

Original Article

# Solidarity economy as a social inclusion strategy through work in the field of mental health: national overview

## *Economia solidária como estratégia de inclusão social pelo trabalho no campo da saúde mental: panorama nacional*

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### **Abstract**

**Introduction:** The solidarity economy is a strategy of social inclusion through work for people with psychic suffering. In Brazil, until 2005 there was no systematized survey of Solidary Economical Enterprises (SEE) that allowed analyzes on this reality, even though information of this nature is recognized as fundamental for the evaluation and advancement of strategies to sustain these actions. The National Secretary for Solidarity Economy (SENAES) has invested in the national mapping of the SEE since 2005, and between 2010 and 2013, the second and last survey on the SEE was carried out in the country, which fed the National Information System in Solidarity Economy (SIES). **Objective:** To characterize the solidary economical enterprises of the field of mental health registered in the database of SIES from the second national mapping. **Method:** This is a documentary study that analyzed descriptively the data contained in SIES. **Results:** One hundred and forty enterprises were identified, predominantly composed of people with mental disorders, including those resulting from the use of alcohol and other drugs in a total of 19,708 enterprises registered in Brazil. The results point out that there are many similarities in the characteristics of SEE in the field of mental health with other SEE, such as the type of organization, economic activity developed, marketing spaces, achievements and challenges. **Conclusion:** Among the specificities of the mental health field, we can point more significantly to the regional distribution and area of action. It discusses the achievements revealed by the mapping and the challenges posed for the advancement.

**Keywords:** Mental Health, Work, Rehabilitation.

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### Resumo

**Introdução:** A economia solidária se apresenta como estratégia de inclusão social pelo trabalho para pessoas com sofrimento psíquico. No Brasil, até 2005 não havia um levantamento sistematizado de Empreendimentos Econômicos Solidários (EES) que permitisse análises sobre esta realidade, ainda que informações desta natureza sejam reconhecidamente fundamentais para a avaliação e avanço de estratégias de sustentação destas ações. A Secretaria Nacional de Economia Solidária (SENAES) investiu no mapeamento nacional dos EES desde 2005 e, entre os anos de 2010 a 2013, foi realizado o segundo e último levantamento relativo aos EES no país, que alimentou o Sistema Nacional de Informações em Economia Solidária (SIES). **Objetivo:** Caracterizar os empreendimentos econômicos solidários do campo da saúde mental cadastrados no banco de dados do SIES, oriundo do segundo mapeamento nacional. **Método:** Trata-se de um estudo documental que analisou descritivamente os dados constantes no SIES. **Resultados:** Foram identificados 140 empreendimentos compostos predominantemente por pessoas com transtornos mentais, inclusive quando decorrentes do uso de álcool e outras drogas, totalizando 19.708 empreendimentos cadastrados em todo território nacional. Os resultados apontam que há muitas semelhanças nas características dos EES do campo da saúde mental com os demais EES, como o tipo de organização, a atividade econômica desenvolvida, os espaços de comercialização, as conquistas e os desafios, por exemplo. **Conclusão:** Entre as especificidades dos empreendimentos do campo da saúde mental, é possível apontar de maneira mais significativa a distribuição regional e área de atuação. Discute-se sobre as conquistas reveladas pelo mapeamento e sobre os desafios colocados para o avanço.

**Palavras-chave:** Saúde Mental, Trabalho, Reabilitação.

## 1 Introduction

Working is a social right ensured by the Constitution of the Federative Republic of Brazil of 1988 (Brasil, 1988), however, it is observed that people in a situation of disadvantage social<sup>1</sup> are on the margins of the labor market. Their inclusion in the world of work is surrounded by challenges and demands of traditional practices reassessment, ensuring work as a right (Nicácio et al., 2005).

In recent years, some sectors of the federal government joined with organized civil society in order to strengthen support and foster actions that stimulate the emergence of collectives aimed at generating work and income for social disadvantaged people and implemented intersectoral public policies that respond to these people's demands for access to work and income (Brasil, 2010).

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<sup>1</sup>*People in a situation of social disadvantage* is a syntagma used in Italian legislation on social cooperatives to name the population that benefits from this type of cooperative. This category is made up of people with psychological suffering, people who use alcohol and other drugs, people with physical or sensory disabilities, egress of the prison system and young people of working age and in conflict with the law. This syntagma was adapted as disadvantaged persons in Law No. 9,867 of November 10, 1999, the Brazilian *Lei do Cooperativismo Social brasileira*.

In this sense, the solidarity economy stands out in the inclusion of people in situations of social disadvantage, both in the world of work and in society, with emphasis on people with psychological suffering<sup>2</sup>, who has adopted this mechanism for inclusion social through work (Lussi, 2009; Lussi & Morato, 2012; Morato & Lussi, 2015; Lussi & Pereira, 2011; Lussi et al., 2015; Milioni, 2009; Silva & Ferigato, 2017).

Since the emergence of the Psychiatric Reform movement in Brazil, at the end of the 1970s, mental health care is being reconfigured based on two initial aspects: the crisis of care centered on the psychiatric hospital, with a consequent search for overcoming violence in asylums; and the birth of social movements that fight for the rights of people with mental disorders (Brasil, 2005a), including the right to work (Lussi & Pereira, 2011).

Among the various changes that occurred in Brazil because of this movement, the enhancement of work as a mechanism of social inclusion is one of the challenges to be faced (Brasil, 2005a). For Delgado (2005), a feasible proposal is that social inclusion through work occurs by employment and income generation initiatives and cooperatives.

