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RESEARCH

MEDIATORS COLLABORATORS AND INHIBITORS IN THE SOCIAL NET OF USERS FROM A PSYCHOSOCIAL ATTENTION CENTER

MEDIADORES COLABORADORES E INIBIDORES NA REDE SOCIAL DE USUÁRIOS DE UM CENTRO DE ATENÇÃO PSICOSSOCIAL

AGENTES COLABORADORES E INHIBIDORES EMPLEADOS EN LA RED SOCIAL DE LOS USUARIOS DE UN CENTRO DE ATENCIÓN PSICOSOCIAL

Cândida Garcia Sinott Silveira[1], Luciane Prado Kantorski[2], Vanda Maria Da Rosa Jardim[3], Aline Basso da Silva[4], Milena Hohmann Antonacci[5], Ariane da Cruz Guedes[6]

ABSTRACT

Objective: To know the social network of users who attend a Psychosocial Care Center and contribution to the development of their autonomy, identifying the factors employees and inhibitors of this network. **Method:** Qualitative Methodology with the use of Network Analysis of Everyday Life (SEAS). It was developed in CAPS II in Pelotas, through two focus groups with 6 users. **Results:** We identified a social network of users from a network CAPS and how this contributes to the rescue of their autonomy, the user's view in relation to their social network and the conditions responsible for producing their well-being, beyond the problems that afflict users in their daily lives. **Conclusions:** highlights the importance of this study for mental health services, so that they can identify and reflect about CAPS and how this can contribute to the reconstruction of social and emotional ties of users. **Decriptors:** Mental health, Rehabilitation, Mental health services.

RESUMO

Objetivo: conhecer a rede social dos usuários que frequentam um Centro de Atenção Psicossocial e a contribuição para o desenvolvimento de sua autonomia, identificando os fatores colaboradores e inibidores desta rede. **Método:** Qualitativo com a utilização da Metodologia de Análise de Redes do Cotidiano (MARES). Foi desenvolvido num CAPS II em Pelotas-RS, através de dois grupos focais com 6 usuários. **Resultados:** Identificou-se a rede social dos usuários de um CAPS e como essa rede contribui no resgate da sua autonomia, a visão do usuário em relação a sua rede social e aos condicionantes responsáveis pela produção de seu bem-estar, além dos problemas que afligem os usuários no seu cotidiano. **Conclusões:** ressalta-se a importância deste estudo para os serviços de saúde mental, para que estes possam identificar e refletir a respeito do CAPS e de como este pode contribuir na reconstrução dos laços sociais e afetivos dos usuários. **Descritores:** Saúde mental, Reabilitação, Serviços de saúde mental.

RESUMEN

Objetivo: Conocer la red social de los usuarios que acuden a un Centro de Atención Psicosocial y su contribución al desarrollo de su autonomía, la identificación de los empleados y los inhibidores de los factores de esta red. **Método:** Metodología cualitativa con el uso de análisis de red de la vida cotidiana (SEAS). Fue desarrollado en CAPS II en Pelotas, a través de dos grupos de discusión con 6 usuarios. **Resultados:** Se identificó una red social de los usuarios de un CAPS de la red y cómo esto contribuye al rescate de su autonomía, la vista del usuario en relación con su red social y las condiciones responsables de producir su bienestar, más allá de los problemas que afectan a los usuarios en su vida diaria. **Conclusión:** destaca la importancia de este estudio para los servicios de salud mental, para que puedan identificar y reflexionar acerca de CAPS y cómo esto puede contribuir a la reconstrucción de los lazos sociales y emocionales de los usuarios. **Decriptores:** Salud mental, Rehabilitación, Servicios de salud mental.

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INTRODUCTION

In the seventeenth century, people living with mental illness were treated in institutions that had as therapeutic principle isolation, this form of care within the mental hospital, excluded and negated any manifestation of power of individuals. It is noteworthy, according Amarante[1], that in this environment the subject diagnosed as mentally ill is replaced by positivity only in size of patient, becoming a space just support the disease. Anyway, overrides any value to the person who ensures as a social subject. Asylums translate into agents of "worthlessness", have the ability to turn the manifestations of power on the part of the patient's symptom pure negativity, becoming a place of social exchange zero.

