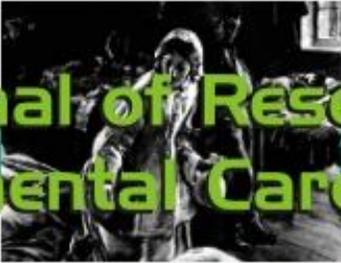


Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Sistematização da assistência de enfermagem à criança e ao adolescente em sofrimento psíquico

Systematization of nursing care to children and adolescents in psychological distress

Sistematización de la asistencia de enfermería al niño y al adolescente en sufrimiento psíquico

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ABSTRACT

Objective: to list the main diagnoses, nursing interventions and results described by NANDA International (NANDA-I), Nursing Outcomes Classification (NOC), Nursing Intervention Classification (NIC) for children and adolescents in psychological distress, based on the theory of mental health recovery - Mare de Baker Theory. **Method:** a descriptive exploratory study with qualitative approach carried out in CAPSi of the Executive Secretary of the Regional IV (SER IV), in Fortaleza - CE. For data analysis, the structure of the collected data and the diagnostic reasoning were used. **Results:** initially, 28 nursing diagnoses were pre-selected, prevailing only six. **Conclusion:** with the implementation of systematization of nursing care (SNC), nurses have a unique and different way, seeking to promote reintegration of these people with mental disorders in their own family and society. **Descriptors:** Work nursing process, Nursing care, Mental health, Psychological distress in children and adolescents.

RESUMO

Objetivo: elencar os principais diagnósticos, intervenções e resultados de enfermagem descritos pela NANDA Internacional (NANDA-I), Nursing Outcomes Classification (NOC), Nursing Intervention Classification (NIC), para crianças e adolescentes em sofrimento psíquico, fundamentados na teoria da recuperação em saúde mental - Teoria da Mare de Baker. **Método:** estudo descritivo exploratório, com abordagem qualitativa, realizado no CAPSi da Secretaria Executiva da Regional IV (SER IV), do município de Fortaleza - CE. Para a análise dos dados, foram utilizados a estruturação dos dados coletados e o raciocínio diagnóstico. **Resultados:** inicialmente, foram pré-selecionados 28 diagnósticos de enfermagem, entretanto, prevaleceram seis. **Conclusão:** com a aplicação da sistematização da assistência de enfermagem (SAE), os enfermeiros vêm, de forma singular e diferenciada, buscando promover uma reintegração dessas pessoas com transtornos mentais na sua própria família e sociedade. **Descritores:** Processo de trabalho em enfermagem, Assistência de enfermagem, Saúde mental, Sofrimento psíquico em crianças e adolescentes.

RESUMEN

Objetivo: listar los principales diagnósticos, intervenciones y resultados de enfermería descritos por NANDA Internacional (NANDA-I), Nursing Outcomes Classification (NOC), Nursing Intervention Classification (NIC), para niños y adolescentes en sufrimiento psíquico fundamento en la teoría de la recuperación en salud mental - Teoría da Mare de Baker. **Método:** estudio descriptivo exploratorio con enfoque cualitativo, realizado en CAPSi de la Secretaría Executiva de la Regional IV (SER IV), del municipio de Fortaleza - CE. Para el análisis de los datos se utilizó la estructuración de los datos recogidos y el raciocinio diagnóstico. **Resultados:** inicialmente, fueron pre-seleccionados 28 diagnósticos de enfermería, prevaleciendo seis. **Conclusión:** con la aplicación de la sistematización de la asistencia de enfermería (SAE) los enfermeros ven de forma singular y diferenciada, buscando promover una reintegración de esas personas con trastornos mentales en su propia familia y sociedad. **descriptores:** Proceso de trabajo en enfermería, Asistencia de enfermería, Salud mental, Sufrimiento psíquico en niños y adolescentes.

