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On the Singular Therapeutic Project to the Psychosocial Rehabilitation Project: perception of mental health professionals

Do Projeto Terapêutico Singular ao Projeto de Reabilitação Psicossocial: percepção de profissionais de saúde mental

Del Proyecto Terapéutico Singular al Proyecto de Rehabilitación Psicosocial: percepción de profesionales de salud mental

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Abstract:
Objective: to analyze the perceptions of mental health professionals regarding the psychosocial rehabilitation project. **Methods:** a descriptive-exploratory study with a qualitative approach, conducted in 2024, through a focus group with higher-level mental health professionals working at a Psychosocial Care Center in the interior of São Paulo. Data were transcribed and analyzed using the thematic analysis proposed by Braun and Clarke, supported by AtlasTi software. **Results:** eight professionals participated, and the following themes emerged: 1) *Meanings attributed to psychosocial rehabilitation and the psychosocial rehabilitation project by mental health professionals at CAPS III*; and 2) *Psychosocial rehabilitation project: definition, potential, care instrument, and difficulties*. It was found that psychosocial rehabilitation is related to the reconstruction of autonomy, functionality, and community life for people with mental disorders. In turn, the psychosocial rehabilitation project was considered a tool for care and coordination between mental health services, but its effectiveness would be conditioned by the professionals' appreciation of the uniqueness of people with mental disorders. The main obstacles identified were: political imprecision, fragmented communication between services, underfunding of Psychosocial Care Centers, family dependence of those receiving care, and stigma and social markers limiting access. **Conclusion:** the implementation of the psychosocial rehabilitation project is hampered by structural, social, and political barriers. Strengthening psychosocial rehabilitation as a public policy and its recognition as a distinct and structuring tool for care, as well as overcoming social inequalities and stigmas, are essential for promoting citizenship, autonomy, and social inclusion for people with mental disorders.
Keywords: Psychosocial intervention; Mental health; Community mental health services.

Resumo:
Objetivo: analisar as percepções de profissionais de saúde mental sobre o projeto de reabilitação psicossocial. **Método:** estudo descritivo-exploratório com abordagem qualitativa, realizado em 2024, por meio de grupo focal com profissionais de saúde mental de nível superior atuantes em um Centro de Atenção Psicossocial do interior de São Paulo. Os dados foram transcritos e analisados por meio da análise temática proposta por Braun e Clarke, com suporte do software AtlasTi. **Resultados:** participaram oito profissionais e emergiram os temas: 1) *Sentidos atribuídos à reabilitação psicossocial e projeto de reabilitação psicossocial pelos profissionais de saúde mental do CAPS III*; e 2) *Projeto de reabilitação psicossocial*: *definição, potencialidades, instrumento de cuidado e dificuldades.* Verificou-se que a reabilitação psicossocial se relaciona à reconstrução da autonomia, funcionalidade e vida comunitária das pessoas com transtornos mentais. Por sua vez, o projeto de reabilitação psicossocial foi considerado uma ferramenta de cuidado e de articulação entre os serviços de saúde mental, mas sua efetividade se condicionaria à valorização dos profissionais acerca da singularidade das pessoas com transtornos mentais. Os principais entraves identificados foram: imprecisão política, comunicação fragmentada entre os serviços, subfinanciamento dos Centros de Atenção Psicossocial, dependência familiar das pessoas assistidas, estigma e marcadores sociais limitando o acesso. **Conclusão:** a efetivação do projeto de reabilitação psicossocial é atravessada por barreiras estruturais, sociais e políticas. O fortalecimento da reabilitação psicossocial como política pública e sua valorização como ferramenta distinta e estruturante do cuidado, assim como, a superação de desigualdades sociais e estigmas são essenciais para a promoção da cidadania, autonomia e inclusão social das pessoas com transtornos mentais.
Palavras-chave: Intervenção psicossocial; Saúde mental; Serviços comunitários de saúde mental.

