

Psychosocial teenage attention: the perception of CAPSij professionals

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Abstract: Introduction: Studies have pointed that adolescence has been considered an age group more vulnerable to psychic suffering in all categories, such as depression, behavioral difficulties, eating disorders and drug abuse. However, regarding insertion and care for adolescents in public mental health services, the literature points a shortage of related work. Objective: This research aimed to identify how psychosocial attention has been given to the adolescents with psychic suffering from the perspective of professionals linked to the Childhood and Adolescent Psychosocial Care Centers in a medium-sized municipality in the interior of the São Paulo state. Method: This is a qualitative research that counted on the participation of 7 professionals from a CAPSij. For data collection, a semi-structured interview script was used and the data obtained were investigated with the Thematic Analysis technique. Results: The main results indicated that the CAPSij acts as the sole responsible for the reception, sorting and care to the adolescents with psychic suffering. In addition, the participants pointed out difficulties related to the adherence of the adolescents and the effectiveness of work. On the other hand, it has revealed the engagement of the participants in the care actions with the adolescents, under the light of the policies and the search for network articulation, especially with the Basic Health Care. Conclusion: Thus, it is observed that the mental health care of adolescents is under construction and demands advances that consider the peculiarities of this population and the present policies of mental health.

Keywords: *Juvenile Mental Health, Adolescents, Psychosocial Attention.*

Atenção psicossocial de adolescentes: a percepção de profissionais de um CAPSij

Resumo: Introdução: Estudos apontam que a adolescência tem sido considerada uma faixa etária mais vulnerável para o sofrimento psíquico em todas as categorias, como depressão, dificuldades comportamentais, transtornos alimentares e uso abusivo de drogas, no entanto, no que diz respeito à inserção e à assistência para adolescentes nos serviços públicos de saúde mental, a literatura aponta uma escassez de trabalhos relacionados. Objetivo: Esta pesquisa objetivou identificar como tem se dado a atenção psicossocial de adolescentes sob a ótica de profissionais de um CAPS infantojuvenil (CAPSij) de um município de médio porte do interior do Estado de São Paulo. Método: Trata-se de pesquisa qualitativa que contou com a participação de 7 profissionais do CAPSij. Para a coleta de dados foi utilizado um roteiro de entrevista semiestruturado, e os dados obtidos foram tratados por meio da técnica de Análise Temática. Resultados: Os principais resultados indicaram que o CAPSij em questão atua como único responsável pelo acolhimento, triagem e cuidado a adolescentes em sofrimento psíquico. Além disso, os participantes apontaram dificuldades quanto à adesão dos adolescentes e a efetivação do trabalho. Por outro lado, revelou-se o empenho dos participantes nas ações de cuidado com os adolescentes, sob a luz das políticas e a busca de articulação em rede, em especial com a Atenção Básica em Saúde. Conclusão: Assim, observa-se que a atenção à saúde mental de adolescentes está em construção e demanda avanços que considerem as peculiaridades dessa população e as políticas de saúde mental vigentes.

Palavras-chave: *Saúde Mental Infantojuvenil, Adolescentes, Atenção Psicossocial.*



1 Introduction

According to the Statute of the Child and Adolescent (ECA), the individual aged between 12 and 18 years old is considered adolescent, and for cases expressed in law, the ECA also applies to young people belonging to the age group from 18 to 21 years old (BRASIL, 2015).

Considered a legal reference for children and adolescents, ECA has the integral protection of children and adolescents as main purpose, both recognized as subjects with individual and collective duties, as well as rights related to life, health, food, education, sports, leisure, professionalization, culture, dignity, respect, freedom and family and community coexistence. Also, according to the Federal Constitution through article 227, every child and adolescent must be safe from any kind of neglect, discrimination, exploitation, violence, cruelty, and oppression (BRASIL, 2015).

Regarding the right to health protection, through the establishments of the Unified Health System (SUS), it aims at guaranteeing universal and equal access to actions aimed at promoting, protecting and recovering health through the social policies that ensure, in general, healthy and harmonious development (BRASIL, 2015).

From the perspective of Moreira et al. (2011), being an adolescent is related to the changes in the body from puberty, added to the social significations that such transformations trigger, demanding a process of readaptation that happens in a unique way in each individual and that results in the acquisition of the social characteristics of the adult condition. Some authors have highlighted the importance of pluralizing the conceptual understanding of adolescence since the social, historical and cultural contexts in which he is configured are heterogeneous, and it must be considered (MOREIRA et al., 2011; FREITAS, 2005).

Studies have pointed out that adolescence has been considered an age group more vulnerable to psychic suffering in all categories, such as depression, behavioral difficulties, eating disorders and abusive drug use (BENETTI et al., 2007; SAPIENZA; PEDRÔMONICO, 2005).

Data from national and international surveys have indicated rates of prevalence of mental health problems in children and adolescents, ranging from 10% to 25% (REIS et al., 2012; ORGANIZAÇÃO..., 2001).

Also, longitudinal research has indicated a continuity of mental health problems throughout life. These studies have shown that most adults who

experience psychic suffering already had the first signs in childhood or adolescence (AMSTALDEN et al., 2010; SÁ et al., 2010; PATEL et al., 2007).

