Characterization of work and income generation initiatives for users of mental health services and its connection to the solidarity economy: the reality in São Paulo State

ORIGINAL ARTICLE

Caracterização de iniciativas de geração de trabalho e renda destinadas a usuários de serviços de saúde mental e aproximação com a economia solidária: a realidade do Estado de São Paulo

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ABSTRACT: The inauguration of the partnership between the technical area of mental healthcare and the National Secretary of Solidary Economy to foster work initiatives in the context of mental healthcare led to their progressive increase and brought more investments for them, as part of a strategy focused on social inclusion. This study characterizes initiatives aimed at work and income generation for users of mental health services in the state of São Paulo and examines if they are linked to solidarity economy. Sixteen occupational therapists participated in this cross-sectional descriptive study with a qualitative approach, and we developed a semi-structured questionnaire to collect data, which were analyzed descriptively. Results showed that initiatives had existed for 5 to 20 years, and most of them relied only on mental healthcare users and claimed to be related to solidarity economy. This study revealed the potential aspects of the initiatives in the affirmation process of the users as citizens and workers; however, challenges need to be faced, especially regarding income generation.

KEYWORDS: Rehabilitation; Mental health; Work; Intersectoral action.

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RESUMO: A inauguração da parceria entre a Área Técnica de Saúde Mental e a Secretaria Nacional de Economia Solidária com o objetivo de fomentar as iniciativas de trabalho no campo da saúde mental, impulsionou o aumento progressivo no número destas inciativas e o investimento nestas como estratégias de inclusão social. O presente estudo teve como objetivos caracterizar as iniciativas de geração de trabalho e renda compostas por usuários de serviços de saúde mental no estado de São Paulo e identificar se estas iniciativas estão vinculadas ao movimento da economia solidária. Trata-se de um estudo transversal descritivo de abordagem qualitativa do qual participaram 16 terapeutas ocupacionais. Para a coleta de dados foi elaborado um questionário semiestruturado. Os dados provenientes deste instrumento foram analisados de maneira descritiva. Os resultados revelam que o tempo de existência das iniciativas variou entre 5 e 20 anos, que a maioria conta somente com usuários da saúde mental e afirmam estar vinculadas à economia solidária. O presente estudo revelou aspectos potenciais das iniciativas no processo de afirmação dos usuários como cidadãos e potenciais trabalhadores, entretanto, desafios precisam ser enfrentados, principalmente no que diz respeito à geração de renda.

DESCRITORES: Reabilitação; Saúde mental; Trabalho; Ação intersetorial.

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INTRODUCTION

The mental healthcare model has been reshaped in Brazil since the emergence of the psychiatric reform in the end of the 1970s[1]. More than just replacing psychiatric hospitals for a model of community care, the psychiatric reform is essential for social inclusion, changing concepts and social conceptions on the topic of madness, in addition to constructing a new social place for subjects with mental disorders[2].

Mental healthcare transformations guided by the principles and values of the psychiatric reform leads to the discussion of the importance of work as a way to promote social inclusion of people with mental disorders. In this sense, the first initiatives of work and income generation in the context of mental healthcare in Brazil started in the 1990s[3].

During the development of the concept of social inclusion through work, solidarity economy started to become a partner for mental healthcare by proposing inclusive work for socially excluded population[4], especially since "the psychiatric reform and solidarity economy share fundamental principles of choosing ethically, politically and ideologically a society characterized by solidarity (p.37)[1].

In this sense, the first Workshop of Experiences for Income and Work Generation for Users of Mental Healthcare Services took place in 2004 as a result of a partnership between the Ministry of Health and the Ministry of Labor and Employment, enabling the first contact with experiences of income and work generation from the entire country and creating a foundation for the establishment of a productive dialogue between mental health policies and solidarity economy[1]. Hence, the event inaugurated a partnership between the technical area of mental healthcare of the Ministry of Health and the National Secretary of Solidary Economy of the Ministry of Labor and Employment, with the goal of stimulating initiatives aimed at work and income generation in the context of mental health[5].