After the 2nd World War, the company began to reflect on human care, both in relation to cruelty as on solidarity among men. Glances were cast about the hospice and it was understood that they should change because the practices occurring within these were very similar to what happened in the concentration camps. With that came the birth of the first experiments regarding psychiatric reform.[2]

As Kantorski[3], psychiatric reform is the transformation of knowledge and practice in relation to madness, the perceived complexity of the object of intervention and also in recomprehend mental suffering as well as internal and external destroy asylums who have accepted certain ways of thinking and acting, especially in reinventing ways of dealing with reality.

In this sense, the psychiatric reform emerges as a social movement in defense of human rights, excluded from citizenship and reason. She has as one of its main objectives the restoration of the social bond and the articulation of welfare programs with social support networks. It also appears with the proposal to overcome the asylum model by a network of substitute services for mental health care. To build this network, all resources affective (personal relationships, family, friends, etc..), health (health services), social (housing, work, school, sports etc..), economic (cash welfare), cultural, religious and leisure are invited to enhance the health teams in care and psychosocial rehabilitation. Health services need to be articulated networks of other health services and social networks need to constantly face the complexity of the demands for inclusion of people with mental disorders. [4]

As replacement services to asylum model, we can mention: the Centers for Psychosocial Care (CAPS), therapeutic residential services (SRT), psychiatric beds in general hospitals, the therapeutic workshops, social cooperatives, respecting the needs of each site, as a way of restructure psychiatric care.

Based on the concept that the CAPS is responsible for treatment territorialized, we understand that the community becomes active and cooperator in this context. Silva[5] understands not only the resizing hospice care resource for the community and the relevant factor for deinstitutionalization. For the author, it is necessary a process of disassembly of knowledge that compress the experience of madness within the mental illness itself, this effect becomes essential to the creation of new modes of sociability and social value production.

Psychosocial rehabilitation is a process of reconstruction, breaking with the logic of exclusion and social segregation common to asylum model. The new proposed mental health practices should aim to life production and social reproduction. For that stimulation of social relationships and exchanges that make up the identity of each individual and social interventions aimed at integration with the family and social network can bring beneficial results for the qualification of rehabilitation programs and be instrumental in changing the trajectory of users.[6]

Social networks arise as an enhancer, to promote rapid and effective actions regarding the emancipation of the individual and expanding the right to exercise citizenship.[7]

People are embedded in society through the relationships that develop throughout his life, first in the family, then at school, in the community in which they live and work, and finally, the relationships that people develop and maintain is that strengthen social sphere.[8]

The impoverishment of the social network is configured as disabling as qualitative and quantitative loss since the first network that is the nuclear family, even the extended forms of relationships. Interventions aimed at integration with the nuclear family and the extended social network for people with severe mental illness, can bring benefits to these people and to the quality of rehabilitation programs. Thus, the study and knowledge of these networks in the qualification of nursing care are important contributions in the search for possible autonomy to users in mental health care.

Therefore, this study aimed to evaluate the social network of users who attend a Psychosocial Care Center and contribution to the development of their autonomy, identifying the factors employees and inhibitors of this network.

METHODOLOGY

This study characterized as qualitative research using the methodology of Network Analysis of Everyday Life (SEAS). A Methodology for Network Analysis Everyday is a methodology that was developed and systematized by sociologist Paulo Martins, which aims to map existing networks, networks or networks in formation potential, identifying the beliefs and values of local actors problems that inhibit the expansion of the network and the means of overcoming the problems. This is a method to be applied in the analysis of social networks everyday, in general, and analyzing networks of users of public services.[10]

The study was conducted in a CAPS II of a medium-sized city in the interior of Rio Grande do Sul participants were six users CAPS II the interior of Rio Grande do Sul who were in intensive or semi-intensive. To participate in the study subjects met the following requirements: Being attending the CAPS in intensive or semi-intensive, not having cognitive impairment, and express in writing the availability regarding participation in research as well as, allow the use of the recorder and the dissemination of data.