Besides these data, the literature related to children's mental health care and its recognition as a public health problem is still recent, just as there are recent and scarce studies in the area (DELFINI; REIS, 2012).

Currently, it is necessary that the specialized care directed to Child and Adolescent Mental Health (following the movement of Psychiatric Reform and attention to mental health of adults) should be carried out by the Childhood CAPS (CAPSij) and Alcohol and Drugs (CAPS Ad), which will act in the care of children and adolescents with intense psychic suffering, including those who abuse alcohol and other drugs (BRASIL, 2014).

According to the II National Survey of Alcohol and Drugs (LENAD) conducted in 2012, approximately 9.4% of the Brazilian population in the 14 to 17 age group used alcohol and other drugs. It is observed that approximately 14 million adolescents have already reported using some type of illicit substances, such as the use of marijuana, followed by cocaine, solvents, stimulants, and crack (INSTITUTO..., 2014).

Mental health actions aimed at people with psychological distress and needs from the use of crack, alcohol and other drugs should be linked to the health and care network, that is, the Psychosocial Care Network (RAPS) within the Unified Health System - SUS. Established by ordinance 3088, in 2011, and republished in DOU 96 of May 21, 2013, RAPS aims at creating, expanding and articulating psychosocial attention points, through qualified actions aimed at welcoming, continuous monitoring and attention to emergencies (BRASIL, 2013).

According to the RAPS, in Psychosocial Strategic Care, it is up to the mental health services of children and adolescents to assume a social function in addition to technical work, in the sense of welcoming, listening, caring, emancipation, coping with stigmas, improving quality of life, of social participation and citizenship, starting from a network of care that considers the singularities of the subject and the constructions that each one makes based on their conditions (BRASIL, 2013).

As regards the insertion and assistance for adolescents in public mental health services, the literature points out that there are few studies focused on this theme (CID; PEREIRA, 2016; ASSIS et al., 2009; AVANCI et al., 2007; BENETTI et al., 2007).

In a bibliographical survey carried out in the VHL, LILACS and SciELO databases, using the descriptors: Adolescent/Adolescence and Mental Health, national studies published from 2006 to 2016 dealing with mental health care of adolescents were searched. Twelve national publications were found, one focused specifically on mental health care for adolescents in a socio-educational setting (VILARINS, 2014); four studies addressing the psychosocial attention of adolescents and young people with alcohol and drug abuse (BERNARDI; KANAN, 2015; BASTOS et al., 2014; ARAÚJO et al., 2012; VASTERS; PILLON, 2011), five who studied the mental health in children and adolescents in general (NUNES et al., 2016; COUTO; DELGADO, 2015; TEIXEIRA et al., 2015; ZANIANI; LUZIO, 2014; DELFINI; REIS, 2012) and two studies focused on the attention to the mental health of adolescents, specifically (FERNANDES; MATSUKURA, 2016; PEREIRA; SÁ; MIRANDA, 2014).

From the studies found, it was possible to observe in a general way that the field of care for children and adolescents in psychic suffering is under construction. There was also a significant shortage of studies focused on the psychosocial attention of children and adolescents, and especially they focused on the specifics of the attention to the adolescent who experiences psychic suffering. Thus, the consensus among the authors is the need of further investigations and actions on this issue, developing discussions and reflections that can consider the realities of the experience of psychic suffering in adolescence and attention to this suffering, singling out this reality and highlighting it from childhood (FERNANDES; MATSUKURA, 2016; ZANIANI; LUZIO, 2014; DELFINI; REIS, 2012; SANTOS et al., 2011).

Therefore, this study focuses on the psychosocial care of adolescents and aims to identify how care has been given to this population, from the point of view of professionals linked to the Strategic Psychosocial Care services, Childhood CAPS (CAPSij).

2 Method

This is a qualitative and exploratory study¹ involving seven professionals who work in Strategic Psychosocial Care (CAPSij) of a medium-sized municipality in the interior of São Paulo state.

All seven participants are women, six of them with higher education with predominance of training in public institutions, five participants act as health professionals in the higher education and two are professionals of the middle-level category in the

psychosocial care of CAPSij. As for the professional diversity of the participants, there is a predominance of training in the area of Psychology, followed by Social Work and Speech Therapy. The participants' ages range from 27 to 55 years old, and only five professionals present complementary training, four of which are Mental Health specializations.

The inclusion criteria of the professionals to participate in this study were (a) to be linked for at least 6 months in the service, (b) to develop care actions with adolescents in psychological distress and their families, (c) to accept to participate in the study, d) sign the Free and Informed Consent Form (TCLE).

The research was developed in a service of Strategic Psychosocial Care, represented by the CAPSij, located in a medium-sized municipality in the interior of São Paulo state, with a population of approximately 200 thousand inhabitants, per capita income estimated at R\$ 944.11, and the resident population for the 10 to 14-year-old population was equivalent to 13,900 people, approximately 7% of the general population, and for the 15 to 19-year-old age group, it was estimated at 14,490 individuals, approximately 7.3% (INSTITUTO..., 2015). The network of providers of public and private health services in the municipality, is composed of equipment structured to meet the different levels of care, Basic Health Units, Specialties (Ambulatory, CAPS, Housing Center), Urgency / Emergency, Sanitary Surveillance, Central of Regulation and General Hospital.

