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Person-centered care in Psychosocial Care Centers: driving factors from the professionals' perspectives

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Abstract

Welcoming in the health field, particularly in mental health, is an ethical and fundamental care practice aimed at promoting accessibility, attentive listening, and respect for individual differences. It is not merely a physical space or a specific moment but rather an approach that permeates the entire care relationship between health professionals and individuals using public or private healthcare services to address their needs effectively. This study aims to analyze the factors driving a person-centered approach to the welcoming practice in psychosocial care services from the professionals' perspective. This qualitative intervention research involved 30 professionals working at two Psychosocial Care Centers in the central region of Brazil. Four workshops were conducted following the *Ciclo de Aprendizagem Vivencial* [Experiential Learning Cycle] framework. Data collection included a background questionnaire, role-playing techniques, and a field diary. Bardin's thematic content analysis was applied, leading to the emergence of the thematic category "Factors Driving Person-Centered Care in Psychosocial Care," which comprises three subcategories: factors related to professionals, work processes, and patients and families. This study identified the potential of implementing person-centered care, highlighting that when professionals recognize the positive aspects of their practice, they feel encouraged to continue fostering a humanized, welcoming practice.

Keywords: user embracement, patient-centered care, mental health, community mental health services, qualitative research

ACOLHIMENTO CENTRADO NA PESSOA EM CENTROS DE ATENÇÃO PSICOSSOCIAL: FATORES IMPULSORES NAS PERSPECTIVAS DOS PROFISSIONAIS

Resumo

O acolhimento na área da saúde, especialmente na saúde mental, representa uma postura ética e uma prática de cuidado fundamental que busca promover a acessibilidade, a escuta atenta e o respeito às singularidades dos indivíduos. Não se trata apenas de um espaço físico ou de um momento específico, mas sim de uma abordagem que permeia toda a relação de cuidado entre profissionais de saúde e usuários de serviços públicos e privados, com vistas a favorecer a prontidão para atender a demanda. O objetivo deste estudo foi analisar os fatores impulsores para o acolhimento centrado na pessoa na atenção psicossocial, na perspectiva dos profissionais. Trata-se de uma pesquisa qualitativa do tipo intervenção realizada com 30 profissionais de dois Centros de Atenção Psicossocial da região central do Brasil. Foram implementados quatro encontros grupais no formato de oficinas seguindo o referencial do Ciclo de Aprendizagem Vivencial. Para a coleta dos dados foram utilizados questionário de perfil profissiográfico, técnica de dramatização e anotações em diário de campo. Para o tratamento dos dados utilizou-se a análise temática de conteúdo de Bardin, da qual emergiu a categoria temática "Fatores impulsores para o acolhimento centrado na pessoa na atenção psicossocial" e três categorias ligadas aos profissionais, processos de trabalho, usuários e à família. A pesquisa possibilitou a identificação de potencialidades para o acolhimento centrado na pessoa. Logo, a visualização dos pontos positivos pelos profissionais em relação a sua prática tem o poder de estimulá-los a continuarem fazendo o seu melhor para acolher as pessoas de forma humanizada.

Palavras-chave: acolhimento, assistência centrada no paciente, saúde mental, serviços comunitários de saúde mental, pesquisa qualitativa

ACOGIDA CENTRADA EN LA PERSONA EN CENTROS DE ATENCIÓN PSICOSOCIAL: FACTORES DETERMINANTES DESDE LA PERSPECTIVA DE LOS PROFESIONALES

Resumen

La recepción en el área de la salud, especialmente en salud mental, representa una postura ética y una práctica asistencial fundamental que busca promover la accesibilidad, la escucha atenta y el respeto por las singularidades de las personas. No se trata solo de un espacio físico o de un momento específico, sino de un abordaje que permea toda la relación asistencial entre los profesionales de la salud y los usuarios de los servicios públicos y privados, con metas a promover la disponibilidad para atender la demanda. El objetivo de este estudio fue analizar los factores impulsores de la recepción centrada en la persona en la atención psicosocial, desde la perspectiva de los profesionales. Se trata de una investigación de

intervención cualitativa realizada con 30 profesionales de dos Centros de Atención Psicosocial de la región central de Brasil. Se implementaron cuatro encuentros grupales en formato de talleres, siguiendo el marco del Ciclo de Aprendizaje Experiencial. Para la recolección de datos se utilizó un cuestionario de perfil profesional, técnica de dramatización y notas en un diario de campo. Para el procesamiento de los datos se utilizó el análisis de contenido temático de Bardin, de donde surgió la categoría temática "Impulsores de la recepción centrada en la persona en la atención psicosocial" y tres categorías vinculadas a los profesionales, los procesos de trabajo, los usuarios y la familia. La investigación permitió identificar el potencial de una acogida centrada en la persona. Por lo tanto, la visualización de los puntos positivos por parte de los profesionales en relación con su práctica tiene el poder de animarlos a seguir haciendo todo lo posible para acoger a las personas de forma humana.

