

---

## Characterization of Users From a Child Mental Health Service in Salvador<sup>1</sup>

Louise Coutinho de Carvalho Rangel<sup>2</sup>

Vania Bustamante

Gescica Belo da Silva

*Universidade Federal da Bahia, Salvador-BA, Brasil*

**Abstract.** This study aimed to characterize the users of a mental health service, which provides a therapeutic space to the child population and their families. Based on 137 attendances sheets of children who attended the space in 2013, the following variables were analyzed: sex; age; reasons demands; family configuration and frequency in the project. The results showed that most children are male (55,5%) among 4 to 10 years old (63,2%) and belongs to nuclear families (47,0%). Among the families who attended the project, 48,2% did not express demands. By contrast, those who had demands attested behavior problems as the most prevalent issue (24,1%). This research reveals agreements with other characterization studies of the child and adolescent population that attend mental health services. At the same time make new contributions to bring data about the living arrangements of the assisted families as well their frequency patterns. Finally we need to rethink about the health practices, both to provide health promotion spaces and child development and the need for services to be able to meet several complaints, taking care of the children and their families and enabling the dialogue with educational institutions.

**Keywords:** Mental health; population characteristics; children.

## Caracterização da População de um Serviço de Saúde Mental Infantil em Salvador

**Resumo.** Este estudo se propôs a caracterizar os usuários de um serviço de saúde mental, que oferece um espaço terapêutico à população infantil e suas famílias. Com base em fichas de acompanhamento de 137 crianças que frequentaram o espaço em 2013, foram analisadas as seguintes variáveis: sexo; idade; motivos de procura; configuração familiar e frequência no projeto. Os resultados mostraram que a maioria das crianças é do sexo masculino (55,5%), entre as idades de quatro a dez anos (63,2%) e pertence a famílias nucleares (47,0%). Dentre as famílias que frequentaram o projeto, 48,2% não expressaram demandas. Em contrapartida, dentre as famílias que trouxeram queixas, a mais frequente – referida por 24,1% das famílias – foi problemas de comportamento. O presente trabalho revela concordâncias com outros estudos de caracterização da população infantojuvenil que frequenta serviços de saúde mental. Ao mesmo tempo, faz novas contribuições ao trazer dados sobre os arranjos familiares dos frequentadores e sobre o padrão de frequência dos mesmos. Finalmente, é necessário repensar as práticas de saúde, tanto no sentido de oferecer espaços de promoção da saúde e o desenvolvimento infantil, quanto na necessidade de que os serviços sejam capazes de atender diversas queixas, cuidando da criança e sua família e possibilitando o diálogo com instituições de educação.

**Palavras-chave:** Saúde mental; características da população; crianças.

---

<sup>1</sup> *Support:* Pró-Reitoria de Pesquisa, Criação e Inovação (PROPCI), Universidade Federal da Bahia, Brasil.

<sup>2</sup> *E-mail:* llouise.rangel@gmail.com

## Caracterización de Usuarios de un Servicio de Salud Mental Infantil en Salvador

**Resumen.** Este estudio tuvo como objetivo caracterizar a los usuarios de un servicio de salud mental que ofrece un ambiente terapéutico para la población infantil y sus familias. Con base en los registros de acompañamiento de 137 niños que asistieron al espacio en 2013, se analizaron las siguientes variables: sexo; edad; motivos para frecuentar el proyecto; configuración de la familia y la frecuencia en el proyecto. Los resultados mostraron que la mayoría de los niños es del sexo masculino (55,5%), tiene edades entre 4 y 10 años (63,2%) y pertenece a familias nucleares (47,0%). Entre las familias que estuvieron en el proyecto, 48,2% no expresaron demandas. En contrapartida, la queja más frecuente, entre las familias que las tenían, –referida por 24,1% de ellas– fue problemas de comportamiento. Este trabajo mostró concordancia con otros estudios de caracterización de la población infantojuvenil que frecuenta los servicios de salud mental. Al mismo tiempo realiza nuevos aportes al traer datos sobre las configuraciones familiares de los usuarios y la asiduidad de los mismos. Finalmente, es necesario repensar las prácticas de salud, tanto en el sentido de ofrecer espacios para la promoción de la salud y el desarrollo infantil, como para la necesidad de que los servicios sean capaces de atender diversas quejas, cuidando al niño y a su familia, posibilitando, así, el diálogo con instituciones de educación.