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INTRODUCTION

The nursing care in mental health in Brazil over the years has had modifications in order to meet the proposals of the Psychiatric Reform through a new vision aimed at the social reinsertion of the subject and his rehabilitation by antimanicomial and measures of a multi-professional and interdisciplinary care.¹

This new desinstitutionalized vision enable the implementation of Psychosocial Care Centers (CAPS), including Psychosocial Care Centers for Children and Adolescents (CAPSi), substituting the asylum services model aimed at reinserting the subject in distress in society, providing the completeness of his assistance.

The Psychosocial Service Center for children and Adolescents (Capsi) must be organized in such a way that uses a systematic assistance plan for every team that matches with the one that the patient is interested in receiving, contributing for him to continue the treatment.²

In this context of multidisciplinary care, the nurse is the key professional for the implementation of the new service model proposed by the Psychiatric Reform, having the possibility of subsidizing their actions using the Systematization of Nursing Care (SNC) and the Nursing Process (NP) as instruments for their practices.¹

The application of SNC also brings appreciation of the profession as a science of caring. Thus, the improvement of quality in nursing care has configured a need to review and modify the practice and the role of the nursing professional in order to print a new characteristic to his operations, ensuring professional recognition.

In order to plan the SNC, first, it is necessary, to identify Nursing Diagnosis, according to Taxonomy II of NANDA. Then, to describe the expected Results of Nursing, to propose Nursing Interventions according to NOC, specific to each diagnosis, according to NIC.

A nursing diagnosis is a clinical judgment about individual, the family or the community responses to health problems/life processes real or potential. The nursing diagnosis is the basis for the selection of nursing interventions for achieving the results for which the nurse is responsible.³

For the systematization of nursing care carried out it is important to be based in a theory of nursing about scientific knowledge, in which enables to guide clinical nursing care based on scientific knowledge aimed at a better critical reasoning during their practice, generating new knowledge, consequently improving the process of illness of the client who is being cared.

Before the exposed, it is necessary to use a nursing theory to subsidize SNC to the patient in mental illness. Among nursing theories, there is Tidal model Theory on mental health recovery, by Phil Barker.

Phil Barker, Scottish psychiatrist nurse and prolific writer in the field of psychiatric nursing and mental health since 1978, formulated the Tidal model Theory, the first model of interdisciplinary care in mental health in which the author uses universal metaphors associated with the power of water and the sea to represent the known aspects of human stress.⁴

People have the ability to live and grow through stress, doing what they need to do. In people with acute stress, especially at risk to themselves and others, it is important that nurses are directly related to the experience of the person who can identify the real needs of care. The interpersonal process is like a “bridge”. This word emphasizes the need to creatively build, the way to reach the person, crossing the murky waters of the psychological distress.⁵ With this, we can identify that the nurse from the SNC can understand and propose a therapeutic plan for his client to his recovery.

Implementing the nursing process based on Baker referential is a strategy to meet the demands resulting from processes of psychic illness to children and adolescents, enabling to identify nursing diagnosis related to the fundamental needs of this clients, as well as to assistance planning, since it will serve as a basis for nursing interventions together with the reality experienced by the subject.

Thus, the present study aims to identify what are the main Nursing Diagnosis according to NANDA Taxonomy II prevailing in children and adolescents in psychological distress assisted in CAPSi of the municipality of Fortaleza - CE; and to describe Expected Results according to NOC and to propose Nursing Interventions according to NIC.

This study seeks to propose to the service a specific integral and humanized way to assist children and adolescents in psychological distress, based on the Tidal Model Theory trying to improve the quality of the assistance of such service.

METHOD

This is an exploratory study with a qualitative approach, developed in Psychosocial Care Centers for Children and Adolescents (CAPSi) of the Executive Secretary of the Regional IV (SER IV), in the municipality of Fortaleza - CE, through a descriptive approach, in order to identify nursing diagnoses according to the NANDA taxonomy II more prevalent in adolescents in psychological distress and propose the results of nursing according to NOC and nursing interventions according to NIC.

CAPSi assists children and adolescents, ranging from 4 to 18 years old in a situation of psychological distress of moderate to severe, employing alternative treatment supported by the development of the therapeutic plan, adapting the assistance in intensive, semi-

intensive and not intensive care. The subjects of the study are children and adolescents in psychological distress.