Individuals who agreed to participate in the study obtained the guarantee of the right to privacy, freedom of access to data, anonymity and confidentiality of information provided, and the freedom to withdraw consent at any time of the study, by signing the Informed Consent Clarified such rights were secured as the Code of Ethics for Professional Nursing, 2007, and was approved by the ethics committee of the School of Nursing by Opinion No. 55/2009.[11]

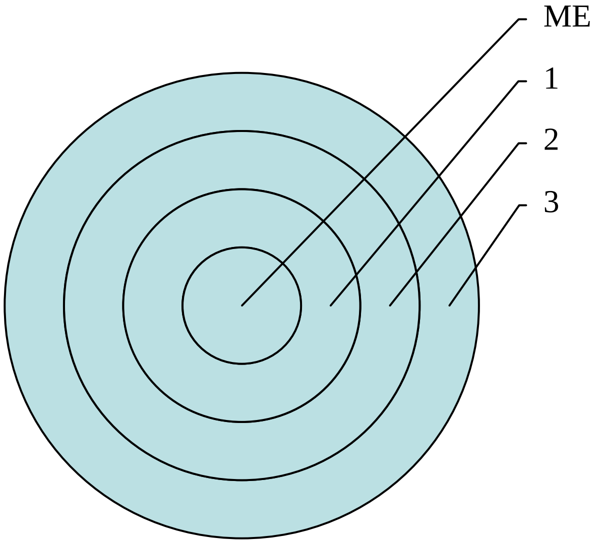
The methodology happened to hold two focus groups. The first group aimed to map the networks of beliefs and backgrounds in health, seize the representations that have users on the conditions macrosociological CAPS (Health care, CAPS, State Institutions) and microsociological (family, neighbors, community) responsible for production of well-being from the perspective of autonomy in psychosocial rehabilitation. In the second process was carried out mapping of network conflicts and mediations of the person aiming to detect the central problems plaguing the user of a Psychosocial Care Center in their daily immediate (family, community, labor, utilities and health), how has faced these problems and mediators (people or organizations) refers to mediate such conflicts and build outputs (covenants and measures).

RESULTS AND DISCUSSION

The data obtained in focus groups, which were transcribed, were read and analyzed according to the methodology MARES, of Paulo Henrique Martins.

Martins[12] to the notion of network that matters in qualitative research that enhances the user is a relational network that involves the collection of material and symbolic exchanges, ie, exchange of gifts (services, gestures, kindness, affection etc.).

Below we present the map of each person and the research subjects who emerged as a facilitator and as an inhibitor in the health condition of these users.



Map legend of the person

1. Problems (three problems cited by)
2. Facilitators: With what or with whom I can count on to solve the problems.
3. Inhibitors: with what or who can not count to solve the problems.

-Map of Person of user 1 (fill in the map legend as above).

1: Fear, unable to take care of my family. Crisis will break everything, constant despair when the drugs still far from this time to take them. My children, especially my youngest daughter who is presenting the same symptoms as me.

2: I turn to CAPS, to my children, write outburst, before I talk to my dog Rochinha.

3: Embarrassment to think that I'm being boring for both my children and for the doctors and nurses of CAPS, though they always offer me help.

– Map of User Person 2:

1: I worry about the future of my son, and also with me because I am very afraid of failing and not having someone take care of him.

2: First I look for the husband and seek God in prayer helps, and I look after the CAPS and also my doctor and psychologist at CAPS.

3: The lack of family support.

– Map of the individual user 3:

1: Fear of other diseases, and the need to consult father says no, neighborhood undesirable.

2: Search mother's attention. Relatives attend me when mom is busy.

3: Attention professional, lacking the technical group is more numerous.

- Map of the individual user 4:

1: Work, CAPS a professional to give attention to everyone, lack of attention.

2: Family, my mother looks after treatment.

3: When treatment ends, stop taking medicine to get a job.

– Map of the individual user 5:

User 5 may not attend the completion of the map of the person due to illness.

With the completion of the map of the person can detect the central problems plaguing the user, understand how they are tackling these problems and to whom they resort to mediate their conflicts, one can also understand the factors that inhibit the solution of the problem.

Each individual has a life path built on networks with social representations themselves, are associative as family, community, neighbors, and coordinating between users and health systems.

By reading the map of the person and the meanings attributed by subjects as family, neighbors and CAPS, we can identify that for four of the family appears to users as a facilitator and this finding was confirmed in the statements below:

> *"... For me, in my case, the family comes first, because if there's something wrong has to speak for those who understand me, anyway, who's with me for 24 hours."* (User 3)
>
> *"... What helps me is my family, my main support is from my mother, after my brothers in CAPS, the psychologist that I can talk to her and talk to a psychiatrist and my companion."* (User 6)

According to Silveira[13], the family is presented in the context of psychiatric reform, as a provider of essential care, in order to preserve social ties and citizenship rights. It constitutes an important partnership for community services and open, ie, the support of family ultimately be characterized as a factor that contributes to the care free.

