

SPEECH, LANGUAGE AND HEARING SCIENCES AND MENTAL HEALTH: REDIRECTING THE WORK ACCORDING TO PSYCHOSOCIAL CARE

Fonoaudiologia e saúde mental: reorientando o trabalho na perspectiva da atenção psicossocial

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ABSTRACT

Work processes in Mental Health of Speech, Language and Hearing Sciences in a Psychosocial Care Center for children and adolescents (CAPSi) are the theme of this study. Reflecting about the limits of the traditional Speech, Language and Hearing clinical approach for children with severe mental disorders in a public mental health service in Federal District, Brazil, we proposed the reorientation of the work process towards the de-institucionalization and the interdisciplinary care in a psychosocial clinic. The interdisciplinary perspective and the overcome of fragmented and isolated actions were the main changes observed. Receptiveness practices, group care, inter-sector actions, participation in therapeutic workshops and permanent education were inserted in the routine of the speech therapists. The access criteria were redefined from a collective management of the clinic. There was a large improvement in mental health care at the CAPSi reflecting on changes in concepts and health practices of the professionals. It is proposed that further research in Speech, Language and Hearing Sciences take into account not only the traditional clinic of pervasive development disorders but also the psychosocial clinic, embracing and strengthening its political role in the campaign for the implementation of psychiatric reform and in the defense of integral care for these children.

KEYWORDS: Speech, Language and Hearing Sciences; Mental Health; Child; Adolescent; Mental Health Services

■ INTRODUCTION

The Brazilian Psychiatric Reform was an important and complex political and social process that pursued a set of transformations of health practices, knowledge, cultural and social values related to the care of people with mental suffering, through the articulation of different social actors, in order to guarantee their rights to access psychosocial healthcare services and to overcome the hegemonic psychiatric treatment model in Brazil¹, mainly based on mental institutions. Thus, the Reform formulates, creates conditions and establishes new therapeutic

approaches intended to include mental health users in society and culture².

In this sense, Mental Health has made significant progress in relation to the creation of public policies that propose comprehensive care to people suffering from severe mental disorders in all ages³. On the basis of these policies observes the principle of deinstitutionalization, which represents the shift of attention from institutions to the community, which practices and conceptions are transformed, seeking not a cure, but the production of life, in order to rebuild the historical subject that the traditional model and reduced simplification⁴, seeking to treat the subject in its existence and in its relationship with the concrete conditions of life⁵. Based, so the prospect of Psychosocial Care in mental health care, organized from the creation of alternative services, such as the Care Psychosocial Centers, CAPS.

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These centers represent major strategic health services for the organization of Mental Health services,^{6,7} based on the expansion of the concept of the clinic, in which the socializing procedures are imminent⁸, and the notion of territory as a place for social interaction and expression of subjectivity is a guideline. In this perspective the therapeutic practice should be different from the traditional clinical treatment⁹.

In order to assist children, who are historically overlooked in public health services¹⁰, specific Psychosocial Care Center for Children and Adolescents were created, the CAPSi's, which are intended to provide intensive care for children with severe mental illnesses. In these centers interdisciplinary and intersectional health practices in the territory are developed focusing on a network action, promoting mental health care based on comprehensive care¹¹. In this perspective, the concepts and practices of clinical treatment are now reconsidered, once that interdisciplinary approach and the focus on the subject, in his family and in the community, are currently essential issues in the therapeutic processes, rather than traditional treatment, which is over-medicalized, centered on the individual, focused on diagnosis and detached from children's lives.

These foundational conceptions and practices of CAPS necessarily require the reorganization of mental health work processes towards the new assumptions of the Brazilian Psychiatric Reform, in order to reassure the psychosocial clinic¹². This represents an important challenge for its workers, including the Speech-Language and Hearing Therapists, who historically focused on clinical approaches centered on the pathology, what needs to be rethought.

Therefore, it is necessary to understand and analyze the experiences of work process organization developed by Speech-Language and Hearing Therapists working on interdisciplinary teams of CAPSi's, in order to identify potentialities and limitations of this process. This also allows the identification of contributions for the transformation of mental health practices developed by workers in similar situations, as well as elements that should be inserted in Speech-Language and Hearing Sciences curriculum, which generally does not include training on this subject.

In this sense, the aim of this paper is to perform a descriptive analysis of the reorientation of the work process experience developed at the Speech-Language and Hearing sector of a Psychosocial Care Center for Children and Adolescents in Brasília, Distrito Federal, towards the construction of a psychosocial care.

