

Mental Health and Citizenship

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i) Basic Project Information

The Mental Health and Citizenship program (MHC) was funded through the International Community-University Research Alliance (ICURA-MHC) initiative by IDRC and the Social Sciences and Humanities Research Council. The MHC program is a collaboration between research groups and stakeholders in Brazil and Canada who are united to combat the stigma related to mental illnesses and to advance associated health services and community and academic research. The overarching objective of this International Community-University Research Alliance project was to investigate mental health service models in Brazil and Canada, to employ those findings to influence academic and policy debates, and to contribute to training for health care providers and students. During five years, researchers, students, mental healthcare users and providers developed a wide range of actions that included scientific research and various interventions. Collaboration between academic and non-academic partners was supported through a governance model that sought inclusion and consensus. Moreover, the research program employed participative and inclusive methodologies. The training of researchers (Master's, PhD and post-doctoral students) in this distinguished scientific environment contributed to the long-term sustainability of this investigative strategy. The active participation of users in the research process (from the formulation of questions to the evaluation of sub-projects to be financed) was pioneering and unprecedented in Brazil.

This project was implemented in Canada and Brazil and supported comparative research and exchanges between the two countries. This report accounts for activities and results emerging from the IDRC grant, and therefore focusses on work led by Brazilian researchers. That work, led by Canadian colleagues and funded through a SSHRC grant, is only discussed in relation to comparative research projects.

ii) The Research Problem

The ICURA-MHC project was born from the gathering of various social actors who all have a connection to the area of mental health and citizenship. Although from very distant and different countries, partners in Brazil and Quebec (Canada) have

experiences, conceptions and practices in common relating to psychiatric illness and how to face it.

The Brazilian Psychiatric Reform, initiated in the 1980s worked toward the paradigmatic transition away from sole reliance on psychiatric hospitals (a treatment space that takes responsibility for the entire complexity of psychic suffering, Amarante, 1995) toward the construction of a healthcare network that involves institutional and community support. In this manner, the expanded model of care established on Brazilian soil, and which respects the collective bonds between the subjects, represents an important step in the direction of a sociocultural transformation that encourages social movement and the integration of the subjects (Amarante, 1999).

Internationally, Goffman pointed out the stigma faced by users receiving a psychiatric diagnosis, which can be reinforced by care proposals that segregate the subject from his or her environment and everyday social relations (Goffman, 1974).

Italian psychiatry, which had significant influence on the Brazilian Psychiatric Reform, envisioned building another place for “madness” within the social body, through the guarantee of rights, a restructuring of the logic of action and health services, and efforts towards the constant process of deinstitutionalization (Basaglia, 1985). In this sense, Rotelli pointed out that (1990) “*the practical process-critical institutions and redirecting services, energies and knowledge, strategies and interventions towards this so different object*” (p. 90) includes the set of administrative, scientific, regulatory and disciplinary apparatuses. In other words, the aim was to get perspectives on insanity to transcend madness as unreason or error, as denounced by Foucault (1979).

In the Brazilian context, Pitta (1996) discussed the concept of psychosocial rehabilitation and, borrowing from Saraceno (1996), conceiving the exercise of citizenship and collective contracting as strategies for the construction of other social places for psychiatric patients. Yasui (2006) and Lima and Yasui (2014) pointed to the possibility of shaping new relations between users and the network, and to the importance of building new forms of subjectification. Nicácio (2003), when discussing the experience of transformation of mental health assistance, brings the effects of subjectification produced on users due to the change to the condition of freedom to the fore. The subject’s gaze on the world changes, as does the world’s gaze upon the subject.

The ICURA-MHC project produced knowledge that deepens our understanding of issues relating to people living with mental health problems, that contributes insight on matters concerning scientific and professional practice and that, with regard to mental health policy, can allow for a better quality of life and the full exercise of citizenship. The project is divided into three main areas: research, training and social innovation.

iii) Objectives

Project Objectives

The overarching objective of this International Community-University Research Alliance project is to investigate mental health service models in Brazil and Canada, to use the findings to inform related academic and policy debates, and to give training for health care providers and students. Specific objectives include:

1. **To develop an academic and professional alliance** among Canadian and Brazilian partners that supports and sustains research, training and knowledge exchange;
2. **To conduct research** on i) the realities of people living with mental health problems; ii) the institutional environment and organization of mental health services; and, iii) the processes and effects of participation by users in the public or community sector (e.g., associations of users of mental health services);
3. **To build capacity** by i) developing new curricula, ii) training new researchers, iii) educating users, and iv) supporting professional development that builds the skills and understanding in ways to improve services and the participation of users of mental health services; and
4. **To promote the exchange of knowledge and research findings** to strengthen community leadership, and to inform policy options for improving mental health service provision.

iv) Methodology

Multiple inclusions of stakeholders

The partnership formation of the ICURA-MHC project was conceived to promote a rapprochement between community-based mental health services and academic research. To give consistency to the proposal, we chose a working methodology based on participatory processes that, shared and more democratic, produced knowledge that differs from traditional knowledge, namely in that it is more complex and comprises the inclusion of several groups of interest.

On the Brazilian side, we highlighted the participation of users linked to FLOURISH (Association Blooming Life of Family, Friends and Users of Mental health services of Campinas), which is a community association of users and workers of mental health services of Campinas city, and researchers from the Group “Public Health and Mental Health: Interfaces” from the State University of Campinas (UNICAMP) as well as researchers from Fluminense Federal University (UFF), Federal University of Rio de Janeiro (UFRJ), Federal University of Rio Grande do Sul (UFRGS), State University of Ceará (UECE) and the Federal University of São Paulo (UNIFESP). These partners have built community participation projects that involve the mobilization and reaffirmation of the rights of mental healthcare users.

On the Canadian side, the Université de Montréal and various other academic partners have created a similar mobilization process.

Governance structure

The governance structure of ICURA-MHC was designed to achieve the following goals: promote scientific quality, social relevance and ethical commitment, founded and based on a series of principles. These are: (1) the direct participation of concerned persons (persons who live or have lived with mental health problems); (2) an active and equal partnership between environments and different stakeholders, based on recognition of the plurality of knowledge and experience; (3) sufficient flexibility so that the programming of activities considers the diversity of its members. Basically, the assessment conduct of the effectiveness of our governance structure is centred on these three principles.

The ICURA-MHC governance was structured in three main bodies. In Brazil and Canada, there were the University and Community, and the Citizen Committees, which guarantees the inclusion and active participation of people living with mental health

problems, broadly speaking, within the Alliance's guidelines. In Brazil, the team created a Steering Committee composed of researchers from the different university researchers involved in the project, representatives of the practices, members of families, users and public authorities (Ministry of Health). In Quebec, coordination-related functions were discussed at national meetings. In this context, the creation of a Coordinating Committee, as originally planned, was not considered necessary.

In Brazil, the creation of the Citizen Committee presented special challenges, since the experiences of participation of service users are less developed in Brazilian society. The modalities of support for Citizen Committees were different in each location.

Levels of articulation of the teams

One of the major challenges was the integration and communication among participants. Some devices were created to perform this integration, which was organized into three levels.

1) The first level concerns the various fields and research groups that develop research and actions in each country.

In Brazil, seven research groups are involved: Interfaces Group-Campinas (Unicamp), FLOURISH Group-Campinas, groups of Rio de Janeiro (UFRJ and UFF), Rio Grande do Sul (UFRGS), Santos (UNIFESP) and Fortaleza (UECE). Each of these groups met weekly for follow-up, work monitoring and decision-making in their respective cities, which in many cases became fields of the several investigations. During these meetings, minutes were produced with key information that was later used for the preparation of reports, bulletins and, as survey data on ICURA-MHC. These fields have maintained informal communications on a regular basis and often took the initiative to bring researchers together and schedule meetings between them.

There was also communication between the researchers at each university among themselves and with students under their guidance, and researchers from some universities often supervised dissertations and theses at other universities. Exchanges between the fields in various modalities were encouraged. These professors and students in training, affiliated to different institutions, contributed significantly to communication

between these institutions, helping the smooth running of the research while having their education enriched by the exchange of knowledge.

In one of the many pieces of research, which developed indicators for Psychosocial Attention Centres, a blog and a web page were created to make communication among participants possible and to disseminate experiences. The web page provides online classes on video, allowing students from different locations to access their content (<http://indicadorescaps.blogspot.com.br/>)

2) The second level of articulation was related to meetings called “Multicentre,” which had a pre-set monthly or bi-monthly calendar, where representatives from all fields gathered to exchange information and make collective decisions. These were very important occasions for group processes to take place, as all participants were represented, had specific duties and the task of relaying the experiences and information to team members who did not attend the meeting. These meetings gathered around an average of 30 to 50 people, who comprised the core of participatory articulation in the ICURA-MHC project. During these meetings, gatherings of the Steering Committee and Citizen Committee were also held and served to operationalize the evaluative processes. The meetings took place monthly from 2009 to 2012, bi-monthly in 2012, every six months in 2013, and in a single last meeting in 2014, summing up a total of 40 sessions. Each time, there was intense partnership and sharing in the atmosphere. Nevertheless, there were, especially in the beginning, while defining operational details of the larger researches, also moments of controversy and some conflict (Onocko-Campos, 2011). In all cases, it was the ethical-political guidelines that helped overcome differences and maintain a healthy methodological and theoretical diversity.

3) The third level of articulation concerned the communication between Brazil and Quebec (Canada).

There were several devices that facilitated this approach:

A- Director Committee Meetings Brazil-Quebec (Canada) (via Skype) – There was a frequent and ongoing contact between the directors of the two countries to coordinate and integrate actions, make settlements, establish timelines and solve problems of every kind. Decisions made by the directors were always based on prior

consultation of the collective about emerging or urgent demands, as well as those reported later.

B- Brazil-Canada Video-conferencing: Video-conferencing was part of annual planning at ICURA-MHC and constituted key moments of the process. In the sessions, the teams from each country made a great effort to synthesize information and exchange within a limited time. The agendas of these meetings, although varied, always presented updates on cross-cutting themes, research and discussion on the particularities of mental healthcare in both countries.

It is important to point out that the video-conferencing option was a change from the initial proposal, which provided international meetings among the partners. After reassessing our plans, we opted for more frequent national and regional meetings and international discussions via video-conference. This helped us achieve one of the most ambitious goals of the ICURA-MHC, which is the real integration and comparative reflection on shared challenges. The video-conferences consumed a large part of our budget but allowed for the participation of a much greater number of people than if we had held only meetings. In the end, during those face-to-face meetings, we all had the feeling that we had met a long time ago. Some sessions ended to the sound of local music, played by the members of ICURA-MHC here and there.

C-bi-monthly newsletter: Every two months, the MHC website was updated with information of the most important events in both countries and in the various fields of research. It was a bilingual publication (Portuguese and French) and was made available on the website. This was a very powerful strategy for maintaining our articulation, but also required a lot of energy for its permanent updating. In the last year of the project, said updates were not done, and exchanges took place through the other devices listed.

D-Website: provides all information pertaining to the project ICURA-MHC. It also has bilingual presentation. There was space on the site for several types of outputs from ICURA-MHC members (documentary, cultural, artistic testimonies, films, etc.). There was also room for academic and/or artistic productions (painting, drawing, poetry) of the members of the ICURA-MHC. There are also links to the blog designed during the trip undertaken by Brazilian users in Canada. <http://youtu.be/30k4Ee52PLk>

E- Visit Exchanges: Visits of the Canadian Steering Committee members to Brazil were carried out and vice versa. A doctoral student from Brazil did an internship at Université de Montréal in the first half of 2010, and a Brazilian student is still doing their PhD at Université de Montréal. Two Brazilian psychiatrists stayed for a year at the Université de Montréal, one as a post-doctorate fellow and the other in the process of completing his split-site doctoral program. A PhD student from the Université de Montréal made their split-site internship in Campinas, and another in Rio de Janeiro. In addition, a group of Brazilian mental health users conducted a study visit to Canada, and a group of users from Canada visited Brazil and participated in the closing seminar. These exchanges deepened our respective understanding of each others' context, strengthened comparative research, and facilitated communication between both groups.

A participative and inclusive methodology

The knowledge and practice exchanges among the various stakeholders were the core of the ICURA-MHC project and were featured in all activities. This approach furthered our goal of co-constructing knowledge. This meant operating with a particular conception of research, namely one that brought significant changes to the researchers themselves, as reported by themselves during focus group discussions conducted as part of our mid-term review (Onocko-Campos, 2011). The ICURA-MHC work team training also involved bringing researchers together. Despite sharing relatively similar ethical and political stances and having the option to conduct qualitative research, concepts and theoretical affiliations were diverse among them. Numerous traditions were present, such as hermeneutics, phenomenology, social psychology and critical theory, among others. Similarly, we had several areas of knowledge such as public health, medicine (psychiatry), psychology, psychoanalysis, social sciences, social work, pharmacy and (occupational) therapy. Participation in the project has brought these traditions closer and allowed each researcher to explore other areas of knowledge, expand dialogue and question the logic of their own specialties. Considerable emphasis was put on 'collective health', on the Brazilian side, a discipline that came into being at the beginning of the 1970s in Brazil. Collective health distinguishes itself from traditional public health by its close contact with the social sciences, especially sociology and anthropology, and by the incorporation of concepts and contents of these disciplines.

