50 - PHYSICAL EDUCATION AND MENTAL HEALTH: SHARING EXPERIENCES OF THE TREATMENT OF ALCOHOL AND OTHER DRUG'S USERS IN CAPS IN AD MACAPÁ – AP

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INTRODUCTION

Physical education in the last few years has been inserted in the context of discussions and debates about its relationship to collective health. These dialogues allowed the opening of a broad range of expertise in health area, among them it is worth mentioning the mental health field .

The Physical Education approach to Mental Health became possible since the psychiatric reform which aimed according toAbid et al , (2010 , p.1) " a new model of mental health care that was not centralized on diseases or asylums , but prioritize therapeutic projects guided by the psychosocial rehabilitation of people in psychological distress . "

From then on it starts to arise mental health substitutive services, decentralized and contrary to the asylum and and with a multiprofessional team. One of the outstanding locations for the multiprofessional team performance are the Psychosocial Care Centers (CAPS) which aims to provide the population a clinical accompaniment and social reinsertion through work , leisure, by the exercise of civil rights and by strengthening the family and community ties (BRASIL , 2004).

In the state of Amapá the Mental Healthcare Network is still in development. At present there are two CAPS AD one of them belongs to the state administration located in the capital, Macapá and the other belongs to the administration of the municipality of Santana, one CAPS II still in structural service, managed by the state government, besides the psychiatric hospitalization service (specialized ward) and the ambulatory of the Hospital de Clinicas Dr. Alberto Lima do Estado do Amapá, containing sixteen beds operating.

The primary attention in the State's mental healthcare is considered a new service, and when it comes to CAPS AD, the "EspaçoAcolher" is the first center in the city of Macapa to serve patients with disorders related to psychoactive substances. It is already 2 years old (2011-2013), and shows some lack of effective professionals, including the Physical Education teacher, which is fundamental for the development of activities of psychosocial rehabilitation and social reintegration. Because of this reality, such activities only began to be offered with the entry of residents of Physical Education from the Universidade Federal do Amapá . In this way we discuss in this report the strategies created to implement the therapeutic practices of the body from Physical Education Plan in CAPS AD.

In this context, this work seeks to describe the strategies to implement the therapeutic practices of the body from Physical Education Plan in CAPS AD, as well as the inclusion of residents of Physical Education who are part of the Multiprofessional Residency Program in collective Health Area of Mental Health Concentration. Therefore, this report aims to share the experiences of the residents of Physical Education in CAPS AD "EspaçoAcolher" to the implementation of the physical education teacher service. And as a specific objective that is to emphasize actions and therapeutic practices of the body performed in CAPS AD by residents in the everyday, and disseminate experiences that contributed to the formation and performance of the physical education professionals in the Mental Health service.

PHYSICAL EDUCATION AND MENTAL HEALTH

Physical education insertion in mental health has been noticed and highlighted from the claims that guided in the National Conferences Reports on Mental Health. Based on that, the Manual for the CAPS Opening of Ministry of Health (BRASIL, 2004) provides a multiprofessional team, among all the professions provided the PE teacher is essential for the activities offered in CAPS. However , even supposed in the Opening Manual based on GM Ordinance No. 336/2002 for the teams organization in services , the physical education teacher is not a mandatory professional (WACH , 2007b) , but can be inserted from the CAPS therapeutic project .

No obligation of a PE in a team of mental health service can be described by three points considered in our analysis , the first is the historical matter of the physical education teacher in the education area , the second is the prejudice and underestimation of the physical education service for health , because, we believe it is still a radical biomedical concept in health, which are backgrounded the promotion actions and health protection that physical education promotes and the third , the undergraduate education of physical education is rarely approached to the mental health professional proceeding, as well as the offer of only a few specialized courses into physical education and mental health. This area is rarely recognized as a field of knowledge and social practices that express the needs of collective character (Menezes, 2010, p.24.)

The mental health care of physical education should be based on “a vision of health care that gives credit to the perspective of collective health, as well as ways to care for and understand the psychological distress to be reformulated “(WACH, 2007a, p.93.) Accordingly, the actions of PE within the mental health must overcome the hegemonic model, seeking to incorporate the dynamics of the community and health policy to add value to human life (Menezes, 2010).

From this context , studies (ABID , FRAGA , WACHS , ALVES , 2010; WACH , 2007a , 2007b) consider that PE in the spaces of mental health services should be considered as bodily practices , as the proposal of deinstitutionalization looks converging, as well as the proximity of the plans , historical , cultural and economic of the user's reality in his /her community.