Resumen:
Objetivo: analizar las percepciones de profesionales de salud mental sobre el proyecto de rehabilitación psicosocial. **Método**: estudio descriptivo-exploratorio con abordaje cualitativo, realizado en 2024, por medio de un grupo focal con profesionales de salud mental de nivel superior que actúan en un Centro de Atención Psicosocial del interior de São Paulo. Los datos fueron transcritos y analizados mediante el análisis temático propuesto por Braun y Clarke, con el apoyo del software Atlas.ti. **Resultados**: participaron ocho profesionales y emergieron los temas: 1) *Sentidos atribuidos a la rehabilitación psicosocial y al proyecto de rehabilitación psicosocial por los profesionales de salud mental del CAPS III* y 2) *Proyecto de rehabilitación psicosocial: definición, potencialidades, instrumento de cuidado y dificultades.* Se verificó que la rehabilitación psicosocial se relaciona con la reconstrucción de la autonomía, la funcionalidad y la vida comunitaria de las personas con trastornos mentales. A su vez, el proyecto de rehabilitación psicosocial fue considerado una herramienta de cuidado y de articulación entre los servicios de salud mental, pero su efectividad estaría condicionada a la valorización de los profesionales acerca de la singularidad de las personas con trastornos mentales. Las principales barreras identificadas fueron: imprecisión política, comunicación fragmentada entre los servicios, subfinanciación de los Centros de Atención Psicosocial, dependencia familiar de las personas atendidas, estigma y marcadores sociales que limitan el acceso. **Conclusión**: la efectivización del proyecto de rehabilitación psicosocial está atravesada por barreras estructurales, sociales y políticas. El fortalecimiento de la rehabilitación psicosocial como política pública y su valorización como herramienta distinta y estructurante del cuidado, así como la superación de desigualdades sociales y estigmas son esenciales para la promoción de la ciudadanía, la autonomía y la inclusión social de las personas con trastornos mentales.
Palabras Clave: Intervención psicosocial; Salud mental; Servicios Comunitarios de Salud Mental.

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INTRODUCTION

Psychosocial Rehabilitation (PR) emerged in the United States around 1940 as a social movement, through meetings of former patients of Rockland State Hospital, who met under the steps of the New York City public library until they acquired their own building in Manhattan[1]. This group of people called themselves WANA (We Are Not Alone) and received support from civil society through training and housing initiatives[2-4]. However, PR was only established as a field of study in the 1970s, due to US government policies favoring public funding[2]. It became a process that values the potential and understanding of users, offering them professional, family, and mental health professional support, in addition to providing access to fundamental rights[5].

There are also definitions of psychosocial rehabilitation that focus on recovery through the production of self-directed, individualized choices permeated by resilience[6]. This occurs through supported work activities and vocational rehabilitation[7,8], as well as therapeutic housing, such as clubhouses or therapeutic residences, depending on the country's current policy[1,4,9].

From another perspective, PR is a process of rebuilding the full exercise of citizenship and contractual rights in the life settings of people with mental illness: their home, social networks, and work[10]. PR can also be understood as a process of restoring the contractual power of people with mental illness to increase their autonomy and social participation, quality of life, well-being, and happiness[11,12].

In Brazilian mental health services, practices and "processes" based on "rehabilitation" coexist, which occurs through the adoption of the goals, principles, and values of psychosocial rehabilitation. However, these services still maintain a fragmented work process that sometimes utilizes asylum-like and institutionalizing practices in the care of people with mental disorders, whether or not related to psychoactive substance use[13].

The Psychosocial Rehabilitation Project (PRP) is a method capable of operationalizing the psychosocial rehabilitation process and systematizing it within the Brazilian mental health field[3]. This allows mental health professionals to identify the problems, psychosocial needs, and demands of the individual being assisted[14]. This project must be flexible, creative, individualized, and personalized, providing opportunities for experimentation and the development of meaning in life, autonomy, socio-affective relationships, and resilience in the face of challenges[15].

The PRP is different from the Singular Therapeutic Project (STP), in that the PRP is based on the theory of psychosocial rehabilitation, focusing on its systematization in a tangible, real, and contextual way, within the process of developing autonomy and exercising citizenship[3].

For mental health professionals to effectively implement the psychosocial rehabilitation process, developing a psychosocial rehabilitation plan is essential. This requires extensive knowledge of mental health, clinical skills to identify mental health problems and diagnoses, the ability to select interventions that resolve or minimize the problems involved, effective communication, collaborative work, engagement, and support from mental health service management [3,13,16].

Considering the need to delve deeper into scientific research involving PR and PRP to contribute to the consolidation of a care process based on the assumptions of the Psychiatric Reform and on reflections involving the structuring of a psychosocial rehabilitation project guided by the theory of psychosocial rehabilitation[3,14,16], this investigation was developed, with an aim to analyze the perceptions of mental health professionals about the Psychosocial Rehabilitation Project.

METHODS

This is a descriptive-exploratory study, with a qualitative approach, conducted in 2024, in accordance with the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ)[17]. Approved by the Research Ethics Committee of the Nursing School of Ribeirão Preto of the Universidade de São Paulo (Opinion No. 6,605,152 and CAAE: 75372623.50000.5393).