Saraceno[6] considers work to be a fundamental aspect for the rehabilitation process of people with mental disorders. The author states that rehabilitation is a "reconstruction process, a full exercise of citizenship, as well as a full contract in the three main scenarios: habitat, social network and work with a social value" (p.16) [6]. For Carvalhaes[7], considering the psychosocial rehabilitation that actually occurs creates conditions that ensure possibilities for the users to obtain autonomy and a more protagonist role.

According to Andrade et al.[8], the Brazilian Network of Mental Health and Solidarity Economy and the Register of Initiatives of Social Inclusion Through Work (CIST) are the institutional instruments of the National Intersectoral Policy of Mental Health and Solidarity Economy. In this sense, the inter-ministry Work Group recommended that the Ministry of Health maintained the CIST updated to transform it into a digital database, with free access to enable updates, registration and visualization of the available data[9]. The Work Group also highlighted the importance of the instrument as a way of mapping existing initiatives, with the purpose of starting discussions with them and stimulating the elaboration and implementation of public policies.

Among the information made available in the Mental Health Data document, it is possible to verify that in May 2006 the number of experiences of income and work generation mapped by CIST was already 230[10]. The most recent version of the document indicates that the number of mapped experiences between 2005 and 2012 reached 660[11], showing a growth in the use of these experiences to further improve social inclusion.

As a result, and given the importance of considering mental healthcare work as a right and an effective path for social inclusion and achieving citizenship, the purposes of the current study are to characterize the initiatives aimed at work and income generation for mental healthcare users in the state of São Paulo that were registered in the CIST and to identify if these initiatives are linked to solidary economy.

METHODOLOGY

Cross-sectional descriptive study with a qualitative approach.

Additionally, we highlight that the presented results are part of larger research, and the overall goal was to investigate the practice of occupational therapists that are involved in initiatives aimed at work and income generation in the state of São Paulo that are registered in the CIST.

Participants

Sixteen occupational therapists participated in the research, all female, aged between 27 and 50 years old. All participants earned their degrees in the state of São Paulo,

and their professional education lasted between four and 27 years.

Field of study

Ten initiatives of work and income generation from five cities in the state of São Paulo composed the field of study. The selected initiatives were registered in the CIST and were under development. Moreover, their occupational therapist had a professional link with the service since the main goal of the study was to investigate their work in the context of the projects.

Instrument

For data collection, we elaborated a semi-structured questionnaire based on literature review and on the goals established by the research, with the purpose of characterizing initiatives of work and income generation using information such as how long they had existed, the products they created, the composition of the participant population and monthly income generated. With that aim, part of its construction was based on the contents of the CIST form, as they could provide the required information consistently.

Procedures

Initially, the research project was submitted to the Ethics Committee for Research with Human Beings, approved under Report Number 137.628./ CAAE: 05460812.9.0000.5504. Data collection started only after approval.

We identified the projects of work and income generation by consulting the databases of income generation initiatives available at the website of the Ministry of Health, on the field of information regarding Mental Health, which showed 99 initiatives for the state of São Paulo. The information available in the consulted document was part of the CIST, an electronic form in which projects aimed at work and income generation can be registered.

We made contact with the 99 initiatives initially by phone, as we considered it to be the most effective way to obtain information.

For places without a telephone number in the database, or in cases in which it was not possible to complete the call, we sent messages through electronic mail.

Two places did not provide telephone numbers or e-mail addresses in the database; therefore we contacted a total of 97 locations.

After the initial contact, we identified that only 14 projects met the research criteria and requested written authorization from those responsible for them to carry out the study. Next, we invited the participant projects through telephone calls and e-mails, explaining the goals of the research and its ethical aspects.

We asked the professionals that accepted to be part of the research to sign a Free and Informed Consent Form. For those who did, we sent the semi-structured questionnaire by e-mail, in a Word file. The answers were to be sent back to the researcher by e-mail, in the same file.

When the deadline for providing the answers ended, we had received back 18 of the 23 questionnaires sent. However, after a detailed analysis, two projects were excluded since they considered themselves to be therapeutic workshops, not aimed at work and income generation.

Consequently, the final number of participants was 16 and the number of participant projects was 10, from five different cities in the state of São Paulo.

Data analysis

We carried out a descriptive analysis of the questionnaire by arranging and numbering the questionnaires in the order they were received. The data provided by the instrument were organized sequentially, according to the answered questions, and their content enabled the characterization of the subjects and the initiatives aimed at work and income generation.

