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RESEARCH

A intersetorialidade na atenção psicossocial infantojuvenil

The intersectoriality in the psychosocial attention of children and adolescent

La intersectorialidad en la atención psicosocial infantil-juvenil

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ABSTRACT

Objective: To describe the capacity of articulation of the Centers of Psychosocial Attention of Children and Adolescent (CPACA) of the States of the South of Brazil with the sectors of Basic Health Network, School, Education Secretary, EJA, Guardianship Council, Social Assistance (CRAS/CREAS) and Justice. **Method:** Census and descriptive character, is a cut from the Research CAPSUL (2011), conducted with 25 CPACA, being 16 in the state of Rio Grande do Sul; 5 in Santa Catarina and 4 in Paraná, in the period of June 2011 to November 2012. In the analysis the basic statistic of descriptive analysis was used. **Results:** The CPACA needs attention and investment by public politics, to promote these actions of improvement are very important to the development of children and adolescents, once in this age they begin the social formation and the psychological maturity. **Conclusion:** To establish partnerships with the responsible bodies, to build an intersectoral network of mutual assistance. **Descriptors:** Mental health, Mental health services, Child, Adolescent.

RESUMO

Objetivo: Descrever a capacidade de articulação dos Centros de Atenção Psicossocial Infantojuvenil (CAPSi) dos Estados do Sul do Brasil com os setores da Rede Básica de Saúde, Escola, Secretaria de Educação, EJA, Conselho Tutelar, Assistência Social (CRAS/CREAS) e Justiça. **Método**: De caráter censitário e descritivo é um recorte da Pesquisa CAPSUL(2011), realizada com 25 CAPSi, 16 no estado do Rio Grande do Sul; 5 em Santa Catarina e 4 no Paraná, no período de junho de 2011 a novembro de 2012. Na análise, utilizou-se a estatística básica de análise descritiva. **Resultados:** Os CAPSi precisam de atenção e investimento por parte das políticas públicas, promover essas ações de melhoria são de suma importância para o desenvolvimento das crianças e jovens, já que nesta faixa etária começa a formação social e amadurecimento psicológico. **Conclusão:** Estabelecer parcerias com os órgãos responsáveis, para que se possa construir uma rede intersetorial de assistência mútua. **Descritores:** Saúde mental, Serviços de saúde mental, Criança, Adolescente.

RESUMEN

Objetivo: Describir la capacidad de articulación de los Centros de Atención Psicosocial Infantil-Juvenil (CAPSi) de los Estados del Sur de Brasil con los sectores de la Red Básica de Salud, Escuela, Secretaria de Educación, EJA, Consejo Tutelar, Asistencia Social (CRAS/CREAS) y Justicia. **Método:** De carácter de censo y descriptivo, es un recorte de la Investigación CAPSUL (2011), realizada con 25 CAPSi, siendo 16 en el estado de Rio Grande do Sul; 5 en Santa Catarina y 4 en Paraná, en el período de junio de 2011 a noviembre de 2012. En el análisis se utilizó la estadística básica de análisis descriptiva. **Resultados:** Los CAPSi necesitan de atención e inversión por parte de las políticas públicas, promover esas acciones de mejoría es importante para el desarrollo de estos niños y jóvenes ya que en esta faja de edad comienza la formación social y maduración psicológica. **Conclusión:** Establecer asociaciones con los órganos responsables, para que se pueda construir una red intersectorial de asistencia mutua. **Descriptores:** Salud mental, Servicios de salud mental, Niño, Adolescente.

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INTRODUCTION

The inclusion of mental health of children and adolescent is recent in the mental health field. Until the middle of 18th century, childhood was a period of life that had little relevance to society and, therefore, health issues. The child was seen as a miniature adult rather than as a being in growth and development, and should receive the same treatment that was dispensed to adults, when presenting need for health care.[1]

The situation began to be modified in the middle of 80, through the Psychiatric Reform. Driven by the mobilizing of users, family members and Health workers, with the goal to change the reality of assistance, made possible to redirect the attention model to the psychosocial and establish substitute services in mental health.[2]

In this same perspective, the Federal Constitution of 1988 represented a milestone for the infantile healthcare model, which went on to consider it absolute priority, and established their rights through the Law 8,069/90 of the Statute of the Child and Adolescent (SCA), restructuring the legal, political and social instances.[3]

Such movements not only re-democratized the country as allowed greater visibility to children and adolescents that, without distinction of race, color, or social class, deserve a focus on its integral protection.