The study was conducted at a Psychosocial Care Center (*Centro de Atenção Psicossocial* - CAPS), which serves adults with severe and persistent mental disorders unrelated to the harmful use of psychoactive substances in a city in the interior of the state of São Paulo. The center is classified as CAPS III, because it operates 24 hours a day.

Mental health professionals who comprised the technical team participated in the study, and the following inclusion criteria were established: having a college degree, working in their field of academic training, and having worked at the CAPS for at least one year. At least one year of experience in mental health is essential for these professionals to have experienced the challenges and unique aspects of working in this field[18]. Professionals on vacation or medical leave were excluded.

In order to comply with the ethical precepts of research involving human subjects, one of the researchers visited the CAPS under study to introduce themself to the coordinator,

deliver the opinion issued by the Human Research Ethics Committee, and inform them of the proposals and procedures for data collection. They also scheduled the data collection and requested the provision of a location for its collection. At this meeting, the inclusion criteria were also presented, and the coordinator was asked to invite the professionals to participate. She invited them to participate during a technical meeting, and it was determined that there were eleven eligible professionals, eight of whom agreed to participate in the study.

For data collection, a focus group (FG) was used, which seeks to gather data from the interaction between participants through interviews conducted with small, homogeneous groups (six to twelve participants)[19]. The moderator's ability to focus the discussion based on group dynamics, the short time required for implementation, the ability to extract in-depth information through group interaction and influence, and the freedom for participants to express their opinions, favoring the collection of real-world aspects based on everyday experiences of exposing divergences and convergences among participants, represent the advantages of the focus group. Therefore, this technique was chosen for data collection[20].

The group began after the signing of the Informed Consent Form (ICF) and informing the participants that their identity would be protected and they would be referred to as P (participant) with sequential numbers, according to the order in which they joined the group. Moderated by one of the researchers, the FG lasted sixty minutes and was recorded, after obtaining permission from all participants. The triggering questions were: *What is Psychosocial Rehabilitation? What constitutes a Psychosocial Rehabilitation Project?* After the FG ended, participants were given an instrument to characterize themselves (age, sex, race, education, and professional experience), which they completed individually.

The recorded material was transcribed using Transkriptor software, which transcribes text from recorded videos and audio into Microsoft Word. This material was then read in detail using Atlas Ti, a qualitative data management software[21]. The data obtained were analyzed through thematic analysis, which comprises the following steps: 1. Familiarization with the data; 2. Generation of initial codes; 3. Search for themes and subthemes; 4. Review of themes and subthemes; 5. Definition and naming of themes and subthemes; 6. Production of the report with results of the themes, subthemes and codes[22,23].

RESULTS

Of the eight participants, seven were female, self-identified as white, and also mental health specialists, one of whom held a doctorate in the field. The average age was 40.

Professionally, three were nurses, two were psychologists, and one had each a medical degree: medical doctor, social worker, and occupational therapist. All had an average of nine years of experience in mental health.

After analyzing the data, two themes emerged: 1) *Meanings attributed to psychosocial rehabilitation and the psychosocial rehabilitation project by mental health professionals at CAPS III* (with the subthemes: "*Origin, strategy, and instruments of Psychosocial Rehabilitation*" and "*Obstacles to psychosocial rehabilitation*"); and 2) *Psychosocial rehabilitation project: definition, potential, care instrument and difficulties* (with the subthemes: "*Psychosocial rehabilitation project: definition, potential, care instrument*" and "*Difficulties perceived by mental health professionals regarding the psychosocial rehabilitation project*"). Table 1 describes the themes, subthemes and codes.

Table 1. General theme, subthemes, and codes produced from the Focus Group held at CAPS, state of São Paulo, Brazil, 2023.