It is possible to observe that, in the Brazilian scenario, the work inclusion of people with mental disorders has occurred mostly through the solidarity economy (Lussi & Pereira, 2011), since

[...] psychiatric reform and solidarity economy movements share fundamental principles when they make an ethical, political and ideological option for a society characterized by solidarity (Brasil, 2005a, p. 37).

Solidarity economy and mental health joined in favor of psychosocial and economic rehabilitation of people with mental disorders and/or resulting from the use of alcohol and other drugs and together aspired to create public policies that favored social inclusion and the true participation of users of mental health services in work activities. Thus, the construction of this connection was happening through collective mechanisms of participatory management (Martins, 2008).

In 2003, the *Secretaria Nacional de Economia Solidária* (SENAES) was established in the Ministry of Labor and Employment, with the aim of enabling and coordinating activities to support the solidarity economy throughout the national territory (Brasil, 2015b). Together with its creation, the proposal to carry out an information survey and the creation of a national database on the solidarity economy (Brasil, 2016) emerged.

The national mapping of *Empreendimentos de Economia Solidária* (EES) has been the focus of interest of the *Secretaria Nacional de Economia Solidária* since 2005; the *Sistema Nacional de Informação em Economia Solidária* (SIES) database results from this mapping, with information about the EES and *Entidades de Apoio, Assessoria e Fomento* (EAF) throughout the country (Brasil, 2013a).

Since its creation, SIES has carried out two national mappings, subdivided into three rounds of identification and characterization of the EES in Brazil. The first

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<sup>2</sup>Although the concept assumed in current mental health policies is “people with psychological suffering”, in the next occurrences in this text we will use “people with mental disorders”, because it is used in the SIES.

national mapping was dismembered in two rounds, and the first happened in 2005, when 14,954 EES were found, having been complemented in 2007 (second round), with the survey of 6,905 new EES, totaling 21,859 EES mapped. The third round, also called the second national mapping, took place between 2010 and 2013, when 11,663 EES were found. Thus, since 2005, 33,522 EES have been identified throughout Brazil (Brasil, 2013a).

The data collected in the second national mapping, which occurred between 2010 and 2013, were made available by SENAES to the *Incubadoras Tecnológicas de Cooperativas Populares*, linked to Brazilian universities, so that research can be developed with the database and the EES mapped. Thus, access to these data was possible because of the link of the researchers/authors of the present study with one of these Incubators.

We consider the present time, the diversity of the information that makes up the database and understand that the analysis and reflection on them can bring relevant contributions to the research and practices involved with the enterprises of solidarity economy and social inclusion through work. Thus, this study proposed to contribute to this context by focusing on the characterization of the EES of the mental health field registered in the SIES.

It is also noteworthy that an effective analysis of the scenario of the EES in the field of mental health explores a still new universe, as pointed out. Research using the SIES database is encouraged as a way of disseminating the data, since they are made available to a select group of people who are directly involved with the solidarity economy and, not necessarily, with the field of mental health.

We also highlight that this article integrates the broader research carried out with the Graduate Program in Occupational Therapy and entitled “Solidarity economy and social inclusion through work in the field of mental health: identifying potentialities and weaknesses.”

## 2 Objective

This study aimed to present a general overview of all solidarity economic enterprises registered in the *Sistema Nacional de Informações em Economia Solidária*, derived from the second national mapping, in order to identify approximations and specificities of solidarity economic enterprises in the field of mental health with the enterprises of people considered at social disadvantage and other registered enterprises.

### 2.1 Method

This is a documentary study (Severino, 2018; Gil, 2018), which carried out a descriptive analysis of the data contained in the SIES database.

To carry out the study, we used the SIES database, made available in CD-ROM format. We observe in the most recent mapping, object of this study, that there is not specific information on the EES that count with socially disadvantaged people, but there is information regarding the profile of the partners that fall into the categories: people with physical or mental disabilities; people with mental disorders, including

when resulting from the use of alcohol or other drugs; and prisoners or egress of the prison system.

After the first contact with the database, EES in the field of mental health are identified, considering those in which most of the partners were people with mental disorders, including those resulting from the use of alcohol and other drugs. Although such people are legally (Brasil, 1999) considered at a social disadvantage, in this study we chose to separate the enterprises from the field of mental health from the group that is called *in social disadvantage*, analyzing them in isolation. This decision was made to highlight the EES in the field of mental health, the main interest of this study. We opted to categorize them separately in order to reflect on the particularities of each of these groups.

For data analysis, a form gathered information about the enterprises based on previously defined variables. The objectives of the study guided the selection of these variables. Eleven variables were selected, namely: type of organization; regional distribution; gender; area of activity; economic activity; year of initiation; social category; marketing spaces; remuneration; achievements; and challenges.

In the form, the EES were also separated into three groups, namely: mental health (EES with the participation of people with mental disorders, including those resulting from the use of alcohol and other drugs); social disadvantage (EES with the participation of people with physical or mental disabilities, added to the EES with the participation of prisoners or egress of the prison system); and Other EES (composed of the other EES registered). A Microsoft Excel spreadsheet was used for the organization and descriptive analysis of the data. Mental health enterprises were comparatively analyzed in relation to the EES of the groups called *social disadvantage* (SD) and other EES.

