

Interfaces between services and actions of the psychosocial care network for children and adolescents



Interfaces entre serviços e ações da rede de atenção psicossocial às crianças e adolescentes

Interfaces entre los servicios y acciones de la red de atención psicossocial a los niños y adolescentes

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How to cite this article:

Nunes CK, Kantorski LP, Coimbra VCC. Interfaces between services and actions of the psychosocial care network for children and adolescents. Rev Gaúcha Enferm. 2016 Sep;37(3):e54858. doi: <http://dx.doi.org/10.1590/1983-1447.2016.03.54858>.

doi: <http://dx.doi.org/10.1590/1983-1447.2016.03.54858>

ABSTRACT

Objective: To ascertain the actions and partnerships that make up the psychosocial care network for children and adolescents assisted at the CAPSi.

Method: Qualitative research conducted with twenty-six workers of the intersectoral network of São Lourenço do Sul/RS, Brazil through semi-structured interviews, from May to June in 2014. The data were analysed using the operative proposal of Minayo.

Results: Data analysis led to the identification of three categories: Cross-section arrangements: connections for the realisation of care; Joint strategies in everyday life; and The territory as an extension of care.

Conclusion: Mental care actions coordinated with the healthcare services and other sectors of the intersectoral network increase the possibility of meeting the needs of children and adolescents.

Keywords: Mental health. Child. Adolescent. Intersectoral action.

RESUMO

Objetivo: Conhecer as ações e as parcerias que compõem a rede de atenção psicossocial à criança e ao adolescente assistidos no CAPSi.

Método: Estudo qualitativo, realizado com 26 trabalhadores, pertencentes à rede intersetorial do município de São Lourenço do Sul/RS, por meio de entrevistas semiestruturadas, no período de maio a junho de 2014. Para a análise dos dados, foi utilizada a proposta operativa de Minayo.

Resultado: A partir da análise dos dados, emergiram três categorias: Os arranjos intersetoriais: conexões para efetivação do cuidado; Estratégias de articulação no cotidiano; e O território como espaço ampliado de cuidado.

Conclusão: As ações em saúde mental articuladas aos serviços de saúde e aos demais setores da rede intersetorial conferem maior potencial para a resolutividade das necessidades de crianças e adolescentes.

Palavras-chave: Saúde mental. Criança. Adolescente. Ação intersetorial.

RESUMEN

Objetivo: Conocer las acciones y alianzas que conforman la red de la atención a la salud mental de niños y adolescentes asistidos en el CAPSi.

Método: Estudio cualitativo desarrollado con 26 trabajadores pertenecientes a la red intersectorial del municipio de São Lourenço/RS, por medio de entrevistas semiestruturadas, en el período de mayo a junio de 2014. Para el análisis de los datos fue utilizada la propuesta operativa de Minayo.

Resultados: De los resultados surgieron tres categorías: los acuerdos intersectoriales: la conexión a una atención eficaz; estrategias comunes en la vida cotidiana; y el territorio como el cuidado del espacio ampliado.

Conclusión: Las acciones en salud mental articuladas a los servicios de salud y otros sectores ofrecen más potencial para la resolución de las necesidades de niños y adolescentes.

Palabras clave: Salud mental. Niño. Adolescente. Acción intersectorial.

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■ INTRODUCTION

Mental healthcare for children and adolescents and the acknowledgement of mental health as a public health issue is still relevant and has been regarded as one of the main challenges of the Brazilian psychiatric reform⁽¹⁾.

Mental healthcare for children and youths is marked by a historical disparity. Until the 19th century, this form of care was unstructured. Over the years, this problem was mostly resolved by private and philanthropic institutions that were the only care options available to this population. Only after this period did the first changes and attempts to understand children and their needs emerge⁽²⁾.

The recognition of the child as a holder of rights, or as a citizen, was established by the Brazilian State with the statute of the child and adolescent ("ECA"), through Law 8069 of 1990, arising from article 227 of the Constitution of 1988⁽³⁾.