■ CASE PRESENTATION

The scenario: the CAPSi of Brasília, Federal District.

The CAPSi of Brasília is inserted into the "Centro de Orientação Médico Psicopedagógica" (COMPP), a health center for children and adolescents of the Health State Department of Federal District (SESDF), which was created in 1969, and still is the only reference in the mental health care for children with mental and global developmental disorders. The work team of COMPP is composed by professional different areas, such as: Physical Education, Nursing, Speech-Language and Hearing Sciences, Medicine (Psychiatry and Neurology), Nutrition, Pedagogy, Psychology, Social Work and Occupational Therapy, and is organized in specialized clinics and interdisciplinary projects, such as the Group of Attention to Eating Disorders (GATA), the Program for Attention to victims of Violence (PAV) and CAPSi. These professionals share their workloads between different projects and clinics, without exclusive dedication to one of them.

The care for children and adolescents with severe mental suffering came from the initiative of some isolated professionals in the mid-1990s. Then, clinics for patients diagnosed with of Autism, Asperger's Syndrome and Psychosis were established at COMPP¹³. However, it was soon noticed that the complexity involved in the mental health of children and adolescents could not be reduced to isolated actions proposed by different professional categories in specialized clinic. Thus the need for a different approach including different knowledge and practices arose, culminating in the creation of CAPSi in 1998. In 2003, this center was accredited by the Ministry of Health of Brazil.

The profile of the population assisted at COMPP consists mainly of families living in regions with low Human Development Index (IDH) and children with pronounced school failure. Their main complaints referred to Language Disorders and Behavior¹⁴. COMPP and CAPSi are not regionalized and its clientele is wide, including children and adolescents aged from 0 to 17 years-old, living in the Federal District and surrounding areas of Goiás and Minas Gerais.

Different criteria for organization of CAPSi were drawn over time, such as the delimitation of age ranges for the treatment. Three different teams were designed according to each professional's profile: a team to assist children up to 8 years of age, another team for children between 9 and 12 years of age, and another one for adolescents. This article focuses only on the experience of first team.

In the period studied, this team had one nurse, one psychiatrist, two speech-language and hearing therapists, one occupational therapist, two psychologists, one psychomotricist, one social worker, one physical educator, one Occupational Therapist's assistant and one social worker's assistant.

Until 2007 the professionals were organized in individual clinics, for assessment and diagnosis or therapy. Most of the time, the professionals did not plan their therapeutic strategies for the same child together, generating a repressed demand and disagreements about the therapeutic approach. The first contact with the team was with the psychiatrist, who, due to high demand of patients, diagnosed and decided the therapeutic approach for the case before the discussion with the team.

There were weekly meetings of the team for about two hours, when the most severe cases were discussed and the schedule was defined by priority among the professionals. In this way, it was not possible to extend the discussion about the particularities of each case, only reporting the general actions, the progress and the therapeutic challenges.

The traditional treatment of Speech-Language and Hearing Therapists in Mental Health

In the presented context, there were two speech-language and hearing therapists, who participated of the team meetings, assist children with Pervasive Developmental Disorders on an outpatient basis and individually, especially those who had language, speech and oral motricity impairments. Some criteria were established in order to define the profile of the children who would be assisted. In general, children with higher language and behavior impairments were not considered able to the therapy. These patients were primarily assisted by the occupational therapist and the physical education professional, and then, in case of satisfactory development of language, they would be cared by a speech-language and hearing therapists. This arrangement was justified for years due to the scarcity of professionals and the massive demand. The work was organized according to the professional's clinical profiles, prioritizing simple cases that could be treated quickly, instead of the mainly needs.

Thus, there was no early intervention by the speech-language and hearing therapists in the cases which were early diagnosed, although the language impairments represent the main complaints of the families. Therefore, when the professionals wait for the child to speak the first words before begin the treatment, even if around 4 years of age, did not allow that relatives could be counseled about the development of their children.

Some professionals started to point the limits and contradictions of this organization, defining the work processes in mental health as the main challenge for the workers and the center. This movement has been aided by new professionals on staff, the management support of CAPSi and the situation of the political context of mental health services in the Federal District, which was in a complicated situation, which led to the organization of professionals and patients who have passed the charge improvements in care network, fighting for the implementation of the Psychiatric Reform.