The family is responsible for promoting the contact between the patient and the health services available. Furthermore, it is this elaborate and resize values and expectations related to daily life and the future of his family with psychological distress. However, there is a need for professionals in mental health not to focus only on the sick person, but the whole structure of the society in which it occurs. It is noteworthy in this context, especially the family, because this is the social system within which evolving stages of growth and development of human beings[14].

But for a user family appears as an inhibitor, considering she can not count on this family to help solve their problems, as demonstrated in his speech and map below:

> *"... Is to feel even without support from family, I just got the same spouse and he (son). Family is very important and so I can not tell."*(User 2)

The reflection of this reality of prejudice and exclusion can be seen on the universe of family members of individuals with mental illness. The relatives who care for a diseased person are still not respected, are not properly heard, are victims of prejudice, and judged liable for damages without proof or justification [15].

We note that while the family presents itself as an ally in the process of care in the community, depending on how these bonds were formed and decayed until, over time, it may well constitute a weakness and even a point of tension. In this sense the attempt to identify the potential of this relationship with the family can lead to a long and careful work, ie a path of reconstruction difficult, but must be sought.

The CAPS also appears as one of the factors that contribute to the development of autonomy, as an important factor in treatment and as a mediator to resolve the problems, showing how three users on the map and in the statements below:

> *"... Here on CAPS I have anxiety, I can get in CAPS, have no fear, if I could I would get every day, but I can not help myself ... I have commitments on autonomy because they feel no fear, do not feel that anxiety. "(user1)*
>
> *"... And the CAPS're being a second family, if not the first of the attention, there the only way is to look for the 2nd family,*

> *CAPS, CAPS in here because I began to see that I am not alone that I have those same problems, the CAPS staff also have these same problems as me, oh gotta see this to calm myself more and be more understandable to look to the next. "(user 3)*

The Caps have allowed us to serve a growing demand for individuals in psychological distress and has had a significant role, contributing to many patients often stop interning in psychiatric hospitals, and remain in treatment, and live with their families and friends, as we show in the following quote:

> *"I thought ... well, I'm really bad, I'll admit there (psychiatric hospital), regardless of what they think, what others think, I think I have to go there and be admitted, because if there I have to go through a crisis, if I have to go through something there I'll ta save my family, and everyone to see how I'm okay, then I'll go, I go inside game. Not now, now I think it has to be the family in conjunction with the CAPS, I think if the two do not go together with the CAPS does not, because here they will say something and you will not get support to continue with treatment if the family of the people do not support us, so that's why I say that my support base is my family and CAPS. "(user 6)*

For Amarante[2], in substitutive services users are heard by technicians, establishing emotional bonds and therapeutic, they feel that the business is willing and committed to helping them. Thus, after being heard, these individuals should be included in the solutions, referrals and treatments, making them subject to the process of rehabilitation and mental health promotion.

Olschowsky[16] states that the psychiatric reform is an action that seeks to break barriers in the sense that we must learn to live with the crazy, so that practices can be challenged and that can foster new relationships with users, in opposition to the interventionist actions, stigmatizing and limiting, allowing the acceptance of the person with mental disorder should have spaces of freedom, without the loss of conditions for the exercise of one's own subjectivity and citizenship.

Contact that despite structural limits that CAPS are presented, such as lack of human and material resources, and even considering its limits to operate out of a larger context of network services capable of providing complementary to what is offered in CAPS this as an important space for listening, support and care to the user. Reinforcing up its strategic role for psychiatric reform implementation, users show the service as part of its support base.

Another factor that appeared as a facilitator in problem solving and as a contributing factor in treatment were the neighbors and the community, we realize the importance of these determinants in the statements below:

> *"... For me it's the neighbors, my family helps me a bit, until the contrary, because I sometimes feel put aside because of him (son) ... I count on your neighbors, friends, family very little, very little I count on them. And I also community, I would like to stress, in the church, he also accept well, attend church, everyone accepts it as well, thanks to God, and the neighbors and the CAPS here. "(User 2)*

Whereas Salles e Barros[17], is the patient himself in his system of relations that can develop new forms of autonomy, developing affective potential to reduce the vulnerability and allow the formation of new social and affective ties.

