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# Challenges and facilities of physical education professionals in psychosocial care centers

**Desafíos y facilidades de los profesionales de educación física en centros de atención psicosocial****Desafios e facilidades dos profissionais de educação física nos centros de atenção psicossocial****ABSTRACT**

**Objective:** To identify the challenges and facilities of Physical Education professionals in Psychosocial Care Centers. **Methods:** This is an exploratory field research with a qualitative approach. The research scenario was composed by the Psychosocial Care Centers of a city in Ceará. The participants were the Physical Education professionals of these services. The data collection technique was the structured interview, held in november 2013. The interviews were recorded and later transcribed for analysis. **Results:** The challenges are related to the deconstruction of paradigms in relation to the category and the scarcity of materials and internal spaces for interventions. Commitment of users, academic training of professionals, object of study of Physical Education and Multiprofessional Residencies in Health were the facilities identified. **Conclusion:** The performance of these professionals is essential for the care provided to users of mental health services and that investments must be made for the development of successful interventions.

**DESCRIPTORS:** Physical Education; Mental Health; Public Health.

**RESUMEN**

**Objetivo:** Identificar los desafíos y facilidades de los profesionales de la Educación Física en los Centros de Atención Psicosocial. **Métodos:** Se trata de una investigación de campo exploratoria con enfoque cualitativo. El escenario de investigación estuvo compuesto por los Centros de Atención Psicosocial de un municipio de Ceará. Los participantes fueron los profesionales de Educación Física de estos servicios. La técnica de recolección de datos fue la entrevista estructurada, realizada en noviembre de 2013. Las entrevistas fueron grabadas y luego transcritas para su análisis. **Resultados:** Los desafíos están relacionados con la deconstrucción de paradigmas en relación a la categoría y la escasez de materiales y espacios internos para intervenciones. Compromiso de los usuarios, formación académica de los profesionales, objeto de estudio de Educación Física y Residencias Multiprofesionales en Salud fueron las instalaciones identificadas. **Conclusión:** El desempeño de estos profesionales es fundamental para la atención brindada a los usuarios de los servicios de salud mental y que se deben realizar inversiones para el desarrollo de intervenciones exitosas.

**DESCRIPTORES:** Educación Física; Salud Mental; Salud Pública.

**RESUMO**

**Objetivo:** Identificar os desafios e facilidades dos profissionais de Educação Física nos Centros de Atenção Psicossocial. **Métodos:** Trata-se de uma pesquisa de campo, exploratória, com abordagem qualitativa. O cenário da pesquisa foi composto pelos Centros de Atenção Psicossocial de um município do Ceará. Os participantes foram os profissionais de Educação Física, destes serviços. A técnica de coleta de dados foi a entrevista estruturada, realizada em novembro de 2013. As entrevistas foram gravadas e posteriormente transcritas para análise. **Resultados:** Os desafios estão relacionados à desconstrução de paradigmas em relação a categoria e à escassez de materiais e espaços internos para as intervenções. Compromisso dos usuários, formação acadêmica dos profissionais, objeto de estudo da Educação Física e Residências Multiprofissionais em Saúde foram as facilidades identificadas. **Conclusão:** A atuação destes profissionais é essencial para o cuidado dispensado aos usuários dos serviços de saúde mental e que investimentos devem ser realizados para o desenvolvimento de intervenções exitosas.

**DESCRIPTORES:** Educação Física; Saúde Mental; Saúde Pública.

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**INTRODUCTION**

**T**he Psychosocial Care Centers (CAPS - Centros de Atenção Psicossocial) are open and community mental health services of the Unified Health System (SUS), which aim to assist people with some type of mental suffering, encouraging their social and family integration, offering support for the development of autonomy in the scope of work, leisure and others. CAPS constitute the main strategy of the psychiatric reform process.<sup>(1)</sup>

Professionals included in CAPS belong to different categories and are part of a multidisciplinary team, composed of higher education technicians (nurses, doctors, psychologists, social workers, occupational therapists, pedagogues, Physical Education professionals or others necessary for the activities offered) and medium level (technicians and/or nursing assistants, administrative technicians, educators and artisans).<sup>(1)</sup>

Among the above-mentioned higher education professionals, Physical Education professionals stand out, who, in the context of collective mental health in the state of Ceará, have their insertion fostered through the Multiprofessional Residencies in Health. These are guided by the principles and guidelines of the SUS,

from the socio-epidemiological needs of the population.<sup>(2)</sup>

The movement that the Physical Education category provides in the internal spaces of the CAPS and also in the spaces outside them, is significant for the therapeutic care offered to users,<sup>(3)</sup> also collaborating with social reinsertion, deinstitutionalization and humanization.<sup>(4)</sup>

Some possibilities for intervention of Physical Education professionals in CAPS are: water activities, rhythmic activities, stretching and relaxation, games and games, adapted football, free football, volleyball, adapted volleyball, basketball, tennis, tug of war, circuits, hiking and others.<sup>(5)</sup>

Considering the above, the following question, of an investigative nature, was elaborated: what are the challenges and facilities for Physical Education professionals in CAPS? Therefore, this research aims to identify the challenges and facilities of Physical Education professionals in Psychosocial Care Centers.