Palabras-clave: recepción, atención centrada en el paciente, salud mental, servicios comunitarios de salud mental, investigación cualitativa

Much has been discussed in the political, social, and cultural spheres regarding the Brazilian Psychiatric Reform (BPR), which aims to promote changes in mental health care and health policies to improve the quality of life of individuals with psychosocial care needs. Accordingly, the BPR proposes alternative ways of understanding mental distress beyond the biomedical model (Amarante & Rangel, 2009; Santos & Passos, 2022).

One of the fundamental aspects of this reform is recognizing the territory as a social space for promoting mental health (Sousa & Tófoli, 2012; Silva et al., 2020a), with a focus on the social inclusion of individuals with mental health care needs (Colombarolli et al., 2010). This perspective acknowledges that mental health is shaped by various social, economic, and cultural factors within an individual's environment. Therefore, effective interventions must consider these local contexts and actively engage communities in the search for solutions.

Furthermore, the Psychiatric Reform emphasizes the active participation of individuals with mental disorders and their families in the care process. This approach entails recognizing and integrating their knowledge and experiences as essential components in the planning and implementation of mental health services. From this perspective, the Psychosocial Care Network (RAPS in Portuguese) was established to connect the various health services addressing individual care needs (Ministério da Saúde, 2022; Lima et al., 2024; Sousa & Tófoli, 2012). Within this framework, the Psychosocial Care Centers (CAPS in Portuguese) are central in providing specialized mental health care, offering support to individuals with mental health needs and their families through a structured therapeutic approach.

In the health field, the welcoming practice is both a care technology (Lopes et al., 2021) and a therapeutic resource (Silva et al., 2020b). Specifically in mental health, welcoming patients represents an ethical stance and a fundamental care practice aimed at promoting accessibility, attentive listening, and respect for individual differences. It is not merely a physical space or a specific moment but rather an approach that permeates the entire relationship between health professionals and patients in public and private services, fostering responsiveness to care demands (Sonneborn & Werba, 2013).

However, despite the transformations and advancements in the mental health field, challenges persist regarding the dominance of hegemonic healthcare models centered on a biomedical approach, which fragments care and overlooks the wholeness of individuals' lives (Pinho et al., 2009), including the practice of welcoming patients. A quantitative, longitudinal evaluative study involving 122 patients assessing psychosocial care found that comprehensive welcoming did not fully meet quality standards for ensuring human rights (Boska et al., 2022).

Person-centered care is an alternative to challenging the biomedical model in health services and promoting comprehensive care. However, an integrative literature review aimed at clarifying this concept found that there is still no consensus in the scientific literature regarding this concept (Ribeiro et al., 2023).

Furthermore, the study highlighted that person-centered care encompasses multiple dimensions, including care delivery that values and respects patients' desires, involves them in

decision-making regarding their health, and relies on empathetic healthcare professionals. Empathy plays a crucial role in fostering bonds, improving communication, and enhancing treatment adherence (Ribeiro et al., 2023).

The person-centered clinical method (PCCM) is a tool that can be integrated into the welcoming practice for patients with mental healthcare needs, encouraging professionals to adopt a patient-focused communication approach (Cruz et al., 2014). This method comprises four interrelated phases that serve as resources for care practice: (1) exploring health, disease, and the experience of illness; (2) understanding the person as a whole; (3) developing a joint plan to manage problems; and (4) strengthening the relationship between the patient and the physician or healthcare professional (Stewart et al., 2017).

In this sense, it is essential for mental health services, such as CAPS, to be integrated into the community to ensure broad and unrestricted access to care. Welcoming and accessibility are key factors in assessing the quality and effectiveness of these services, fostering a care approach that emphasizes individuals' autonomy and the co-management of care, where the sharing of knowledge and practices play a fundamental role (Sonneborn & Werba, 2013).

Research highlights the importance of welcoming as a fundamental practice in both Primary Health Care (PHC) and Psychosocial Care within mental health services, particularly in CAPS, which is designed to organize itself to meet the community's demands in a broad and unrestricted manner (Belfort et al., 2021; Pinho et al., 2009).

Furthermore, the welcoming practice is a topic of discussion across various sectors of the Unified Health System (SUS), encompassing ethical, aesthetic, and political dimensions (Ministério da Saúde, 2010a; Farias et al., 2020), including services within RAPS (Cardoso, 2021; Bessa et al., 2022).

Scientific evidence indicates that effective welcoming is essential for ensuring access to health services and promoting a more humanized and inclusive approach. Failures in its implementation can have significant consequences for patients, particularly those seeking mental health care, where welcoming is even more challenging due to a lack of professional preparedness and the persistence of fragmented practices (Feitosa et al., 2021; Santos et al., 2020).

