QualityRights

CAPS III Brasilândia, São Paulo, Brasil

QualityRights Evaluation Report

CAPS III Brasilândia evaluation report

PURPOSE

CAPS III Brasilândia was evaluated on 11 August 2020 with the objective of verifying the level of service quality in relation to the respect and promotion of human rights, based on the themes covered in the WHO QualityRights toolkit.

METHODS

Observation of a day at the CAPS and review of service documents was carried out based on the standards and criteria of the five themes of WHO QualityRights toolkit:

• Theme 1. The right to an adequate standard of living (Article 28 of the CRPD);

• Theme 2. The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD);

• Theme 3. The right to exercise legal capacity and the right to personal liberty and the security of person (Articles 12 and 14 of the CRPD);

• Theme 4. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD);

• Theme 5. The right to live independently and be included in the community (Article 19 of the CRPD).

The documents reviewed and analyzed included: administrative records, records of specific events, minutes, records of groups and other activities, and a sample of ten service users' personal records [1]. In addition, to listen to service users' and staff point of view about the

[1] **Documents reviewed and analyzed:**

1. Registration book of people at CAPS per day (reception)
2. Daily book/shift change
3. 10 individual personal records/medical records, three of the users with more than five years of use of CAPS, three of the users with more than one year of use of CAPS, two of the users welcomed and enrolled in the last six months, and two of the users who were staying at night on the day of the visit
4. Minutes of the Management Board
5. Minutes of the assembly
6. Minutes of the 3 mini-teams
7. Minutes of the working groups: attention to the crisis, territory and generation of work and income

service, four service users who were at the service and four professionals were invited to talk about the service in an interview that addressed the five themes of the QualityRights toolkit [2]. Interviews were conducted after informed consent. The assessment visit was announced in advance.

RESULTS OVERVIEW - observation and document analysis

Theme	Rating
Theme 1: The right to an adequate standard of living (Article 28 of the CRPD)	AF
Theme 2: The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)	AF
Theme 3: The right to exercise legal capacity and the right to personal liberty and security of person (Articles 12 and 14 of the CRPD)	AF
Theme 4: Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD)	AF
Theme 5: The right to live independently and be included in the community (Article 19 of the CRPD)	AF

DISCUSSION AND CONCLUSION

CAPS III Brasilandia serves a total of 1174 people between 17 and 89 years old. Of these 598 are women and 579 are men. On average 400 people attend the service per month. There are 58 staff members in total. All people are at the service under voluntary status. On the

8. Group records of 13 groups: hearing voices, citizenship group, 'CAPSula' Group ('capsules' of poetry), verbal therapy, Cine CAPS, Family group, Soccer, Dance, Women group, Good morning group, Theater group, reflection group, and group developed at a general health center. Each group has between 7 and 15 participating users.
9. Home visit model document
10. PTS model document
11. Posts, notes and papers posted on a mural

[2] Among the service users, two men and two women with different care paths and with different enrollment times at the service were interviewed; one of the persons interviewed was using the night service. The interviewed service users were invited by the interviewer to speak about their experiences in the service. Among the staff, different categories were interviewed including professionals that have been working at the service for some time and staff with less than 18 months employment at the service. The professionals interviewed were those that the team indicated were available for the interview in the period in which they were made.

evaluation day, 2 beds out of eight available were in use at the service. The overall results show that the service has practices consistent with an approach to the protection and promotion of human rights. Still, in all five themes evaluated, improvements in quality criteria and standards can be made.

ASSESSMENT RESULTS

Theme 1. The right to an adequate standard of living

Theme 1: The right to an adequate standard of living (Article 28 of the CRPD)	Rating
1.1. The building is in good physical condition	**AF**
1.2. The sleeping conditions of service users are comfortable and allow sufficient privacy	**AF**
1.3. The facility meets hygiene and sanitary requirements.	**AF**
1.4. Service users are given food, safe drinking-water and clothing that meet their needs and preferences.	**AF**
1.5. Service users can communicate freely, and their right to privacy is respected.	**AF**
1.6. The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.	**AF**
1.7. Service users can enjoy fulfilling social and personal lives and remain engaged in community life and activities.	**AF**

Observation and document analysis results and comments:

The service has a large outdoor space with fruit trees, benches and a barbecue. The building has two floors. Downstairs are the reception, team room, pharmacy, consultation rooms, cafeteria, bathrooms and a living room. On the upper floor there is a leisure and workshop room, a nursing room, bathrooms, dormitories and an administrative room. Walking and being in all spaces are allowed. At the time of the visit, some users had taken a speaker to the outside area and were dancing; others were in the living room, cafeteria and consultation rooms.

- The building was recently renewed to transform from a CAPS II in to a CAPS III service. The service is accessible and has an elevator.
- There are two bedrooms with three beds each, one for men and the other for women. The beds are comfortable and the ones being used had sheets and pillows. The rooms have wardrobes and each user has a lockable locker for keeping personal belongings.