The advent of the psychiatric reform contributed positively to a new perspective on community-oriented mental healthcare, and it also deals with the rights and protection of people with mental disorders, reformulating the care model, incorporating new living possibilities, and ensuring the inclusion of people with mental distress⁽⁴⁾.

According to this new model of care, the first specific public services for children and adolescents were created in the form of psychosocial care centres for children and youths ("CAPSi"). These centres were created to promote comprehensive community-oriented mental healthcare and to organise the existing care network in the coverage area, thus becoming a strategic tool in the attempt to reverse the hospital-centred model⁽²⁾.

The CAPSi were primarily designed to meet the demands of patients with severe and persistent psychiatric disorders, and provide alternative treatment based on a custom therapeutic proposal that is coordinated with different sectors. The current mental health policy for children and adolescents emphasizes the importance of an intersectoral system that coordinates care, education, healthcare, social services, and the legal sectors⁽⁵⁾.

In this context, children and adolescent must cope with unusual and special steps of human development that deserve attention and require new models to produce care, understanding, and encouragement to achieve a satisfactory biopsychosocial development. This model of care is grounded on the idea that in order to guarantee children and youths their right to access all essential and fundamental care, they also need access to health, education, and social protection. Thus, care for children and adolescents must occur in spaces that are shared and linked to the various sectors.

Intersectoral work involves the expectation of a greater capacity to solve problems, as it is through the needs of others that spaces for interaction and action are created. Pursuing the organisation of different subjects and sectors therefore depends on the integration of knowledge, powers, and wills that will create a new way of working and building public policies. And this is precisely where cross-sector work stands out as a strategy to organise services, people and policies⁽⁴⁻⁶⁾.

The intersectoral approach is a multifaceted concept. Since it is used in the field of healthcare, this approach reveals how different social sectors (education, social services, justice, culture, leisure, among others), with their knowledge and practices, can work together to guide and ensure the effectiveness of care actions. The configuration of a new care network is therefore considered essential⁽⁷⁾.

Thus, the guiding question of this study was: considering that the mental health network for children and adolescents is organised beyond the healthcare system, does this system use other services and community resources to cater to this population? In this perspective, the objective of this study is to ascertain the actions and partnerships that make up the network of psychosocial care for children and adolescents attended at the CAPSi.

This objective is justified by the growing need for mental healthcare for children and adolescents offered by workers of different fields and sectors of the network, and the need to expand the scope of care beyond the health system to ensure the comprehensiveness of care.

■ METHOD

The study is based on a research project entitled, *A intersectorialidade e o Centro de Atenção Psicossocial Infantojuvenil*, and it is the result of a master's dissertation that addresses psychosocial care for children and youths and the interfaces of the intersectoral network⁽⁸⁾.

This is an exploratory, descriptive, and qualitative study conducted from May to June 2014, in the municipality of São Lourenço/RS, Brazil. The instruments used were observation and semi-structured interviews, and the participants were 15 workers of the CAPSi, 10 family members of children and adolescents, and 26 employees of the intersectoral network.

This papers seeks to specifically analyse the relationship between the services of the network (health, education, social welfare, and justice) regarding mental health actions for children and youths based on the interviews of 26 employees of the intersectoral network. The statements obtained from the interviews were identified with the letter

T, representing the workers, followed by the number corresponding to the order of the interviews.

Data were subjected to the operative analysis of Minayo⁽⁹⁾, which is characterised by two levels of interpretation. The first level involves the fundamental determinations of the research that are mapped in the exploratory stage of the investigation. The second interpretative level is the start and end point of any investigation. It marks the meeting point with empirical facts and the search for meaning, internal logic, projections and interpretations from the statements of informants.

The interpretative stage consists of two steps: the ordering of data and the classification of data. The latter includes the horizontal and comprehensive reading of the texts, transversal reading, final analysis, and reporting with the presentation of the obtained results. Data ordering comprises the transcription of the material obtained from the data collection techniques, review of the material, and the organization of reports in a specific order, which requires an initial classification.