Furthermore, in 2008, from a partnership of Health State Department of Federal District to the University of Brasília (UnB) and the Ministry of Health, some professionals of CAPSi were selected for a specialization course in Mental Health, including one speech-language and hearing therapist. This allowed the articulation of professionals of CAPSi and other mental health services, promoting the exchange of experiences and the construction of a mental health network, overcoming the isolation of children and adolescents' healthcare services. The theoretical and methodological components of this specialization course permit the improvement of skills and competencies of professionals in the reorganization of their work, considering the reality of CAPSi as the object of study and intervention.

In this way, some important changes were proposed in order to reorganize the usual work. The professionals realized that the care performed was not in accordance with the deinstitutionalization process of mental health care for children and adolescents, which was still focused on pathology and procedures, without interdisciplinary, group and family approaches, and did not consider the territory, the intersectoriality, and the social integration and autonomy of patients, what should be addressed because did not affirm the Psychosocial care.

As part of this process, the speech-language and hearing therapists began to question their conceptions and practices of mental health, toward to a new attitude at CAPSi, purposing new medical devices based on a new health practice.

■ RESULTS

Proposing a new model of care for Speech-Language and Hearing Sciences

Trying to establish a care guidelines referenced by the Psychiatric Reform, and considering the contribution of new professionals, the team of CAPSi assumed as basis of their actions the comprehensive care to children and adolescents, what changed significantly the work process. In this context, the speech-language and hearing

therapists, and the other professionals, began to propose and implement actions which result in new clinical arrangements. The work started to be based on interdisciplinary and overcoming of fragmented and isolated actions of the each professional, what also brought changes for the speech-language and hearing therapists.

With the arrival of new children at the health service, the team started to value and strengthen the receptiveness to them, which was conducted by at least two professionals of different areas, what represented the first contact of the children with the health service, as well as the first qualified hearing of suffering of those families. This approach requires knowledge about the proposal of care adopted by the team, what brings important implications for the establishment of therapeutic bonds.

Therefore, it was necessary for the team to implement a proposal for collective assistance, and this could only be made possible by creating qualified moments to discuss, reflect and propose new approaches and clinical arrangements. Thus, the weekly meetings were reconsidered and became fundamental in the process of internal training, where discussions of cases evidenced the effort of permanent education of professionals, who stated to share specialized knowledge, in a horizontal perspective. Moreover, theoretical issues were discussed, as well the organizational and political, in order to guide the professional praxis within the mental health of children and adolescents.

Regarding the speech-language and hearing therapists a redefinition of patients' profile was made, once the cases diagnosed earlier started to be assisted, and the main criteria set for admission of new users was the severity of the case from a global perspective of the team about the child. This intervention also suffered a major reversal: the group sessions became a priority, instead of the individual sessions, which were adopted only with the agreement of the team. Thus, the team tried to expand the quantity of children being cared and also the quality of this care, since each group of four or five children had two or three professionals from different areas, in a necessarily multidisciplinary intervention in order to realize the proposal of interdisciplinary. This originated the Interdisciplinary Therapeutic Groups which always had the presence of a speech-language and hearing therapist.

Furthermore, the care became semi-intensive, and after the group session, professionals accompanied the children during snack.

Another change also is related to the severity of the child's disorders and the therapeutic process. The exclusive treatment of children with few difficulties was replaced by the treatment of children

at risk of social exclusion, which is the original proposal of CAPSi. The other children were referred for outpatient non-intensive.

Other devices were also amplified and had the participation of the speech-language and hearing therapist. The parents group, coordinated by the social worker, came to have the participation of all professionals, who took turns weekly. In this way, the parents could follow the treatment proposed for their children being directly inserted therein. In this moment they also brought questions and suggestions, which allowed greater integration between the families, professionals and children.

Therapeutic workshops with parents and caregivers were inserted more systematically in the therapeutic planning, becoming in another possibility for dialogue with parents, but especially for exchanges between them.

Finally, some intersectoral actions also started to be realized. Every semester, the teachers of school-age children were invited to a meeting with other teachers and the professionals of CAPSi. The aim were to know the reality of children in school, guide teachers on the situation of children, discuss progress and difficulties in the extended care proposed, in order to establish partnerships and ways to ensure greater inclusion of children in their social environment, preparing for the discharge process with continuous monitoring by health service and also by the school. Teachers used to have doubts especially about the real possibilities of children's language development, which were discussed in group.

■ DISCUSSION

To analyze the process by which the speech-language and hearing service of CAPSi has passed, it is necessary to consider the characteristics of the historical construction of speech-language and hearing treatment for children with mental suffering, since we understand that the transformation of mental health practices can not be superficial, considering only the technical-scientific component, but also the political and ideological.