Theme 1: Meanings attributed to psychosocial rehabilitation and the Psychosocial Rehabilitation Project by mental health professionals at CAPS III		
1.1 Origin, strategy, and instruments of Psychosocial Rehabilitation		**Narrative summaries of the findings**
Code: Psychosocial rehabilitation originates with psychiatric reform, with CAPS as an extra-hospital device	*The PR* (begins) *with the Psychiatric Reform that had* (…) *the full closure of asylums.* (…) *One of the ideas of the PR, more broadly, is to implement the Psychiatric Reform, which removed psychiatric patients from asylums, making it necessary to (re)insert these patients into society* (…). *And the CAPS were created to assist these patients. To be an extra-hospital device, to help psychiatric patients...* (P1)	Psychosocial rehabilitation stems from the Psychiatric Reform and occurs predominantly in CAPS (Public Health Centers), where the uniqueness of individuals with mental disorders is emphasized, seeking to deinstitutionalize them and provide them with access to citizenship. Psychosocial rehabilitation aims to promote autonomy, proactivity, social and family inclusion, as well as the development of social and emotional functioning in individuals with mental disorders. Qualified listening and supportive care are among the main tools for rehabilitation.
Code: Rehabilitation as a strategy for understanding and developing the social, emotional functionality and autonomy of people with mental disorders	(...) *In terms of concept, the main thing, which even comes with the Psychiatric Reform, is to understand the psychiatric patient as a subject with desires and wants, and* (…) *they have this autonomy for their own treatment.* (P2) *So we kind of have a moment for them to be able to develop themselves and develop these strategies, right?!...* (which are) *resources for them to be active outside, with family, friends, and in their profession.* (P3) *It's helping to develop emotional resources, and looking through the psychiatric patient's eyes, and without discarding everything else, because it can't just be that way.* (P4) (...) *But when you see each step the patient takes toward autonomy, right?!* (P2) *If we're going to look at the psychiatric patient, it's in the sense of thinking about what we need to work on with them. Then I'd prefer to strengthen autonomy, socialization, and emotional resources.* (P4)	
Code: Active listening and welcoming as an instrument of psychosocial rehabilitation	(...) *I remember how important it was for the patient to be heard. That was the moment he felt he was being treated with dignity, being heard. I remember how important that was to this patient... It could have been the simplest conversation* (...), *but having that space, how important it was to him, right?! For him, CAPS III sees him as a person* (...) *Sometimes it wasn't even what he was going to say, but he knew he had space to talk at CAPS.* (P5)	
1.2 Obstacles to psychosocial rehabilitation		The political imprecision surrounding psychosocial rehabilitation means it is still conceived as a strategy, which poses an obstacle to its implementation within the CAPS, which has difficulty communicating with other health network units and other sectors essential to the PR process. The disconnect between services also leads to the rehospitalization of people with mental disorders and hinders PR, which still has its socializing activities underfunded.
Code: Political and normative imprecision of psychosocial rehabilitation in the Brazilian context	*And we ourselves didn't understand* (PR) *as a policy, but rather as a tool. But this is something that should be a guaranteed social right for these people, because it exists, but it's not yet consolidated.* (P6) *If you think about it, there's a lot involved in this now... the ordinances weren't rethought... they created the ordinance, a whole piece of legislation, but in our day-to-day lives, we find it very difficult to put it into practice, because so much is missing from the service.* (P1)	
Code: Fragmented communication, with mismatches and disarticulation of PR actions with RAPS devices	*We don't have territorially responsible communication. So... we have the mechanisms in the territory, right?!...* (for example), *the CRAS/CREAS, as well as all the network devices, but we don't have an expansion of these activities, right?! We face a disconnect with other services, and it's a much bigger issue that can't be contained within a CAPS. We need to expand communication strategies so that they are palatable, because the PR process does exist, but we remain isolated within the services. For example, we offer things here, but we don't have communication, for example, with the Department of Education (...) of Culture.* (P6)	
Code: Failure in the process of deinstitutionalization of psychiatric patients.	*So, we're not always able to develop PR, because for the patient to be reintegrated into society, they sometimes end up having to return to the hospital repeatedly, which wasn't our goal. Our goal was for the person to be able to reintegrate into society. So, I think this is the most frustrating part for us as mental health professionals, because it feels like we're failing.* (P7)	
Code: Underfunding of CAPS services and the team's search for informal sources for psychosocial rehabilitation actions	*I'd like to add that we had a good experience funding some festivities, which was holding a raffle. Some patients can contribute, others can't. Some are trying to get some kind of benefit, or their families are better off. It would be great to do it in a way that brings everyone together and finances these socializing activities.*	
2. Psychosocial rehabilitation project: definition, potential, care instrument and difficulties		The concept and operationalization of the PRP are intertwined with the actions developed by the CAPS and the unique therapeutic project. However, its greatest
2. 1 Psychosocial rehabilitation project: definition, potential, care instrument		
Code: The definition of the PRP is confused with the actions of	*PRP? I think CAPS III itself is an example of PRP.* (P7) *PRP is the STP that is carried out by the CAPS team.* (P1)	