The classification of data comprises horizontal and exhaustive reading of the produced texts, which is the first contact between the researcher and the field material, by means of scan reading for the researcher to apprehend the relevant structures and core ideas; reading for the researcher to divide the topics, categories or units, and join similar parts to understand the connections between them; final analysis, where the data is confronted with literature data; and the report that concludes the presentation of the search results.

The proposal of this study was assessed and approved by the ethics and research committee of the Faculty of Nursing of Universidade Federal de Pelotas under opinion No. 545.964/14. All ethical aspects of research involving humans were observed, in accordance with resolution 466/12 of the national health council. Participants agreed to be part of the study by signing an informed consent statement.

■ RESULTS AND DISCUSSION

In order to meet the objective of this study, the empirical material produced three categories: Cross-section arrangements: connections for the realisation of care; Joint strategies in everyday life; and The territory as an extension of care.

Cross-section arrangements: connections for the realisation of care

This category covers the intersectoral arrangements that act in a transversal perspective by advocating new

ways to produce care and relationship patterns with other services, workers and network users, thus strengthening the exchange of information, joint responsibilities and the commitment with care.

The services function in an articulated manner inasmuch as the respondents mentioned that whenever there is need for action according to the need of the demand, the workers of different network sectors act together. In addition, children and adolescents get the care they need.

[...] There is good work with the school, the girls always tell us about the situations [...] they send us here to the people of the ESF, talk a bit and if we think it's necessary, we refer. Because now with the NASF is like that, they don't call there directly, they pass here before that, with the care, with the CREAS, too, we have a good relationship, [...] the youth services we've had good participation in some situations [...]. With the CAPSi there is a good bond. [...]. (T12)

[...] We thought about better organising this network from matrix support, because the demand at the CAPSi is huge, it is also a regional service, covers other cities [...] so we needed to set the priorities so that the CAPS cases were dealt with there, cases that are more severe, persistent, more severe disorders [...] so we agreed with them that the gateway in the SUS, whether primary care, the health unit would assist these children, discuss the case, and if it gets overloaded, we would refer them to the CAPSi, [...] and by creating this network we can share the care, so we can think of care actions for primary care and for children's CAPS [...]. (T14)

[...] the patient often comes referred by the CAPS network, referred here (general hospital), the health units, the matrix support refers patients here, and then the patient is admitted or not depending on the need, and then we do the counter-referral of the patient after the treatment back to the place of origin that sent him here and we always have contact, contact with the place of origin, to notify them of the patient here, admitted at the time of discharge we also make contact to return him to the service after he finishes the stay period here. (T15)

[...] so today we need to think [...] I'm not alone on that network, that CAPS is no longer alone in the network, then it can and should count on the other devices [...] Then there's the exchange with the CAPSi and with other devices, whether mental health, healthcare, social assistance, or education, [...] there is always that attempt at movement, and today we can do it, think more in a cooperative manner [...]. (T25)

The statements reveal that the services are linked to the CAPSi teams, the ESF, and the NASF teams, and with social services and education, and thus share the care and enforce co-responsibility among the health teams in a territory-based care.

The professionals who provide care to children and adolescents identify other devices with which they share the care in their territory. And it seems crucial to involve the participation of all workers in the network. Within the healthcare sector, they mention the family health support centre ("NASF") as the matrix that supports the family health teams; the "Better First Childhood" ("PIM") programme in the guidelines and monitoring of families; primary care as the gateway and initial step towards meeting the demand, and as the network that is committed to care and facilitating a dialogue between the teams of the health network, the mental health network, and other sectors; the social services reference centre ("CRAS") and the specialised social services reference centre ("CREAS"); education through schools; and services related to justice and child protective services.

The health sector as a location that precedes resolution of the demand is also the location where the first contact occurs, whether in the territory, through the communitarian health agents, or through the pursuit of care in other services. However, depending on the complexity of the demand, the healthcare services, the social services, education, defence and protection are expected to interact across sectors to enable a flexible and all-encompassing flow that covers all dimensions of care⁽¹⁰⁾.