- Bathrooms are clean, in great condition and have a hot shower. Soap and toilet paper are available.
- Drinking fountains are available on the two floors of the building. The scheduled meals arrive ready, in appropriate packaging and temperature. Breakfast, a snack, lunch and an afternoon snack are served at the service. For those users who are using the night service, dinner is also provided. The menu is varied. The lunch of the day was tasty and of good quality. In the night period, the users together with the workers usually make a light night snack, like popcorn or a fresh juice, preparing it themselves.
- All service users were dressed properly.
- Service users can move and interact freely through space. There is a phone at the reception and they can use it when needed.
- The service is open doors, with service users arriving and leaving the service throughout the day. Also, in the case of users who need a facilitator for something in the community, a professional accompanies them.

Interviewees' point of view:

Interviewees says that the building is in good physical condition, yet not ideal, and that it has good hygiene conditions. Service users can communicate freely; they can move around in the service and they assess that the environment is comfortable. Staff stated that the service seeks to develop practices and establish relationships of reciprocity so that the service is welcoming, comfortable and that promotes interaction.

> *"There is a community barbecue, and everyone collaborates with what they can for the barbecue and everyone eats together"*
> *(Service user)*

> *"The building's structure is not the best. It was once a school and, later, an outpatient clinic. But the interventions we make change the physical space. For example, staff and users are occupying the service by planting in the garden, making artistic interventions, placing hammocks, benches ... We make the service and the structure better than the original, intervening in it"*
> *(Staff)*

"It is very pleasant here, airy. At night it is bright, it is not dark. I feel at home here"
(Service user)

"There is an effort to make it a welcoming environment. The essence of all of this is how we transform the service to suit our needs. There is no perfect place, nor will there be, because needs change, people change. So, the service has to change"
(Staff)

"The bathroom is constantly cleaned because many people use them. There is always soap and toilet paper. Staff also use common bathrooms, although there is a bathroom for staff only. I only use the common bathroom"
(Staff)

"Everything is very clean and the bathroom always has toilet paper and soap"
(Service user)

Those who needed clothes and shoes were able to choose what they would like to wear. With regard to food, most approve the quality of meals served, but one person affirmed that it is not to his taste. Lunch is served for about 45 people every day. Interviewees point out that lunch and break time are an opportunity for people to get closer. Also, the professionals interviewed point out that they seek to understand the real-life context of each user that have lunch at the service and how this fit into personal PTS. Regarding communication, a phone is available. One person pointed that the service doesn't have computers and this is a limit to communication. One user pointed out that they have privacy to use the phone, but that as the phone is at the reception there is usually a professional nearby.

"I once needed clothes here. They took me to see all the donation clothes and I chose the ones I wanted to wear"
(Service user)

"When I needed to bathe here, I was able to choose the clothes I wanted to wear"
(Service user)

"We have a donation wardrobe and we had a clothing bazaar, which was an opportunity for the user, in addition to having access to clothing, being able to choose and buy clothing, to negotiate. It is a practice to go beyond donation. We also work with the user to take care of clothes, wash, fold..."
(Staff)

"Each gesture, each CAPS action is imbued with a thought and a gesture of care: it is not just giving the clothes or saying yes to a user to bathe in the service, but the opportunity to choose a shirt is created. We talk about the person wishes, about living conditions, we work to improve house conditions"
(Staff)

"The food here is very good. The menu is varied, has meat, vegetables and even dessert"
(Service user)

"I don't like the taste of the food"
(Service user)

"We are in a highly vulnerable region, so we also have to know the reality of people and see if they are having lunch at the service, for example, because there is no food at home. When a user come to the service just to have lunch, we try to understand the reasons for it and to find alternatives with the person at his own home, at the community, so that the person is not dependent on the service for having access to food. It is not a question of not offering food, but of trying to ensure that this person has the means and conditions to eat properly in his life"
(Staff)

"I can use the phone anytime, even during the night, even at dawn"
(Service user)

"If I want to call someone, just ask and call. They leave us at ease"
(Service user)

"The phone is available. But it is a population with a huge digital divide. The service has one computer and does not have WIFI. This is an issue because everything has gone digital: transportation, access to high-cost medicine, access to financial benefits. Therefore, we have to think about this right to digital inclusion for people who do not have technological resources and who do not know how to read or write. It's a challenge"
(Staff)

Some of the interviewee's states that the dorms could be improved, as there are no curtains on the windows and people end up waking up early. The service user who was using the night shift service says that the sleeping conditions are comfortable. She also reports that she can receive visits and can continue to carry out her own activities in the community, as an example, she went to a market to buy a soft drink for herself. Staff interviewed reported that the objective of CAPS is that service users can, even in crisis, maintain their activities in

the community. They point out that it is necessary that the staff have a great availability to dialogue and to relate, making negotiations and agreements to promote care in freedom.

