

User embracement in a psychosocial care center (caps): experience report of a doctor in training

Acolhimento em um centro de atenção psicossocial: relato de experiência de um médico em formação

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ABSTRACT

Introduction: Services aimed at psychosocial care are essential for guaranteeing the rights of the assisted population, acquiring a long process, and still current, called Psychiatric Reform, with a public policy design of strategies and programs for the effectiveness of care aimed at the individual and their social context. Among these, embracement stands out as an interlocutor in the processes that involve the user of the Psychosocial Care Network and the services provided by the health units, with emphasis on the Psychosocial Care Center and in particular care related to alcohol and drug users (CAPSad). The present experience report aims to present the nuances of embracement present in the services and activities provided by a CAPSad in a municipality in the interior of Bahia and the importance of this experience for medical training.

Experience report: the experiences were presented in four moments: first contacts and the experience of getting to know the CAPSad; Symposium on the care of users of alcohol and other drugs, monitoring medical consultations in mental health and carrying out activities in the waiting room and with therapeutic groups.

Discussion: The experiences of comprehensive mental health care enabled the medical student to experience embracement and the singularities of psychosocial care; understand the vulnerabilities of people who use alcohol and illicit drugs; the importance of the family in the care process; participate in medical consultations based on the Person-Centered Clinical Method; as well as multiprofessional care for the integrality of health actions.

Conclusion: Comprehensive mental health care constitutes a challenging and necessary topic for the training of the future physician. The inclusion of the student in the psychosocial care network favors the processes aimed at teaching-learning and strengthens the teaching-service-community integration.

Keywords: User Embracement, Mental Health Assistance, Mental Health Services, Medical Education and Interdisciplinary Health Team.

RESUMO

Introdução: Os serviços destinados à atenção psicossocial são essenciais para a garantia de direitos da população assistida e a aquisição de um processo longo, e ainda atual, denominado de Reforma Psiquiátrica, com um desenho de política pública de estratégias e programas para a efetivação de um cuidado voltado para o indivíduo e seu contexto social. Entre as estratégias e os programas, destaca-se o acolhimento como interlocutor dos processos que envolvem o usuário da rede de atenção psicossocial e os serviços prestados pelas unidades de saúde, com ênfase no Centro de Atenção Psicossocial e em particular o álcool e drogas (CAPSad). O presente relato de experiência visa apresentar as nuances do acolhimento presentes nos serviços e nas atividades prestados por um CAPSad de um município do interior da Bahia e a importância dessa vivência para a formação médica.

Relato de experiência: As experiências foram apresentadas em quatro momentos: primeiros contatos e a experiência de aproximação com o CAPSad; simpósio sobre o cuidado destinado ao usuário de álcool e outras drogas; acompanhamento de consultas médicas em saúde mental; e realização de atividades em sala de espera e com grupos terapêuticos.

Discussão: As experiências sobre o cuidado integral destinado à saúde mental possibilitaram ao estudante de Medicina vivenciar o acolhimento e as singularidades da atenção psicossocial; conhecer as vulnerabilidades das pessoas que fazem uso de álcool e drogas ilícitas; perceber a importância da família no processo de cuidado; participar de consultas médicas baseadas no Método Clínico Centrado na Pessoa; e compreender imprescindibilidade da atenção multiprofissional para a integralidade das ações em saúde.

Conclusão: O cuidado integral destinado à saúde mental apresenta-se como um tema desafiador e necessário para a formação do futuro médico. A inserção do estudante na rede de atenção psicossocial favorece os processos voltados para o ensino-aprendizagem e fortalece a integração ensino, serviço e comunidade.

Palavras-chave: Acolhimento; Assistência em Saúde Mental; Serviços de Saúde Mental; Educação Médica; Equipe Interdisciplinar de Saúde.

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INTRODUCTION

Embracement constitutes one of the guidelines of the National Humanization Policy (PNH, *Política Nacional de Humanização*), considered as a process of health promotion and production practices that implies responsibility of the professionals for the user, from their arrival to their departure, using qualified listening to analyze the demand, ensuring comprehensive and effective care through the articulation of service networks for the continuity of care. It is conceived in two ways, as a spatial dimension, being represented by the administrative reception and a comfortable environment; and, as actions of screening and referral to services in the care network¹.

The process of embracement is clearly perceived in services focused on mental health care, as this field works with the patient's singularities in the illness process and analyzes the multifactorial issues that can influence their rehabilitation and reintegration into society². Therefore, the Psychosocial Care Centers (CAPS, *Centros de Atenção Psicossocial*) in their different modalities, present themselves as open, hospitable and community-health services constituted by a multiprofessional team that works from the perspective of interdisciplinary care, primarily directed at people with mental suffering or disorder, including those with needs derived from the use of crack, alcohol and other drugs, whether in crisis situations or those undergoing psychosocial rehabilitation processes³.