### 3 Results and Discussion

Based on the detailed analysis of the database, it was possible to characterize the enterprises registered in the field of mental health according to the 11 variables and it follows the approximations between them and the enterprises that have people considered at a social disadvantage and the other registered ventures.

SIES 2010-2013 has 19,708 projects registered throughout the national territory. Of them, there are 419 whose profile can be attributed predominantly to people considered in social disadvantage subdivided as follows: 140 EES composed predominantly by people with mental disorders, including when resulting from the use of alcohol and other drugs; 236 EES formed predominantly by people with physical or mental disabilities; and 43 EES consisting predominantly of prisoners or egress of the prison system.

The results of this study reveal that approximately 2% of the enterprises registered in SIES involve predominantly of people at a social disadvantage. Although the link of people at a social disadvantage to solidarity economic enterprises is probably greater, since the inclusion of these people is recognized, but in a non-predominant way, it is possible to reflect on: a) the participation/inclusion of people at social disadvantage could be more stimulated? Certainly, consistent public policies, which effectively ensure social rights, particularly those relating to the guarantee of work, would be a

way of encouraging participation in the EES. The same would happen if there was a greater offer of training courses in solidarity economy, that is, continuous concern and effort in the search for formative processes of all social actors involved; b) the identification could be better understood if the instruments that make up the SIES survey were more sensitive when focusing on this dimension or there was a more specific way of locating these EES, because in the registration there is an absence of EES from the field of mental health that already existed in the period, that is, the authors are aware of the existence of other EES in the field of mental health that were not contemplated in the mapping and, consequently, are not registered in the database.

There is a scarcity of studies on social inclusion of people at social disadvantage through work. We highlight the predominance of experiences reports in the field of mental health, overlapping the reports of the same nature involving people with physical or mental disabilities and prisoners or egress of the prison system. There was an expectation of identifying in SIES a greater number of EES consisting predominantly of people at a social disadvantage, since the solidarity economy provides social inclusion through work (Nicácio et al., 2005; Lussi & Morato, 2012; Silva & Ferigato, 2017). Given the reality found, it is evident the need to stimulate participation in enterprises through public policies inclusive to those who are socially excluded, ensuring, especially, the exercise of rights and citizenship.

The following results show an analysis of the subdivided groups as follows: Mental Health (MH), composed of 140 EES; Social Disadvantage (SD), composed of the 236 EES of people with physical or mental disabilities, added to the 43 EES of prisoners or egress of the prison system, making up 279 enterprises; Other EES (Others), are other projects registered in SIES, i.e. 19,289 EES.

The first variable analyzed was the type of organization, and the enterprises were divided into 4 categories: informal group, association, cooperative and mercantile society. Of the 140 EES of the field of mental health (MH), there are 67 (48%) associations, 58 (42%) informal groups, 13 (9%) cooperatives and 2 (1%) mercantile societies. There is a similar reality in the enterprises of the two other groups. Social Disadvantage (SD): there are 151 (54%) associations, 99 (36%) informal groups, 23 (8%) cooperatives and 6 (2%) mercantile societies, making up 279 EES. In the third group, called Others, there are: 11,605 (60%) associations, 5,861 (30%) informal groups, 1,704 (9%) cooperatives and 119 (1%) mercantile societies, totaling 19,289 EES.

We could identify that, among the types of organization, the association is the one that stands out in the three groups. In the Brazilian context, the association as a legal form matches with non-economic organizations, however, it is used by solidarity economic enterprises because it is more financially accessible (Martins, 2009) and the results of the current study can reinforce elements for this understanding.

On the other hand, it is important to reflect on this form of organization, since such practice points to a broad institutional deficiency of the EES, because

[...] associations are very limited organizational forms in terms of commercial activity, and cannot, in according to the Brazilian Civil Code,

exercise economic activity and issue invoice of their products, for example (Silva & Carneiro, 2014, p. 72).

However, in view of the current Brazilian political and economic context, associations tend to strengthen because they have an easier system to establish partnerships with professionals and institutions, in addition to the difficulty of creating other legal forms. Thus, the enterprises tend to formalize themselves as an association or to remain informal, as reinforced by the results of the present study.

In this study, we identified a large number of enterprises that remain informal (6,018, which corresponds to 30.54% of the 19,708 EES registered). This result can occur due to what Singer (2009) points out, that informality is the result of the high cost and the demand for exhausting efforts and patience for registration, because of so many bureaucratic requirements.

Another factor that may be involved in the high number of informal EES, in the specific case of the EES in the field of mental health and others who have the participation of people at social disadvantage, refers to the difficulties related to the formalization of groups as social cooperatives. Despite the existence in Brazilian law, Law No. 9,867 of November 10, 1999 – *Lei do Cooperativismo Social* (Brasil, 1999), does not have legal regulations until today and, therefore, is not established as a regulatory framework indeed.

The second variable analyzed in this study was the regional distribution of the enterprises. In the MH group (140 EES) there are: 55 (39%) in the Southeast, 36 (26%) in the Northeast, 24 (17%) in the North, 23 (16%) in the South and 2 (2%) in the Midwest. In the SD group (279 ES) there are: 70 (25%) in the Northeast, 68 (24%) in the North, 53 (19%) in the South, 52 (19%) in the Southeast and 36 (13%) in the Midwest. In the Other group (19,289 EES) there are: 7,934 EES (41%) in the Northeast, 3,216 (17%) in the South, 3,121 (16%) in the Southeast, 3,035 (16%) in the North and 1,983 (10%) in the Midwest.