RESULTS AND DISCUSSION

From a detailed analysis of the questionnaires, we identified that among the 10 projects that were part of the study, five were composed of a single production group, while the other five provided services aimed at work and income generation in which many production groups were developed.

The initiatives had lasted between five and 20 years, with most of them having more than 5 years of existence.

As for the number of participants per initiative, we highlight that for those with a single production group, the number varied between 3 and 10 people, while for

services of work and income generation the number (when informed) varied between 42 and 96 people, distributed among the many production groups developed in the services.

The data revealed that the number of participants is relatively low when the current demand is considered. As pointed out by the Final Report of the Work Group of Mental Health and Solidarity Economy, the mapping of the initiatives carried out by the National Coordination of Mental Health since 2004 has the purpose of developing a policy of social inclusion through feasible work, stimulated by the demand of users of mental health services, workers and family members[9].

In this sense, we ask why the number of users in these projects is so low, and if this characteristic portrays only these projects or if there are others in similar conditions, for the demand for this type of work is real, as pointed out by the aforementioned Final Report. Additionally, the data available in the many versions of the Mental Health Data document show the number of these initiatives has grown nationwide.

It is essential for users to participate in these projects, as it is the only way to identify the need for improvements, enhancements and public policies, especially regarding their sustainability, since Delgado[12] stated that their "diversity shows two common characteristics: distress caused by their own fragility and by the lacking institutional and financial support, and the certainty that the obtained results are good and that the users participate in them (p.9)"[12].

As for the number of participants in the work projects, the study developed by Tagliaferro[13] revealed that for some professionals that composed an incubation team of a solidarity project of mental health, the number of users that participated in the project decreased, in addition of some members not having decided if they were going to stay in the group or not. Moreover, the study developed by Milioni[14] analyzed the experience of users of the same solidarity project and revealed that it did not generate a satisfactory income. The author considers that low income may discourage some of the participants of the project or even prevent the entrance of new users[14].

The data from the aforementioned studies can contribute to the investigation and hypotheses regarding the relatively low number of users found for the studied initiatives, especially those related to the low income generated.

The study revealed that most projects had mental health users only in the group of workers. About this commonly observed condition, Singer[15] states that it is important for cooperatives and associations not to be exclusively composed of people with mental disorders, but they need to include other populations, since different illnesses complement each other and contribute significantly for a larger field of manifestation.

Delgado[16] accepts the suggestions made by Singer[15] on the importance of heterogeneous enterprises and discusses the need to expand the Network of Mental Health and Solidary Economy for other excluded parts of society, not only for people with mental disorders.

According to Ghirardi[17], an inclusive or mixed cooperative unites people under different circumstances, i.e., people unemployed for a long time and people with diverse physical and psychic conditions that have a history of being on work leave.

In this context, to promote a type of work that has more potential, we present the model of the integrated cooperative, widespread in Italy, that, from the legal point of view,

> (...) is characterized by the presence of "regular" partners and "disabled" partners (at least 40%) and by the support of local entities (especially regional), leading to promotional interventions (easy access to equipment and places); easy insertion of the disabled (supervision of social burdens); interventions to favor production (easier lines of credit and training courses) (p.134)[18].

Known as social cooperatives, they are important instruments for the psychosocial rehabilitation of mental health users in Italy, and the Brazilian Psychiatric Reform movement has tried to implement them in the national scenario.

With the consolidation of the National Policy of Mental Health and Solidarity Economy, the movement in favor of social cooperatives became stronger, and the Decree No. 8,163 was approved instituting the National Support Program for Social Associations and Cooperatives, called Pronacoop Social[19], to promote the development of social cooperatives and solidarity economy enterprises, an important step for the implementation of mixed groups.

As for the frequency with which the groups develop their work activities, for projects with only one production group we verified that only two developed their activities from Monday to Friday, with the others operating two times a week at the most. On the other hand, almost all services of work and income generation developed their activities from Monday to Friday.

As a result, we need to discuss the importance of a work journey that, among other aspects, allows for the organization of production and commercialization in a way that makes them compatible with market demands. However, we highlight that the goal is not to adapt the initiatives to capitalism, especially since they are developed based on principles of solidarity economy, as it will be discussed afterward. The purpose is to find means that enable the initiative to operate for sale and commercialization, following the principles of solidarity economy.