During the medical training process, the National Curriculum Guidelines (DCN, *Diretrizes Curriculares Nacionais*) establish the need for articulation between knowledge, skills and attitudes in three areas of knowledge: health care, health management and health education. In health care, graduates must know how to develop therapeutic projects while respecting the biological, subjective, ethnic-racial, gender, sexual orientation, socioeconomic, political, environmental, cultural and ethical diversity of individuals. In Health Management, they should be able to understand the principles, guidelines and policies of the health system, and participate in planning, management and administration actions. In health education, they must be responsible for their own initial, continuing and in-service training⁴.

Psychiatric Disorders (PD) comprise an important group of diseases that impact the Brazilian public health; however, studies indicate gaps in the process of building knowledge about comprehensive mental health care in undergraduate medical courses in Brazil^{5,6}. Training and qualification in health services aimed at caring for people with PD, as proposed in this report, can expand the academic training of future physicians on this topic.

The present article aims to reflect on the experiences and learning of a doctor in training during the mental health embracement strategy in a Psychosocial Care Center for Alcohol and Drug Users (CAPSad).

EXPERIENCE REPORT

This is the experience report of a medical student from Universidade Estadual de Feira de Santana (UEFS) during the activities developed at the Undergraduate Research (UR) Fellowship Program of the Interdisciplinary Nucleus of Studies on Vulnerability and Health (NIEVS, *Núcleo Interdisciplinar de Estudos sobre Vulnerabilidade e Saúde*). The actions were developed at the CAPSad in the municipality of Feira de Santana, state of Bahia, Brazil, between February and October of 2020. The study was approved by the Research Ethics Committee of UEFS, under CAAE number 31689414.3.0000.0053. It should be noted that this experience went far beyond the UR, allowing significant experiences in psychosocial care, which contributed to the academic training in mental health, based on four moments.

Moment 1: first contacts and the experience of getting to know the CAPSad

The first aspect observed was the CAPSad structure, as the building is a house adapted for the provision of care and services. Elements such as a large tree near the entrance gate, offices installed in old rooms, where built-in wardrobes were used as closets, conveyed a feeling of familiarity to the environment. Productions could be found all over the house: paintings, engravings, crafts, which were created by the users during the therapeutic workshops. This intimist environment favored the feeling of belonging and contributed to the user's embracement.

An essential activity in the process of approaching and building bonds with the unit was the participation in team meetings. These meetings allowed talking about a joint agenda and contributed to gaining the trust of the team of professionals, an important step so that the agreed actions could flow in a harmonious, productive and interprofessional way.

It is noteworthy that getting closer to the team of professionals was facilitated due to the existence of positive experiences between the NIEVS and the health unit, proving that the approximation between health services and academia is crucial for the process of professional training, as foreseen by the DCN in the medical area⁴.

Moment 2: symposium on care for users of alcohol and other drugs

This event, which commemorated 16 years of the implementation of CAPSad, was the first insertion in the unit.

The medical student was in charge of preparing the registration form, creating mechanisms for the participants' control and publicizing the event. Participation in this event brought us closer to the coordination of the unit, making it possible to learn about health management, one of the areas of competence recommended by the DCN⁴ in the medical training process³.

The program included a presentation by the CAPSad Theater Group; a round table consisting of health professionals, with the topic "The issue of drugs in debate: perspectives and challenges in contemporary times"; another round table comprising users/family members of the unit, with the topic: "CAPSad users' Rights and Autonomy"; and the presentation of the research "Adherence to treatment at CAPSad Feira de Santana from the perspective of users and professionals", carried out and presented by a researcher from NIEVS.

Moment 3: medical appointments, people-centered care

At this moment, the experiences in the field of mental health are emphasized, in the daily care at CAPSad, during psychiatric consultations. These experiences contributed to the discovery of affinities with the specialty, instigated the search for more knowledge in this field of expertise, increasing the interest in this area of the profession.

New users and those who returned for treatment maintenance were treated. Although the context of the approaches and the stories of each person were different, the doctor showed a welcoming attitude, encouraging comprehensive, humanized care, focused on the individual's difficulties beyond the pathological issue, seeking to develop the users' self-care. The users were encouraged to undergo follow-up with a psychologist, an occupational therapist and to participate in therapeutic groups. The care provided by the psychiatrist also sought the social reintegration of users, through activities close to their own experiences, such as churches, employment, school and family. During the consultations, all complaints were received and the users received advice about their needs, whether medication or related to life habits and psychosocial issues, reinforcing the importance of the continuity of care.