The results indicate that there is a higher concentration of EES in the mental health group in the Southeast region. The enterprises of the social disadvantage group are mostly in the Northeast and North regions. The other EES, on the other hand, are more concentrated in the Northeast region.

For Carneiro et al. (2016), people living in northeastern Brazil suffer a lot from the capitalist economy that its objective is to obtain profit. There is an unfair distinction for a few, generating an extensive socioeconomic inequality. The search for alternatives that incorporate the excluded population and offer an opportunity for survival is clear. In this search, the solidarity economy is a possible alternative and the results of this study reinforce these considerations.

Thus, we observe that the high number of EES in northeastern Brazil verified here, can be understood as the output found by the population in the face of the socioeconomic exclusion process. As Azevedo et al. (2016, p. 11) point out,

[...] the population seeks to organize itself sociopolitically in order to resist the conditions imposed by an economic system that excludes and marginalizes expressive contingents of individuals.

Also on the sensitive agglomeration of enterprises in the interior of northeastern Brazil, Gaiger (2014, p. 20) states that

[...] there would be there an autochthonous popular associativism, detached from the structures of political domination, always highlighted by studies on the *coronelismo* and oligarchic clientelism.

We agree with the author, because collective and cooperative practices go from generation to generation in certain cultures to preserve their own culture, but also as forms of resistance to what is imposed hegemonically and as a way of preserving their own survival.

Regarding the important concentration of mental health enterprises in the Southeast verified in this study, we could infer a relationship with the solid involvement of mental health professionals with the Psychiatric Reform movement contributing to this reality. This hypothesis can be reinforced considering that in this Brazilian region happened important events and mobilizations, such as the Movement of Mental Health Workers, which was created in Rio de Janeiro in 1978 (Amarante, 1995); the conferences held by Franco Basaglia in Brazil in 1979, which took place in the cities of São Paulo, Rio de Janeiro and Belo Horizonte (Basaglia, 2000); the II National Congress of MTSM, held in 1987, in the city of Bauru - SP, which marked the active participation of family members and users in the movement (Amarante, 2008). It is possible that such events stimulated a great involvement of professionals, family members and users living in these states in the fight for the defense of the rights of mental health users, printed on public policy guidelines from the Psychiatric Reform process, including the right to work.

The third variable analyzed is gender and reveals the participation of men and women in enterprises. There are 9,625 participants in the enterprises of the MH group, divided as follows: 5,102 (53%) men and 4,523 (47%) women. There are 36,145 participants in the SD group, 19,938 (55%) men and 16,207 (45%) women. There are 1,377,861 participants in the projects of the Other group, thus divided: 778,333 (57%) men and 599,528 (43%) women.

Although the number of men in this study is greater than the number of women in the three groups analyzed, for Gaiger (2014, p. 19-20)

[...] women work proportionally more than men and lead by themselves a considerable percentage of enterprises, notable by their greater community and social involvement.

Female participation in the solidarity economy occurred when awareness about invisibility, exclusion and lack of recognition of women's protagonism. Nobre defends the idea that several groups start with a solid female presence and, when they manage to generate income, they become masculine (Nobre, 2003).

The same author performed an analysis of gender-related representations in the solidarity economy and states that there is an approximation between solidarity economy and community work, characteristically female territory. On the other hand,

the identity of the working man relates to formal, paid work and their participation in the EES is usually transient (Nobre, 2003).

There is a hypothesis that, as the Brazilian society is a sexist and patriarchal society, probably man is the one who responds by the EES, even though the woman is the worker. Patriarchate, as an autonomous system of exploration and domination, is an important enemy, as it favors the persistence of women's subordination (Hillenkamp et al., 2017).

The same authors state that female participation is predominant in several EES, both in countries in the Northern and Southern Hemisphere, indicating that the solidarity economy is crossed by gender relations and raises important questions, such as: are the women finding a path to emancipation in the solidarity economy? (Hillenkamp et al., 2017).

To date, studies on solidarity economy have devoted little to gender issues and feminist theories.

At best, actors-actresses and researchers in this field just affirm that differences between sexes should be taken into account and that gender equality is a goal of the solidarity economy (Hillenkamp et al., 2017, p. 44).

In this sense, it would be important more studies to deepen the subject.

The fourth variable analyzed is the area of activity of the enterprises registered in the SIES and the results are: of the 140 EES of MH, 95 (68%) are located in the urban area, 33 (24%) in rural areas and 12 (8%) rural and urban areas. In a similar profile are the 279 EES of the SD group: 174 (63%) are in the urban area, 82 (29%) in rural areas and 23 (8%) rural and urban areas. The profile of the 19,289 EES in the Other group is: 10,678 (55%) in rural areas, 6,588 (34%) urban and 2,023 (11%) rural and urban areas.

According to the results reported, the enterprises of the MH and SD groups are concentrated in greater number in the urban area. Most of the group's projects called Other EES are located in the rural area.

Most EES located in the rural area develops primary activities, such as agriculture, especially family farming. The solidarity economy provides family farming with an alternative to the independence of large production chains, in which they have to subordinate to decisions and guidelines without their intervention (Begnini et al., 2015).

