

Theoretical and bioethical foundations for the development of the psychosocial rehabilitation project application

Fundamentos teóricos e bioéticos para o desenvolvimento do aplicativo de projeto de reabilitação psicossocial

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Abstract: Objective: To introduce a background theory that justifies the purpose of the web app “Psychosocial Rehabilitation Project Application”, considering bioethical aspects. **Data source:** Narrative literature review from July to December 2023 carried out on the journal portal of the Coordination for the Improvement of Higher Education Personnel through access to national and international databases, using the following keywords (combined or isolated): Psychosocial Rehabilitation, Psychosocial Rehabilitation Project, Singular Therapeutic Project, Case Management, Interdisciplinary Work, Psychosocial Care Network, Bioethics, and Mental Health Application. **Conclusions:** The structure of the psychosocial rehabilitation project is based on the theoretical assumptions of Psychosocial Rehabilitation, the stages of the Singular Therapeutic Project, and Case Management, which guide and make up the architecture of the web app “Psychosocial Rehabilitation Project Application”.

Keywords: Projects; Psychiatric Rehabilitation; Principle-Based Ethics; Mobile Applications.

Resumo: Objetivo: Apresentar a teoria que justifica a finalidade do webapp “App projeto de reabilitação psicossocial”, considerando aspectos bioéticos.

Fonte de dados: Revisão narrativa de literatura realizada no período de julho a dezembro de 2023, no portal de periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, pelo acesso a bases de dados de abrangência nacional e internacional, com o uso das seguintes palavras-chave (combinadas ou isoladas): Reabilitação Psicossocial, Projeto de Reabilitação Psicossocial, Projeto Terapêutico Singular, Case Management, Trabalho Interdisciplinar, Rede de Atenção Psicossocial, Bioética e Aplicativo em Saúde Mental. **Conclusões:** A estrutura do projeto de reabilitação psicossocial se fundamenta nos pressupostos teóricos da Reabilitação Psicossocial, nas etapas do Projeto Terapêutico Singular e no Case Management, os quais orientam e compõem os requisitos do webapp “App projeto de reabilitação psicossocial”.

Palavras-chave: Projetos; Reabilitação Psiquiátrica; Ética Baseada em Princípios; Aplicativos Móveis.

INTRODUCTION

This investigation was developed to make up the theoretical knowledge for developing an application (App) for the elaboration and conduction of psychosocial rehabilitation projects, designed as a web app called “Psychosocial Rehabilitation Project Application”. To achieve this, we conducted a critical analysis of the existing literature to update and gather specific information about the state of the art of integration between the theory of Psychosocial Rehabilitation (PR), Singular Therapeutic Project (STP), Case Management (CM), and interdisciplinary work, based on bioethical principles¹⁻³.

The development of the web app “Psychosocial Rehabilitation Project Application” can help mental health professionals direct their care based on the psychosocial rehabilitation process, especially for those linked to the Psychosocial Care Centers (CAPS), which are part of the Brazilian Psychosocial Care Network^{4,5}.

A consistent theory is essential to guide technology, and should also value bioethical principles⁶⁻¹⁰. This is evident in numerous cases where mental health applications are developed without due theoretical reflection. These developments often focus on assumptions related to their construction, proposed clinical and therapeutic functionality, technical aspects of prototyping and design, prevention of usability problems, and overall user experience^{6,7,11-17}.

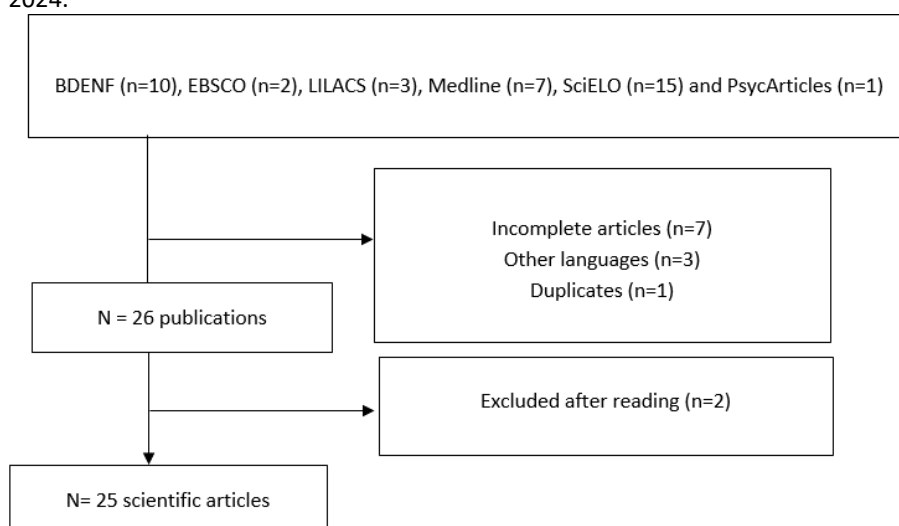
Based on this principle, the question is: what is the state of the art that lays the foundations for developing the web app “Psychosocial Rehabilitation Project Application”, deeply supporting its therapeutic purpose and clinical functionality, to the detriment of its technological aspects? In this context, this study aimed to present the theory that justifies the purpose of the “Psychosocial Rehabilitation Project Application”, considering bioethical aspects.

More importantly, in developing this research, there is no intention to present technically and methodologically the construction of this application, which will take place in the prototyping of its instructional design, and later through its development^{3,10,12,17,18}.

METHODOLOGY

This was a narrative literature review^{1,3,19,20}, carried out from July to December 2023 on the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), in the following databases: Nursing Database (BDENF), Elton Bryson Stephens Company (EBSCO), Latin American and the Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (Medline), Scientific Electronic Library Online (SciELO) and Psychology Database of the American Psychological Association (PsycArticles), using the following keywords (combined or isolated): Psychosocial Rehabilitation, Psychosocial Rehabilitation Project, Singular Therapeutic Project, Case Management, Interdisciplinary Work, Psychosocial Care Network, Bioethics and Mental Health Application. Only works addressing the aforementioned topics, written in Portuguese, English, and Spanish, with no time limit, totaling 25 articles, were included. Incomplete works, not available for download, or not addressing the proposed theme (Please see Figure 1), namely, the concept of the theory of Psychosocial Rehabilitation, the Psychosocial Rehabilitation Project, and the fundamental bioethical principles for the development of mental health applications, were excluded.

Figure 1. Flowchart of steps for selecting articles for this narrative literature review, 2024.



Source: Prepared by the authors (2024).

The 25 articles in Box 1 were exported to the Mendeley software and read in detail. Their analysis revealed conceptual themes²¹⁻²³ that allow the definition of the theory of Psychosocial Rehabilitation, the Singular

Therapeutic Project, and bioethical principles as foundations to support, justify, and explain the clinical functionality and therapeutic purpose of the web app “Psychosocial Rehabilitation Project Application”.

