

Therapeutic Garden as a Psychosocial Rehabilitation Tool: Experience Report at CAPS Interagir in the Municipality of Carapebus/RJ

Horta Terapêutica como Dispositivo de Reabilitação Psicossocial: Relato de Experiência no CAPS Interagir no Município de Carapebus/RJ

Huerta Terapéutica como Dispositivo de Rehabilitación Psicossocial: Relato de Experiencia en el CAPS Interagir del Municipio de Carapebus/RJ

RESUMO

Este relato descreve a implementação e os resultados de uma oficina de horta terapêutica no Centro de Atenção Psicossocial Interagir (CAPS Interagir), localizado em Carapebus/RJ. O projeto foi desenvolvido ao longo de doze meses com participação voluntária de usuários do serviço e supervisão da equipe multiprofissional composta por psicólogos, assistentes sociais, enfermeiros, equipe de enfermagem e pessoal de apoio. Utilizou-se uma metodologia qualitativa, baseada em observação participante, diário de campo, registros fotográficos e fichas de frequência. Os resultados indicaram aumento do engajamento dos usuários, melhoria na regulação emocional, fortalecimento de vínculos sociais, aquisição de habilidades práticas e pequenos ganhos alimentares e econômicos por meio da partilha e comercialização simbólica dos produtos. Identificaram-se também desafios relacionados à infraestrutura, à sustentabilidade financeira e à necessidade de formação continuada da equipe. Os achados corroboram evidências internacionais sobre os efeitos benéficos da horticultura terapêutica na saúde mental e apontam para a viabilidade de replicação em serviços da Rede de Atenção Psicossocial (RAPS). O relato fornece recomendações práticas para implementação, monitoramento e sustentabilidade de hortas terapêuticas em contextos similares.

DESCRIPTORES: horta terapêutica; CAPS; reabilitação psicossocial; saúde mental; horticultura terapêutica.

ABSTRACT

This experience report describes the implementation and outcomes of a therapeutic gardening workshop at the Psychosocial Care Center (CAPS) Interagir in Carapebus/RJ, Brazil. The project was conducted over twelve months with voluntary participation of service users and supervision by a multidisciplinary team including psychologists, social workers, workshop facilitators, nursing staff, a psychiatrist and support personnel. A qualitative methodology was used, based on participant observation, field diary, photographic records, attendance logs and semi-structured interviews. Findings indicated increased user engagement, improved emotional regulation, strengthened social bonds, acquisition of practical skills and modest nutritional and economic benefits through sharing and symbolic sales of produce. Challenges included infrastructure limitations, financial sustainability and the need for ongoing staff training. The results support international evidence on the benefits of horticultural therapy for mental health and suggest the feasibility of replication across the Psychosocial Care Network (RAPS). Practical recommendations for implementation, monitoring and sustainability are presented.

DESCRIPTORS: Therapeutic gardening; CAPS; psychosocial rehabilitation; mental health; horticultural therapy.

RESUMEN

Este informe describe la implementación y los resultados de un taller de huerta terapéutica en el Centro de Atención Psicossocial Interagir (CAPS Interagir), ubicado en Carapebus/RJ. El proyecto se desarrolló durante doce meses con la participación voluntaria de usuarios del servicio y la supervisión de un equipo multiprofesional compuesto por psicólogos, trabajadores sociales, talleristas, personal de enfermería y de apoyo. Se utilizó una metodología cualitativa, basada en la observación participante, diario de campo, registros fotográficos y hojas de asistencia. Los resultados indicaron un aumento en el compromiso de los usuarios, mejora en la regulación emocional, fortalecimiento de vínculos sociales, adquisición de habilidades prácticas y pequeños beneficios alimentarios y económicos mediante el intercambio y la comercialización simbólica de los productos. También se identificaron desafíos relacionados con la infraestructura, la sostenibilidad financiera y la necesidad de formación continua del equipo. Los hallazgos corroboran evidencias internacionales sobre los efectos beneficiosos de la horticultura terapéutica en la salud mental y señalan la viabilidad de su replicación en servicios de la Red de Atención Psicossocial (RAPS). El informe ofrece recomendaciones prácticas para la implementación, monitoreo y sostenibilidad de huertas terapéuticas en contextos similares.

DESCRIPTORES: huerta terapéutica; CAPS; rehabilitación psicossocial; salud mental; horticultura terapéutica.

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INTRODUCTION

Psychosocial Care Centers (CAPS) are an essential component of the Psychosocial Care Network (RAPS) in Brazil, designed to care for people with severe and persistent mental disorders and individuals experiencing intense psychological distress. Created as an alternative to hospital-centered care, CAPS promote territorial, multiprofessional interventions oriented toward psychosocial rehabilitation, valuing coexistence in freedom, social inclusion, and the construction of life projects by users⁽¹⁻⁴⁾. These services coordinate clinical, sociotherapeutic, and productive inclusion actions, seeking to combine therapeutic support with opportunities for social reintegration.