> Bodily practices are components of a given community and established by them in such way so that is configured as a potential belonging vehicle. The development of practices that make sense for a user that belongs to a certain community becomes, therefore, an important therapeutic tool (WACH, 2007a, p.95).

Thus , in this conception Physical Education seeks a posture that encourages the individual to recognize and rescue the disposition to life , recovery of the society's everyday , and be with his/her family , friends, community and fight for their basic rights . As well, to make possible a new form of intervention, in which the care mediator has to listen and must take into account the cultural context that the patient is inserted.

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METHODOLOGICAL ROUTE

This study starts with the experience report of Physical Education Residents in Mental Health Service at the Psychosocial Care Center for Drug and Alcohol of the state of Amapá. The experiment has occurred from May 10th to October 2nd 2013, in which contained one hundred and three registers on field diary. The resident's performance in service was divided into three steps: setting, planning and execution.

In the stage of setting, the residents were presented to patients and to the CAPS AD service team, they also participated in all services routine which are offered by the house, with the perspective of conversations with the patients and staff to understand and meet their everyday .By this approach it was possible to have an initial diagnosis which has supported the planning stage. This setting period has lasted ten days, about two weeks.

The second step was the planning for two weeks, this time the residents used directive approaches, bringing a proposal of corporal practices and non-directive, asking for the patients their body practices that are part of their everyday, to create the therapeutic plan of physical education. Thus it was created the activities schedule for the therapeutic plan, called Therapeutic Body Practices which was presented to patients, approved by them and so it has entered in the schedule of the "Good Morning Workshop".

The last step was the implementation of therapeutic body practices which had the audience about twenty patients for seventy -eight days. They took place from Monday to Friday and has lasted one hour. The chart below shows the distribution of practices during the week, and the total duration of each one.

Chart 1.Therapeutic Practices Exposition in the everyday

	Therapeutic Body Practices				
Days of the Week	Monday	Tuesday	Wednesday	Thursday	Friday
Activity	Yoga	Jogging	Rhythmtherapy	Functional gym	Games and Sports
Duration	8am to 9am	8am to 9am	8am to 9am	8am to 9am	8am to 9am
Total practices made	16 practice	16 practice	16 practice	15 practice	15 practice

Source: Records of Field Diary

The notes produced in the field diary were reviewed with the intention of seeking events featured in the service space, which made it possible to share daily experiences and knowledge from the physical education teacher performance in the mental health service, in the CAPS AD. Seven vignettes were separated from the field diary to report the three stages of the period of service in the field of AD CAPS.

SHARING THE ACTIVITIES AND KNOWLEDGE OF PHYSICAL EDUCATION IN MENTAL HEALTH EVERYDAY

Thereafter we will lean to present some outstanding events we consider in the experience period in physical education service in mental health , CAPS AD , in which , its briefly described the three stages, and them , setting , planning and execution.

> We were presented to patients as physical education residents of the multiprofessional residence program of collective health concentration in the mental health area of UNIFAP. We talked a little about us, and about what was the specialization. Then a patient asked to speak and said, “Tell me honestly, what do you think of us?” (Patient CAPS AD - Field Diary, on 10/05/2013).

The first contact with patients from the CAPS AD starts with a good question , to break the gap , and analyzing it today , it was of great importance for the realization of the therapeutic contract with them , in this way it was possible to clarify that we had any kind of prejudice and stigma attached to them as well, we were there to offer a service to the institution to contribute to the recovery treatment of psychoactive substance dependence , as well as the behavioral recovery and of skilled habits from human life , in which our goal was not to judge them , but to recover them to live their live in society.

During the setting period we met the team, and then it started to occur questions of other employees _ what does the physical education do to mental health? We answered and then we noticed the employees' amazement expressions. However, CAPS offered workshops familiarizing themselves to physical education, such as dance, theater and football, in which both have acceptance by patients. Perhaps the strangeness is about the figure of a physical education teacher in the mental health service and not about bodily practices; as this professional is very important in the education field still in this period the institution coordination solve the problem of fitting a time for physical education in the patients' routine. Thus we got the "Good Morning" time, it was a time of 15 min for the warm-up, and it was extended for another 45 min, the time we have finished our workshop . We chose to keep the name of the workshop in order to keep something familiar to the patients.

After we made the diagnosis and ambiance of our presence in CAPS AD, we started planning the therapeutic plan, trying to meet some demands identified in the diagnosis as well as prepare and take some proposals for bodily practices like yoga and rhythmtherapy, which had a good acceptance.