One way to address the care needs of patients and their families while promoting their empowerment in the psychosocial rehabilitation process is by developing an Individualized Therapeutic Plan (ITP) (*Projeto Terapêutico Singular*). An individualized therapeutic plan includes various therapeutic opportunities tailored to individuals, families, or groups, with a multidisciplinary team working collaboratively to accommodate the unique needs and specificities of those receiving care (Ministério da Saúde, 2007).

A systematic literature review with meta-synthesis on the welcoming process indicates that it is primarily associated with receiving patients and attentively listening to them to identify their care needs. Additionally, the study revealed that uncertainties permeate the involvement of a multidisciplinary team in the welcoming process. It also highlighted that most scientific

literature on the subject is concentrated within the Brazilian context, showing its limited visibility at the international level (Giordani et al., 2020).

Given the previous discussion, we ask: What factors drive person-centered care in CAPS? Hence, this study aimed to analyze the factors driving person-centered care in psychosocial care from the professionals' perspective.

Method

This intervention study adopted a qualitative approach (Aguiar & Rocha, 2000) and was based on the *Ciclo de Aprendizagem Vivencial* (CAV in Portuguese) framework [Experiential Learning Cycle] (Moscovici, 2015). In intervention research, the relationship between researchers and participants is dynamic and shaped by social interactions, which can influence the direction of the study itself (Aguiar & Rocha, 2000). The study report adhered to the steps outlined in the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide (Souza et al., 2021).

The CAV framework proposed by Moscovici (2015) consists of four interconnected phases: (1) Experience, in which an activity is introduced to engage the group in a new situation; (2) Analysis, where feedback from the group is used to analyze and diagnose the experience; (3) Conceptualization, which involves providing a theoretical framework on the topic; and (4) Connection, where relationships are established between the experience and the participants' personal and professional contexts.

This methodological approach was chosen because it allows participants to actively engage with the research team to construct data, encouraging workers to share their experiences by integrating cognitive, emotional, and behavioral aspects. It also gives them a voice in developing skills—knowledge, abilities, and attitudes—related to person-centered care in community mental health services, fostering awareness, and mobilizing multidisciplinary teams to transform work practices and processes.

Participants

The study setting comprised two CAPS facilities in the central region of Brazil. One is classified as a Child and Adolescent Psychosocial Care Center (CAPSi in Portuguese), and the other as a Type III Alcohol and Drug Psychosocial Care Center (CAPSad III in Portuguese), selected by the city's mental health coordinator. CAPSi had 30 workers, while CAPSad III had 51. A convenience sampling approach was used, and 15 workers were recruited from each service, totaling 30 participants. Inclusion criteria were workers directly providing care to patients and their families during the data collection, whereas administrative staff and those on leave or vacation were excluded.

Instruments or material

The research intervention involved experiential training on person-centered care provided to CAPS professionals. The intervention occurred at the CAPSad III premises. It was

structured into four biweekly meetings, each lasting three hours, from October to December 2022—the training aimed to raise awareness and engage workers in discussions about the components of the PCCM. The data discussed in this study specifically pertain to the content generated during the second training session, described in detail below.

The meeting began with a welcome snack, followed by an explanation of the study procedures, participant introductions, and the completion and signing of a free and informed consent form, ensuring the voluntary nature of participation. Participants also received a form addressing sociodemographic, professional, and educational background information, including age, gender, ethnicity, marital status, level of education, specializations, profession, employment relationship, whether they provided care to patients and their families, working hours, and length of service. Next, a warm-up technique called "*Em Sintonia*" [In Tune] (Berkenbrock, 2015) was applied. In this activity, the participants received the lyrics of different songs. They were instructed to walk around the room humming their respective tune until they found another person singing the same song. Then, each pair sang for the group, fostering participant engagement and integration.

Immediately afterward, a role-playing technique was implemented. Three workers—a pair from CAPSi and one from CAPSad—volunteered to simulate an initial reception service. Other workers took on the roles of patients and family members in different mental health care contexts, including the care of children and adolescents with mental disorders (a mother and teenage daughter) and the care of an adult drug user (a father and adult son). This role-playing exercise addressed the first component of the PCCM, "Exploring Health, Disease, and the Illness Experience" (Stewart et al., 2017).

According to the Ministry of Health, the initial reception at CAPS consists of the first care provided to patients and their families, whether they seek the service spontaneously or are referred by another facility or service. It involves attentive listening to assess care needs and is the first step in building bonds and shared responsibility (Ministério da Saúde, 2015).

Notes were taken in a field diary during the experiences proposed by the researchers to provide feedback to the group and facilitate the processing of experiences. These notes supported data analysis, during which information was interpreted and conclusions were drawn.

