

NURSING AND THE ORGANIZATIONAL DIMENSIONS OF TWO PSYCHOSOCIAL CARE CENTERS

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ABSTRACT

In order to describe the view of nursing professionals regarding the structural and contextual dimensions of two Psychosocial Care Centers at the state of São Paulo, this qualitative study was developed using semi-structured interviews with eight nursing professionals to collect data which were analyzed through thematic analysis. Authors identified that the internal structure of these services cultivates a culture centered in human respect and ethical behaviors, based on individualized care. However, the dynamics of nursing professionals' work is stressful due to the overload of activities and the influence of the external environment which does not stimulate integration and is influenced by social stigma. As an alternative to face these challenges, authors emphasize team work, suggest the increase in the number of professionals and a greater participation of the families. There is a need to systematize communication with the external environment aiming at offering an integral, continuous and effective care.

Keywords: Nursing. Mental Health. Organization and Administration.

INTRODUCTION

The Psychosocial Care Centers (CAPS) are implemented in municipalities with over 70,000 inhabitants, and they are governed by Ministry Regulation no. 336/02, which establishes that those services should provide psychosocial care to people with severe mental disorders, emphasizing on rehabilitating and bringing those patients back to social interaction⁽¹⁾. This study approached nursing professionals who work at a CAPS II and at a CAPS AD.

CAPS II is intended to daily receive adult people with severe and persistent mental disorders, in which the use of alcohol and drugs is secondary to their mental disorder clinical condition. In order to provide care for patients whose main problem is the abuse of alcohol and other drugs, the CAPS AD came into existence in 2002. They provide daily care to the population with recurring disorders arising from psychoactive substance use and addiction, and are equipped with beds intended to be used with the only purpose of detoxification treatment⁽¹⁾.

In the context, the priority is to associate psychosocial approaches with drug treatments in order to establish a better relationship between the patient and society. In order to do that, the specialized mental care health has been restructuring itself with values which are centered in the interdisciplinarity, with aims to constitute unique therapeutic projects which, when incorporated to the care provided by the CAPS, tend to avoid patients from relapsing and being committed again⁽²⁾.

The multidisciplinary teams of CAPS must be composed of psychiatrists, nurses, psychologists, occupational therapists, social care workers, and professionals with technical degrees⁽¹⁾. That team must articulate in order to create spaces which drive social relationships which are based on the social inclusion of mentally ill or chemically addicted people⁽³⁾.

With that purpose in mind, nursing professionals have an active and continuous participation in the health care team of CAPS, and they are the professional category which is the one closest to users and their families, while they are institutionalized. That being so, for the

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psychiatric care focusing on psychosocial rehabilitation is consolidated, nursing professionals who provide direct and continuous care at the CAPS must be qualified, and count on institutional support to operate.

In this context, the organization of services directly interferes in the quality of the care they provide ⁽⁴⁾. Also, having as a reference the recent substitute services, such as the CAPS for people with mental disorders and for people addicted to alcohol and other drugs, the need for studies and researches which seek to better understand them is observed. This way, based on those considerations, the aim was to describe the opinion of nursing professionals on the organizational structure of two Psychosocial Care Centers in São Paulo state.

The organizations and their structural and contextual dimensions

The organizations are goal-driven social entities which are designed as structured and coordinated activity systems that are connected to the external environment. They have dimensions which relate to their structures and contexts ^(5,6). Thus, in order to get to know and evaluate the organizations, it is paramount to examine their structural and contextual dimensions ⁽⁶⁾.

The structural dimensions are the internal characteristics of the organization, as its coordination and control mechanisms; that is, formalization (documentation, including procedures, job descriptions, regulations, and policy guidelines), specialization (job subdivision level), authority hierarchy (control level of managers as portrayed by its organizational chart vertical lines), centralization (decision-taking process), professionalism (formal education and training level of employees), and staff rates (distribution of people in functions and departments) ⁽⁶⁾.

The contextual dimensions are elements which are juxtaposed and underlying to the structure and to the job processes, among which: size (organization magnitude as to the number of people, which interferes in the extent to which behaviors and the working process are formalized), organizational technology (measures and actions to offer services), environment (elements beyond the organization limits which influence it totally or partially),

goals and strategies (they guide the organizational purpose and the paths to reach it), and the organizational culture (model of basic premises to deal with external adaptation and internal integration problems), which represents the values which guide the actions performed by the organization ^(5,7).