RESULTS AND DISCUSSION

The themes that emerged from the analysis of the selected articles and that made up the sample (Box 1) were: **Psychosocial Rehabilitation: Theory and Practice in Mental Health, Psychosocial Rehabilitation Project, and Applications in Mental Health: Bioethical Considerations.**

Box 1. Sample of 25 articles selected in the narrative literature review

1.	Sanches LR, Vecchia MD. Reabilitação psicossocial e reinserção social de usuários de drogas: revisão de literatura. <i>Psicol Soc.</i> 2018;30:e178335.
2.	Moura AA, Cartaxo CMB, Mendonça MCA. “Se é para jogar dominó, eu jogo em casa”: reflexões sobre a ociosidade em serviços de saúde mental. <i>Cad Bras Saude Ment.</i> 2023;15(42):106-28.
3.	Gooding P. Mapping the rise of digital mental health technologies: emerging issues for law and society. <i>Int J Law Psychiatry.</i> 2019;67:101498.
4.	Neary M, Schueller SM. State of the field of mental health apps. <i>Cogn Behav Pract.</i> 2018;25(4):531-7.
5.	Carlo AD, Ghomi RH, Renn BN, Areán PA. By the numbers: ratings and utilization of behavioral health mobile applications. <i>NPJ Digit Med.</i> 2019;17(2):54.
6.	Queiroz G. Second mind: considerações ético-legais sobre a digitalização em saúde mental no contexto Português. <i>RPPSM.</i> 2022;8(3):96-104.
7.	Torous J, Roberts LW. The ethical use of mobile health technology in clinical psychiatry. <i>J Nerv Ment Dis.</i> 2017;205(1):4-8.
8.	Martinez-Martin N, Greely HT, Cho MK. Ethical development of digital phenotyping tools for mental health applications: Delphi study. <i>JMIR mHealth uHealth.</i> 2021;9(7):e27343.
9.	Torous J, Vaidyam A. Multiple uses of app instead of using multiple apps- a case for rethinking the digital health technology toolbox. <i>Epidemiol Psychiatr Sci.</i> 2020;29:e100.
10.	Araújo JB, Cassoli T. Reabilitação psicossocial: entre a segurança e ética da existência. <i>Rev Polis Psique.</i> 2020;10(3):52-76.
11.	Guerra AMC. Reabilitação psicossocial no campo da reforma psiquiátrica: uma reflexão sobre o controverso conceito e seus possíveis paradigmas. <i>Rev Latinoam Psicopat Fund.</i> 2004;7(2):1-14.
12.	Babinski T, Hirdes A. Reabilitação psicossocial: a perspectiva de profissionais de centros de atenção psicossocial do Rio Grande do Sul. <i>Texto Contexto Enferm.</i> 2004;13(4):568–76.
13.	Silva PE, Ronsoni EÂ. Educação Popular em Saúde e a promoção de reabilitação psicossocial: relato de experiência de um grupo em um CAPS AD. <i>Rev Ed Popular.</i> 2022;21(2):307-26.
14.	Lussi IAO, Pereira MAO, Pereira Jr A. A proposta de reabilitação psicossocial de Saraceno: um modelo de auto-organização? <i>Rev Latinoam Enferm.</i> 2006;14(3):448–56.
15.	Mendes L, Ramos L, Nicolau C, José S. Intervenções de enfermagem promotoras de esperança na reabilitação psicossocial orientada para o Recovery: revisão integrativa da literatura. <i>Rev Portuguesa Enferm Saude Mental.</i> 2022;(28):197-209.
16.	Raimundo M, Hinkel J, Murphy RC. Teatro, saúde mental e economia solidária. <i>Em Ext.</i> 2023;21(2):96-107.

17.	Acebal JS, Barbosa GC, Domingos T da S, Bocchi SCM, Paiva ATU. O habitar na reabilitação psicossocial: análise entre dois Serviços Residenciais Terapêuticos. <i>Saude Debate</i> . 2020;44(127):1120-33.
18.	Campos FAAC, Silva JCB, Almeida JM, Feitosa FB. Reabilitação Psicossocial: o relato de um caso na Amazônia. <i>Saude Redes</i> . 2021;7(Supl. 2):1-18.
19.	Carvalho e Silva J, Magalhães YB, Bucher-Maluschke JSNF. Horticultura terapêutica em um grupo de reabilitação da dependência química no Brasil. <i>Av Psicol Latinoam</i> . 2022;40(1):1-15.
20.	Rossi AF, Paula BA, Israel FM, Camargos MA. A tessitura da construção coletiva de indicadores de saúde mental em Centros de Atenção Psicossocial. <i>Saúde Debate</i> . 2023;47(137):333–45.
21.	Cases JG, González AR. Programas de Rehabilitación Psicossocial en la Atención Comunitaria a las personas con psicosis. <i>Clinica Salud</i> . 2010;21(3):319-32.
22.	Godinho DM, Peixoto Jr CA. Clínica em movimento: a cidade como cenário do acompanhamento terapêutico. <i>Fractal Rev Psicol</i> . 2019;31(3):320–7.
23.	Antonio CR, Mangini FNR, Lunkes AS, Marinho LCP, Zubiaurre PM, Rigo J, et al. Projeto terapêutico singular: potencialidades e dificuldades na saúde mental. <i>Linhas Criticas</i> . 2023;29(e45423):1-14.
24.	Garay CJ, Celleri M. Aplicaciones móviles en salud mental: percepción y perspectivas en Argentina. <i>Rev Psicodebate Psicol Cult Soc</i> . 2022;22(1):38-48.
25.	Gruska V, Dimenstein M. Reabilitação Psicossocial e Acompanhamento Terapêutico: equacionando a reinserção em saúde mental. <i>Psicol Clin</i> . 2015;27(1):101-22.

Source: Prepared by the authors (2024).

Psychosocial Rehabilitation: Theory and Practice in Mental Health

As a social movement, Psychosocial Rehabilitation emerged in the United States of America (USA) in the 1940s, from meetings of people who had been admitted to a psychiatric hospital. This group was called *Wana-we are not alone*, and received support from civil society with training, workshops, and housing. Later, in the following decades, mainly in the 1970s, the North American government began to intervene and finance psychosocial rehabilitation projects with the creation of complex networks that were represented, for the most part, by community services^{24,25}.

In the Anglo-Saxon context, the concept of Psychosocial Rehabilitation was defined by the International Association of Psychosocial Rehabilitation Services as a process that aims to facilitate the restoration of autonomy for users of mental health services with personal, socio-affective and socioeconomic limitations, so that they can exercise their social role as members of their community^{2,26,27}. This process would emphasize the potential of these individuals through an empathetic and comprehensive approach, with support that considers aspects related to housing, social

interaction, leisure activities, education, and career/vocational counseling, in a personalized manner according to their needs and singularities^{26,28}.

The World Health Organization's (WHO) definition of Psychosocial Rehabilitation is no different from that set out by the International Association of Psychosocial Rehabilitation Services, defining it as the process that provides users of mental health services with opportunities to achieve functionality, independence, and autonomy in their community^{29,30}. The WHO sets the following as goals of PR: empowerment, reduction of discrimination and stigma, optimization of individual skills and abilities, reduction of symptoms and iatrogenesis caused by mental disorders, and increased family support^{31,32}. In addition, it aims to mobilize for changes in social structures (removal of barriers) aimed at social inclusion, community participation, and promotion of opportunities for personal and professional self-realization, as well as the construction of contractuality and meanings in life^{2,5,29-31,33,34}.