We identified that the appreciation of the participatory aspects, which in certain ways have structured the ICURA-MHC project, worked as a transversal element to foster dialogue with pre-existing traditions and methodologies. *“By admitting an ethical-political position of ensuring the participation of different actors in the various stages of the research, we were summoned to the creation of reflection spaces and also of material feedback drawn up during the smaller researches, with the goal of involving interest groups in highlighted issues and together expand the knowledge through the research process.”* (Onocko-Campos, 2011).

The first transformation we noticed was the destabilization of the places occupied by each actor within the research landscape. The opening of spaces for participation gradually introduced new transformations that produced changes in different fields. Most activities were in conducted in groups, which improved collaboration. To the extent that participants realized that their suggestions were heard and that they possessed power, they empowered themselves and felt free to participate.

The characteristics or principles of the ICURA-MHC project also influenced the design and methodology of the research. To maintain epistemological and methodological coherence, it was necessary to create and implement changes to the design structure of the research. *“We hope to be able to show how the development of participatory strategies obliges us to produce some changes to the classical form to operate research, not due to not knowing their technical assumptions, however to fit the new ethical and methodological issues arising”* (Onocko Campos, 2011). It is interesting to think about the importance of research design in the production of research results. When conducting a study seeking to analyze power relations, from a plan and a methodology that value participation and horizontality, we obtain different results than in a study where there is a vertical relationship between researchers and the researched. Our experiment with this methodological radicalism and its effects was a great learning experience and – at the same time – the biggest challenge of the ICURA-MHC project.

Another interesting aspect is connected to some kind of weakening identity, associated to the proposed changes, which caused “strangeness” in the conceptions of the various actors. In the ICURA-MHC experience, these barriers passed through the opening and recognition of others. This *otherness* is no longer the object of study, but part of the research, a mobilization that produces horizontality among interpersonal relationships

and causes discomfort for the researchers in the sense that the boundaries between madness and mental sanity become blurred. We must not forget that our topic is mental health, and one of the most effective defense mechanisms for differentiating oneself from madness is dissociation and differentiation. At the time of writing the text with the users, for example, we began proposing that they report about their experience of working as researchers, and then one of them asked “*and you, how is it to work with us?*” This intervention completely changed the course of our work, for we were able to report a joint experience that was not based on analyzing the experience of others. There was consistency that we kept “the hard way” proposing a project (EXPERIENCE) to deconstruct the disease schizophrenia, another project (GAM) to deconstruct the treatment, and a methodology that questioned entrenched positions between the researcher and the researched. We think that, despite the resistance that arose, the group managed to turn distress into production and invention. Gradually, it became clear that the ICURA-MHC process was a collective construction that transcended the traditional theoretical and methodological model options. An example of this can be found in collective productions, among which we highlight the joint writing between researchers and users of an article about this process, forthcoming at the moment (A60).

Within the ICURA-MHC project, different spaces opened new opportunities for the training of different members. Thus, the Citizen Committee members in Canada and in Brazil participated actively in the process of evaluating specific research projects that were submitted to the Alliance for its funding. More broadly, the meetings of the members allowed to share knowledge and experience and to work toward the co-construction of joint research perspectives. In addition, the formative assessment of specific research projects created very favourable conditions for the development and construction of working partnerships.

The Brazil team represented 18 professors from different universities, 6 post-doctoral students, 14 PhD students, 29 master’s students, 24 residency students, 21 undergraduate students and 47 other collaborators (users and professionals from the public health system). The complete list of project members can be found in ***Appendix 1: Table II – Working Team***. The list of students (paid and unpaid) at Brazilian and Canadian universities can be found in ***Appendix 2: Table III – Students Total***.

v) Project results

The main activities carried out in Brazil are larger research projects and constitute community and users' interventions that focused on specific issues. In addition to these planned projects, members of the MHC team developed their own projects, funded through other means that contributed to the growth of the network and its impact. Therefore, the network generated synergistic projects that were adjusted to local interests and priorities. This dynamic was evident in the GAM research project, which is discussed below.

The list of activities, including each of the project-specific objectives and outputs are detailed in *Appendix 3: Table IV – Project Activities*. The complete list of outputs can be found in *Appendix 4: Bibliography*

Large Research Projects (Cross-cutting)

1. Mental Health Evaluative Research: Indicators for Monitoring and Evaluation of the Psychosocial Care Centers type III (CAPS III) of the State of São Paulo. This research aimed at developing, implementing and monitoring a system of evaluation for CAPS III in the State of São Paulo. For project feasibility, other than funding through IDRC, additional funding was approved from FAPESP, a Brazilian public funding agency. We used a constructivist and interpretive paradigm for our methodology and combined qualitative and participatory approaches. Representatives of the various sectors involved were included, which categorized our investigation in the so-called fourth generation evaluation approaches. The participatory construction of evaluation issues occur within capacity-building in evaluation, in which participate two representatives of each of the 25 CAPS type III in São Paulo State. The team created an instrument composed of 16 indicators that have been validated by the teams and other stakeholders involved (mental health workers, users and managers). Such an instrument allows evaluation and comparison between different CAPS centres. The instrument was presented to government authorities at the federal, state and municipal levels, in addition to having passed through the qualification process of representatives of all services, which were suitable for its immediate use. This research proposed a fairly in-depth discussion regarding the “scientific evidence” and a critique of the traditional model of science (Campos et al., 2013).

Notable Results:

a) Regarding Primary Care: The incorporation of the mental health actions in primary care reference teams as well as diversification of therapeutic measures were observed. Matrix support was considered a powerful tool for Primary Care, regarding definition of workflows, qualifying primary care teams and promoting joint and shared care. Community health agents also have a strategic role in identifying potential benefits and listening more closely to the population's needs. Health promotion practices are not yet consolidated. When professionals develop external activities, outside the health facilities, the users acknowledge and occupy these new spaces, allowing new interventions that differ from other traditional symptom-remission approaches.

b) Regarding the CAPS: In the CAPS report, the users expressed a desire for effective changes in their lives, especially in their relationships with their disorders and the construction of new meanings for the treatment. We also recognized different conceptions of *crisis* and a strong emphasis from the professionals regarding the development of user autonomy. We also identified difficulties in the integration of CAPS and other regular health services, which creates a risk for this new service to reproduce new types of social isolation practices.

c) Regarding the evaluation process: This participative approach proved effective for guaranteeing the contribution of multiple stakeholders at various levels in the process (such as definition of issues, pre-test indicators and data analysis). However, the adoption of the final instrument by the local health management as a regular evaluation tool did not happen, despite the good reception the instrument received from users, workers and managers.

Important Publications: **15 published papers** (A3, A5, A8, A11, A13, A15, A33, A37, A39, A42, A45, A47, A48, A49, A52). **02 conference papers** (C73, C38) **02 books chapters** (E6, E8). **06 theses** (F10, F11, F17, F18, F21, F35) (see appendix 4 for full references)

2. Gaining Autonomy with my Medication Guide (GAM)

This was a participatory and evaluative study focusing on psychosocial care centres (CAPS) in three Brazilian cities and involving four public universities. It was one of the

ICURA-MHC flagships and one of the crucial points of integration and exchanges with Canadian partners. The objectives were to: a) translate, adapt and test, in CAPS (Rio de Janeiro/RJ, Novo Hamburgo/RS and Campinas/SP) a personal guide for autonomous medication management, an instrument developed in Canada for patients with severe mental disorders; and b) assess the impact of this instrument in the training of mental health professionals (psychiatrists and non-medical professionals). Stakeholders included users, workers and managers. The inclusion of psychiatry residents and multi-professional mental health residents in those activities intended to evaluate the GAM guide as a tool for mental health training. We used a constructivist and interpretive paradigm, inserted into the qualitative approaches. As a result, the personal guide of autonomous medication management (GGAM) was adapted and validated for the Brazilian context. In addition, innovative professional training for public mental health services was developed. These trainees were able to experience the value of the users' experience and its relationship with medication use.

A second phase of research, undertaken with people who, in the role of residents and/or workers, used the Brazilian version of the GAM guide, has enabled the development of the guide for GAM group moderators. This material aims to contribute to the dissemination of the GAM strategy throughout Brazil and has been used in various locations across the country at variable scales: by professionals of basic health units in the Northeast up to full state-wide application by the State Department of Health in Rio Grande do Sul. There, some 10,000 GAM guides were distributed to all the health units and the health authority hired a consultant to assist its implementation. Both guides are available for free download at: <http://www.fcm.unicamp.br/fcm/laboratorio-saude-coletiva-e-saude-mental-interfaces>. GAM research discussed the relations between users and health professionals, mainly psychiatrists, through questioning the role of medication from the users' point of view. The GAM project had a great impact on the public services where they were deployed (see *appendix 4 – section k* for details). This research also had support from Brazilian research funding agencies (CNPq), which complemented IDRC resources and contributed to the wider rollout of the work through the following subprojects:

2.1 Autonomy and human rights: autonomous medication management guide validation (GAM)

This project sought to examine how the investigation of the experiences of psychoactive drugs users and mental health professionals could evaluate and transform their dialogue in order to enhance the autonomy and human rights of patients. The present research accompanied the GAM-BR project in its validation stage of the GAM guide.

From data obtained in the first stage of research, we found the need for a specific validation methodology for the GAM-BR Guide. Thus, the research “autonomy and human rights: GGAM validation” validated the GAM-BR Guide using a methodology that considered the experience of participants and the effects of the instrument in relation to the discussed topics. The project team involved 4 undergraduate students, 3 doctoral students and 2 master’s students in this project, which received additional financing from FAPERJ.

Important publications: **15 published papers** (A10, A12, A16, A19, A20, A21, A22, A24, A25, A26, A28, A38, A41, A51, A56). **26 conference papers** (C12, C17, C18, C19, C21, C22, C23, C24, C25, C27, C35, C36, C39, C41, C42, C43, C52, C55, C56, C57, C58, C65, C67, C77, C78, C81). **04 Book Chapters** (E2, E3, E4, E7). **06 Theses** (F5, F8, F12, F23, F36, F42) (see appendix 4 for full reference)

2.2 GAM Guide as a tool for intervention and training in mental health services

This research sought to: 1) Testing the GAM-BR Guide, final product of the previous multicentre research, per Intervention Groups (GI) in CAPS in the metropolitan region of Porto Alegre; 2) contribute to the preparation of the Moderator Guide in order to establish guidelines on the use of the GAM-BR Guide per GI; 3) monitor and analyze the possible effects of the experience of participation in GI with use of the GAM-BR Guide on the formation of university personnel specialized in mental health services; 4) follow the moderation experience by users in GI with use of the GAM-BR Guide, analyzing the possible effects of that experience on users-moderators, the participants and the relationship with the service team. The study sites were mental health services in Porto Alegre (GI under the coordination of researchers), São Leopoldo (GI under the coordination of workers) and Novo Hamburgo (GI under the coordination of users). In the accompaniment of the GI and in focus groups, use was made of the methodology of narrative construction. The project team involved 2 undergraduate students and 4 master’s students, and 1 postdoctoral student.

Important Publications: **10 published papers** (A10, A12, A16, A17, A18, A22, A23, A28, A57, A59). **22 conference papers** (C3, C4, C6, C7, C21, C25, C26, C27, C28, C29, C30, C31, C32, C33, C40, C44, C46, C47, C48, C49, C60, C64). **16 propagation meetings/activities** (D17, D18, D19, D20, D21, D22, D23, D24, D25, D26, D27, D28, D29, D30, D31, D32). **01 book chapter** (E1). **06 Theses** (F4, F6, F9, F24, F27, F30). **08 website, social media or multimedia products** (G7, G10, G11, G18, G19, G20, G22, G26). **02 Articles in local or international media** (J5, J6) (see appendix 4 for full reference)

2.3 Medication, autonomy and citizenship in the field of mental health: validation of the autonomous medication management (GAM) in Ceará

The main objective of this project was to validate the adapted GAM Guide for the northern region of Brazil. To carry out the research, a validation project was presented at a multicentre meeting in Campinas/São Paulo State, after the supervisor and other member's consideration in order to start fieldwork afterwards. The validation of the GAM guide started in the city of Maracanaú, a metropolitan region of Fortaleza/Ceará State, in 2011. Altogether 25 meetings were held and, in keeping with the methodology of the project, the GAM group used three facilitators to perform the specific functions of management, observation and annotation. These were performed by undergraduate students. In addition, 1 master's and 1 postdoctoral student also took part on this project.