Procedures

The CAPSi professionals played the roles of a 13-year-old girl and her mother. The girl, given the fictitious name Scarlett, had attempted suicide by ingesting a large quantity of medication and had engaged in self-harm following her parents' divorce. Referred to CAPSi by a Specialized Social Assistance Reference Center (CREAS in Portuguese), she arrived accompanied by her mother, who struggled with alcoholism.

The other roles played by the CAPSad professionals involved an 18-year-old man named Aparecido. He was a polysubstance user, lived on the streets, and was brought to CAPSad by his

father, who left shortly after. His father, also a substance user—specifically alcohol—displayed neglectful behavior toward his son.

The research team, consisting of an RN with a master's degree in nursing and specialization in mental health and group dynamics and a psychologist with a PhD in health sciences and specialization in consulting and group management, mediated the role-playing to facilitate the educational intervention workshops.

After the role-playing, participants were asked to reflect on the following questions: How did you experience the role-playing? How did you feel? What did you notice during the exercise? What were the difficulties and advantages of the role-playing experience? After the participants shared their answers in a group discussion, the workshop facilitators conducted an interactive presentation using slides. A theoretical summary of the discussions was provided to encourage further study.

With the participants' permission, the meeting was audio-recorded and later transcribed verbatim. The researchers' field diary notes complemented the workshop data. As this material constituted the research data corpus, it was analyzed using content analysis, specifically the thematic modality, according to the stages: pre-analysis, material exploration, and treatment of the results, including inference and interpretation (Bardin, 2016). The data analysis involved an initial, exploratory reading of the material, followed by the formulation of preliminary hypotheses and the coding of recording units and context units, which were then grouped by similarity to construct meaning units. Finally, categorization was established based on the identified themes.

This study adhered to the ethical guidelines outlined in Resolutions No. 466/2012 (Ministério da Saúde, 2012) and No. 510/2016 (Conselho Nacional de Saúde, 2016) and was approved by the Institutional Review Board under Opinion No. 4,298,136 and Certificate of Presentation for Ethical Appreciation No. 22469119.0.0000.5078. It was also registered as an extension project titled "*Oficina educativa para o cuidado centrado na pessoa na atenção psicossocial*" [Educational Workshop for Person-Centered Care in Psychosocial Care]. The participants were coded with the letter P, followed by a number corresponding to the order of their reports (P1 to P30) to ensure the confidentiality of their information.

Results

Sociodemographic Characterization

Most of the 30 participating workers were between 30 and 49 years of age (19), and 28 were women. The participants represented a variety of professional backgrounds, including three nurses, 11 psychologists, one social worker, eight nursing technicians, two pharmacists, one pedagogist, two physical therapists, one music therapist, and one physical educator.

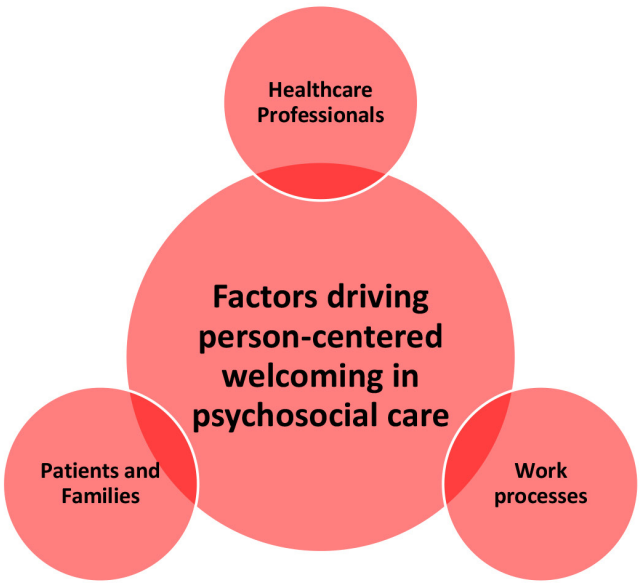
Categorization

The thematic category "Factors driving person-centered welcoming in psychosocial care" emerged from the analytical process and included three subcategories: 1. Factors driving

welcoming related to the workers; 2. Factors driving welcoming related to the work processes; and 3. Factors driving welcoming related to the patients and families. These subcategories illustrate the aspects that enhance the quality of the welcoming practice in CAPS (Figure 1).

Figure 1

Categories that express the driving factors for person-centered care in psychosocial care.



Source: developed by the authors (2022)

Category 1. Factors driving welcoming related to the professionals

This category highlights factors that support person-centered care in CAPS, particularly those related to the characteristics of the multidisciplinary team members. Participants' reports emphasized that building a bond with patients enhances care practices by enabling professionals to understand better the life context of those receiving care: "There's no such thing as 'oh, this one is a psychologist,' no, it's about the bond. I don't know about the girls, but we build a bond that is more of a friendship than a professional one (...)" (P2).

