

Child and adolescent mental health and the school: dialogues between education and health professionals

Saúde mental infantojuvenil e a escola: diálogos entre profissionais da educação e da saúde

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ABSTRACT This article presents an excerpt from the master's thesis that aimed to analyze the continuing education of teachers in a program developed at the Child and Youth Psychosocial Care Center Campo Limpo (CAPSIJ Campo Limpo), aiming at the integration of mental health and education: the Educação Program. Through focus groups with the teachers who attended the program's meetings and subsequent analytical processing of the data and analysis of the thematic content, it was possible to verify that the program was considered a place of permanent training. However, the analysis went beyond what was intended in the scope of the work, since it was noticed that the studied space transcended its initial objective, also assuming the function of a place of care, listening, and support for the teachers. In this sense, it was possible to conclude that, because teachers felt cared for by the CAPSIJ team, they were able to care for, listen to, and make sense of the suffering of children and young people who had repeated experiences of learning, socialization, or interactional difficulties during their school careers that led to severe psychological distress, and were therefore monitored at CAPSIJ.

KEYWORDS Mental health. Public health. Intersectoral collaboration. Education. Education, continuing.

RESUMO O presente artigo teve como objetivo apresentar e discutir os resultados de dois grupos focais com professores de rede pública de ensino no âmbito de um programa desenvolvido no Centro de Atenção Psicossocial Infantojuvenil Campo Limpo (Capsij Campo Limpo), visando à integração saúde mental e educação: o Programa Educação. Por meio de grupos focais com os professores que frequentaram as reuniões do referido programa, e posterior tratamento analítico dos dados e análise de conteúdo temática, foi possível constatar que o espaço foi considerado como um lugar de formação permanente. Entretanto, a análise propiciou o entendimento além daquele pretendido no escopo do trabalho, posto que se percebeu que o espaço estudado transcendeu seu objetivo inicial, assumindo também a função de um lugar de cuidado, escuta e acolhimento para os professores. Nessa direção, foi possível concluir que, por se sentirem cuidados pela equipe do Capsij, os professores foram capazes de cuidar, ouvir e significar o sofrimento de crianças e jovens que tinham em seu percurso escolar, repetidas experiências ligadas às dificuldades de aprendizagem, socialização ou interação, apresentando sofrimento psíquico grave, e, por isso, serem acompanhadas no Capsij.

PALAVRAS-CHAVE Saúde mental. Saúde pública. Colaboração intersetorial. Educação. Educação continuada.

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Introduction

Adolescent Psychosocial Care Centers (CAPSIJ) are open, community-based services indicated for municipalities or regions with more than 150,000 inhabitants. They primarily care for children and adolescents with severe and persistent mental disorders and those who use crack cocaine, alcohol, and other drugs. That is, children and adolescents with severe and complex impairment of the natural course of development, who are at serious risk of losing their social ties, and who, because of these risks, are in a situation of vulnerability and/or mental suffering¹.

Adolescent mental health services, within the current mental health policy, must rely on the collaboration of the various agencies that serve this population as an integral part of the care process: school, guardianship council, cultural centers, social welfare services, and others, forming a network of opportunities and partnerships. Co-responsibility for care and effective collaboration among professionals in the different services are a good way to address the main challenges in the mental health care of children and adolescents².

Taño, Matsukura, and Minatel³⁽⁵⁾ point out that the CAPSIJ, in dimensioning work through the ethics of care, assume a

methodological positioning, i.e., a way of framing day-to-day work in the service area that both synthesizes other intersectoral partnerships and is strong enough to identify where in the territory strategic contexts lie for building unique care projects.

For Pinho et al.⁴, intersectorality is still a challenge in the daily life of children's mental health services, as the inclusion of other sectors such as social assistance, education, and justice requires a shift from the biomedical paradigm to the psychosocial model of care.

It should be noted that intersectorality increases the degree of communication between sectors, making them

co-responsible for the situations to be managed, in a dynamic that aims to manage complex problems in a given territory. Understood as actions that change the social logic of the struggle against exclusion, intersectoral actions must be oriented towards the construction of common life projects and the forging of social bonds⁵.