Important Publications: **02 published papers** (A1, A30). **01 book chapter** (E4). **03 theses** (F3, F16, F25) (see appendix 4 for full reference)

2.4 Psychiatric drug use in children and teenagers of the public mental health system in the cities of Campinas-São Paulo-Brazil and Fortaleza-Ceará-Brasil

This research sought to contribute to the field of public health with a focus on children's mental health. Mental health in childhood and adolescence has been fairly neglected in public policies and by scholars and professionals. In Brazil, there is a mental health policy for children and adolescents with an emphasis on prevention and on family and community support. Harmonized with the existing legislation for severe mental disorders, there has been the deployment of day-care centres for children and adolescents. It is vitally important to note how the prevention of mental health problems during childhood and adolescence is being developed and to point out its flaws. Through this study, we can offer more chances to children and adolescents to plan their future life, and to combine their educational and training activities with those of their families. This project aimed to analyze the use of psychiatric drugs in children (under 12 years) and adolescents (between

12 and 19 years) of the public mental health network in the cities of Fortaleza (CE) and Campinas (SP). In addition, we investigated how involved health professionals were in the prescription and dispensation of psychoactive drugs in the public network of mental health in the two cities. Their practices were related to monitoring actions of medicalization, the establishment of clinical guidelines and the promotion of the rational use of medicine. For this purpose, this project conducted a study of medicinal product use, with focus on psychiatric drugs in children and adolescents. The transversal/cross-sectional and exploratory study was divided in the following steps: *1) Study of the use of psychoactive drugs in public mental health networks*, comprising a study of psychoactive drug use in children and adolescents in the cities of Fortaleza and Campinas, with quantitative and qualitative approaches; *2) study on the pharmaceutical assistance related to psychoactive drugs* in the cities of Fortaleza and Campinas, with a quantitative approach; and, *3) analysis of the monitoring of medicalization, establishment of the monitoring of clinical guidelines and the promotion of the rational use of medicine in mental health services in the cities of Fortaleza (CE) and Campinas*, a qualitative approach. The team involved 2 master's students, 2 undergraduate students with undergraduate research scholarships and 1 undergraduate student with an intervention scholarship.

Important publications: **01 submitted paper** (B2). **02 conference papers** (C50, C51). **02 theses** (F26, F31) (see appendix 4 for full reference)

Notable results from all GAM projects:

- a) Regarding the users' perception about medication management: The research identified the main reasons for users to feel insecure about talking about their medication. The main points were the lack of such communication spaces in treatment settings, in particular because in conversations about this topic, the users feel that their families and professional staff consider them unable to affirm a reasonable opinion about their medication. As a third notable theme, the users also feel they lack important information regarding their medication and their treatment in general.
- b) Regarding the workers' perception about medication management: the workers feel insecure and wary when users decide to lower or refuse their medication, and fear they might be held responsible for future problems arising from clinical deterioration.

c) Regarding the effects of GAM on mental health workers: Non-medical professionals linked the use of GAM with “team empowerment” (more frequently than with user empowerment). They also considered that those groups allow the recognition of new aspects of each user’s life, and such knowledge is included when formulating individual clinical projects. However, it was also reported that decisions regarding proper medication continue to be made exclusively by doctors, and not in shared decision-making processes (with users or other non-medical professionals). Psychiatrists (and psychiatric residents) continue to affirm an “inevitable asymmetry” in the doctor-patient relationship, also corroborating the family’s right to decide over the user’s fate in many situations (regarding treatment, medication and life choices). Other analyses indicated some positive effects mainly in how professionals (including psychiatrists) listened to their patients, perceiving their behavior in a broader manner. These findings indicate the need for further studies regarding GAM’s effect on workers.

d) Regarding the effects of GAM groups on users: We concluded that the GAM groups modify the experience of users’ autonomy in the management of shared care with family members and health teams. The changes regard a different approach to group situations, developing an attentive perception of others that helped the emergence of joint responsibility in care. This indicated that users are able to develop important skills by participating in GAM groups.

e) As much as health services are concerned, the GAM-BR Guide should be considered a complex instrument that relates to those services as a whole (politics, management, care, ambience and advocacy/social control).

3. Experience, narrative and knowledge: users and psychiatrists’ perspective

The research project was developed in the years 2009 to 2011 through a partnership between the Psychiatric Institute of the Federal University of Rio de Janeiro, UNICAMP, Federal Fluminense University and the Federal University of Bahia, and with complementary financial support from the CNPq. The project had as its goals: to learn about the experiences and narratives of illness of people with schizophrenia in treatment in community mental health services (CAPS); to learn about the experience of the diagnosis formulation process and treatment of schizophrenia from the perspective of psychiatrists inserted in the public mental health network, including how these two

experiences and narratives held dialogues between each other. This led to a qualitative study of narratives produced in the context of focus groups. The recruitment of participating users had mixed criteria, based on self-attribution of common experiences after looking at some clinical motion pictures characterized as schizophrenic spectrum (available at: Vidas deste mundo - Clip 01: <http://youtu.be/64-TtTViZ7w> - Clip 02: <http://youtu.be/-N9s1pNZSHs> - Clip 03: <http://youtu.be/p1-2zFDi7eo> - Clip 04: <http://youtu.be/xtZQiR9ppws>) and schizophrenia diagnosis assigned by a diagnostic instrument (MINIPLUS). The criterion for recruiting psychiatrists was that they had worked in the public mental health network. The corpus of qualitative material produced was so interesting that six master's degree student projects evolved from it, with the intention of deepening the study of emerging topics not initially targeted. The last two were slated to be finished in January 2015. These studies analyzed subjects such as recovery and people's experience with schizophrenia diagnosis under treatment in community services; experience and narrative of public mental health service psychiatrists on treatment of people diagnosed with schizophrenia; involvement of social networks in recovery from the perspective of people diagnosed with schizophrenia; the routine experience of people diagnosed with schizophrenia; and the experience of psychotropic use on people diagnosed with schizophrenia under treatment in community services.

Important publications: **14 published papers** (A4, A6, A9, A16, A27, A28, A30, A31, A34, A40, A50, A51, A54, A55). **01 submitted paper** (B1). **18 conference papers** (C1, C2, C5, C8, C37, C61, C62, C63, C68, C69, C70, C84, C85, C86, C87, C90, C91, C92). **07 Theses** (F14, F22, F28, F29, F32, F37, F41) (see appendix 4 for full reference)

Notable results:

Regarding "illness experience" in general: The first important finding is that the use "*illness experience*" as an analytical category for people with schizophrenia spectrum disorders is insufficient, demanding a broader concept to approach their experience.

Regarding the user's and psychiatrist's perspective about recovery: There are convergence and divergence points between users' and psychiatrists' perspectives about the recovery process. Even so, it is possible to create contexts in which users' experiences illuminate the technical expertise/experience of psychiatrists and vice versa.

COMMUNITY INTERVENTION PROJECTS: LOCAL PARTNERSHIP BETWEEN USERS AND PROFESSIONALS

These intervention-researches originated in the selection carried out by ICURA-MHC from the research projects submitted to the Alliance and which have been assessed and approved by the Citizen Committee as well as an ad hoc Special Scientific Committee composed of researchers of recognized competence in the area in Brazil. The experience of project evaluation by these two Committees pointed out important differences in how they evaluated the merits of research proposals. Users tended to prioritize proposals that included their direct participation in the research process, positioning themselves over criteria that assessed exclusively the quality of the methodological design. The Citizens Committee highlighted the ethical aspects of each research proposal, showing an acute concern for the social impact and, even more importantly, for potential harmful effects. Therefore, it is evident that there is a centrality about them, given the ethical and social dimensions of the projects, which produced an impact within the Alliance. All projects were carried out with varied emphasis on thematic axes of research, training and social innovation.

1. Mental Health User Guide Project (GUSM)

The Mental Health User Guide (GUSM) is a project that was developed by the Flourishing the life of family, friends and users of Mental health services of Campinas Association (AFLORE) since March 2010. Users participated in the creation of a guide that puts forward the discussion of various topics relevant to the understanding of treatment for mental health users. Then, the deployment of groups began, with the aim of presenting and discussing GUSM in mental health services.

At this stage, 15 meetings between GUSM groups, evaluation groups and gatherings were held among participants. The experience proved to be very powerful, with respect to both the main role of the users who make the coordination of groups, and with respect to users who participated in the process in the services and who welcomed the proposal. Recently, an evaluation of the experience was recorded and available at:

- http://youtu.be/P_xzAGSONhk;
- <http://youtu.be/aUvLtpNr-UQ>;
- <http://youtu.be/gBqQ1rgkRG0>).

The project was funded by ICURA-MHC and the proposal was inspired by the Canadian experience that created the GAM Guide. The main emphasis in this research was the main role of the users and the development of a language and a communication style that was even more contextualized to the users' universe. The Mental Health User's Guide (GUSM) is available for free download at <http://www.fcm.unicamp.br/fcm/laboratorio-saude-coletiva-e-saude-mental-interfaces>. Currently, the project participants are preparing a new phase in which they will introduce and apply the GUSM to various other services. This step foresees the formation of new groups, with participation of users from different mental health services of the city of Campinas. Other than the funding of ICURA-MHC, the proposal received backing from AFLORE and is a testament to the sustainability of some projects developed during the ICURA-MHC project.

Notable Results:

The participative construction of the *Mental Health User Guide*, followed by the desire to take this product to other services, shows how the users involved are building a sense of solidarity among other mental health users, also developing leadership skills, a sense of autonomy and a better understanding of their treatment and afflictions.

Important Publications: **01 published paper** (A57), **02 conference papers** (C53, C54) (see appendix 4 for full reference)

2. *Andorinhas* (Swallows) Project

This project dealt with the evaluation of a reactivation process of a public space named *Casa de Cultura Andorinhas*, by the involvement of the local community itself in partnership with professionals from various fields such as health, education, sport, leisure and social assistance. It aimed to assess how the community can take responsibility, intersectorally, for the construction of projects that encourage meeting spaces and coexistence, through activities that promote culture, education, health and leisure. The project also sought to ensure the uniqueness of each individual, the development of potential and, especially, popular participation and the exercise of citizenship. The methodology was participatory qualitative research assessment. During the formative evaluation process, there was the need to provide more autonomy to users who participated in the project, because they themselves thought they were being overly safeguarded.

Notable results:

- The integration between the work carried out by the professionals from *Casa de Cultura Andorinhas* and the other groups and workshops done by the institution.
- In relation to the community, even deeper integration, multiplier production. In other words, the community has started to become active. For example, a ball is now organized on a monthly basis.
- A good bond with the users was made.
- The community could take more activities under its own control.
- Social contact among people increases, making way for coexistence and the occupation of public spaces.
- Self-esteem development of the participants, to encourage them to take care of their own physical health.
- The trainers came with the will and profile of forming multipliers. “The dance group is meshing and new people always join.” (Employee of *Casa de Cultura Andorinhas*). The labour highlighted the relevance of the population’s main role during deployment process of coexistence spaces, in order for them to be promoters of significant social networking for the community. An introduction video is available at <http://www.youtube.com/watch?v=5EjY63TSOb8>

3. Community Health Workers Abilities at the Deinstitutionalization of Madness

The research proposed an investigation of the practices operated by community health workers, in order to investigate the skills these had to integrate the network of mental health attention towards the consolidation of the Brazilian psychiatric reform. In said investigation, the methodological apparatus of institutional analysis was used, in a intervention research perspective, using tools like semi-structured interviews, field journals and workshops. A documentary survey was conducted, as well as focus groups and permanent education workshops with community health agents in Porto Alegre Rio Grande do Sul State. A primer on the subject of mental health in primary health care was produced, in collaboration with the community agents (available at <http://www.arucismc.org/>). Five meetings were held for the dissemination of the mentioned primer. The proposal is that the primer can be used by community health agents from across the country, as a material multiplier of the effects of the study, and as a guide for future research and actions.

Notable results:

We conclude that the Community Health Workers demonstrated their ability to contribute significantly to psychiatric reform process through building and using their social capital to create therapeutic projects. Therefore, we argue in favor of creating spaces for sharing and exchanging experiences, in order to enhance their potency as health agents.