And this is precisely where intersectoral work stands out as a strategy to organise services, people and policies⁽⁴⁻⁶⁾. The incorporation of the intersectoral approach in public policies caused the articulation of different technical knowledge, assuming there are gains for the population, and stressing the need to understand that sectoral policies (such as health) do not solve everything and need to communicate with each other to determine what they can or cannot offer⁽⁴⁾.

The expression of these intersectoral arrangements is crucial to confront situations, especially when it is necessary to involve more than one sector, such as education, social support, and law with health. The workers state that the justice sector is a facilitator in interventions that require the participation of the other services of the network to ensure the safety and rights of the children and adolescents.

[...] sometimes the coordinator of the Casa da Criança, with the Attorney General's Office and the judiciary for us to sit everyone down and assess, if it's going to care, or if

it isn't, why, child services also joins in, where the problem lies, what difficulties there are [...] to educational measures when appropriate, who provides here in the municipality is the CREAS, and the CREAS assists the adolescent with the responsible adult, we see if the adolescent is apt, whether we can refer him to the institution that will receive him, provide the service that is most suitable, according to his interests, when it's possible he starts the PRONATEC course and school [...]. (T17)

The care and assistance network for children and adolescents, with regard to the justice sector, is also represented by actors involved and made responsible by society to ensure compliance with the rights of children and adolescents.

The workers report that the legal and protection procedures refer to child services or judicial demands, and that interaction with these bodies seeks to ensure the maintenance, recovery or reestablishment of human rights and full protection of children and youths, and provide support when the circumstances are not suitable due to ruptured family ties or situations in which their rights are threatened or violated, within the scope of their attributes⁽¹¹⁾.

The family must also provide security to children and adolescents and enable their full biological, physical, and social development, however, when these conditions are not provided, the governing bodies need to offer support to guarantee this human right⁽¹¹⁾.

The justice sector, which is represented by the District Attorney's Office and the family courts, supports the organisation of the network, participates in the intersectoral flow, and guarantees the fulfilment of responsibilities between basic social policy managers and other service professionals. In this perspective, the proposal to extend collective commitment is the flagship of the actions taken towards the provision of comprehensive care for children and the promotion of intersectoral actions, such as health, education, social assistance and human rights.

Joint strategies in everyday life

This category was the result of statements about the strategies the workers use to share everyday care and meet the mental health needs of the children and adolescents. This care network favours the co-responsibility of professionals who use strategies such as meetings and informal get-togethers to listen, exchange knowledge, communicate, and interact with the other actors involved to improve the quality of life and rights of children and adolescents.

According to the workers, the demands must be discussed and accepted by all the professionals who make up

the network. Some of the strategies the workers mention are weekly meetings at the management committee; areas for professionals (CAPSs, ESF, hospital) to discuss the conduct and therapeutic plan of some users of the mental health network.

[...] last week we dealt with the case of a girl at the Casa da Criança and before that we assisted her, we held this meeting with the entire network, CAPSi, PIM, CREAS [...]. (T2)

[...] we have to communicate because there is no point having a service that does one thing, but not the other. We have to sit down and have the meeting like we did and decide what is best [...]. (T9)

[...] every other week or once a month, we get together at the unit to talk more about mental health, talk about our roles, the support, that is not doing it for them, but to be together or discuss together, so that they can do it because that's the idea of support, that we can increase the possibilities of healthcare, and that it can be more decisive in mental health [...]. (T14)

[...] when we talk about network [...], a network has to communicate, you have to have your points of contact, so it is a network, when it comes to contact with the judiciary [...] the staff always had free access, regarding calling about a situation that wasn't working well, sometimes you can help resolve a process by reasoning that it will work in some way and sometimes we need team feedback to see if it's working or not, and for us, if it gets to that, think about another strategy [...]. (T17)

[...] on the last Friday of the month, we have a meeting with all the services that make up the territory, and this meeting includes people from the health unit, the school, the CAPS I, the CAPSi, the health agents, the PIM agents, the people of the Primeira Infância Melhor, [...] so we can discuss, talk about some cases, do some more systematic monitoring, plan some actions, so that was the way we found to get together in these areas to exchange ideas, talk, accompany the families in a more systematic way, [...]. (T20)

The discussions that permeate this area are procedures and interventions that focus on care that is free, in a network, and with joint accountability. The meetings are monthly, fortnightly or whenever needed, and the attendees are from the health sector and other sectors. The purpose of these meetings is the discussion of cases, communication strategies, and interaction with other service professionals in the spontaneous pursuit of care actions.

