

Work and Mental Health: an Existing Relationship in the Setting of a CAPS**Trabalho e saúde mental: a relação existente no cenário de um CAPS****Trabajo y salud mental: la relación existente en el escenario de un CAPS****Received: 05/05/2015****Approved: 13/06/2016****Published: 01/01/2017****Daniella Amaral Aguiar¹**

This article aims to analyze the limits and possibilities that strategies of work and income generation have regarding the (re)integration and (re)socialization of people in a condition of psychological distress. Understanding the perception of users, professionals and involving the role of the state as a provider and regulator of social policies, it analyzes how the category "work" is presented to the field of mental health, as expressed by a Psychosocial Care Center in the city of Uberaba, Minas Gerais, Brazil. This is a qualitative research based on a semi-structured interview with a guiding script. The data analysis performed was guided by the dialectical historical materialism method. For the daily lives of users, work is seen as important, and through strategies such as workshops of income generation, which allow for the integration of services and are based on the transformation of users in subjects of rights, it aids them in overcoming the logic of the market, seeking to rebuild the human sense in social relations.

Descriptors: Mental health; Mental health assistance; Work.

O presente artigo tem por objetivo analisar quais os limites e as possibilidades que as estratégias de trabalho e geração de renda possuem no que tange à (re) inserção e (re) socialização de pessoas em condição de sofrimento psíquico. Entendendo a percepção de usuários, profissionais e abrangendo o papel do Estado, enquanto provedor e regulador de políticas sociais, analisa como a categoria trabalho se apresenta à área da saúde mental, expressa em um Centro de Atenção Psicossocial da cidade de Uberaba, Minas Gerais. Esta é uma pesquisa qualitativa, realizada a partir de entrevista semi-estruturada com roteiro norteador. A análise de dados pautou-se pelo método do materialismo histórico dialético. O trabalho se apresenta na vida cotidiana dos usuários como importante e, através de estratégias como as oficinas de trabalho e a geração de renda, que permitem a integração dos serviços pautando-se na transformação dos usuários em sujeitos de direitos, auxiliando na superação de uma lógica mercadológica e buscando reconstruir o sentido humano nas relações sociais.

Descritores: Saúde mental; Assistência à saúde mental; Trabalho.

El presente artículo tiene como objetivo analizar cuáles son los límites y las posibilidades que las estrategias de trabajo y generación de ingresos tienen con respecto a la (re) integración y (re) socialización de las personas en condición de sufrimiento psíquico. Entendiendo la percepción de usuarios, profesionales y abarcando el papel del Estado como proveedor y regulador de políticas sociales, analiza cómo la categoría trabajo se presenta en el área de salud mental, expresada en un Centro de Atención Psicossocial de la ciudad de Uberaba, Minas Gerais. Esta es una investigación cualitativa realizada a partir de entrevista semiestructurada a través de un guión rector. El análisis de datos se basó en el método del materialismo histórico dialéctico. El trabajo se presenta en la vida diaria de los usuarios como importante y, a través de estrategias como los talleres de trabajo y la generación de ingresos, que permiten la integración de los servicios pautándose en la transformación de los usuarios en sujetos de derechos, auxiliando en la superación de una lógica de mercado y buscando reconstruir el sentido humano en las relaciones sociales.

Descritores: Salud Mental; Atención a la salud mental; Trabajo.

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INTRODUCTION

This article discusses the category "work" and the Brazilian mental health policies. Its general objective is to analyze the connection between work and mental health in the setting of Psychosocial Care Center (CAPS) Maria Boneca, in the city of Uberaba-MG. Considering an ontological comprehension of the category "work"¹ as a starting point, this research ponders on the relationships which permeate the social lives of human beings, through abilities which condition the beings themselves.

Within the capitalist logic, the appropriation and accumulation of human beings and work capacities take place²⁻³, and that modifies the way in which humans relate to one another and to nature, promoting new forms of configuration in our own society.

Work, for people in psychic suffering conditions, may be a form of social insertion, to better deal with suffering and with what it represents in one's life; it can be a path to be in touch with other people, making experience exchange easier and facilitating the fight against the chronic condition, while also avoiding possible crisis caused by psychic suffering.