"The bed is very comfortable. Since I am here, I have stopped having nightmares. Here they don't over-medicate me. I'm not sleepy all the time (…). I was hospitalized at a general hospital, but the CAPS found out and came to get me"
(Service user)

"Whether the person has a job, wants to go to church or if there is another meaningful activity that the person wants to engage in, is discussed for the person to go [if the person is attending the night service]. Everything is negotiated, everything is placed and developed based on the relationships at CAPS. Each decision is based on dialogue. It is not that everything is allowed. For example, for the person to go out during the day we make a deal: how long will you go and when will you be back? That is an agreement between people who respect each other"
(Staff)

"We have to guarantee freedom with responsibility. For example, if the person who was in crisis left the service and we understood that it was not time for leaving, we go after the person. Often, the person returns home. We don't use restraints, we don't take anyone by force. So, we go after the person, we try to make contact, we insist on talking, listening to the person, expressing our opinion... we make small agreements that can be reviewed by both professional and user later..."
(Staff)

Theme 2. The right to enjoyment of the highest attainable standard of physical and mental health

Theme 2: The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)	**Rating**
2.1 Facilities are available to everyone who requires treatment and support.	**AF**
2.2. The facility has skilled staff and provides good-quality mental health services.	**AF**
2.3. Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user driven recovery plan and contribute to a service user's ability to live independently in the community.	**AP**
2.4. Psychotropic medication is available, affordable and used appropriately.	**AF** *Obs: 2.4.3 and 2.4.4 criteria were not evaluated. It was not possible to have an independent consultant. There is no document declaring information about the medication and no individual consultation with a psychiatrist was observed.*
2.5. Adequate services are available for general and reproductive health.	**AF** *Obs: 2.5.3, 2.5.5 and 2.5.6 criteria are not applicable*

Observation and document analysis results and comments:

- The service is an open door, with wide access.
- The service has professionals from different professional categories, including those with sufficiently diverse skills to offer guidance, psychosocial rehabilitation, information, education and support to users. There is a wall in the service where professionals post courses and activities that are scheduled to happen in the community. Professionals are familiar with human rights standards, but they are not familiarized with CRPD. The service also has a suggestion box, in which users post their opinions about the service.
- The vast majority of service users have a specific individualized person-centered plan called "Projeto Terapêutico Singular (PTS)" in their health records. Among the sample of health records analyzed, it was found that the most recently admitted

were yet to have a formalized individual plan. The person-centered plans are guided by the needs of the users. The users, in the scope of a psychosocial rehabilitation process understood as the progressive expansion of autonomy and citizenship, are supported in maintaining or creating a social network and in accessing services and opportunities in the community. The service does not work with formal advance directive documents.

- The service has adequate and sufficient psychotropic medication. It was not possible to observe in health records that users are informed about the purpose of medications and about side effects. It was possible to observe that users are offered other therapies besides medication. It was not analyzed whether the doses and prescriptions were correct, but it was observed by comparing different medical records that the medication is prescribed individually. Also, it was informed that users and team members, beyond physician, can give opinion on medications based on noting side effects. There is a collective collaboration on this matter.
- If the user has not yet been seen at a general health center, they are referred to one. It was observed in health records that the service works as a bridge to other services, promoting access to comprehensive health care. It is not the role of CAPS to provide information and services focused on reproductive health and family planning matters, nor perform surgical procedures. When need is identified, service users are refereed to general health center or the adequate health service. On the evaluation date, a user needed to go to the ophthalmologist and a professional accompanied him.
- Through records of group activities, it was observed that the service carries out health education actions with team members (examples: crisis working group and team members online meetings focused on studying a specific subject). Every Wednesday, for one hour, all team members participate in a group study with variable themes.

Interviewees' point of view:

Interviewees affirms that the service is available when they require treatment and support.

> *"The first time I got here I was very well attended. I explained my history and the reason I came to the service. They choose two professionals to be my 'references'. All the things you need, they help. For example, renewing a prescription. They help when you are in crisis, they help with everything"*
> *(Service user)*

> *"I have already been hospitalized many times [in psychiatric hospitals]. But here, they talk, give medicine and I can buy materials to make my little wooden houses (…). I love to write. I come here and write"*
> *(Service user)*

> *"Service is always available and access is free, the person can choose whether to be there or not"*
> *(Staff)*

Service users stated that CAPS professionals respect them and support them in what they need, including support in daily activities. They reported that professionals had information about their rights and provided support for them to access and enjoy these rights. A person reported an episode in which CAPS team members were essential for her to overcome a difficult and challenging situation. Staff interviewed reported that there is no specific formal training on human rights, which is done through the practice itself and on an ongoing basis during capacity building activities of the service and in meetings.

> *"They got in touch with my family, I even cried by emotion. They talk to me about rights: the right to have a home, the rights of women, the right to access [social and financial] benefits and the right to retire"*
> *(Service user)*

> *"They [the team members] know about our rights and inform us. There is a group of women in which we talk about women's rights and they always tell us that we have rights as citizens. I went through a divorce because I suffered domestic violence and I didn't have the courage to go alone [through the divorce process]. They went with me when I didn't have the strength to go alone. My references [team members closer to the user] even helped me to get a place in the daycare [for my children]. They were the ones who helped me. I would come here in the morning; had breakfast and we would go together to do what was need to be done to I get my divorce"*
> *(Service user)*

"They also help us to access [social and financial] benefits. And if you are not feeling well, someone will go along with you [to do the procedures at the agency to request the benefit]"
(Service user)

"The service users themselves inform the team about the resources available in the community. The professionals will visit UBS, the bar, the public park... because the more the professional knows about the resources of the community, the more he has to offer to the person"
(Staff)