In the daily routine of CAPS, therapeutic workshops emerge as central care devices. Conceptualized as planned group spaces, the workshops aim to offer activities that promote creative expression, skill acquisition, occupational routine, and the strengthening of socially significant bonds^(5,6). They are part of the users' Singular Therapeutic Project (PTS) and can take on various artistic, manual, culi-

nary, physical, or cultivation modalities, according to the needs and interests of the participants. By promoting meaningful practices, the workshops contribute to adherence to treatment and the construction of meaning in everyday life⁽⁷⁾.

The therapeutic garden workshop, also known as therapeutic horticulture, integrates productive, educational, and therapeutic attributes. This modality involves activities such as soil preparation, sowing, planting, management, composting, pest control using natural methods, harvesting, and use of products in culinary workshops or community sharing^(8,9). Unlike purely occupational activities, gardening adds direct contact with nature, a factor that stimulates processes of attention restoration, stress reduction, and increased subjective well-being^(10,11). In addition, the practice allows for the observation and evaluation of motor skills, planning, and social cooperation, which are useful elements for psychosocial rehabilitation in a community context.

The **rationale** for implementing a therapeutic garden at CAPS Interagir is based on factors that point to scientific evidence of the psychological and

social benefits of therapeutic horticulture, local demand for activities that promote routine, autonomy, and social interaction, and the potential of the garden as a strategy for promoting health, environmental education, and food security on a small scale^(8, 10, 12).

This report **focuses on** the implementation and maintenance of the therapeutic garden at CAPS Interagir, located in the municipality of Carapebus/RJ, with the **aim** of describing this experience and discussing its impacts on users. The initiative seeks to contribute to the documentation of innovative practices in RAPS by providing an adaptable model and critical reflections on sustainability and impact assessment.

METHODOLOGY

This is a qualitative and descriptive experience report carried out at CAPS Interagir, a service linked to the public mental health network in the municipality of Carapebus, state of Rio de Janeiro. The study was developed over twelve months, between August 2024 and August 2025, and counted on the voluntary participation of nine users linked to the service. The

CAPS Interagir team consists of three psychologists, two social workers, two workshop leaders (directly responsible for the workshops), a nurse, a nursing technician, a psychiatrist, three administrative professionals, and three support professionals. This composition provided the technical, organizational, and assistance support necessary to conduct the vegetable garden workshop in an integrated manner.

The intervention consisted of creating a therapeutic garden workshop developed in an outdoor space adapted from CAPS. The main stages were: diagnosis of the site and survey of resources; participatory planning with users and staff; preparation of the land and setting up of beds; selection of crops adapted to the local climate (leafy vegetables, aromatic herbs, and medicinal plants); conducting weekly workshops with practical and reflective activities; harvesting and use of products in cooking workshops and moments of sharing.

The workshops took place twice a week, with an average duration of 60 to 90 minutes per session. The activities were organized to accommodate different levels of complexity, allowing the participation of users with varying degrees of functional impairment. Tasks included soil preparation (fertilization and correction), sowing and planting seedlings, watering, natural pest control, crop rotation, composting, and harvesting. Moments of socialization and reflection were incorporated at the end of each session to promote emotional expression and bonding among participants.

The data collected for this report came from multiple sources: field diaries kept by workshop leaders and reference professionals; photographic records; attendance and engagement records; and participant observation by professionals. Qualitative analysis was conducted through thematic

analysis⁽¹³⁾, identifying emerging categories related to adherence, perceived benefits, skills developed, and difficulties encountered.

The research respected ethical principles, ensuring the confidentiality and anonymity of participants. As an institutional and professional practice report, the project was based on the principles established in the regulations of the Ministry of Health and in the ethical guidelines for work involving mental health services, not requiring approval from an ethics and research committee.

RESULTS

The main results observed during the implementation period of the therapeutic garden workshop are presented below.

Regarding participation and engagement, there were initially nine users enrolled. The monthly average participation remained around 7 to 9 users, with variations associated with health issues, family responsibilities, and treatment pace. Over time, there was a tendency for participation in the sessions to increase: in the first quarter, the average duration was between 45 and 60 minutes; at the end of the sixth month, many participants remained for 70 to 90 minutes, completing the entire sequence of scheduled activities. The offer of benefits, such as the possibility of taking products home and participating in cooking workshops, served as an important motivating factor for adherence⁽⁷⁾.

Users reported various subjective effects during the experience, such as a feeling of calm and reduced anxiety after the activities, increased self-esteem through recognition of the work performed, a stronger sense of belonging to the group, and increased interest in daily routines. Some participants pointed out that, when planting, they began to see this gesture as a

form of self-care and renewal of hope. These perceptions are in line with studies that indicate positive effects of therapeutic horticulture on emotional regulation and well-being^(9, 10).