The population included in this study, were nine young people, among children and adolescents, in intensive therapy, presenting a more severe and persistent clinical picture, in frequent assistance, at least three per week, participating in activities developed by CAPSi.

The approach to children, adolescents and their families, to acceptance and authorization of the research participation, was with visits to CAPSi at the time of entry of the intensive adolescents from Monday to Friday programmed to their activities, forwarding the data collection by a form containing all customer's data to the domains of taxonomy II of NANDA.

The instrument was applied to intensive users accompanied by their responsible, through the appointment of nursing and clinical examination - anamnesis and mental state examination, as well as consulting the chart of children and adolescents who participated in the study.

The application of this instrument enables to obtain subjective and objective information about the bio-psychological and sociocultural aspects, according to Baker's proposal.

In this way, the study having the first two steps of the Nursing Process, conducted the research phase through observation, physical examination and the collection of information pertaining to general data: Perception of health/Health control, Nutritional/Metabolic, Elimination, Activity/Rest, Cognitive/Perceptive, Self-perception/perception, Participation/Relationship, Sexuality/Reproduction, Coping/Stress tolerance, Value/Belief, Security/Protection, Comfort.

After data collection two basic steps to the process of diagnosis were followed: analysis and synthesis of data and establishment of the diagnosis. The analysis is understood as the separation of the material in parts and its critical examination, which define their essential components and their relationships. At this stage, the diagnostician has two steps: data categorization - being their logic organization or presentation; and identification of divergent data or gaps - incomplete or incongruous data identification. The synthesis, is the combination of these parts or of the elements in a single entity. It is the process of reasoning in which a conclusion is directly obtained from the given propositions and principles established.⁶

In this stage the diagnostician will develop the following activities: grouping of evidence on patterns, comparison of patterns with theories, models, rules and concepts, identification of possibilities (inferences or hypotheses), proposition of etiologic causes (relationship).

The process used for analysis and synthesis of the data until the precise diagnosis was based on the defining characteristics and related factors, determined by classification of NANDA. From the diagnostics, it is sought through NOC and NIC classification to establish the expected results and the possible interventions and activities to improve assistance to children and adolescents in psychological distress.

The results were described and discussed using reviewed literature concerning the nursing process and nursing care to children and adolescents in psychological distress based on Baker's theory.

This study was submitted and approved by the Research Ethics Committee of the State University of Ceará-UECE, with opinion 08573398-9, following the recommendations of the Board of Ethics in research with human beings, respecting all ethical aspects of Resolution 466, of December 12, 2012, being considered the assumptions of bioethics, configured in its resolution: autonomy, non-maleficence, beneficence and justice.

RESULTS AND DISCUSSION

Systematization of nursing care (SNC) is as a tool for children and adolescents care in psychological distress, giving the nurses clarity about their performance in the care process, basing their practices, offering a unified vision and enabling greater success in achieving their goals.

To effective the care plan in CAPSi, it is also important to measure the major psychic illness that affect the child and the adolescent, meeting their social context and the prevalence among boys and girls. This will guide the health care professional in their approaches and therapeutic techniques, providing an overview on their clients, corroborating to a systematic and qualified service.

For a better understanding, the Profile regarding to gender, medical diagnosis and nursing diagnosis more prevalent was described in children who participated in the study.

PROFILE OF PREVALENT GENDER AND MEDICAL DIAGNOSES OF CHILDREN AND ADOLESCENTS STUDIED.

First of all, the psychological distress profile that affects these young people, who are intensive users of CAPSi was traced. The prevalent medical diagnoses were: Schizophrenia (n=1); Depressive disorder (n=5); Mental retardation + Schizophrenia (n=3).

As observed in the research, there is a predominance of depressive disorder. Some are common symptoms in children and adolescents researched and diagnosed with depression: aggression, escape, social retraction, sexual performance, anxiety and apathy.