Education is one of the areas that cares for children and adolescents, and school is a privileged environment, both for promoting development and protective factors, and for identifying risks and reducing harm from psychosocial problems. Since schools are the place where the majority of Brazilian children and adolescents gather, they offer diversity and uniqueness, potentials, and important resources for the production of health, the guarantee of integral protection, and the development of people according to the principles of autonomy and emancipation.

Of concern, however, are the lack of connection between the sectors that serve these children and their families, the absence of a support network, and the normative and disciplinary design of the treatments offered. Recent studies by Taño⁶ and Oliveira⁷ show that education, health, and social assistance have a selective dialogue about interventions for this population, resulting in a discursive silence that leads to children with mental health problems not receiving support. In addition, intersectorality is considered a horizon because it is procedural and requires that mental health care be entrusted with the task of supporting the creation of broader discursive fields that promote more collectively shared actions.

Regarding school inclusion processes, inclusion initiatives don't seem to address mental health diversity in childhood and adolescence. In this context, Lins et al.⁸ emphasize the importance of ensuring the retention of all students in the school context, including those with mental health problems. To achieve this, an inclusive approach requires schools to have human

resources and infrastructure that support daily practice, as well as a redimensioning of the school organization and the training and continuous professional development of teachers. Low wages and lack of investment in basic education make it difficult for public schools and the people who work in them to build a collective work that can change situations of exclusion. Therefore, it is necessary to ensure not only access, but also retention of all students, including those with disabilities and/or mental health issues, in schools by providing diversified learning opportunities⁹.

Studies on children's mental health in their different contexts contribute to deepening knowledge and broadening discussions in the field. They also contribute to initiate actions and strategies that are in dialogue and defend the exercise of civil rights and sociocultural participation of all people, valuing the different human potentials and their contributions to the common life^{6,10}.

For Couto and Delgado², co-responsibility of care and effective collaboration between professionals from different services are a necessary way to overcome the challenges imposed on child and adolescent mental health care, such as the stigma associated with them and the 'invisibility' of children's mental health problems.

In this sense, it is necessary to recognize the need for dialogue between the education, mental health, and social service sectors. This is crucial for intersectoral collaboration and the strengthening of a supportive school environment that improves the conditions for the school integration of children and adolescents with mental health problems¹¹.

The aim of this article, therefore, is to present and discuss the results of two focus groups with public school teachers in the context of a program developed at CAPSIJ Campo Limpo that aims to integrate mental health and education: the *EducAção* Program.

Material and methods

This study was based on empirical research of a qualitative nature, in which the focus group technique was used to analyze the *EducAção* Program. In qualitative research, the investigation is considered as an interactive process between the researcher and the research participants, focusing on people's words and behavior as primary data¹².

The focus group is a technique used in qualitative research to add information, learn attitudes, opinions, and perceptions about a particular topic. For Gatti¹³, the greatest potential of focus group work is that it offers the possibility of bringing a concentrated amount of information of different kinds (concepts, ideas, opinions, feelings, prejudices, actions, and values) into the focus of interest of the researcher.

The *EducAção* Program, where the focus group was conducted, was developed by CAPSIJ's Campo Limpo team, managed by the Sociedade Beneficente Israelita Brasileira Albert Einstein (SBIBAE), and opened in August 2014. It is located in the southern region of the city of São Paulo; its catchment area corresponds to the districts: Campo Limpo, Capão Redondo, and Vila Andrade. The three regions are represented by the Campo Limpo Regional City Hall. Thus, it is an area with 29 basic health units, 403 schools, and almost 700 thousand inhabitants. This shows how difficult it is for CAPSIJ professionals to serve such a large and complex area, which affects the school when it receives students and/or their families who need psychosocial services and don't have access to this right.

From the beginning of the work at CAPSIJ Campo Limpo, management sought to ensure predefined schedules for each professional to carry out specific actions. The schedules included individual and/or family visits, groups, service (reception and coexistence), meetings and actions in the region. These actions included meetings at basic health units, meetings with schools, home visits, visits to cultural

centers, etc. Over the years, the team was able to organize its activities in a way that took into account both the needs of the area – social and health support network – and the internal needs of the service.

Currently, territorial actions are focused on meetings in basic health units (with the Family Health Strategy teams), matrix support actions (home visits, shared care, shared groups), meetings in schools, intersectoral matrix support (monthly meeting in CAPSIJ, hosting the Child Care Network), Educação (matrixing of schools), and the Forum for Child and Adolescent Mental Health in São Paulo.