Thus, Psychosocial Rehabilitation is characterized as a strategic approach, political determination, and comprehensive, intricate, and sensitive form of care aimed at vulnerable individuals concerning conventional social norms, requiring, in turn, equally elaborate and sensitive care²⁷. It is focused on the (re)construction of life by rescuing functionality, valuing the subject and their uniqueness, potentialities, and life history, through the individualization of mental health care, development of social skills, autonomy, and community participation, as well as in social political transformation, to facilitate the exercise of citizenship by users of mental health services²⁶.

Following this theoretical basis, the practice of daily life is essential for the Psychosocial Rehabilitation of users of mental health services. This is because it represents a tool that helps them achieve social functionality with greater autonomy, that is, the ability to choose, reflect on life, position themselves, build their identity, exercise citizenship, establish relationships, and carry out social exchanges in their community^{2,26,28,30,33,35}. Such social functioning provides them with the (re)discovery of their subjectivity, through self-help, life planning, family support, strengthening of existing services, and development of mutual support networks for them and their families, as well as for any social actor necessary to support the demands and needs of the

user. Therefore, (re)finding subjectivity to restore it means allowing the user of the mental health service to recover their contractual power, so that they can build bridges and socio-affective structures, with intra- and intersectoral actions, to achieve social protagonism in their community and manage their lives with independence, purposes and values^{28,34,36,37}.

In line with the development of social functionality of the mental health service user, PR is operationalized in an individual and contextual action, with the purpose of facilitating and enabling the user to learn social skills and recognize the opportunities available in their context, so that they can make assertive choices that maximize the chances of benefiting as a subject belonging to a community, living in that place with greater independence and autonomy^{2,28}.

Furthermore, Psychosocial Rehabilitation allows the development of individual and collective skills that provide mental health service users with opportunities for social (re)integration, development of autonomy, independence, execution of activities/tasks/social roles, self-determination, and management of their lives, overcoming the disabling concept of mental illness that excludes and limits them^{36,38,39}. These ideas corroborate the literature, which points to PR as a strategy for emancipation and construction of new realities and meanings by mental health service users, through social and political mobilization in favor of changes in chronic, stigmatizing, and discriminatory social structures²⁸.

The social functionality proposed by Psychosocial Rehabilitation is the ability to learn skills not only for a functional adaptation to the social environment but above all, to transform reality, intervening in and recreating it. Therefore, PR must be contextualized in all biopsychosocial dimensions of the patient, as well as overcome the biomedical stigma of an incapacitated subject who occupies a social position of claiming rights and their social space^{24,28,31,36,39}.

In addition, Psychosocial Rehabilitation constitutes an ethical-aesthetic treaty that will instrumentalize projects within its scope, seeking to build a fair and equal society for all, considering the inclusion of users of mental health services as subjects with desires, wishes, and rights^{25,27}. From this perspective, it is important to emphasize that the asylum model has removed

social life from mental health service users, distancing them from their territory and socio-affective spaces, from their community, their city, their family, their leisure, their work, and their culture, limiting their social participation and, consequently, making it difficult for them to exercise their citizenship. These elements harm affective relationships and social exchanges that are extremely important and necessary for the PR process^{30,31,35,36}.

Psychosocial Rehabilitation is a process that provides opportunities for individuals using mental health services to enhance their social functionality within their life context. This involves developing individual skills and encouraging social changes that promote actions aimed at socialization, autonomy, independence, and recovery of contractuality^{2,30,34,40}. To achieve these desired results, it is imperative to promote interdisciplinary integration between the professionals involved and the services available in the care network. This approach encompasses social (re)insertion in the individual's life territory, encouraging coexistence and participation in society, in addition to the active construction of citizenship. This collaboration between different sectors and specialties is essential to provide comprehensive and effective support in the PR process,^{31,41} generating contractuality with socio-affective meanings in the life of the user of the mental health service in the three scenarios: habitat, social network, and work²⁵.

Habitat is the notion of home, a concrete physical space that encompasses the emotional involvement and appropriation of the mental health service user of this space³¹. It is also related to the actions carried out in daily life activities in the personal sphere and this living space⁴². The social network is a formal or informal structure that produces opportunities and resources. In it, the psychiatric patient circulates, engages in face-to-face interactions, and builds affection and social exchanges, creating relationships of various formats⁴³. Work is the involvement in activities that can generate income and promote the financing of socioeconomic needs. This will result in access to goods and services that provide personal satisfaction by identifying needs and desires within their particular interests^{31,42}.

Therefore, when using Psychosocial Rehabilitation in the context of mental health, the aim is to build contractuality in the territory of the mental health

service user, composed of different elements: habitat, social networks, and work, which allows the mental health service user to participate in social, political, legal, civil and economic activities⁴⁴. It is worth noting that the PR process is systematized by mental health professionals through the Psychosocial Rehabilitation Project⁴⁵.

Box 2 summarizes the relevant theoretical assumptions of the theory of Psychosocial Rehabilitation to be used as guiding guidelines for developing the web app “Psychosocial Rehabilitation Project Application”.

Box 2. Theoretical Assumptions of Psychosocial Rehabilitation

Definition of Psychosocial Rehabilitation
A process that enables/provides opportunities and/or facilitates (as well as supports and/or develops) the user of mental health services to achieve autonomy, independence, social functionality, meaning in life, social (re)insertion, and exercise of citizenship, through the mobilization of individual and collective resources, for their benefit, without violating their human rights.
Assumptions of the Theory of Psychosocial Rehabilitation
<ol style="list-style-type: none"> 1) Psychosocial Rehabilitation is a process that provides opportunities and enables users of mental health services to achieve and develop autonomy, social functionality, self-determination and direction of their lives, contractuality, empowerment, exercise of citizenship, and social protagonism. 2) Psychosocial Rehabilitation as an instrument for (re)constructing and (re)encountering subjectivity in users of mental health services, occupying neglected social spaces, and building socio-affective relationships with affective meanings. 3) Psychosocial Rehabilitation must be contextualized considering the demands and needs of users of mental health services. 4) Psychosocial Rehabilitation is operationalized in the articulation between the three scenarios of life production: Habitat, Social Networks, and Work. 5) Psychosocial Rehabilitation guides mental health professionals to plan and build Psychosocial Rehabilitation Projects contextualized to the psychosocial needs of users of mental health services.

Source: Prepared by the authors (2024).

Accordingly, the Psychosocial Rehabilitation project needs to be defined so that we can understand it in light of the theory of PR.

Psychosocial Rehabilitation Project

The Psychosocial Rehabilitation Project (PRP) emerged in Brazil in the context of Psychiatric Reform, influenced by the Italian psychiatric reform, which made possible inclusive community services capable of guaranteeing human dignity, through respect for the particularities and uniqueness of people with mental disorders, without violating their human rights. Thus, the PRP aims to build contractuality in the relationships established by the user of the mental health service, whether in services or community contexts, in a way

that enables and provides territorial practices for strengthening lasting social ties, promoting health and quality of life⁴⁵.

Therefore, the PRP can create conditions for the multiplication of autonomous relationships between the mental health service user and the environment, so that opportunities are continually available to them. In this type of project, it is possible to identify which practices and concepts are necessary conditions for discussing PR, as well as to choose priority demands and needs for implementing interventions. These demands and needs comprise the problems and difficulties that the mental health service user faces, how they are configured, and the risks and harms they cause³¹.