Important Publications: **01 Thesis** (F39). **01 website, social media or multimedia product** (G12) (see appendix 4 for full reference)

4. Autonomous Medication Management with Residents of Mental Health at the Residential Therapeutic Services

The project named *Autonomous Medication Management with Residents of Therapeutic Residential Services* (TRS) investigated the management of drugs with residents in the Therapeutic Residential Services facilities of *São Pedro* and *Viamão*, located in the cities of Porto Alegre and Viamão, Rio Grande do Sul, under management of the State Health Secretariat of the Rio Grande do Sul State. In partnership with ICURA-MHC, the objective was to prepare the field for the subsequent application of the GAM, at the time in final phase of the adapted version to the Brazilian context. The researchers were collective mental health students who through their professional practice training were inserted in these two facilities beginning in March 2010. This research took part in the practices of the residents between August 2010 and July 2011, and was inserted into the daily routine of the residents and workers of the TRSs, who are long-time residents of the largest asylum in the State of Rio Grande do Sul. This mapping was an intercessor on the subjects' awareness regarding the link between the medication and user's protagonism. The work and research tools utilized audio-visual narrative media. Video records and photography were used, as well as written and spoken narratives, to report the medication management process in TRSs *São Pedro* and *Viamão*.

5. Project Conquering Citizenship: How to develop participation?

This project of GAM moderation conducted by a user of a mental health service, with collaborators, has shown a willingness to continue the GAM research, favouring the pursuit of citizenship and social participation, which was gradually achieved. Inspired by these achievements on the users' part, this initiative was replicated to convey to other people this vision of autonomy, citizenship and participation in their treatments and other

forms of active participation in their lives. Following the methodology of the GAM intervention group, with the participation of 10 users, 2 moderators (users who participated in the first intervention research group GAM) and 4 collaborators, participants developed an understanding of their rights and the importance of participating in their drug treatments and therapies, achieving a better quality of life. In addition, other spaces were created at the CAPS in order to capture users' ideas about their lives and treatments. A speech regarding this project, given at Novo Hamburgo city hall, is available at <http://portal.camaranh.rs.gov.br/processos-legislativos/pronunciamentos-1/2012/abril-1/24-04-2012-pronunciamento-da-sra-sandra-maria-schmitz-hoff-usuaria-do-caps-2013-centro>.

Notable results:

This approach enhances users' participation in other instances of political advocacy, such as city hall sessions, local and municipal health council sessions, and their respective health service assemblies.

Important publications: **01 published paper** (A57) (see appendix 4 for full reference)

6. Project the User's Voice

This project, carried out at Federal University of Rio de Janeiro, involved a group of mental health service users who collaborated in teaching psychopathology in an undergraduate psychology course through the construction and sharing of narratives about illness, treatment and recovery. This group, created in 2005, is expanding to other universities and mental health services in the State of Rio Janeiro. The financial incentive of ICURA-MHC 2014 allowed payment to users who were carrying out specific activities in the group, such as coordination and activity organization, as well as building a website with its own domain (<https://www.facebook.com/avozdosusuarios>; <http://lctead.nutes.ufrj.br/vozdosusuarios/>; avozdosusuarios.com) and the production of business cards. The participation in classes allowed students to perceive some other dimensions of care, such as empowering and developing autonomy. The users continue this teaching approach, in partnership with professors from UFRJ, expanding to other courses (nursing, medicine and psychology) and engaging in occasional participation in 2 other universities (Estácio de Sá University, Rural Federal University of Rio de Janeiro). The project's team also involved 2 undergraduate students.

Notable results:

Increased range for the project, both by expanding the group's participation in other departments of UFRJ and new universities, and through social media products (websites) and business cards financed by ICURA-MHC, thus increasing invitations and media coverage.

Important Publications: **02 website, social media or multimedia products** (G8, G9) (see appendix 4 for full reference)

vi)Project Outputs

Table I – Project Outputs: total

Journal Articles (peer-reviewed)	Published	Accepted	Submitted
	54	05	02
Conference Papers	96		
Book Chapters	08		
Theses (concluded)	Master's	PhD	Post-Doctoral
	16	07	04
Theses (in progress)	Master's	PhD	Post-Doctoral
	05	07	-
<i>Lato Sensu</i> post-graduation	01		
Graduation Final Papers	02		
Meetings sharing GAM knowledge	34		
Websites, social media and multimedia products	32		
Media coverage (Articles in local or international media)	08		
Attendance at political advocacy events	07		

Additional Financial Support

Name of Proposal	Funding agency	Value	Date
Evaluative Mental Health Research: instruments for the qualification of psychotropic medication use and human resource training	CNPQ	R\$ 62,000	2008 - 2010
Experience, narrative and knowledge: the perspective of the psychiatrist and of the user	CNPQ	R\$ 90,000	2009 - 2011
Evaluative Mental Health Research: indicators for evaluation and monitoring of the CAPS III of the state of São Paulo	FAPESP	R\$ 80,000	2010 - 2012
Validating the GAM device in CAPS	FAPERJ	R\$ 15,000	2009-2013

The GAM Guide as a training instrument for human resources in health	CNPQ	R\$ 13,936.30	2011-2013
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vii) Project Outcomes and Overall Assessment and Recommendations

We summarize below our main contributions, discoveries and possible recommendations, organized according to the objectives of the ICURA program:

- **Enable international comparative and collaborative research**

The ICURA-MHC Alliance has allowed us to get to know and understand the organization of mental health services in Canada and Brazil and their articulation, historically and socially determined, and how social movements intersect with institutionalized mental health care. Differences in the respective policies and practices owe to many factors. Social inequality – paradigmatically represented on the Brazilian side by the differences in educational achievement – is one example that allows easier integration of Canadian users, facilitated by better schooling and a more consolidated participative trajectory. Two very different systems and cultural-historical references are at the bases of two very different ways to organize the social movement, and affect the development of users' movements in Canadian and Brazilian contexts. We were taken to study and get to know the characteristics of public policy organization and the service networks of both countries. What stood out was the fact that Brazilian interventions are always focused on the public system and looking forward to strengthen it. Colleagues from Canada, after our common work, expressed excitement about the possibility to begin to emphasize the interventions within the services and no longer only in community practices, which arise as alternatives (however, in a certain sense, end up being parallel). On the Brazilian side, the need for affirmative policies for the consolidation of social participation has become very clear to us, as shown by the governmental stimuli to the existence of Canadian associations or the implementation of ways of financing which would ensure the effective participation of people with mental health problems, freeing them from financial and cultural barriers (the struggle for free public transportation could be seen as one of those seized strategies derived from the collaborative and participatory work

<https://www.flickr.com/photos/camaramunicipaldenovohamburgo/5515457191/?rb=1>

<http://www.camaranh.rs.gov.br/Noticias.asp?IdNoticia=4595>

http://blogdonandosantos.blogspot.com.br/2012/04/falta-de-remedios-e-passagens_29.html

<http://www.pedrotourinho.com.br/2013/05/a-saude-mental-de-campinas-resistencia-e-potencia-de-acao-coletiva/> (also see bibliography).

In this regard, a real cross-fertilization occurred. A large effort (and challenge) was to experience the international dimension, the Quebec/Brazil exchange. Although it was not easy to make an appropriate space to exchange during the video conferences due to many issues (technological, translation, our academic bias, etc.), there was a mutual “contamination,” whose consequences are difficult to anticipate now. The Brazilian receptivity to the GAM is a strong example of this international dimension. The Brazilians’ Citizen Committee trips to Quebec and those of Quebecers to Brazil led to explore another context, experience events and meet personally. Such diverse contexts and the language barrier did not prevent important learnings from occurring. The ICURA-MHC created an “arena” in each national territory that did not exist before. In those national arenas (between several states in Brazil, between various groups in Quebec), exchanges were more intense and alive, and the majority of researches were in fact developed in these arenas. The international arena (partially virtual) was likewise designed and tested with intensity. The mutual incorporation of new problems and possible solutions is a proof of that. A resumption of the fight for human rights (beyond health) on the Brazilian side and a reappraisal of the public sector and its need for reform on the Canadian side are the strengths of this cross-fertilization.

- **Promote sharing of knowledge, resources and expertise between academic and non-academic partners**

Thinking among researchers, workers, students and activists, each holding different positions in the universe of the academic research and practice was a powerful strength of the Alliance. Much has been learned during the National Multicentre discussions and debates and during the International Seminars via video-conference. The ICURA-MHC allowed us to experience, in a research context, the Brazilian anti-asylum movement. We mixed everyone, and from that mix, transformed mental health practices (whether they are research, intervention or activists) in order to broaden horizons, circulate knowledge, experiences and questions. Apart from the enclosure of identities and the separation of knowledge and languages (academic/profane; of

those who suffer/of those who care; etc.) even if not always succeeded, the bet paid off, for sure!

Innovation in relation to users' participation is a highlight of the ICURA-MHC project. From the smaller action-oriented projects to their governance (where the choices of the main research orientations were made), the participative strategy was widely explored. Participatory research is already known, although elaborating a research program including people from the community is much rarer. Some members of the Citizen Committee, who had already taken part in other "participative" researches, affirmed that they had never gone so far in the participative degree. In other studies, the participative aspect is often a façade. This wasn't the case in our research.

Another main point of the ICURA-MHC project is the local repercussions and the large quantity of professionals that were affected by the Alliance in some way. The commitment of users in service training, offering themselves to "teach" the professionals both in the GAM as in GUSM projects, or their participation at the universities, showing the users' voice and presenting their firsthand experiences to undergraduate students, is another big bet that seems to have paid off, and it is proving to be self-sustaining beyond the current ICURA-MHC period.

- **Enrich the training environment for students**

Students who graduated in the framework of ICURA-MHC and who started activities in other places after concluding their courses helped to spread and change the attitude of others, betting on changes to the services network, changing their own behaviour and interfering in educational and work processes. Several of our graduate students, after passing through ICURA-MHC, became professors in Brazil and give frequent feedback and testimonials of how they changed their attitude. Three post-doctoral researchers and 2 doctoral candidates graduated from Brazilian public universities in the extreme geographic borders of the country (from Maranhão in the north to Santa Maria in the south), another doctorate student entered a public university in Argentina. Three former master's degree students were hired to private universities.

Some of them have created disciplines on the subject of citizenship and mental health, and began to take users to give firsthand testimonials in psychology courses and psychiatry residencies. Surely these results would not have happened if it were not for the strong influences and exchanges during the ICURA-MHC project. We reproduce and encourage strongly rooted values associated to the emergence of the ICURA-MHC strategy wherever we go, against the grain of a still imposing and biomedical hegemonic position in Brazil. Due to this, we believe another strength of the Alliance was to provide training for students in this rich encounter among actors, countries and practices. To have circulated between Quebecers and Brazilian teams and to have experienced such a rich environment of lively exchange and discussions, having practiced as trainee-researchers enriched by the debates and controversies, exploring the feeling of being with and thinking alongside the users (not about them). These were aspects that the students pointed out as valuable. The ethical-political impact of such researcher training looks very promising and becomes very relevant in times of hegemony of randomized double-blind studies, in which the value of the word becomes null.

“Once we conducted the research this way, I believe it impossible to return to traditional research. The principal gain is not in the legitimacy of the knowledge (a facade), but in the contribution of the project itself, be it in the questioning, the analysis or in the transmission. I now know that it would be difficult for me to be able to work on a project as a coordinator, without a truly participative dimension. I would have the impression that something crucial is missing.” (Testimonial of a participating student)

- **Reinforce community decision-making and problem-solving capacity.**

Another strength of the Alliance was to allow an “arena” where different stakeholders of the community mental health movement could position themselves, and to debate and find a “neutral space” since the arena was not the territory of any of them. The Alliance allowed experiencing a different relationship between activists/users/workers and the academic universe and the world of research. It was possible to pinpoint, as a group, the various meanings of research and its implications with regard to practices and mental health struggles. Together, it was possible to forge a place halfway between the two extremes: legitimate and unquestionable knowledge or the violent practice that makes bodies and minds guinea pigs. This aspect must continue beyond the Alliance.

The movement of the Brazilian users in favour of a better urban mobility, access to free transportation passes both in Rio Grande do Sul and in Campinas also highlights the effects of social force activation that our Alliance created. As well as the increasing momentum of the anti-asylum movement (see: <http://www.sinpsi.org/noticias.php?id=2964>; http://www.saude.rs.gov.br/conteudo/8193/?Encontro_discute_autonomia_e_protagonismo_de_usu%C3%A1rios_de_Sa%C3%BAde_Mental ; <http://saudeecosol.org/wp-content/uploads/2013/06/Pag-042.pdf>; among others)

The dissemination and implementation of the GAM strategy by the health secretariat of the State of Rio Grande do Sul shows the potential impact on health system managers of some of the research we developed (see: <http://youtu.be/FRMVIu-eEUM>). In Rio Grande do Sul, a former student of the ICURA-MHC project was hired to support and assist the process of dissemination of the GAM strategy.

The developed indicators of psychosocial care centres (CAPs) were also an object of interest, in this case the Brazilian Ministry of Health. The latter, through its Mental Health technical area, invited researchers from ICURA-MHC to present this contribution in the mental health coordinator forum, which brings together mental health technical coordinators of all states and of major Brazilian cities. Developments of these presentations are ongoing.