**Palabras clave:** Salud mental; características de los usuarios; niños.

---

The concern with the creation of public care services to the child and adolescents mental health initially occurred in Brazil during the Estado Novo (New State) period (1937-1945). The opening of the National Children's Bureau (1940), a responsible program for child, adolescence and motherhood protection, ensured that duties performed once by philanthropy became a state obligation (Reis, Delfini, Dombi-Barbosa & Bertolino Neto, 2010a). Among those obligations is the offering of a public service that meets the demands on children and adolescents mental health.

The process of building a specialized child care continues with the promulgation of the Federal Constitution of 1988 (Delvan, Cunha, Menezes & Legal, 2010; Reis et al., 2010a). This received contributions from the Health Reform, which took place in the 70s, the fruit of which was the creation of the Sistema Único de Saúde – SUS (Unified Health System), and the struggle for recognition of children and adolescents as subjects of rights, which resulted in the formulation of the Estatuto da Criança e do Adolescente (Statute of Children and Adolescents) - 1990. These were landmarks that, along with the principles of the Psychiatric Reform, influenced the creation of a care device in mental health, the CAPS - Centro de Atenção Psicossocial (Psychosocial Care Center).

Created from the ordinance No. 336/GM/MS, in February 2002, the CAPS can be defined as a community-based social facility, targeted to assist subjects with severe and/or persistent mental illness (Reis, Delfini, Dombi-Barbosa & Oliveira, 2010b). These devices differ themselves from the population that they propose to serve. The CAPSia, for example, has as target audience, children and adolescents whose mental suffering is present. In Brazil it is estimated that the services in the CAPSia increased from 12,200 in 2002 to 1.2 million in 2011 (Brazilian Health Ministry, 2012) and there are 134 units in the country (Ministério da Saúde do Brasil [Brazilian Health Ministry], 2013).

The primary care, which is considered the gateway to the National Health System, is another possibility of access to the public mental health services, and it is governed by principles such as the universality, the comprehensive care and humanization. Tanaka and Ribeiro (2009) point that the primary care can develop two types of mental health services: to understand the complaints related to the psychic suffering and to offer a qualified hearing; to understand the different ways of dealing with the problems encountered, taking care of them in the own primary care or making referrals to specialized services. However, despite these potentialities, the authors add that there is not in the official texts of the Brazilian Health Ministry, a direct reference to the incorporation of actions to face the mental health problems.

As part of a Brazilian epidemiological studies literature review, Paula, Miranda and Bordin (2010) observed that in Brazil there are frequent mental health problems in the childhood and in the adolescence phase. It has been seen that the prevalence rate of mental disorders in children and adolescents can range from 12% to 24,6%, when investigated by screening instruments or 7% to 12,7% when found by diagnostic interviews.

In addition to the CAPS and to the mental health services in primary care, there are the university psychology clinics, which are responsible for providing psychological services in the mental health area. They emerged in a context where it was necessary to integrate the theoretical content with the practical experience of work. The start of this device construction was marked by a training profile in individual clinical care (Maravieski & Serralta, 2011), which later was acquiring new formats, mainly from the Lei de Diretrizes e Bases da Educação Nacional – LDB/Law 9394/96 (National Education Directives and Basis Law) which gave a greater flexibility to the curricular proposals (Löhr & Silveiras, 2006). In addition to this, there was the creation of new psychology course curricular directives which expanded the professional formation, putting him to work in contexts beyond the traditional clinical and in other fields, such as the mental health. Therefore, the university psychology clinics provide the community a chance to access to psychologists services, as it is free or low cost, and offer to the psychology professional the opportunity to integrate his knowledge to practical experiences (Maravieski & Serralta, 2011).

Despite the investment made in this health area and the care expansion, the public services offered to those who have some kind of psychic suffering, are not always in tune with the proposed guidelines (Delfini, Dombi-Barbosa, Tavares & Reis, 2009). The users' characterization of these services is both a professional way to have a closer knowledge of the population served and to reflect on his performance in this context. Then, it is possible to find what the distance between the proposals and the services reality is, from the mapping of this audience characteristic.

Some studies on the characterization of child and adolescent population assisted in the mental health services have been made in the recent years. The research was conducted in university psychology clinics and in CAPS which serve children and adolescents. Among the studies in university psychology clinics, we mention the Romaro and Capitão's research (2003) which was held in São Paulo and sought to characterize the clientele served from 1995 to 2000. The data were analyzed and the result related to the treatment demand lies on the predominance of the male public and the ages from 5 to 9 years old.

Santos research (2006), in a service linked to the Faculdade de Medicina de Ribeirão Preto (Ribeirão Preto Medical College), showed that among the most frequent complaints is the aggressiveness, among children from 5 to 9 years old. The author also emphasizes the importance of returning our gaze outwards the mental health issues in the childhood and in the adolescence as, also, a form of health promotion in the adulthood and in the old age.