Through the systematic planning of the Psychosocial Rehabilitation Project, the mental health service user establishes interpersonal relationships and socio-affective contracts that open up opportunities for them to build a meaningful social life and dreams. Consequently, the main objective of the PRP is the social reintegration of the mental health service user into society, with the full exercise of citizenship, which will occur through the construction of formal and informal support networks, as support and assistance for their biopsychosocial needs in the following scenarios: habitat, social networks and work.

These scenarios are spaces for artistic, cultural, political, and/or economic exchanges, which highlight the potential of mental health service users^{45,46} and contribute to the development of autonomy, independence, social functionality, social integration, citizenship, and quality of life⁴⁴.

As the Psychosocial Rehabilitation Project encourages the protagonism of human life in these settings, it must be constructed collectively with the mental health service user, in a way that allows for the individualization of care and provides the development of therapeutic spaces in which their choices and decisions are respected,²⁶ with identification of their potential and desires, by considering their life history, as well as their complexity as an indivisible and subjective subject³¹.

As a systematized instrument for mental health care, this type of project needs to be guided by the theoretical and practical assumptions of the

theory of Psychosocial Rehabilitation and Case Management, which favor teamwork, family support and integration between the devices of the psychosocial care network, and the PRP has its structure based on the stages of the Singular Therapeutic Project.

In this way, the stages of the Singular Therapeutic Project are part of the structure of the Psychosocial Rehabilitation Project and are composed of mental health assessment, therapeutic goals, interventions, division of responsibilities, and (re)assessment^{5,6,47,48}.

Mental health assessment is a biopsychosocial-spiritual assessment that enables in-depth knowledge about the life history of the mental health service user, medical and multidisciplinary diagnoses, risks, vulnerabilities and difficulties, potentialities, desires/values, interests, and personal and professional aspirations, as well as significant social relationships in their territory.

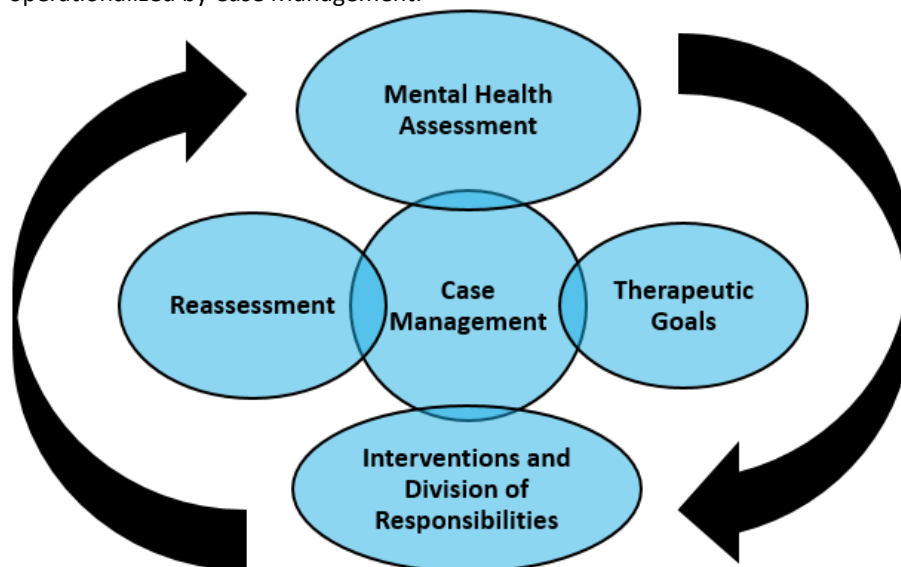
Therapeutic goals are the moment in which the objectives to be achieved according to the mental health assessment are defined. It is important to emphasize that the goals have to be contextualized and situated in the biopsychosocial aspirations and needs of the mental health service user.

In the interventions and division of responsibilities, mental health actions are chosen to be instituted by the mental health team or any other relevant social actor to achieve therapeutic goals for the benefit of the user of the mental health service regarding care and its agreement. Deadlines to be met (short, medium, and long) are set, and the person(s) in charge of the actions established in the goals or the coordination of their implementation are designated. Such actions and implementation are carried out using the devices and/or professionals of the Psychosocial Care Network (social actors).

The (re)assessment represents the moment in which the progress is discussed and the necessary alignments are made. Other issues not covered in the initial evaluation, difficulties, therapeutic failures, or any other new care need that has arisen can be identified. Interventions and agreements

with the user of the mental health service and the other participating social actors can be revised or amended.

Figure 2. Fundamental structure of the Psychosocial Rehabilitation Project operationalized by Case Management.



Source: Prepared by the authors (2024).

The literature shows that the case management model, structured by Case Management, favors the management of the Psychosocial Rehabilitation Project, as this resource enables and operationalizes its management through the stages of conduction, coordination, monitoring, and (re)assessment, as illustrated in Figure 2. This allows the mental health professional to assume the coordination of the PRP of the mental health service user, with the function of managing it and ensuring that this user is cared for with the support of the mental health team and any other social actor essential for its maximum efficiency^{38,49,50}.

Box 3 presents the difference between the Psychosocial Rehabilitation project and the Singular Therapeutic Project, to better exemplify their concepts.

Box 3. Conceptual differences between the Psychosocial Rehabilitation Project and the Singular Therapeutic Project.

Types of Project	Psychosocial Rehabilitation Project	Singular Therapeutic Project
Conceptualization	It is a systematized method of managing care and assistance to users of mental health services, based on the assumptions of the theory of Psychosocial Rehabilitation and Case Management, and structured in the	It is a shared action plan made up of a set of interventions that follow the intention of integral care.

	stages of the Singular Therapeutic Project that allows the mental health professional to diagnose the problems, psychosocial needs and demands of this user, plan and manage their care, intervene with, mobilize resources in the Psychosocial Care Network or community, make agreements and/or accountability about the care to be provided to this patient, monitor, (re)assess and provide personalized, comprehensive and humanistic care, aimed at the full exercise of citizenship.	
Origin	Italian psychiatric reform.	Brazilian psychiatric reform to guide the care provided to mental health service users.
Conceptual Theory	Psychosocial Rehabilitation and Case Management.	Integrity, expanded clinical practice, and humanization.
Structure	Data on mental health service users, personal history, diagnoses, goals, interventions, agreements, and assessment. It is not limited to functionality and adaptation but to expanding the construction of possibilities around the mental health service user so that they can take charge of their lives and exercise citizenship.	User data, diagnosis, goal setting, division of responsibilities, and reassessment.
Scope/Context	Mental health.	Health.
User	Mental health professionals.	Health professionals.
Institutions/ Services	Mental health services.	All health services.
Limitation	Complexity in adapting the theory of Psychosocial Rehabilitation to mental health cases, fragmentation of the psychosocial network, and professional and political strains to the detriment of the needs and desires of users of mental health services.	Users of health services with complex needs, lack of time for mental health professionals to discuss and monitor the evolution of STP, fragmented health network, and routinization of STP.

Source: Prepared by the authors (2024).