The hegemonic knowledge and health practices of Speech-Language and Hearing Sciences prioritized the clinical rehabilitation focused on individuals and diseases, especially those related to language development, what shows the influence of biomedical model of care. In this perspective, the primary place for the care was the office, giving priority for the scientific and technical knowledge at the expense of information about the social determinants. The historical emergence of profession shows its technicism, what still characterizes the

area, mainly from the approach to Medicine¹⁵, in which Psychiatry began to influence the studies of language disorders in children with mental suffering.

With the recent expansion and diversification of work of the speech-language and hearing therapist in the national health system¹⁶, these characteristics have come to be questioned. Although the Mental Health was not representative in this process, it is possible to verify some practices of health promotion and prevention, even if these are still based on a preventive thinking¹⁷.

In mental health services, there are few studies and experiences described about Speech-Language and Hearing Sciences and Psychosocial Care, although it is possible to verify some experiences in clinics and hospitals^{18,19}. However, there is an expressive production about approaches and clinical procedures with children with different mental disorders, particularly the autism.

These characteristics allow the realization of the need to reorganize the work processes of the speech-language and hearing therapist. In this experience, it is clear that one of the main challenges is to make real the process of deinstitutionalization of care, since the service is not regionalized and works in an ambulatory, hindering the paradigm shift. In this sense, it is necessary to review the position of the service in the network of mental health care, so as to support the implementation of other CAPSi's.

The interdisciplinary and intersectoral approaches are central to the therapeutic process in psychosocial care, since the break with traditional treatment requires knowledge exchange and networking support, going beyond the boundaries of the health sector. In this context, understanding the territory from the recognition of the needs and resources of the population is necessary, what allows the development of social inclusion actions and citizenship²⁰. Thus, group care practices, case discussions and team meetings with schools, Child Protection Agency and parent associations, among other devices used by the team, collaborate for expansion and rupture of limits of the office.

This is an important step to overcome the technician and disciplinary therapy, since it requires the speech-language and hearing therapist to plan and perform actions with other professionals, sharing responsibilities and difficulties throughout the therapeutic process, highlighting new ideological, organizational and theoretical positions, shaping new values in the clinical practice, such as competence, humility and democracy, characterizing an interdisciplinary position²¹.

The overcoming of the criteria which limited the access of children to the service supports the proposal of early attention with setting priorities,

contributing to the organization of assistance flows. The participation in the receptiveness also contributes to the deconstruction of a segmented identity, opening space for a mental health professional identity, who understands the limits of his specialized knowledge for the children care. Moreover, this insertion allowed the establishment of bonds between patients and professionals, what is fundamental.

Concerning the team meetings, these have become primordial spaces for permanent education of all professionals, as proposed²², in which professionals can reflect on their daily work, considering the reality and the theoretical principles of psychosocial care. However, it is still necessary a greater investment in training of professionals²³ to overcome the difficulties in reversing the health care model, what is an even greater challenge to the speech-language and hearing therapists, since these professionals rarely study the Mental Health in graduation.

These changes, although not sufficient, demonstrate the professionals' effort to affirm other logic of care, outperforming the traditional model based on disease-cure, focused on symptoms and medicalization, from vertical actions which are influenced by the capitalist mode of production. It is intended to affirm a paradigm that places the Mental Health in the field of collective health, requiring interdisciplinary and intersectoral approaches, where the health production and subjectivity are connected¹².

■ CONCLUSION

About advances and challenges... in search of a Mental Health identity for the speech-language and hearing therapist

Building a practice of Mental Health is not an easy task for a team, nor to the speech-language and hearing therapist. Rearranging the work processes based on the Brazilian Psychiatric Reform requires proper training, governance over the management of care within the territory and political decision-making in favor of strengthening of Psychosocial Care rather than a medicalized and alienator care.

The reorientation of the work presented in this paper had important impacts on how speech-language and hearing therapists conceived their work in CAPSi and understood its object of work, which before was simplified and reduced to diagnostics and pre-established procedures, and now understood as expanded and complex. The work remains being permanently rethought, but the main result is the realization that the speech-language and hearing therapist is a mental health professional.

The observed changes in health practices developed allowed qualitative and quantitative gains in relation to children cared for by the professional, who now have greater access from the insertion of speech-language and hearing therapist in receptiveness and in interdisciplinary groups. In addition, the fragmented treatment was changed by individual therapeutic project, proposed by all the professionals.