> And we try to make a connection... The important thing is to try to make this boy [Aparecido] to attend the service, so we can better understand his life context and later make interventions. For instance, the girl [Scarlet], she is cornered, she is scared, and at risk. (P6)

Welcoming is implemented in three stages: first, we establish a connection with the patient, then with a family member, and finally, with both together. This approach was highlighted as an effective practice, as it enables understanding the different perspectives of the same phenomenon:

> "So, we wouldn't put her [teenager] in front of her mother or with her mother to avoid potential misunderstandings. Something that might stop her mother from bringing the daughter to the service or make her feel threatened and prevent her from coming." (P6)

> "(...) Families sometimes want the patient to stay at the service overnight, but often, when talking to the patients, they don't mention hospitalization, and we need to point it out. So, when we talk with the family member, he asks, 'So, is he going to be hospitalized?' I say, 'Look, we have this option, but is it what he wants?' So, we talk, I explain things, and when the family member doesn't understand that the patient doesn't want to be hospitalized, we give them both a moment, but the patient always has the final decision, much to the family's dismay. [Laughter]" (P13)

Many patients live in a context of social vulnerability; therefore, establishing a relationship of trust with them is essential for ensuring that they feel comfortable during the welcoming process.

> "So, it's a bond that I feel very closely. We must have this bond of trust but it won't happen immediately. We need to establish a great deal of trust so that a teenager can respond; otherwise... We are dealing with something emotional. It's different. This context of experiencing aggression, abuse... We must understand all of this." (P2)

One professional stated that not disclosing their professional background during the welcoming process helps minimize patients' fear of the health-mental illness-care process and, eventually, the treatment offered by CAPS:

> Personally—I even mentioned it to a colleague—I stopped identifying myself as a psychologist and started referring to myself as a therapist, as part of the CAPS team, to get closer to them [patients and family members]. The reason is that there is a stigma when you're with a psychologist or a doctor, as if there's a hierarchy, and they get scared. So, I no longer tell them immediately; I just say, 'I'm a therapist, I'm part of the team.' Over time, they figure out what our roles are. (P6)

Category 2. Factors driving welcoming related to the work process

This category explains the work processes of the services examined in this study and their role in implementing welcoming practices grounded in the person-centered care approach. As a CAPS procedure, day hospital care promotes the establishment of bonds between patients,

the team, and the service. In this care modality, patients are closely monitored, allowing their care needs to be more easily identified:

> "(...) We showed you what we usually experience in the service. When patients arrive, they often don't want to talk about family members, such as the father. This happens a lot; it's not unusual. I spend a lot of time with the kids [children and adolescents] during daytime care, and that's when we can observe their level of acceptance, what the father is like, and whether he will be able to come to the service..." (P2)

> Another aspect that is subtly explored is violence and abuse. Sometimes, she [teenager] denies it. However, during daytime care, as the process unfolds, the abuse comes to light... Issues emerge, and measures are taken based on the arising demands. (P6)

> We observe during daytime care precisely for this reason. We can learn whether she [adolescent] would accept, for example, her father attending CAPS or whether she has ever had any conflict with him. If we pressure her right at the welcoming stage and something happened in the past that she hasn't disclosed yet, we might end up harming the patient even more. (P12)

One professional noted that allowing patients to express a preference for being cared for by a specific technician to whom they feel closer and more connected enhances the chances of a successful welcoming process in psychosocial care: "We have a case of a patient who took a month to open up, to talk. So, he comes and says, 'I want to talk to her' instead of me for instance. So, we have patients like that." (P2)

Being more flexible in the welcoming process, considering the resources used to facilitate communication with children and adolescents at CAPSi, are factors that support the practice of active and attentive listening, as the reports show: "We have to welcome patients and let things go a little more freely." (P6)

> That's why daytime care is so important. It's more relaxed. It's not inside a classroom—we sit on the floor, do activities, play games, and there are other teenagers around. So, there's a more intimate, closer connection. (P11)

Another aspect mentioned by the participants that favors humanized care was concern with the ambiance of the room where patients and their families are welcomed, as well as the physical structure and the way the multidisciplinary team is introduced:

> The welcoming process in the unit takes time as each professional is introduced. It's not just a welcoming group. Depending on the patient's arrival, we introduce everyone and show them the service's physical structure as well... So they really feel welcome. Our rooms are even decorated with themes like Pokémon; they think it's great. (P2)

Category 3. Factors driving welcoming related to the patients and families

This category describes factors related to the individuals assisted by CAPS that support person-centered care, such as the adherence of children and adolescents at CAPSi. These individuals differ from those attending CAPSad, who use alcohol or other drugs. The latter has a higher dropout rate. In our unit, it is unlikely that an adolescent will leave CAPS. They always stay, except for those discharged or abandoned by their families, but most stay. (P11)