Other works about the served public in the university psychology clinic contributed to this knowledge area. Among the observed data are: the prevalence of diagnoses related to family issues and/or environmental support (Melo & Perfeito, 2006); the predominance of male children population in the demand for mental health care (Campezatto & Nunes, 2007); the demanding for care among children from 2 to 5 years old for issues related to emotional symptoms and interpersonal difficulties and somatic problems (Cunha & Benetti, 2009); the aggressiveness as one of the major complaints when related to children/adolescents (Maravieski & Serralta, 2011).

The project called "Children and Families" (it was given a fictitious name to the service studied for ethical reasons) brings the play as a therapeutic resource and a means of strengthening ties between the child and his family. Any child accompanied by a family member may attend the space that works in two shifts a week on the facilities of a public library in Salvador. No need to book in advance and the frequency standard can be freely constructed by each family.

The issues related to children are welcomed by the team, which aims to offer a differentiated hearing. It is not sought a cure towards the symptoms suppression, but building the possibility of the brought demand redefinition, with a view to improving the functioning of both the child and the family dynamics (Holmes, 2012). Therefore, the project seeks to fill an assistential gap by offering a group space which also includes a look at each subject in his uniqueness. It is a space that offers health promotion and child development, early detection and attention to complaints, and in some cases it is necessary to point out the need for additional treatments.

The project is a permanent extension activity of a unit of the Federal University of Bahia. It has no connection with the SUS, but it has built partnerships with public institutions, such as CAPSia, psychologists' services and other health institutions and education. Its target audience is children up to ten years, who are received in the space along with their families. Eventually older children spontaneously arrive at the space and they are received by the team that is premised on universal host.

The project "Children and Families" set out to characterize its clientele by seeking to better understand its functioning dynamics and aiming at a better qualification of its service,. It is understood that knowing the children profile who are attended in the space, the project could answer the questions that arose during the working process. Some of them are related to the interest in finding out what the demanding reasons often presented are, what the relationship between the age and the sex of the children with the brought demanding is and what type of the predominant familiar structure among the users is.

## **Method**

### ***Participants***

The total number of the participants in this study was 137 children. They were assisted among January and December, 2013, in the project "Children and Families". Most of the public attended resides in the city of Salvador and aged from 0 to 10.

### ***Procedures***

In that service, the children and their parents are greeted by a psychologist or by any of the psychology students who are part of the team. It is presented the project proposal to them and then an attendance sheet is filled. During this initial contact it is also presented and signed the Informed Consent Form (IC).

Some information about the children is in the attendance sheet, such as: sex; age; name of the responsible and the type of relationship, how they came to the project and the demand reasons. However, in this present cutout it was decided to consider the variables: sex; age; family arrangement; the demand reasons and the frequency in the project. There were twenty reports that did not contain the information regarding the variables age and family arrangement.

The demand reasons given were recorded in the attendance sheets, as the interviewees report. These statements, however, are not equivalent to a diagnosis, but rather a demand brought initially, which, during the visits to the space and the therapeutic process, does not exclude the possibility of being modified or undone. The categorization of these demand reasons toward the space occurred similarly to the studies related to the university psychology clinics, where it is often held a categorization from the received demand (Campezatto & Nunes, 2007; Cunha & Benetti, 2009; Maravieski & Serralta, 2011; Melo & Perfeito, 2006; Romaro & Capitão, 2003; Santos, 2006).

This project was approved by the Ethics and Research Committee of the Federal University of Bahia Unit (Opinion 120. 687).

### **Data analysis**

Data were taken from the attendance sheets, stored in a database and submitted to a descriptive analysis using SPSS version 10.0 for Windows.

As it is a therapeutic space that needs a mental health demand to attend, contrary to what occurs in other services, we decided to name the causes reported by families who have been seeking the project as demand reasons, similar to the term used in the study of Cunha and Benetti (2009). This variable was classified into five categories, namely: do not present reasons; socialization needs; behavioral problems; internalizing disorders and developmental difficulties. The socialization needs refers to families who sought the project in order to provide their children a playful and/or socializing space. And the development difficulties is the category which included learning, language and concentration disabilities as well as developmental delay.

The presentations of reasons related to behavior were classified into two categories: behavioral problems and internalizing disorders. The first refers to behaviors considered problematic and directly expressed in the environment (Borsa & Nunes, 2008). In this category were included behaviors such as aggression; hyperactivity; low frustration tolerance; disobedience; agitation. For the internalizing disorders, as they are restricted to the child's inner world, those as a set of behaviors that are expressed not directly in the environment were considered (Borsa & Nunes, 2008). Among those presented by the users and that fit into this category are: shyness; introspection; fear; sadness; isolation; somnambulism; insomnia.