Given the importance of work, both to mental health and to solidarity-based economy, its meaning in the life of a professional who deals with psychic suffering cannot be emphasized enough, because knowledge ingrained with the doings of their work can be structured.

The Psychosocial Care Centers - CAPS are services created to replace the sanatorium treatment logic, and aim at offering the users of their services clinical care and their social (re)insertion, promoting and strengthening their autonomy and citizenship through access to work and to their other rights. Criteria which answer to the exigences of the World Health Organization — WHO, to substitute hospitalization in psychiatric hospitals.

The choice of theme was due to the experience acquired in a university extension project, linked to the Education through Work Program (PET) in Health/Psychosocial Care, which lasted two years and four months,

and whose proximity to the field studied here helped fostering some questions that led to the writing of this paper.

The objective of this article if constitutes in the analysis of the limits and possibilities of the social reinsertion of the users of the CAPS by means of the work in workshops of income generation, identifying to which public and social politics they and the relation of the work and the mental health, with sights to the critical quarrel of the challenges that the strategies of social reintegration suffer in the reality of the institution.

METHODS

The research is qualitative in its approach, and it was validated by the Ethics and Research Committee from the Federal Triângulo Mineiro University - UFTM, being approved in October 1st, 2014, under the CAAE number 32414214.7.0000.5154.

A semi-structured interview was conducted in the second semester of 2014, among six subjects, four of them users and two professionals (a social worker and an occupational therapist) of the Psychosocial Attention Center - CAPS Maria Boneca, in the city of Uberaba-MG. Initially, a bibliographic study was conducted, to find which were the points of articulation between the objectives of the research and the reality which was studied. Subsidies from dialectic historical materialism were used.

In data collection, the participant observation was used. The interviews were recorded after the study was explained, including a description of the role of the subjects in it, and after the free and informed consent forms were signed. To guarantee the participants anonymity, fictional names were used.

As a criteria for their inclusion, the participant users were intentionally chosen, with the guidance of professionals from the institution, and considering their vulnerable condition of psychically ill subjects. Beyond that, the user had to be connected to the income generating workshops.

The interviews aimed at understanding how the patients saw themselves regarding their illness, work, money, and how those connected to their life stories, in order to give support to the patients' interpretation of the connection between work and mental health. As for the professionals, the positive and negative points that exist in the State were mentioned, regarding mental health, including the work and the treatment itself.

RESULTS

As a result of the interview, it is possible to assess both the patients and professionals opinions regarding the category "work" and the structure of Brazilian mental health policies, and those opinions are heretofore presented according to what was spoken during the interviews.

To one of the respondents: *To work is to achieve autonomy. The person develops a work project and manages to get the income the person needs to survive. [...] in our capitalist society, if you don't move you are an invalid who doesn't produce. And then, what does society do? It abandons us. From the moment we work on, people start looking for us, they value the work we do (Estácio).*

The speech of the professionals confirms that: *It [the work] is a minefield for them [people in mental suffering conditions]. Because it's very difficult, a person with a serious illness, they can stay in the job market. (...) people are afraid of people who have outbreaks, and our patients have outbreaks. There's also an impoverishment, a chronicity, which isn't rare, (...) these are issues which are not adequate to formal types of work, where you have a time to start, to finish, all the time, sometimes in stressful situations. So, those are issues that make it very difficult for these mentally ill patients to stay in the job market (Occupational Therapy).*

The Social Service of the institution also agree with this perspective: *In fact, when people in mental suffering arrive, they're not really accepted in the market, because they can have an outbreak, and there's really an attempt to stay far from this public, and so people with physical or mental disabilities, but who aren't as bad as psychic suffering, are preferred (Social Worker).*

An issue to be highlighted is that of work as a factor which provokes the illness, as indicated by the Occupational Therapy of the institution: *There's another issue, which is known, and researched a lot, (...) the issue of work as a sickening factor (...). Work can, also, be something with which you identify yourself, which allows you to leave a*

mark in society. If you become a reference through the work you develop, and if you have pleasure on your work. That would definitely not get you sick because of it.