A semi-structured interview script was elaborated to collect the data and it was adapted according to the evaluation of expert judges (MANZINI, 2003) composed of 24 questions that aimed to approach with the participants the care of adolescents in psychological distress, care strategies developed for the adolescent and his/her family in the CAPSij, the actions in network (of health and covering other sectors), the perception of the participants regarding the adherence of the adolescents in the service and the work with the families.

2.1 Procedures

The project was submitted and approved by the Municipal Health Department of the municipality targeted by the study, as well as by the Human Research Ethics Committee of the Federal University of São Carlos (UFSCar), and only after its approval the data collection procedures were carried out.

For the location of the participants, the CAPSij coordination was initially contacted to introduce the study and obtain indications of potential participants. On that occasion, it was suggested that the researcher participate in a team meeting to introduce the study and make the invitation directly to all professionals. This was done, and eight of the twelve professionals who were part of the service were interested in participating.

Data collection was performed in the CAPSij space, individually with each professional. All the interviews were recorded in audio and, after the transcription, the participants were asked to validate their speech, and at the moment one of the professionals withdrew interest in participating in the study.

2.2 Data analysis

The data analysis of the semi-structured interviews was done using the Thematic Analysis technique, one of the techniques recommended in the Bardin Content Analysis method (BARDIN, 2009). According to the author, the thematic analysis consists of the technique of Analysis of Meanings, in which the conception of the recording unit and the subject context represents the expression of freed meanings of a material at the level of analysis that is done under it. In this sense, the use of the Thematic Analysis allows the discovery of the sense nuclei that compose the communication, being the appearance and the frequency of such possible meaning nuclei indicating the meanings of the chosen analytical object (BARDIN, 2009).

3 Results

The results obtained in this study from the data collection with the professionals of CAPSij will be presented together with the discussions. Firstly, the results regarding the Characteristics of the service and the participating professionals are shown; followed by the Results and discussions resulting from interviews with CAPSij professionals.

3.1 Characteristics of the service and the participating professionals

Information on the characterization of CAPSij is shown in Table 1

It can be seen from Table 1 that CAPSij has a multidisciplinary team composed of twelve professionals, eight of them are technical/higher level, three medium level, and one elementary level.

Regarding the attention given to adolescents and their families, it is observed that the service seems to respond to public mental health policies since it is pointed out the offer of groups and partnerships with the network to promote psychosocial attention with emphasis in collective spaces and articulated health networks (BRASIL, 2014).

Regarding the area of coverage, it is noted that it encompasses all health services of the municipality, with a population estimated at about 200 thousand inhabitants (INSTITUTO..., 2015). From the above, there is a possible overload of the service to make psychosocial care effective, since according to the

Table 1. Characterization.

	CAPSij
Operation Time	2 years and 6 months
Management team	2 professionals
Middle-Level Technicians	1 Nursing Technician, 1 Receptionist
Therapeutic Team	1 Social Worker, 1 Speech Therapist, 2 Doctors,
Coverage area	3 Psychologists, 1 Occupational Therapist
Total Subscribers	Area of the municipality of 498.4 km ² , with about 200 thousand inhabitants.
Active Records*	2702
Adolescent Records	539
Adolescent Active Records	1208
Distribution by gender (general)	241
Distribution by gender (adolescents)	37.6% F and 62.3% M
Activities for adolescents	45.2% F and 54.7% M
Activities for family members	Ambiance, Groups, and Workshops, Construction of the Unique Therapeutic Project (PTS), External actions in partnership with the network.

*The index of active records includes all children and adolescents of the service.

RAPS, the CAPSij services are justified in territories with a population above 70 thousand inhabitants (BRASIL, 2013), which is a not evident condition in the participating service of this study.

Bernardi and Kanan (2015) point out the weaknesses presented by mental health services through a variety of factors, such as deficits in human and structural resources, team building and access strategy. Couto and Delgado (2015) also discuss impediments in psychosocial care, which, for the authors, they involve other needs to be problematized, such as the insufficient expansion of CAPSij, the low institutionality of care networks at the national level, evaluation and monitoring strategies for psychosocial care, among other challenges.

Therefore, based on the results of this study, it is noted that regarding the actions developed for adolescents in psychological distress and their families, there is a range of actions in progress for this target audience and their families, such as ambience, the organization of groups and workshops and individual visits, which is in line with the literature on the subject and the premises of public mental health policies. It is also verified that the fact that the coverage area imposed on the CAPSij is extensive, it is understood the accomplishment of the activities, mostly within the service, without community and territorial initiatives. It is understood that to broaden this understanding, future studies should focus on the qualification and scope of such resources.

Regarding the data on the adolescents' index and the gender, according to information from the service coordinator, it was identified that approximately 44.7% corresponded to the adolescent population, with a prevalence of greater use of the service by boys (54.7%), between 13 and 17 years old. These findings corroborate some studies that indicate that there may be a higher concentration of adolescents in CAPSij between 15 and 18 years old. However, such an indication is not yet a consensus in the literature of the area, as it discusses the need for effective psychosocial attention to adolescents exclusively in the CAPSij services, rather than the diffusion of the possibility of care in different centers of mental health care (LIMA et al., 2015).