The family arrangement was defined according to the understanding of the Amazon et al. (2003). The family is understood by the authors as a group of blood relatives or not, and who lives in the same place. They highlight that it does not correspond to an intention to make reductionist this kind of thinking, but that is a research strategy to identify the family arrangements. Thus, the following categorization is performed: nuclear family, single parent and extended family. The first category refers to the families composed of a couple and biological(s) or foster(s) son(s). This classification also included the reconstituted families, which are those formed by a couple with children from other marriages, which may or may not have a child in common. The single parent category is characterized by the presence of the child living with one of the parents. The classification of extended family included children who live with one or both parents and other relatives (grandparents, uncles, cousins).

In this study the results and their relation with existing studies on characterization of children who are attend by public mental health services will be presented. Since these studies are still incipient, this research also aims to enrich, through its experience, this area of knowledge.

## **Results**

From the analysis of the data, the distribution by sex and age of the children who attended the "Children and Families" project in 2013 were analyzed. It is observed that most of the attending audience is male with 55,5 %, while 44,5% are female children. The ages that appeared most frequently in the project were: from 4 to 5 years old (31,6%) and from 6 to 10 (31,6%), followed by 23,9% of children aged from 2 to 3 years old.

Regarding family configuration, it was observed that most families are classified into nuclear family (47%). The extended family category ranks second with 28,2%, while the single parent is the third with 24,8%. The amount of attendance sheets that did not contain this information was relatively high. From the 137 cases analyzed, 20 did not contain this information. Therefore, this question may have influenced the precision analysis of this variable.

The frequency in the project had variations. 55,1% were those who attended the project only once, and this percentage is the responsible for most of the outcome of that variable. Secondly, the population that visited the project among two and four times (22,8%), followed by 14,0% relating to that who were attended among 5 and 10 times.

As for demand reasons, it was observed that most children (48,2%) did not present any specific cause for their visit to the project. So, considering those who brought some reason, it was identified that the majority was within the category behavioral problems (24,1%), followed by 13,1% related to the internalizing disorders. The search for a space for the purpose of socializing or attending a ludic area showed 7,3% of the results, as well as the reasons related to developmental difficulties.

The relationship between the demand reasons and the ages of the children is presented in Table 1 and it was carried out with only 117 reports containing this data. It was observed that the behavioral problems are among the main reasons for the demand for the service, especially among those who were from 4 to 5 years old (9,4% of the total users). Secondly, the internalizing disorders are met (5,1% of total users) that were stressed among the same age. The search for the project with the demand reason for the need of socialization was more present in children from 6-10 years old (4,3% of the total users). Developmental difficulties were more prevalent among the children under 4 years old (5,2% of the total users).

**Table 1.** The frequency distribution under the ratio between demand reasons and the children ages.

Demand reasons	Age group										Total	
	0-11 months		2-3 years old		4-5 years old		6-10 years old		+10 years old			
	N	%	n	%	n	%	n	%	n	%	n	%
No demand	5	4,3	13	11,1	17	14,5	18	15,4	2	1,7	55	47,0
Socialization needs	-	-	1	0,9	2	1,7	5	4,3	2	1,7	10	8,5
Behavioral problems	1	0,9	8	6,8	11	9,4	8	6,8	-	-	28	23,9
Internalizing disorders	2	1,7	3	2,6	6	5,1	3	2,6	-	-	14	12,0
Developmental difficulties	3	2,6	3	2,6	1	0,9	3	2,6	-	-	10	8,5
Total	11	9,5	28	23,9	37	3,6	37	31,6	4	3,4	117	100

The demand reasons and the children sex were also related. A percentage of 48,2% of the users expressed no reason to attend the service, among them 38,2% were boys and 60,6% were girls. Thus, 61,8% of the boys brought demands distributed as follows: behavioral problems (31,6%); internalizing disorders (11,8%); developmental difficulties (10,5%) and socialization needs (7,9%). Compared with girls, only 39,3% presented complaints and these were distributed as follows: behavioral problems (14,8%); internalizing disorders (14,8%); socialization needs (6,5%) and developmental difficulties (3,3%).

In Tables 2 and 3 it is possible to see clearly the sex differences in relation to the reasons to attend the project. Thus, while 61,8% of boys complained, only 39,35% of the girls did the same.