Since then, discussions have intensified, especially the III National Conference on Mental Health in 2001, which pointed out the need to extend the psychiatric reform initiatives to the children and adolescent population; the realization of National Children and Adolescent Mental Health Forum constituted by Ordinance 1.608/2004, which discussed about issues relating to children and adolescents with mental disorders, institutionalized.[3]

These movements corroborate not only the reflections about healthcare, as they provided guarantees of integral protection to children and adolescents, understanding that both require care and special care to ensure their protection and appropriate development.[1]

However attention to children and adolescent mental health, still constitutes as a great challenge in organizing the daily attendance. There is no doubt that there are many challenges to be overcome. And all these changes will only become effective if translated into concrete practices, producing an impact on quality of life of the population.[4-5]

This new model of attention in mental health made possible the deployment of substitute services, called Centers of Psychosocial Attention (CPA), including the Centers of Psychosocial Attention of Children and Adolescent (CPACA). Services that comprise interdisciplinary teams that must contain, minimum, a psychiatrist, a neurologist or a pediatrician with an education in mental health, a nurse, four upper level professionals (psychologist, social worker, occupational therapist, speech therapist and pedagogue) and five mid-level professionals. In different modalities of treatment (intensive; semi-intensive

and non-intensive). The attendance related to severe psychiatric disorders is the responsibility of these professionals, prioritizing a unique therapeutic project.[6-7]

It is important to remember that the field of mental health does not involve only the health sector, but also covers other fields, stressing the need for inter-sectoral integration initiatives such as in the area of social assistance, education and justice.[8]

In this perspective, it is important to reflect the children and adolescent mental health as a matter for beyond disease intervention and its treatment, but involving more complex social factors, requiring an intersectoral articulation.

Thus, the intersectoral approach can be understood as a combination of various sectors, which allow to share responsibilities and knowledge, enabling an extended view for solution of the founded problems, with the guarantee of social inclusion, citizenship and human rights.[9-10]

It is considered that the intersectoral approach can become one of the main axes for the consolidation of a more effective health system to build an active interface in mental health work, especially with the Education, Social Services, Justice and Rights – historically relevant sectors on assistance to children and adolescents.[9-10]

In this context, the intersectoral approach must be both a principle of mental health policy as a fundamental guideline for the organization and operation of services, and not be reduced only to the presence of services but effective through agreed actions, shared and recorded between the different programs.[9,11]

We must also highlight the scarcity of studies that take into account the care geared to this population as well as the coordination of health services. It is still necessary to the development of research with this focus and purpose of contributing to the improvement of children and adolescent psychosocial care.

Thus, the present study aims to describe the articulations that take place between Centers of Psychosocial Attention of Children and Adolescent in southern Brazil with the sectors of health, social assistance, education and justice, to strengthen and broaden the reflection and debate on the topic.

METHOD

This is a descriptive study, being part of the research entitled Evaluation of Centers of Psychosocial Attention in Southern Brazil (ECPASouth II). This cense character study consisted of all the coordinators of the CPA from Southern Brazil, out of a total of 308 CPA registered by the Health Ministry in 2011. The total sample for this study was composed of 236 (76.62%%) coordinators of CPA in Southern Brazil - I, II, III, AD and i.

The clipping of this article is composed of n=25 (71.42%) CPACA who participated in the study, a total of n = 35 existing in the southern region of Brazil. In Rio Grande do Sul participated n=16 (76.19%) CPACA out of a total of n=21. In Santa Catarina participated n=5 (83.33%) CPACA out of a total of n=6 and in the State of Paraná participated n=4 (50%) of a total of n=8.

The coordinators responded to a structured questionnaire self-applied, divided in three modules (I, II and III) through the electronic system FORMSUS. The coordinators, who have not responded to the questionnaire, were contacted again (five times) and those who reported difficulties in responding, the questionnaire was sent through the electronic mail, which was subsequently transmitted to the electronic FORMSUS system by trained and qualified researchers. Still, avoiding a greater number of possible losses, trained and qualified researchers were sent to 23 cities to deliver the printed questionnaire to coordinators, reporting, by telephone contact, difficulty in accessing the internet. After, the data have been entered in the electronic FORMSUS system by trained and qualified researchers. Data collection occurred from June 2011 to November 2012. Inclusion criteria were: being a CPA coordinator in Southern Brazil; agree to participate in the survey through acceptance of the informed consent form.