Discussing the operation of these projects and their consequent entry in the work market contributes for the deconstruction of the possible perception that they are synonyms of workshops, such as those developed in Psychosocial Attention Centers (CAPs), for instance. The distinction is essential for the projects of work and income generation to become completely separated from the perspective of therapeutic workshops, developing the idea that work and income generation enables the access of users to the world of material, emotional and social exchange.

The forms of operation of the projects mentioned by the participants were: solidarity economy enterprises, production groups, income generation workshops, social cooperatives and associations. The many denominations they received stand out, especially since this study observed that in the services that develop many production groups, the participants of a same service gave different denominations for the groups they follow. We expected them to give the same denomination, as they operate in only one way since they have several production groups.

This data may reveal a lack of understanding and even consensus regarding what form of operation really means. In this direction, Andrade et al.[8] point out that nowadays there are two ways to classify the initiatives: initiatives of work and income generation, adopted by the Brazilian Network of Mental Health and Solidarity Economy, and initiatives aimed at social inclusion through work, adopted by the CIST, in addition to denominations such as mental health and solidarity economy enterprises and social cooperatives. For the authors, the many different names reveal the current condition of the construction of policies of social inclusion through work and the particular social reality in which it is developed.

The observations made by the aforementioned authors may support and even partially explain the many denominations observed in this study.

As for the activities of service/production developed within the initiatives, we observed that most of them invest in production activities, and that the products usually have a strong correlation with handicrafts. From the 10 initiatives, only three invest in service providing. Gigante[20] carried out a study on initiatives aimed at work and income generation in the context of mental health, which highlighted this tendency to choose handcrafted products instead of providing services.

It is essential to discuss the choice of the productive activity and the diversification of what is produced. In other words, psychiatry has the tradition of using arts and crafts activities in psychiatric hospitals to make internal patients busy, based on a therapeutic perspective. In this sense, we single out the need to rethink the type of productive activity to demystify the past and search for alternative products that are more accepted and marketable.

As for the ways to commercialize the products made in the projects, the participants reported fairs, events, stores, selling in the neighborhood, travelling salesmen, selling through the internet or at the place where the initiative is developed, contracts with private companies, selling for partners, supermarkets, thrift stores, negotiation tables, buying to resell and consignation. The variety of places of sale and forms of commercialization reveals an effort to expand these spaces and the consequent entry of the products in the market for commercialization.

More evolved forms of commercialization such as selling through the internet, contract with private companies, selling for partners, supermarkets and negotiation tables were almost all mentioned within the context of services of work and income generation, which may indicate a larger potential of these initiatives to organize themselves as a productive group in comparison with those which work with only one production group.

It is important to highlight that this perspective may be supported by the fact that, although all initiatives are linked to a mental health service, almost all of those related to services of work and income generation have their own space and are not linked to health services, contrarily to the initiatives with only one production

group which are developed within CAPS and Community Centers. Initiatives developed outside the context of mental health services and, in this case, characterized as services of work and income generation, have more opportunities to organize production and work dynamics, and consequently better conditions to establish partnerships since their own goal is to provide work and consolidate it by coordinating the different entities involved. As a result, this condition may explain the fact that services of work and income generation have more diverse and evolved means of commercialization in comparison with the means of initiatives with only one production group.

As for the monthly income generated per participant, the results are worrisome and indicate that generating income is still one of the biggest challenges of these initiatives. Sometimes they do not provide users with a monthly income, which is then shared only every two, three or even six months. The values of income per person varied considerably, with an initiative reporting an average monthly income of R$422.30 per person and others reporting months with no income.

The situation this condition portrays is alarming and urgent in the context of work and income generation, for the income should allow the social participation of users in the world of material exchange. Sharing this perspective, Martins[21] points out that paid work represents a watershed in the history between insanity and work, with remuneration being used as bargaining chip in the real world of work in a society, allowing for subjective exchanges and social relationships.

The difficulty to generate income was also mentioned in studies on initiatives aimed at work and income generation[7,13,14,20].