**Table 2.** The frequency distribution under the ratio between demand reasons and sex.

Demand reasons	Gender (f /%)		Total (f /%)
	Male	Female	
No demand	29 38,2%	37 60,6%	66
Socialization needs	6 7,9%	4 6,5%	10
Behavioral problems	24 31,6%	9 14,8%	33
Internalizing disorders	9 11,8%	9 14,8%	18
Developmental difficulties	8 10,5%	2 3,3%	10
Total	76 100%	61 100%	137

**Table 3.** The frequency distribution under the ratio between demand reasons and sex

Demand reasons	Gender (f /%)		Total (f /%)
	Male	Female	
No reasons	29 38,2%	37 60,65%	66
With reasons	47 61,8%	24 39,35%	71
Total	76 100%	61 100%	137

The demand reasons were also related to the amount of times that the users were in the project. Table 4 shows that 68,4% of the children who were in the project only once presented no complaints.

It was also observed that the second position (22,6%) refers to those who visited the project from 2 to 4 times. Then, the third (13,9%), refers to those who went to the project from 5 to 10 times. We found that 66,2% of the families who expressed demands have been in the service more than once.

**Table 4.** The frequency distribution under the ratio between demand reasons and frequency.

Demand reasons	Frequency										Total	
	1		2-4		5-10		10-20		20			
	n	%	N	%	n	%	n	%	n	%	n	%
No demand	52	38	7	5,1	3	2,2	0	0	4	2,9	66	48,2
Socialization needs	5	3,6	2	1,5	1	0,7	2	1,5	0	0	10	7,3
Behavioral problems	12	8,8	10	7,3	7	5,1	3	2,2	1	0,7	33	24,1
Internalizing disorders	4	2,9	7	5,1	6	4,4	0	0	1	0,7	18	13,1
Developmental difficulties	3	2,2	5	3,6	2	1,5	0	0	0	0	10	7,3
Total	76	55,5	31	22,6	19	13,9	5	3,6	6	4,4	137	100

## Discussion

From the analysis of the data, it can be seen that the results are compared with those obtained in earlier studies of characterization. It was presented that the children who came to the

project "Children and Families" are mostly male (55,5%). The percentage increases when it relates to children who come with complaints, where 61,8% are boys. The prevalence of the male children is present in other studies on characterization of the children and adolescents users in the mental health services conducted both in the university psychology clinics as in the CAPS (Campezatto & Nunes, 2007; Delfini et al., 2009; Hoffman et al., 2008; Maravieski & Serralta, 2011; Melo & Perfeito, 2006; Romaro & Capitão, 2003; Santos, 2006). In this study it was seen that most of those who have demand related to behavioral problems (24% of the users and 46,5% of the total complaints) are male (31,6% of the boys brought behavioral problems complaints) and they are aged from 4 to 5 years old (39,3% of the children were with behavioral problems). This result coincides with that obtained in the Santos' study (2006) in which children between 5 and 6 years old presented as frequent complaints the aggressiveness, low tolerance, frustration and agitation. The research also brings up the tendency observation of the boys to present more often the externalizing disorders. In this sense, in the present study, 72,7% of the children with behavioral problems are boys. These problems, according to the author, generate conflicts with the environment and they are marked, most of the time, by features like: challenge, impulsivity, aggression and hyperactivity. Regarding the results of the internalizing disorders there was a slightly higher percentage in the girls (11,8% of boys and 14,8% of girls), which agrees with Santos' study (2006), which notes that girls show more internalizing disorders.

It is necessary to deep the reflection about the why the existence of a higher proportion of boys who attend mental health services, mainly expressing externalizing disorders. We believe this is related to the social construction of the differences between boys and girls. This phenomenon requires be better careful, and denatured in this sense, in many areas of child care: family, education and health services, among others. This gap should be addressed in a new cutout research.

The ages who appeared more in this research are also in line with some previous studies. With 31,6%, the categories 4-5 years old and 6-10 years old were equal. This shows an important percentage to be considered as these periods are related to the increased demands on the school environment. In research conducted by Romaro and Capitão (2003), the population that most sought the service was among the ages from 5 to 9 (53,3%). This moment was placed by the authors as the responsible for the beginning of the school life and the rise of the literacy requirements.

The questions reflected by the children in the school environment, such as learning disabilities, may be linked to different factors: neurological, psychological, educational, social, cultural and family (Neves & Marinho-Araújo, 2006). Through the results of the demand reasons related to the age of this study and others conducted earlier, it is possible to speculate that, in some cases, there is a delay in the demand for attendance when the child has some difficulty at school. This requires a more frequent demand when the issue reflects in the literacy, as it is considered a paramount moment in the child school development and that will be assigned important skills for the process of education, such as reading and writing.