The insertion of new clinical devices in the speech-language and hearing therapist work, as receptiveness, care groups, intersectoral meetings, workshops and intervention during children's snack, evidenced the overcoming of limits of the offices. This insertion allows an approximation to the social reality of children and adolescents and their families, providing greater understanding of the social production of health-disease-care process in relation to mental disorders. From this, the mental suffering was seen as a necessarily interdisciplinary field, traversed by language, which required a new paradigm for mental health care.

Furthermore, the speech-language and hearing therapist work extrapolated the clinical perspective, bringing implications to the service role, which is to articulate a mental health network, forwarding children who could benefit only of outpatient care to other services.

Analyzing the transformation of the speech-language and hearing therapist practices in the context of CAPSi, it is possible to realize that the reality described has a direct relationship with the different times that the staff and service were. Therefore, there is no way to analyze separately the practices and the political, administrative and

clinical contexts that characterize the mental health actions for children and adolescents in Federal District. Thus, the decision-making team to affirm the Psychiatric Reform contributed to the emergence of actions which are currently proposed, and which must be frequently assessed.

It is noteworthy the role of the speech-language and hearing therapist in the problematization of hegemonic practices, which valued the isolated knowledge and the individual care, what made the psychosocial paradigm almost impossible. In this sense, the anti-asylum and interdisciplinary perspective, without preconceptions, still needs to be deepened and expanded, what can already be seen in the practices of this professional.

There was significant improvement in mental health care of children at CAPSi, with important effects on the transformation of ideas and health practices produced by the speech-language and hearing therapists. It is proposed to expand the scientific production beyond the traditional clinical therapy of Pervasive Developmental Disorders toward to a psychosocial care, in order to strengthen the political role of the professional in the struggle for permanent implantation of the Brazilian Psychiatric Reform, in defense of comprehensive care to these children.

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RESUMO

Processos de trabalho em Saúde Mental da Fonoaudiologia no âmbito de um Centro de Atenção Psicossocial infanto-juvenil são o tema deste estudo. A partir de uma reflexão sobre os limites da clínica fonoaudiológica tradicional desempenhada com crianças que apresentavam graves transtornos mentais em um serviço público especializado em Saúde Mental infanto-juvenil no Distrito Federal, propôs-se a reorientação do trabalho a partir da criação de novos dispositivos clínicos no sentido da desinstitucionalização e do cuidado interdisciplinar. A busca pela interdisciplinaridade e o rompimento com ações fragmentadas e isoladas dos profissionais foram as principais mudanças observadas. Na realidade do trabalho dos fonoaudiólogos foram inseridas práticas de acolhimento, atendimentos em grupo, ações intersetoriais, participação em oficinas terapêuticas e educação permanente, bem como foram redefinidos critérios para o acesso precoce de usuários ao profissional a partir de uma gestão coletiva da clínica. Houve significativo avanço no cuidado em saúde mental de crianças atendidas no serviço, com importantes reflexos na transformação das concepções e das práticas de saúde produzidas pelos fonoaudiólogos. Propõe-se que a Fonoaudiologia ultrapasse a barreira estrita da produção científica clínico-terapêutica disciplinar acerca dos Transtornos Invasivos do Desenvolvimento em direção à construção de uma clínica psicossocial, de modo a assumir e fortalecer o papel político deste profissional na luta pela permanente implantação da Reforma Psiquiátrica brasileira, em defesa do cuidado integral a estas crianças.

DESCRIPTORIOS: Fonoaudiologia; Saúde Mental; Criança; Adolescente; Serviços de Saúde Mental

