

THE WORK OF PHYSICAL EDUCATION TEACHERS AT CAPS: INITIAL APPROACHES

*O TRABALHO DO PROFESSOR DE EDUCAÇÃO FÍSICA NO CAPS:
APROXIMAÇÕES INICIAIS*

*EL TRABAJO DE PROFESOR DE EDUCACIÓN FÍSICA EN CAPS:
ENFOQUES INICIALES*

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Keywords

Physical education.
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services.

Abstract: This article describes research conducted at Goiânia's CAPS to examine the core features of the professional intervention in Physical Education. The research was conducted through participant observation of Physical Education teachers working at CAPS as well as experience accounts by three professionals who have been working at that institution for at least a year. They were collected as semi-structured interviews. The results indicate that there are approximations of the work developed by Physical Education teachers with CAPS's principles and that despite relevant advances, professionals are still learning to deal with the new challenges.

Palavras-chave

Educação Física.
Assistência ao
paciente.
Serviços de saúde
mental.

Resumo: Pesquisa realizada nos CAPS da cidade de Goiânia, com o objetivo de analisar as principais características da intervenção profissional da Educação Física. A pesquisa foi realizada a partir de observações participantes de professores de Educação Física que trabalham no CAPS e de relatos de experiência de três profissionais vinculados há pelo menos um ano a esta instituição, concedidos em forma de entrevista semiestruturada. Os resultados indicam que há aproximações do trabalho desenvolvido pelos professores de Educação Física com os princípios do CAPS e que apesar de avanços relevantes, os profissionais ainda estão aprendendo a lidar com os novos desafios.

Palabras clave

Educación física.
Atención AL
paciente.
Servicios de salud
mental.

Resumen: El deporte paralímpico es el principal medio de difusión de los deportes adaptados, también presentes en la escuela, siendo el término Educación Paralímpica el que engloba todas las actividades educativas relacionadas con este movimiento. Las principales formas de inserción encontradas fueron: el Día Paralímpico Escolar (DPE), en Europa, y las clases de Educación Física, en Brasil. Después de un levantamiento bibliográfico de artículos originales, fueron encontrados cambios en los aspectos generales relacionados con la inclusión de alumnos con discapacidad en clases de Educación Física. Este tema aún carece de estudios y propuestas adecuadas al contexto cultural para fomentar el deporte paralímpico en el ámbito académico y escolar.

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1. INTRODUCTION

Current Brazilian policy on mental health care is based on the movement called Psychiatric Reform. Law 10.216/01 (BRASIL, 2001) set out the principles for a new mental health care model. It was enacted in 2001, but the process is still ongoing and continues to demand constant reflections. The principles of Psychiatric Reform indicate the construction of practices of care for people in psychological distress that go beyond asylums' dehumanizing logic of exclusion and seclusion. However, in order to build proposals alternative to the asylum paradigm, efforts must do more than simply replacing the psychiatric hospital.

Based on experiences conducted in other countries, especially in Italy, Brazil is creating services to replace traditional psychiatric hospitals. Psychosocial Care Centers (CAPS) emerged in this context and are instrumental to organize a mental health care network. They offer open and community-based health service through Brazil's Unified Health System (SUS).

CAPS are spaces for reference and treatment of people suffering from various mental disorders and other conditions whose severity and/or persistence justify their stay in an intensive care facility. Their aim is to provide the population with clinical monitoring and to promote users' social reintegration. Its basic purpose is to replace admissions to psychiatric hospitals (BRASIL, 2004). Thus, the development of therapeutic interventions is significantly different from what was historically done under the hospital-centric model. Thus, "[...] CAPS can offer different therapeutic activities that go beyond doctor visits and medicines, characterizing what is now called Extended Practice" (BRASIL, 2004, p. 17).

Psychiatric Reform increased the presence of professional categories caring for people in psychological distress. Art. 4 of Ordinance 336/GM 2002 (BRASIL, 2002) indicates that, in order to make up the minimum technical team of CAPS' different forms, some professionals are mandatory while others may be included as needed. Importantly, the presence of Physical Education is not mandatory.

Intervention in CAPS should be carried out from an interdisciplinary perspective in which the professionals of those institutions are involved and participate directly in the service provided to users (BRASIL, 2004). This challenge is necessary for the consolidation of CAPS.