Therefore, the importance of the Psychosocial Rehabilitation Project in the work of mental health professionals in the area, especially in the Psychosocial Care Centers (CAPS), is evident, since it is the main Psychosocial Rehabilitation device in the Psychosocial Care Network. The CAPS team, aligned with the expanded clinical approach, emphasizes welcoming, respect for the right to choose, and the promotion of autonomy in the care of users of mental health services. To achieve its objective, this service needs to be

contextualized within the life production scenarios (habitat, social networks, and work) of these users, requiring coordination with the care psychosocial network, professional involvement, and creativity³⁰.

Hence, the web app “Psychosocial Rehabilitation Project Application” will possibly be a tool to assist mental health professionals in managing complex cases and their interactions with the social actors necessary for the development of the Psychosocial Rehabilitation Project in mental health⁴⁵. In this context, technology can be viable not as a replacement for humans, but as an instrument that facilitates the work of professionals⁸. Thus, it is very important to know the implications of technology as a tool to be used in mental health, especially at the level of applications that aim to facilitate the practice of professionals in this area in constructing Psychosocial Rehabilitation projects and in understanding how this technology can have a positive or negative impact on the mental health care provided to users of mental health services by these professionals⁷.

In this sense, Box 4 summarizes the guiding assumptions for the construction of the Psychosocial Rehabilitation Project, which, in the future, may comprise the requirements of the web app “Psychosocial Rehabilitation Project Application”.

Box 4. Theoretical Assumptions of the Psychosocial Rehabilitation Project.

Definition of Psychosocial Rehabilitation Project
It is a systematized method of managing care and assistance to users of mental health services based on the process of Psychosocial Rehabilitation, Case Management, and stages of the Singular Therapeutic Project, which allows the mental health professional to diagnose the problems, psychosocial needs, and demands of the psychiatric patient, plan and manage their care, intervene with, mobilize resources in the Psychosocial Care Network or community, make agreements and/or accountability about the care to be provided to this patient, monitor, (re)assess and provide personalized, comprehensive and humanistic care, focused on the full exercise of citizenship.
Theoretical Assumptions of the Psychosocial Rehabilitation Project
<ol style="list-style-type: none"> 1) PRP is a tool that enables the PR of mental health service users. 2) PRP enables the construction of contractuality in mental health service users through the development of care strategies that respond to their biological, psychosocial, affective, and socioeconomic demands and needs. 3) The internal structure of the PRP is determined by the STP and is broken down into mental health assessment, therapeutic goals, interventions division of responsibilities, and (re)assessment. 4) Case Management is a model that allows the management and functioning of the PRP through dialogue between teamwork, case management, mobilization of resources available in the Psychosocial Care Network, and community and (re)assessment of complex mental health cases.

Source: Prepared by the authors (2024).

Therefore, it is essential to discuss the bioethical implications, specifically those related to using this technology to make the web app “Psychosocial Rehabilitation Project Application” viable.

Applications in mental health: bioethical considerations

Mental health applications have been used to solve mental health problems, as they are described in the literature as beneficial tools for improving mental health care and intervention^{11,13,14}, especially in the treatment of mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia⁹.

In addition, mental health applications are believed to enable the exercise of fundamental human rights and citizenship, accessibility to mental health services and the reduction of social inequalities and injustices^{8,13,14,51,52}.

However, the literature has also pointed out harm to users of mental health services concerning mental health applications, when these resources contribute to their discrimination or when the applications are used for purposes other than those for which they were designed and developed. Another issue is the appropriation and misuse of data from users of mental health services to exclude them from access to civil, social, economic, and labor rights and violate their privacy, autonomy, and freedom of choice and decision. Therefore, developers of mental health information systems are required to respect and be ethically committed when developing data security and privacy policies, as well as to warn their users about sharing such data only with third parties, with the written consent of the user of the mental health service, or a court order. It is also important to promote the rights of mental health information systems developers and users, following legislation and guidance documents that guarantee the protection of the integrity of these users and the non-violation of their human rights. Mental health professionals must be held ethically and criminally responsible for any harm that occurs to patients and professionals who use these information systems, by reporting it to professional councils, courts, and mental health institutions^{7,13,15}.

According to the Guidelines for the Classification of Mental Health Apps of the American Psychiatric Association (APA), mental health professionals

should evaluate the quality of a health information system based on the following hierarchical criteria: 1) the ability to gather basic information; 2) the determination of risk, privacy, and security; 3) evaluation of evidence; 4) the ease of use; and 5) interoperability with other systems. If any of these criteria are not met, the use or indication of the information system should be disregarded^{6,9}.

These APA guidelines enable researchers and developers of mental health information systems, from design to implementation and availability to the user, to pay attention to data security and privacy and evidence/effectiveness of mental health information systems^{8,9}. Nevertheless, laws, standards, protocols, or guidelines are lacking to guide developers and researchers regarding the bioethical domains^{7,8,13,51,53}, identified as essential in the development of an application:¹⁵

- Evidence of validity: the application has scientific support based on studies that demonstrate its validity, reliability, and limitations for use in mental health.
- Transparency: clear explanations about the processes involved in the collection, dissemination, and storage of data collected from users, whether raw or refined.
- Responsibility: the application complies with bioethical principles and prevents health risks to users of mental health services, or their data privacy.
- Data security and privacy: clearly defined policies explained to users about data storage, sharing, and monitoring, informing users about their consent to the utilization of their data by third parties and/or research.
- Fairness: minimize in advance any potential bias for purposes contrary to the purpose for which the application was developed, such as discrimination, punishment, or harm to the individual who consented to the data (patients/or users).

Specifically in this last domain, the complexity involved in the use and manipulation of mental health data is evident. This data can be both beneficial and harmful to users of mental health services, depending on the intentions of those who have access to it. There is a risk that mental health professionals, health insurance companies, judicial bodies, and governments could misuse this information, potentially leading to authoritarian practices that violate human rights. To prevent this, all stakeholders must adhere to ethical principles and relevant legislation applied to the privacy of data produced by applications focused on mental health^{7,15,16}.

Such bioethical domains must be considered in the development of a health information system, regardless of its clinical purpose in mental health^{13,15}, being indispensable to its ideation and prototyping, linked to its technical specificities and clinical peculiarities, and to the theoretical framework consistent with the therapy, which, in the case of the web app “Psychosocial Rehabilitation Project Application” is the Psychosocial Rehabilitation of the user of mental health services through a Psychosocial Rehabilitation Project.

This application should also promote teamwork, collaboratively, integrating professionals and assistance points of the Psychosocial Care Network in a practical way, allowing mediation and facilitation of communication between mental health professionals during the stages of construction, coordination/conduction, monitoring, and (re)assessment of Psychosocial Rehabilitation projects. All of this in a way that enables the storage/archiving, systematization, and organization of information collected about the user of the mental health service, as well as the selection of therapeutic objectives and goals, interventions, agreements, referrals, and counter-referrals, case studies, and (re)assessment⁵⁴.

Thus, the development of the web app “Psychosocial Rehabilitation Project Application” undoubtedly involves bioethical responsibilities, evidence-based and scientifically credible, transparency, security, and privacy of the data collected, produced, stored, and archived. Also, the duty not to share sensitive mental health data with third parties without the express consent of the patients and/or users who own or refer to the data^{7,8,13-16}.

Box 5 lists the bioethical assumptions to be considered by researchers and developers of a mental health information system, especially for the web app “Psychosocial Rehabilitation Project Application”.