Finally, yet importantly, the ICURA-MHC project has found a gentle, respectful and effective way of working with people from all backgrounds. This is a rare feat! Our way of working could inspire and serve as a model for other research teams and work teams in mental health. Problems are becoming more and more complex, multiple issues and changes are pressing, and we need to learn to work together more than ever. Yet that is what we see less and less of in organizations, institutions and practices. Indeed, different models of collaboration exist, but the one of ICURA-MHC works wonderfully! It is difficult to break down why ICURA-MHC worked so well, as it is the chemistry of all its members. More time and exchanges would be required. However, maybe we can mention briefly some points that are key, but not necessarily in the right order.

- The contribution role of the service users was clearly a key element. They represent the “glue” or cement, so to speak. The service users have rekindled our activist flame. They kept bringing us back to the essence, to what we are fighting for. They did not have to say much and their impact

was always so powerful. They were a key factor in us not going astray, and in staying focused on what is crucial.

- We worked with our heads, but also with our hearts. We could go on and on about how the special chemistry ICURA kept. The coordination team and the system of governance applied made it possible to navigate this unlikely ship! Everybody, from the top to bottom of the line, greeted each other with open hearts. Change needs an open heart to start.
- Welcoming another culture was also a key ingredient. Becoming immersed in the culture of another brings about tremendous benefits for any endeavour. We have to adopt another point of view and this enriches everything: our practices and our personal lives. Change comes about when we change personally and the ICURA-MHC experience was an open door for that.
- We need to humanize psychiatry, psychiatric practices and organizations. ICURA-MHC was about keeping the human perspective in all its projects, encounters and exchanges – and this is why it works and has such a formidable strength.

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Appendix 1

Table II – Working Team

	Name	Affiliation	Role at ARUCI	Other relevant information	Scholarships (if any)
	Professors				18
1	Rosana Teresa Onocko Campos	UNICAMP, SP, BR	Researcher, coordinator and main articulator in Brazil	Professor at UNICAMP	
2	Maria Salete Bessa Jorge	UECE, CE, BR	Researcher and post-doctoral student (UNICAMP)	Professor at UECE	Scholarship CNPq
3	Mirian Parente Monteiro	UFC, CE, BR	Researcher	Professor at UFC	
4	Luis Fernando Farah Tófoli	UFC, CE, BR	Researcher	Professor at UFC (left at the beginning of the project)	
5	André do Eirado Silva	UFF, RJ, BR	Researcher	Professor at UFF, RJ, BR	
6	Eduardo Passos	UFF, RJ, BR	Researcher, coordinator of "GAM research" at RJ	Professor at UFF, RJ, BR	
7	Gláucia Viana Simões	UFRGS, RS, BR	Researcher	Professor at UFRJ	Bolsista MS
8	Analice de Lima Palombini	UFRGS, RS, BR	Researcher, field coordinator at Rio Grande do Sul, BR	Professor at UFRGS	
9	Simone Mainieri Paulon	UFRGS, RS, Brasil	Researcher, coordinator of "Projeto Parceiro: ACS"	Professor at UFRGS	
10	Erotildes Maria Leal	UFRJ, RJ, BR	Researcher	Professor at UFRJ	
11	Octavio D. de Serpa Junior	UFRJ, RJ, BR	Researcher, coordinator of "Experience, Narrative and Knowledge" research at RJ	Professor at UFRJ	
12	Ana Cristina Figueiredo	UFRJ/IPUB, RJ, BR	Researcher	Professor at UFRJ (left at the beginning of the project)	
13	Paulo Madureira	UNICAMP, SP, BR	Researcher	Professor at UNICAMP (left at the beginning of the project)	
14	Mário Eduardo Pereira	UNICAMP, SP, BR	Researcher	Professor at UNICAMP (left at the beginning of the project)	
15	Eliana Rocha	UNIFESP, SP, BR	Researcher	Professor at UNIFESP	Scholarship - CAPES
16	Fernando Kinker	UNIFESP, SP, BR	Researcher	Professor at UNIFESP	

17	Ana Paula Soares Gondim	UNIFOR, CE, BR	Post-doctoral student (UNICAMP) and researcher	Professor at UNIFOR, then professor at UFC	Scholarship - CAPES (PROCAD)
18	Christian Sade Vasconcelos	UNIVERSO, RJ, BR	Researcher	Professor at UNIVERSO, then professor at UFF	
Post-Doctoral Students					6
19	Ana Paula Soares Gondim	UECE, CE, BR	Post-doctoral student (UNICAMP) and researcher	Professor at UNIFOR, then professor at UFC	Scholarship - CAPES (PROCAD)
20	Carlos Alberto Pegolo da Gama	UNICAMP, SP, BR	Post-doctoral student (UNICAMP)	Professor at UFSJ	Scholarship - ARUCI (IDRC through FUNCAMP)
21	Laura Lamas Martins Gonçalves	UNICAMP, SP, BR	PhD Student, then post-doctoral student (UNICAMP)	Developed doctoral and post-doctoral (UNICAMP) theses related to ARUCI projects	Scholarship - ARUCI (IDRC through FUNCAMP)
22	Maria Angélica Zamora Xavier	UFRGS, RS, BR	Post-doctoral student (UNICAMP)	Intervention group operator. Developed post-doctoral thesis related to ARUCI projects	
23	Maria Salete Bessa Jorge	UECE, CE, BR	Researcher and Post-doctoral student (UNICAMP)	Professor at UECE	Scholarship - CNPq
24	Sabrina Stefanello	UNICAMP, SP, BR	Post-doctoral student (UNICAMP)	Mental health worker - Psychiatrist (at Campinas). Developed post-doctoral thesis (UNICAMP) related to ARUCI projects	Scholarship - ARUCI (IDRC through FUNCAMP)
PhD Students					14
25	Antônio Germane Alves Pinto	UECE, CE, BR	PhD Student	GAM group operator	Scholarship - FUNCAP
26	Jorge Maciel Melo	UFF, RJ, BR	PhD Student	Intervention group operator . Dissertation related to ARUCI projects (in progress)	Administrative Support (2010)/ Scholarship - ARUCI (IDRC through FUNCAMP)
27	Letícia Maria Renault de Barros	UFF, RJ, BR	PhD Student	Intervention group operator . Dissertation related to ARUCI projects (in progress)	Scholarship - ARUCI (IDRC through FUNCAMP)
28	Sandro Eduardo Rodrigues	UFF, RJ, BR	PhD Student	Intervention group operator . Developed thesis/dissertation related to ARUCI projects.	Scholarship - ARUCI (IDRC through FUNCAMP)
29	Marília Silveira	UFRGS, RS, BR	Started as Master's student, then PhD Student	Dissertation related to ARUCI projects (in progress). Developed thesis related to ARUCI projects. Worker at Institutional Support - Mental Health (at RS, BR)	
30	Michele da Rocha Cervo	UFRGS, RS, BR	Researcher, then PhD Student	Participated in GAM at Novo Hamburgo, RS, BR. Dissertation related to ARUCI projects (in progress). Currently a professor at Universidade Estadual do Centro-Oeste do Paraná, PR, BR	Scholarship - CNPq (2010-2011)

31	Alberto Rodolfo Manuel Giovanello Diaz	UNICAMP, SP, BR	PhD Student	Mental Health worker - Psychologist (at Campinas, SP, BR)	Scholarship - CAPES
32	Bruno Ferrari Emerich	UNICAMP, SP, BR	Master's student, then PhD Student	Developed thesis related to ARUCI projects. Dissertation in progress related to ARUCI projects.	Scholarship - ARUCI (2013-2014)
33	Deivisson Vianna Dantas dos Santos	UNICAMP, SP, BR	PhD Student	Mental health worker - Psychiatrist (at Campinas). Developed thesis/dissertation related to ARUCI projects	Scholarship - ARUCI (IDRC through FUNCAMP)
34	Laura Lamas Martins Gonçalves	UNICAMP, SP, BR	PhD Student	Developed doctoral and post-doctoral theses related to ARUCI projects	Scholarship - ARUCI (IDRC via FUNCAMP) (2011)
35	Thiago Lavras Trapé	UNICAMP, SP, BR	PhD Student	Developed thesis/dissertation related to ARUCI projects	
36	Ana Luiza Ferrer	UNICAMP, SP, BR	PhD Student and field coordinator at Santos, SP, BR	Developed thesis/dissertation related to ARUCI projects	Scholarship - FAPESP
37	Luciana Togni de Lima e Silva Surjus	UNICAMP, SP, BR	PhD Student	Developed thesis/dissertation related to ARUCI projects	Scholarship - ARUCI (IDRC through FUNCAMP)
38	Thais Mikie de Carvalho Otanari	UNICAMP/AFLORE/ UdeM (BR/CA)	Started as Master's Student, then PhD Student	Dissertation related to ARUCI projects (in progress). Developed thesis related to ARUCI project (GAM). Member of AFLORE (at Campinas, SP, BR)	Scholarship - CNPq (2010)
Master's Students					29
39	Alexandre Melo Diniz	UECE, CE, BR	Master's student	GAM group operator	Scholarship - CAPES
40	Indara Cavalcante Bezerra	UECE, CE, BR	Master's student	Developed thesis/dissertation related to ARUCI projects	
41	Mardênia Gomes Ferreira Vasconcelos	UECE, CE, BR	Master's student	GAM group operator	Scholarship - CAPES
42	Ana Paula Pessoa Maciel	UFC	Master's student	Developed thesis/dissertation related to ARUCI projects	Scholarship - CNPq
43	Beatriz Prata Almeida	UFF, RJ, BR	Started as undergraduted researcher (PIBIC), then as Master's student	Intervention group operator (at Caps São Pedro da Aldeia). Developed undergraduated research (PIBIC) related to ARUCI projects. Thesis related to ARUCI projects (in progress).	Scholarship - CNPq (2010)/Scholarship - FAPERJ (2011)/Scholarship - CAPES (2014-2016)
44	Júlia Florêncio Carvalho Ramos	UFF, RJ, BR	Master's student	Intervention group operator (at Caps São Pedro da Aldeia)	Scholarship - ARUCI (IDRC through FUNCAMP)
45	Lorena Rodrigues Guerini	UFF, RJ, BR	Started as undergraduted researcher (PIBIC), then as Master's student	Intervention group operator (at Caps São Pedro da Aldeia). Developed undergraduated research (PIBIC) related to ARUCI projects. Developed thesis/dissertation related to ARUCI projects.	Scholarship - PIBIC/FAPERJ (2012/2013) (undergraduate research scholarship) / Scholarship - CAPES (2013/2015)

46	Marília Silveira	UFF, RJ, BR	Started as Master's student, then PhD Student	Developed thesis related to ARUCI projects. Dissertation related to ARUCI projects (in progress). Worker at Institutional Support - Mental Health (at RS, BR)	
47	André Luis Leite de Figueiredo Sales	UFRGS, RS, BR	Master's student	Developed thesis/dissertation related to ARUCI projects	
48	Carlos Augusto Piccinini	UFRGS, RS, BR	Master's student	Developed thesis/dissertation related to ARUCI projects	Scholarship - CAPES
49	Cecília de Castro e Marques	UFRGS, RS, BR	Master's student	Developed thesis/dissertation related to ARUCI projects	Scholarship - ARUCI (IDRC via FUNCAMP)
50	Livia Zanchet	UFRGS, RS, BR	Master's student	Mental Health professional (at RS, BR). Intervention group operator. Developed thesis/dissertation related to ARUCI projects	Scholarship - ARUCI (IDRC)
51	Marciana Zambillo	UFRGS, RS, BR	Master's student	Thesis related to ARUCI projects (in progress).	Research Scholarship - CAPES
52	Rafael Gil de Medeiros	UFRGS, RS, BR	Master's student	Intervention group coordinator during GAM research (2nd phase).	Scholarship - REUNI
53	Bruno Ferrari Emerich	UNICAMP, SP, BR	Master's student, then PhD Student	Developed thesis related to ARUCI projects. Dissertation related to ARUCI projects (in progress).	
54	Catarina Magalhães Dahl	UNICAMP, SP, BR	Master's student	Developed thesis/dissertation related to ARUCI projects	Scholarship - CNPq / ARUCI (IDRC)
55	Ellen Cristina Ricci	UNICAMP, SP, BR	Master's student	Thesis/dissertation related to ARUCI projects (in progress)	
56	Iara Scaranelo Benini	UNICAMP, SP, BR	Started as residency student, then as Master's student	Developed thesis/dissertation related to ARUCI projects	
57	Ivana Oliveira Preto Baccari	UNICAMP, SP, BR	Started as Undergraduated Student, then residency student, then Master's student	Thesis/dissertation related to ARUCI projects (in progress). Developed undergraduate research related to ARUCI projects.	Undergraduate research scholarship - PIBIC (2010) / Scholarship - Ministry of Health (2011-2013), Scholarship - ARUCI
58	Karime da Fonseca Porto	UNICAMP, SP, BR	Master's student	Developed thesis/dissertation related to ARUCI projects. Assistant at Mental Health Coordination - Ministry of Health (BR)	
59	Luana Ribeiro Borges	UNICAMP, SP, BR	Started as residency student, then as health professional and Master's student	Mental Health worker, previously residency student at UFRGS. Developed thesis/dissertation related to ARUCI projects.	
60	Maria Auxiliadora Campos Rodrigues	UNICAMP, SP, BR	Master's student	Developed thesis/dissertation related to ARUCI projects.	