From this perspective, we present the results of a survey conducting approximations with the reality of the work of Physical Education teachers at CAPS Goiânia, understanding some of its characteristics and intervention routines. Thus, we believe to be joining forces to strengthen the field of knowledge in Physical Education with regard to its relationship to mental health, and present some subsidies that can help formulating and implementing public policies related to Physical Education at SUS.

The article concerns the exploratory phase of a qualitative research that questions the features of Physical Education work at CAPS in the city of Goiânia under a more comprehensive assessment. The twenty-one Physical Education teachers of Goiânia's Municipal Health Department working at CAPS were asked to give interviews in the form of experience accounts. We restricted the sample for this article to the first three teachers willing to cooperate. The interviews were given to the group of researchers between August and November 2012. Other questions considered relevant were asked during interviews, thus characterizing them as semi-structured procedures. Data collection also used information from participant observations conducted by two researchers

who also work at CAPS Goiânia. Data were first sorted out and then ranked to undergo final analysis as recommended by Minayo (1994). In the final analysis, for data processing and analysis, we used content analysis, which aims to: “[...] critically understand the meaning of communication, its manifest or latent content, explicit or hidden meanings” (CHIZZOTTI, 2010, p. 98).

To ensure participant-teachers’ anonymity, they were named Teacher A, Teacher B and Teacher C. Teacher A graduated in Physical Education since 2007, has post-graduation studies in teaching methods and techniques, and has worked at CAPS (Alcohol and other Drugs-Child/Youth) since 2011. Teacher B graduated in Physical Education in 2003, has post-graduation studies in School Physical Education and worked in CAPS (Adult Disorders) from 2005 to 2011. Teacher C graduated in Physical Education in 2007, holds a Master’s Degree in Sociology and has worked at CAPS (Alcohol and other Drugs-Child/Youth) since 2011.

2 THE PSYCHIATRIC REFORM IN PROCESS

By and large, the idea that a person with mental disorder should be removed from society because of his or her irrationality and dangerousness undergirds and supports the existence of spaces such as asylums. The asylum must be understood not only in its physical dimension, but as an institution disseminating values and conceptions of what is conventionally defined as madness (AMARANTE, 1992).

Supported by a positivistic logic, asylums are structured as spaces where isolated people, “free” from society’s interference, could restructure themselves while society would be protected from the danger they pose. This perspective is dominated by the view that the institution alone could be a treatment for mental patients, who would only receive therapeutic discharge when their problems were “eradicated”. This practice results in a large number of people abandoned and subjected to inhuman treatment.

In the period prior to the Brazilian Psychiatric Reform, the hospital-centered paradigm was the hegemonic form of psychiatric care in the country. It was widely questioned in the late 1970s, specially for the effects of asylums and practices of institutional violence and internal segregation. Amarante (2007) presents different authors who reflected on and criticized the treatment given to those considered crazy. An important and highly influent reference in the Brazilian Psychiatric Reform process was Franco Basaglia, an Italian author who developed radical critiques to the asylum and institutionalization of general. He carried out experiments in therapeutic communities, recognizing their limits in later self-critical analyses (BASAGLIA *et al.*, 2005).

Goffman’s (2001) analyses are placed in a different theoretical perspective, but are also severely critical to the institutionalization process provided by asylums. He explains that one of the important elements that characterize what he calls total institutions, present in modern Western society, is their closed character, which imposes a barrier and break up in inner subjects’ social relations to the outside world. The author understands that there is a rational process of organization of space and internal attitudes at a general rational level that limits subjects’ relations with others, thus restricting their authority references to those present at the institution.

According to the three teachers interviewed, there is intense debate and dispute of conceptions about Psychiatric Reform within CAPS. Thus, it is possible to say that Psychiatric Reform is in process and still meets strong resistance. Its supporters still have disagreements,

making CAPS a space for permanent debate and reflection. Teacher C identifies two groups at his institution: “those in favor and those against Psychiatric Reform, so that professional relationships in group and multidisciplinary work were tense”. However, the same teacher explains that such differences did not represent major impacts in personal relationships among professionals. According to Teacher A, “younger professionals are more willing to change towards restructuring the work based on hospital care, repression and asylums – to a psychosocial model”. In order for those differences not to be an obstacle for work at CAPS, Teacher B understands that “the role of the coordinator is essential to make discourses and ideas converge”.