The structural and contextual dimensions depend on each other, and they may be interesting tools to measure and analyze characteristics which cannot be casually observed, revealing significant information on organizations ⁽⁷⁾. This study therefore proposes to use the organizational dimensions of two CAPS as a reference, as seen by nursing professionals who are part of the staff in those institutions.

METHODOLOGY

With a qualitative approach, this study aimed to describe the organizational dimensions of studied health care services, based on the perspective from nursing professionals, through a semi-structured interview.

After the study was approved, the Ethics Committee of *Escola de Enfermagem de Ribeirão Preto* (Protocols 0896-2008 and 0979-2008), and the consent from nursing professionals at CAPS II and CAPS AD in a municipality in São Paulo state was obtained, the interviews were conducted, and later recorded, transcribed, and deleted.

This way, the data were collected with nursing professionals operating in two Psychosocial Care Centers in a city in São Paulo's countryside, who provide care to adults of both genders. At CAPS AD they provide care to chemically-addicted people, and at CAPS II, people with various mental disorders, without primary chemical addictions are treated.

At CAPS AD, two out of the four active professionals, a nurse and two nursing technicians, were interviewed. The other two were not for being on bonus leave. At CAPS II, all nursing professionals were interviewed (two nurses and two orderlies) - seven professionals in total for both Centers.

In order to ensure the confidentiality of people interviewed, they were assigned the letter E followed by sequential numbers (E1, E2, E3,

...). The professionals from CAPS II were identified as E1, E2, E3, E4, and the participants from CAPS AD were designated as E5, E6, and E7. The contents of interviews included: environment, relationships, and internal and external influences, goals, values, work environment, service provided, physical structure, network flow, and demands from the society.

The data were analyzed through a content analysis, which is defined as a set of communication analysis techniques which intend to systematize the contents of messages based on logic and justified deductions, considering the emitter, the context, and the effects ⁽⁸⁾.

In the pre-analysis phase, the skimming of the texts was conducted. In the analysis step, through a thematic analysis, researchers identified contents which converged to similar meanings, grouping them in categories, according to the organizational dimensions.

After the thematic analysis of the data, there came the time to compare those data, which were obtained through data and investigator triangulation. In the data triangulation, the search for information was conducted through different sources. In the investigator triangulation, different researchers independently surveyed data about the same phenomenon, which favored the result-comparison process ⁽⁹⁾.

RESULTS AND DISCUSSIONS

The analysis of the organizational structure of services allowed identifying its adaptation to the rules established by the Health Ministry, and getting to know further the care which is offered to people suffering from mental illnesses. In that sense, this study presents important elements to understand the routine of both of those CAPS, and how their organizational structures influence psychosocial practices, above all those which are undertaken by nursing professionals, in the context of the change of paradigm in mental care that has been taking place in Brazil.

Based on the thematic analysis, the following themes were identified, regarding structural dimensions: "Reduced staff, work overload, and stressed teams" and "Teamwork to cope with difficulties". As to contextual dimensions, the

following themes were brought up: "A culture which is based on respect and ethics"; "Bureaucracy in the relationship with the external health care network, and little integration"; "Individual planning of actions"; and "The efficiency in services and social bias".

Reduced staff, work overload, and stressed teams

The work difficulties in the services are highlighted by the lack of staff, which generates an overly large number of activities. The nursing work dynamics is thus characterized. It is considered stressing by those professionals.

There was a time there was some dissatisfaction, as there are no workers to deal with the work. We are overburden. [...] To me and to my colleague who is an orderly, it is very hard, as we are the ones who have the closest contact with them, facing the fire. Sometimes, he breaks down and there's no one to help. [...] That gets in the way of patient care. (E2)

At some moments, it is hectic due to the excess work. People get stressed, and that makes the relationship hard. With a little thinking, though, that problem is resolved.(E7)

As a suggestion to improve that work dynamics, the need to hire new employees was reported by people interviewed:

[...] the hiring of new technicians, for us to have more time to deal with a patient, without thinking there is another one out there to receive care.(E7)

[...] in a way that there were a better patient-health professional ratio. It would be easier [...] to provide better care.(E4)

In a recent study (10), the need to promote adjustments in the nursing environment and work organization was verified, so it can drive the development of human potentials. Among those adjustments, interventions focused on diminishing their work overload and on dimensioning the staff are present.

Teamwork to cope with difficulties

Teamwork was a relevant theme among nursing professionals who work at both CAPS, which is made easier by the internal environment in the organization and by the decision-making decentralized power. That reality benefits the interaction among professionals, students,

patients, and patient families who belong to the external environment.