As could be expected, the timing of territorial actions greatly favored the organization of the team to ensure a lively presence in spaces for discussion and the joint construction of care.

In order to get closer to the schools and better understand the care needs of the schools in the region to CAPSIJ Campo Limpo, the team proposed the creation of a group called Educação – a strategy aimed at promoting a broader understanding of school complaints and situations of psychological distress among children and adolescents treated in CAPSIJ among the teachers of the schools in the region.

Teachers and coordinators from private and public schools in the CAPSIJ area were invited to participate in the meetings. The topics discussed during the meetings were based on the interest of the group participants, especially the teachers who expressed questions and doubts based on their experience in the field of education. The aim of these meetings was to bring the Children's Mental Health Team closer to the school reality in order to consolidate some practices and redefine others. The CAPSIJ team was represented at the meetings by an occupational therapist, a physical education teacher, and a psychiatrist.

In order to organize meetings between the CAPSIJ team and the present teachers, it was agreed that the meetings would take place weekly and last three hours. Invitations were sent by email to the Regional Board of

Education (DRE), which in turn forwarded them to its jurisdiction. A printed invitation was also sent out to the families attending CAPSIJ, inviting the schools their children attend to the meeting. The goal was to reach as many teachers and coordinators of private and public schools in CAPSIJ's jurisdiction as possible.

The program was attended mainly by teachers and pedagogical coordinators of municipal and state public schools in the region. In addition to these participants, the presence of members of the Center for Support and Monitoring of Learning (NAAPA) and the Center for Training and Monitoring of Inclusion (CEFAI) should be highlighted. Also, it was possible to observe the concentration of teachers from Municipal Elementary Schools (EMEF), which are responsible for most of the referrals to CAPSIJ.

Based on this process, two focus groups were conducted with Educação Program participants to evaluate the process and the impact of the program meetings on the daily work of teachers and schools, which are described below.

The focus group included education professionals who participated in Educação Program meetings between 2016 and 2017. At each meeting of the Educação Program, participants provide a contact email through which the exchange of materials and information about the agenda items discussed and future meetings are organized – through this email the invitation was sent out.

Teachers were offered a choice of two days and two times to consider what would be most appropriate and possible in their daily lives. The invitation was sent to 50 teachers; 13 positive responses and 1 negative response were received; 37 teachers did not respond. On the day the group was held, two teachers were absent without justification. Two groups were conducted, one with 5 teachers and another with 6 teachers. The participating teachers are named with numbers (teacher 1, 2, ..., 11) to maintain secrecy and confidentiality of the participants.

A script of questions was prepared for the focus groups to guide the group's discussions. The questions addressed participants' understanding of the school environment, how this environment can affect children and youth's lives and actions, how it can benefit care practices, and how participants evaluated the meetings held in 2016 and 2017. The focus groups were recorded and later transcribed. Participants, a mediator, and the researcher attended each group.

For the data analysis, the Thematic Content Analysis methodology was applied¹⁴. After the preliminary analysis and the exploration phase of the material, the following categories emerged: 1. The Educação Program as a space for continuous training and support of teachers; 2. The role of the Educação Program in intersectoral work.

The research was approved by the Ethics Committee for Research with Human Subjects of the Faculty of Public Health of the University of São Paulo. After clarification of the research objectives, participants signed the free and informed consent term (FICT).

Results and discussion

The Educação Program as a space for permanent training and support for the teacher

During the data collection in the focus groups, when it came to questions about the care that the school environment could or couldn't provide, the teachers perceived the Educação meetings as a place where they felt listened to and respected. In this way, it was possible to establish that the program was both a place for ongoing training, as determined by the group, and a place where teachers felt cared for by the CAPSIJ team and by the teachers, directors, and coordinators who formed the body of the meetings.

According to Figueiredo¹⁵, not only do

caregivers improve the quality of their work when they share their tasks and decisions with other caregivers, but they also benefit from the realization that the object of care is, in many ways, themselves. Allowing themselves to be cared for by others becomes itself an effective form of care. In relation to this dialectic of caring for oneself and caring for others, psychoanalysis, especially in its Winnicottian aspect, offers some elements that can contribute to a better understanding of what is happening in the context of education.

