

INTERSECTORAL CARE IN MENTAL HEALTH IN CHILDHOOD AND ADOLESCENCE: BEYOND THE HEALTH INSTITUTION

Cuidado intersetorial em saúde mental na infância e adolescência: para além da instituição saúde

Cuidado intersetorial en salud mental en la infancia y adolescencia: más allá de la institución salud

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ABSTRACT

Objective: to discuss the experiences of professionals of the intersectoral care network focused on children and adolescents and their connections / work in the territory. **Method:** This qualitative study exploratory-descriptive, that included 26 intersectoral network workers in a city of Rio Grande do Sul state, Brazil between the months of May and June 2014. Data collection was conducted through a semi-structured interview during which the testimonies were recorded and subsequently transcribed in full. **Results:** The professional has an experience of intersectoral network, which is based on the premises of interdisciplinarity and working together. The care network must be more than just health services, including social and community spaces, social and inclusion projects. **Conclusion:** The territory can be understood as a space of care, social relations and ways of life, also offering space for links between professionals and users of services.

Descriptors: Mental health; Children; Intersectoral action.

RESUMO

Objetivo: discutir as vivências dos profissionais no cuidado em rede intersetorial voltado à criança e adolescente e suas articulações/trabalho no território. **Método:** pesquisa qualitativa, exploratório-descritivo, desenvolvida com 26 trabalhadores da rede intersetorial, em um município do Rio Grande do Sul, entre os meses de maio a junho de 2014. Os instrumentos utilizados para a coleta de dados foram entrevistas

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semiestruturadas com os depoimentos gravados e, posteriormente, transcritos na íntegra. **Resultados:** o profissional possui uma vivência de rede intersectorial, entendendo que esta rede deve partir de premissas como a interdisciplinaridade e o trabalho em conjunto. Que a rede de cuidado deve transpor serviços de saúde, ampliando olhares para projetos sociais e de inclusão. **Conclusão:** o território pode ser incorporado como um espaço de cuidado, de relações sociais e de modos de vida, sendo espaço também de vínculos entre profissionais e usuários.

Descritores: Saúde mental; Criança; Ação intersectorial.

RESUMEN

Objetivo: discutir las experiencias de los profesionales acerca de la red de atención direccionada a los niños y adolescentes y sus articulaciones / trabajo en el territorio. **Método:** investigación cualitativa, exploratorio-descriptivo, desarrollada con 26 trabajadores de la red intersectorial entre los meses de mayo hasta junio de 2014 en una ciudad en Rio Grande do Sul. La recolección de datos fue realizada por medio de entrevista semiestructurado, con los testimonios grabados y posteriormente transcritos en su totalidad. **Resultados:** el profesional tiene una experiencia de red intersectorial, la comprensión de que la red de premisas como la interdisciplinariedad y el trabajo en conjunto. La red de cuidado debe pasar a los servicios de salud, la ampliación de las miradas para proyectos sociales e inclusión. **Conclusión:** El territorio puede ser incorporado como un espacio de atención, las relaciones sociales y formas de vida también el espacio y las relaciones entre los profesionales y los usuarios.

Descriptor: Salud mental; Niño; Acción intersectorial.

INTRODUCTION

Mental health care for children and adolescents for a few decades has been based on assistance actions, where they exist, restricted to the agenda of the social assistance and education sectors, with more restorative and disciplinary rather than clinical or psychosocial proposals.¹ With the promulgation of the Federal Constitution together with the Statute of the Child and Adolescent, it has become possible to rethink the care dedicated to this population, recognizing them as citizens and guaranteeing their rights.²

In this context, the National Policy of Mental Health is designed seeking to consolidate within the scope of the Unified Health System (SUS) a field of psychosocial care supported by law 10.216 / 01 under a model of open and community-based care, with actions organized in territorial care networks and integrating sectoral policies aimed at contributing to the development, well-being and quality of life of the child.³ Thinking about a network that acts across the board means betting on the power of the connections that the child has as well as the intersectoriality that can promote mental health.⁴

Therefore, the involvement of a care network and services beyond daily work is suggested, so that care can happen in the context of daily reality of the territory, based on the singularities of the subjects and their communities. Paying attention to what this territory has to offer as a resource to professionals and thus contribute and strengthen this care.⁵

It is important that children's mental health is thought of in different network services, in addition to Children's Psychosocial Care Centers (CAPSi), including non-health-related measures, as well as social assistance, school, social and cultural instruments. Thus, CAPSi should expand actions

to the territory and articulate with other components of the network, so that the service does not become the only place for care.⁶

Thus, we start from the understanding that isolated health solutions are no longer sufficient for promotion of autonomy and citizenship, and a policy aimed at building expanded and intersectoral networks with emphasis on the articulation between services at different levels.¹

Thus, we choose the theme because it considers the importance of mental health care in the territory and the construction of a network. For the need to discuss public policies that recognize Mental Health beyond health institutions, expanding care spaces to include different sectors and, in the territory, the proximity of access, community actions and people's real contexts, thinking of care strategies territorial and intersectoral basis to expand the conditions of social inclusion and life projects.