61	Mariana Barbosa Pereira	UNICAMP, SP, BR	Master's student	Developed thesis/dissertation related to ARUCI project (Experience, Narrative and Knowledge research)	
62	Mônica Kriek Montanhar	UNICAMP, SP, BR	Master's student	Developed thesis/dissertation related to ARUCI projects	
63	Rodrigo Fernando Presotto	UNICAMP e AFLORE, SP, BR	Master's student	Developed thesis/dissertation related to ARUCI projects. Member of AFLORE (at Campinas, SP,BR)	
64	Tatiana Scala Lopes	UNICAMP, SP, BR	Master's student	Developed thesis/dissertation related to ARUCI project (Experience, Narrative and Knowledge research). Member of AFLORE (at Campinas, SP,BR)	Scholarship - CNPq
65	Thais Mikie de Carvalho Otanari	UNICAMP/AFLORE/ UdeM (BR/CA)	Started as Master's Student, then PhD Student	Dissertation related to ARUCI projects (in progress). Developed thesis related to ARUCI project (GAM). Member of AFLORE (at Campinas, SP,BR)	Scholarship - CNPq (2010)
66	Igor da Costa	UNIFESP, SP, BR	Master's student	Mental Health Worker (at Santos, SP, BR)	Scholarship - CNPq
67	Igho Leonardo do Nascimento Carvalho	UNIFOR, CE, BR	Master's student	Developed thesis/dissertation related to ARUCI projects.	
Residency Students					24
68	Renata Savian da Rosa	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
69	Tanise Kettermann Fick	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
70	Cristiane Inacio Mença	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
71	Ricardo André Ceccim	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
72	Katiuscia Lenise Wichinieski	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
73	Heloísa Germany	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health

74	Vinicius Schneider da Silva	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
75	Diego Elias dos Santos	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
76	Ana Lua Rauber	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS. Coordenada Serviço residencial terapêutico	Residency Scholarship - Ministry of Health
77	Cristiane Inácio Menca	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
78	Janaína Delgado Falcão da Rocha	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
79	Paolo Porciúncula Lamb	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS	Residency Scholarship - Ministry of Health
80	Pedro Sanchez Soares	UFRGS, RS, BR	Residency Student	Residency program: Residência Integrada Multiprofissional em Saúde Mental Coletiva - UFRGS. Intervention Group operator (at CAPS Cais Mental Centro - Porto Alegre, RS, BR)	
81	Gabriela Vasconcelos Fontes Rocha Côrtes	UNICAMP, SP, BR	Residency Student	Residency program: Aprimoramento em Saúde Mental (UNICAMP). GAM group operator.	Residency Scholarship - Campinas (SP) City Hall
82	Gabriela Barreto	UNICAMP, SP, BR	Residency Student	Residency program: Aprimoramento em Saúde Mental (UNICAMP). GAM group operator.	Residency Scholarship - Campinas (SP) City Hall
83	Mirella Hermsdorff Moraes	UNICAMP, SP, BR	Residency Student	Residency program: Residência em Medicina de Família (UNICAMP). GAM group operator.	Residency Scholarship - Ministry of Education
84	Angelica Rocha	UNICAMP, SP, BR	Residency Student	Residency program: Residência em Medicina de Família (UNICAMP). GAM group operator.	Residency Scholarship - Ministry of Education
85	Mayra Aragón	UNICAMP, SP, BR	Residency Student	Residency program: Residência em Medicina de Família (UNICAMP). GAM group operator.	Residency Scholarship - Ministry of Education
86	Bruno de Paula	UNICAMP, SP, BR	Residency Student	Residency program: Aprimoramento em Saúde Mental (UNICAMP). GAM group operator.	Residency Scholarship - Campinas (SP) City Hall
87	Nathália Seminario	UNICAMP, SP, BR	Residency Student	Residency program: Psychiatry (UNICAMP). GAM group operator.	Residency Scholarship - Ministry of Education

88	Gabriela Menegatti	UNICAMP, SP, BR	Residency Student	Residency program: Aprimoramento em Saúde Mental (UNICAMP). GAM group operator.	Residency Scholarship - Campinas (SP) City Hall
89	Carolina Cruz Carolina Ferreira	UNICAMP, SP, BR	Residency Student	Residency program: Aprimoramento em Saúde Mental (UNICAMP). GAM group operator.	Residency Scholarship - Campinas (SP) City Hall
90	Iara Scaranelo Benini	UNICAMP, SP, BR	Residency Student	Residency program: Aprimoramento em Saúde Mental (UNICAMP). GAM group operator.	Residency Scholarship - Campinas (SP) City Hall
91	Thabita Enila Campos Rocha Raboni	UNICAMP, SP, BR	Residency Student	Residency program: Aprimoramento em Saúde Mental (UNICAMP). GAM group operator.	Residency Scholarship - Campinas (SP) City Hall
Undergraduated Students					21
92	Maria Michele Melo Araujo	UFC, CE, BR	Undergraduated Student		
93	Franklin Teixeira Regis	UFC, CE, BR	Undergraduated Student		
94	Mariana Teixeira Barroso	UFC, CE, BR	Undergraduated Student		
95	Emanuela Diniz Lopes	UFC, CE, BR	Undergraduated Student	Develop intervention project related to ARUCI projects	Intervention Scholarship - UFC
96	Yuri Rocha Taumaturgo	UFC, CE, BR	Undergraduated Student		
97	Maria Aline Lima Saraiva Praseres	UFC, CE, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC
98	Stiven Alves de Assis	UFC, CE, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC
99	Beatriz Prata Almeida	UFF, RJ, BR	Started as undergraduated Student, then as Master's student	Intervention group operator (at Caps São Pedro da Aldeia). Developed undergraduated research (PIBIC) related to ARUCI projects. Developed thesis/dissertation related to ARUCI projects.	Undergraduate Researcher Scholarship - PIBIC/Cnpq. Undergraduate Researcher Scholarship - PIBIC/FAPERJ (2011). Research Scholarship - CAPES (2014-2016)
100	Paula Milward de Andrade	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC/Cnpq (2010)
101	Paulo Renato Pinto de Aquino	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC/Cnpq (2010)
102	Raquel Andrade	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC/Cnpq (2010)
103	Rebecca Dorneles Roquette	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - FAPERJ (2010 e 2011)
104	Mateus Braune Melo	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - FAPERJ

105	Maria Fernanda Bath	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC/Cnpq (2010)
106	Lorena Rodrigues Guerini	UFF, RJ, BR	Started as undergraduated Student, then as Master's student	Intervention group operator (at Caps São Pedro da Aldeia). Developed undergraduated research (PIBIC) related to ARUCI projects. Developed thesis/dissertation related to ARUCI projects.	Scholarship - FAPERJ de Iniciação Científica (2012/2013). Research Scholarship - CAPES (2013/2015)
107	Thaís de Sá Mello	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC (2013 a 2014)
108	Alana Machado Batista	UFF, RJ, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC (2013 a 2014)
109	Luciana Vieira Miguel Gonçalves Ignácio	UFRGS, RS, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC (2010-2011)
110	Sandra Zanatta Guerra	UFRGS, RS, BR	Undergraduated Student	Undegraduated research (PIBIC) related to ARUCI projects (in progress)	Undergraduate Researcher Scholarship - PIBIC (2012-2013, 2013-2014, 2014-2015)
111	Carla Oliveira Melo	UFRGS, RS, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC (2012-2013)
112	Renata de Paula Duarte	UNIFOR, CE, BR	Undergraduated Student	Developed undergraduated research (PIBIC) related to ARUCI projects	Undergraduate Researcher Scholarship - PIBIC
Users and professionals					47
113	Fernando Medeiros	AFLORE, SP, BR	collaborator	Unified Health System's (SUS) user. Member of AFLORE (at Campinas, SP, BR)	
114	Amauri Nogueira	AFLORE, SP, BR	collaborator	Unified Health System's (SUS) user. Member of AFLORE (at Campinas, SP, BR)	
115	Nilson Souza do Nascimento	AFLORE, SP, BR	collaborator	Unified Health System's (SUS) user	
116	Anecy	UECE, CE, BR	collaborator	Health professional. GAM Group operator	
117	Luciana	UECE, CE, BR	collaborator	Health professional. GAM Group operator	
118	Mariana	UECE, CE, BR	collaborator	Health professional. GAM Group operator	
119	Indara	UECE, CE, BR	collaborator	Health professional. GAM Group operator	
120	Carolina	UECE, CE, BR	collaborator	Health professional. GAM Group operator	

121	Fabiana	UECE, CE, BR	collaborator	Health professional. GAM Group operator	
122	Ana Claudia de Brito Passos	UFC	collaborator	Pharmacist of the Drug Information Center - UFC	
123	Fabírcia Maia Dantas	UFC	collaborator	Health professional	
124	Camylla Maria Carvalho Moura	UFC	collaborator		
125	Cristiane Gonçalves da Rocha	UFF, RJ, BR	Administrative Assistant		Administrative/Technical Assistant - Bolsa de Apoio Técnico CNPq (2010)
126	Adriana Hashem Muhammed	UFRGS, RS, BR	collaborator	Mental Health Professional - Psychologist. Intervention group operator (at Novo Hamburgo, RS, BR and São Leopoldo, RS, BR)	
127	Éverson Rach	UFRGS, RS, Brasil	collaborator		
128	Nancy Weingartner	UFRGS, RS, BR	collaborator	Mental Health Professional - Psychiatrist. Intervention group operator (at Caps Capilé - RS, BR)	
129	Vannia Ferretjans	UFRGS, RS, BR	collaborator	Intervention group operator (at Caps Centro - Porto Alegre, RS, BR)	
130	Julia Bongiovanni	UFRGS, RS, BR	collaborator	Mental Health Professional (at Esteio, RS, BR)	
131	Juliana Schneider Guterres	UFRGS, RS, BR	collaborator	Mental Health Professional. Intervention Group operator (at Caps Centro - Novo Hamburgo, RS, BR)	
132	Rafael Wolski de Oliveira	UFRGS, RS, Brasil	collaborator	Mental Health Professional. Coordinator of Morada Viamão Therapeutic Housing Service	
133	Sandra Schimitz Hoff	UFRGS, RS, BR	collaborator	Researcher. Unified Health System's (SUS) user. Intervention Group operator (at Caps Centro - Novo Hamburgo, RS, BR)	
134	Stelamaris Glück Tinoco	UFRGS, RS, Brasil	collaborator	Mental Health Professional. Coordinator of Morada São Pedro Therapeutic Housing Service	
135	Larry Didrich	UFRGS, RS, BR	collaborator	Researcher. Intervention Group operator (at Caps Centro - Novo Hamburgo, RS, BR)	
136	Ricardo Lugon Arantes	UFRGS, RS, BR	collaborator	Health Professional, Intervention Group operator (at Caps Centro - Novo Hamburgo, RS, BR)	