Regarding the differentiation between ontological work and work as category inside capitalism, the Social Service in the institution states that: *There's a big difference between employment and work. I see employment as something imposed, something we need to do to achieve our livelihood. (...) it's different from work, which (...) can be pleasurable, a way to connect pleasures one has in life. Considering the variations that are in the very central category of "work". Regarding the role of the State: The state has been (...) "passing" the blame onto the existing institutions, the NGOs and foundations, and at the same time, dodging the responsibility (...) of being responsible for these people. Because of that, they're a losing a lot (...), especially when it comes to social rights (Social Services).*

When it comes to the work which is offered, more specifically, the income generating workshops, as intervention strategies, Occupational Therapy states that: *It's paramount, because we're always talking about psychosocial rehabilitation (...), and of the importance of money and its trading value, and so, the idea of income generation workshops came, to help implementing these people's reintegration in society. Because with the money (...) they can, just as anyone else, buy what they want (Occupational Therapy).*

Yet on the new strategies of the services the CAPS offers: *It's really something to see, since this citizen which comes to be treated in the institution is made to start his life through learning to work again. Since many of them spent part of their lives inside sanatoriums, they ended up "unlearning", in a way, what is work, (...) through coming to the CAPS, they learn the value of trading, which is today our workforce (Social Services).*

The perception of the users regarding these services is varied: *The workshop is a work in which I end up involved, both with the product and the client (Bentinho); I can't work in a job (...) as I used to, my job today needs to be like the soap [workshop in which she takes part], which is a less demanding job. Nearly heavy jobs I can't do anymore (Helena); The workshop is a preparation for us to work, but it can also be a work if you value what's done there (Estácio.)*

In these statements it can be noticed how the intervention made through income generating workshops produces results beyond the material ones: *In the last seven years I came back to the CAPS, I was lost, disoriented, I didn't know what to do and was really scared. (...) Then, as I started the soap workshop my psychic mental side started to improve a lot, (...), through the soap workshop, I started to work again (...) at home, I opened my garage*

and started selling it, and doing that I achieved autonomy. I stopped being dependent on my parents, before I started selling soap, I had to ask them for toothpaste, soap, to ask money from my dad. (...) from the moment I started working on, the toothpaste, the soap, I started buying with the money from the soap, or even paying for odontological treatment (Estácio).

DISCUSSION

The study has shown how hard it is for psychically suffering people to live in a community, without an existing functional link to the informal or formal job market. It was noted from then on how integral are the services offered by the CAPS, and how social insertion has been a challenge to the professionals in the field.

Mental health is the focus of many a debate nowadays, and it presents several challenges. It is by understanding mental health policies and their construction through the Brazilian historical context, as well as their current dynamics, that one can trace a new look at the demands.

Work here is seen as a field which permeates social inequalities which arise from the social issues themselves. The paid work is undeniably necessary to anyone who is inserted in the dynamics of a capitalist society. However, in an economy marked by market competition and excessive profit accumulation, there are consequences both from objective and subjective perspectives. From the statements of the four interviewed users of the CAPS, it can be noticed that their work is a source of their subsistence, however, due to their mental illness, the relationship between the person and the formal labor market is a duality.

All of the respondents stated that they have worked in the informal job market, in positions that vary from the walking salesperson to the unregistered housework. "Bentinho" states to have already worked in the formal job market. However, he was dismissed after the experience period, and currently works informally, helping a friend in a shoe shop; Capitu and Helena, on the other hand, are also not inserted in the job market, neither formal nor informal; both of them are housewives, assisting thus their families. Eustáquio is not in the job market,

and therefore needs other income sources to help his family. The participant group seriously values work.

Remunerated activities (whether formal or informal) are essential for a person to feel recognized as such, as a productive being, which is part of their own society, and of their own relationships.

In turn, the social problems can be triggers for mental suffering. In the current situation, a monopolization of economic order and an adjustment in every nations for the imperatives of financial globalization, circumstances point at an increase in the mental illnesses, caused by the alienation of work social relationships and affective ties: *"beyond work informality, social relationships become more precarious in every form of social institutionalization"*⁴.

Here, the focus lies on the socializing characteristics of the work activity, which, marked by capital and its significance, has transformed itself because of a feeling of exclusion.