3.2 Results and discussions resulting from interviews with CAPSij professionals

Based on the results of the interviews conducted with CAPSij professionals, the following thematic categories were listed: Adolescent and family care

provided by CAPSij; The relationship between Basic Care and Mental Health in the psychosocial care of adolescents. The following titles are the results and discussions.

3.2.1 Adolescent and family care provided by CAPSij

Regarding the process of care directed to the adolescent and his/her family in the CAPSij, the reports of the participating professionals reveal the trajectory of the adolescent in this process since his arrival in the service, which occurs through the spontaneous or referenced search for reception in CAPSij, followed by actions and/or counter-referral, and if the demand is eligible for follow-up in the service, the strategies of action are established together with the adolescent and his/her family, through the Unique Therapeutic Project.

From the speeches, it can be observed that the eligible demand for the CAPSij refers to children and adolescents with intense psychic suffering and use of alcohol and other drugs. Also, the participants point out that the equipment that refer adolescents to CAPSij are the school, CREAS, CRAS, Tutelary Council and Socio-educational Measures. Some reports below illustrate these results:

Here we address the more serious disorders and the use of more serious psychoactive substances too, so if he has a demand he will be inserted into the service immediately, we will build together the PTS with the activities that have interest, we consider some requests to know whether or not we are attending to what he wants and thinks (P1).

Everyone ends up getting here, adolescents arrive more, I think that childhood comes with a lot of school referrals, adolescence too, but not so much and from there other issues already come, for example, CREAS ends up directing more, the Council, CRAS, often the boys arrive with Socio-educational Measures and then I think it ends up enlarging the sources of referral generally, or even I think it increases even the spontaneous search of this age group (P3).

From the results, it was also possible to verify that CAPSij is the gateway to Mental Health in the city, as well as the screening of related demand for health services (basic and specialized) of the childcare network and the adolescent. It is worth pointing out that the municipality has an outpatient mental health service for children and adolescents, for which CAPSij also performs referral after receiving and evaluating the demand based on the complexity of

the psychological suffering. This function performed by the service, according to the professionals, is one of the main challenges of the service, since the assessment of severity and eligibility must be constantly carried out by the team, and this is very difficult for the identification of the demand for CAPSij and for what should be sent to Basic Care or outpatient care.

We have an outpatient clinic and have the CAPSij. It is very difficult for you to measure who goes to the outpatient clinic and who is in CAPSij. What is milder suffering? What is more serious suffering? Who needs more of a psychosocial approach? Who goes to the outpatient clinic? (P4).

In fact, the Ministry of Health indicates that the entrance door has to start from Basic Care and that the CAPS do not have to keep the door closed, we play that it is a semi-open door, the attendance will always happen, but the preferential flow is from AB, this municipality works against this despite the fact that there is a very large investment from this management, from the coordinator of the Mental Health Program to this inversion, but that we come up with a lot of resistance (P3).

These results characterize the peculiarities of a municipality in the implementation phase of the RAPS (PASSO..., 2014), since, according to the premises of the central public policies on mental health care, in particular, RAPS, the CAPS are strategic devices that aim to articulate psychosocial attention (BRASIL, 2015). However, the role of acting as an open and preferential gateway to the healthcare network should be broadened and shared with Basic Health Care, as well as the recognition of prevention and promotion actions in mental health articulated with the network, in accordance with the SUS integrality principle (BRASIL, 2012, 2013; SOUZA, 2015).

It is observed among the statements that in addition to being attributed to the participant CAPSij as a gateway to mental health, it is necessary that it should carry out the screening of the entire municipality, which has a population estimated at about 200 thousand inhabitants.

These results reinforce research findings that sought to problematize the effectiveness of care and public policies related to child and adolescent mental health, which reaffirm that the issue of assistance to the psychological suffering of children and adolescents remains a challenge and there is a mismatch between what is advocated in public policies and what has been done in services (TEIXEIRA et al., 2015; TAÑO; MATSUKURA, 2015).

In any case, there is an effort of the professionals involved and, in general, of this CAPSij to perform this function considered a challenge, while at the same time, they intend the health network of the municipality to share and to be shared by the action of reception and referencing of the demands, besides feeling the need to discuss, more comprehensively, the assessment of the severity and eligibility of the situations received and inserted (or not) in the CAPSij.

In this direction, Lauridsen-Ribeiro et al. (2016) reflect on the criteria for admission of children and adolescents to CAPSij, since clinical considerations sometimes include considerations related to diagnostic factors, the severity of the prognosis, the constitution of social support and in the health network, among others. However, for the authors, the literature has not yet dealt with the questioning of the inclusion criteria in the CAPS services, as in practice there have been controversies in the staffing guidelines regarding the eligibility of cases, mainly due to weaknesses/overload in working conditions, and to the challenges faced by the range of possible complexities presented by the patients through the contexts of life that can imply in the processes of psychic suffering.

Regarding the care actions directed to adolescents in CAPSij after being inserted into the service, the results indicate the existence of groups, workshops, some actions in conjunction with the school, home visits, and individual visits.

He arrives to the host and then we either go or stay in the same place where we have this group of teenagers with disorders. If you are a teenager who has a demand for alcohol and other drugs you also have a group here where the teenager is already taken care (P5).