> At the moment of conversations, after practicing yoga, we asked the group about the bodily practices that they liked to do in their daily life and leisure time. Most of them answered that they like to dance, play soccer, others answered they like handball and basketball, but all of them were referring to the time that they didn't use drugs / alcohol. (Field Diary, on 27/05/2013).

Still in the planning period we asked the patients to bring proposals of bodily practices of their everyday life and we identified the sport, jogging and weight lifting. So we experienced various practices and define together with patients the therapeutic practice plans that were Yoga, Hiking, Rhythmtherapy, Functional Fitness and Sports and Games.

In terms of treatment of bodily practices Yoga was chosen as the first activity of the week which is held every Monday , as a practicing of relaxation and meditation , and also realize that for some patients arrived with depressed mood , low threshold of tolerance , anxious , due to abstinence.

> In the practice of yoga, one patient entered the room, and was soon sitting on a chair away from the group, then we invited her to participate with the group that was at the center of the room, and she refused explaining that _ " NO, I DO NOT WANT TO DO THAT BECAUSE I AM VERY UPSET WITH MY BROTHER, HE SUSPECTED THAT I WAS NOT COMING FOR THE CAPS, HE TOLD I WOULD DRINK. IF I WAS ON THE STREET DRINKING I WOULD AGREE, BUT, I WAS COMING HERE. " . We did not insist, and she sat there, when we looked again she was doing the breathing exercises of yoga "(Patient CAPS AD - Field Diary, on 10/06/2013).

In the conversation circle at the end of practice, the patient reported that she was feeling much calmer. In this episode, it was possible to reaffirm the beneficial effects of yoga. "The yoga emphasizes the willpower and stress reduction, addicts can learn to regain control

About their bodies and their minds to better face the "cracks" or avoid them altogether "(BARBANTI, 2012, p. 7). And besides , second Barbanti cited Roy KIng , (2012 , p . 7) " breathing pattern in intense forms of yoga like Kundalinirelease the pleasure 's natural production of endorphins ."Jogging is a practice that is also included in treatment of patients and is held outdoors in a square near the CAPS on Tuesdays. To Roeder (2003, p.152):

> Jogging outdoors is a potent stimulator of new sensations. Provides contact with odors, colors, sounds, shapes, movements and diverse and unusual life situations. Thus, stimulates the body's natural reaction to meet the internal and external world of the individual. This meeting can be considered continuous and deep enough to relieve a substantial part of the tension resulting from emotional discomfort.

Additionally, jogging becomes a moment of interaction and social approach among patients, as it was revealed the behavior of a "one patient showed to another activity with the restricted dialogue with difficulty in speech and concentration, isolated and restless "(Field Diary, on 06/18/2013). However in the days of jogging they had spontaneous dialogue and interacted more with the group.

Another practice that was highlighted in treatment and which is held on Wednesdays is Rhythmtherapy which was chosen because it contains rhythmic elements which foster awareness of the body through dance, body expression , musical , theatrical , artistic and expressive . To Roeder (2003, p. 157) dance, "constitutes an experience mobilizing that can lead to a transcendental state. An activity that is based on joy and pleasure and therefore on welfare. "These sensations were identified in the speech of patients after class rhythmtherapy.

> In rhythmtherapy , we talked to the group about what they felt when they danced , some told us that they felt relaxed , others reported that they were gay and talked _ " I had never danced without putting an ounce of alcohol in the mouth I felt great " (patient CAPS AD - Field Diary , on 19/06/2013) .

For us it was very gratifying to hear this statement because I realized the importance of bodily practices for the treatment of patients and how they expressed their creativity, feelings, self-realization, autonomy, identity and freedom through rhythmic activities.

A fitness function that is performed on Thursday sis also part of the treatment plan and was chosen by patients is an activity consisting of resistance training, strength, power, coordination, flexibility and balance movements everyday . The exercises that reproduce some everyday activities, for this reason we sought always such run movements present in the reality of patients and highlight their importance to a healthy life. Constantly patients while practicing gymnastics reported that already felt better and harder to perform other activities.

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> During a gym class one patient reported functional "after I started to participate in gym class my income improved in football." Another said, "Look at my arm already stronger." And at the end of class one patient said "I think my physical abilities and my balance was affected by abuse I made of alcohol and drugs, these activities we do here at CAPS are helping me a lot." (Patient CAPS AD- Field Diary, on 26/09/2013) .