In children and adolescents, the incidence of emotional disorders has been considered very high. In the United States, a review of epidemiological studies concluded that 12% of children with chronic diseases have some kind of emotional disorder, most of the time, the depression. Studies conducted in Brazil with adolescents have shown strongly positive association between common mental disorders and chronic disease.⁷

Depression in adolescents can be quite difficult to be recognized, because the feeling of sadness, loneliness, anxiety and despair can be perceived as normal emotional stress of this phase, thus, not being correctly diagnosed, they do not receive the necessary care. In children this disorder should not be ignored, since currently they are early maturing and/or by intrinsic factors.

Another prevalent diagnosis after depression was the Mental retardation (MR). In this study, according to the records, patients were classified from light to moderate RM level. Mental retardation is associated with schizophrenia. Early schizophrenia is a debilitating disorder often characterized by affection deficits in cognition and the ability to interact socially with others, maybe is the most disabling psychological distress and probably causing more hospitalization.⁸

When schizophrenia appears in childhood, it is a serious picture with poor prognosis in most cases. It focuses on a personality that is not yet fully developed and blocks the process of personality development. The difficulty of dealing with this patient is given not only by the characteristics of the disease, but significantly by guilt and raising fail by the family, who feel powerless, not accepting and not understanding the symptoms that characterize the psychological distress, the delirium, the escape from reality and hallucinations.⁹

Thus, the importance of a qualified and humanized care, brought by the systematization of care, which will intervene specifically and individually on an audience that requires greater attention and management, achieving also the family of this individual, really needing this care.

Regarding the gender variable, mental disorders were more prevalent in females (n=6) than male (n=3).

In this gender variable, some studies revealed the predominance of psychological distress in males, not appropriate with this research, with greater index on female gender. However, epidemiological studies support that anxiety and depression increase vertically in adolescents, especially female.⁸

In this sense, childhood and adolescence are phases of increased risk for the beginning of several psychiatric disorders, because during these periods the incidence rates have increased significantly.

DIAGNOSIS, RESULTS AND NURSING INTERVENTIONS FOR CHILDREN AND ADOLESCENTS IN PSYCHOLOGICAL DISTRESS.

Twenty-eight nursing diagnosis were found in the population investigated, but only six nursing diagnosis were considered in this work, because they were the most prevalent in children and adolescents research (n greater/equal to 5): Self-negligence (n=5); Impaired verbal communication (n=5); Fear (n=6); Imbalanced nutrition: more than the needs (n=7); Sedentary lifestyle (n=8) and Anxiety (n=9). Thus, from them, a systematic plan of care for assistance has been developed, qualifying the therapeutic approach.

Within the Nursing Process, nursing diagnosis is a device enabling to individualize the care, humanization, transforming the nursing practice, possibility to qualify the assistance, serving as a basis for interventions, thus, effecting the result.¹⁰

The description below shows the distribution of the systematic care plan, bringing the possible results, interventions and activities that can be performed by nurses of CAPSi, from the nursing diagnosis identified.

Nursing diagnosis: Self-negligence related to depression, characterized by lack inadequate personal hygiene and a lack of adherence to health activities. Domain: 4 (activity/rest). Concept - culturally structured set of behaviors involving one or more activities of self-care, being failure to maintain a standard of health and wellbeing socially accepted.³ **Expected results:** SELF-CARE for: Bath/Hygiene; Dress up/prepare themselves¹¹. **Nursing intervention:** SELF-CARE assistance.¹² **Activities:** take into account the patient's culture when promoting self-care activities; take into account the patient's age when promoting self-care activities; to monitor patient's ability for independent self-care; to monitor patient's needs of adjustment devices for personal hygiene, wearing clothes, the appearance, personal hygiene and nutrition; to encourage the patient to perform normal activities of daily living according to their level of capacity.¹²

Given the above, the nurse may involve family in the activities of the patient's self-care in psychological distress. Teaching to the family the steps of a correct hygiene for each specific part of the body of the children and adolescent, due to their limitations; to guide the family the importance of hygienic care with these young people as contributing factor for integration and acceptance in society.