In 2014, Gaiger reflected on the reality of Latin America and noted that during the last 50 years the population migrated from the rural world to urban spaces. As they move to cities, many workers face the harsh reality of being out formal labor market, in addition to the absence of means that ensure their inclusion in the economy in a stable way (Gaiger, 2014). In view of this reflection, the expectation was that the EES would focus more significantly on urban spaces, however, the EES are mostly concentrated in the rural area and, most likely, related to family farming, with significant encouragement from the solidarity economy (Begnini et al., 2015). This fact maybe related to the possibility that the EES promote independence in relation to large production chains, in which there is little or no power of workers' intervention (Begnini et al., 2015), as mentioned before.

Regarding the enterprises of people at social disadvantage and mental health of this study, we observed that there is a higher concentration in the urban area. In this sense, it is possible to infer that such people, whose placement in the formal labor market is unlikely, mobilize themselves to create solidarity economic enterprises in the urban area, probably stimulated by specialized services, such as *Centros de Atenção Psicossocial* (CAPS) and *Centros de Convivência e Cooperativas* (CeCCos), in the specific case of mental health. Thus, the findings of this study justify the higher concentration of mental health enterprises in the urban area.

EES in the field of mental health, besides being mostly in the urban area, are also more concentrated in the Southeast region, as described in the second variable. Of the 55 EES located in the Southeast region, 45 work in the urban area. Our hypothesis is that this relationship is given by the involvement of workers, family members and mental health users from the Southeast with the Psychiatric Reform movement and because of the great number of services such as CAPS and CeCCos available in this region, that encourage the formation of EES in the field of mental health, especially in urban areas.

The fifth variable analyzed is the economic activity developed by the EES and the following table shows the results.

**Table 1.** General characterization of EES according to the variable Economic Activity.

<b>Economic Activity</b>	<b>MH (n)</b>	<b>MH (%)</b>	<b>SD (n)</b>	<b>SD (%)</b>	<b>Others (n)</b>	<b>Others (%)</b>
Production or production and marketing	88	63%	201	72%	10.792	56%
Consumption, collective use of goods and services by members	15	11%	29	11%	3.901	20%
Marketing or marketing organization	12	8%	19	7%	2.597	13%
Service or work rendered to third parties	21	15%	26	9%	1.249	7%
Exchange of products or services	3	2%	4	1%	423	2%
Saving, credit or solidarity finance	1	1%	0	0%	327	2%
<b>TOTAL</b>	<b>140</b>	<b>100%</b>	<b>279</b>	<b>100%</b>	<b>19.289</b>	<b>100%</b>

MH = Mental Health. SD = Social Disadvantage. n = number of Solidary Economical Enterprises. Source: Brasil (2013b). Elaboration: Authors.

Production or production and marketing activity stands out in the three groups. There are 88 EES (63%) that develop such activity in the mental health group. In the social disadvantage group, production or production and marketing is carried out by 201 EES, configuring 72% of the total and in the other EES group are 10,792 EES dedicated to such activity, which represents 56% of the total.

On the other hand, it is possible to highlight in the results of Table 1 the scarcity of enterprises that carry out the activity of solidarity savings, credit or finance, in general, in the three groups. This activity is performed by only 1 EES in the field of mental health, which represents 1%; no EES of the social disadvantage group; and 327 of the other EES registered in SIES, which corresponds to 2%.

Studies indicate that mental health enterprises primarily develop economic activity related to production or production and marketing, working in the chain of artisanal

activities and food products (Lussi et al., 2010; Gigante, 2011; Morato & Lussi, 2015), corroborating the findings of this study.

We observed that the performance of production or production and marketing activities is not only a reality for mental health enterprises – as would be expected by the proximity to the performance of artisanal activities in mental health care equipment itself – and the group called social disadvantage. This is the option of most Brazilian enterprises.

Another issue that stood out was that most of the enterprises that carry out production activities, or production and marketing are organized in the form of association, as described in the first variable. Although the association is a limited legal form for marketing, this has been the option of most enterprises, including those in the field of mental health. This option is because it is more financially accessible, besides having an easier system to establish partnerships with professionals and/or movements, bringing benefits and achievements to workers.

The sixth variable is the year of the beginning of the EES, in which the results were grouped into intervals of 10 years, with the exception of the last interval, of 3 years, since the mapping was completed in 2013 and there is no more up-to-date data available in the SIES. This fact is a limitation of this study, when there is no more systematized information after 2013.

Of the 140 EES of MH: 4 EES (3%) began their activities between 1980-1989; 29 EES (21%) between 1990-1999; 96 EES (68%) between 2000-2009; 11 EES (8%) 2010-2013. Of the 279 EES of DS: 4 EES (1%) started the activities until 1979; 19 (7%) between 1980-1989; 71 (25%) between 1990-1999; 172 (62%) between 2000-2009; 13 (5%) 2010-2013. Of the 19,289 EES of Others: 276 (1%) started the activities until 1979; 1.163 (6%) between 1980-1989; 5.280 (28%) between 1990-1999; 11.658 (61%) between 2000-2009; 851 (4%) between 2010-2013 and 61 EES did not make such information available.

We observe that most of the projects of the three groups started their activities in the period between 2000 and 2009, confirming Gaiger's (2007) argument about the solidarity economy gaining prominence in Brazilian territory in the period that between 1990 and 2009. Singer (2002) points out that the solidarity economy grew higher in Brazil from the second half of the 1990s, mainly due to the economic crisis proven by neoliberal policies.

A large number of projects emerged between 2000 and 2009 due to the creation of SENAES in 2003, whose objective was to enable and coordinate activities to support the solidarity economy. Thus, several enterprises were created in response to such stimulus and encouragement (Singer & Schiochet, 2014).