The statements also clearly show that the meetings do not only occur at a scheduled time and day. If any other situation that requires intervention occurs between more than one sector, the workers meet to present and discuss the best way to solve the problem.

From the interviews, it was possible to perceive that the intersectoral network is understood as a group of individuals and not of services, in which the exchanges are based on ties that are established during the conversations between subjects involved in the process, and reflect a feeling of joint responsibility and a complete and resolute network structure⁽¹²⁾.

The intersectoral work surpasses the care available and offered in each service. It also requires extended spaces, shared responsibility, joint discussions, and the possibility of thinking together. In summary, the system must be a single, territorialised and transdisciplinary network.

The intersectoral approach is understood as a strategy in which different sectors, with their knowledge and practices, must come together to guide and ensure expanded and effective care, keeping in mind that care actions for children and adolescents surpass the actions of the health policy and include all the actions offered by the different sectoral policies of education, social welfare, culture, sport and leisure, justice, and others that make up the network of relations of the subject⁽¹³⁾.

These intersectoral partnerships become effective when the need for intersectoral actions is recognised or required to address health problems, to discuss as a network and effectively respond to the complex issues that affect the health of the population⁽¹⁴⁾.

The gatherings and meetings in the different sectors of the network with the workers imprints and reinforces the idea of commitment and exchange, practice assessments, and co-responsibility.

These events also encourage the discussion of new actions to implement, possible alterations of established conducts, and the need to involve other professionals. They also allow the workers to know the health demands of the population in the territory. Through this knowledge, the team has the tools to create collective and individual resources of care, as well as support users and the community^(12, 15).

A health service that interacts with the other services of the existing local network becomes a crucial element for the continuity of care. The common point between the intersectoral network services is precisely the subject and the dialogue between the sectors.

The network of services that tends to the needs of children and adolescents acts according to a dialogue with the sectors, and develops intersectoral actions that

make the “problem” of a given case or subject the responsibility of everyone. Thus, dividing and sharing the responsibilities and difficulties strengthen the sectors and their professionals⁽¹⁶⁾.

This approach reinforces the need to think in terms of networking and establishing intersectoral partnerships that share the same goal. In turn, the benefits of this approach reinforce the urgency to discuss actions in the field of mental health for children and adolescents and their necessary articulation in order to build practices that involve other sectors.

This approach is clearly not a question of the exclusive protagonism of the CAPSi to carry out an intervention of a child or adolescent. The other integrating sectors, regardless of the field they represent, are imbued with the commitment to comprehensively protect children and adolescents.

The territory as an extension of care

This thematic unit proposes care from the perspective of territory that must extrapolate merely technical care practices and include actions that go beyond the services and include other spaces and new alternatives since this scenario allows outward service possibilities without losing respect for the individual subject.

The network proposes care for children and adolescents inside their territory, and this care includes collective actions that involve educational institutions, associations, community leaders, and others in order to consolidate extended care. These strategies developed within the territory, allow the efficient continuity of care, and help enrich new intervention possibilities.

[...] the network of demands [...] is not restricted to the CAPS, we need the network to work, we need the hospital, we need social services, social services is doing a few PRO-NATEC courses, of the SENAI [...] that qualifies them for the labour market. It's been a long time since we discharged at the CAPS, we have been working toward returning them to the territory, but with combinations with the territory, not just them going to the CAPS and apt to be discharged and fit for life, so we try to mediate a referral to where he is going, making contact with the health units where he goes, monitoring [...]. (T16)

[...] in the territory, in the night shift there are some colleagues who visit some adolescents at home, no children yet, but adolescents that use some kind of drug, who was referred, asked to work in conjunction with the CAPSi, so

there are some cases that we work together [...] drug use inside the classroom, [...] now we approached the field in neighbourhood X with the school, [...] we approached the school, adult education, first grades to approach the teachers and maybe even the students [...] so we went there and approached them to know how things are there, [...]. (T21)