the CAPS and the structure of the STP		potential lies in fostering the strengthening of bonds with the family, with the RAPS mechanisms, and with other sectors. In general, the PRP is configured as a guiding instrument for therapeutic interventions, to be developed in partnership with family members and users, incorporating therapeutic activities offered in health services and other interventions offered in other sectors.
Code: A moment of individual and collective construction, enabling a means of reflecting on the unique needs of psychiatric patients and professional/personal learning	*The construction phase is extremely important, as we need to consider each individual's needs. What happens here at CAPS is the inclusion of family members, if present, and the patient. With the patient's active participation in this construction, we see their needs, which is why it is individual.* (P7) *I believe these were moments of great personal and professional growth.* (P5) (...) *A very important moment for us professionals, where we can strengthen bonds with relatives and family members, learn about their needs and what devices and approaches are available, and develop these approaches together with patients and family members.* (P1) *It's an opportunity to broaden their experiences, because when you consider the practice, there are many ways to enrich these experiences and value each patient's step as unique.* (P8)	
Code: PRP as an instrument for conducting therapeutic interventions for psychiatric patients, conditioned by the patient's interests and desires	*Because the patient can actually express their opinions about what interests them, how they believe they can design their treatment, what really works or not for them, and then we mental health professionals will work together to determine what would be most viable, within the possibilities offered.* (P2) (...) *And then, within these group activities, they can also recognize their potential. So we* (...) *started a* (...) *carpet workshop. And (...) the assembly* (which) *is the time for patients,* (...) *for* (therapeutic) *activities... Because it's a way for us to help this individual learn to interact with other people* (...). (P3) *But this would be a trial run, right?!... In an environment more "in quotation marks," controlled for life outside, right?!...* (Because the therapeutic activities at CAPS III) *even have groups where we have to work on this beyond the assembly.* (P4) *So we refer the psychiatric patient for physical activity, stretching, and propose some meetings and festivities throughout the year,* (...) *outings.* (P5)	
Code: PRP interventions must be coordinated with RAPS devices to build social networks in the patient's territory	*We try to provide them with STP here, carry out activities, and work in the territory as well, because the team strives to ensure that psychiatric patients are not confined solely to the CAPS. We often suggest other activities in other RAPS services. We visit the territory a lot, making visits, and through this, we also try other initiatives outside the CAPS. We've had patients, right?!... here... who have already found a job...* (and) *worked... through* (our) *collaborations here at the CAPS.* (P1)	
2.2 Difficulties perceived by mental health professionals regarding the psychosocial rehabilitation project		The imposition of the PRP on the patient and their family members, the fragmentation of the network, the limited time, and the lack of professionals to plan and monitor the PRP constitute significant challenges. The historical conception that people with mental disorders are incapable means that the autonomy proposed in the PRP is not considered by family members and by society itself, which still harbors significant stigmas toward this population. Social markers (poverty, social injustice, and racism) also hinder the proposal and acceptance of PRP initiatives in spaces beyond the CAPS.
Code: Non-adherence of the person with a mental disorder to the PRP, because it is mandatory	*Sometimes you impose it, and they don't adhere to it. So, when this is introduced, with the user's participation in line with their desires and wishes, they adhere.* (P7)	
Code: PRP is circular, comprehensive and requires more time for monitoring	*We always face challenges in practice because the process isn't linear and depends on many challenging factors for both patients and professionals.* (P5) *The biggest challenge is ensuring that the PRP covers all of the individual's needs. Monitoring is very difficult due to time and scope issues* (involving staff, family, network, social issues, and lack of resources). (P8)	
Code: Family dependence and stigma that incapacitates people with mental disorders	*These patients have a history of dependency, often infantilized or very dependent on their families, and this compromises the development and practice of PRP. Because the family thinks the patient is incapable, right?* (P4) *There's a lot of stigma surrounding people with a mental health disorder, and this compromises PRP practices.* (P7)	
Code: Social markers (Poverty, social injustice and racism)	*Psychiatric patients have difficulty integrating into their territories, mainly because they belong to a black, poor, and peripheral population, living in a suburban environment.* (P6)	

Source: Research data.

DISCUSSION

The origins of psychosocial rehabilitation emphasize its direct relationship with Psychiatric Reform, particularly with the process of deinstitutionalization and the construction of a new model of mental health care, based on an expanded clinical approach that guarantees dignity and respect for people with mental disorders[5], as highlighted by the participants in this study.

As a result of this process, new strategies emerge, including PR, which prioritizes mental health care at the community level, allowing for the expression of subjectivity and the appreciation of autonomy, desires, and wishes[6], which corroborates the professionals' narratives.