An example of that process pervaded by disputes is the principle of user deinstitutionalization and social reintegration, which is still a focus of resistance. Teacher B argues that even if activities carried out outside the scope of CAPS are central to user deinstitutionalization and reintegration, the issue is still controversial among professionals. According to him, “[...] there is disagreement regarding the proposals to transfer users to other practice sites; it is a very controversial issue and it often makes professional relationships difficult”.

This dispute and consequent debate also involve other segments of society, such as political groups that run the State. This results in positions in favor or against redirecting care. It is important that managers are linked to the service and understand it in a broader context. This is the view of the three respondents. “There is a political struggle for directors to be persons connected with the Unit” (Teacher B), because several CAPS have politically appointed directors who are usually unaware of the debate about Psychiatric Reform and the very specifics of the service or who even advocate views contrary to Psychiatric Reform.

3 PHYSICAL EDUCATION AND CAPS: SCIENTIFIC PRODUCTION AND PROFESSIONAL INTERVENTION

Physical Education can give major contributions to CAPS as long as it is understood beyond the strictly biological approach. However, research that focuses on the biological dimension still predominates, disregarding other determinants in the health-disease process. That practice influences Physical Education teachers’ views on the exercise-health relationship. According to Bagrichevsky *et al.* (2003, p. 24), the notion of “[...] ‘physical activity (or physical aptitude) associated with health is hegemonic in the field’, [...] and seeks to advocate the existence of an almost exclusively ‘cause-and-effect’ relationship between ‘exercise’ and ‘health’”.

This logic reduces “[...] subjects to objects and focuses on quantitative and individual aspects over the search for the meaning in human actions” (Freitas *et al.*, 2006, p. 170). People are often blamed for their unhealthy lifestyles, which would culminate in illness, disregarding each person’s place in the logic of production and living conditions in general.

From this perspective, Physical Education teachers are also responsible for establishing a *pedagogy of terror* (FRAGA, 2006). The author refers to pedagogical activities and media discourses guided by guilt and fear, based on numbers and statistics about the harmful effects of sedentary lifestyles, causing subjects to feel responsible for their choices and the consequences of a “disorderly life”.

That practice is present not only in common sense, but also in the so-called scientific production and in Physical Education teachers’ training. Thus, many teachers work in that di-

rection, considering exercise as medicine. Mira (2003) warns that this line of thought should be challenged by questioning the imposition of cause-and-effect relationships and even their scientific validity.

From the point of view of SUS principles and the proposal of CAPS, the work logic must be distinguished from the traditional perspective based on the positivistic paradigm of science. Therefore, the work of Physical Education teachers should be guided by other indicators that allow them to meet both SUS and mental health guidelines. In an attempt to break away from that perspective and create other possibilities for action, it is important that the field of Physical Education encompasses the understanding that socioeconomic and cultural dimensions are also determinants of health, thus establishing dialogues with the perspective of collective health.

Physical Education theoretical treatises on mental health and CAPS are scarce, especially those produced under the frameworks of public health. Wachs (2008) presents experiences conducted in the Brazilian state of Rio Grande do Sul and points to the need for Physical Education not to be imposed. Rather, it should emerge from CAPS themselves, enabling distinct ways of organizing care in mental health. Another highlight is the experience reported by Cirqueira (2009), which states that the “unpretentious” recreational activities generate positive impacts on care and socialization process. However, the author argues that systematic activities that have pedagogical intentions and work with contents of the body movement culture are important even to legitimize the presence of Physical Education teachers in that space.

The need to expand the concept of health and deconstruct the hegemony of the biomedical model in the actions of Physical Education is reported by the three teachers as an essential challenge. Thus, they assert the “need to go beyond traditional contents of Physical Education” (Teacher A) in order to work at CAPS and also the “need to build actions based on body culture, overcoming the tradition of knowledge and practices that are enshrined in the field of Physical Education, many of which have no space or meaning in public health” (Teacher C).

However, other professional groups’ views about Physical Education have proved to be a significant impediment. The three respondents reported that it reproduces the hegemonic understanding of the field, which, as explained, is antagonistic to the principles of Psychiatric Reform and the CAPS. Teacher C explains that “such a view is not surprising since in the very field of Physical Education there are professionals and pedagogical trends with the same view. In addition, that is the hegemonic view in society”.