With regard to production and nutritional and economic impacts, the annual volume was modest in terms of scale but significant in relation to the therapeutic objectives of the project. Crops such as lettuce, kale, chives, cilantro, mint, and basil yielded enough to supply the CAPS culinary workshops and promote sharing among participants. During periods of higher productivity, a small symbolic sale of surpluses was held to cover the cost of inputs (soil, substrate, and tools). This dynamic strengthened the perception of social utility and the sense of responsibility. Similar experiences report that, although they do not replace sources of income, therapeutic gardens can contribute to food security and micro-initiatives for income generation^(8, 12).

With regard to skill development and rehabilitation, improvements were observed in fine motor skills, tool handling, and seedling preparation. In terms of planning, there were advances in the organization of planting sequences and crop rotation. In the field of social skills, the strengthening of cooperation and dialogue stood out. The professionals emphasized that the workshops provided a privileged space for assessing functional capacities and setting goals in the Individualized Treatment Plans. These findings corroborate the literature that recognizes therapeutic horticulture as an effective practice for occupational and psychosocial rehabilitation^(7, 14).

Some challenges are worth mentioning, including obstacles that impacted the progress of activities, such as limited physical space—which required the adoption of raised beds and intensive planting—dependence on donations and municipal resour-

ces for replacement of inputs, and climatic seasonality, which required adaptations in the species cultivated and in planning. A reduction in the engagement of some users was also observed, requiring continuous encouragement and stimulation of participation. In addition, the continuity of the project required ongoing technical training of the team and institutional incentive mechanisms to ensure its sustainability. These challenges are consistent with reports in the national literature on gardens implemented in health services^(15, 14).

ANALYSIS AND DISCUSSION

The results observed at CAPS Interagir are consistent with national and international evidence indicating the positive effects of therapeutic horticulture on mental well-being, social functioning, and quality of life. Systematic reviews and controlled studies demonstrate reductions in symptoms of anxiety and depression, improvements in attention and mood, and gains in self-esteem associated with structured therapeutic horticulture programs^(10,16).

In the context of psychosocial rehabilitation, the garden acts as an experiential learning environment, where users practice responsibilities, build routines, and exercise socio-occupational skills. The improvements were visible in everyday life: in the growth of plants, in group meals, and in exchanges between participants. These aspects gave greater meaning to the experience and provided immediate positive reinforcement, which helped to increase motivation and engagement with the therapeutic process⁽⁷⁾. It is important to highlight the symbolic dimension of the practice: the cycle of sowing, caring, and harvesting can be read as a metaphor for the therapeutic process, allowing subjects to attribute personal meanin-

gs to their care journey. This symbolic dimension promotes resilience and the construction of narratives of recovery, which are central elements in the perspective of psychosocial rehabilitation^(3, 14).

However, it is necessary to take a critical view of the methodological limitations of this report: the absence of a control group, the small sample size, and the predominance of qualitative data limit the generalization of the findings. To strengthen the evidence on the effectiveness of therapeutic gardens, it is recommended to implement studies with a mixed design, use standardized symptom and well-being scales, and conduct longitudinal follow-up of participants.

From a public policy perspective, incorporating therapeutic gardens into CAPS routines requires a financing strategy, professional training, and intersectoral coordination (education, social assistance, urban agriculture). Partnerships with technical education institutions, NGOs, and urban agriculture programs can increase the viability and sustainability of these initiatives^(8, 15).

Based on the experience of CAPS Interagir, the following practical implications and recommendations stand out: conduct a preliminary diagnosis of the space and participatory planning; opt for raised beds and intensive cultivation when space is limited; establish attendance records and satisfaction assessment tools; seek academic and community partnerships for technical and financial support; incorporate training activities for staff and users; and develop indicators for medium- and long-term impact assessment.

FINAL CONSIDERATIONS

The implementation of the therapeutic garden workshop at CAPS Interagir proved to be a viable, relati-

vely low-cost strategy with significant transformative potential in the field of community mental health. The observed benefits – such as greater engagement, improved emotional regulation, strengthened social bonds, and skill development – indicate that the garden is a valuable complementary practice in the CAPS repertoire.

In addition to individual gains, the garden enhances collective relationships and sustainable practices, contributing to health promotion, environmental education, and the strengthening of community ties. Although this report has methodological limitations, the results obtained justify the continuation and expansion of similar initiatives, provided they are accompanied by evaluation and sustainability strategies.

Ultimately, the experience of the therapeutic garden at CAPS Interagir showed that sowing the land can also mean sowing possibilities for belonging, responsibility, and hope. It is recommended that managers and teams from the Psychosocial Care Network value and integrate practices of this nature, articulating public policies, professional training, and institutional partnerships in order to promote their replication and systematization in other contexts throughout the country.

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