**METHODS**

This is an exploratory field research with a qualitative approach. The research scenario consisted of Psychosocial Care Centers (general and alcohol and other drugs) in a municipality in Ceará. The sample consisted of two Physical Educa-

tion professionals, the only ones linked to the service through a Multiprofessional Residency in Health.

The data collection technique was the structured interview, carried out in November 2013. The interview is a procedure used in social investigation, for data collection or to identify, assist or solve a social problem.<sup>(6)</sup>

The collection instrument was an interview script containing four questions, namely: 1. What is the biggest obstacle for Physical Education professionals in the context of mental health? 2. What are your main challenges in relation to the development of body practice workshops in CAPS? 3. What is the main facilitator for the insertion of Physical Education professionals in the context of mental health? 4. What are the greatest facilitators of Physical Education professionals in relation to the development of body practice workshops in CAPS?

The interviews were recorded and the interviewees' speeches were transcribed for data analysis. This was carried out through content analysis, comprising three processes, namely: pre-analysis (reading and contact with field material); exploration of the material (textual reduction to meaningful expressions); and treatment of results (relationship between the data that emerged in the

research and what is found in the scientific literature).<sup>(7)</sup>

Aiming to ensure anonymity in the research, participants were identified and referenced in this study, randomly, through numbers. Each research participant signed an Informed Consent Form (ICF), in order to inform about the benefits of the research, procedures used, objectives, among others.

The researcher's access to organizations for data collection was allowed with the authorization of those responsible by signing the Term of Consent. The study, in its ethical procedures, was referenced by Resolution No. 466/12 of the National Health Council (CNS - Conselho Nacional de Saúde), which refers to research with human beings.<sup>(8)</sup>

## RESULTS AND DISCUSSION

The first question in the interview was about the main obstacle of Physical Education professionals, in the context of mental health, specifically in CAPS. The results show that the main obstacle experienced and identified is the paradigm of other health professionals in relation to that category, as can be seen in the interviewees' statements below.

*“The insertion of Physical Education professionals in mental health scenarios is recent, so some obstacles are observed. Particularly, I experience at CAPS the experience of being considered the professional who must provide care in relation to the body. But through the development of therapeutic projects with the team, I am able to build my space with the community and professionals, showing that my intervention directly impacts the quality of life of users” (Physical Education Professional 1)*

*“Upon arriving at the scene, it was noticeable that the demands for Physical Education professionals were essentially practical, and when not, they were related*

*to the animation of events held at the CAPS itself, in the view of the manager and other categories included in the service. The team meetings enabled a discussion on the possibilities of Physical Education, such as debating specific issues in the waiting rooms, contributing to the health education group, holding workshops in an interprofessional perspective, having the autonomy to carry out the user embracement in the service, but it*

*was hard work, saying that I was a health professional like everyone else there” (Physical Education Professional 2)*

Corroborating the above, it is pointed out that this approximation of Physical Education with mental health services is relatively recent, as pointed out by one participant, it is highlighted that, in addition to the inclusion of other professional categories, the deconstruction of paradigms in the process of therapeutic care in CAPS needs conversation circles, social groups, tours and therapeutic workshops,<sup>(9,10,11)</sup> above all, in the interprofessional perspective, so that other professionals can identify the potential of the category in question.

In addition, the interventions proposed by Physical Education professionals are important stimuli for service users to develop new health habits,<sup>(12)</sup> impacting the quality of life of these individuals in everyday life.

The second inquiry sought to investigate the main challenges faced by Physical Education professionals in relation to the development of body practice workshops in CAPS. The results show that the common challenges of the proposed interventions are related to the lack of appropriate materials and internal spaces.

*“The biggest challenge I identify is the scarcity of materials and adequate internal spaces to carry out bodily practices. In order for the interventions to be carried out successfully, on some occasions, I myself acquire the necessary materials” (Physical Education Professional 1)*

*“There is a difficulty in relation to the materials made available, which are few. The municipality has some leisure spaces that are explored in the interventions, seeking through this strategy, the process of social reintegration” (Physical Education Professional 2)*

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An obstacle identified by Physical Education professionals in CAPS is the lack of materials that directly impact the care infrastructure provided in these spaces.<sup>(13)</sup> However, the need for physical resources, which CAPS do not rely on to carry out some interventions (body practices), drives experiences in other areas of the locality.<sup>(14)</sup> Thus, it is noted that an obstacle has become a possibility to explore other care territories.