Professionals from Occupational Therapy and from the Social Service of the CAPS Maria Boneca highlight how difficult it is for the users to find space in the job market. Therefore, it is necessary to evaluate the normative instruments of the country which state and guarantee the rights offered to people in psychic suffering.

In the quotidian reality of people who find themselves in a condition of mental suffering, what is left for them is familial and state dependency, help and aids from mental health policies, being that these resources oftentimes do not contemplate all the needs of the people who need them, since there is a great bureaucratization and failure when it comes to the offering of public social protection policies.

Thus, "it is not enough for the health system of a country or region to be effective promoting health, preventing and treating diseases. These actions must be conducted in a way that is compatible with the values of the population and accessible to everyone, independently on their financial resources. This tripod helps to systematize a group of values which will guide the health system and, at this point, the participation of the

whole society is wished for, especially that of the people who are closer to the problem: users of the health services, health professionals, governors, entrepreneurs in this sector, among others"⁵.

In Brazil, the Unified Health System (SUS) is based on the principles of universality of access, equality in the distribution of resources, completeness of assistance, and decentralization of services. However, in reality, these policies are still precarious.

There is also what is called social determinants, factors that are external when it comes to health-sickness, but which intervene decisively in the quality of life of the population.

"The deficient health of the poor, the social gradation in health inside countries and the profound inequalities among countries are provoked by an unequal distribution of power, income, goods and services, in both national and global scales, (...). This unequal distribution of potentially health hazardous experiences do not constitute, in any way, a "natural" phenomena, being the result of a toxic combinations of social policies and weak programs, unfair economic structures and low quality policies. Together, the structural determinants and the conditions of quotidian life constitute the social determinants of health and are responsible for the greatest part of inequalities both in and among countries"⁵.

Work is a phenomena characterized by two antagonistic characteristics, the ontological meaning and the alienated meaning. Thus, in the bosom of capitalism, with class exploration and work alienation, it is also constituted as factor capable of provoking illnesses in the population. Therefore, "unemployment, the threat of being dismissed, the overload of work and the loss of autonomy, make personal and community life projects fade, leading to depression"⁴.

Work, when seen separated from its ontological meaning, turns itself into something alien to humans themselves, allowing for psychic illnesses to appear.

Once extricate from its position of something useful to whoever executes it, work loses the meaning it has which affords people their freedom and their existence as social beings. The more a human leaves his concrete objectivity as a social being and

approaches mechanical types of work, devoid of knowledge and of one's own objectification, the more they get close to their natural side.

The alienation of the worker also leads to fetishism and to a false awareness of class, which are pertinent to the class struggles which exist in capitalism. Also:

"The more a worker is exploited, the more they cling to the idealistic appeals of capitalism, neoliberalism, globalization and instrumental rationalization, renewing and repeating the old adage of the identification of the oppressed with their oppressor"⁴.

The consequence of this relationship is the very nonrecognition of class, which does not allow for people to appropriate ideals and principles relative to their own explored class. This hinders even the implantation and management of new public and social policies, considering that population itself does not understand the spaces to which they are entitled, in order for the social control of the State and its protection policies.

It is important to highlight that the salary of most men and women does not meet their basic needs. That can be explained once we understand that work exploration, through surplus value production, enriches more and more the bourgeois class, at the expense of the living conditions of the working class.

For men to become a generic and singular objective being, they need to acquire as much possible objectifications as possible for themselves, among which are art, science, philosophy, and others; however, that is made difficult by the division among classes, as there are determinant factors which prevent certain men from acquiring such objectifications. That is because, in the capitalist system, they are possible only through money, as they are consumer goods. For an example, art: in order to have access to the best museums and the best works of art, it is necessary to have money for transportation, admission, food, among other things. People from a class who barely make due cannot possibly pay for such things¹.

All these factors are part of a setting of bad income distribution, job insecurity, low salaries, high work loads, among other things.

People who suffer from mental illnesses are at the mercy of this market. The state is the organ responsible to provide and manage public and social policies. However, many of those policies do not fit inside the axis of mental health, and at the end, exclude the users themselves from their social rights. That is why the government policies need to be transparent, and the population should be given a higher power to socially control the actions of the state. It needs to be highlighted that:

*"The retraction of the state from its responsibilities and actions in the social field is manifest in the comprehension of budgetary resources and the deterioration of the offering of social public services. A transference to the civil society is thus implied, from part of the initiatives for the aid of victims of social issues sequelae, which generate meaningful changes in the professional job market. On one hand, there is a tendency for a social re-philanthropy, according to which great economic corporations start to worry more and intervene in social issues from a perspective of "corporate philanthropy"*⁶.