137	Gelson Cardoso Lopes	UFRGS, RS, BR	collaborator	Psychology Internship. Intervention Group operator (at CAPS Cais Mental Centro/POA, RS, BR)	
138	Marliese Chiarani da Silva Schneid	UFRGS, RS, BR	collaborator	Mental Health Professional. Intervention Group operator (at CAPS Capilé - São Leopoldo)	
139	Maria Gabriela Curubeto Godoy	UFRGS, RS, BR	collaborator	Mental Health Professional. Intervention Group coordinator	Administrative/Technical Assistant - Bolsa de Apoio Técnico
140	Bruno P. de Oliveira	UFRGS, RS, BR	collaborator	Psychology Intern at CAPS Capilé (at São Leopoldo, RS, BR)	
141	Priscila D'Avila	UFRGS, RS, BR	collaborator	Intervention Group operator	
142	Vera Lucia Sobral Resende	UFRGS, RS, BR	collaborator	Worker at Therapeutic Housing Service Morada São Pedro (at RS,BR)	
143	Alexandra Ximendes	UFRGS, RS, BR	collaborator	Mental Health worker (at Esteio, RS,BR)	
144	Júlio Andrade	UFRJ/IPUB, RJ, BR	collaborator	Researcher. Unified Health System's (SUS) user	
145	Maria Elizabeth Sabino	UFRJ/IPUB, RJ, BR	collaborator	Researcher. Unified Health System's (SUS) user	
146	Daniel Mondoni	UNICAMP, SP, BR	collaborator	Researcher. Unified Health System's (SUS) user	
147	Lilian Miranda	UNICAMP, SP, BR	collaborator	Left at the beginning of the project	
148	Maria Regina do Nascimento	UNICAMP, SP, BR	collaborator	Member of the local health council (at Campinas, SP, BR)	
149	Carolina Sombini	UNICAMP, SP, BR	collaborator	Mental Health Network - Manager (at Campinas, SP)	
150	Renato Ferreira Felix de Oliveira	UNICAMP, SP, BR	collaborator	Researcher and Unified Health System's (SUS) user	
151	Silvana Pio	UNICAMP, SP, BR	collaborator	Mental Health Professional (at Campinas, SP)	
152	Marília Sper de Albuquerque	UNICAMP, SP, BR	collaborator	Mental Health Professional (at Campinas, SP)	
153	Karine Cambuy	UNICAMP, SP, BR	collaborator	Mental Health Professional (at Campinas, SP)	
154	Devanir Bissoli	UNICAMP, SP, BR	collaborator	Mental Health Professional (at Campinas, SP)	
155	Crispim Antonio Campos	UNICAMP, SP, BR	Administrative assistant		Administrative/Technical Assistant (bolsa de apoio técnico)

156	Stella Chebli	UNIFESP, SP, BR	collaborator		
157	Alessandra Xavier Miron	UFRGS, RS, BR	collaborator	Worker at São Leopoldo City Hall	
158	Maria Lúcia Derman	UFRGS, RS, BR	collaborator	Researcher. Unified Health System's (SUS) user	
159	Paulo Ricardo Ost	UFRGS, RS, BR	collaborator	Researcher. Unified Health System's (SUS) user	

Appendix 2

Table III – Students Total

Funded by IDRC									
Paid	Brazilian Universities								Canadian Universities
	# at Universidade Estadual de Campinas (UNICAMP)	# at Universidade Federal do Rio Grande do Sul (UFRGS)	# at Universidade Federal Fluminense (UFF)	# at Universidade Federal de São Paulo (UNIFESP)	# at Universidade Estadual do Ceará (UECE)	# at Universidade Federal do Ceará (UFC)	# at Universidade de Fortaleza (UNIFOR)	# total at Brazilian Universities	# at Canadian universities
Undergraduate	0	0	0	0	0	0	0	0	1
Masters	2	2	1	0	0	0	0	5	10
Doctoral	4	0	3	0	0	0	0	7	12
Postdoctoral	3	0	0	0	0	0	0	3	1
Unpaid*	# at Universidade Estadual de Campinas (UNICAMP)	# at Universidade Federal do Rio Grande do Sul (UFRGS)	# at Universidade Federal Fluminense (UFF)	# at Universidade Federal de São Paulo (UNIFESP)	# at Universidade Estadual do Ceará (UECE)	# at Universidade Federal do Ceará (UFC)	# at Universidade de Fortaleza (UNIFOR)	# total at Brazilian Universities	# at Canadian universities
	# at Universidade Estadual de Campinas (UNICAMP)	# at Universidade Federal do Rio Grande do Sul (UFRGS)	# at Universidade Federal Fluminense (UFF)	# at Universidade Federal de São Paulo (UNIFESP)	# at Universidade Estadual do Ceará (UECE)	# at Universidade Federal do Ceará (UFC)	# at Universidade de Fortaleza (UNIFOR)	# total at Brazilian Universities	# at Canadian universities
Undergraduate	0	3	10	0	0	7	1	21	1
Residency	11	13	0	0	0	0	0	24	-
Masters	11	4	3	1	3	1	1	24	-
Doctoral	4	2	0	0	1	0	0	7	-
Postdoctoral	3	0	0	0	0	0	0	3	-

*may have received research scholarships or grants from Brazilian agencies

Appendix 3

Table IV – Project Activities

Project Title		Project leader, Affiliation	Project/Research specific objectives	Outcomes and other relevant results
Pesquisa Avaliativa de Saúde Mental (<i>Mental Health Evaluative Research</i>)		Rosana Onocko-Campos, UNICAMP, SP, BR	Develop, apply and follow-up an evaluation system for CAPS III (including intellectual disability) in the state of São Paulo	15 published papers (A3, A5, A8, A11, A13, A15, A33, A37, A39, A42, A45, A47, A48, A49, A52). 02 conference papers (C73, C38) 02 books chapters (E6, E8). 06 theses (F10, F11, F17, F18, F21, F35)
Guia de Gestão Autônoma da Medicação - GAM (<i>Gaining Autonomy with my Medication Guide - GAM</i>)		Rosana Onocko-Campos, UNICAMP, SP, BR	a) Translate, adapt and test in community mental health services (CAPS), in the cities of Rio de Janeiro-RJ, Novo Hamburgo-RS and Campinas-SP), the "Gaining Autonomy with my Medication Guide" (GAM), developed in Canada to help people with serious mental health problems; b) evaluate GAM's impact in the mental health professionals training (psychiatrists and non-medical personnel)	06 published papers (A2,A7,A14,A35,A36,A58) 31 conference papers (C9,C10,C11, C13, C14, C15, C16, C34,C45,C59,C66,C71,C72C75,C74,C76,C79, C82,C83, C88,C89, C93,C94,C95,C96, C44, C56, C74, C75, C79, C80) 26 difusão de conhecimento GAM (D1, D2, D3, D4, D5, D6, D7, D8, D9, D10, D17, D18, D19 (?), D20, D21, D22, D23, D24, D25, D26, D27, D28, D29, D30, D31, D32). 11 theses (F1,F2,F7,F13,F15, F20,F19,F38,F34,F39,F40) 04 website, social media or multimedia products (G15, G16, G22, G26) 03 articles in local or international media (J1, J5, J6)
	SUBPROJECT: Autonomia e direitos humanos: validação do guia de autônoma da medicação - GAM (<i>Autonomy and human rights - validating the Gaining Autonomy with my Medication Guide - GAM</i>)	Eduardo Passos, UFF, RJ, BR e André do Eirado Silva, UFF, RJ, BR	Analyze how first-person experience research of mental health services users and professionals could help them both evaluate and change their ways of being, in the direction of appreciating autonomy and human rights	15 published papers (A10, A12, A16, A19, A20, A21, A22, A24, A25, A26, A28, A38, A41, A51, A56). 26 conference papers (C12, C17, C18, C19, C21, C22, C23, C24, C25, C27, C35, C36, C39, C41, C42, C43, C52, C55, C56, C57, C58, C65, C67, C77, C78, C81). 04 Book Chapters (E2, E3, E4, E7). 06 Theses (F5, F8, F12, F23, F36, F42)

	SUBPROJECT: Guia GAM como dispositivo de intervenção e formação em serviços de saúde mental (<i>GAM Guide as a tool for intervention and training in mental health services</i>)	Analice de Lima Palombini, UFRGS, RS, BR	a) Test the use of the Brazilian version of the GAM guide on intervention groups in community mental health services (CAPS) from the region of Porto Alegre-RS. b) Contribute in the elaboration of the moderator guide, to help the use of the GAM guides. c) Follow and analyze possible effects of participating in intervention groups in mental health professionals training. d) Follow the experience of users moderating such intervention groups, analyzing the effects of their participation in the users-moderators, other group members, and their relationship with their respective mental health services.	10 published papers (A10, A12, A16, A17, A18, A22, A23, A28, A57, A59). 22 conference papers (C3, C4, C6, C7, C21, C25, C26, C27, C28, C29, C30, C31, C32, C33, C40, C44, C46, C47, C48, C49, C60, C64). 16 difusão de conhecimento GAM (D17, D18, D19, D20, D21, D22, D23, D24, D25, D26, D27, D28, D29, D30, D31, D32). 01 book chapter (E1). 06 Theses (F4, F6, F9, F24, F27, F30). 08 website, social media or multimedia products (G7, G10, G11, G18, G19, G20, G22, G26). 02 Articles in local or international media (J5, J6)
	SUBPROJECT: Medicação, autonomia e cidadania no campo da saúde mental: validação do Guia de Gestão Autônoma da Medicação (GAM) no Ceará (<i>Medication, autonomy and citizenship in the field of mental health</i>)	Maria Salete Bessa Jorge, UECE, CE, BR	Validate the Brazilian version of the GAM guide, considering its multi-centric aspect, through a learning process that questions and considers the wills and needs of mental health users using psychiatric drugs, through the following analytical dimensions: autonomy, citizenship, medicalization and resolubility.	02 published papers (A1, A30). 01 book chapter (E4). 03 theses (F3, F16, F25)
	SUBPROJETO: Psicofármacos em Crianças e Adolescentes Inseridos na Rede Pública de Saúde Mental nos Municípios de Campinas e Fortaleza. (<i>Psychiatric drug use in children and teenagers of the public mental health subsystem at the cities of Campinas-SP-Brazil and Fortaleza-CE-Brazil</i>)	Mirian Parente Monteiro, UFC, CE, BR; Ana Paula Soares Gondim, UFC, CE, BR	a) Analyze the use of psychiatric drugs by children (under 12 years old) and teenagers (between 12 and 19 years of age) in the public mental health subsystem of Fortaleza-CE-Brazil and Campinas-SP-Brazil. b) Investigate how the health professionals involved in psychiatric drugs prescription and dispensation in both cities relate their practice with drug monitoring actions, clinical guidelines development and rational drug use promotion.	01 submitted paper (B2). 02 conference papers (C50, C51). 02 theses (F26, F31)
	SUBPROJECT: (<i>Knowledge dissemination about GAM</i>)	Rosana Onocko-Campos, UNICAMP, SP, BR	<i>Dissemination of the knowledge about deployment and effects regarding autonomous medication management processes</i>	16 meetings (D1, D2, D3, D4, D5, D6, D7, D8, D9, D10, D11, D12, D13, D14, D15, D16)

Experiência, Narrativa e Conhecimento: a perspectiva dos usuários e a dos psiquiatras <i>(Experience, Narrative and Knowledge: the users and psychiatrists perspective)</i>	Octavio Domont de Serpa Junior, UFRJ, RJ, BR	a) apprehend personal experiences and narratives regarding illness from people with schizophrenia being treated in community mental health services (CAPS); b) apprehend the personal experience of psychiatrists when diagnosing and treating schizophrenia in the public mental health subsystem; c) apprehend how those two experiences and narratives communicate	14 published papers (A4, A6, A28, A30, A34, A40, A50, A54, A55, A9, A16, A27, A31, A51). 01 submitted paper (B1). 18 conference papers (C1, C2, C5, C8, C37, C61, C62, C63, C68, C69, C70, C84, C85, C86, C87, C90, C91, C92). 07 Theses (F14, F22, F28, F29, F32, F37, F41)
Projeto Guia do Usuário de Saúde Mental (GUSM) <i>(Project Mental Health User Guide - GUSM)</i>	Nilson de Souza do Nascimento, AFLORE, SP, BR	a) elaborate and develop a guide to help and lead, through groups, mental health service users from Campinas at better understanding their treatment and the functioning of their mental health services; b) Empowering mental health users as social actors and agents of social control in mental health services, stimulating their participation in other places of debate and social control for the local health network.	01 published paper (A57), 02 conference papers (C53, C54)
Projeto Andorinhas <i>(Project Swallows)</i>	Carolina Sombini, UNICAMP, SP, BR	Evaluate the communitarian elaboration of inter-sectorial projects that fostered encounter and coexistence, through activities promoting culture, education, leisure and health.	Notable results: further development of public space appropriation; strenghtening of community and interpersonal bonds; social insertion of people with mental problems and general population; presenting the project at conference "2ª Mostra Nacional de Práticas em Psicologia".
Projeto Competências dos Agentes Comunitários de Saúde no processo de desinstitucionalização da loucura <i>(Project Community Health Workers Abilities at the Deinstitutionalisation of Madness)</i>	André L. Leite F. Sales, UFRGS, RS, BR	Investigate the actions and abilities of community health workers from the Family Health Strategy, from the Psychiatric Reform perspective.	01 Thesis (F39). 01 website, social media or multimedia product (G12)
Projeto Gestão Autônoma de Medicamentos com Moradores de Serviços Residenciais Terapêuticos <i>(Project Autonomous Medication Management with Residents of Therapeutic Residential Services)</i>	Vera Resende UFRGS, RS, BR	Investigate the medication management with residents of the Therapeutic Residential Services "Morada São Pedro" and "Morada Viamão".	
Projeto Conquista de Cidadania: Como se constrói a participação? <i>(Project Conquering Citizenship: How to develop participation?)</i>	Sandra Schmitz, UFRGS, RS, BR	From GAM readings, produce collective ideas about Citizenship, Autonomous Medication Management and Life, showing how mental health users can be accepted in society	01 published paper (A57)