"They made a panel with the address of all the cool things they have in the region. I took a course in cutting and sewing because I saw it on the panel"
(Service user)

"I've always been treated with respect. They don't scream"
(Service user)

"Here they are firm, but with a lot of respect"
(Service user)

"CAPS has been helping me. In conversations I can get out of me what is not doing me well. Anger and sorrow hurt me. Then I take this out from me"
(Service user)

"From the driver to the social worker, we all have common practices: everyone welcomes users, participates in service daily life and acts as on-call coordinators. But it is important to have different professional categories. And it is important that there is spontaneity. Often, being outdoors, smoking a cigarette, is the moment of greatest interaction. Because you are there relaxed, talking... things happen there"
(Staff)

"The team training takes place in practice and in a critical view of the practice. A team that goes on experiencing and understanding what a mental health service is, will understand what to do and will discover how different it is a CAPS from the smell of psychiatric hospitals. Learning takes place in the encounter with the other person: each encounter is a great universe to be discovered. Relating makes it possible to understand the other and oneself"
(Staff)

Staff interviewed informed that the service does not have PTS (person-centered plan) formalized as a document for all users. However, service users interviewed said they had a PTS and that they knew the content of it. A user that was using the night service reported that it is encouraged to maintain contact with members of her network (a neighbor) to facilitate independent living in the community. Another user, when asked about his PTS, reports that at CAPS he made friends.

"Today my project is to get closer to my family and, this time, to do not stop the medication and come to the CAPS"
(Service user)

"I have a PTS [person-centered plan]. I attend every Monday a consultation with the psychologist and I participate of the income generation group, the reflection group and the theater group"
(Service user)

"Sometimes, the PTS is not bureaucratically part of medical record, but most users have a PTS in the sense that the team knows the users' personal history, wishes and life project. A quality relationship between staff and user is the basis of any PTS, even if there is no formalized document in the medical record. Sometimes the bureaucracy of making a document does not occur because there is no time. It is more important to be available to be with services users, to get to know personal histories and to be inventive. There are magnificent PTS, but sometimes they are not on paper"
(Staff)

"We discussed the PTS with the service user, from life story and care path to rights and power. There was a user who asked to the diagnosis of F19 to be out of his medical records because he no longer wanted to use drugs and he did not want to be labeled as a drug user"
(Staff)

"Developing a PTS and a psychosocial rehabilitation project is not sitting with the person in a room and writing something. It is on a daily basis to get involved, to be available, to get to know the person and to increase one's contractual power working on projects developed in real life contexts: it is in a conversation the person says that needs to go to the INSS [service to acquire financial benefits] and you say 'I'm going with you' and in fact go. It is not about a document, it is not about doing activities"
(Staff)

"My neighbor always comes to visit me. When she doesn't come, the CAPS gets concerned"
(Service user)

"The support network is always encouraged. This is always taken into account because it is essential: there is no care in freedom without a support network, there is no life without a support network"
(Staff)

Psychotropic medications are available. Service users considered that they are informed about the purpose of the medications being offered and they can discuss about their own medication with team members. They also reported that they consult and feel supported

in their needs by other team members, in addition to the psychiatrist. Staff interviewed point out that medication is a resource for care.

> *"I know myself in my [personal] history and in my crises. Here I asked to take Clonazepan. Here, little by little they take off the medication. I talk to the psychologist, the occupational therapist and even the cleaning ladies"*
> *(Service user)*

> *"In the conversation I had yesterday with my doctor, I said that the medication is not ok because I have not been able to sleep. Then she changed it. She asks me what I think about my medication at the consultation, but also in the CAPS corridor she asks if I am doing well"*
> *(Service user)*

> *"If the team understands that medication would help the person, the team brings this to discussion. Especially because it is useless to insist that the person has to take it: he will get the medicine from the pharmacy and throw it away. So, it has to be discussed and agreed upon. The person says what want to take, what don't want, discuss with the doctor... Discussing medications involves a level of maturity of the team and expanding user's contractual power so everyone is able to discuss about this"*
> *(Staff)*

> *"When we already know the person, we know how to identify signs of crisis know better how to prevent a serious crisis. Medication is not the protagonist, but it is not possible to not recognize its importance in some situations, it is a care resource when used well. There are people who do yoga, there are people who will run, and there are people who take medicine to deal better with a situation"*
> *(Staff)*

The interviewees presented different points of view on access and care in general health services. Still, everyone stated that, from the CAPS actions, CAPS maintains contact with the general health center and makes referrals to the general health center.