One participant mentioned that family members of individuals receiving care at CAPS who also have mental health needs and undergo treatment contribute to improving family relationships:

> That's why my colleague also asked a question during the welcoming role-playing, and this is something we often ask parents. Considering the vulnerability of adolescents and children, we usually ask if the parents are also undergoing treatment. Otherwise, there's no point in the children receiving treatment at CAPS. They'll improve, go home, but then relapse and come back in an even worse condition. (P12)

Parents experiencing emotional distress or mental disorders and agreeing to receive care from CAPS professionals were mentioned as having a positive influence on their children's lives:

> Not to mention that many parents actually have disorders as well. It's not just about being nervous due to an occasional situation or a specific environment. We often realize that they also have disorders, and many of them seek treatment at CAPS and eventually see improvements in their condition. (...) (P13)

The CAPS services included in this study provide care for both patients and their families, offering individual and group interventions. When the team identifies that a family member is experiencing illness, they are also included in the service's therapeutic activities. Additionally, families are encouraged to be incorporated into the individualized therapeutic plan and actively participate in their loved ones' psychosocial rehabilitation process.

Discussion

The category "Factors driving welcoming related to professionals" highlights that bonds play a crucial role in shaping the therapeutic relationship throughout the psychosocial rehabilitation process. The bond established is a genuine connection between two individuals, independent of the worker's role within the team or service—a connection between human beings. This bond enables the therapeutic relationship, with the welcoming process serving as the initial opportunity for its development.

Therefore, it is important for professionals in the psychosocial care setting to utilize resources that foster closer connections with patients. A study conducted in a Type III CAPSad revealed that adolescents and youths receiving care at the institution lacked a connection with the service, which increases risk factors for psychoactive substance use. A therapeutic group was

implemented to restore this connection, resulting in greater patient adherence and engagement with CAPSad (Silva et al., 2021).

Furthermore, the PCCM proposes strengthening the relationship between the care recipient and healthcare professionals; therefore, some skills, such as empathy and compassion (Stewart et al., 2017), are desirable for establishing bonds. Thus, CAPS professionals need to invest in interpersonal relationships as a work tool to improve the quality of care offered to patients and their families.

It is essential that mental health professionals remain sensitive to whether the presence of a particular family member inhibits a patient from expressing his/her concerns during the welcoming process. Participants emphasized the importance of identifying potential factors contributing to a patient's worsening health condition. In the role-playing scenario, the adolescent had a conflictive relationship with her mother, whose presence jeopardized the continuity of her daughter's treatment at CAPS, as the mother felt threatened by it.

Each individual is unique and copes with pain in his/her own way. Therefore, welcoming should involve listening to patients privately, separate from their family members. While bringing patients and their families together can be beneficial later, it is essential first to assure patients of the confidentiality of their exchanges to help them feel safe sharing their experiences, as in some cases, family problems and conflicts contribute to the worsening of patients' psychological distress.

In this sense, a study conducted with 25 women receiving care at a Type II CAPS in northeastern Brazil found that family conflicts were among the main complaints expressed during the first consultation (Silva & Santos, 2023). This highlights the importance of CAPS professionals addressing family relationships during the initial welcoming process.

The results also underscore a misalignment between how families and patients perceive addiction treatment. Families often expect hospitalization to be a central component of the treatment, while patients typically hold a different perspective. Nevertheless, professionals remain steadfast in understanding that the ultimate decision rests with the patient. As such, during the welcoming process, it is critical to emphasize that patients are the primary focus of care and that their wishes must be acknowledged and respected. Person-centered care prioritizes treating individuals with dignity, compassion, and respect (Proqualis, 2016).

Respecting individuals' wishes regarding their therapeutic plan is a cornerstone of person-centered care, alongside shared decision-making. Within the PCCM framework, health professionals assist patients in defining their treatment path by explaining care options, discussing risks and benefits, and considering their preferences. This collaborative dialogue fosters patient engagement and strengthens the therapeutic relationship between patients and the multidisciplinary team (Albuquerque & Antunes, 2021; Proqualis, 2016).

As the professionals' reports highlighted, not everything is understood during the first interaction. Knowledge about a person's experiences gradually obtained as a bond of trust is developed, facilitating care. This underscores the importance of the team's role in the initial

welcoming meeting, which is crucial for establishing trust and connection. Failure to build these bonds may lead to patients and their families' disengagement from the service. Therefore, fostering bonds with patients daily is essential for a successful psychosocial rehabilitation process (Kammer et al., 2020).

The fact that professionals in community mental health services do not primarily identify themselves by their professional roles fosters a more personal relationship. It helps prevent a hierarchical dynamic from being established with patients and their families. As one participant noted, this approach humanizes mental health care. Scientific evidence highlights the importance of addressing the humanization of care by involving patients, professionals, and managers in fostering autonomy, strengthening bonds, and promoting collective participation in care management while considering patients' needs (Oliveira et al., 2006).