Winnicott¹⁶ speaks of the importance of the mother allowing herself to be cared for by her baby, of being sensitive to the care that her baby gives her by the look, the touch, the affection. It is equally important for the doctor to let themselves be cared for by the patient and for the teacher to let themselves be cared for by the students. During the Educação meetings, it could be seen that the teachers were not only looking for help for the students, but also for themselves, seeing themselves in the place of those who also need and deserve attention – be it from the CAPSIJ team, from the students themselves, from family members, or from professional colleagues.

In addition, they report that the care they received allowed them to care and listen more to the children and build other perspectives on misbehavior, lack of boundaries, and aggression. By providing a space of caring for teachers and viewing them as caregivers for the children, issues related to teacher caring were put on the agenda.

Considering how much time teachers spend at school, it is clear that their role is not only to educate, but also to care. The interviews with the educators revealed how great the need is to listen, to receive attention, and to be valued as caregivers, because according to their reports, they have not found shelter for their fears in other institutional spaces.

Teachers need to speak up. School work is getting harder and harder, we need more and more help.
(Teacher 1).

The school is an institution that cares, but it needs to be taken care of. (Teacher 2).

The excess of work demands is cited by teachers as a factor that hinders their development. Time spent preparing lessons and constantly interacting with students takes up a large portion of their workload, leaving no time for breaks where they can review their work or reflect on what's happening around them. They can't pause to think, plan, or see.

I believe that in our daily lives we lose the opportunity to observe things, we're swallowed up by tasks and therefore often can't even hear ourselves. Hear ourselves to reflect on certain issues. I think one of the biggest obstacles in school is that there's no space for conversations, and when there is, there's no one there to listen and think about it. (Teacher 3).

I think the network also needs to support the teachers. They even mention how much attention they need in this emotional part. When the professional is supported and listened to, they also start to see the child's situation differently. (Teacher 5).

The teachers' speeches reflect the precariousness of educational processes and teachers' work. Lins et al.⁸ point out that disclosure of conditions and perceptions in school settings is important to bring about change and cannot be used to blame teachers. Through the teachers' participation in the Educação Program meetings, we observed a change during the experience. The group changed the way teachers dealt with difficult situations. Through the experience of discussion and doubt, it was noted in the case discussions that they asked their questions more sensitively and critically, taking into account that their attitudes were also part of the scenario.

At first glance, teachers looked for the origin, the explanation for bad behavior only in the child's history, sometimes in his family, but they did not think that the school, its physical and symbolic structure, could be involved.

Teachers did not immerse themselves in the scene of agitation, unrest, and aggression. This logic of seeking responsibility outside the school and its actors begins to change in the speech presented below:

[...] in the school there are many actors, and these actors constitute this school space that plays a role in the cultural and social imaginary and that has specific places where these roles will act. So, although they're people who're there, they're people with certain roles that produce certain sufferings or behaviors. (Teacher 2).

In the first step, they recognized that the environment was an important actor, but they did not yet see themselves as part of it. In the second moment, they were able to put themselves in the scene and consider that their behavior, such as speaking level, information format, posture, and body language, also significantly influences the attitude of the students; and furthermore, to recognize that the teachers, the environment, can also be in a situation of suffering.

The psychological suffering that makes life a little more difficult is unfortunately very evident in schools, and in everyone who's there. It's not only the students, it's also many teachers, many managers, many kitchen aunties who suffer there. You have to look at the whole environment. (Teacher 4).

Since the Educação Program aims to bring about changes in the school day that will favor a pleasant stay of the students in these spaces, by taking care of the teacher, the teacher will be able to take care of the students. By actively listening to the teacher, the possibility of listening to the student opens up.

When the teacher feels supported, he's able to support the other. (Teacher 1).

We can only give what we own. If I'm not doing well, how am I going to provide for the student, how am I going to support him, how am I going to deal

with all these problems? If the teacher gets support, if they feel listened to and manages to get better emotionally, of course we can't do everything, but the little bit we do makes a difference. (Teacher 3).

I come with fears, and sometimes you bring information about the monitoring in CAPSII, or sometimes they don't necessarily bring much guidance, in terms of what we have to do, but we can see that there's a support. So you accept our demand, you make us reflect, and that makes us, in the school, able to perceive these changes, including ours. It lowers our fears a little bit and asks us to think differently. We start to take other perspectives. (Teacher 1).