Thus we chose the following guiding question for this study: What are the practices / experiences of professionals in relation to mental health care to children and adolescents in the intersectoral network and their articulations with the territory. The objective was to discuss the experiences of professionals in care in an intersectoral network focused on children and adolescents and their articulations / work in the territory.

METHODS

This is a qualitative, exploratory and descriptive study conducted in a municipality in the interior of Rio Grande do Sul. Twenty-six selected workers from the Health, Education, Social Welfare and Justice and Law sectors were interviewed from May to June, 2014. The research participants are professionals from Nursing, Psychology, Social Work, Pedagogy, Judge, Occupational Therapy, Prosecutor, distributed in health, education, social assistance and justice sectors.

For the selection of subjects the following inclusion criteria were considered¹ agree to participate in the study;² have been working on the network for at least six months. Those workers who were on vacation, sick leave or any other type of leave, and those who did not agree to participate in the study were excluded.

To perform the data collection, a prior contact with the subjects was made, checking the best time to apply the interviews in the workplace of the professional. During the observation period, activities such as individual consultations, home visits, articulation with other services, relations between staff, service users and other sectors, established links, referrals made, referenced cases were monitored.

The interview script consisted of two parts: in the first one, the interviewee's identification data were registered, such as age, time of profession, length of service; in the second part, semi-structured questions, elaborated taking into consideration aspects about who are the children who come to the health service and mental and the intersectoral network, what are their demands, assessment of mental health and the interviewee's participation in this process, as well

as the articulation / interaction of their work with workers from other sectors.

After data collection, an initial analysis was performed in order to organize the provisional results for validation, granting access to the set of information so that everyone had the opportunity to change it or guarantee its credibility. The interviews were recorded and transcribed in full for later analysis in order to respond to the objectives of this research.

The information obtained was submitted to Minayo⁷ operative analysis, which consists of three stages: pre-analysis, material exploration and data processing. In the first stage, the material was read rapidly, choosing the materials to be studied and analyzed, constituting the corpus of analysis, which is the material organization and formulation of hypotheses and objectives. The second stage was dedicated to the exploration of the material, the data gathering, defining the aspects to be explored. And finally, we interpret the material based on the theoretical framework and personal conceptions on the subject.

The study was reviewed by the Ethics and Research Committee of the Faculty of Nursing of the Federal University of Pelotas under number CAAE 27620714.2.0000.5316 and opinion 545.964 / 14. The ethical aspects of the study were assured to participants according to Resolution no. 466/2012 of the National Health Council of the Ministry of Health. To ensure the privacy of the research participants they were coded by the letter "T" (Workers) followed by the number corresponding to each interviewee.

RESULTS AND DISCUSSION

Experiences on networked care beyond the health sector

It is observed that workers know the functioning of the network where they work and understand the importance of being in constant contact with other professionals ensuring care in an intersectoral network beyond the health sector.

We have to know the network first, before we can count on it, we have to know its functioning, how is the dynamics of that network, what professionals are there, so that with this knowledge you can somehow contribute, that there is really a contribution from all sides to our larger object, the child and the adolescent. (T1)

This is a difficult job, it is slow, progressive, but we do it and if it has persistence it works, so I think this is the nurse's role, working with the team and being able to maintain, and showing them the importance of working in network, what is network, who makes up the network and we have a good partnership, we get along very well with CAPS, with schools, with services, so we have a network, a very good bond. (T3)

We can not work in isolation, it has to be interconnected as it is done here and the experience here is very good, very positive precisely because of this interconnection between the organs, we talk with each other, we exchange ideas, finally this part of communication is paramount for it to work and we get a positive result. (T22)

The statements reveal the concern with the articulation of the network and the recognition of teamwork, fulfilling the purpose of achieving the objectives of policies focused on this population.

It is possible to observe the emphasis given to the articulation between different areas and the need to act together to qualify the care offered. They also approach that the demands that arise are discussed and accepted by all the services that make up this network thus enabling a transversal and intersectoral action.

