*, the potential that the encounter between subjects with different doings has to give way to new life directions. The effect is the phenomenon of passing an existential place to another. Schizophrenic to the storyteller, Crazy Zé for Zé bike...

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Auhtor's Contributions

Both authors were occupational therapists of the narrated clinical case and worked together in the design, analysis, organization and writing of the text and approve its final version.

Notes

[1] Set of theoretical and practical, political-ideological and ethical actions guided by the aspiration to overcome the asylum model. Among the main theoretical references of the psychosocial clinic, we can mention the Historical Materialism, Psychoanalysis, Psychiatry and Democratic Difference of Philosophy (COSTA-ROSA; LUZIO; YASUI, 2003).

[2] The flow created at the end of the 1980s by a group of health workers from the Department of Social and Preventive Medicine of UNICAMP and workers of Campinas health network. Among the key concepts of this proposal, there are: a) the understanding that the policy is carried out at the macro and micro spaces of social relationships; b) it affirms the central role of workers to the changes in the health sector; c) it calls for the reformulation of the theoretical reference and public health practices that value ultimately, the interpersonal relationships (CAMPOS, 1991; MERHY et al., 1991; CARVALHO, 2005; SILVA JUNIOR, 2006).

[3] Fictitious names to preserve the users' identity.