For the construction of this article, we used the methodology based on the triad (structure, process and result) of the theoretical model of Donabedian and used as parameter of Ordinance 336/2002 and 3088/2011. The obtained data were analyzed in Stata 12.0 statistical program, using basic statistical descriptive analysis.

For this clipping, the variables were used for articulation with the CPACA “basic network”; “School/Department of Education/ EJA”; “Guardianship Council”; “Social Assistance (CRAS/CREAS)” and “Justice”. With regard to the use of the spaces frequented by the community, we use the variables “Gym”; “Academy”; “Party room”; “CTG”; “School” and “Atelier of art” and with regard to the presence of spaces of articulation to guarantee citizens rights of the user, were used the variables “Public Prosecutor”; “Legal Support” and “Implementation of Inter-sectoral Forum”.

The present research was approved by the Research Ethics Committee of the Faculty of Nursing at the Federal University of Pelotas, in March 21, 2011, record nº 001/2011, internal Protocol n° 017/2011. All subjects expressed authorization of disclosure, opting to participate in the research, considering the resolution n° 466/12 of the National Health Council.

RESULTS AND DISCUSSION

Children and adolescents are subjects with particular needs. This moment of life is a fundamental way to the development of the potentialities of a rich psychic life. And for greater inclusion of the user population of mental health services for children and adolescents, it must facilitate access to specialized services and their use to the families that need guidance and direction on the treatment of children.[13]

According to epidemiological data cited by the Health Ministry, it is estimated that in Brazil 10% to 20% of the population of children and adolescent suffer mental disorders and 3% to 4% need intensive treatment.[3]

In this way, agrees with the creation of a network to establish partnerships and links with other segment, with the need of the development of inter-sectoral actions covering the fields of education, recreation, sport, culture, among others, in addition to the establishment of partnerships with other instances such as the Public Ministry, social services etc. This dialogue proposal with other fields not only will be convening the different social actors, as will provide the feasibility of new social transformations.[14]

In this sense, by analyzing the CPACA partnerships with other sectors, i.e. if there is an intersectoral network of care that can effect with the articulation of the specific actions of children and adolescent mental health in health sectors as the Basic Network, including the services of Basic Health Units (BHU), Family Health Strategy (FHS), clinics and general hospitals, School/Department of Education/ EJA, the Guardianship Council, which involves children and adolescents in personal and social risk situations, the Social Assistance (CRAS/CREAS) geared for children and adolescents in a necessity state, and competent Justice to attend the children and adolescents involved in legal conflicts.

As the CPACA which participated in the study (n=25) presented in table 1, was mentioned the existence of articulation of 80% with the basic network. Another segment that has articulation with the CPACA are the schools/departments of health/Adult and Youth Education (AYE), with 76%, followed by child Guardianship Council 45% and social assistance services 24%.

Table1. Center (CAPSi) distribution according to the existence of linkages with other sectors. Brazil, 2011 *.

Presence of articulation	Frequency	Percentage (%)
Basic Network	20	80
School/Department of Education EJA	19	76
Guardianship Council	9	45
Social Assistance (CRAS/CREAS)	6	24
Justice	3	12

Source: CAPSUL II, 2011.

*Some variables were ignored by the participants.

It is noticed that the service with greater articulation with the CPACA is the basic health network. The basic care has the potential to develop mental health actions, from the detection of the complaints relating to psychic suffering until the promotion of a qualified listen, but also offer subsidies to deal with the problems detected, offering treatment in the basic attention or forwarding to the specialist services.[5]

From the data presented, it is evident that the CPACA recognize the importance of establishing partnerships with the basic network, sharing responsibilities, strengthening the care and ensuring the continuation of treatment.

The Basic Attention, through the development of their actions, can establish relationships that are consistent with the community, operating changes and social transformations. In addition it enlarges its solving capacity of health problems, allowing the construction of a new type of relationship between it and mental health.[14]

It is recommended that the subject attendance in psychic suffering would be carried out on the territory and articulated with all available resources. In this sense, it is necessary a network of mental health care, which favors the inclusion of other resources of society, so

that articulated can respond to the bio-psychosocial needs of the subjects, and the school is one of them. So in terms of research, was referenced the existence of articulations with this sector.[15]

According to the Health Ministry, from the realization of the rights, both of children as adolescents, expanded the concept of health production and thus are growing partnerships with schools. So the school represents an area of relationships, being a privileged environment, since it plays a fundamental role in the formation and construction of social citizenship. Through the research data, can realize the partnership of the education sector with the health sector, assisting in the confrontation of the vulnerabilities that may compromise the school development, strengthening the communication between schools and health units, ensuring the exchange of information about health conditions of schoolchildren.[16]