This study found that the CAPS represents the most significant tool for implementing PR, and studies[7,24] reveal that this service is a fundamental part of promoting the socialization and autonomy of the person receiving care, as well as of coordination with other devices of the Psychosocial Care Network, along with other sectors.

As identified, welcoming and qualified listening are important tools for working on psychosocial rehabilitation. This has also been highlighted in the scientific community, which reinforces the importance of such listening to ensure the person feels welcomed, strengthening the creation of bonds and encouraging the autonomy of the individual involved in the therapeutic process[25], as proposed in PR.

The professionals' perceptions regarding the concept, origins, instruments, and strategies of PR revealed obstacles to psychosocial rehabilitation, which seem to frustrate and dissatisfy them, as mentioned by P7 and other participants when expressing difficulties in the social inclusion of people served at CAPS.

Among the obstacles to PR is political vagueness, which should be seen, in the political sphere, as a strategic approach that requires political determination to ensure comprehensive and ethical care for those served, through real structural changes with legislation and mental health promotion actions to demystify mental disorders[10]. However, this still presents a challenge, as the recent publication of more than fifteen normative documents, ordinances, resolutions and notices that prioritize psychiatric hospitalization and care in nursing homes for people who make harmful use of psychoactive substances contradict care in freedom, respect and autonomy[26].

This reality appears to hinder communication between the CAPS and other RAPS services, with insufficient funding, which weakens PR. A study[13] indicates that these situations foster disconnection between services, undermining their potential and restricting PR to

merely symbolic action or focusing on the biological needs of users rather than their development as social and political subjects[10]. Underfunding also undermines community-based mental health services, requiring maneuvers to alleviate social exclusion and marginalization, a situation exacerbated by the pandemic[26].

Another identified obstacle relates to flaws in the deinstitutionalization process, which also appears to reflect political imprecision, disconnection between RAPS services, and underfunding. It is essential that these situations be resolved to facilitate the promotion of life opportunities and social development, the construction of autonomy, the demand for and exercise of citizenship, with social life playing a leading role in the work process with people with mental disorders treated at CAPS[8].

Faced with so many challenges, families and professionals remain tense about maintaining comprehensive care based on freedom and social inclusion, requiring the structuring of consistent psychosocial rehabilitation projects.

However, the definition of the PRP remains unclear for participants, who associate it with the actions developed by the CAPS and the unique therapeutic project. The PRP is a tool for articulating the PR process because it allows for the planning, organization, and management of mental health care, facilitating the work process of professionals by creating conditions in which social relationships between the psychiatric patient and the environment multiply and become autonomous[10,13].

Undoubtedly, within the context of the actions developed by the CAPS, there are PR activities that can be included in the PRP, which is based on the theory of PR[10]. The STP is oriented toward health processes in general, bringing the team together to face complex cases[3].

Regardless of how the healthcare professional names the instrument that systematizes their practice, it will be a PRP if it focuses on the psychosocial needs of the person with a mental disorder, seeking to ensure full citizenship through the development of a comprehensive care strategy, through CAPS actions, considering the individual's habitat, social network, and work[10].

The development of the PRP facilitates the organization of mental health care through coordination with the RAPS institutions, other sectors, and the territory where the individual lives[12]. This truly requires the presence of the person with a mental disorder and, if possible, their family members to ensure better adherence and ensure that agreements are consistent with the individual's own expectations and relevant to the reality of the surrounding institutions[27].

The perceived challenges in implementing the PRP are reflected in the lack of time for its development, which correlates with the difficulties in identifying the unique characteristics

of people with mental disorders who should be the protagonists of this process. This requires professionals to be articulators and mobilizers of internal and external resources and potential, helping them develop and increase their contractual power with society[12, 10]. In this context, the PRP must be circular and comprehensive, requiring more time for monitoring, making it part of the CAPS routine[9].

In addition to institutional challenges, family dependence and social markers were identified as hindering the PRP. This contradicts the concepts of the PR Theory, which considers people with mental disorders as social subjects deserving of dignity, respect, and autonomy, and requiring encouragement and proactivity in their treatment[7, 8].

CONCLUSION

Although there are several political, social, and institutional challenges, mental health professionals view Psychosocial Rehabilitation positively, considering it necessary for rebuilding autonomy, functionality, and community life for people with mental disorders. In turn, the Psychosocial Rehabilitation Project was considered a powerful tool for care and coordination among the Psychosocial Care Network's services, as long as it is focused on the needs and desires of those receiving care.