The staff always tries to give attention to the teenager visiting them, doing interesting things in schools, always interacting with them (P6).

We also have here a care workshop where we do various activities (P1).

It is verified that the activities carried out by professionals in the CAPSij focused on this study is similar to the study of Fernandes and Matsukura (2016) that aimed to understand the contexts of insertion and the social relationships present in the daily life of these young people. The results found by the authors in the activities that the youths develop in CAPSij refer to actions based on the accomplishment of a range of activities that aim at the insertion of patients in the service,

such as coexistence, individual attendance, groups and workshops within the service, and, to a lesser extent, outside spaces, whether these public places or even the patients' homes (FERNANDES; MATSUKURA, 2016).

Therefore, it is observed the involvement of professionals in the development of activities that are meaningful to the adolescents and characteristics of a service with a psychosocial approach, that is, beyond the CAPSij space, comprising this as a potent space of care production aimed at to the emancipation of the subject and their social participation, from a contextualized practice. This is also a challenge since the CAPSij is unique in the municipality. In any case, the challenge in expanding actions outside the CAPSi, in the territory, is still in place.

It is worth pointing out that this is a reality experienced by many other CAPSij, considering that although its existence is recommended for territories that cover 70 thousand inhabitants, it is not a priority in public policies, that is many existing CAPSij work with populations much greater, which greatly hinders the reach of the territorial and psychosocial actions placed for this device (COUTO; DELGADO, 2015).

Regarding the care offered to adolescents in the service, the results showed that there were difficulties in the psychosocial care of adolescents, especially their adherence to the service and activities offered. Also, the reports pointed out that this is not only a difficulty of the CAPSij but of other equipment that assist this population, such as school and social assistance, especially regarding the adolescents who experience the abusive use of alcohol and other drugs and/or who are involved in drug trafficking:

Usually, when they refuse they do not even come to the host, and there I think the most difficult for us are the teenagers who are involved with the traffic. It is very difficult for the school, or even for the Social Welfare, to be able to offer something else to them that is more interesting than the traffic, which they are usually there for the money, for the status (P4).

Before we had more the presence of these adolescents here, even in the intensive, so it was a demand closer to us, nowadays they only come to the group, or to some activity of the week, then ends up being a little more distanced (P7).

This difficulty in adolescent adherence seems to constitute one of the important challenges in the attention to this population, and some professionals point out the lack of more interesting activities thought

for this people, such as workshops of cultural, sports activities, among others that would be feasible from of partnerships outside CAPSij, which is a difficulty according to the professionals.

I think, it is missing to enter into this cultural thing, to achieve more focused actions for the adolescents, so I think that I work with art, with music, with sport and everything, and this for me is the most difficult so, they would have to start from some partnerships, but I think it's in that sense, I think a workshop officer for CAPSij would be very cool (P3).

I think we would have to think of a series of professionalization strategies, of investing in the potential of what they like, that we often end up not having all the tools [...] (P3).

From the foregoing, it is in line with the literature that adolescents' adherence to CAPSij is a relevant issue in the search for effective mental health care, so a greater understanding of mental health is required according to the listening and receiving of the meanings and singularities of young people and adolescents (MORAIS et al., 2012), as well as the need to recognize a new mode of care, considering the peculiarities of adolescence in the face of psychic suffering (GALHARDI, 2016; SANTOS et al., 2011). However, Taño (2014) points out that it is still an arduous task for the services to establish care lines for adolescents who are in psychological distress, since child and adolescent mental health policy is designed for children and adolescents as a whole, without considering the specificities of this age group.

Finally, this issue of adherence to mental health care services leads to reflection on which spaces the adolescents in psychic suffering have circulated and how (and if) they have been seen and heard in their needs and singularities, considering the increase in the prevalence of problems related to mental health in this population (FERNANDES; MATSUKURA, 2016; BERNARDI; KANAN, 2015; PEREIRA; SÁ; MIRANDA, 2014; MORAIS et al., 2012). It is believed that more studies focusing on adolescents and young people, from the perspective of the actors and others involved in their context, are important in favor of processes of reflection and planning strategies and policies that are in fact more effective in attention psychosocial (SANTOS et al., 2011).

The professionals in their speeches also indicated the difficulties experienced in the day to day work, especially with the adolescents, referring to difficulties in the implementation of policies foreseen in the

RAPS, the lack of training and resources for the implementation of the work, the psychiatrisation of childhood and adolescence, the distribution of working time, which often becomes bureaucratic, leaving little time for the creation of more effective and motivating strategies.

Regarding the weaknesses presented by child and adolescent mental health services, the work of Bernardi and Kanan (2015) points out that although some CAPS services are engaged to consolidate the principles of psychiatric reform and SUS, they still found obstacles of various kinds, such as team building, patient access strategies, and human and structural resource difficulties, and team meetings. These conditions were also verified in this study.

Regarding the occurrence of medicalization of the young and adolescents behaviors considered deviant in the face of the difficulties of making care lines, for Brzozowski and Caponi (2013), it is necessary to raise awareness about the diffusion of medical practices aimed at the psychiatry of childhood, which tend to disregard social issues and their implications on the nuances of life, as well as the urgency of reflection on the construction and implementation of mental health care for children and adolescents.