Therefore, one task is deconstructing the concept held by most other professionals on Physical Education’s possible contributions. The task is performed daily by respondents in an attempt to explain that there is contradiction between the discourse of Psychiatric Reform and the actions that many of its advocates believe to be the responsibility of Physical Education.

4 PHYSICAL EDUCATION AT GOIÂNIA’S CAPS: AN APPROXIMATION

Goiânia’s Mental Health Care Network includes ten CAPS – six for mental disorders and four for users of alcohol and other drugs. All CAPS are type II. Two CAPS are for Children-Youth and one is aimed at child and adolescent users of alcohol and other drugs. The Goiânia network also has a Psychiatric Emergency Service and an Outpatient Psychiatry Service, and 277 beds in contracted clinics.

All CAPS in Goiania have Physical Education teachers who are regular civil servants linked to the Municipal Health Department, hired through public selections. Respondents' accounts show that their arrival was marked by uneasiness about the specific performance of Physical Education at CAPS, by their ignorance about the mental health field, and by findings about public health service's characteristics and SUS's guidelines. The initial distress is understandable since it is a recent proposal and is rarely addressed during basic training.

Teacher B was not familiar with public health, and when he arrived at CAPS he "did not even know what a mental disorder was". Similarly, Teacher A had no knowledge about the mental health field and was "scared" at the damage control policy¹ because his family and religious background contradicted many of its principles. Many professionals struggle with their first contact with the principles of damage control policy because the hegemonic paradigm regarding alcohol and other drugs is guided by the pursuit of abstinence.

Work in the mental health field also poses challenges to professionals from an individual point of view. Accounts indicated that dealing with users' psychological distress is a limiting factor, especially early in professional's experiences when they face a reality they were not used to and that was not presented to them during their training. From this perspective, it can be said that the arrival of professionals to the service is also pervaded by individual, family and social values as well as other constituent elements of individual identity.

We see the condition of CAPS allowing for an intense theoretical debate on its own work as extremely positive and formative for professionals. From this perspective, it is observed that the initial anxiety about what to do in that field of work – common to all three teachers – gave way to a formative process. All reports indicate initial lack of confidence, but teachers' development of understandings of about that field of work is clear.

The teachers interviewed claim that CAPS's management are especially careful when a new professional comes to work at the unit. Such care is intended to enable approximation to the specifics and principles that involve working with mental health in the context of Psychiatric Reform. Respondents explained that new professionals at Goiania's CAPS, before actually starting their activities, are usually received by other professionals and undergo a process of approximation with their new reality of work. This initial time is devoted to studies, observation and monitoring of some therapeutic groups and other activities present in CAPS's routine. After the approximation with the service and its routines, the new professionals start seeing users along with CAPS staff.

The three teachers agreed that welcoming new professionals depends greatly on the involvement of CAPS's management. Therefore, each unit has its ways, which are not always devoid of conflict. In the case of Teacher B, the unit's technical coordinator was in charge of welcoming the new professionals. He also explains that the initial approximation process lasted three months. Teacher A, in turn, reported that his observation period lasted two months and he was gradually integrated into workshops and therapeutic groups. On the other hand, Teacher C reports that he did not undergo that approximation process, since he had experience from another mental health service.

¹ Damage Control can be defined as a health policy that aims to reduce biological, social and economic damage caused by drugs, based on respect for individuals and their right to consume drugs. The strategies of this policy aim to reduce the risk of damage associated with certain behaviors, but not necessarily by stopping them. In the case of comprehensive care for drug users, it does not require abstinence, even though it does not rule it out. Such a view is often misunderstood and controversial, being frequently confused with apology for drug use (NIEL; SILVEIRA, 2008).

4.1 First activities developed

Teacher B initially organized a group for walking, running and doing gymnastics that did not survive for lack of materials and structure to work. Another difficulty was users' low adherence to the project. Then he developed a soccer group with users, which required displacement of approximately 2 km to the place of practice. Over time, he participated in partnerships with other health care units in order to carry out inter-institutional events, which also took place outside his unit. He also built a tennis court with one of the users, which required using a physical space away from the CAPS. Yet another activity developed by Teacher B, who had knowledge in music, was the participation in the musical socializing group, which allowed the establishment of stronger bonds with users.