Patients, employees, families, multidisciplinary team [...] We try to get almost all members taking part in the decisions [...]. We have gatherings at least twice a week: a [...] clinical one and another administrative meeting [...] (E3)

Here, we are at liberty to talk with our colleagues, and everyone helps. It was not like that before, but it has improved a lot now. I never had professional difficulties with anybody [...] (E2)

We have patient gatherings, where we hear their complaints [...] (E1)

With that reality in mind, the work structure of CAPS II and CAPS AD is perceived to be horizontal, and it characterizes by teamwork functionality and by the joint effort towards the achievement of its activities. Such characteristics contribute to face the difficulties which are found daily in the institutions, such as the reduced number of employees, the work overload, and the stress.

However, the teamwork performed in that service does not imply the lack of conflicts, as informed by nursing professionals from CAPS AD:

[...] whenever there are any dissensions, anything, disagreements, misunderstandings. In general, it is a very good work environment. As compared, mainly, with others where I worked at. I find it very good. (E6)

It is obvious that, in a place where there are almost twenty employees, a twenty-person team, people will not always agree. (E5)

In this context, the people interviewed argued that such conflicts generate problems, which are jointly overcome by the team.

There is a team effort, in general, to work in harmony. Whenever there are any dissensions, anything, we try to talk about it. (E6)

[...] when we need to take a decision, the team thinks together, in the meetings. (E2)

In that perspective, the multidisciplinary teamwork is essential in the Psychosocial Care Centers, also considering that it is relevant to value the inclusion of an improved communication among basic care and mental care facilities, as well as the need to further reflect on and discuss the formal addition of new

members to Psychosocial Care Centers teams (art therapists, physical educators, among others), so the actions focusing on psychosocial rehabilitation are intensified and diversified ⁽¹¹⁾.

Taking into account the several opinions and actions being taken by team members of the studied facilities, it is common there to be conflicts, which are resolved through dialog and interaction. In this context, this study points out that the teamwork in the Psychosocial Care Centers requires the creation of a relationship among professionals and users, based on a full care which has a unique therapeutic plan as its base, rather than the sum of isolated actions from different professional categories ⁽¹²⁾.

Culture based on respect and ethics

Generally speaking, this study subjects consider that the values which ground the culture of services are the respect to the human being and the oriented ethical conduct, mainly for people with mental illnesses and their families.

It is a team that really cares about patients. (E5)

I think that the well-being of patients comes first. We work in order to provide patient conditions, to reorganize their lives, and to give users back things they lost when they started using substances. (E6)

When they talk about the organizational culture of the CAPS, professionals pointed out that those services prioritize the human respect and the ethical conduct through an individualized care which is focused on the singularities of each user. Despite that individualized care, which prioritizes the excellence in care, the relationship with the external mental health network was shown to be bureaucratic and not very integrational.

With that in mind, the nursing team characterized the CAPS as open systems which may be influenced by the physical structure and by the external environment. As an open system, those organizations integrate to the external environment, which is formed by distinct players - among which the health care units and remaining mental health specialized services composing the mental health network (psychiatric hospitals, psychiatric wards, among others) stand out - and that reality signals the importance to consolidate that network.

Considering the influence mentioned by respondents, the study showed that, ⁽³⁾ in order to consolidate the Mental Health Network, the communication between the CAPS team and the professionals in other health services is vital. Only by assuring that, will it be possible to qualify patient care, and, therefore, implement full care.

Bureaucracy in the relationship with the external health care network, and little integration

According to the nursing professionals who took part in this study, the culture and the values in those services suffer interference due to the lack of integration with the Mental Health Network composing the external environment, which makes the service bureaucratic and discontinued, both for patient admission and discharge procedures.

Referral of patients is very bureaucratic. Patients are already undergoing mental suffering...And that is not welcoming. There should be a calmer flow among units. All of them should know where to refer people to.(E2)

Many times, we have users who need urgent admission. There is no availability. No one can say where patients have to wait at, where they must not. All of that interferes in it.(E6)

Thus, the importance of getting professionals who work in mental health services and Family Health teams closer is highlighted, as well as qualifying them to provide full care ⁽¹¹⁾. This way, the integration and cooperation among existing health services should be a priority, so primary care units may create actions which value the identification of services needed, which related to specialized mental health care. ⁽¹⁴⁾

That way, the strategy to provide mental care to the community, focusing on rehabilitating mental patients, must be increased in regards to Sistema Único de Saúde (Unified Public Health Care Service). For this increase to take place, it is important there to be an integrated approach with all health care levels (primary, secondary, and tertiary care) and also in the context between sectors (social, economic, educational sectors, among others), which enables the solutions for patient needs and is part of the health network to other care levels ⁽¹⁵⁾.