In this direction, it is observed that the results of this study interact with some reflections of researchers of the area and stimulate discussions that lead to the advance of the understanding of the psychic suffering besides symptoms and control of "deviant" behaviors that need medicine, especially in childhood and adolescence, as health is understood in a dimension of the production of care for oneself and the other, by guaranteeing the right to speak and to listen (BRASIL, 2014).

It is also worth mentioning the results of the attempt of the participating professionals to develop their work, responding to what is possible to the policies and stressing the other sectors for the sharing and joint responsibility of the actions. In this direction, some potentialities in the process of working with adolescents in CAPSij are also highlighted, addressing the motivation of the team in the development of work with adolescents and their families, as well as in network actions; and the positive feedback they receive from adolescents and their families. The fact that the team resists the hospitalization of the adolescents in a therapeutic community is also pointed out as a power of work, insofar as they have been able to strengthen and work in the perspective of psychosocial attention, as shown in the following speech:

I think we never admitted any children in the Therapeutic Community, we already had a lot of resistance in the judiciary regarding this, so it was a few times that we needed to use even the beds of the municipality that is a knot also because there is no bed in general hospital, so I think that in this sense of non-hospitalization I think so, it's a service that tries, we do not function as an ambulatory, it's like I said, we believe in these informal spaces, in the power of bonding, in listening, in the intersectoriality, so I believe that I think we have a lot of things to improve, I think it's not an easy job, we have a lot of tension with this network (P3).

From the reports we observe the professionals' movement to be strengthened as a mental health service to carry out the psychosocial care and to attend to the premises of the RAPS based on the performance according to the perspective of psychosocial care, especially by the clinic (BERNARDI; KANAN, 2015), as well as the promotion of intersectoral actions aimed at professional co-responsibility to build an articulated, territorial and transdisciplinary network (NUNES et al., 2016).

However, the predominance of the personal engagement of professionals for the effectiveness of RAPS is noteworthy among the speakers, so although such behavior is an essential and potential characteristic of mental health care, it may indicate the fragility of health services mental disability in the face of the lack of support for the use of personal initiatives through difficulties in the implementation of care for psychic suffering (BERNARDI; KANAN, 2015; PEREIRA; SÁ; MIRANDA, 2014).

In the results concerning the possibilities in the work with the families of the adolescents, it was possible to observe positive and challenging aspects of the participation of the families in the psychosocial care to adolescents in psychic suffering, with some notes:

I think the challenge is also the issue of people being able to link them (families), we know they have a life outside to play and sometimes the issue of care to the child ends up being unattended, they end up being very tired, I think that the challenge is to actually link them, that they have an understanding that we are together (P1).

But on the other hand, there are some parents who are well connected to the service, they are a few parents, and we know that they are here

and that they have a bond with the staff too and everything else, but unfortunately the family ends up participating little, even people understand that it is the key to care and that demand is linked to family dynamics (P3).

Based on the reports, it was verified the attempt of the professionals to carry out psychosocial care that allows the involvement of the families in the care for the mental health of adolescents, according to the one recommended in the public policies, especially the RAPS, regarding the shared constructions of the mental health needs, including family participation (BRASIL, 2014).

Campelo, Costa and Colvero (2014) point out that in the process of mental health care of children and adolescents, the family can become susceptible to experiencing difficulties in different spheres of everyday life, in their interpersonal relationships, to the process of mental health care that is provided to them in the health services.

Monteiro et al. (2012) added indicating that the family can also play a collaborative role in the treatment, being necessary the reflection about the attention directed to the psychological suffering and its implications for the families involved in this process.

From these results and reflections, it is hypothesized that the families of adolescents who experience psychic suffering and are in the process of assistance in mental health still act much more as recipients of care guidelines and actions than active participants in the process of attention to their children, including collaboration in the definition of PTS and protagonist in the dynamics of the service.

Thus, Taño (2014) reinforces and points out that a care directed to the participation of families and that stimulates the protagonist in the follow-up of the children and adolescents they are responsible is still a challenge to be overcome for the effectiveness of psychosocial care.

Therefore, it is suggested further research that seeks to advance the understanding of the role of the family in the process of psychosocial attention of children and adolescents, from the perspective of family empowerment and social control, to advance in the reflections and actions in this field.

In the next section, the results regarding the relationship between CAPSij and Basic Health Care in the process of adolescent psychosocial attention will be presented and discussed.

3.2.2 The relationship between Basic Care and Mental Health in the psychosocial care of adolescents

In this thematic category, the results discuss the relationship between CAPSij and the Basic Health Care services in the care of the adolescent with psychological distress. It is observed that the statements emphasize that this relationship is distant but recent and it is becoming more strengthened, as the CAPSij was created and started to seek Basic Care services, enabling meetings for discussion and follow-up of cases. The following account shows this condition:

It is a distant relationship, I also think that it is characteristic of our demand, so AB forwards less and it ends up that we talk less and we also have a responsibility because it does not provoke either, we started to provoke about a year ago, but like this: "look I'm going to visit the territory and we go together, since you know the family", sometimes we forget AB a little and it ends up not provoking and not working together, but it is something that we have been attacking and it's like I said there are some units that are super-potent and that we already managed to articulate things and be together and that was cool (P3).