Experiences on intersectoral and interdisciplinary care

Care actions must go beyond technical interventions, which implies the science of singularities, based on listening and building bonds with the child and adolescent, because everyone who comes to a service must be welcomed, listened to and receive an answer.

We have been adopting a more interdisciplinary perspective, with the arrival of the [multiprofessional] residence, that for a long time mental health as a whole has been deconstructing a more medical centered look, sometimes very focused on psychology itself and bringing interdisciplinarity with education, physics, the social area, nursing and professionals who, although not nuclei that have psychosocial intervention in their curriculum as a center, but are making a residency and end up empowering, so that professionals could also instrumentalize and have a slightly broader look for issues other than traditional psychology and psychiatry. (T4)

Last year we had the work of a physical education resident, who was very much in this intersectoral bias, of bringing education and health closer together, and at the same time CAPSi professionals were having systematic meetings with schools, discussing cases, which of CAPS's role, who are the children to be cared for, so now it's all becoming clearer, the education people, the pedagogical coordinators and resource room coordinators made a moment of permanent education and continuing education with the resident and were able to understand what is the psychosocial care network. (T14)

Next month we will have a campaign, the emotional health campaign and one of the days the circle will only be about children, so we will bring these people and it is also open to talk about the limits, about the education. (T3)

And mental health is now in this process, I think, from bringing mental health to Primary Care, getting people back to their homes, and monitoring for the time it takes, we have been working together, discussing with [other] CAPS, along thinking how we will make this move. (T8)

The testimonies show us that the mental health movement has been searching for integrated actions of interdisciplinary and interinstitutional character, investing in the use of resources and potentialities of the territories.

Experiences on care in the territory

In the work of the intersectoral network, the presence of other devices used as support networks was identified, diversifying care strategies.

We have here that space of culture that is from the municipality, that it has a series of free courses there, of instruments, teach how to play various instruments, we have the bands of schools, a festival of bands here so many of our teenagers are included in these bands, it has English and Spanish course, pre-college course, some subjects, finally also has music class, library, all free, we are managing to articulate with the territory. All neighborhoods have multi-purpose sports courts, which are open for common use, where children access, many access, there are many things in the community, but in fact I think this is a bit of our job to be able to accompany these children as well so that they occupy this territory. (T14)

I think other projects could be done in each community. I don't know, dance group, it would be important for kids to have the hip hop they like so much. There is so much that could be done. Teams could sit down to talk and build, I think there could be more. (T9)

I think it is very important also the issue of workshops that prepare for professional life for example IT, it seems that there is a community bakery too, but I do not know if it is working, I think it is very positive the question of preparing young people for the job market (T22)

The importance of children and adolescents "walking the streets" is observed, that is, occupying other spaces, other care devices, in order to ensure their social reintegration. To this end, they emphasize the importance of consolidating alliances with spaces beyond health services. As highlighted in these statements, progress has been made in the development and strengthening of actions that include culture, education, life projects and vocational training.

Policies aimed at this population suggest that the care network develops in an articulated and intersectoral way. Thus, it is important to think of care from a network perspective as an integrated, shared work. Networking, in addition to requiring interaction between the different segments, must have the perspective of connection, horizontal and transversal

relations between workers, and ensure the strengthening of relations between workers and services through dialogue.

Using the power of working together in order to expand the possibilities of care beyond the health system, but using various community resources, such as schools, social care, culture.⁸

It means to have an interdisciplinary vision, a plural care, which goes beyond the construction of alternatives together, and to perceive the subject as a whole and take care of it in an integral way, thus moving away from reductionist practices that refer to vertical and imposing thinking hindering the ideals advocated by SUS.⁹

It should also be added that the transverse organization of the network widens the discussion spaces, and includes all the subjects involved, whether workers, managers and users, thus ensuring the collective construction of the subjects in the care management and care processes.¹⁰

Within this context, an articulated and organized network in child and adolescent mental health should not be limited to internal spaces of services, but include other services and equipment available in the territory. In this sense, shared work is the recognition that no service is acting in isolation against the needs and singularities of each subject. In practice, this attention is built by communication between services and equipment, including health, social assistance, education, culture, that is, a dialogue that thinks about the integrality of actions.

For the intersectoral network is structured as a set of people and not just services, in which exchanges are built based on bonds established based on the dialogue between the subjects involved, reflecting a feeling of complete and resolute structure.¹¹

For this, it requires the break from the psychologized and physician-centered clinic, based on the disease-cure paradigm, towards an integral, territorialized, interdisciplinary clinic, producing life, promoting citizenship, and favoring the social integration of users.