But the neighbors and the community appear as inhibitors in the treatment for a user, as explained on your map and in his speech:

> *"... And the neighbors do not get along well no, I relate well with the neighborhood, because I already know how they are ... I have problems in the neighborhood because I have no chance to improve their lives while they have close to threatening me. "(user 3)*

To Saraceno[9,] the impoverishment of the social network is configured as disabling as qualitative and quantitative loss since the first network that is the nuclear family, even the extended forms of relationships. Interventions aimed at integration with the nuclear family and the extended social network for people with severe mental illness can bring benefits to these people and to the quality of rehabilitation programs.

Reconstitute ties with neighbors constitutes a challenge for services is premised on the psychosocial rehabilitation of the user. In a world increasingly individualistic in that neighborhood relations tend to be precarious this becomes a difficult task. However, we must consider that the mentally ill need to broaden their scope of relationship with the environment and with the city and that no rehabilitation work that can be done without considering this task. Relationships with neighbors means exercise tolerance of the people to accept the difference, leaving a world movement for a more individual with the collective, prejudice and tension fundamentally madness put into circulation by the houses and streets of the city.

Also we can see through the application of the methodology and analysis of the speeches the common difficulties that users of a mental health service that replaces encounter during its trajectory therapy. A common point referenced by the subjects participating in the research was related to the cost of drugs, as we can see in the statements below:

> *"... I feel difficulty in the cost of medicines, the medicines must I take, he takes (son) and my husband takes, and his retirement is just so right, the cost of drugs is what most disturbs us everything. "(user 2)*

The lack of continued use of medication for users of mental health services as the CAPS shows up as a deficit structure of the mental health system that significantly compromises care. It does not seem conceivable that insulin dependent patients may experience situations impeding access to this medication, as well as users of mental health services have to face successively the lack of medication. For this lack may lead to the onset of a severe psychological crisis, having an economic and social cost to the health system difficult to scale.

Kantorski et al.[18] show how this lack of medication interferes with the ambience to qualitatively evaluate a CAPS and care in crisis situations. It is important to reinforce misunderstanding about how to structure a network of community mental health care lacking in basics such as medication. However even this is a reality experienced by patients with mental disorders.

At the end of this presentation and discussion of the theoretical results, it is important to put the study limitations that may be characterized by the time of application of the methodology and the withdrawal of a user. This demonstrates the potential of qualitative research can also indicate a difficulty in the process of data collection, since it involves contact with the individual and subjective world of individuals surveyed, as well as with personal issues, social and cultural factors that may lead to withdrawal and not understanding the need of global research.

CONCLUSION

The Centers for Psychosocial Care (CAPS), are substitutive services to hospital-centered model, territorialized and are responsible for the care of patients with psychological distress in freedom. But for professionals who can offer free care becomes necessary to think about their practices, which should go beyond attention to users, also reached the family, neighbors, friends, the community, and finally the social network user.

Whereas psychosocial rehabilitation aims to increase the skills of people with a mental illness so that they have the opportunity to exercise their citizenship and redeem their autonomy in all areas of life, we sought to understand which social network of users and a CAPS how this network helps this process.

In this study path can know the social network of users from a CAPS II and how this network helps in rescue of their autonomy. We realize that each individual has in their life course social networks with their own representations, be they associated with family, neighbors or articulated to health services.

We can see that the CAPS appears as an important factor in the treatment of study subjects and as a mediator in resolving their problems and this service has enabled quality care to individuals in psychological distress because it contributes so users no longer hospitalized frequently in psychiatric hospitals, thereby making they do not lose their social life.

We have also seen that users establish emotional bonds with professionals and treatment of CAPS in the way in seeking the service as facilitator in resolving their problems and show the service as a basis of support in your life.

But we think that users remain for a long period of time linked to CAPS may have difficulties in relation to high and progressive social reintegration by building up other networks.

The family of the subjects in the social network is considered to most as a mediator in conflicts, being recognized as support unit and as a provider of care, but for some subjects the family was inhibitory in solving problems.

Also evidenced in the study that users find other forms of social ties and affective in their network than the CAPS and family, emerged as props neighbors and community.

But neighbors, appeared as a point of tension in social relations of users, which makes us think of loss in relationships, since social impoverishment is configured as disabled and strengthening relationships can bring benefits to these people and to reconstruction of the bonds.