In the case of mental health enterprises, in addition to the creation of SENAES, the following year, there was an approximation and consequent articulation between this entity and the *Coordenação Nacional de Saúde Mental*, which promoted the emergence of several enterprises (Brasil, 2005b). In the same year, the First Workshop of Enterprises for Solidarity Economy in Mental Health took place, which, together with the ordinance that establishes financial incentive to such EES, stimulated and made possible the emergence of new enterprises throughout Brazil (Gigante, 2011), which can be confirmed in the results of this study.

The seventh variable analyzed is the social category of the partners and the results can be verified below.

**Table 2.** General characterization of EES according to the variable Social Category.

<b>Social category</b>	<b>MH (n)</b>	<b>MH (%)</b>	<b>SD (n)</b>	<b>SD (%)</b>	<b>Others (n)</b>	<b>Others (%)</b>
Family farmers	25	18%	78	28%	10.796	56%
Artisans	26	19%	82	30%	3.426	18%
Artists	6	4%	9	3%	210	1%
Land reform settlers	6	4%	6	2%	1.021	5%
Recycle material collectors	19	14%	11	4%	576	3%
Unemployed (unoccupied)	13	9%	12	4%	652	4%
Prospectors or miners	1	1%	0	0%	19	0%
Technicians, high-level professionals	1	1%	6	2%	187	1%
Other autonomous workers	20	14%	19	7%	1.222	6%
NA* or no predominance	23	16%	56	20%	1.180	6%
<b>TOTAL</b>	<b>140</b>	<b>100%</b>	<b>279</b>	<b>100%</b>	<b>19.289</b>	<b>100%</b>

\*NA = not applied. MH = Mental Health. SD = Social Disadvantage. n = number of Solidary Economical Enterprises. Source: Brasil (2013b). Elaboration: Authors.

Analyzing the results in Table 2, we can note that, among the enterprises of the mental health group, two social categories stand out with numbers very close to enterprises. Therefore, there are 26 EES whose partners are artisans, which represents 19% total and 25 EES (18%) whose partners are family farmers. For the enterprises of the social disadvantage group are two categories that also stand out: there are 82 EES of artisans, which represents 30% and 78 EES (28%) of family farmers. In the other EES registered in SIES, family farmers stand out with 10,796 EES (56%). The artisans appear in the sequence, however with 3,426 EES (18%).

The results point to a very close number of artisans and family farmers in mental health ventures. From the data contained in SIES database related to the social category, the hypothesis is that it may represent the professional activity developed at the time the information was collected, or it is the partners' profession.

It is possible to infer that a significant number of artisans have already developed, at some time in life, activities related to agriculture and that, supposedly because of the phenomenon of rural exodus (Gaiger, 2014) these people began to develop their activities in urban EES. The great number of artisans is not strange, because historically, handicrafts has been a characteristic activity in the experiences of generating work and income in the field of mental health.

The work developed by the members of agricultural colonies at the beginning of the 19th century was related to pre-capitalist activities, that is, working in the farms and crafts (Resende, 1987). It is noteworthy that handicrafts is a very common activity in Brazilian mental health services, reaffirming the findings of this study.

Gigante (2011) studied the initiatives of work and income generation for people with mental disorders registered in the Ministry of Health and their results indicated that most of these enterprises developed artisanal activities.

Corroborating these findings, Lussi et al. (2010) obtained similar results when analyzing five income generation workshops and/or cooperatives in the field of mental health in the state of São Paulo. The aim of the study was to identify the main demands, difficulties, challenges and opportunities from the professionals' perspective. The authors concluded the study by verifying a trend for the choice of artisanal activities and products supply.

Similarly, Morato & Lussi (2015) found that most of those experiences invest in artisanal activities by characterizing the work generation and income initiatives for users of mental health services in the state of São Paulo.

The eighth variable analyzed in this study concerns the marketing spaces of products and the following Table 3 show the results of SIES 2010-2013 database.

**Table 3.** General characterization of EES according to the variable Marketing Spaces.

Marketing Spaces	MH (n)	MH (%)	SD (n)	SD (%)	Others (n)	Others (%)
Stores or own spaces	30	12%	76	15%	3.102	9%
Collective selling spaces	19	7%	32	6%	1.837	6%
Free fairs	36	14%	86	17%	5.679	18%
Fairs and occasional/special exhibitions	33	13%	78	16%	3.438	11%
Solidarity economy and/or agriculture fairs	32	12%	44	9%	2.492	8%
Direct delivery to customers	49	19%	82	17%	5.687	18%
Other	5	2%	14	3%	620	2%
NA* or not informed	55	21%	83	17%	8.829	28%
<b>TOTAL</b>	<b>259</b>	<b>100%</b>	<b>495</b>	<b>100%</b>	<b>31.684</b>	<b>100%</b>

\*NA = not applicable. MH = Mental Health; SD = Social Disadvantage; n = number of Solidary Economical Enterprises. Source: Brasil (2013b). Elaboration: Authors.

In this topic, the ventures had the opportunity to check more than one answer option in the questionnaire. Thus, the alternative of direct delivery to customers was the most checked by the mental health group's enterprises, by 49 EES (19%). Free fairs and direct delivery to customers are the marketing spaces that stand out in the social disadvantage group. Free fairs were the option of 86 enterprises, that is, 17% and direct delivery to customers was checked by 82 EES, which represents 17%. For the other EES registered in SIES, also two marketing spaces stand out, which are: direct delivery to customers as the option of 5,687 EES (18%) and free fairs for 5,679 EES, which likewise accounts for 18% of the total.