> *"Both there [the general health center] schedule things here [in the CAPS] and here [CAPS] schedule things there [general health center]. It happened once that UBS came to my house and I was not doing well. So, they called the CAPS. I felt supported from both sides. Sometimes I'm disorganized and I don't know what I'm taking [which medications], so the CAPS calls the UBS"*
> *(Service user)*

> *"At the health center I will have a regular uterus and fibromyalgia exam. Here are other things. Here I have classes, I dance"*
> *(Service user)*

“I went to the optician and they went with me
(Service user)

“There is difficulty in primary care services with people with mental health problems. For example, in continuing to care for women who are following the Pap smear, in users having access to contraceptives. We call the primary care service, we go with them, we schedule appointments for them. Matrix strategies are put in place. Still, what I see is a much greater effort by CAPS to guarantee access to general health than by UBS to guarantee this right”
(Staff)

“They often face stigma and prejudice in other health services”
(Staff)

Theme 3. The right to exercise legal capacity and the right to personal liberty and the security of person

Theme 3: The right to exercise legal capacity and the right to personal liberty and security of person (Articles 12 and 14 of the CRPD)	**Rating**
3.1. Service users' preferences regarding the place and form of treatment are always a priority.	**AF** *Obs: 3.1.3 criteria was not evaluated. Unidentified information in analyzed documents and no individual consultation was observed*
3.2. Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	**AF** *Obs: 3.2.4, 3.2.5 and 3.3.6 criteria were not evaluated. Unidentified information in analyzed documents as the service has no people admitted involuntarily*
3.3 Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	**AF** *Obs: 3.3.5 criteria was not evaluated. It is the judicial system that nominate people for supported decision-making, and there is no service user with this procedure formalized by the judicial system*
3.4. Service users have the right to confidentiality and access to their personal health information.	**AP**

Observation and document analysis results and comments:

- Users participate in the elaboration of their individual plan as a whole, writing their projects and wishes for the future. It was observed in the records analyzed that the service makes efforts to facilitate links with the community. On the day of observation, the team considered that 8 users were experiencing crisis situations. Of these, six were at home and only two were in overnight care. It is important to notice that the CAPS, as established in mental health national policy, doesn't work with discharge in the traditional sense, as users are always welcome to come back and use the service. As mechanisms of participation, the CAPS has a suggestion box, an everyday group called Good Morning group, a regular assembly and a Council

Management group (mechanism of the public health system of participation in the management of health services) as formal opportunities for users to express their opinion. Users can also talk at any time with team members and the service manager.

- Admission and treatment are based on the free and informed consent of service users, but this is a verbal agreement, which means there is no document for voluntary admission. The service has not implemented formal documents of advance directives. It was possible to note on heath records that the service prevents detention and treatment without free and informed consent on a daily basis and constant dialogue and negotiation.
- CAPS has a panel in which rights are informed. More importantly, it was observed that in everyday social interactions, team members are respectful and recognize the user's ability to understand information and make decisions and choices. In the assembly of the work and income project, the person responsible for taking notes and systematizing the discussion was a user. When something discussed was not clear to him, the team members and other users explained to him the issue discussed and decided, respecting his time and treating him equally. Also, it was observed that users presented their opinions and point of views about the price of the face masks they were producing; the final price was a suggestion of a user. There is no formal document for supported decision-making, nor for nominating a support person to communicate to the service the decisions of the user being supported. Still, reading the records it was noted that team members have an attitude of making supported decision-making the main model and basis of relations. Also, worth mentioning is that formal implementation of supported decision-making procedures is done by the judiciary system, therefore it is not in the hands of the service to implement it. Even so, a judicial document from one user that the service is advocating for the judiciary decides for supported decision-making model instead of a trustee.

- Every user has a personal health record and has access to the information contained in it. Information is kept confidential and it was observed that, although not usual, users may put personal comments on their own health records.

Interviewees' point of view:

Service users report that they feel that their opinions and points of view about the service and about their own care paths are heard and prioritized. Staff confirmed this and stated that people can express their opinions on different occasions, including the day-to-day service, the assembly, the working groups, in direct contact with the service coordinator, and also in SUS ombudsman. One service user points out that the professionals listen, but sometimes take too long to offer answers. Regarding location and treatment preferences, the staff interviewed reported that they always seek to respect the wishes of service users.

"Here they don't make the decision for you. They want you to come with the problem and through conversation you reach a conclusion, a decision. What I like most is that I am the one who finds the solution. I have to make the decision and find the solution to the problem"
(Service user)

"When I need to do some activity, they want to know what I want. As I took a course in cutting and sewing, they called me and invited me to make masks [to participate in the project to generate income and work from CAPS]. Here they give me freedom to what I need"
(Service user)

"We listen to their preferences not only in individual moments, but in collective moments. Preferences are not just about yourself. We build in the action, in the collective coexistence, the openings in the relationship so that the needs and preferences of each and of everyone may have room"
(Staff)

"They listen attentively to us, but sometimes they take too long to give an answer"
(Service user)

"The right to a person expressing own preference involves building opportunities to say no. It is not just about listening what the person wants. But redistributing power so that the user can also say no: I don't want to be treated like this, I don't want to live with that person"
(Staff)

"The CAPS has a suggestion box. You write and put it in the box. I was already answered in what I asked"
(Service user)

"When the person refuses to come to the service and has a mental health need, the service does not lose sight of the person and goes to him. There was a user that the team went to his house 7 times during the same week. He came to CAPS and then left. Then, every time we went to his home, he would later go to CAPS. After that, he would leave CAPS again and go back to his house. And we would go to his house again..."
(Staff)

"There is always an equation of care in freedom: there is the professional and service responsibilities, and there are users with real needs, life experiences and rights. We have to take all of this into account, without excluding anything. To do that, we go on dialoguing and negotiating with the person, placing ourselves in that negotiation, involving ourselves, the service and the person in the decisions. This is a constant dilemma of the service: when do I say yes and to what, in a given context, do I say no, always rethinking it. It is not given how this is done. You don't have a model and you won't have"
(Staff)

All interviewees reported that being at the CAPS is voluntary. Staff stated that people can refuse the treatment, but this does not release the team from the responsibility of providing care strategies, which are offered. Service users said that their decisions about being at the CAPS, as well as about their own care paths, are discussed with team members and respected by them.