Barker establishes ten principles that the nurse should take into consideration in the recovery of individual's mental health. One of these principles means giving time. It becomes of great importance the given time to meet the nurse and person/family. In the therapeutic plan, it is necessary for the family to be involved in the recovery process and for that it is important to wait some time for the family and the client to engage in therapeutic plan.⁵

In the domain 2, concerning Nutrition, nursing diagnosis found was Imbalanced Nutrition: more than the body needs, which can be caused by the use of medicines, especially antipsychotics.

Nursing diagnosis: Imbalanced Nutrition: more than body requirements characterized by sedentary lifestyle related to excessive ingestion on metabolic needs. This diagnosis is conceptualized as: nutrient intake that exceeds the metabolic needs.³ **Expected results:** Weight loss behavior.¹¹ **Nursing Intervention:** Behavior modification.¹² **Activities:** To determine the patient's motivation to change; to elaborate a program of change of behavior; to identify the patient's problem in behavioral terms; to identify behavior to be modified.¹²

Excess weight can be caused by the use of medicines, especially antipsychotics. They represent an important component of several psychotic conditions, including schizophrenia. The use of medicine has been associated with increased cardiovascular risk due to other complications, such as weight gain.¹³

For Baker, it is necessary to involve the family in the patient's care plan⁵. For this, the nurse should explain to the family the importance of follow-up with a nutritionist

for prevention of other diseases related to eating disorders, through food control (re-education); measuring height, weight, BMI, cutaneous fold and waist circumference of the hip, as well as control measures to avoid obesity, the dyslipidemias and associated risks.

In the domain 1, Health Promotion, the nursing diagnosis found was Sedentary Lifestyle.

Nursing diagnosis: Sedentary lifestyle related to lack of motivation for physical activity characterized by choice of a daily routine without physical exercises. It refers to the habit of a life characterized by a low level of physical activity.³ **Expected results:** Motivation and physical fitness.¹¹ **Intervention of nursing:** Education/Activity; Prescribed Exercises.¹² **Activities:** To inform the patient about the purpose and benefits of the activity/exercise prescribed; to assist the patient to incorporate the regime of activities/routine exercises of daily life; to include family/important people, as appropriate.¹²

Barker claims that the nurse should be transparent, taking the person to the understanding of what will be done in his therapeutic plan, as well as making the client understand that the nurse will participate in his recovery, where the nurse and client are considered as a team⁵. In this way, it is necessary that the nurse explains to the children and the adolescent the importance of physical activity.

In the domain 5, Perception/Cognition, the diagnosis impaired verbal communication were prevalently found. In this group of symptoms, mostly related to mental disorders and behavior, there are lack of interest, aggression and changes in speech, seen in the studied population.

Nursing diagnosis: impaired verbal communication characterized by difficulty to maintain the usual pattern of communication related to psychological barriers. It is about decreased ability, retarded or absent to receive, to process, to transmit and to use a system symbol.³ **Expected results:** Information processing.¹¹ **Nursing Intervention:** Reducing anxiety.¹² **Activities:** To use calm and reassuring approach; to clarify expectations according to the behavior of the patient; to reinforce behavior, as appropriate; to listen carefully; to encourage the expression of feelings, perceptions and fears; to identify changes in the level of anxiety; to get fun activities geared to reducing tension; to assist the patient to articulate a real description of an impending event; to observe verbal or non-verbal signals of anxiety.¹²

For Barker, the nurse should take into consideration the principles and commitments of Mental Health Recovery Theory. Within those principles, there is the principle of giving time. It becomes of great importance the given time of the nurse and person/family. The nurse should begin the therapeutic plan, however it is necessary for the family to be involved in the recovery process and for that, it is important to wait some time so the family and the client start to engage in therapeutic plan. To Develop Curiosity, so the client will verbalize about his life story, it is necessary that the nurse be interested in his life story, in order to understand its weaknesses.⁵

The nurse could guide the family to stimulate the communication also at home; to stimulate to the children and the adolescent, if possible, playing games of memory / perception /concentration, encouraging the patient's family to a daily practice; to listen to music with the patient, whether he has musical tastes.