The logic this refers to is contrary to the idea that the state is responsible for guaranteeing universal access to health care, considering that organizations from the third sector have as a purpose the philanthropic and selective attending of social demands.

The budget targeted for the mental health field in Brazil is confined to the budget of the SUS itself; however:

*"The allocation of resources must be done in a way as to offer egalitarian access to the treatment and, at the same time, guarantee its efficiency (cost-efficiency), considering the needs of the targeted population, the cultural and socioeconomic context, and the long-term budget available"*⁵.

The reality of the CAPS Maria Boneca, which receives a large number of people, is evidenced in its infrastructure, which cannot answer to such a demand with the quality it should. The medicines, benefits and aids necessary to the treatment, enter in a conflict when it comes to issues regarding financing and the maintenance of the mental care institutions. It is also important to consider how universal mental health is in the process of any illness, taking into account that life in

society is a major factor for the assessment of the quality of life of a population⁵.

Because of that, several ways for the reinsertion of the users of the CAPS in society are attempted, through family life and participation in society. One of the strategies used for one's reinsertion in society are the so called income generation workshops, which are offered by institutions for their users to exercise an activity that puts them in touch with other users, professionals, students, and the society itself.

In the CAPS Maria Boneca, the Occupational Therapy offers several income generation workshops, and in them, social, cultural, and economic values are passed on. Especially in this capitalist society, in which consumption is a decisive factor for one to achieve a feeling of social inclusion, the strategy of potentiating work as a social inclusion instrument of the subjects is being increasingly debated.

Between 2001 and 2003, the CAPS Maria Boneca attempted to build an operative group, to be lead by the Social Services of the institution. Working from the perspective of a cooperative, this group aimed at promoting the insertion of a great number of CAPS users in new types of work, and in the logic of solidarity economy, which is critical to the exclusionary capitalist economy. However, such a project could not be established, thanks to the labor legislation of the State, which did not give financial support or benefits to the group. Here is an instance where the mental health policies can be questioned, since though they coincide with strategical practices of psychosocial rehabilitation and reinsertion, the institutions are actually faced with the bureaucratization of public apparatuses, which hinders their ability to take new kinds of action. As a result, the income generation workshops were offered at the CAPS Maria Boneca, to, albeit minimally, effectively promote the rehabilitation of the users to a social and economic context.

The capitalist labor logic needs to be criticized, but to be inserted in this society is to be a part of its logic, according to which surviving without an income is terribly

unlikely. Without meaning to produce for profit and explore to produce, the income generation workshops become spaces for one to belong and gain knowledge about themselves. The idea of a collective work is established, and is also endowed with relevant objectifications regarding the production of social relationships.

In the workshops, the freedom that the user possesses gives them a sense of belonging, and makes them feel that their health is being more broadly treated, through social coexistence. If we consider that:

"in leisure activities, crafts, groups and art, the users can find themselves a certain level of autonomy so they can act as 'subjects' in these social relationships. Private activities, such as, for example, the ones which involve mainly affect and emotion, are more autonomous when compared to the social structures. In spite of that, it's difficult to gain autonomy in a broader social sense just by using these practices"⁴.

The therapeutic treatment becomes relevant, as it is an essential factor for the psychosocial rehabilitation of the users. Thus:

"As one understands the many practices as enablers for an appropriation of social relationships by the user, targeted at their constitution as collective and social beings, the dichotomy between therapy and rehabilitation ceases to exist: both have the same objective, that is, making the individual truly a subject in the world"⁴.

This is an essentially socializing work proposed by the CAPS Maria Boneca, which creates an articulation between the social environment and the necessary treatment to increase the chance the subjects have to improve when it comes to citizenship and autonomy, to the detriment of the feeling of exclusion.