Box 5. Bioethical assumptions to be considered in developing a Psychosocial Rehabilitation Project application

Definition of the concept of guiding bioethics for the development of the web app “Psychosocial Rehabilitation Project Application”
It refers to the human and social responsibility that developers and researchers must hold when building and/or managing the web app “Psychosocial Rehabilitation Project Application”, in order to prevent possible harm to the user of the mental health service.
Bioethical assumptions guiding the development of the web app “Psychosocial Rehabilitation Project Application”
<ol style="list-style-type: none"> 1) The web app “Psychosocial Rehabilitation Project Application” must be based on consistent scientific evidence and demonstrate efficacy, efficiency, and effectiveness for clinical use in mental health. 2) The web app “Psychosocial Rehabilitation Project Application” must have clear policies regarding the purpose of its use, the responsibilities of developers, and those responsible for the security and privacy of data produced, stored, and archived. 3) The web app “Psychosocial Rehabilitation Project Application” must collect the consent of users (mental health service users, mental health professionals, or any individuals related to its purpose) about their personal and/or sensitive data, demonstrating transparency about its use, storage/archiving. 4) The web app “Psychosocial Rehabilitation Project Application” must be secure enough to protect users against fraud, dissemination of personal and sensitive information regarding data stored without the users’ consent, as well as prevent any form of discrimination due to information originating from personal and/or sensitive data stored, archived, available or shared.

Source: Prepared by the authors (2024).

FINAL CONSIDERATIONS

The Psychosocial Rehabilitation Project is an essential approach to developing the social functionality, autonomy, and quality of life of users of mental health services. Its essence lies in the construction of contractual relationships, the strengthening of social bonds, and the promotion of citizenship, to meet the complex needs of these patients in their biological, psychosocial, and cultural dimensions.

This study demonstrates that the structure of this type of project encompasses the theoretical assumptions of the theory of Psychosocial Rehabilitation, stages of the Singular Therapeutic Project, and Case Management in the structuring and planning of the project. It also proposes a theoretical framework to support the future development of the web app “Psychosocial Rehabilitation Project Application.” This application will be integrated with interdisciplinary teamwork and will include collaboration within the psychosocial care network, all while adhering to bioethical

principles to ensure the protection and security of the data produced and stored.

Therefore, a narrative review of the literature with a critical-reflective approach allowed us to infer that the psychosocial rehabilitation project is the mental health care instrument that systematizes psychosocial rehabilitation. This is developed in stages that guide the construction of meanings in life for psychiatric patients. Hence, mental health professionals must work in an interdisciplinary context and articulate the psychosocial care network in the construction of formal and informal relationships and bonds to be points of support and safety during the projected and aspired life that psychiatric patients need to follow.

In this way, the psychosocial rehabilitation project is aligned with the objectives, values, and purposes of psychosocial rehabilitation, and not strictly in an approach that only focuses on biological and technological needs, but in line with care centered on the singularities of users of mental health services and in the construction of social contractuality with effective and collaborative participation of the psychosocial care network.

Thus, the conception, prototyping, and development of the web app “Psychosocial Rehabilitation Project Application” emerge as resources with the potential to plan, build, coordinate/conduct, and (re)assess, as well as mediate communication between professionals in this interdisciplinary context of teamwork. These resources aim to guarantee privacy, validity and reliability, security, and transparency in the data produced, in addition to minimizing the harm that may be caused to users and professionals of mental health services.

To this end, attention should be paid to the need to develop data protection security policies to defend the rights of users of mental health services regarding the sharing of their information with third parties without their written consent, and the indispensable use of encryption to ensure that the developers of the web app “Psychosocial Rehabilitation Project Application” do not have access to sensitive data produced by the application. Furthermore, social mobilization is essential to promote data privacy rights among mental health professionals, as well as the development of a culture

in favor of defense and non-harm towards users of mental health applications.

Finally, at a political level, it is important to highlight the urgent need to create more stringent laws and control measures regarding mental health applications. Such regulations should focus on holding developers accountable for any violations of human rights or actions that may harm users. This includes sharing user data with third parties for commercial gain or pursuing personal interests that undermine the interests and desires of data owners.

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REFERENCES

- 1 Pavani FM, Silva AB, Olschowsky A, Wetzel C, Nunes CK, Souza LB. Covid-19 and repercussions in mental health: a narrative review of literature. *Rev Gaucha Enferm* [Internet]. 2021 [cited Aug. 6 2023];42(spe):e20200188. Available from: <https://www.scielo.br/j/rngen/a/YD6WWBggJmkcBY8jNsFypSd/#>
2. Sanches LR, Vecchia MD. Reabilitação Psicossocial e reinserção social de usuários de drogas: revisão de literatura. *Psicol Soc* [Internet]. 2018 [cited Aug. 6 2023];30:e178335. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-71822018000100228&lng=pt&tlng=pt
3. Lemon C, Huckvale K, Carswell K, Torous J. A narrative review of methods for applying user experience in the design and assessment of mental health smartphone interventions. *Int J Technol Assess Health Care* [Internet]. 2020 [cited Aug. 6 2023];36(1):64-70. Available from: <https://pubmed.ncbi.nlm.nih.gov/31973787/>
4. Brasil. Ministério da Saúde. Portaria MS n° 132, de 26 de janeiro de 2012. Institui incentivo financeiro de custeio para desenvolvimento do componente Reabilitação Psicossocial da Rede de Atenção Psicossocial do Sistema Único de Saúde (SUS). *Diário Oficial da União*; 2012. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt0132_26_01_2012.html
5. Moura AA, Cartaxo CMB, Mendonça MCA. “Se é para jogar dominó, eu jogo em casa”: reflexões sobre a ociosidade em serviços de saúde mental. *Cad Bras Saude Ment* [Internet]. 2023 [cited Aug. 6 2023];15(42):106-28. Available from: <https://periodicos.ufsc.br/index.php/cbsm/article/view/75083>
6. Torous JB, Chan SR, Gipson SYT, Kim JW, Nguyen TQ, Luo J, et al. A hierarchical framework for evaluation and informed decision making regarding smartphone

apps for clinical care. *Psychiatr Serv* [Internet]. 2018 [cited Aug. 6 2023];69(5):498-500. Available from: <https://pubmed.ncbi.nlm.nih.gov/29446337/>