The last practice of the week that happened in the days of Friday was named Games and Sports, these classes worked the games and sports in various dimensions, and whenever we let patients choose the topics for classes and from their choice we organized the activities. At the end of practice we did a circle of conversation where were debating about winning and losing, respect for others, cooperation, following rules, decision-making among others. According Laranjo et al (2004, p. 1):

> Drug addicts are not a homogeneous group, although certain common features can be observed. The low self-esteem, relationship difficulties and resistance to follow rules and regulations can be overcome through sport. Another common trait among addicts is the low tolerance to frustration, which leads us to the question of winning and losing, of course, is present in the game and sport.

Thus we see how the practice of sports and games is important for these practices and patients contribute significantly to living and social reintegration. As can be seen in the account of the patient 's CAPS during the working classes where the sport of handball : " I'm still not sure losing competitive , because who uses drugs never want to lose , but now I see I need to learn how to lose . " (Patient - AD CAPS Field Diary, on 09/06/2013).

CONSIDERATIONS

Mental health is one of the fields of health, which is somewhat evidenced in Physical Education Courses, although there is already debate about this important subject. Training curricula in Physical Education has not yet contemplated this knowledge gap and this area only reaffirms the thought of not mandatory physical education teacher in these spaces.

Physical Education by having as object the body culture it can enhance the patient rescue cultural autonomy, behavior change, critical sense, living in groups, creativity and improvement in your physical well being, mental, spiritual and social. Thus we conclude our livings that through the presence of a physical education teacher in the context of mental health is fundamental to the design of a therapeutic CAPS, the therapeutic tool of this professional body and based on practices which are constituents of a community and become fundamental in the recovery / treatment and social reintegration of drug and alcohol users.

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PHYSICAL EDUCATION AND MENTAL HEALTH: SHARING EXPERIENCES OF THE TREATMENT OF ALCOHOL AND OTHER DRUG'S USERS IN CAPS IN AD MACAPÁ – AP

ABSTRACT

The present work is to report the implementation of the plan of bodily practices therapeutic physical education in CAPS AD “EspaçoAcolher” de Macapá/AP, as well as the inclusion of residents of Physical Education who are part of the Multiprofessional Residency Program in Community Health Area concentration of Mental Health . Thus, the overall goal is to share the experiences of the resident's physical education in CAPS AD for deploying service physical education teacher. And as a specific objective to emphasize actions and practices body therapies performed in CAPS ad by residents in the everyday, and disseminate experiences that contribute to the formation and performance of physical education teachers in mental health service. The report covers the experience that occurred from May 10th October 2nd 2013 , which contains one hundred and three registers on field diary , which were divided into three steps : setting , planning and execution during service , this way were seven vignettes were separated from the diary . Thus , it is emphasized that physical education space in mental health through bodily practices , yoga , hiking , rhythmtherapy , gymnastics and games and sports, enhances the patient in recovery / rescue treatment culture , autonomy , behavior change , critical sense , living in groups, creativity and improvement in their physical well being, mental , spiritual and social , making it an important therapeutic tool for composing the therapeutic CAPS .

KEYWORDS: Physical Education; Body Practice; Mental Health.

L'ÉDUCATION PHYSIQUE ET LA SANTÉ MENTALE: EN PARTAGEANT DES EXPÉRIENCES PENDANT L'ACCUEIL DES USAGERES D´ALCOOL ET D'AUTRES DROGUES DANS LE CAPS AD À MACAPÁ.

RÉSUMÉ

Le travaillesuivants'agit de relaterl'implantationduplain de pratiques corporellesthérapeutiques d'éducation physique dansle Centre d'Attention Psycho- Social pourl'alcool et d'autres drogues (CAPS ad)- Space Accueillir de Macapá/Ap et aussil'insertion de les residentes d'Éducation Physique quifaitentpartiedu Programme de Résidence Multiprofessionnelleen Santé Collective à la zone de concentration de SantéMentale. Alors, l'objectif general c'estpartagerlesexpériencesvecues par les residentes d'ÉducationPhysiqueau CAPS ad, pourren forcer lapresencedu professionnel professeur d'éducation physique, dansce élement de la Zone de Santé Mental. L'objectifspécifiquec'estremarquerlesactionset pratiques corporellesthérapeutiques réalisésau CAPS ad pourles résientes pendant lequotidien; et, aussi diffuser desexpériencesquipuissentcontribuer à laformation et performance desprofessseurs d'éducationphysiqueau servisse de santémentale. Le rapport englobe l'expérienceobtenueaupériode de dixmai à deuxactobre 2013, qui a comptécentettrois registres au jornal et qui a étédiviséeentroisétapes: l'organizationduspace d'accueil, leplaindesactivités et l'éxecution pendant le servisse. Donc, on remarque l'éducationphysiqueen um space de santémentale, à travers de pratiques corporelles, de yoga, de promenade à pieds, de thérapieavecdes musiques, de gymnastique, desjeuxet d'sport peutrenforcer dansle patienten récuperation/ de sonbien-êtrephysique, mental, spirituel et social, en se devennentun instrument thérapeutiques fondamental pourcomposerleprojetthérapeutiquesingulierdansl'instituition CAPS.