"Jessica [another service user who was using the night service] was desperate because she wanted to see her cats. She asked to go home and she went, so it is possible [to not stay at the service]"
(Service user)

"Once I didn't want an injection, and the nurse gave me the medicine orally, but explained that it would take longer to take effect. Then later I decided that I would prefer to have an injection because I was not able to take the medicine properly"
(Service user)

"The person always has the right to say no. What we are going to do with that is the question. The person can say: 'I will not stay here'. The point is how we are going to put this issue under discussion in a dialogue that the two, professional and user, will establish reasonable parameters that take into account both points of view. The ethics of the service must be guided by this

relationship and dialogue between two. In general, it works. Sometimes it takes time, sometimes it takes a lot of work, but in general it works"
(Staff)

"Users can refuse treatment. But, if someone is denying being on the service and needs to be cared, we have strategies: 'well, you're not coming here. But can I go to your house for coffee?'. We have already made arrangements, for example, to meet the person at UBS [health care center at primary care]. In other opportunity, I went to the market, bought a cake and went with an UBS professional to the person's house. Then the next week I asked if he would go to the CAPS if I scheduled the service's car to pick him up. He went"
(Staff)

Staff interviewed reported that the service seeks to create opportunities for people to exercise their legal capacity. Service users point out that professionals interact with service users in a respectful way. One of the service users stated that, even if a trusted person is not formally appointed to support her decisions, the service recognizes the bond and trust between the person and the user and respects it, in the sense of considering the person for supported-making decisions. Everyone claims that the service supports access and enjoyment of rights.

"I talk to Preta [the neighbor who was visiting her] and she helps me to make decisions. The professionals respect it"
(Service user)

"There is a group that discusses rights"
(Service user)

"At the CAPS for children and teenagers I have evolved a lot. I went through bad times, using cocaine and crack. Here I come to talk (…). My relationship is good with everyone"
(Service user)

"Listening to each person's point of view and respecting the right to have rights is a collective process. For example, there was a day that we had a very challenging situation, because the day before there had been a situation of violence in the service and the issue had not been completely resolved. One user was violent with another user at front of the CAPS. Then at 6am of the next day we had an extraordinary assembly in the street, at the door of CAPS, to discuss how we were going to open the service, how we were going to be at that service that day. We stayed outside. We did not enter the service until the relations were agreed upon. With those present, we negotiated that there could be no violence at the CAPS, that the pact to open the service was for everyone

to take responsibility for the care of each other. Then after more than an hour we entered the service"
(Staff)

"We are always changing. This is a cool thing. There is a tendency for the institution to close, to not listen, to affirm 'this is my way of working, this is the service and that's it', but users and life itself ask for changes. So, it is an effort to open the institution again, in the sense of reinventing it. One way is occupying the service and embrace what emerges from that"
(Staff)

All service users report having a health record and claim that they can access it. Some users report that they do not know if they can make personal observations in the file and one informs that they cannot. The staff also informed that users have access to the medical record and that they can make copies. They report that, although not forbidden, it is unusual for people to make observations in their medical records.

"If I need a copy of the health personal file, I can have it. They will read my personal file with me if I want to"
(Service user)

"You can go over there and see my personal file. What I say is there"
(Service user)

"Here they listen to me, but I cannot write on my personal file"
(Service user)

"There are situations where users register things in own medical record, but it is not a constant practice. Users can request a copy"
(Staff)

Theme 4. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse

Theme 4: Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD)	**Rating**
4.1. Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect	**AF** *Obs: 4.1.5 criteria was not evaluated. There is no report of abuse*
4.2. Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	**AP**
4.3. Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the facility or referred to another facility, must not be abused and can be administered only with the free and informed consent of the service user	**AF** *Obs: Procedures are not performed by the service, nor by the mental health network*
4.4. No service user is subjected to medical or scientific experimentation without his or her informed consent	**AF** *Obs: Procedures are not performed by the service, nor by the mental health network*
4.5. Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse	**AF** *Obs: 4.5.4, 4.5.5 and 4.5.6 criteria were not evaluated. There was no report that this had happened, since there were no cases of abuse*

Observation and document analysis and comments:

- During observation, team members were treating users with humanity, dignity and respect and no service user was subjected to verbal, physical, sexual or mental abuse. The notebook, where all daily situations are registered, had no record of a disrespectful or violent situation. It was observed on service records that regular meetings are taken to prevent all instances of abuse.
- In the document's analysis related to the entire period of the twelve months prior to the evaluation date, there was no seclusion or restraint instance in the service. The observation of the 'crisis situation panel' indicates that the service performs a set of different actions to intervene in crises and to prevent harm to users or staff.