Moment 4: the waiting room and therapeutic groups, new perspectives on mental health

The COVID-19 pandemic started during the experience at CAPSad, and we took advantage of the moment to develop health education activities, dialoguing about the truths and myths involved in the disease transmission, signs and symptoms, as well as prevention and treatment of COVID-19. It was an important moment for creating bonds with users and

clarifying several doubts about a new and impacting disease. The activities took place in the waiting room, which proved to be a favorable environment for contact with users, where a dialogue could be established together, with different opinions, trying to clarify important points about a health issue, in a democratic space, respecting the different types of knowledge.

Another moment of the experience at the CAPSad included following the activities of the therapeutic groups, where once again, the importance of embracement and creating bonds was perceived. These groups are constituted by the users, divided according to the type of drug addiction, and are coordinated by professionals from the unit. The "Drug use Group" (Group D) was monitored, which included people with problems related to the use of illicit Psychoactive Substances, which might or might not be associated with the use and abuse of alcohol.

In the first meeting with Group D, the topic discussed was "Love"; the users had to draw or write on paper what love represented in their lives, and the relationship with drug use. Later, in a conversation circle, people shared their stories and were embraced in their singularities. In the second meeting, the topic was the song "A Estrada" (The Road) by the band *Cidade Negra*, whose lyrics talk about the difficulties and mishaps we face throughout our lives. After playing the song and reading the stanzas, there was a moment of exposition of life stories related to the song lyrics.

DISCUSSION

The opportunity to include undergraduate health students in the fields of practice is essential for the development of knowledge, skills, competences, attitude and values necessary for future professionals.

Authors Abdou, Ferlin and Machado⁷ worked on the relationship between the contact of a medical student with other medical professionals, in a basic unit of the Brazilian Unified Health System (SUS, *Sistema Único de Saúde*). The discussions undertaken by the authors made it possible to understand the dynamics of interdisciplinary work, allowing a more effective practical learning for the undergraduate student, who will feel more secure and familiarized with the workplaces, as well as easiness in planning and decision-making necessary for interventions¹¹. It was important to experience the work process to understand the specific characteristics of a health care unit, in this case, the CAPSad.

For Peixoto⁸, the link between academic activities and working with a health team shows a process of accountability in care, allowing the student to understand the professional attributions that are necessary for a physician, as a member of a team. Another advantage of accompanying services in

fields of practice is being in contact with interdisciplinary work. According to Vasconcellos⁹, this contact allows the development of skills for integrative care, where the user is the common point between the professions and their care practices, building a comprehensive care.

At moment 1, during the team meetings, it was possible to perceive the importance of a joint work developed by a multidisciplinary team. In order to break with the barriers imposed by mental health care practices, centered on the biomedical and asylum-related models, the proposal of weekly meetings, aimed at collective and comprehensive discussion about health practices, becomes fundamental in this process.

At moment 2, an important element was the participation of users, both in cultural moments and in the debates. The theatrical presentation "*São tantos Josés... São muitas Marias*", (There are so many Josés... There are many Marias), brought social criticism related to the users' life context. One of the stories addressed alcohol abuse and the consequences for the individual and people close to them. In addition to being an inclusive activity, with a therapeutic purpose, the theater was able to highlight personal skills and potentials. Respect for the uniqueness and vulnerabilities of patients is essential for the embracement, creation of bonds and co-management of mental health care¹⁰.

The round table with health professionals allowed the discussion of important social aspects to understand the CAPSad embracement in relation to the demands of people/families. As a medical student, we were drawn to the issues discussed about homeless people's situation associated with drug use and risk/vulnerability to violence; the marginalization of drug addicts by society; the role of harm reduction for treatment; and the life reconstruction possibilities for these individuals. These are important information for the construction of knowledge of a doctor in training.

The roundtable with users was a very touching moment, which disclosed the singularities and subjectivities of the people/families. The activity showed how users saw themselves in the treatment process, listing difficulties, points of support, their relationships with family members and health professionals at the unit. As a doctor in training, we had the opportunity of learning about the situation of homelessness, the moments of danger for being exposed in these environments, how they dealt with physical and psychological violence, through aggressions, threats, street fights, disputes by territory, violence related to drug traffic and sexual abuse^{11,12}.

Moment 3 demonstrated that clinical care is a very valuable and intense opportunity to experience the knowledge built at the university. It also made it possible to deal with different approaches to care, to have contact with topics not

yet studied, to understand the uniqueness of each individual, since no consultation is the same as another. It is, therefore, an important moment of continuing education, as recommended by the DCN⁴, allowing the student to exercise their autonomy in the search for knowledge.

The importance of embracement during the medical practice in SUS was perceived, as recommended by the PNH¹, so it is necessary to expand the discussions on this topic in Brazilian medical schools, strengthening the care centered on the person and focused on care with a humanized approach. Tavares¹³ highlights the importance of motivating doctors in training, to understand the sociocultural context and personal issues related to the health conditions of users, which would bring quality and effectiveness to care, favoring therapeutic adherence.