At EducAção, we feel that the opinion of the school is respected. (Teacher 4).

EducAção is a place where we reflect, listen to each other, think, reflect, and review processes. (Teacher 7).

As part of this knowledge exchange, inclusion processes were built to consider the limitations and needs of each side: the school, the teacher, and the child.

Focus group participants indicated that discussion of issues was paramount to their work:

At EducAção I learned to understand these children a little better, even to deal with them in a more human way... They taught me to be a professional... I learned to understand a little more about the mind. (Teacher 3).

Theoretical discussions have helped me broaden my view. I saw a lot here and then went looking for more information to deepen my knowledge on the subject. And the fact that you provide the theoretical material by email is very cool, because this way we can use it at other times as well. (Teacher 2).

I'd like to have more time to discuss the issues, perhaps increase the frequency of the meeting to twice a month; with one meeting for theoretical discussion and another just for cases. (Teacher 4).

In conclusion, we would like to emphasize that the program is seen as a place of continuing education and learning for educators. When asked about the content learned in EducAção meetings, three main points were mentioned: knowledge about mental health problems and their multiple expressions; an in-depth look at child and adolescent development in detail; and understanding the functioning of the health network, its possibilities, and limitations for action.

The role of the EducAção Program in intersectoral work

Machado¹⁷ points out that schools refer children and adolescents to health services in search of a diagnosis that would justify behavioral problems and learning difficulties. The logic of referral removes responsibility from all the authors involved and relegates school and institutional problems to the individual domain, as a student's psychological problem. In this context, the importance of the school's role in identifying behaviors and attitudes that deviate from what is considered 'normal' and that educators have difficulty dealing with becomes clear. However, referral to other settings should not be limited to them. That is, referral is not the end but the beginning of a care process in which the school must also be involved.

It is necessary to ensure that the production of care for children and adolescents in mental distress takes place in a network. Moreover, the construction and structure of the network require a methodological positioning that leads to changes in the institutional logic. In this sense, the school must be part of a network that participates in the care process and builds shared knowledge with the different partners: family, health, social assistance, among others³.

As part of building effective intersectoral communication, we also work with teachers to find out how referrals are made, what the expectations are, and what assessments the school has made. According to Machado¹⁸,

health work involves working with the school and teachers to de-naturalize referrals, to establish individual diagnoses that, as many authors have already shown, end the blaming of families, children, and teachers themselves.

There's a lack of books, chairs, teachers, creative activities, but still the children and adolescents are to blame for poor performance¹⁹.

The belief arises that the deficiencies are of an individual nature and that it's possible to fill in what's lacking. As if the lack of discipline, attention, effort, and concentration of the students and the lack of commitment of the parents are due to a certain lack of will to change and fight. It's also common for some teachers to criticize them for not making an effort, as if they lacked the will to fulfill their tasks¹⁹⁽¹²⁰⁾.

The teachers' speeches refer to the difficulties of work in school. According to them, the work in school is becoming more and more difficult because teachers not only teach mathematics, Portuguese, and geography, but also have to deal with autistic behaviors, hyperactivity, and inattention; therefore, they report that they need more and more the help of specialists. It appears that teachers do not feel able to deal with the challenges posed by the different behaviors of the pupils.

That's why I think we need more and more specialists to work with us, because it's getting harder and harder to work in the school. The cases that are referred to the resource rooms come with complaints such as severe behavioral problems, aggression, self-talk, and drug use. (Teacher 1).

From this point, in approaching the school reality, it was possible to gradually deconstruct the hierarchical position of the health professional as the keeper of a knowledge that must be passed on to the teachers, or on which they depend to perform their actions, in order to create a place of horizontal knowledge exchange. For example, when discussing the topic of medicalization, it was possible to

create a space for deep reflection on the topic and to consider the different points of view. In this way, it was possible to find alternatives for a yes or no to the use of medication. Together, they thought about the symptoms that can be alleviated with medication, as well as the side effects and risks associated with taking certain medications. In this way, resolving bad behavior with medication is no longer the sole responsibility of the psychosocial team, but of everyone involved in the situation.