From the inputs of school complaints arriving to the mental health services, it is interesting to reflect about their relationship with the school and the family. In a study by Bustamante and Galvão (2015), it was presented the contribution that "Children and Family" project can offer in the assistance to the school complaints. Its performance occurs from a perspective of strengthening bonds between the child and his family to deal with the difficulties arising from the schooling process. The authors raise the importance of the dialogue between service and school so that there is not a fragmentation of the child by the different looks of each institution, but he is perceived in his entirety. It is understood, therefore, that one of the roles that children's mental health services can play is related to the dialogue among different care spheres so that adequate and effective assistance is offered for the child according to his need.

A new element has emerged in the study on the "Children and Families" users and differs from other studies on characterization. Through the results, it has been observed that the demand absence was present in most of the demand reasons cited by the users (48,2%). This can be justified because in the project there is no condition of the existence of issues to attend it. The



"Children and Families" aims to provide a therapeutic space from play, regardless of the public refer any complaints. However, the demands may arise during sequential visits to the project, which in turn will be welcomed and assisted by the staff.

Then, it is observed the need for spaces for welcoming and hearing to every child, in which, issues that previously were not important and that over time become significant, are placed and received by the service. This relates to one of the objectives of the project which is the health promotion perspective, which aims the subject strengthening. So, there is the prevention of factors that would likely be triggered in the future, thus contributing in the child development process.

According to Graminha and Martin (1997), the development can be multidetermined, not being only a function from the environmental or biological sufficiency. They add that genetics, nutrition, the attitude of the adults and the social experiences livings are factors that also contribute to the children physical and psychological development. Therefore, the imbalance of these factors providing can lead to the need for searching the mental health services. Issues such as learning, language, concentration difficulties and delayed development came to the project and were included in the developmental difficulties category, whose percentage was 7,3% of the users and it was more present in the male public.

The project "Children and Families", by requiring that a responsible accompany the child, aims to understand and strengthen the family ties, since it is known that they have an important role in the child development as a psychosocial subject (Dessen & Polônia, 2007). Nuclear family arrangement constitutes 47,0% of the families who attend the project. But it is noted that the family configurations, like extended family (28,2%) and the single parent (24,8%), are also part of the context of the new health device, constituting 53,0% of the families who attended the space.

There are few studies on characterization who talk about family configurations of the users of the services. Therefore, it is highlighted the study by Melo and Perfeito (2006), which meant that, in relation to family characteristics, 58,3% of their clientele live with their parents. The authors, from these results, make an important caveat about the association risk between the problem presented by the child and the family structure. Melo and Perfeito (2006) states that the complaint is not related to the family model, but the absence of adequate psychological conditions in those who exercise caregivers function.

Here, it is worth remembering that Onocko-Campos (2012) called the attention regarding the need for mental health services directed to children can also take care of the family. The author makes reference to Winnicott who states that the baby exists inasmuch as there is a mother or a caregiver available to care for him. So, the family's presence in the mental health care is not an extra work for the health professionals, but it is constitutive of any health practice directed to children.

On the frequency, it is observed that most of the clientele (55,5%) visit the space only once. In relation to the frequency with the demand reasons, it was observed that 68,4% of those who attended once showed no reason to go into space. The "Children and Families", however, is characterized by offering a place that remains available for families to return at the time they want. So, they are free about the frequency to that space. This decision is something that belongs to them, and it is up to the project to improve its services so that their operation assists the users and those who decide to return.

On the other hand, we find that 66,2% of the families who expressed demands have been in the service more than once. Thus, we have identified a clear association between the return to the project after the first visit and the verbalization of reasons to attend the service. However, it was not possible to address in this study why families leave the space and also to make an analysis related the following questions: in how many cases did the families not return because there was some therapeutic effect? And in what cases did the families leave the space due to the fact that they did not have had their complaints answered? This is also another cutout to be developed.

There are few studies that describe the time that the users remain in the services. Therefore, the study by Cunha and Benetti (2009) is highlighted because it stated that 50% of the served population were present among one to nine sessions and 42 cases (68%) had therapeutic discharge after 25 sessions. This is an issue that needs to be further developed in studies of characterization, because the purpose of these is not restricted to meet the demands that come to services, but to understand to what extent the service assists them. Information on the length of stay and the dropout rate are important to consider whether the psychological services are in line

with the reality of the served population and thus to offer a service in mental health to be effective at their place of work.

The study by Cunha and Benetti (2009) also presents a discussion of the treatment abandoning in the services offered by the university psychology clinics. They report in their research that 64% of the children abandon the treatment they have started. Studies of Lulhiere, Romaro and Capitão, mentioned by Cunha and Benetti (2009) explain the reasons that can be attributed to this issue: the use of a technical language that hinders the understanding between the staff and the user; waiting lists for care, economic or access to services difficulties, lack of some kind of information.