The approach using the Person-Centered Clinical Method (MCCP, *Método Clínico Centrado na Pessoa*) favors the understanding of the individual's health, the disease and the experience generated by the illness; understanding the person as a whole (personal, biological, social aspects and related contexts); the co-management between user/family and the professional in managing the situation; and the strengthening of interpersonal and professional relationships^{14,15}.

The conduct of consultations by the CAPSad physician converges with the MCCP in seeking to understand the pathophysiological processes, the individual's social context, to establish a bond with the user and dialogue/about the treatment. This is the expected attitude of an embracing, empathetic professional who is committed to the conditions and contexts in which users are involved, and in addition, it is a positive example of a professional attitude. Sharing experiences with a doctor who has this profile is essential for student learning.

At moment 4, the medical student can participate in educational and therapeutic activities, which favors the embracement of people/families that use the CAPSad. According to Becker and Rocha¹⁶, the waiting room is a place of embracement and a versatile space, important for health actions and interventions focused on collective health, which works with a group of people, having an effect on the social aspects involved in the relationships. The waiting room also has nuances that permeate the experience of embracement, and tools such as active listening, the first contact and the creation of a bond constitute processes included in the reality of the environment and are essential for the embracement¹⁷.

During the therapeutic groups, the speeches of the users demonstrated the importance of the family for the therapeutic success¹⁸; the CAPSad as the place where users can undergo the agreed clinical treatment¹⁹, as well as seek help during situations of crisis, under the effect of the substance. It was emphasized how important it is to know about the existence of a place of

support for the individual when necessary, since the user often sees themselves involved in their situation of vulnerability.

Several stories were told about the mishaps faced during the treatment process, which are painful and long, where symptoms, relapses, lack of support, and judgments emerge. Users talk about the CAPSad as a differential in this sense, since they were educated to understand the process, encouraged to cultivate healthy habits that were possible within their situations at the moment, to prevent reuse. Their opinions were valued and their limits were accepted as respected subjects, without judgment. These reports reinforce the importance of embracement and empathy when facing the singularities of the process of mental health illness, especially in relation to the vulnerabilities of the drug addict¹⁹.

Based on the reported experience, aspects related to ambience can be highlighted, a concept presented by PNH¹, which correlates how the atmosphere of the unit interferes with the user's health issues. Ribeiro, Gomes and Thofehrn²⁰ define ambience as "the treatment given to the physical, social, professional and interpersonal relationship space, directly involved with health care". Bestetti²¹ reinforces the idea that the ambience goes beyond the physical space, demonstrating a strong connection between this concept and the relationships between individuals and the exercise of humanization.

The ambience highlights the importance of the patient's well-being in the unit, the quality of the professional-user relationship and the embracement for the creation of a strong bond, which can result in a more successful longitudinal follow-up and, consequently, greater adherence to the therapeutic plan by the patients.

It was observed during the experience that accountability must be mutual between therapists, users, the service and the family. According to Jorge et al.²², co-accountability reduces the negative effects of the disorder, improves the ability to face the situation and make the user have an active participation in their rehabilitation process.

These authors also defend the health practice focused on integrality and humanization of care, based on "embracement, dialogue, bonding, co-accountability and active listening between professionals and users of health services"¹⁶. By encouraging these pillars, health professionals further motivate the user to look for alternatives to treat their problems and persist in this process.

FINAL CONSIDERATIONS

For a doctor in training, reflecting on their experiences at CAPSad provided further development of the content in relation to theory, practice and personal experiences. This study allows us to highlight psychosocial care as a vast, challenging

and necessary topic for the training of the future doctor, calling attention to the inclusion of academic spaces and places of practice that allow the fulfillment of processes aimed at teaching-learning in mental health.

The CAPSad showed to be an articulating unit of psychosocial care, using embracement and bonding as essential tools, developing multiprofessional therapeutic projects where the co-accountability of care and patient autonomy are encouraged. The sharing of experiences during the therapeutic groups was significant for the users' rehabilitation process.

As a limitation of the study, regarding the field aspect, only one unit was analyzed and the experiences are changeable between different fields. There is only one CAPSad in the municipality, not allowing a comparison of experiences in similar fields. Moreover, the COVID-19 pandemic changed the dynamics of the service, making a greater interaction between users and workers more difficult.

AUTHORS' CONTRIBUTION

Sidney Sheldon Oliveira Bessa: Introduction, Objective, Method, fieldwork, Result, Conclusion and Review. Luzimara Gomes Melo, Marcelo Torres Peixoto and Rosely Cabral de Carvalho: Introduction, Objective, Method, Result, Conclusion and Review. Sinara de Lima Souza: Introduction, fieldwork, Conclusion and Review.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

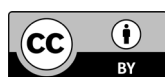
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