In the 1<sup>st</sup> National Solidarity Economy Plan is foreseen in the line of action 3 - Structuring of marketing spaces the:

Creation and structuring of fixed and permanent spaces: stores, centers, public markets, solidarity trade fairs for Solidarity Economy in all municipalities, revitalizing and strengthening the existing ones, stimulating the creation of circuits and solidarity marketing networks (Brasil, 2015a, p. 23).

Although the creation and organization of these spaces is foreseen, when analyzing the database we observed a divergent reality, because most enterprises uses direct delivery to customers and/or free fairs as main marketing spaces.

The ninth variable analyzed concerns the possibility of remuneration of the partners working in the enterprises, and the results are: in the MH group, of the 140 registered enterprises, 62 (44%) pay their partners, in 26 (19%) there is no remuneration and 52 (37%) did not inform. In the SD group, of the 279 registered enterprises, 127 (46%) pay their partners, in 73 (26%) there is no remuneration and 79 (28%) did not inform. Of the other 19,289 projects, 7,345 (38%) pay their partners, in 3,435 (18%) there is no remuneration and 8,509 (44%) did not inform.

Analyzing those results, we found that a greater number of EES in the three groups are able to pay their working partners. It is noteworthy the high number of EES, that did not report this fact, 8,640, which represents 44%, and, depending on the answer, when reported, this scenario would change completely. That is, assuming that the number of EES that did not report on the remuneration of the partners did not make such information available because they could not pay them, these values would change in the three groups, so that the majority of the EES would be in the condition that they are unable to pay their partners.

Although the results show that most of the enterprises can pay the participating workers, generating adequate income to the partners is still the biggest challenge faced by these enterprises (Gigante, 2011; Lussi & Pereira, 2011; Milioni, 2009).

Studies conducted by Lussi & Pereira (2011) and Gigante (2011) confirm that the experiences of generating work and income in the field of mental health still have little conditions to generate income compatible with the participants' needs.

It should be pointed out that remuneration does not seem to be the main variable related to the enterprises' sustainability, since, although most of them do not pay their partners, almost 30% of the enterprises of all groups started their activities between the years 1980 and 1999, as previously placed, and remained active in 2013.

On the other hand, income generation and higher gains for partners appears among the achievements pointed out by the enterprises, which is the tenth variable we analyzed and the results appear in the following table:

**Table 4.** General characterization of EES according to the variable Main Achievements.

Main achievements	MH (n)	MH (%)	SD (n)	SD (%)	Others (n)	Others (%)
Income generation or higher earnings for partners	86	19%	132	17%	11.400	21%
Self-management and exercise of democracy	75	17%	126	17%	9.450	18%
Group/collective integration	96	22%	185	25%	12.744	24%
Social commitment of partners ...	67	15%	114	15%	7.191	13%
Achievements for the local community	48	11%	90	12%	7.273	14%
Awareness and political commitment	40	9%	55	7%	3.415	6%
Other achievement	30	7%	55	7%	2.347	4%
<b>TOTAL</b>	<b>442</b>	<b>100%</b>	<b>757</b>	<b>100%</b>	<b>53.820</b>	<b>100%</b>

MH = Mental Health. SD = Social Disadvantage; n = number of Solidary Economical Enterprises.  
**Source:** Brasil (2013b). **Elaboration:** Authors.

Among the main achievements reached by the projects listed in Table 4, it is worth mentioning that each EES could check more than one achievement, among the 7 options made available in the database in view of the local reality. We observe that

the achievement most mentioned by the three groups is the integration of the group/collective.

However, income generation or higher gains for partners is the second most mentioned option in the three groups, along with self-management and exercise of democracy in the social disadvantage group. Therefore, if paying the partners may not be the reality of most EES, as pointed out earlier, in the case of EES that pay, this is an important achievement for the partners.

For the mental health group's enterprises, 96 of the 140 EES mentioned integration of the group/collective, which represents 22%. In the social disadvantage group, this option was checked by 185 EES (25%) and in the other EES group this was the alternative checked by 12,744 EES, representing 24% of the total.

Resuming the analysis on the sustainability of EES reported previously, it is possible to infer that the integration of the group/collective can be a strong indicator of sustainability in the solidarity economy.

We could say that this advance is directly related to the expansion of people's social network, promoting social inclusion since the results show that it is more important for partners than income generation. The solidarity economy favors social inclusion, going beyond the insertion of labor (Lussi & Pereira, 2011), because its principles, especially self-management, solidarity relationships, collectivity in carrying out work and social justice favor social inclusion, besides encouraging decision-making and managing their own life (Martins, 2008).

The solidarity economy, due to its mode of social, cultural and production organization, in addition to favoring the generation of work and income, promotes the social inclusion of people who are in situations of exclusion (Miloni, 2009). Involvement with the solidarity economy enables the opportunity to work self-management, favors exchanges of support, affection and solidarity indiscriminately, becoming a rich experience (Pacheco, 2008).

In addition to the main achievements, EES also listed their main challenges, the eleventh and last variable analyzed. We can observe the following results (Table 5).