Although this research was conducted in a single CAPS and only involved professionals with higher education, which represents its limitations, it was possible to demonstrate that the lack of consolidation of political regulations regarding psychosocial rehabilitation, the fragmentation of care networks, underfunding of services, social stigma, and social markers of exclusion represent significant challenges for the implementation of PR.

REFERENCES

1. Hinchey LME, Pernice FM, Christian JN, Michon A, Rice K. A contemporary review of the clubhouse model of psychosocial rehabilitation: past, present, and emerging directions. Psychiatr Q. [Internet]. 2023 [cited in 20 Apr 2024]; 94(4):569-604. DOI: https://doi.org/10.1007/s11126-023-10051-w

2. Araújo JB, Cassoli T. Reabilitação psicossocial: entre a segurança e ética da existência. Revista Polis e Psique [Internet]. 2020 [cited in 20 Apr 2024]; 10(3):52–76. DOI: https://doi.org/10.22456/2238-152X.90746

3. Campos FAAC, García JCS, Feitosa FB, Reis IO, Caritá EC, Moll MF, et al. Fundamentos teóricos e bioéticos para o desenvolvimento do aplicativo de projeto de reabilitação psicossocial. Revista Saúde Redes [Internet]. 2025 [cited in 1 June 2025]; 11(1):1-28. DOI: https://doi.org/10.18310/2446-4813.2025v11n1.4430

4. Guerra AMC. Reabilitação psicossocial no campo da reforma psiquiátrica: uma reflexão sobre o controverso conceito e seus possíveis paradigmas. Revista Latinoamericana de Psicopatologia Fundamental [Internet]. 2004 [cited in 1 June 2025]; 7(2):1-14. DOI: https://doi.org/10.1590/1415-47142004002005
5. Moura AA, Cartaxo CMB, Mendonça MCA. "Se é para jogar dominó, eu jogo em casa": reflexões sobre a ociosidade em serviços de saúde mental. Cadernos Brasileiros de Saúde Mental [Internet]. 2023 [cited in 20 Apr 2024]; 15(42):106-128. Available from: https://periodicos.ufsc.br/index.php/cbsm/article/view/75083
6. Mendes L, Ramos L, Nicolau C, José S. Intervenções de enfermagem promotoras de esperança na reabilitação psicossocial orientada para o Recovery: revisão integrativa da literatura. Rev Port Enferm Saúde Mental [Internet]. 2022 [cited in 20 Apr 2024]; (28):197-209. DOI: https://doi.org/10.19131/rpesm.357
7. Silva JC, Magalhães YB, Bucher-Maluschke JSNF. Horticultura terapêutica em um grupo de reabilitação da dependência química no Brasil. Av Psicol Latinoam. [Internet]. 2022 [cited in 20 Apr 2025]; 40(1):1-15. DOI: https://doi.org/10.12804/revistas.urosario.edu.co/apl/a.6730
8. Silva AFL, Mendes AMP. Reabilitação psicossocial e cidadania: o trabalho e a geração de renda no contexto da oficina de panificação do CAPS Grão-Pará. Cadernos Brasileiros de Saúde Mental [Internet]. 2020 [cited in 20 Apr 2025]; 12(33):55-74. DOI: https://doi.org/10.5007/cbsm.v12i33.68878
9. Acebal JS, Barbosa GC, Domingos TS, Bocchi SCM, Paiva ATU. O habitar na reabilitação psicossocial: análise entre dois Serviços Residenciais Terapêuticos. Saúde Debate [Internet]. 2020 [cited in 20 Apr 2025]; 44(127):1120-1133. DOI: https://doi.org/10.1590/0103-1104202012713
10. Saraceno B. Libertando identidades da reabilitação psicossocial à cidadania possível. Belo Horizonte: Te Corá; 2001.
11. Gorchinski PM, Gonçalves ALA, Rodrigues AO, Floriano LSM. Psychosocial rehabilitation and mental health: A focus on autonomy and citizenship. Brazilian Journal of Health Review [Internet]. 2022 [cited in 20 Apr 2025]; 5(1):666-676. DOI: https://doi.org/10.34119/bjhrv5n1-056
12. Kinoshita RT, Trino AT, Guimarães CS, Castro CA, Prado CMAS. Atenção psicossocial e bem viver: relato de experiência de um Projeto Terapêutico Singular pelas dimensões da Felicidade Interna Bruta. Saúde Debate [Internet]. 2020 [cited in 20 Apr 2025]; 44(N Esp 3):320-332. DOI: https://doi.org/10.1590/0103-11042020E326
13. Campos FAAC, Silva JCB, Almeida JM, Feitosa FB. Reabilitação psicossocial: o relato de um caso na Amazônia. Saúde em Redes [Internet]. 2021 [cited in 20 Apr 2025]; 7(Supl 2):1-18. DOI: https://doi.org/10.18310/2446-4813.2021v7n2p133-150
14. Campos FAAC, García JCS, Feitosa FB, Moll MF, Rodriguez TDM, Ventura CAA. Construction and validation of the content and appearance of the application prototype of a Psychosocial