The study also showed a lack of basic elements is still a present reality in the therapeutic course of patients with psychological distress, basic elements such as access medications have been shown to be difficult in the trajectory of the subjects.

This study is relevant to nursing, as nurses before this new mode of assistance need to change their thinking about learning to care through sharing knowledge and taking a critical stance on the practice, so a change agent in society.

Finally, we emphasize the importance of this study for mental health services, so that they can identify and reflect about CAPS and how this can contribute to the reconstruction of social and emotional ties of users. And with that it can improve its practices, eliminating service to the user a much more qualified and committed to your freedom and redemption of its autonomy.

REFERENCES

1. Amarante P. Ensaios: subjetividade, saúde mental, sociedade. Rio de Janeiro: Editora Fiocruz; 2000.

2. Amarante P. Saúde Mental e Atenção Psicossocial. Rio de Janeiro: Fiocruz; 2007. p.120.

3. Kantorski LP. O cuidado em saúde mental no contexto da reforma psiquiátrica. In: Valladares ACA. Arteterapia no novo paradigma de atenção em saúde mental. São Paulo: Vetor; 2004. p. 15-30.

4. Brasil, Ministério da Saúde. Saúde Mental no SUS: Os Centros de Atenção Psicossocial. Brasília, DF; 2004.

5. Silva MBB. Atenção psicossocial e gestão de populações: sobre os discursos e as práticas em torno da responsabilidade no campo da saúde mental. Rev. Saúde Coletiva. Rio de Janeiro; 2005. v. 15, n. 1, p. 127-150.

6. Mângia EF, Muramoto MT. O estudo de redes sociais: apontamentos teóricos e contribuições para o campo da saúde. Rev. Ter. Ocup. Univ. São Paulo; 2005. v. 16, n. 1, p. 22-30, jan./abr.

7. Martins PH, Fontes B. Redes sociais e saúde: novas possibilidades teóricas. 2 ed. Recife: Ed. Universitária da UPFE; 2008. p.159.

8. Tomael MI, Alcara AR, Di Chiara IG. Das redes sociais à inovação. Ci. Inf.Brasília; 2005. V. 34, n. 2, ago.

9. Saraceno B. Libertando identidades. Da reabilitação psicossocial à cidadania possível. Te Corá Editora/Instituto Franco Basaglia, Belo Horizonte; Rio de Janeiro; 2001. 2º Ed, p.178.

10. REDESUL- Redes que reabilitam- avaliando experiências inovadoras de composição de redes de atenção psicossocial. Projeto aprovado pelo edital MCT-CNPq/CT-Saúde/ MS-SCTIE-DECIT / 33/2008; Coordenação Luciane Prado Kantorski – Pelotas; 2008.

11. COFEN. Resolução COFEN nº 311/2007, de 08 de fevereiro de 2007. Dispõe sobre o Código de Ética dos Profissionais de Enfermagem. Rio de Janeiro; 2007.

12. Martins PH, Fontes B. Redes sociais e saúde: novas possibilidades teóricas. 2 ed. Recife: Ed Universitária da UPFE; 2008. p.159.

13. Silveira, CL. Cuidadora de familiar com doença crônica incapacitante e as implicações nas redes sociais. Monigrafia de Graduação. Universidade Federal de Santa Maria (UFSM). Santa Maria; 2009.

14. Bielemann V. et al. A Inserção da família nos Centros de Atenção Psicossocial sob a ótica de seus atores sociais. Texto Contexto Enferm. Florianópolis; 2009. Jan./mar. 18(1): 131-9.

15. Melman J. Família e Doença Mental: Repensando a relação entre profissionais de saúde e familiares. São Paulo: Escrituras Editora; 2001.

16. Olschowsky A. O ensino de enfermagem psiquiátrica e saúde mental: análise da pós-graduação “Lato Sensu”. Tese (Doutorado) – Escola de Enfermagem, Universidade de São Paulo, São Paulo; 2001. p. 233.

17. Salles MM, Barros S. Vida Cotidiana após adoecimento mental: desafio para atenção em saúde mental. Acta Paul Enferm; 2009. Vol. 22, n.1, p.11-16.

18. Kantorski L. et al. Avaliação qualitativa de ambiência num centro de atenção psicossocial. Revista Ciência e Saúde Coletiva; 2009.

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