The process of communication with the person in psychological distress presents various nuances, due to his condition of guidance which can present with changes of thought and perception. Such condition hinders communication, but does not prevent this process, because it is through communication that the nurse will encourage that clients' return to reality.

Another **Nursing Diagnosis found was:** Anxiety related to unconscious conflicts to the goal of life, characterized by fear, restlessness and irritability. Domain: 9 (Coping/Tolerance to stress). Concept - vague and uncomfortable feeling of discomfort or dread, accompanied by autonomic response; feeling of apprehension caused by the anticipation of danger. It is a warning sign that draws attention to an imminent danger and allows individuals to take steps to deal with threat.³ **Expected result:** Coping.¹¹ **Nursing Intervention:** Improving coping.¹² **Activities:** To evaluate the impact of the situation of life of the patient in the roles and relationships; to assess the understanding that the patient has about the disease process; to use a calm approach; to provide an atmosphere of acceptance; to discourage decisions when the patient is under a lot of stress; to investigate the patient's previous conquests; to encourage the verbalization of feelings, perceptions and fears; to encourage the patient to identify their own strengths and capabilities; to encourage relationships with people who have interests and common goals.¹²

Finally, in the last and more prevalent nursing diagnosis, belonging to the domain 9, Coping/Tolerance to stress, the fear was found. Mental diseases can cause outbreaks with delusions, hallucinations, shakes, phobia, anxiety and suicidal ideas, as well as association between psychiatric symptoms and trauma. In the case of the study, one of the adolescents witnessed the murder of his mother and another suffered rape attempt.

Nursing Diagnosis: Fear characterized by nervousness report and focus directed to fear. Domain: 9 (Coping/Tolerance to stress). Concept - perceived threat response that is consciously recognized as danger. **Expected results:** Level of fear: child. **Nursing intervention:** Increased security. **Nursing activities:** to provide an environment free from threats; to demonstrate calm; they offer to stay with the child/adolescent and make them calm about safety and protection during period of anxiety; to avoid causing strong emotional situations; to listen about the fears from the child/adolescent/family; to talk about specific people or situations that threaten the child/adolescent or family; to help the child/adolescent or family to identify the factors that increase the sense of protection; to help the child/adolescent identify normal reactions of coping; to help the child/adolescent to use coping responses that have worked in the past.

After description of a systematic planning of care, from the diagnosis in order to get the expected results, through interventions that will make the difference both for young people with mental disorders and the professionals. It is expected that the practice of nursing in CAPSi be more attentive in the care of children/adolescents of this service to improve the quality of nursing care. Only through the clinical judgment is possible to predict the nursing diagnosis and therefore plan to promote health care and prevent problems before they appear. The resources and the strengths identified by the nurse are the key to reducing costs and maximizing efficiency of care.

For SNC works on mental health, and not just be a theoretical care plan, existing only in scientific articles, currently some factors present in professional nursing practice need urgently to be transformed: the implementation of pre-established tasks in the institution, the antagonistic relationship between speech and practice of mental health professionals, the biological differences among the members of multidisciplinary teams, the verticalization and normativity of the program at the institution, the lack of coordination among the sectors of community services, the very high rate of patients for each professional, the lack of integration between community and hospital services, the unpreparedness of the professionals, the medicalization of symptoms, the absence or inadequacy of the reference services, among others.¹⁴

It is fundamental that the nurse is open to various possibilities, participating in the discussions on the psychiatric reform process, learning how to dialogue with several speeches on insanity, learning to think, learning to live with the objective and the subjective, with reason and passion. They need to multiply the questions and go beyond the comfortable limits of truths only ever produced, that is, above all, critical, inventive to work with the person in mental distress. Nursing professionals, first of all, have to be seduced by the work, to deconstruct representations about the client with psychological distress, arising mainly from the psychiatric paradigm that has notions of dangerousness and incapacitation as defining axes of the ideas of crazy and madness. It is necessary a defined project and, at the same time, being allow to experimentation, through daily exercise and permanent critical reflection and self-criticism.¹⁵

Unfortunately, it is still very incipient nursing consultation in some CAPSi. It is highlighted then, the importance to study/teach at school, systematic care on mental health, for professionals to become not only biomedical but also have scientific basis and know approach the individual in distress, in addition to using the tools of the nursing process as a guide and not as a standard.