In order to ensure that the requirements provided in the Federal Constitution and the ECA are attended, for the benefit of the public of children and adolescent, the new form of treatment is based on a service network that adds the Guardianship Councils, Public Ministry, Beaters of Childhood and Youth, in addition to integrated policies acting jointly.[17]

It also suggests the inclusion of social assistance policy aimed at intervention in social risk groups in their own environment, family and community, indicating an intention to extend the target to be reached in the process of social development in Mendonça.[18]

Given this, the actions are more effective if operated together, taking advantage of the many available resources, so that the articulation between services shows necessary, acting as one possibility for construction of a network of services able to respond to the complexity of the care of this population.[12]

Starting from the Centers os Psychosocial Attention of Children are responsible for developing and offering a diverse cast of therapeutic activities, either within or outside the service, denotes that these must therefore, invest more in types of activities offered, in view of health promotion and social reintegration of children with mental disorders. In addition, the Ordinance No. 224, June 30, 1992, points out the community, as a local of action of CPA, on the understanding that the psychosocial work should occur in the social field, visualizing the whole and not focused in an establishment.[19]

The socialization of the child is becoming an essential tool for evaluating the insertion of this in society, it is possible to realize how much there is participation in social networks and inclusive, in varied living spaces, enabling the expansion of situations, relationships and distinct experiences.

To occur this, there is a need for the expansion and diversification of such offerings in society, which bet on construction of the autonomy of the child, to support the family, invest in the participation of social and collective spaces and its support.

Soon, for children with psychic suffering, socialization occurs through the children's CPA or of the school most of the time. This fact is linked to socioeconomic power, however informal spaces of the community, such as the street or next sports court, could come about that, but are not used.[13]

The research also shows that 60% of Centers of Psychosocial Attention for Children in southern Brazil, use community spaces such as gyms (40%) in the first place and followed by party rooms (28%), as shown in table 2.

Table 2. Center (CAPSi) distribution according to the use of spaces in the community. Brazil, 2011 *.

Community spaces used by the CPACA	Frequency	Percentage (%)
Gym	10	40
Fitness Center	4	16
Party room	7	28
CTG	1	4
School	4	16
Art atelier	2	8

Source: CAPSUL II, 2011.

*Some variables were ignored by the participants.

Extra CPA activities in addition to break the system of assigning to the mentally ill, inability to live in society, also show that the treatment for them is not the insulation. The results have shown the possibility to live with the differences without segregation and exclusion.[20]

Thirdly, it is present the school and the academy, two tools for socialization of children and consequent reintegration in society. The school, essential local in the lives of children and young people, is a space able to reproduce different situations for the child with mental distress, and assist in tackling the problems, develop potential, for example, meet and connect with other people, creating bonds of friendship, discovery of rules and different ways of acting.

Usually children with psychic disorder have too much free time, because they do not carry out any activity, highlighting the lack of routines, schedules, i.e., no daily schedule, it will worsen the situation, especially when the child does not go to school. It is in this sense that the school must be present, recognizing the problem and allowing the CPACA to interact, and together with it, develop activities, taking advantage of the full potential that the school has, in the face of promoting socialization of children, regardless of whether or not a mental health service user. Is in the alliance between these institutions the beginning of breaking the stigma and prejudice present in society.[13]

In front of this, the research brings that 16% of mental health services, aimed at children in southern Brazil, develops activities in conjunction with the school, which demonstrates the need for an increase of this bond, CPACA and school, in a manner that produces the benefits cited.

Therefore, it is observed that there is still little articulation between mental health services and other spaces in the community, capable of promoting cultural interventions, with stimulus to realization of new skills and the social conviviality. It can be consider then, the Centers of Sociability and Culture – important tools of care network substitutionary in mental health attention, where are offered to people with mental disorders, spaces of sociability, production and intervention in the city – as an alternative to be considered under children, contributing to greater social reintegration of children.

Gradually, the transformations in the community will happen from the moment that are dissolved the prejudices, and is the reintegration of the carrier of mental disorders to society, which gives conditions to rescue his own dignity.

In table 3, are presented the articulation spaces that the CPACA reported will be used to ensure the rights of citizenship to users being, referred to the public prosecutor, the legal support and the implementation of inter-sectoral Forum.

Table 3. Distribution Center (CAPSi) according to the joint spaces for citizenship rights of users. Brazil, 2011.