After entering the field, Teacher A firstly participated in the active therapeutic listening group. He believes that his participation in that group was important to allow the creation of bonds with users. Soon after, he developed a ground fights project to work with self-esteem and body contact, but it did not continue for lack of structure. He also reports working with ball games, developing audio and video workshops with the theme "free will and the consequences of one's actions" and water recreation activities. For some time, he used the experiences he developed at school as a Physical Education teacher in basic education and devoted himself to reading and training courses.

The accounts clearly show mobilization of knowledge derived from past experiences not directly related to Physical Education. Teacher B summarizes it as follows: "The professional's individual skills guide the process: we teach what we practice".

Teachers' need to mobilize several types of knowledge can be understood from the characteristic of the very institution and its principles. Therefore, access to knowledge beyond that of a field or area of expertise is highly important. This aspect leads us to the debates on health training and points to the possible contributions of broad training for health professionals.

4.2 Work routine at CAPS

In general, it can be said that Physical Education teachers participate, as well as other professionals, in the following activities: reception, planning moments and meetings (case study, technical and general meeting, among others), workshops and therapeutic groups, family care, reference staff and ministaff, active search, home visits and specialist orientation.

CAPS's users first activity is reception. Since it is an open door service, that is, it receives users at any time without previous appointment, reception is a practice carried out whenever necessary. Teacher C explains that "the relationship with users is guided by the daily construction of the therapeutic relationship". In health work, the construction of the bond between professionals and users is essential for the relationship to be based on trust and, above all, more humanized.

Welcoming is conducted by a multidisciplinary team that, through quality listening, will seek to identify the needs of users and their families who seek the service. Welcoming is essential both to establish bonds and to plan user care, since that it is when needs are identified. Teacher B states that "based on quality listening to users, decisions are made in group meetings about the contents that will be worked on". Therapeutic groups and workshops in which users will participate are defined according to their needs. Teacher B says that the starting point for

the planning of activities to be performed are the structural and material conditions of CAPS and resources of the area. Teachers stated that they seek partnerships with other institutions in the area for the use of physical spaces such as swimming pools, tennis courts and fitness centers. This is an important action, because, on the one hand, it attempts to minimize the institution's structural problems and, on the other, it contributes to the process of user de-institutionalization and social reintegration.

According to respondents, the bond between professionals and users is difficult to establish especially in the first approximations to the field, due to the new reality and the prejudice they bring about mental patients. In this regard, Teacher B stresses the need for "relationships with users to focus on not being 'afraid' of them".

Although there are some risks, especially for users demanding some special care, the feeling of "being afraid" of users and the activities to be held throughout the work routine is gradually overcome, according to respondents. Teacher B explains that in episodes where users need to be restrained for presenting aggressive behavior, they must be "restrained without being hurt, which requires specific training that is not common in regular professional training". He also adds that "technical meetings focused on ethical conduct and treatment, based on case studies", are essential in this process.

In general, the professionals who performs a user's reception becomes his or her reference therapist (RT), being in charge of leading the therapeutic project and guiding the user within the service. Beside, that professional should also establish contact with the user's family, assess targets and communicate with the CAPS's technical staff about the case (Brasil, 2004). All three teachers interviewed had several experiences as RTs for some users and they report that this is an important dimension of CAPS's work routine.

Workshops and therapeutic groups are similar activities. According to Teacher C, mental health professionals see group activities as very important in user care. Such importance is related, among other things, with the principles of social reintegration that are part of CAPS's organization logic. One workshop example was described by Teacher C: "I currently work with users on the techniques and games of Theatre of the Oppressed, together with a colleague who is an art therapist. My training in the Theatre of the Oppressed occurred in a course sponsored by the Municipal Health Department".

Specialist support and active search are two other important activities present in CAPS's routine, and all three teachers report already having done them. According to Chiaverini (2011, p. 13), the "specialist support is a new way to produce health in which two or more teams, in a shared construction process, create a proposal for pedagogical and therapeutic intervention". In specialist support logic, cases of users with mental disorders or drug addiction must be cared for and largely solved in primary care, and CAPS professionals will support that team. There should be coordination between the reference team linked to the Basic Health Unit and the CAPS team, which should "provide specialized backup assistance as well as technical and pedagogical support, interpersonal bond and institutional support in the process of collective construction of therapeutic projects with the population" (Chiaverini, 2011, p. 14-15). Thus, they share responsibility for the users of mental health care.