A qualitative study involving 12 nurses sought to explore their perceptions of the humanization of mental health care and revealed a link between humanized care and the asylum model. Participants highlighted issues such as the medicalization of pathologies, fragmented and disconnected therapeutic actions, and the exclusion of patients from decisions regarding their treatment. The study emphasized that humanization is perceived as challenging to implement in services caring for individuals experiencing psychological crises, ultimately hindering the delivery of comprehensive healthcare (Lima et al., 2021).

The category "Factors driving reception related to work processes" indicates that welcoming patients during the daytime favors the delivery of comprehensive healthcare because the team can get closer to patients. Patients in community mental health services can be referred to day hospital care—a modality in which the individuals remain in the service during the daytime—while their individualized therapeutic plan is being developed (Mota et al., 2019).

Hence, the day hospital care modality allows patients to have meals at the service and participate in therapeutic activities such as group sessions and workshops while monitored by the multidisciplinary team. In this model, they return home at night (Mota et al., 2019). This form of care is designed to support patients in restoring interpersonal relationships and fostering coexistence with their families and the community (Ministério da Saúde, 2015).

Hence, in theory, patients attending day hospital care spend more time with the multidisciplinary team, fostering stronger bonds and greater involvement in the psychosocial rehabilitation process. However, only CAPSi professionals highlighted daytime care as an opportunity to strengthen ties with patients, facilitating access to their experiences and care needs. Consequently, even though CAPSad patients remain in the unit during the day, a certain distance from the team may persist, hindering the development of a therapeutic interpersonal relationship.

Additionally, having a key worker—someone who can more easily establish bonds with a patient—was highlighted as a factor supporting person-centered care. In mental health services, a key worker facilitates care delivery and intervenes in social, relational, territorial, and family matters (Paz & Silva, 2023).

This process, in which patients' wishes and preferences are acknowledged and respected and receive care from professionals with whom they share a close connection, helps restore their autonomy during the psychosocial rehabilitation process, ultimately improving treatment adherence. Therefore, the relationship between patients and services must be carefully considered to promote person-centered care and enhance the quality of care provided to the population (Proqualis, 2016).

In this sense, the PCCM was developed to shift the healthcare paradigm and redefine the relationships shaping the health-disease process, emphasizing patient protagonist role and valuing their voice. As professionals shift the focus away from the physician and the disease, patients regain autonomy in their treatment journey, leading to improved outcomes (Pessoa et al., 2022). When the physician and illness are no longer the central focus, and instead, fostering a closer connection with the patient becomes a priority, the quality of care improves, resulting in better therapeutic outcomes.

The results of this study indicate that the day hospital care modality allows the welcoming practice to extend beyond the office or consultation setting. It can occur during individual care or therapeutic groups while playing a board game, having a snack, going for a walk, or watching TV after lunch. These moments provide valuable opportunities for professionals to communicate with patients more effectively.

Communication between health professionals and patients is a bilateral relational process designed to foster exchanges that lead to a deeper understanding. It must be genuine, with the patient's concerns serving as the starting point and guiding the therapeutic objectives to be achieved (Carvalho, 2022).

Furthermore, the space in which communication occurs during the welcoming process is crucial, as it directly influences the quality of interactions. When barriers impede free expression, particularly among children and adolescents, playful strategies such as games can facilitate communication and help strengthen bonds with professionals (Carvalho, 2022).

An inviting environment and the professionals' receptiveness is key in humanizing the psychosocial care, as many people hold stereotypes and stigmas toward services that provide care for individuals with mental health needs.

According to the Brazilian Ministry of Health, ambiance in healthcare emphasizes treatment that considers not only the physical space but also social, professional, and interpersonal relationships. As such, these spaces must foster welcoming, effective, and humane care. Ambiance is regarded as a tool that enhances and facilitates the ability of those involved to act and reflect, thereby encouraging the production of new subjectivities (Ministério da Saúde, 2010b). Notably, this perspective values and promotes changes in work processes and relationships through collective and participatory construction (Pasche et al., 2021).

The category "Factors driving welcoming related to patients and their families" revealed that children and adolescents tend to be more adherent to treatment and remain in the service, as their parents or guardians usually accompany them. In contrast, adults using psychoactive

substances often experience estranged or broken family ties, weakening their support network. This finding underscores the importance of mental health professionals conducting a situational diagnosis while developing an individualized therapeutic plan and welcoming patients. Identifying potential causes of treatment dropout can help facilitate and strengthen patient retention.