**Table 5.** General characterization of EES according to the variable Main Challenges.

Main Challenges	SM (n)	SM (%)	SD (n)	SD (%)	Outros (n)	Outros (%)
Economically enabling the enterprise	88	14%	174	15%	12.846	16%
Generate adequate income for partners	104	17%	184	16%	14.215	18%
Give social protection to the partners	58	10%	130	11%	7.567	10%
Effective participation and self-management	78	13%	119	11%	8.414	11%
Reaching political conscience and politicization of the partners	50	8%	101	9%	6.563	8%
Reaching more environmental conscience of the partners	56	9%	102	9%	7.136	9%
Promoting articulation with other EES and with the solidarity economy movement	71	12%	134	12%	8.252	10%
Keeping the group/collective union	79	13%	144	13%	10.825	14%
Other challenge	26	4%	46	4%	3.033	4%
<b>TOTAL</b>	<b>610</b>	<b>100%</b>	<b>1.134</b>	<b>100%</b>	<b>78.851</b>	<b>100%</b>

MH = Mental Health. SD = Social Disadvantage. n = number of Solidary Economical Enterprises. Source: Brasil (2013b). Elaboration: Authors.

It is noteworthy that each enterprise was able to list more than one challenge, among the 9 options made available in the database in view of the local reality.

We observe that the most mentioned challenge in the three groups is to generate adequate income for partners. For the EES of the mental health group, this challenge was mentioned by 104 EES, which represents 17% of the total. For the enterprises of the social disadvantage group, generating adequate income to the partners was mentioned by 184 EES, which represents 16%. For the other EES, this challenge was checked by 14,215 EES, which corresponds to 18%.

These results surprised us, since there was a hypothesis that the difficulty of generating adequate income for partners was a specific characteristic of the EES in the field of mental health, however, it is the challenge that appeared in greater numbers in all groups analyzed.

It is possible to infer that the characteristic of the economic activity chosen by the EES, predominantly production or production and marketing, may be related to the difficulty of economically enabling the enterprises and, consequently, generating adequate income to the partners.

According to Lussi & Pereira (2011), work and income generation initiatives still have fragility, difficulty in economic sustainability and few conditions to generate income compatible with the needs of users who participate in them. The enterprises composed of people with mental disorders are unprofitable. Gigante (2011) also points out that the main challenges are generating income and greater gains, practicing self-management and exercise of democracy. According to Milioni (2009), the challenge that stands out in an EES is to provide satisfactory income, because monthly remuneration is small. It also states that this issue “[...] may discourage some users, as well as prevent the participation of new people who are not interested in the low value obtained by this work” (Milioni, 2009, p. 82). In this sense, the results of this study corroborate previous studies.

Although the demand for income is a very relevant and attention-worthy challenge, it is worth mentioning that participation in an EES leads to the achievement of numerous benefits, including social participation, relationships development, feeling of belonging to the group, social exchanges, issues that contribute to social inclusion. Being part of a solidarity economic enterprise is a way to be in a different world.

We must point out the importance that public policies of mental health and solidarity economy had, conquered through the movements of Psychiatric Reform and Solidarity Economy, to make social inclusion through work a reality in the Brazilian context. The results of this study reveal the great advance of EES in the field of mental health and identify challenges to be faced in order to achieve their consolidation. However, such advances are threatened by current setbacks, both in relation to Psychiatric Reform and Solidarity Economy challenges that can become even greater.

## 4 Conclusion

This study aimed to characterize EES of the mental health field registered in the SIES database, derived from the second national mapping, besides presenting a general overview of the solidarity economic enterprises registered in the SIES. It pointed out approximations and specificities of solidarity economic enterprises in the field of

mental health with those with other people in situations of social disadvantage, as well as other registered enterprises.

In this sense, it is possible to point out that the study achieved its objective by providing relevant information and discussing important issues for such enterprises. The results indicate that, of the 11 variables analyzed in this study, in 9 of them show approximations between mental health enterprises with those with other people at social disadvantage, as well as other enterprises. In only two variables there are specificities of the field of mental health, which are: regional distribution, since most EES in the field of mental health are located in the Southeast region and the other enterprises are concentrated in the Northeast; and area of activity, since the largest number of EES in the field of mental health develops their activities in the urban area and the others are in the rural area.

We suggest that other studies should be conducted to enhance the production of knowledge and contribution to the development of new strategies and public policies in order to expand and strengthen social inclusion through work, especially those in the field of mental health.

For future studies, we recommend further research on the processes of self-management and sustainability of EES in the field of mental health, in order to further strengthen social inclusion through work from the perspective of the solidarity economy, given its solidarity, cooperative, democratic and emancipatory nature.

A limitation of the study was the fact that EES national mapping was not sensitive to the identification and characterization of mental health enterprises or constituted by other people in situations of social disadvantage, in order to contribute to the progress of practices and the development of public policies, that is, there was no specific information on this type of EES. As described above, it was only possible to identify them through the informed profile of the members.

We highlight the limitations of the database, since some long-distance and consolidated solidarity economic enterprises the authors know, are not registered. It is also noteworthy that difficulties arising from incomplete data and several unfilled parts in the database emerged, which limited the findings and analyses deepening.

It should also be mentioned that the last update of the SIES database took place in 2013, with no further updates. Despite the six-year interval separating such an update from the present day, this article analyzes the latest available data.

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### **Author's Contributions**

Lisabelle Manente Mazaro: conception and development of all research stages; planning, conception and writing of the text; organization of sources. Thelma Simões Matsukura: analysis and interpretation of data. Isabela Aparecida de Oliveira Lussi: research conception; supervision of all research steps; critical review of the content. All authors approved the final version of the text.

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