7. Gooding P. Mapping the rise of digital mental health technologies: emerging issues for law and society. *Int J Law Psychiatry* [Internet]. 2019 [cited Aug. 6 2023];67:101498. Available from: <https://pubmed.ncbi.nlm.nih.gov/31785726/>
8. Winnike AN, Dale III BJ. Rewiring mental health: legal and regulatory solutions for the effective implementation of telepsychiatry and telemental health care. *Hous. J Health L Pol* [Internet]. 2017 [cited Jan. 6 2024];17(21):21-103. Available from: <https://calio.dspacedirect.org/items/4ef89560-268d-4510-b62d-9e29ee2cc919>
9. Neary M, Schueller SM. State of the Field of Mental Health Apps. *Cogn Behav Pract* [Internet]. 2018 [cited Jan. 6 2024];25(4):531-7. Available from: <https://pubmed.ncbi.nlm.nih.gov/33100810/>
10. Miralles I, Granell C. Considerations for designing context-aware mobile apps for mental health interventions. *Int J Environ Res Public Health* [Internet]. 2019 [cited Jan. 6 2024];16(7):1-21. Available from: <https://www.mdpi.com/1660-4601/16/7/1197>
11. Carlo AD, Ghomi RH, Renn BN, Areán PA. By the numbers: ratings and utilization of behavioral health mobile applications. *NPJ Digit Med*. 2019 Jun [cited Jan. 6 2024];17(2):54. Available from: <https://pubmed.ncbi.nlm.nih.gov/31304400/>
12. Machado Neto OJ. Usabilidade da interface de dispositivos móveis: heurísticas e diretrizes para o design [dissertação]. São Carlos (SP): Universidade de São Paulo; 2013. 136 p. Available from: <http://www.teses.usp.br/teses/disponiveis/55/55134/tde-07012014-110754/>
13. Queiroz G. Second Mind: considerações ético-legais sobre a digitalização em saúde mental no contexto Português. *RPPSM* [Internet]. 2022 [cited Jan. 6 2024];8(3):96-104. Available from: <https://www.revistapsiquiatria.pt/index.php/sppsm/article/view/332>
14. Torous J, Roberts LW. The ethical use of mobile health technology in clinical psychiatry. *J Nerv Ment Dis* [Internet]. 2017 [cited Jan. 6 2024];205(1):4-8. Available from: <https://pubmed.ncbi.nlm.nih.gov/28005647/>
15. Martinez-Martin N, Greely HT, Cho MK. Ethical development of digital phenotyping tools for mental health applications: Delphi study. *JMIR mHealth uHealth* [Internet]. 2021 [cited Jan. 6 2024];9(7):e27343. Available from: <https://pubmed.ncbi.nlm.nih.gov/34319252/>
16. Torous J, Vaidyam A. multiple uses of app instead of using multiple apps- a case for rethinking the digital health technology toolbox. *Epidemiol Psychiatr Sci* [Internet]. 2020 [cited Jan. 6 2024];29:e100. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7216034/>
17. Paschoarelli LC, Silva JCP. Importância do estudo metodológico para o desenvolvimento da área do design informacional. Em: Menezes MS, Moura M, organizers. *Rumos da Pesquisa no Design Contemporâneo: Relação Tecnologia x Humanidade* [Internet]. São Paulo: Estação das Letras e Cores; 2013. p. 50–67. Available from: https://media.wix.com/ugd/b0aead_ba091c1a613548e595655dfadc3086b4.pdf
18. Gusmão ECR. Construção e validação de um aplicativo de identificação das habilidades adaptativas de crianças e adolescentes com deficiência intelectual [tese]. Belo Horizonte: Universidade Federal de Minas Gerais; 2019.

19. Cordeiro AM, Oliveira GM, Rentería JM, Guimarães CA. Revisão sistemática: uma revisão narrativa. *Rev Col Bras Cir* [Internet]. 2007 [cited Jan. 6 2024];34(6):428-31. Available from: <https://www.scielo.br/j/rcbc/a/CC6NRNtP3dKlGlpwcmV6Gf/#>
20. Marciniak MA, Shanahan L, Rohde J, Schulz A, Wackerhagen C, Kobylińska D, et al. Standalone Smartphone Cognitive Behavioral Therapy–Based ecological momentary interventions to increase mental health: narrative review. *JMIR mHealth uHealth* [Internet]. 2020 [cited Jan. 6 2024];8(11):e19836. Available from: <https://pubmed.ncbi.nlm.nih.gov/33180027/>
21. de Souza LK. Pesquisa com análise qualitativa de dados: conhecendo a Análise Temática. *Arq Bras Psicol* [Internet]. 2019 [cited Jan. 6 2024];71(2):51-67. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672019000200005
22. Rosa LS, Mackedanz LF. Análise temática como metodologia na pesquisa qualitativa em educação em ciências. *Atos Pesqu Educ* [Internet]. 2021 [cited Jan. 6 2024];16:e8574. Available from: <https://ojsrevista.furb.br/ojs/index.php/atosdepesquisa/article/view/8574>
23. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* [Internet]. 2006 [cited Jan. 6 2024];3(2):77-101. Available from: <https://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa>
24. Araújo JB, Cassoli T. Reabilitação psicossocial: entre a segurança e ética da existência. *Rev Polis Psique* [Internet]. 2020 [cited Jan. 6 2024];10(3):52-76. Available from: https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2238-152X2020000300004
25. Guerra AMC. Reabilitação psicossocial no campo da reforma psiquiátrica: uma reflexão sobre o controverso conceito e seus possíveis paradigmas. *Rev Latinoam Psicopat Fund* [Internet]. 2004 [cited Jan. 6 2024];7(2):1–14. Available from: <https://www.scielo.br/j/rlpf/a/ZTzkJDdgNG9hdFngVbrjdJx/>
26. Babinski T, Hirdes A. Reabilitação psicossocial: a perspectiva de profissionais de centros de atenção psicossocial do Rio Grande do Sul. *Texto Contexto Enferm* [Internet]. 2004 [cited Jan. 6 2024];13(4):568–76. Available from: <https://www.scielo.br/j/tce/a/LNWT5ZrDF7DQLYxkBK4pc9C/>
27. Pitta A. *Reabilitação Psicossocial no Brasil*. São Paulo: Hucitec; 2016.
28. Silva PE, Ronsoni EÂ. Educação Popular em Saúde e a promoção de reabilitação psicossocial: relato de experiência de um grupo em um CAPS AD. *Rev Ed Popular* [Internet]. 2022 [cited Jan. 6 2024];21(2):307-26. Available from: <https://seer.ufu.br/index.php/reveducpop/article/view/62657>
29. World Health Organization. Psychosocial Rehabilitation a Consensus Statement. *Int J Ment Health* [Internet]. 1997 [cited Jan. 6 2024];26(2):77-85. Available from: <https://www.jstor.org/stable/41344828>
30. Hirdes A, Kantorski LP. Reabilitação psicossocial: objetivos, princípios e valores. *Rev Enferm UERJ* [Internet]. 2004 [cited Jan. 6 2024];12(2):217-21. Available from: <https://www.researchgate.net/publication/317459406>
31. Lussi IAO, Pereira MAO, Pereira Jr A. A proposta de reabilitação psicossocial de Saraceno: um modelo de auto-organização? *Rev Latinoam Enferm* [Internet]. 2006 [cited Jan. 6 2024];14(3):448–56. Available from: <https://www.scielo.br/j/rlae/a/yWXMbtrJLmNvKXNRWSWbSgP/>