In this sense, the actions must strive for the construction of a "territorially based care network", in which the territory is not limited to space, but to the established meaningful relations, composed of different people and institutions. Betting on intersectorality, with actions added to the various services and resources available in the territory, in a permanent process of dialogue, with a view of ensuring the integrality of care.¹¹

The construction of this territorialized clinic is a great challenge, since the professional team recognizes the importance of interdisciplinarity and the intersectoral network, however, the medically-centered clinic is still very strongly present in the services. This clinic weakens the construction of interdisciplinarity, since its specific focus on curing diseases hardly understands and works on the multifactorial nature of mental health problems.

In this context, the participants of this study emphasize that the work carried out in the intersectoral network considers, from the different areas of knowledge, the need for training for the service to improve even more. They also emphasize that the construction of action in child mental

health care refers to new practices, thinking about the service they want to offer, always trying to seek new ways of acting.

And the inclusion of territory in the actions of professionals in the psychosocial care network can create and recreate forms of relationship, bonding, negotiation between professionals and users, making them build and deconstruct networks, based on how these people experience their territory and its forms of life.

Experiencing territory and its life forms is related to the concept of territory based on social relations, the way people build and transform natural scenarios and social history: memories, ways of life, relationships with the environment, space appropriation, socioeconomic, social and cultural values.¹²

Primary care can also be an important ally in the construction of this territorial care, because it is closer to the people, and because it is an important component of the health network that can help articulate the intersectoral network.

Primary Care is recognized as the point of entry to the health system, offering services close to the place of residence, favoring access, bonding and continued attention focused on the person rather than the disease. It can also play a prominent role in the development of preventive care, health promotion, and early case identification.¹³

In this sense, Primary Care has a relevant role in promoting the quality of life of children in psychological distress, being able to articulate and include places in the territory such as school, home, church, club, cinema, etc.¹⁴ in this diversity of elements, which may be constituting the care network, thus expanding the possibilities of other services, besides the CAPS, to offer some attention to the demands of the subjects.¹⁵

However, obstacles are still observed when thinking about care within the scope of social spaces, needing to transform established conceptions and practices, and to operate beyond services and sectors, occupying other environments and people's territory. It is relevant to emphasize that in this study, the workers mentioned the importance of having activities, courses or workshops for insertion in the labor market, thinking, in this way, about the ways of life, work and social integration.

In this sense, the establishment of partnerships between available community resources with emphasis on social ties is vital for mental health care in the territory, as a "process of reconstruction, a full exercise of citizenship, and also full contractuality in the three greater scenarios: habitat, social networking, and work with social value".¹⁶

This means that it is urgent and necessary to understand the complexity of intersectoral and territorial work (beyond CAPSi). That the road to the construction of the network of mental and child health care is long and requires new perspectives and new practices that consider the life context of the people.

These new perspectives and practices require ways of thinking about the city, public spaces, service networks and devices that complement them, such as culture and school. Thus, mental health comes to be thought from the ways of

life, social inclusion and new opportunities for children and adolescents so that their lives are not only marked by mental illness, but by the experience of overcoming difficulties with the support of territorialized networks.

In addition, these networks need to be thought of based on a concept of territory that recognizes the social character and experience of people, expanding their access to an interdisciplinary and intersectoral care that thinks about life projects and opportunities for culture, work, leisure. Thus, we can advance in public policies, in the outward care, territorialized, less fragmented and less biologicist.

CONCLUSION

The research results bring up the professional's experience about the psychosocial care network in childhood and adolescence and demonstrates the importance of intersectorality, interdisciplinarity and shared work. The network should be composed of diverse components that include not only the health sector, but also the school, social assistance, social spaces and the living of the population.

And the work in the territory is also part of the movements of this intersectoral network, which articulate professionals and sectors, with communication among them and the sharing of cases and experiences. Importantly, despite the need of sectors and institutions, this care must transpose this logic, extending to the appropriation of social environments.

This study limitation was the fact that it considered a single child and youth mental health service and its intersectoral network, so the results cannot be generalized to other CAPSi. However, it was possible to understand through these results the importance of networking and the need to foster studies on this subject.

Given this, in relation to the implications for practice and new research, we suggested to conduct studies that problematize psychosocial attention to children and adolescents, networked care in the territory, in order to cast other perspectives on care and the relationship these individuals have with their social spaces and their articulation with Public Policies.

It is considered that conducting studies on this theme brings to the debate the importance of shared work, and the recognition that no service should act in isolation from the needs of this population in order to bring transformations to practice, as well as bringing policies to community life and services located in the territories, making psychosocial care effective as a way of caring for children and adolescents considering the singularities of this population and the complexities of psychological distress.

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