Projeto A Voz dos Usuários (<i>Project The User's Voice</i>)	Octavio Domont de Serpa Junior, UFRJ, RJ, BR	Enable active and propositional collaboration from mental health services users in psychopathology classes at psychology university courses.	02 website, social media or multimedia products (G8, G9)
Projeto Fortalecimento da rede de serviços de atenção psicossocial	Rosana Onocko-Campos, UNICAMP, SP, BR	<i>Strengthening the psychosocial care services network</i>	07 political advocacy events (attendance) (K1, K2, K3, K4, K5, K6, K7)

Appendix 4

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d) Difusão de Conhecimento sobre a GAM

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F40) MUHAMMED, Adriana Hashem Narrativa-crítica do grupo de intervenção: Gestão Autônoma da Medicação. Orientadora: Analice de Lima Palombini. Trabalho de Conclusão do Curso de

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F41) Baccari, Ivana Oliveira Preto. Trabalho de Conclusão de Curso: Recovery: evolução de um conceito. Orientadora: Rosana Onocko Campos. Grupo interfaces Unicamp/SP

F42) Milward, Paula. Experiência de autonomia compartilhada na saúde mental: o “manejo cogestivo” na Gestão Autônoma da Medicação. Trabalho de conclusão de curso, submetido sob forma de artigo à revista Pesquisas e Práticas Psicossociais. Orientador: Eduardo Passos. Graduação em Psicologia UFF.

g) Websites, social media, multimedia

G1) Onocko Campos, Rosana. Como anda a Reforma Psiquiátrica?
<http://www6.ensp.fiocruz.br/radis/revista-radis/38/reportagens/como-anda-reforma-psiquiatrica>
Outubro/2005

G2) Seminário da pesquisa de CAPS - Seminário faz avaliação de programas de saúde
[http://www.unicamp.br/unicamp/noticias/seminário-faz-avaliação-de-programas-de-saúde-0](http://www.unicamp.br/unicamp/noticias/seminario-faz-avaliacao-de-programas-de-saude-0)
26/04/2006

G3) Evento discute estratégias de intervenção territorial e cultural na saúde mental
<http://www.ensp.fiocruz.br/portal-ensp/informe/site/materia/detalhe/18571>
06/10/2009

G4) Notícia sobre aprovação do projeto ARUCI Brasil- Canadá
[http://www.unicamp.br/unicamp/noticias/projeto-sobre-saúde-mental-e-cidadania-da-fcm-vence-120-concorrentes-internacionais](http://www.unicamp.br/unicamp/noticias/projeto-sobre-saude-mental-e-cidadania-da-fcm-vence-120-concorrentes-internacionais)
28/04/2010

G5) Lançamento ARUCI
<http://www.fcm.unicamp.br/fcm/eventos/2014/seminario-internacional-de-lancamento-do-projeto-aruc?language=pt-br>
14/04/2010

G6) Site ARUCI
<http://www.aruci-smc.org/pt/>

G7) Guia GAM e Guia do Moderador para download

<http://www.fcm.unicamp.br/fcm/laboratorio-saude-coletiva-e-saude-mental-interfaces>

G8) Site do Projeto A Voz dos Usuários:
<http://ltc-ead.nutes.ufrj.br/vozdosusuarios/>

G9) Facebook do Projeto A Voz dos Usuários:
<https://www.facebook.com/avozdosusuarios?fref=ts>

G10) Diário da viagem do Comitê Cidadão Brasileiro ao Québec
<http://diariodebordodeunslocos.blogspot.com.br/>

G11) A viagem continua... Vídeo-documentário da viagem do Comitê Cidadão Brasileiro ao Québec
<https://www.youtube.com/watch?v=30k4Ee52PLk&feature=youtu.be>

G12) A Vida da Gente como Agente: notas para o trabalho dos Agentes Comunitários
<http://www.fcm.unicamp.br/fcm/laboratorio-saude-coletiva-e-saude-mental-interfaces>

G13) Associação de Familiares, Amigos e Usuários da Saúde Mental de São Pedro da Aldeia (ASSAMESPA): <http://assamespa.blogspot.com.br/>

G14) Manifesto do Movimento “Campinas contra a privatização”
<http://susbrasil.net/2011/02/27/manifesto-do-movimento-campinas-contr-a-privatizacao/27/02/2011>

G15) Sandra Maria Hoff falou sobre a importância das passagens gratuitas para usuários do CAPS.
<https://www.flickr.com/photos/camaramunicipaldenovohamburgo/5515457191/?rb=1>
10/03/2011

G16) Usuários dos CAPs pedem passagens gratuitas
<http://www.camaranh.rs.gov.br/Noticias.asp?IdNoticia=4595>
10/03/2011

G17) Unicamp e Unifesp realizam seminário sobre indicadores de avaliação de saúde mental
<http://www.fcm.unicamp.br/fcm/noticias/2014/unicamp-e-unifesp-realizam-seminario-sobre-indicadores-de-avaliacao-de-saude-mental>
02/12/2011

G18) Falta de remédios e passagens
http://blogdonandosantos.blogspot.com.br/2012/04/falta-de-remedios-e-passagens_29.html
29/03/2012

G19) Pronunciamento da Sra. Sandra Maria Schmitz Hoff, usuária do CAPS – Centro
<http://portal.camaranh.rs.gov.br/processos-legislativos/pronunciamentos-1/abril-1/24-04-2012-pronunciamento-da-sra-sandra-maria-schmitz-hoff-usuaria-do-caps-2013-centro>
24/04/2012

G20) Câmara aprova ações que qualificam a saúde – Participação de Sandra Hoff
http://issuu.com/camaranh/docs/jonnal_cn_26/7
Maio/2012

G21) Pacientes com transtornos mentais tomam remédios em excesso

<http://www.redebrasilatual.com.br/saude/2012/06/transtornos-mentais-sao-tratados-com-hipermedicacao>

20/06/2012

G22) Lançamento do Guia GAM impresso pela Secretaria Estadual de Saúde do RS

<http://www.ufrgs.br/ufrgs/noticias/ufrgs-participa-de-lancamento-de-guia-de-medicacao>

19/03/2013

G23) De 18 a 20 de outubro, Campinas sedia IV Encontro Estadual da Luta Antimanicomial

<http://www.sinpsi.org/noticias.php?id=2964>

17/10/2013

G24) I Encontro Estadual sobre Protagonismo e Autonomia do RS – Organizado pela Secretaria Estadual de Saúde do RS

http://www.saude.rs.gov.br/conteudo/8193/?Encontro_discute_autonomia_e_protagonismo_de_usu%C3%A1rios_de_Sa%C3%BAde_Mental

21/03/2014

G25) Campinas, Araras e Região lançam Núcleo da Frente Antimanicomial

<http://saudeecosol.org/wp-content/uploads/2013/06/Pag-042.pdf>

MARÇO/2013

G26) GUIA DA GESTÃO AUTÔNOMA DA MEDICAÇÃO, "GUIA GAM"

<http://www.redehumanizaus.net/83728-download-o-guia-da-gestao-autonoma-da-medicacao-guia-gam>

23/04/2014

G27) RESISTE CAMPINAS

http://www.fcm.unicamp.br/fcm/sites/default/files/images/user2/cartaz_resiste_campinas_sem_o_apoio_do_vereador.jpg

30/04/2013

G28) A saúde mental de Campinas: resistência e potência de ação coletiva

<http://www.pedrotourinho.com.br/2013/05/a-saude-mental-de-campinas-resistencia-e-potencia-de-acao-coletiva/>

01/05/2013

G29) Marcha da Luta Antimanicomial de Campinas – Saúde Mental e Direitos Humanos (#viversemamarras #loucosporliberdade)

<http://antimanicomialsp.wordpress.com/2014/05/10/marcha-da-luta-antimanicomial-de-campinas-saude-mental-e-direitos-humanos-viversemamarras-loucosporliberdade/>

10/05/2014

G30) RESISTE CAMPINAS II - RESISTIR PARA TRANSFORMAR: A REDE DE CUIDADO QUE QUEREMOS!

<http://www.redehumanizaus.net/84196-resiste-campinas-ii-resistir-para-transformar-a-rede-de-cuidado-que-queremos>

14/05/2014

G31) Conceito internacional sobre reabilitação psicossocial é tema simpósio na FCM até quarta-feira (21)

<http://www.fcm.unicamp.br/fcm/noticias/2014/conceito%20sobre-reabilitacao-psicossocial-e-tema-simposio-na-fcm>
19/05/2014

G32) Unicamp e Universidade de Montreal mostram resultados de cinco anos de pesquisas em Saúde Mental

<http://www.fcm.unicamp.br/fcm/noticias/2014/unicamp-e-universidade-de-montreal-mostram-resultados-de-cinco-anos-de-pesquisas-em-saude-mental>
22/05/2014

j) Media coverage (Articles in local or international media)

J1) Palombini, Analice de Lima. Clínica e Política Boletim de notícias do Conselho Regional de Psicologia do Rio Grande do Sul. http://www.crprs.org.br/noticias_internas.php?idNoticia=1163
14/12/2010

J2) Onocko Campos, Rosana. Saúde Mental em Campinas
http://www.fcm.unicamp.br/fcm/sites/default/files/editorial_rosana_correio.jpg
Jornal Correio Popular de Campinas-SP, publicado em 03/06/2012.

J3) Entrevista que a Prof^a. Dr^a Rosana Onocko Campos concedeu via e-mail, à Revista IHU On-Line, tecendo considerações sobre a reforma psiquiátrica no Brasil O empoderamento dos usuários de saúde mental | Revista IHU Online #391. Nº 391, Ano XII, publicado em 07/05/2012.

J4) Entrevista que a Prof^a. Dr^a Rosana Onocko Campos concedeu ao Jornal da Unicamp. Pesquisas revelam hipermedicação de pacientes com transtorno mental.
http://www.fcm.unicamp.br/fcm/sites/default/files/materia_rosana_jornal_da_unicamp.pdf,
publicado em 18/06/2012.

J5) Onocko Campos, Rosana; Palombini, Analice. Entrevista em rádio. MÍDIA: Rádio da UFRGS. 2013.

J6) Palombini, Analice; Fagundes, Sandra. Entrevista em programa de TV. MÍDIA: Programa Cidadania da TVE. 2013

J7) Entrevista Rosana Onocko. Rosana Onocko-Campos fala sobre estudos qualitativos como ferramenta de pesquisa no campo da Saúde Mental
<http://www.abrasco.org.br/site/2013/10/rosana-onocko-campos-fala-sobre-estudos-qualitativos-como-ferramenta-de-pesquisa-no-campo-da-saude-mental/>
09/10/2013

J8) Onocko Campos, Rosana. Isolar doente mental não é uma atitude sã.
<http://www.ufrgs.br/ufrgs/noticias/ufrgs-participa-de-lancamento-de-guia-de-medicao>
Artigo o Jornal O Globo, publicado em 04/03/2014.

k) Attendance at political advocacy events

K1) NASCIMENTO, NS. Participação na 6ª Conferência Estadual de Saúde, de 31/ago a 02/set de 2011, 24 horas. Org. Conselho Estadual de Saúde, SUS, Secretaria de Saúde, Governo de São Paulo.

K2) NASCIMENTO, NS. Participação no I Fórum de Debates Sobre Saúde Pública na RMC, em 12/ago de 2011, local PUC II Campinas. Org. Deputada Estadual Ana Perugi.

K3) NASCIMENTO, NS. Participação na II Conferência Municipal de Saúde Mental de Várzea Paulista, em 06/abr de 2011, 8 horas, local Várzea Paulista/SP. Org. SUS e Secretaria Municipal de Saúde de Várzea Paulista.

K4) NASCIMENTO, NS. Participação da IX Conferência Municipal de Saúde de Campinas, de 20/mai a 22/mai de 2011. Org. SUS, Conselho Municipal de Saúde e Secretaria Municipal de Saúde de Campinas/SP.

K5) NASCIMENTO, NS. Palestrante na mesa-redonda: Rede Substitutiva Antimanicomial – Serviços Substitutivos e Cuidados em Saúde Mental, em 02/jun de 2011. Org. Coletivo 18 de Maio, São Carlos/SP.

K6) SANTOS, ES. Participação como delegado usuário do III Encontro Nacional de Comitês em Ética em Pesquisa – ENCEP, de 17 a 19 de junho de 2010, carga horária 21h. São Paulo. Org. Conselho Nacional de Saúde, SUS, Ministério da Saúde e Governo Federal.

K7) STEFANELLO, S. Roda de Conversa do Departamento de Saúde Mental da Secretaria Municipal de Saúde de Curitiba. A Rede de Atenção Psicossocial como Espaço de Formação: a Clínica da Reforma Psiquiátrica. 2014.