MOTS-CLÉS: ÉducationPhysique; Pratiques Corporelles;SantéMentale.

EDUCACIÓN FÍSICA Y SALUD MENTAL: COMPAR(TRI)LHANDO EXPERIENCIAS EN SERVICIOS DE USUARIOS DE ALCOHOL Y OTRAS DROGAS EN CAPS AD MACAPÁ -AP

RESUMEN

El presente trabajo es dar a conocer la implementación del plan de prácticas corporales de educación física terapéutica en el Centro de Atención Psicosocial de alcohol y otras drogas (CAPS ad)–Espacio Bienvenido Macapá / AP , así como la inclusión de los residentes de la Educación Física parte del Programa de Residencia multidisciplinaria de Salud Colectiva en el área de concentración de la Salud Mental . Por lo tanto, el objetivo general es el de compartir las experiencias de los residentes de la educación física en el CAPS ad, para fortalecer la presencia del profesor de Educación Física, profesional componente de la Red de Salud Mental. Como un objetivo específico para enfatizar las acciones y prácticas terapias corporales realizadas en CAPS ad por los residentes en la vida cotidiana , y difundir las experiencias que contribuyen a la formación y el

desempeño de los profesores de educación física en los servicios de salud mental. El informe se refiere a la experiencia que tuvo lugar del 10 de mayo a octubre dos de 2013, que ascendió a ciento tres campos de diario, que se divide en tres pasos: configuración , planificación y ejecución durante el servicio, este manera eran siete viñetas del diario independiente. Por lo tanto , se hace hincapié en que el espacio de la educación física en la salud mental a través de las prácticas corporales , yoga , caminatas, ritmoterapia , gimnasia , juegos y deportes , mejora al paciente en su recuperación / tratamiento de rescate autonomía cultural , el cambio comportamiento, el sentido crítico , que viven en grupos , la creatividad y la mejora de su bienestar físico , mental , espiritual y social , por lo que es una herramienta terapéutica fundamental para componer este singular terapéuticos CAPS componentes del proyecto.

PALABRAS CLAVE: Educación Física, práctica corporal, Salud Mental

EDUCAÇÃO FÍSICA E SAÚDE MENTAL: COMPART(R)ILHANDO EXPERIÊNCIAS NO ATENDIMENTO DE USUÁRIOS DE ÁLCOOL E OUTRAS DROGAS NO CAPS AD EM MACAPÁ-AP

RESUMO

O presente trabalho trata de relatar a implantação do plano de práticas corporais terapêuticas da educação física noCentro de Atenção Psicossocial para álcool e outras drogas(CAPS ad)- Espaço Acolher de Macapá/AP, bem como a inserção das residentes de Educação Física que fazem parte do Programa de Residência Multiprofissional em Saúde Coletiva da área de concentração Saúde Mental. Sendo assim, o objetivo geral é compartilhar as experiências vivenciadas pelas residentes de educação física no CAPS AD para a implantação do serviço do professor de educação física. Como objetivo específico, o trabalhosublinhar ações e práticas corporais terapêuticas realizadas no CAPS ad pelas residentes no cotidiano, assim como divulgar experiências que contribuam na formação e atuação de professores de educação física no serviço de saúde mental. O relato compreende a experiência ocorrida no período de dez de maio a dois de outubro de 2013, somando-se cento e três registros no diário de campo, com as experiências divididas em três etapas: ambientação, planejamento e execução durante o serviço. Dessa maneira, foram separadas sete vinhetas do diário. Assim, ressalta-se que a educação física em espaço de saúde mental, por meio de práticas corporais, yoga, caminhada, ritmoterapia, ginástica, jogos e esportes, potencializa no paciente em recuperação/tratamento o resgate cultural, a autonomia, a mudança de comportamento, o senso crítico, a convivência em grupo, a criatividade e a melhoria no seu bem estar físico, mental, espiritual e social, tornando-se um fundamental instrumento terapêutico para compor o projeto terapêutico singular do CAPS.

PALAVRAS-CHAVE: Educação Física; Práticas Corporais; Saúde Mental.