A study aimed at identifying factors that contribute to the treatment of adolescents using crack cocaine within the RAPS highlighted three key aspects. First, individual characteristics, such as personal motivation and future prospects, play a significant role. Second, interpersonal aspects are crucial, including family support for treatment, the development of bonds with the care team, and the experience of new friendships. Lastly, organizational factors within RAPS, such as accessibility and the effectiveness of CAPSad, were found to facilitate the treatment of substance dependence (Ribeiro et al., 2018).

Furthermore, when individuals with mental health care needs recognize their suffering and the benefits of the assistance provided by CAPS, they are more likely to adhere to and accept treatment, thereby supporting the psychosocial rehabilitation process (Pacheco et al., 2018). Another critical factor influencing treatment adherence among CAPS patients is the therapeutic alliance established with professionals (Enes et al., 2020).

Family members of individuals with mental disorders or dependencies on alcohol or other drugs are often affected by illness themselves. As a result, they are typically cared for by one RAPS service, while their children receive care from another, such as CAPSi or CAPSad. As one participant noted, family members often experience mental health conditions and require assistance as well.

The family plays a fundamental role in individuals' lives by providing physical, emotional, social, and psychological support, particularly in the context of psychological distress. As such, the family must be included in comprehensive mental health care, and treatment adherence among individuals with severe psychological distress should be considered from a holistic perspective (Sousa & Tófoli, 2012). However, family members may also be affected by illness during the process in which their loved ones are undergoing psychosocial rehabilitation.

A systematic review on chemical dependency examined the therapeutic care provided to individuals dependent on alcohol and found that alcoholism leads to family conflicts and significant distress within the family. However, one of the primary factors contributing to early alcohol consumption is family influence, as families often normalize its use (Silva et al., 2020b).

A qualitative study analyzed the perceptions of ten family members regarding treatment adherence among individuals with drug addiction receiving care in this specific context. The results indicated that families recognize the importance of establishing therapeutic alliances, maintaining hope for their loved one's recovery, and valuing their participatory role in treatment to facilitate adherence (Assalin et al., 2021). This finding suggests that strategies aimed at strengthening family involvement and fostering confidence in the therapeutic process contribute to better treatment outcomes for individuals with drug addiction.

The development of psychological distress or mental disorders in the parents of patients receiving care from community mental health services is not unique to the CAPS services investigated in this study. Parents may experience mental health issues as a result of their caregiving role, though in many cases, their condition predates that of their children.

A qualitative study analyzing the relationship between anxiety and depression symptoms in 40 family caregivers of individuals undergoing psychiatric treatment found that most participants experienced mild to moderate symptoms of anxiety and depression, with 47.5% already receiving treatment (Dourado et al., 2018). This finding highlights the importance of including family members of patients cared for at CAPS in the individualized therapeutic plan so that they, too, can receive biopsychosocial care to mitigate emotional distress.

Family groups are an important strategy in psychosocial care for supporting family members. A study examining the experience of three undergraduate nursing students in a Family Therapy Group at a CAPSad service in northeastern Brazil found that participation in the group helped family members develop coping strategies, acquire skills to assist individuals consuming alcohol or other drugs and promote humanized care for family members themselves (Alves et al., 2015).

A systematic literature review highlighted that group psychological interventions are essential mental health care strategies, as they facilitate the development of bonds among group members, create a welcoming environment, encourage the exchange of experiences, reduce symptoms of anxiety and depression, and enhance social relationships and quality of life (Polakowski et al., 2020). Therefore, group care is a powerful tool for supporting the family members of patients cared for at CAPS who experience psychological distress, as well as serving as a prevention strategy.

The previous discussion demonstrates that the PCCM supports welcoming practice in community health services. It encourages professionals to share power in their relationship with patients, fostering active participation and informed decision-making regarding their treatment (Stewart et al., 2017). This approach facilitates a collaborative and cooperative relationship among the social actors involved in the healthcare process. When responsibilities are shared, and patients engage in their therapeutic plan, they are better equipped to minimize potential errors in their treatment.

Final Considerations

This study presents an experiential training process designed to enhance the qualifications of professionals working in the psychosocial care setting. This process facilitated the identification of the potential of person-centered care and aspects related to healthcare professionals, service work processes, and factors concerning patients and their families.

When professionals recognize the positive aspects of their practice, they feel motivated to continue providing welcoming care from a humanized perspective and to strengthen patient adherence to the psychosocial rehabilitation process.

This study's limitations include its focus on professionals working in CAPS without considering the perspectives of the individuals receiving care. Therefore, further studies are needed to explore the perceptions of those welcomed into community mental health services.

This study contributes to the care provided by community mental health services by demonstrating to professionals and managers that the factors supporting the welcoming practice are person-centered, reinforcing the psychosocial care model rather than one focused solely on pathologies. Additionally, it underscores the importance of training professionals through experiential strategies that encourage reflection on the practices and knowledge of multidisciplinary teams, revealing the potential embedded in care processes for the implementation of person-centered care.

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Contribution of each author to the work:

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