The lack of material resources for therapeutic workshops in CAPS is recurrent, mainly due to the bidding processes that make it difficult to obtain them in a favorable time.<sup>(15)</sup> Therefore, professionals should think about alternative alternatives, in case the idealized initial strategy cannot be carried out.<sup>(16)</sup>

The third question is about the main facilitator for the insertion of Physical Education professionals in the context of mental health, specifically in CAPS. The results show that the Multiprofessional Residency in Health, a permanent health education strategy, is essential for the category to enter such scenarios.

*"The physical education professional is still the complementary one in CAPS, even with several scientific evidence that physical activity, body practices or physical exercise have significant benefits for the health of patients, so I believe that a facilitator for this category to be strengthened in mental health scenarios, it is the Multiprofessional Residency in Health, as some offer places for Physical Education professionals in mental health, so that the area can expand its horizons in public health" (Physical Education Professional 1)*

*"I can say that in the family and community health scenarios, Physical Education professionals are already consolidated, as they have proven through the most diverse interventions that physical activity is essential for coping with risk*

*behaviors, as well as the prevention of Chronic Non-Communicable Diseases, but in mental health scenarios, our insertion is not so common, so the multiprofessional residency programs that include Physical Education professionals in the CAPS, without a doubt, are the biggest gateways, so that through the most diverse contributions, we can strengthen the need for the category in the care provided to mental health patients" (Physical Education Professional 2)*

The Multiprofessional Residency Programs in Health were regulated in 2005 and understood as a "broad sensu post-graduate teaching modality, focused on in-service education and aimed at professional categories that integrate the health area, except for the medical one".<sup>(17)</sup> This training aims to qualify and motivate health professionals for work interventions in the SUS and lasts for two years.

As mentioned, this is an excellent opportunity to encourage the inclusion of Physical Education professionals in CAPS. It is noteworthy that Physical Education should not be imposed, but emerge as a demand for these services, enabling other ways to organize mental health care,<sup>(3)</sup> thus, the aforementioned programs play an essential role in achieving this goal.

The fourth and last question aimed to identify the facilitators of Physical Education professionals in relation to the development of workshops on bodily practices in CAPS. The results show that the facilitators are related to the users' commitment to therapies, to academic training that pointed out ways for collaborative work, to the object of study of the category (the body culture of movement).

*"I see the commitment that users have with the workshops we are proposing, they are always present and participative. Physical Education, through the body culture of*

*movement, enables countless ways to stimulate bodily practices, such as sports, dances, fights, games, gymnastics, games, and all of these seem attractive to individuals who attend CAPS" (Physical Education Professional 1)*

*"I believe that my training addressed the essence of interprofessional work, which made me develop workshops on bodily practices, including other professional categories, so that we could have different views and contributions of interventions, with the aim of offering comprehensive care to the user. Through this, I managed to demystify some conceptions about my category" (Physical Education Professional 2)*

Physical Education is characterized by the body culture of movement, understood as a set of contents, which involves games, sports, gymnastics, dances and fights,<sup>(18)</sup> enabling countless possibilities of intervention, including historical and regional aspects, undoubtedly attractive for therapies.

As for the users' commitment to the workshops held by Physical Education professionals, it can be justified by the strengthening of the bond between the professional and the user, favoring a relationship of trust and, above all, a more humanized one, which is essential in interventions in the health area.<sup>(19)</sup>

In the words of one of the interviewees, it is understood that "health care implies thinking about teamwork within a broader logic, which demands integrated collective investment of different knowledge and practices in health".<sup>(20)</sup> There is no professional who works individually in CAPS, multiprofessional interventions allow interaction between different areas of knowledge, which is extremely effective for psychosocial treatments.<sup>(21)</sup>

## CONCLUSION

The biggest challenge for the Phy-

sical Education professional inserted in the mental health area is to deconstruct the paradigms of other professionals regarding their intervention possibilities. Thus, it is essential that these professionals present how the category can positively impact the health behaviors of service users, not limited to essentially practical interventions or animation.

Another obstacle to interventions is the scarcity of materials and indoor spaces for body practice workshops, highlighting the need for investments in this regard. It is extremely important that the service management is aware of the needs

and can take the appropriate measures, I understand that the continuity and excellence of the services offered by CAPS require investments. It is noteworthy that the challenge of internal spaces in CAPS drives the exploration of other spaces in the city, which is essential for the social reintegration of individuals.

As for the facilities, the Multiprofessional Residency programs in Health stand out, as a strategy that allows the insertion of Physical Education professionals in mental health, as well as the commitment of users to therapies, the academic training of professionals themselves, the object of study of Physical

Education for the development of body practice workshops in CAPS.

It is noteworthy that the performance of Physical Education professionals is essential for the care provided to users of mental health services and that investments must be made for the development of successful interventions. It should also be noted that this research analyzed a specific reality, only one CAPS in a municipality in Ceará, thus, further studies in other regions and realities are recommended to expand the science of the challenges and facilities of Physical Education professionals in the CAPS. ■

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