Joint spaces to guarantee citizens ' rights of the user	Frequency	Percentage (%)
Public prosecutor	18	72
Legal support	11	44
Implementation of Intersectoral Forum	2	8

Source: CAPSUL II, 2011

*Some variables were ignored by the participants.

According to the data presented in table 3, it is evidenced that the CPACA present greater articulation with the public prosecutor and the legal support is 72% and 44% respectively. The implementation of inter-sectoral Forum was not so representative, with 8%.

Mental health policy in Brazil has been showing in recent decades a movement of reformulations of their assistance practices, in line with the proposed guidelines, are involved the prosecution and legal support to ensure fulfillment of the rights of the children and adolescent population. Working together with these teams is essential for coping with situations of vulnerability, being responsible for those that require assistance.[21]

By analyzing the table 3, it can be noted an approximation of the CPACA very significative with these sectors, demonstrating the importance of put in action the services to guarantee users ' citizenship, to qualify the caution, to guarantee insured rights. It is worth mentioning that despite advances resulting from the conquests of the Psychiatric Reform, there is still evident gaps in understanding the condition of the children and adolescent public while subject of law and in situation of vulnerability, since, in most cases, falls especially in teenagers in conflict with the law a repressive condition, asylum and of institutions.[22]

Within this logic, the aim is to strengthen of partnerships, work together, find solutions, avoiding the transfer of problems, becoming protagonists in the care and correspondents for the health and quality of life of the subject.

In this sense, and not less important, reported the Inter-sectoral forum as an instrument of guarantee of citizenship, even shyly, it is interesting to realize that somehow they understand its value to ensure a permanent dialogue. The Forums are aimed at the construction of a space of collective debate and have as premise to establish a service network capable, regardless of their level of complexity, of the elaboration of principles that can guide the construction of a public mental health policy that includes discussions, responsibilities, inter-sectoral action pact, and encourages the construction of partnerships able to respond for the care of children and adolescents.[23]

Although still incipient the inter-sectoral partnerships, is evident the existence of them. Health services should not respond by their own to every demand and the needs of the population, despite the limitations, it is necessary to build partnerships with other networks, including the various sectors both within the specific sector of health, as in other sectors such as social care, justice, education and others.[9]

It is important to note that this study involved the investigation of new partnerships in the field of mental health care for children and adolescents, and the CPACA are important tools of work mainly to develop its activities together, make connections with other sectors of health, social assistance, education and public safety.[24-5] Anyway, gives a great commitment of the teams to work in network, perform partnerships with resources in the community, even when scarce for the realization of integral care.[12]

CONCLUSION

We noticed with these data the importance of inter-sectoral links with centers of juvenile attention. These articulations are necessary to ensure that the care is integrated by the sectors of Basic Health Network, School/Department of Education/ EJA, Guardianship Council, Social Assistance (CRAS/CREAS) and Justice. In this way, the psychosocial attention won't be restricted to a single body in charge, and the union of these systems may facilitate and make agile the process of inclusion of these children and youth in mental health services since the accountability will be mutual.

The research showed an approach quite significant with some spheres, demonstrating a positive expansion of these links that are forming, but, still, it's up to each sector participate actively and qualified in this process that is just beginning.

Another aspect, which is worth noting, is the use of spaces in the community by the CPACA which are still scarce. The right to community coexistence is guaranteed by the Statute of children and adolescents and the lack of social conviviality will cause losses in the lives of these children and young people for a life in society.

The activities outside the CPACA need to be part of the daily lives of children and young people, because the integration into the community is a way to demonstrate that everyone can live with each other, using the same spaces and interacting in a healthy way. This co-existence comes only demystify mental health and exposed to society that people with psychic disorders can and should be part of the community where they live.

The way is still arduous, and the CPACA, guidance and care locations, need attention and investment of actions on the part of public policy. In this regard, attention should be stronger, because it is in this age group who that start the social formation and psychological maturity.

In this way, it is also a coordinators of the CPACA responsibility, to establish partnerships with the responsible bodies, so it can be build an inter-sectoral network of mutual assistance, and not in isolation, in order to create necessary subsidies to ensure a beneficial development for children and young people.

Integration with all spaces of society and public sectors must happen in a more natural way, leading to all involved the responsibilities fit with these children and adolescents. The CPACA are spaces for the quality of life of its users, but need the support of the community, from physical spaces to legal assistance, besides the care, attention and respect for all of society.

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