Preferred methods of intervention identified by the service user are considered by the service in a crisis situation; some examples are: be treated at home, team members having a specific attitude, like being present but giving space to the user, and calling a specific person appointed by the user. There is no formal de-escalation assessment tool implemented by the service.

- Instances of seclusion or restraint are recorded, but not reported to a relevant external body as there is no specific mechanism in the health and intersectoral network for this. Service users, as well as any other citizen, can access the ombudsman bodies of SUS, the Public Ministry and the Public Defender's Office to report abuses and to have access to legal representatives.

Interviewees' point of view:

Users report that they are treated with humanity, dignity and respect and that there are no situations of abuse in the service. One of the users points out that he does not like the bad taste of jokes of some professionals.

"It is the opposite of abuse. Wilson [a user] was here in a state of agitation. He stayed in bed and the whole time a professional stayed by his side, talking to him. Here they don't tie up"
(Service user)

"I've seen fights between users, but it's because they weren't well"
(Service user)

"CAPS helps me with music. They are very attentive here"
(Service user)

"There are professionals who make jokes in bad taste and I don't like it"
(Service user)

Service users interviewed reported that they are not subject to seclusion or restraint and that they feel that during crisis situation team members seek to talk to the person. Staff interviewed reported that mechanical containment situations are rare, but they have already occurred in the service. When they occur, this is considered a sentinel event and the staff hold meetings to critically think about the situation and seek to build strategies so that it no longer happens. This is also discussed in the assembly with participation from all.

Interviewees also reported that they seek to invent a set of strategies to increase the service's capacity as a whole to deal with crises.

"Here, nothing is locked with a key. Only the men's and women's bathrooms from team members that are locked with a key"
(Service user)

"Here they talk"
(Service user)

"There have already been situations of environmental and chemical containment in very challenging situations. But there is always a protocol of being together, of putting in dialogue what is happening, what is possible and what is not. The strategy of providing a more welcoming service and listening to the user more helped to reduce situations of violence"
(Staff)

"When that [contention] happened, we discussed it as a team. The main thing is to be able to critically review this, to understand why it happened. It is not a question of thinking how it was done in the sense of technique, but of what happened in the relationship with the user. It is a service that is located in a very violent and vulnerable region and that is not violent towards the other. That is something. The service seeks to deconstruct relations of violence"
(Staff)

"If someone expresses himself aggressively, and we have to understand that this has to do with a history and a context of relationship, we have an attitude of listening, we try to understand what is happening, and at the same time we talk about service limits and agreements. The person can stay at the CAPS, but in a threatening way it is not possible. It is not possible for a person to keep a knife in service, this is a limit. But we will not take away their voice, we will not restrict the person. And no one is kicked out of the service. So, we will intervene in the situation, establishing limits, mediating conflicts, listening to the person and making agreements. This is an ongoing practice of conversation and negotiation, based on the relationship between users and staff. It is done in challenging situations, but mainly in daily living at the service, in the assembly, and that is why it is possible in challenging situations to deal with it"
(Staff)

"We are trying to improve the method of open dialogue and we have implemented a crisis panel as a method to try to avoid crisis escalation. Also, the working group on crisis works to improve our ability to respond to crisis situations. As we have daily meetings, every day we discuss and rethink practice's service"
(Staff)

There are mechanisms in the service to listen to different points of views, and to receive complaints and suggestions.

"There is a suggestion box and you can also speak directly to the CAPS manager. There is also the assembly. In the assembly, we solve the CAPS problems and the tours we would like to do. We are very listened to here"
(Service user)

"The assembly is a strategy to prevent violence. There was a time when we held an assembly every day. The PTS tool makes us more attentive to users on a daily basis. When we know that someone is more challenging, we are closer to this person. Training is also a method of preventing violence. It happens that a user curses the staff and the training is important for us to think about how to respond to it, understanding that this is not personal. The working groups were also helping in this. The crisis panel for those who are in a more delicate moment is also useful. And constant presence is a crucial crisis escalation strategy. Presence not in the sense of surveillance, but to be a bridge: to arrive with the Spotify and get people together, to propose to people hang out. To be in the presence of each other. Tête-a-tête"
(Staff)

"These sentinel containment events are reported to the service manager and recorded in a management report, which goes to a hierarchically superior body. It is also recorded in medical records"
(Staff)

Theme 5. The right to live independently and be included in the community

Theme 5: The right to live independently and be included in the community (Article 19 of the CRPD)	**Rating**
5.1. Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community	**AF**
5.2. Service users can access education and employment opportunities.	**AP**
5.3. The right of service users to participate in political and public life and to exercise freedom of association is supported	**AP** *Obs: 5.3.3 criteria was not evaluated. Information not found as in the recent period there were no elections*
5.4. Service users are supported in taking part in social, cultural, religious and leisure activities.	**AF**

Observation and document analysis and comments:

- It was verified in the health records that the service informs and supports users in accessing housing and financial resources.
- CAPS itself has a work and income generation project with users and a specific working group on work and income, focused on supporting users in accessing work opportunities. CAPS also informs and supports users to access courses offered in the community. There is no specific project or education action under development focused on primary, secondary and post-secondary education.
- CAPS encourages users to be protagonists and to participate in the service, as well as to participate as citizens in society. It develops a specific group, called the Citizenship Group, in which it discusses different themes and, among these, the need of participation in political and public life.
- There are specific group activities at CAPS to inform and support users in social, cultural and leisure activity options available. The north region of the municipality organizes a 'InterCAPS', which is a football cup involving the 12 CAPS of north region of São Paulo.