Moreover, the results indicate the attempt of the matrix that is underway by the professionals of Mental Health together with the professionals of UBSs and USFs, as well as the perceptions about the potentialities in this process, since it facilitates the mental health professionals an approximation with the territory and the life context of the assisted adolescents.

It has been tried for some time ago to do a matrix basic care that was not successful. Here in the municipality, we have this issue of inverted flow, so it comes first here instead of Basic Care to welcome and only really direct the cases of mental health here to the CAPSij or to the outpatient clinic [...]. We have now begun a new attempt at matrix. We are being welcomed by Primary Care (P2).

I think it's a very interesting job, I believe that a job is very powerful, because I really miss knowing the territory. So, for example, when I send it to the outpatient clinic or to CREAS and CRAS, they are centralized services. And I do not know if there's a handicraft group there, I do not know what groups and actions or even NGOs, informal things you have in the neighborhood that I can direct these children and these adolescents. I miss this a lot in my host job because I understand that

he often does not need a specialized health care, but he needs to have a group, he needs to be inserted in other things than just the school to give force. Only I do not know the territory. I understand that this is going to be very important and I think this is going to be the way, therefore, to approach Basic Care, because I understand that they know the territory more than we do, and they are closer to those families than we are, the possibility of being. So, I think it's a very powerful work, but it's something that is very early on (P4).

Among the reports, the CAPSij professionals seem to understand the need to approach ABS services, indicating and envisioning potentials in the network articulation to broadening, co-responsibility and effective access to mental health (ORGANIZAÇÃO..., 2009; TEIXEIRA et al., 2015; BELOTTI; LAVRADOR, 2016).

For Delfini et al. (2016), the demands of mental health cover complexities that make the practice of care for only one service unfeasible. Thus, considering the CAPS and the ABS as the main SUS device, it is essential to articulate it, although there are impediments to be overcome regarding the resistance found in some ABS services.

Among the reports, there was the attempt by the CAPSij to develop actions aimed at referrals, either for UBS and USF services or for activities in progress in the territory or in local NGOs. Regarding this point, the study by Delfini and Reis (2012) discusses the occurrence of referral logic as the main strategy of articulation between the ESF and CAPSij services, largely focused on the disengagement of care, now focused on the search for knowledge sharing as a means of assisting in the management of challenges in the promotion of mental health.

On the other hand, the attempt to introduce CAPSij to the Basic Health Care services to achieve a shared attention among the actors involved is present in the reports (DELFINI; REIS, 2012).

On the matrix support and its implications for child and adolescent mental health, Delfini et al. (2016) approach the possibility of reaching this strategy, indicating that in addition to providing support to ABS professionals, the involvement of other sectors (education, social assistance, among others) in the promotion of children's mental health is relevant and adolescents (DELFINI et al., 2016).

Participants also spoke about CAPSij's articulation with the other sectors of the network for children and adolescents, in this case, regarding education, social assistance, tutelary and judicial council. It is observed, through the reports, the engagement of

the team to carry out actions in network with the sectors involved, as well as the follow-up of such actions to perform the psychosocial attention to adolescents.

Sometimes we end up doing after a few days a meeting with the intersectoral network after the first one happened to know what was done, if these strategies have had a good answer, if not why then what was the role of each service in that particular case, so I think it works more or less like this (P1).

We talk a lot with the networks of the patients and there I think we have two actions, one thinking about the "micro" of being able to discuss cases, agreeing on the logic of co-responsibility and the other I think ends up having a "macro" effect, but in the long run I think that we have a great proximity to the assistance staff, especially the CREAS, the education we talk and we have tried several times to do some interventions together (P3).

Through the notes on the construction of the network of mental health care for children and adolescents through intersectoral articulation, it is pointed out that for Couto and Delgado (2015), there has historically been the care of children and adolescents involved in the education sectors, social assistance, justice and law, although, a priori, this care was not aimed at recognizing the needs of children and adolescents, but rather at the development of disciplinary and institutionalizing practices.

In this attempt of articulated and intersectoral work, there are notes of the professionals of CAPSij on the challenges related to overcoming institutional resistances, overcoming the practice of prejudiced approaches, the relationship with schools and the overload of CAPSij, through the attempt of shared action.

We are having a lot of difficulty with current management of the Guardianship Council, especially with cases of adolescents who are in a situation of vulnerability, who are involved with drugs. The Guardianship Council, the current management has a very prejudiced view of this population that people attend. Then, they will usually attend to them in a more police approach, more of a minor code, to be a police officer of the minor, and not with a more approach to strengthening the family, trying to understand, or thinking about actions that can help. Usually, they go there and give a warning or welcome. So we're having a lot of trouble. Now we are in a very big clash with the board because they understand a lot that we understand that it is their role to do

it, they do not want to do it. And now we are in a discussion because there are serious cases that we need the Guardianship Council and if the board does not do what we understand it's their role, we're all alone, do you understand? Our work ends at 6:00 p.m. and after the service closes whoever is on duty is the Guardianship Council and we do not have such easy access to this service as well. So I think we do networking and it's not always effective (P4).