In everyday work, in frequent contact with schools, one had the impression that teachers lacked information. They asked about content, classes, assessment protocols. However, when there was an approach, a need for supervision became apparent. Teachers lacked people who listened to them, who shared their fears and doubts, and who recognized their helplessness.

The work situation of educators is delicate. Rooms with many students, little time for reflection, dispersion, organization. When an adjustment is proposed for a student, whether during class time or when leaving, it is very difficult to make the institutional ties flexible - and often teachers are also tied to these knots.

In this context, when the teacher reports that he or she needs help, that the work in the school is becoming more difficult, that he or she increasingly needs space for training, the need for more information and more experience to deal with the challenges that the educational situation brings is recognized.

Oliveira²⁰, reporting on CAPSIJ Vila Prudente's experience in approaching schools, focuses on four work objectives that promote teacher training: promoting the recognition of children with mental disorders in the school setting; promoting learning about the management of seriously ill mental patients; recognizing the needs of children and adolescents with learning and behavioral difficulties; and supporting the organization of demand. The work of CAPSIJ Vila Prudente is similar to that of CAPSIJ Campo Limpo. The highlighted points to explore are the same, but the team of Campo Limpo felt called to expand this

concern. In this context, the work began to discuss issues rather than cases, with the plan to focus no longer on the object, the problem student, but on the relationships that maintain or do not maintain a particular behavior.

It is worth highlighting the point where it can be noted that the notion of school-based care in relation to the student is mainly due to referrals to other areas. When teachers were asked if the school was a care environment, the responses were illustrated by situations in which they noticed something unusual and made the referral to health care. Observing that something is wrong and making the referral to health care is referred to as caring.

In only one of the statements did the response include action by the school to deal with the problem in the school environment; and only because it was an extreme situation. In this case, the situation involved a student who had attempted suicide. The school dealt with the issue with the help of the Basic Health Unit, through lectures and discussion circles with teachers, students, and family members.

The sustained and ongoing interaction between the two sectors is effective when teachers understand that intersectorality is a dynamic two-way street and a support for health and education professionals.

I'd no idea what this connection with health was.
(Teacher 1).

I changed my mind about the public health service
(Teacher 9).

Contacting you helps us understand the health system better, and that's very important. (Teacher 7).

I think this approach of multi-team here with the instructor is very important. Even expand, take more lectures because the teachers need this information.
(Teacher 8).

Understanding how mental distress occurs, how the health sector is structured, and how partnership and communication between

sectors can occur was important for the shift of teachers. The children and their families assisted by CAPSIJ Campo Limpo are in a situation of psychological suffering and need extended care and a connection to other sectors for a variety of reasons. According to Delfini²¹, the difficulties faced by the children are complex, multi-faceted, and related to the context in which they live.

Final considerations

The Educação Program was established as a space that promotes the exchange of experiences, lessons learned, and information between mental health and education centers.

The complex dynamics of the exchange between mental health and education are permeated with contradictions, different views, oppositions and counterpoints. Nevertheless, it is believed that a comprehensive model has been developed that can capture the heterogeneity of the phenomena under study, thus preserving the living process within which professionals, teachers, educators, and technicians position themselves, review, and change their position, toward a common goal: the care of the child or adolescent.

The CAPSIJ team learned about the institutional dynamics of the school, familiarized itself with the hierarchies that must be respected, and appropriated the reality of the teacher in the classroom – its implications, challenges, and peculiarities.

Acquiring the details of the functioning of educational institutions, the daily life of educators, the number of students per room, the relationship between pedagogical coordination, management and teachers – institutional hierarchies – and appropriating this context was of utmost importance for the joint planning of the inclusion situations that guided the meetings. There's a belief in the school's ability to deal with students who resist order and demand that rules be

revised, reprogrammed, and sometimes subverted.

As part of this knowledge sharing, inclusion processes were built that considered the limitations and needs of each side: the school, the teacher, and the child. In the focus group meetings and in the conversations with the teachers, it was noted with amazement that the program has become a place of training for the teachers and the

CAPSIJ team, as well as mentoring, listening and supporting the teachers.

Collaborators

Silva CD (0000-0002-1952-1071)* and Jurdi APS (0000-0002-1111-5562)* also contributed to the elaboration of the manuscript. ■

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