From this issue that is prevalent in the services, as shown by Cunha and Benetti (2009), we need to think about what these places can offer to the families in the first meeting, from what is known about the tendency of many of them did not return.

From this perspective the "Children and Families" is producing and delivering printed psychoeducational materials that address various topics involving development issues and mental health. The materials are intended to provide reflections on the family, facilitating the investment in care related to the child development and mental health and the return to the service, in the present or in the near future. It is a recent movement, upon which a new search cutout may be carried cut.

## Final Considerations

This was a pioneering study on the characterization of the served population in a youth service, which is also defined as an extension project, which has no financial resources, and hence it has limitations in its operation. However, through it, there is an emphasis on the teaching, research and extension tripod, where the research is part of the construction of care technologies in the field of child's mental health.

From the results and from the analysis, we can reflect on some needs and suggestions for practices in this area. It is noticeable the need to increase the assistance regarding the developmental and mental health in childhood, as well as creating spaces that do not commit to serve only severe cases, but providing an environment that welcomes family, denaturalizing the gender differences and promoting a dialogue with the school.

This work highlights some points little explored in the literature. Some of them relate to the discussion of the family structures present in the services; the ability to reasons demand for care, taking away from the appointment of complaints, commonly seen in other services; and the focus of research in child audience, unlike some studies that often extend this population, including the youth.

What calls the attention, in this literature review, is the incipency on the reflection about procedures and therapeutic results in studies on users' characterization. The studies focus on the demands and do not reflect on the services possibilities and limits in answering such issues. In this sense, an aspect that is planned to deepen in a new study involves the relationship among the frequency profile, the type of demand and the obtained therapeutic advances. The latter is a central knowledge for the construction of the support services in mental health.

## References

- |  |  |
|--|--|
| <p>Amazonas, M. C. L. A., Damasceno, P. R., Terto, L. M. S., &amp; Silva, R. R. (2003). Arranjos familiares de crianças das camadas populares. <i>Psicologia em Estudo</i>, 8(Esp.),11-20.</p> | <p>Borsa, J. C., &amp; Nunes, M. L. T. (2008). Concordância parental sobre problemas de comportamento infantil através do CBCL. <i>Paidéia</i>, 18(40), 317-330.</p> |
|--|--|