The paid employment of capitalism can be partly promoted by belonging as it can remove one's right to convalesce. Here, it is restated that:

"psychic life is also one of the levels for the integration of the functioning of different organs. Its disruption reflects both in physical and mental health"⁷. That means that the sphere of capitalist work does not forebode mental sickening, and take away from the person in mental suffering their right to convalesce.

Therefore, the population with mental illnesses have to find other means of subsistence for their survival. The money

acquired in the income generation workshops at the CAPS Maria Boneca is a simple strategy to contemplate some basic natural needs.

The value of money as an exchange tool, essential for one to belong to the capitalist society, is here very relevant. Even generating a small amount of money, a symbolic income acquired through participation in the Soap Workshop at the CAPS Maria Boneca, the subjects have a significantly increased autonomy, as they receive the money which came from their own work.

This transformation of mental health users in workers in a democratic and collective logic allows for a whole apparatus in the bosom of society, as these users become able to help themselves in their needs, as well as their families.

On the other hand, the trivialization of social rights which are pertinent to mental health still exists in Brazil. Social mobilizations which involve users, their families, workers, students, and others, become necessary to increase the reach, and promote the growth, and guarantee the right to psychosocial treatment and rehabilitation, all that inside a larger logic, which articulates the social determinants present in the social life with a more universalized intervention of the services.

Understanding the income generating workshops as strategies which strengthen the citizenship and autonomy of the subjects is a considerable building block for future possibilities.

It is necessary to understand the category "work" in a way which aims at understanding every person in a generic totality, as a social being.

CONCLUSION

The results of this research make it possible to understand how difficult it is, for people who are prevented from generating income through a paid job because of mental illnesses, to find a place in the social context, which makes it necessary for alternatives to be found in order to supply their needs.

In the CAPS Maria Boneca, Social

Services and Occupational Therapy professionals see the workshops of income generation as extremely an extremely important process when it comes to the psychosocial treatment and rehabilitation of the users. Aiming at exercising citizenship, through the access to social protection policies and through social reinsertion itself.

By obtaining an income, these users can become consumers, answering to natural and social needs; that fulfills a necessity to belong which is not just a straightforward issue, as it involves other dimensions of social belonging offered to the social being through work.

However symbolic this income may be, it is a way of valuing the activities performed by the users, allowing them to consume something in the market, help their families, pay for treatments, among any of the many other things money can be exchanged for.

The users of the CAPS Maria Boneca which participated in the income generation workshops also highlights the strategically feature of such actions, as they promote the strengthening of these people's autonomy, emancipating them in a way, condensing in social relationships a collective and democratic feature, making viable a new articulation between the users and the capitalist society itself.

The state, however, as an enabler and organizer of developed social and public policies, decentralizes itself, giving responsibility regarding the public issues to members and organizations from the civil society. For that, social movements must exist, to fight for the transparency in the actions of the State, and, through social control and popular participation, demand improvements for the effectiveness and quality of the Brazilian mental health policies.

The challenges faced by the income generation workshops at the CAPS Maria Boneca can be noted in the very following through of such actions, considering the sudden changes of interns during the school semesters, which makes it difficult for a bond to be formed between them and the users.

The bureaucratization of the public

state is also an obstacle, making it difficult for the actions to be conducted as to answer all structurally necessary requirements. Also, the necessity for an adequate infrastructure is a highly pertinent factor when it comes to realizing workshops, considering that for each activity performed in the institution, comfort must be an essential factor.

Another factor is the lack of incentives from both the State and the population, who do not acquire the products produced at the CAPS, in order for the participants to have an income, and for the maintenance of the workshops themselves. Therefore, the activities there being conducted should be socialized, made more visible, to create a public who can consume and enjoy the goods produced there.

One of the possibilities is that the contact with the collective, with society and with their own production, can effectively change the users clinical situation.

The feeling of belonging to an activity brings the subject closer to their social reinsertion and psychosocial rehabilitation, as they are also articulated to the therapeutic groups in the institution. Therefore, the income generation workshops are, in the CAPS Maria Boneca, a space to overcome inequality, and a functional strategy for a new understanding of economy, based on democracy and having the subject as a complement for the health intervention and treatment.

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CONTRIBUTIONS

Daniella Amaral Aguiar was responsible for the review, field research, and final writing of the article.

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