Rehabilitation Project. Enferm Glob. [Internet]. 2025 [cited in 20 Apr 2025]; 24(1):e620711. DOI: https://doi.org/10.6018/eglobal.620711
15. Peyron E, Franck N, Labaume L, Rolland B. La réhabilitation psychosociale en addictologie. Encephale [Internet]. 2024 [cited in 20 Apr 2025]; 50(1):91-8. DOI: https://doi.org/10.1016/j.encep.2023.07.001
16. Amado I. Comment la réhabilitation psychosociale guidée par la perspective du rétablissement peut redessiner l'offre de soins en psychiatrie? Bull Acad Natl Med. [Internet]. 2021 [cited in 20 Apr 2025]; 205(5):528-36. DOI: https://doi.org/10.1016/j.banm.2021.02.028
17. Dossett LA, Kaji AH, Cochran A. SRQR and COREQ Reporting Guidelines for Qualitative Studies. JAMA Surg. [Internet]. 2021 [cited in 20 Apr 2025]; 156(9):875-6. DOI: https://doi.org/10.1001/jamasurg.2021.0525
18. Bittencourt MN, Flexa RS, Santos ISR, Ferreira LD, Nemer CRB, Pena JLC. Validation of content and appearance of an educational manual to promote children's mental health. Rev RENE [Internet]. 2020 [cited in 20 Apr 2025]; 21:e43694. DOI: https://doi.org/10.15253/2175-6783.20202143694
19. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec; 2014. p. 261-98.
20. Navarrete MLV, Silva MRF, Pérez ASM, Sanmamed MJF, Gallego MED, Lorenzo IV, et al. Introdução às técnicas qualitativas de pesquisa aplicadas em saúde. Recife: IMIP; 2009. 130 p.
21. Silva Junior LA, Leão MBC. O software Atlas.ti como recurso para a análise de conteúdo: analisando a robótica no Ensino de Ciências em teses brasileiras. Ciênc Educ (Bauru) [Internet] 2018 [cited in 20 Apr 2025]; 24(3):715–28. DOI: https://doi.org/10.1590/1516-731320180030011
22. Braun V, Clarke V. Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. Int J Transgend Health [Internet]. 2023 [cited in 20 Apr 2025]; 24(1):1-6. DOI: https://doi.org/10.1080/26895269.2022.2129597
23. Braun V, Clarke V. Conceptual and design thinking for thematic analysis. Qual Psychol. [Internet]. 2022 [cited in 20 Apr 2025]; 9(1):3-26. DOI: https://doi.org/10.1037/qup0000196
24. Silva MNRMO, Souza HPM, Souza CRS. A saúde funcional como uma estratégia para a reabilitação psicossocial. Revista do NUFEN: Phenomenology and Interdisciplinarity [Internet]. 2022 [cited in 20 Apr 2025]; 14(1):1-12. DOI: https://doi.org/10.26823/nufen.v14i1.23923
25. Januário TGFM, Varela LD, Oliveira KNS, Faustino RS, Pinto AGA. Escuta e valorização dos usuários: concepções e práticas na gestão do cuidado na Estratégia Saúde da Família. Ciênc Saúde Colet. [Internet]. 2023 [cited in 20 Apr 2025]; 28(8):2283-90. DOI: https://doi.org/10.1590/1413-81232023288.05952023

26. Cruz NFO, Gonçalves RW, Delgado PGG. Retrocesso da reforma psiquiátrica: o desmonte da política nacional de saúde mental brasileira de 2016 a 2019. Trab Educ Saúde [Internet]. 2020 [cited in 20 Apr 2025]; 18(3):e00285117. DOI: https://doi.org/10.1590/1981-7746-sol00285

27. Zubiaurre PM, Wasum FD, Tisott ZL, Andrade TMMDA, Oliveira MAF, Siqueira DF. O desenvolvimento do projeto terapêutico singular na saúde mental: revisão integrativa. Arq Ciênc Saúde Unipar [Internet]. 2023 [cited in 20 Apr 2025]; 27(6):2788-804. DOI: https://doi.org/10.25110/arqsaude.v27i6.2023-041

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