In this sense, the research developed by Gigante[20] revealed that for most studied experiences of work and income generation, the main challenge is to generate a satisfactory income and larger gains. Moreover, the study developed by Tagliaferro[13] indicated that for the incubation team of a solidarity enterprise of mental health, the income generated by the groups is still unsatisfactory, which makes one question if the enterprise is actually a workspace or a space to make people busy. Owing to the limited income observed in the experiences investigated in his study, Carvalhaes[7] questions if the subjects are capable of attaining real autonomy, as well as exercising self-management and survival.

The condition observed in this study and in the studies previously mentioned makes it necessary to discuss the development of mechanisms and strategies that enable the production and commercialization of products in these initiatives with the purpose of generating income. By generating income, work in the context of mental health fulfills its mission of providing access for the users to the world of material and social exchange, creating an effective social inclusion.

The present study revealed that the analyzed initiatives established many partnerships, among which we highlight the Secretariat of Health, Secretariat of Work and Income, Forum of Solidarity Economy, the Brazilian Micro and Small Business Support Service (SEBRAE) and the National Service for Commercial Education (SENAC). The contribution of these partners varies from lending physical space, material resources and technical orientation, expanding sales, providing financial resources through participation in public bids and participating in events.

The partnerships are important to link the mental health field with other spaces, allowing initiatives to obtain the needed resources which helps them consolidate their work, and to increase knowledge exchange with the construction of a new image of mental health users as subjects that produce value, with productive capabilities and potential.

Carvalhaes[7] defends investing in partnerships with other entities in addition to those related to the government. For the author, the more an initiative needs support from governmental bodies, the less independent and autonomous it is. He defends that, in addition to governmental support, initiatives should establish different partnerships to gain autonomy in their projects and enable their participants to play a more central role, organizing themselves and acquiring strength from their own actions.

The link with solidarity economy was mentioned in nine of the ten participant initiatives in this study, revealing that they are committed to a new work perspective and to being involved with the current public policies of mental health and solidarity economy.

The projects become linked to solidarity economy by developing their work based on its principles, through the Forum of Income Generation of the city and the Network of Mental Health and Solidarity Economy.

For Martins[21], choosing solidarity economy is not random, for mental health users are seen as solidarity workers and have obtained support for their access to the social and community context and for deciding and managing their own lives. Moreover, the self-management principle represents a way to deal with exclusion and with the idea that people with mental illnesses are incapable, therefore needing guardianship and protection.

Solidarity economy is a response to the exclusion promoted by the work market, and is organized by those who want a society that is not guided by competition, continuously producing winners and losers. The psychiatric reform is also composed of those who want a society without psychiatric hospitals, and therefore they join forces with people with mental disorders to construct institutional means that enable their social and economic insertion[22]. This ideal based on inclusion and a more solidary society has created real work opportunities for users of mental health services through solidarity economy. In this context, we highlight the importance of the coordinated work of the Ministry of Health and the Ministry of Labor inspired on solidarity economy[23], aimed at stimulating inclusive works.

According to Pacheco[24], the link with solidarity economy allows users to have more possibilities of social inclusion, since being part of a solidarity economy network gives them the opportunity to participate in fairs, events, seminars and other activities related to it. The author also considers the experience to be very rich, since in addition to the work offer, support and care exchange occur as well, even though there is no boss, for all work is done in a responsible and solidary way, without discrimination. In this work perspective, "the largest capital is the social capital" (p.222)[24].

CONSIDERATIONS

The proposal for generating income and work in the context of mental health has been recognized as one of the fundamental pillars for the consolidation of social inclusion and the right to citizenship of mental health users, defended by the psychiatric reform movement. However, we highlight the fact that this concept of a socially recognized work separated from the therapeutic perspective is still fairly new and has required constant efforts from professionals that work in these projects, as well as from political entities, with the purpose of creating real work opportunities for mental health users.

In this sense, this study revealed the importance of these opportunities for the affirmation of users as citizens and potential workers. However, it also showed the need for more investments to face important challenges such as: periodicity of work; choosing and diversifying the productive activity and the need to invest in service providing; investments in mixed groups; and especially the urgent need to generate income.

Work opportunities in the context of mental health are undoubtedly important instruments for psychosocial rehabilitation. They need investments and constant innovation to become more feasible and consolidated. In this sense, new studies should be developed, especially to create new strategies to deal with the difficulties and challenges these projects face.

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