[...] we make the commitment in primary health care, at the family health strategies, today in the municipality, we only have two units that are not strategies, [...] and everyone has the support of the NASF, since 2010, there is the matrix support team, today NASF, so we really believe in the power of listening in territory and also in the health devices because otherwise it's too Health, Assistance, to think about what these communities offer as a life resource for people, [...] lots of communities have a centre there that is religious, that is a community space, community leaders that have great influence on the people of that territory so we try to think about where that person comes from and what that territory offers so he can take care of himself, to see himself as a person of that community [...]. (T25)

The territory can be considered a mental health care scenario that is also understood as a geographic space or a unique place for exchanges. When we talk about a territory, we are also talking about articulating services with different purposes to help construct territories that reinvent the lives of everyone in all aspects of everyday life⁽¹⁷⁾.

The territory in the mental health services is the key scenario to reproduce and produce new and more subjective exchanges, and plays the leading role in the establishment of new sectoral partnerships to form a network that can promote inclusion⁽¹⁸⁾.

It was observed that there are important spaces to articulate the intersectoral network, including the territory as a fundamental component in the organisation of healthcare services. The workers stressed that the actions of the CAPSi are provided in the articulated spaces, in a care network that goes beyond the field of health, and integrates and interacts with the resources of the territory.

The territory, according to the study, presents itself as the focal point of care for children and adolescents. The workers of the network understand that this space is the ideal place to easily contemplate the health needs of this population, and support knowledge and practices. This device uses relational technologies in health, such as as-

sistance, ties and co-responsibility. The guaranteed access and problem-solving qualities of this device enable work that is closer to the community^(15, 19).

It emerges as a device that facilitates the work and provides the necessary articulations among the different levels of care, as observed in the statements. It also facilitates communication between the teams of the sectors involved, the staff, and the families and users, thus consolidating the formation of affective ties and the quality of care⁽²⁰⁾.

This territory uncovers a world of meanings that are used as raw material to produce knowledge and strengthen comprehensive care, and serves as a resource to support the production of care and the practice of healthcare workers. Moreover, it reflects the understanding through which the analysed services connect and construct an integrated network⁽¹⁹⁾.

It was observed that the CAPSi expresses a new perspective of care since it is not limited to care. This new form of sharing care, within the scope of children's mental health, includes a network that is connected to the territory, and new alternatives since it allows the outward expansion of services and respects the uniqueness of individuals and their realities.

■ FINAL CONSIDERATIONS

The study in question aimed to know the actions and intersectoral partnerships that are established to expand the field of psychosocial care for children and adolescents, considering that the mental health actions for children and adolescents linked to health services and other sectors provide greater potential for the resolution of needs.

Mental healthcare for children and adolescents must take into account the specific characteristics of this population and respect them as the holders of rights. This form of care demands a network that is linked to other sectors and resources of the territory, and the involvement of the community and the various actors who work within this system.

The intersectoral approach, as a space for sharing knowledge and building new forms of acting, allows the resolution of problems, the involvement of people, and the creation of spaces for negotiations to produce significant care results for children and youths.

The aim of this network includes the promotion of a new care model for children and adolescents from the intersectoral perspective, and the organization of care that guarantees access, assistance and resolution in the form of comprehensive and integrated care that surpasses the

care model that existed for years, and provides care that includes this population in all its realms, as guaranteed by law.

Finally, the study stresses the importance of addressing actions in the field of mental health for children and adolescents, and the need to coordinate these actions with other sectors in order to surpass the framework of the network with new arrangements and the available resources of the territory to ensure the continuity of care.

The limitation of this study was the need to continue and extend the studies in this field of care in a network. The authors suggest further studies that also expand the debate of professionals of the intersectoral network on their practices and services for children and adolescents in order to further qualify mental healthcare for children and adolescents.

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Received: 07.01.2015

Approved: 06.10.2016