Nonetheless, the difficulties listed, along with the challenge to qualify and support the primary health network, seem not to interfere in the quality of the care provided by the CAPS, according to people interviewed, as they consider that the CAPS prioritize the social inclusion of users treated through an individualized plan of actions. That reality is a result from the troubled relationship between the services that are part of the Mental Health Network:

There are times when the relationship among CAPS - Full Hospital / Ward, Full Hospital / Ward - CAPS is very calm, and there are some times when it is a little busy.(E7)

Sometimes, our patients stay the full week through without being able to be committed.(E2)

In that scenario, as a suggestion to facilitate integration, the need for a more active participation from family members in treatments was pointed out:

There are families who support treatments, and others which get patients to feel worse. [...] There should be a more active participation from family members in each user's treatment.(E4)

There are families which make an effort to come, but not all.(E2)

It was also pointed out that a more active participation from families could improve the integration among health services. In that sense, the socialization process surely starts within families (Primary Socialization), as they represent the environment in which individuals are more likely to be safe, since it is part of the care and the search for health services which meet their biological and psychosocial needs ⁽¹⁶⁾.

The individualized planning of actions

The people interviewed consider that the troubled and bureaucratic relationship with the external environment does not hinder the reaching of goals by the CAPS, as they see those goals as included in their missions, according to the following reports.

[...] CAPS goal is to deal with that demand issue, in regards to the improvement of users' conditions, and to taking them back to society in a calm way, so these patients can be well and live well in the environments they have to be inserted, such as their jobs, the society itself, movie

theaters... wherever they go, there will be no trouble.(E7)

They are adequate indeed. There are many patients who feel bad, sometimes, and, when they come here, they get really well, they get positive results. There are patients that... when they arrived... looking at them now, you really see the difference.(E4)

The nursing professionals also state that there is no formal planning by the organization, and that the care guidelines are all about individualized treatments, which deal with the singularities of each user.

It depends much on the patients who show up here. We are always changing, because the work varies a lot. Depending on whom, on the type of people being treated, we change the work characteristics.(E6)

In this context, some authors defend that the assistance which is offered by mental health care professionals is conducted through the individualized attention to people treated in the CAPS, which enables patients to have their singular needs taken care of, and to have them motivated in order to increase their autonomy⁽¹⁷⁾.

The efficiency of services and social bias

From the development of planned actions, according to the singularities of patients, the nursing team considered the services offered by the qualified CAPS as:

I think it is great because there is no waiting line. So, I think that, like, all patients who arrive here are treated, right then. So, all they expect is to have an available professional to treat them. So, I think that is a differential regarding what you have in health care, and I think all of them should be like this. And I also think that it meets their expectations. At least that's what they say, right? That, here, they are really well treated. They themselves say that, during some activities...(E6)

However, the result of those services is influenced by the external environment, as people interviewed pointed out the stereotyped view from society regarding mental disorders and drug addicts gets in the way of consolidating the psychosocial rehabilitation in a community environment.

We are taking our first steps in that thing of taking patients back to society, because, out there, they suffer discrimination when they arrive at basic health care units.(E3)

One can notice that nursing professionals who took part in this study admit that the CAPS are influenced by the social stigma regarding the behaviors which result from mental disorders and chemical addiction. The stigma from mental diseases works as a barrier for the progression of treatments and to the perspective from users to be citizens again, in both of the studied organizations.

Many times, the mental disorders are not considered diseases, as they are influenced by the culture and by values, and not only by biological factors, which thus explains the social exclusion paradigm⁽¹⁸⁾. The stigmatization of madness and chemical addiction leads people with mental disorders and chemically-addicted people to feel like they are not part of society, and to be subject to biases, and to be socially segregated⁽¹⁸⁾.

For those stigmas to diminish, the nursing category shows the need for a more active participation from families and from family health care teams in the treatments which are offered by the CAPS, and in the early detection of mental disorders. In that sense, studies confirm that primary health care professionals, who are sensitive enough to develop early intervention measures regarding mental diseases, allow for a full care which matches the current community mental health policy proposed⁽¹⁹⁾. It is also necessary to say that families are fundamental to keep users of the related services from being committed. They need to be prepared to live with them, with the help of mental health care professionals⁽²⁰⁾.