Active search is intended "to go against the automation wave of spontaneous demand, to map health needs beyond compulsory notification of a given territory" (LEMKE; SILVA, 2010,

p 285.). According to Lemke and Silva (2010), active search is the SUS worker's active stance, which enables us to access users' world, their territory, their needs leading to the establishment of therapeutic bond and SUS workers' integration into users' cultural environment. These authors synthesize that active search is above all a political stance.

However, teachers said that active search is performed when a user is largely absent, and it is rarely used in other situations. A CAPS professional team goes to the user's home, tries to understand the reasons for absence and guides the user back to CAPS.

Teacher C is also responsible for coordinating the group of families at his CAPS. He explains that the "family group is characterized by being an operative group, aiming to help the family cope with the user's suffering". A key challenge to CAPS is the high turnover of users who do not always attend the service with the necessary continuity. Teacher B says that this "is a core point in CAPS's work. This difficulty causes the discontinuity of activities". Hence the importance of family monitoring and active search.

4.3 Contradictions and challenges to intervention

According to respondents, the construction of methodological proposals for work at CAPS is a challenge to be overcome. Teacher C examines the need to "bridge the gap between professionals from distinct public health units, aiming at approximation and collective construction of a body of knowledge in the field of mental health". Teacher B, in turn, shows the importance of building evaluation methodologies that provide greater understanding of the results of the work: "Evaluating the 'evolution' of treatment is still a difficulty to be faced" (Teacher B). It should be noted that due to the very principles of CAPS, the effort to evaluate work results cannot be restricted to each field of knowledge; it should rather be an interdisciplinary effort.

Teachers' intervention is a result of their interests and political perspectives as well as of working conditions at CAPS. According to Teacher B, "in order to put together a multidisciplinary group, the solution was to resort to the affinity between professionals or set it according to the coincidence of working hours". The situation reported shows how objective conditions may contradict professionals' views or SUS policies. Thus, users' needs and CAPS's principles may be subsumed to the reality of institutions. But some accounts also show efforts by the staff to overcome existing limitations in search of a more appropriate care advocated by policies for the service.

Therefore, it should be understood that CAPS and the very Psychiatric Reform as a whole are not free of the contradictions of our society and are institutions and processes pervaded by disputes involving individual and professional categories' political interests.

In this sense, we can analyze multi-professional work based on Teacher C's statement: "the fact that there is a multidisciplinary team and it operates in an interdisciplinary way causes most users not to differentiate a Physical Education professional from a nurse, for instance". The only exception made by the same teacher is concerned with what he still considers certain hegemony of the field of Psychology and Psychiatry: "most service users see all members of the staff as therapists, except for Psychology and Psychiatry, which perform specific care". He also explains that "in general, the Psychology area is highly important at CAPS, which in some situations causes this area to reproduce hegemonic practices such as the medical practice".

This feature, combined with other aspects of the institution's daily life, shows that CAPS is also a space of contradictions and that many limits are yet to be overcome, which may not be possible at institutional level. However, it is important to note that the same teacher recognizes that the CAPS advances enough in multidisciplinary work and states that "even so, the relationship between professionals at CAPS is guided by collective construction and the debate from different approaches, according to the contributions of each area".

5 FINAL CONSIDERATIONS

Looking at Physical Education in the context of mental health and psychosocial care requires identifying potential contributions of theoretical works from the field of Physical Education and the way in which Physical Education is included in those services. CAPS is a strategic institution in psychosocial care where disputes related to the Psychiatric Reform process materialize. Among the very advocates of Psychiatric Reform, there are many debates being conducted regarding directions to be taken. Those disputes and discussions are present at CAPS's everyday life and contribute to the training of professionals who work there. We must understand that the limits still present are part of any ongoing process of change. Professionals are still learning to deal with the new challenges.

Similarly, we can understand the situation of Physical Education, which is facing a new field, a new way to deal with service users and another type of practice related to health and disease. All that includes in the debate on Brazilian Physical Education the need to assess its contributions to health from a perspective that is not restricted to the biomedical paradigm.

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