Thus, it can be observed from these results that, although the legitimization of CAPSij aims at increasing access and qualification of the care given to children and adolescents, there are some impediments of several orders in these services that can jeopardize the consolidation of the mental health policy for this population.

Pereira, Sá and Miranda (2014) added that CAPSij services can be taken by other impediments that deserve prominence, such as the absence of reception spaces in the face of restricted hours and conditions, the difficulties of implementing care for psychic suffering and in the implementation of intersectoral work, which indicates the urgent need for government bodies to support and guarantee mental health care (BERNARDI; KANAN, 2015; PEREIRA; SÁ; MIRANDA, 2014).

Besides the effectiveness of intersectoral work, there is a need to stimulate spaces for discussion and professional empowerment to promote collective and shared engagement with the complexities of the field of attention to children's mental health (MUYLAERT et al., 2015).

However, the participants also recognize in this process of shared care construction the presence of potentialities among the sectors involved, which stimulate the struggle for the accomplishment of an integrated work to the psychosocial attention of adolescents.

I think they are very positive, they are very important because health alone will not cover all the demand of that teenager... I think we need these partners (P1).

I think it is to stress the network even and to be able to think about the care of the teenager within that territory, to see what there is to offer, if there is any sport, to work their potentialities, I think it is in that sense (P1).

So we talk to the network, of course, now that we will always have to tune this work, but we have had very interesting actions, which we understand

as successful and that we have been able to sit down and take responsibility for the cases (P3).

Therefore, it is a consensus among some authors that intersectorality in child and adolescent psychosocial care is potent and indispensable and must be one of the premises for the integrality of care, despite the challenges arising from this process (TEIXEIRA et al., 2015; BRASIL, 2014; ZANIANI; LUZIO, 2014; DELFINI; REIS, 2012).

According to Nunes et al. (2016), it is necessary to increase the need for intersectoral coordination through the restructuring of new arrangements, new strategies based on daily services and with emphasis on the territory to ensure a continuous and integral care.

In this direction, and seeking to add what has been pointed out by scholars in the area, since this research focuses the adolescent in psychic suffering and his process of psychosocial care, signals the need to broaden the discussion of intersectorality beyond the "child and adolescent" in psychological distress, whose demands must be "heard", considered and attended in the care process, which can lead to even wider intersectoral actions involving sports sectors, culture, science and technology, among others, with the objective of qualifying the PTS, improving the process of linking adolescents to the service and making care to this population more effective in terms of social participation and rights guarantee.

4 Final Considerations

Based on the results presented here, from the interviews conducted with the professionals of the Strategic Psychosocial Care, it was possible to verify that the CAPSij acts as the only entry point of the mental health demand of adolescents in the municipality, and although the team has to deal in their practices with the various challenges, especially the low level of attachment of the adolescents and the overload of the screening actions and the complexities of the care, it was observed the commitment of the CAPSij professionals to respond to the policies advocated and to meet the specific demands of adolescents and their families, from which the CAPSij seeks to direct their care actions through the organization of groups and workshops for adolescents, groups for family members and partnerships with other sectors to carry out external activities.

From the reports, it is also noted that the team has been involved in actions of matrix together with basic health care, so this scope is also an effective and shared entrance door, as provided in the RAPS.

Although considering the limits of the study, which is configured by the cut of the research sites, in this case, a single CAPSij service, and by the focus given only to the professionals involved in the care actions performed in such service, it is considered that the proposed objectives were answered.

Therefore, other studies to be carried out point to considerations about new possibilities of investigation, such as the understanding of adolescents' perceptions about their trajectories in psychosocial care and the challenges and potentialities experienced in the care process, the families' perceptions regarding exercise the active participation in care and its implications in everyday life, perceptions of the intersectoral network and basic health care on the construction of psychosocial care, among others.

When addressing the adolescent in psychological distress, including those with problems arising from alcohol and other drug use, according to the considerations on the singularities and the recognition of the needs in mental health in adolescence and its implications in the contexts of social, school and family life, the study contributes to reinforce the need for reflections, planning and implementation of strategies to welcome the singularities of the population composed of adolescents, based on a care mode already directed by the psychosocial care policy, considering the complexities of psychic suffering.

Finally, it is believed that the study contributed to reinforce the need for reflections, planning, and implementation of strategies to welcome the singularities of the population of adolescents in psychological distress, based on a care mode already directed by the psychosocial care policy, considering the complexities of psychic suffering.

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Author's Contributions

Jaqueline: conception of the work, collection, organization and analysis of the data, writing and review of the text. Maria Fernanda: advice, work conception, data organization and analysis, writing and review of the text. Thelma: conception of work, organization and analysis of data, writing and review of the text. All authors approved the final version of the text.

Funding Source

This study is linked to the Master's Research: *Psychosocial Care of Adolescents: The perception of professionals*, carried out together with the Post-Graduation Program in Occupational Therapy of the Federal University of São Carlos, supported by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES).

Notes

¹ This study is linked to the broader research, entitled Psychosocial Care of Adolescents: the perception of professionals of Basic and Strategic Care in Mental Health, developed by Jaqueline Ferreira da Silva, guided by Prof. Dr. Maria Fernanda Barboza Cid, elaborated with the Post-Graduation Program in Occupational Therapy of the Federal University of São Carlos.