With that reality in mind, the participants believe that the discrimination problem requires joint efforts from the professionals who are part of the health network, who must value and respect differences and singularities in mental health care:

We had to work in a way which was more integrated with the other health care units, in order to overcome that type of discrimination [...] Another thing that can improve the situation would be for Basic Health Care Units to better know the service from the Caps [...] So far, we see professionals from other units who do not know

what kind of services we offer here [...] We must open the service to other units, because this must be a partnership.(E3)

We need to have a higher interaction with other services, in order to better provide guidance, for them to have a better idea of whom to refer to here, of whom should be sent to CAPS AD.I think that would improve everything.(E6)

In summary, the organizational dimensions of the CAPS favor the human approach in health care, by nursing teams who are part of a multidisciplinary team ⁽²⁰⁾. Before that reality, the offer of nursing services is observed, by the subjects in this study, not to be hindered by the existing difficulties in internal and external environments.

FINAL CONSIDERATIONS

The organization of the studied CAPS is directly related to its organizational dimensions, which reflect their culture, which is based on human respect and on ethical conduct; it predisposes the psychosocial rehabilitation - it is prioritized as the main goal for the mental health care in Brazil. For this premise to become a reality, the teamwork plays an important role in overcoming difficulties. Among those difficulties, the work overload was pointed out

as stress-triggering in the nursing team, which led them to propose the hiring of a higher number of employees, to nursing care work could be improved.

Participants also suggested a more active participation from families in the treatment process which is proposed by the CAPS, so the social stigma associated with mental disorders and with chemical addiction - which is pointed out as a hindering factor to bring mentally-ill and chemically-addicted people back to society, rehabilitating them - is faced.

The organizational dimensions, mainly the culture which is centered on human respect and on ethical conducted were shown to make easier for nursing teams to provide continuous and direct care to CAPS users.

Finally, the team points out the need for the players who are part of the external environment - mainly represented by the services which compose the Mental Health Network, to communicate among themselves, so care can be provided in a full, continuous, and effective manners, one mental disorders and chemical addiction are growing problems all over the Brazilian territory. In order to face this challenge, it is essential to stimulate and foster the multidisciplinarity and the communication among health care sectors.

A ENFERMAGEM E AS DIMENSÕES ORGANIZACIONAIS DE DOIS CENTROS DE ATENÇÃO PSICOSSOCIAL

RESUMO

Buscando descrever a visão de profissionais de enfermagem sobre as dimensões estruturais e contextuais de dois Centros de Atenção Psicossocial do Estado de São Paulo, desenvolveu-se este estudo qualitativo, que utilizou a entrevista semiestruturada com oito profissionais de enfermagem, para obter os dados que foram analisados por meio da análise temática. Identificou-se que a estrutura interna dos dois Centros de Atenção Psicossocial possui uma cultura centrada no respeito humano e na conduta ética e fundamenta-se no cuidado individualizado. Contudo, possuem uma dinâmica de trabalho de enfermagem estressante, devido à sobrecarga de atividades e sofrem influência do ambiente externo, que é pouco integrativo e permeado pelo estigma social. Como alternativa de enfrentamento desses desafios, ressalta-se o trabalho em equipe, sugere-se a contratação de profissionais e uma maior participação da família. Há, ainda, a necessidade de sistematizar a comunicação com o meio externo para que a assistência aconteça de maneira integral, contínua e resolutive.

Palavras-chave: Enfermagem. Saúde Mental. Organização e Administração.

ENFERMERÍA Y LAS DIMENSIONES DE ORGANIZACIÓN DE DOS CENTROS DE ATENCIÓN PSICOSSOCIAL

Buscando describir la visión de los profesionales de enfermería sobre las dimensiones estructurales y contextuales de dos Centros de Atención Psicossocial del Estado de São Paulo, fue desarrollado este estudio cualitativo, que utilizó la entrevista semiestruturada con ocho profesionales de enfermería, para obtener los datos que fueron analizados por medio de análisis temático. Se identificó que la estructura interna de los dos Centros de Atención Psicossocial posee una cultura centrada en el respeto humano y en la conducta ética y se fundamenta en el cuidado individualizado. Sin embargo, poseen una dinámica de trabajo de enfermería estresante, debido a la sobrecarga de actividades y sufren influencia del ambiente externo, que es poco

integrador y permeado por el estigma social. Como alternativa de enfrentamiento a estos retos, se resalta el trabajo en equipo, se sugiere la contratación de profesionales y una mayor participación de la familia. Hay, aún, la necesidad de sistematizar la comunicación con el medio externo para que el cuidado ocurra de manera integral, continua y resolutive.

Palabras clave: Enfermería; Salud Mental; Organización y Administración.

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