CONCLUSION

The analysis and understanding of the results, with the application of systematization of nursing care (SNC) in the therapeutic field, contributes to the practice of nurses of singular and differentiated way acting in hospital assistance, homecare and ambulatory, seeking to promote a reintegration of people in distress in their own family and society, as well as by the multidisciplinary team to provide clients with the bio-psycho-social and citizenship welfare, through the clarification of their duties and rights.

It can be noticed that the SNC requires the professional interest in knowing the patient as an individual, using their knowledge and skills, in addition to guidance and training of nursing staff for implementation of systematized actions. Only in this way it will be possible to implement the results of this study, from the professional commitment and awareness of care.

So, it is very important the implementation of actions that meet the diverse demands of assistance of mental health clinical situations that affect these children.

REFERENCES

1. Machineski GG, Schneider JF, Camatta, MW. O tipo vivido de familiares de usuários de um centro de atenção psicossocial infantil. *Rev Gaúcha Enferm.* 2013. 34(1):126-132,.
2. Tavora RCO, Monteiro ARM, Tavares SFV et al. Atendimento de crianças e adolescentes em caps: visão dos familiares. *R. pesq.: cuid. fundam. online* 2010. out/dez. 2(Ed. Supl.):697-700.
3. NANDA International. Diagnósticos de enfermagem da NANDA: definições e classificação 2012-2014. Porto Alegre: Artmed; 2013.
4. Alligood MR, Tomey AM. Modelos y teorías en enfermería. 7ª ed. Madrid (Es): Elsevier-Mosby; 2011.
5. Barker P, Barker-Buchanan P. The tidal Model: a guide for mental health professional. Nova York: Routledge, 2005.
6. Risner PB. Nursing diagnosis: diagnostic sistements. Ed. *Nursing Process: application of conceptual modes.* 3ª ed. St. Louis: Mosby; 1990.
7. Nogueira KT, Lopes CS. Associação entre transtornos mentais comuns e qualidade de vida em adolescentes asmáticos. *Rev. bras. epidemiol.* 2010 Set. 13(3): 476-486.
8. Stubbe D. *Psiquiatria da infância e adolescência.* Porto Alegre: Artmed; 2008.
9. Soares HLR, Gonçalves HCB, Junior JW. Esquizofrenia hebefrênica: psicose na infância e adolescência. *Fractal. Rev. Psicol.* 2011 abr. (23): 239-240.
10. Kruse MHL, Silva KS, Ribeiro RG, Fortes CV. Ordem como tarefa: a construção dos Diagnósticos de Enfermagem. *Rev. Bras. Enferm.* 2008 mar-abr. 61(2): 262-6.
11. Moorhead S, Johnson M, Maas M, Swanson E. (orgs). *Classificação dos resultados de enfermagem (NOC).* 4 ed. Rio de Janeiro: Elsevier; 2010.
12. Bulechek GM, Butcher HK, Dochterman JM. *Classificação das intervenções de enfermagem (NIC).* 5 ed. Rio de Janeiro: Elsevier; 2010.
13. Leitão ACL, et al . Ganho de peso e alterações metabólicas em esquizofrenia. *Revista de Psiquiatria Clínica.* 2007. 34(supl.2): 184-188.
14. Jorge MSB, Freitas CHA, Luz PM, Cavaleiro LMM, Costa RF. Enfermagem na atenção sistemática de saúde à família de pessoas com transtorno mental: estudo bibliográfico. *Rev. RENE.* 2008 jan-mar. (9): 129-136.
15. Filho AJA, Moraes AEC, Peres MAA. Atuação do enfermeiro nos centros de atenção psicossocial: implicações históricas da enfermagem psiquiátrica. *Rev. RENE,* 2009 abr-jun. (10): 158-165

Received on: 19/02/2014
Required for review: No
Approved on: 03/09/2014
Published on: 01/10/2015

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