Interviewees' point of view:

All service users reported having received direct support or knowing someone who received direct support to access the right to live in a house with dignity and to have financial resources to live independently in the community.

> *"In my case, I didn't need [support], but I know they helped other patients, they went to his house, helped to clean up, bathed the dogs, helped to get a new home by paying it with his own financial benefit"*
> *(Service user)*

> *"I met a lady, a mother of a user, here at CAPS. Now I live with her [he rents a room]"*
> *(Service user)*

> *"CAPS has to be subversive in looking to what you don't have and inventing ways for you to have. The 'working groups' have this perspective, including the user and to seeking ways of being in life, in the community, of accessing rights to have a better life"*
> *(Staff)*

> *"The housing workgroup is establishing relations with the housing secretariat. We seek to understand what types of programs they have, how to access these programs, how they work. The workgroup also makes contact with popular housing, with social movements, always together with users"*
> *(Staff)*

> *"They gave me the idea to ask for a benefit and helped me to get it"*
> *(Service user)*

> *"It is part of our job to provide access to housing and income. It is not only enabling access, it is the service providing support for the person in financial planning when the person has access to the benefit, in supporting the management of daily life. It's being together: it is going together to the real estate agency, it is helping to save three months of rent to be able to rent a house, it is going to negotiate with the tenant. It means attending to all life's dimensions: work, housing, social network.... It is to be able to support the person to dream and to be able to live in a house"*
> *(Staff)*

All service users interviewed reported having received direct support or knowing someone who received direct support to access the right to work. Staff interviewed also reported that promoting the right to work is an axis of service practices. One person affirmed having received support to access the right to education, but it is less common, according to the people interviewed, to provide access to educational opportunities.

"I have already done physical activity, theater, dance, crochet and a home economics course. Now I am in the mask group [work generation and income group for making facial masks]"
(Service user)

"There is a day when we go to the computer to see job vacancies. They help us think about the clothes of the job interview, what to say, how to speak properly in a job interview…
(Service user)

"We support both work and income generation groups and supported employment. We listen to their work demands. There is a user who had the dream of repairing cell phones, we support her to take a course and recommended customers to her fix cell phones"
(Staff)

"Having work and having income is paramount. We have a working group focused on the right to work in which we work on employment supported opportunities and income and work generation projects. Work has to do with thinking about life, thinking about life projects. Working is having income, but also producing values, producing life. And it's not about artificial work setting. It has to be real work, having real people, having to organize to go to work, to talk to people in the workplace"
(Staff)

"Every now and then an unsuspecting professional arrives at the service thinking he will medicate and follow protocols, and suddenly realizes that he is discussing the price with the user of the ice cream that will be sold in the community as part of the income generation project"
(Staff)

"The professional will help me to enroll at the 'EJA' [Teaching for Youth and Adults] program. I participate from the income generation group"
(Service user)

"The demand for access to education is often built with the person. But it is very common for people to need to work beforehand. There is a practical issue to be solved: the person needs money"
(Staff)

Service users reported that CAPS provides information necessary for them to participate fully in political and public life. No user mentioned that CAPS supports them to enjoy the benefits of freedom of association. Staff interviewed mentioned that the assembly is a daily opportunity for political participation.

“They remind people about elections, they tell us not to influence each other, to make our own decision. They never said 'vote for this or that'. They help us remembering to get the voter ticket”
(Service user)

“The 'territory' working group seeks to get closer to community leaders. This is a step towards creating opportunities for people to exercise their political participation. Assemblies are also an exercise in political action”
(Staff)

“In political life there are users representing CAPS on the management council. Historically, the Brasilândia neighborhood is committed to political construction and with actions to fighting for rights”
(Staff)

All interviewees stated during the interviews that CAPS supports service users in taking part in social, cultural and leisure activities. The staff interviewed pointed out, however, that the offer of cultural and leisure activities in the community is scarce. They highlight the role of CAPS for children and adolescents in the region in promoting activities with community participation and inviting other CAPS. Thus, they also reported that many cultural and leisure activities come from the CAPS itself.

“Yes, I have a lot of friends here”
(Service user)

“We went to the theater, to the cinemas. Access is reduced because the distance between CAPS and cultural centers is huge. At CAPS we have music meetings, soirees. The atelier is interesting due to the many exchanges. Also, there is an articulation between the CAPS in the region and the CAPS for children and adolescents is very good at promoting this, activating the CAPS network and promoting meaningful social and cultural activities”
(Staff)

Two interviewees wanted to conclude the interview by telling them what CAPS is for them.

“CAPS is happiness for me”
(Service user)

“CAPS is a place where we have affection, medicine, food and support. If happen to I have an outbreak and stay in a hospital, at the same time they will know and they will bring me here, close to my friends. They won't let me stay there. Here we go for a walk, we do activities. People get here and recover faster because they are treated with humanity”
(Service user)