- Bustamante, V. & Galvão, A. (2015). *Atendimento a queixas escolares em um espaço de saúde mental*. Manuscrito não publicado.
- Campezatto, P. M., & Nunes, M. L. T. (2007). Caracterização da clientela das clínicas-escola de cursos de Psicologia da região metropolitana de Porto Alegre. *Psicologia: Reflexão e Crítica*, 20(3), 376-388.
- Cunha, T. R. D. S., & Benetti, S. P. D. C. (2009). Caracterização da clientela infantil numa clínica-escola de psicologia. *Boletim de Psicologia*, 59(130), 117-127.
- Delfini, P. S. D. S., Dombi-Barbosa, C., Fonseca, F. L. D., Tavares, C. M., & Reis, A. O. A. (2009). Perfil dos usuários de um centro de atenção psicossocial infantojuvenil da grande São Paulo, Brasil. *Revista Brasileira de Crescimento e Desenvolvimento Humano*, 19(2), 226-236.
- Dessen, M. A., & Polonia, A. C. (2007). A família e a escola como contextos de desenvolvimento humano. *Paidéia*, 17(36), 21-32.
- Delvan, J. D. S., Portes, J. R. M., Cunha, M. P., Menezes, M., & Legal, E. J. (2010). Crianças que utilizam os serviços de saúde mental: caracterização da população em uma cidade do sul do Brasil. *Revista Brasileira de Crescimento e Desenvolvimento Humano*, 20(2), 228-237.
- Graminha, S. S. V. & Martins, M. A. O. (1997). Condições adversas na vida de crianças com atraso no desenvolvimento. *Medicina*, Ribeirão Preto, 30, 259-267.
- Hoffmann, M. C. C. L., Santos, D. N., & Mota, E. L. A. (2008). Caracterização dos usuários e dos serviços prestados por Centros de Atenção Psicossocial Infanto-Juvenil. *Cadernos de Saúde Pública*, 24(3), 633-642.
- Holmes, J. (2012). A model of intervention at a psychoanalytic parent/child drop-in group in a poor district of Lima, Peru. *Journal of Child Psychotherapy*, 1, 1-15.
- Löhr, S. S., & Silveiras, E. F. D. M. (2006). Clínica-escola: integração da formação acadêmica com as necessidades da comunidade. In: E. F. M. Silveiras. (Org.) *Atendimento Psicológico em Clínicas-escola* (pp. 11-22). Campinas: Alínea.
- Maravieski, S., & Serralta, F. B. (2011). Características clínicas e sociodemográficas da clientela atendida em uma clínica-escola de psicologia. *Temas em Psicologia*, 19(2), 481-490.
- Melo, S. A. D., & Perfeito, H. C. C. S. (2006). Características da população infantil atendida em triagem no período de 2000 a 2002 numa clínica-escola. *Estudos de Psicologia*, 23(3), 239-249.
- Ministério da Saúde (2012). *Brasil comemora avanços na atenção em saúde mental*. Recuperado em 15 de maio, de 2014, de <https://www.brasil.gov.br/saude/2012/05/brasil-comemora-avancos-na-atencao-a-saude-mental>
- Ministério da Saúde (2013). *Mais sobre os serviços disponíveis em saúde mental*. Recuperado em 18 de agosto, de 2014, de <http://portalsaude.saude.gov.br/index.php/cidadao/acoes-e-programas/conte-com-a-gente/leia-mais-conte-com-a-agente/284-mais-sobre-os-servicos-disponiveis-em-saude-mental>
- Neves, M. M. B. D. J., & Marinho-Araujo, C. M. (2006). A questão das dificuldades de aprendizagem e o atendimento psicológico às queixas escolares. *Aletheia*, (24), 161-170.
- Onocko-Campos, R. (2012). *Psicanálise e Saúde Coletiva: Interfaces*. São Paulo: Hucitec.
- Paula, C. S., Miranda, C. T., & Bordin, I. A. (2010). Saúde mental na infância e adolescência: revisão dos estudos epidemiológicos brasileiros. In E. Lauridsen-Ribeiro, & O. Y. Tanaka (Orgs.). *Atenção em Saúde Mental para Crianças e Adolescentes no SUS* (pp. 75-92). São Paulo: Hucitec.
- Pelisolli, C. D. L., & Moreira, Â. K. (2005). Caracterização epidemiológica dos usuários do Centro de Atenção Psicossocial Casa Aberta. *Revista de Psiquiatria do Rio Grande do Sul*, 27(3), 270-277.
- Reis, A. O. A., Delfini, P. S. S., Dombi-Barbosa, C., & Bertolino Neto, M. M. (2010a). Breve história da saúde mental infantojuvenil. In E. Lauridsen-Ribeiro, & O. Y. Tanaka (Orgs.). *Atenção em Saúde Mental para Crianças e Adolescentes no SUS* (pp.109-130). São Paulo: Hucitec.
- Reis, A. O. A., Delfini, P. S. S., Dombi-Barbosa, C., & Oliveira, M. F. A. P. B. (2010b). Crianças e adolescentes em sofrimento psíquico atendidos nos centros de atenção psicossocial infantojuvenis. In E. Lauridsen-Ribeiro, & O. Y. Tanaka (Orgs.). *Atenção em Saúde Mental para Crianças e Adolescentes no SUS* (pp. 186-210). São Paulo: Hucitec.
- Ronchi, J. P. & Avellar, L. Z. (2010). Saúde mental da criança e do adolescente: a experiência do Capsi da cidade de Vitória-ES. *Psicologia: Teoria e Prática*, 12(1), pp. 71-84.
- Romaro, R. A., & Garcia Capitão, C. (2003). Caracterização da clientela da clínica-escola de psicologia da Universidade São Francisco. *Psicologia: teoria e prática*, 5(1), pp. 111-121.
- Santos, P. L. (2006). Problemas de saúde mental de crianças e adolescentes atendidos em um serviço público de psicologia infantil. *Psicologia em Estudo*, 11(2), 315-321.
- Tanaka, O. Y. & Ribeiro, E. L. (2009). Ações de saúde mental na atenção básica: caminho para ampliação da integralidade da atenção. *Ciência Saúde Coletiva*, 14(2), 477-486.

Received: Oct. 31, 2014  
Approved: May 08, 2015

---

*Louise Coutinho de Carvalho Rangel:* Psychology Graduate student at the 7<sup>th</sup> at the Universidade Federal da Bahia, Brasil; Scholarship student of the Institutional Scientific Initiation Scholarship Program (PIBIC).

*Vania Bustamante:* PhD in Public Health by the Universidade Federal da Bahia, assistant professor at the Universidade Federal da Bahia, Brasil; visiting researcher at the Anthropology Department at the London School of Economics (2008-2009).

*Gescica Belo da Silva:* Psychology Graduate student at the 8<sup>th</sup> at the Universidade Federal da Bahia, Brasil; Scholarship student of the Institutional Scientific Initiation Scholarship Program (PIBIC).