■ REFERÊNCIAS

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Coordenação Geral de Saúde Mental. Reforma psiquiátrica e política de saúde mental no Brasil. Conferência Regional de Reforma dos Serviços de Saúde Mental: 15 anos depois de Caracas. OPAS. Brasília: Ministério da Saúde; 2005.
2. Berlinck MT, Magtaz AC, Teixeira M. A Reforma Psiquiátrica Brasileira: perspectivas e problemas. *Rev. latinoam. psicopatol. fundam.* 2008;11(1):21-8.
3. Borges, CF, Baptista TWF. O modelo assistencial em saúde mental no Brasil: a trajetória da construção política de 1990 a 2004. *Cad. Saúde Pública.* 2008; 24(2):456-68.
4. Rotelli F, Leonardis O, Mauri D. Desinstitucionalização, uma outra via. In: Nicácio F (org). *Desinstitucionalização.* São Paulo: Hucitec, 2001. p.17-60.
5. Pitta, AMF. Um balanço da reforma psiquiátrica brasileira: instituições, atores e políticas. *Ciênc. saúde coletiva.* 2011;16(12):4579-89.
6. Campos RTO, Furtado JP, Passos E, Ferrer AL, Miranda L, Gama CAP. Avaliação da rede de centros de atenção psicossocial: entre a saúde coletiva e a saúde mental. *Rev. Saúde Pública.* 2009;43(Suppl 1):16-22 .
7. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas/Departamento de Atenção Básica. Coordenação Geral de Saúde Mental. Coordenação de Gestão da Atenção Básica. Saúde mental e atenção básica: o vínculo e o diálogo necessários. Circular Conjunta n.º 01/03, de 13 de novembro de 2003. Brasília: Ministério da Saúde; 2003. Disponível em: <<http://www.unisite.ms.gov.br/unisite/control/ShowFile.php?id=100995> > Acesso em 22 out. 2012.
8. Rabelo AR. Um manual para o CAPS. Salvador: Editora Edufba; 2006.
9. Vieira Filho NG, Nóbrega SM. A atenção psicossocial em saúde mental: contribuição teórica ao trabalho terapêutico em rede social. *Estud. Psicol. (Natal).* 2004;9(2):373-9.
10. Hoffmann MCCL, Santos DN, Mota ELA. Caracterização dos usuários e dos serviços prestados por Centros de Atenção Psicossocial Infanto-Juvenil. *Cad. Saúde Pública.* 2008;24(3):633-42.
11. Couto MCV, Duarte CS, Delgado PGG. A saúde mental infantil na Saúde Pública brasileira: situação atual e desafios. *Rev. Bras. Psiquiatr.* 2008;30(4):384-9.
12. Yasui S, Costa-Rosa A. A Estratégia Atenção Psicossocial: desafio na prática dos novos dispositivos de Saúde Mental. *Saúde em Debate.* 2008;32(78-80):27-37.

13. Medeiros LRB. O trabalho em saúde mental infanto-juvenil no COMPP/DF: reflexões sobre a atuação do Setor de Psicopedagogia no contexto da equipe multiprofissional. In: Costa II, Grigolo TM (orgs). Tecendo Redes em Saúde Mental no Cerrado: estudos e experiências de atenção em Saúde Mental. 1ª ed. Brasília: Universidade de Brasília; 2009. p.129-41.
14. Muza GM, Costa MP, Ribeiro AP. Estudo sobre queixas referidas em uma unidade de saúde mental da infância e adolescência. *Comun. cienc. saúde.* 2009;20(3):219-27.
15. Aarão PCL et al. Histórico da Fonoaudiologia: relato de alguns estados brasileiros. *Rev Med Minas Gerais.* 2011;21(2):238-44.
16. Moreira EAM, Mota HB. Os caminhos da fonoaudiologia no Sistema Único de Saúde – SUS. *Rev. CEFAC.* 2009;11(3):516-21.
17. Penteado RZ, Sevilha EAM. Fonoaudiologia em saúde pública/coletiva: compreendendo prevenção e o paradigma da promoção da saúde. *Distúrbios Comun.* 2004;16(1):107-16.
18. Almeida BPB. Fonoaudiologia e Saúde Mental. Experiência em equipe multiprofissional com portadores de transtornos mentais institucionalizados. [dissertação]. São Paulo (SP): Pontifícia Universidade Católica de São Paulo; 2010.
19. Ramírez RSA, Matiz SC. Papel del fonoaudiólogo en el área de salud mental: una experiencia profesional en el hospital militar central. *Rev. fac.med.* 2009;17(1):26-33.
20. Leão A, Barros S. Território e serviço comunitário de saúde mental: as concepções presentes nos discursos dos atores do processo da reforma psiquiátrica brasileira. *Saude soc.* 2012;21(3):572-86.
21. Sampaio JJC, Guimarães JMX, Carneiro C, Garcia Filho C. O trabalho em serviços de saúde mental no contexto da reforma psiquiátrica: um desafio técnico, político e ético. *Ciênc. saúde coletiva.* 2011;16(12):4685-94.
22. Ceccim RB. Educação Permanente em Saúde: desafio ambicioso e necessário. *Interface – Comunic, Saúde, Educ.* 2005;9(16):161-8.
23. Hirdes A. A reforma psiquiátrica no Brasil: uma (re) visão. *Ciênc. saúde coletiva.* 2009;14(1):297-305.

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