32. Mendes L, Ramos L, Nicolau C, José S. Intervenções de enfermagem promotoras de esperança na reabilitação psicossocial orientada para o Recovery: revisão integrativa da literatura. *Rev Portuguesa Enferm Saude Mental* [Internet]. 2022 [cited Jan. 6 2024];(28):197-209. Available from: http://scielo.pt/scielo.php?script=sci_arttext&pid=S1647-21602022000200197&lng=pt&nrm=iso&tlng=pt
33. Silva MNRMO, Souza HPM, Souza CRS. A saúde funcional como uma estratégia para a reabilitação psicossocial. *Rev Nufen Phenom Interd* [Internet]. 2022 [cited Jan. 6 2024];14(1):1–12. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2175-25912022000100004
34. Silva AFL, Mendes AMP. Reabilitação psicossocial e cidadania: o trabalho e a geração de renda no contexto da Oficina de Panificação do CAPS Grão-Pará. *Cad Bras Saude Ment* [Internet]. 2020 [cited Jan. 6 2024];12(33):55-74. Available from: <https://periodicos.ufsc.br/index.php/cbsm/article/view/68878.35>
35. Raimundo M, Hinkel J, Murphy RC. Teatro, saúde mental e economia solidária. *Em Ext* [Internet]. 2023 [cited Jan. 16 2024];21(2):96-107. Available from: <https://seer.ufu.br/index.php/revextensao/article/view/66013>
36. Acebal JS, Barbosa GC, Domingos T da S, Bocchi SCM, Paiva ATU. O habitar na reabilitação psicossocial: análise entre dois Serviços Residenciais Terapêuticos. *Saude Debate* [Internet]. 2020 [cited Jan. 6 2024];44(127):1120-33. Available from: <https://www.scielo.br/j/sdeb/a/TxRGqQHqJ5MwyrSkTf7y3Bs/?lang=pt#>
37. Oliveira GC, Nasi C, Lacchini AJB, Camatta MW, Maltz C, Schneider JF. A reabilitação psicossocial: processo de reconstrução da subjetividade do usuário de drogas. *Rev Enferm UERJ* [Internet]. 2016 [cited Jan. 6 2024];23(6):811-6. Available from: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/11742>
38. Campos FAAC, Silva JCB, Almeida JM, Feitosa FB. Reabilitação Psicossocial: o relato de um caso na Amazônia. *Rev Saude Redes* [Internet]. 2021 [cited Jan. 6 2024];7(Supl. 2):1-18. Available from: <http://revista.redeunida.org.br/ojs/index.php/rede-unida/article/view/3272>
39. Diniz D, Medeiros M, Squinca F. Reflexões sobre a versão em português da Classificação Internacional de Funcionalidade, Incapacidade e Saúde. *Cad Saude Publica* [Internet]. 2007 [cited Jan. 6 2024];23(10):2507–10. Available from: <https://www.scielo.br/j/csp/a/TgD9wYJLfpXPnG4KSP36rZK/abstract/?lang=pt#>
40. Carvalho e Silva J, Magalhães YB, Bucher-Maluschke JSNF. Horticultura terapêutica em um grupo de reabilitação da dependência química no Brasil. *Av Psicol Latinoam* [Internet]. 2022 [cited Jan. 6 2024];40(1):1-15. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S1794-47242022000100009
41. Silva EV, Ribeiro MC, Souza MCS. O cuidado e os processos de trabalho em um hospital de custódia e tratamento psiquiátrico sob a perspectiva de seus trabalhadores. *Cad Bras Ter Ocup* [Internet]. 2018 [cited Jan. 6 2024];26(2):315-27. Available from: <http://www.cadernosdeterapiaocupacional.ufscar.br/index.php/cadernos/article/view/1910>
42. Rossi AF, Paula BA, Israel FM, Camargos MA. A tessitura da construção coletiva de indicadores de saúde mental em Centros de Atenção Psicossocial. *Saude Debate* [Internet]. 2023 [cited Jan. 6 2024];47(137):333–45. Available from: <https://www.scielo.br/j/sdeb/a/Y9L6WkC7SWMxX69pDJMtSxb/>

43. Portugal S, Nogueira C, Hespanha P. As teias que a doença tece: a análise das redes sociais no cuidado da doença mental. *Dados* [Internet]. 2014 [cited Jan. 6 2024];57(4):935-68. Available from: <https://www.scielo.br/j/dados/a/5DWgxnQvkRbr5pKVmyMhB7z/?lang=pt#>
44. Cases JG, González AR. Programas de Rehabilitación Psicosocial en la Atención Comunitaria a las personas con psicosis. *Clinica Salud* [Internet]. 2010 [cited Oct. 17 2024];21(3):319-32. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1130-52742010000300009&lng=es
45. Godinho DM, Peixoto Jr CA. Clínica em movimento: a cidade como cenário do acompanhamento terapêutico. *Fractal Rev Psicol* [Internet]. 2019 [cited Jan. 6 2024];31(3):320-7. Available from: <https://www.scielo.br/j/fractal/a/YJDXGzqPqvwtqDvtcfDDBjv/>
46. Saraceno B. Libertando identidades da reabilitação psicossocial à cidadania possível. Belo Horizonte: Te Corá; 2001.
47. Antonio CR, Mangini FNR, Lunkes AS, Marinho LCP, Zubiaurre PM, Rigo J, et al. Projeto terapêutico singular: potencialidades e dificuldades na saúde mental. *Linhas Criticas* [Internet]. 2023 [cited Jan. 6 2024];29(e45423):1-14. Available from: <http://educa.fcc.org.br/pdf/lc/v29/1981-0431-LC-29-e45423.pdf>
48. Brasil, Ministério da Saúde. Clínica Ampliada, equipe de referência e projeto terapêutico singular [Internet]. 2nd ed. 2007. p. 1-60. Available from: <http://www.saude.gov.br/editora>
49. Campos FAACC. A elaboração do Protocolo de Diagnóstico da Depressão em Adultos (PDDA): uma experiência no Caps II [dissertação]. Porto Velho (RO): Fundação Universidade Federal de Rondônia; 2015.
50. Campos FAACC, Feitosa FB. Protocolo de Diagnóstico da Depressão em Adulto (PDDA) [Internet]. Curitiba: Appris; 2018.
51. Garay CJ, Celleri M. Aplicaciones móviles en salud mental: percepción y perspectivas en Argentina. *Rev Psicodebate Psicol Cult Soc* [Internet]. 2022 [cited Jan. 6 2024];22(1):38-48. Available from: https://www.scielo.org.ar/scielo.php?pid=S2451-66002022000100038&script=sci_abstract&tlng=en
52. Oliveira RM, Duarte AF, Alves D, Furegato ARF. Development of the TabacoQuest app for computerization of data collection on smoking in psychiatric nursing. *Rev Latinoam Enferm* [Internet]. 2016 [cited Jan. 6 2024];24:e2726. Available from: <https://www.scielo.br/j/rlae/a/LtcgDW6hBbrC8pHHTxvjCJC/?lang=en#>
53. Stoyanov SR, Hides L, Kavanagh DJ, Wilson H. Development and validation of the user version of the mobile application rating scale (uMARS). *JMIR mHealth uHealth*. 2016 [cited Jan. 6 2024];10;4(2):e72. Available from: <https://pubmed.ncbi.nlm.nih.gov/27287964/>
54. Lima ICS, Galiza DDF, Ferreira Jr AR, Cavalcante ASP, Nascimento CEM, Sampaio JJC. Produção de práticas de saúde mental integradas em rede de atenção à saúde. *Dialog Interdis Psiq S Ment* [Internet]. 2023 [cited Jan. 6 2024];2(2):e10863. Available from: <https://revistas.uece.br/index.php/dipsm/article/view/10863>
55. Gruska V, Dimenstein M. Reabilitação Psicossocial e Acompanhamento Terapêutico: equacionando a reinserção em saúde mental. *Psicol Clin* [Internet]. 2015 [cited Jan. 6 2024];27(1):101-22. Available from:

