ABSTRACT
Objective: to discuss about the implications of the territorial services of attention to psychological distress in assisting users. Method: qualitative, exploratory and descriptive study, with semistructured interviews recorded with 20 professionals from a psychiatric hospital in reference to the state of Rio Grande do Norte/RN/Brazil. Were used participant observation and document analysis. The data were analyzed using thematic analysis technique. The study was approved by the Ethics Committee, CAAE 0021.0.051.000-11. Results: the results showed changes in everyday psychiatric institution studied, represented by the Service Creation Home, valuation of health education with users and family, change in posture of the interdisciplinary team against the psychological distress and change in the profile of the users that they enter the hospital. Conclusion: the new devices of psychosocial care are promoting improvements in care provided to service users studied. Descriptors: Mental Health; Mental Health Assistance; Hospital Care; Research in Health Services.

RESUMO

ORIGINAL ARTICLE
IMPLICATIONS OF MENTAL HEALTH NETWORK REPLACEMENT: ADVANCES CONQUERED IN DAILY LIFE OF THE PSYCHIATRIC HOSPITAL

IMPLICACIONES DA REDE SUBSTITUTIVA EM SAÚDE MENTAL: AVANÇOS CONQUISTADOS NO COTIDIANO DE UM HOSPITAL PSQUIÁTRICO

IMPLICACIONES DE LA RED DE SUSTITUCIÓN EN SALUD MENTAL: LOGROS CONQUISTADOS EN LA VIDA DIARIA DEL HOSPITAL PSQUIÁTRICO

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INTRODUCTION

On the background of mental health deinstitutionalization Brazilian user and care services is the main proposal for the restructuring of attention to psychological distress. Thus, to ensure adequate support to the person who has a mental disorder and is in the process of deinstitutionalization has created a series of substitute services that must function in a coordinated manner and guided assistance in the territory.

The Centers for Psychosocial Care (CAPS), therapeutic residential services, the Centers for Living and Culture Program and "Back home", together with laws and ministerial decrees, represent this new network of mental health care, which proposes transform parameters psychiatric care before facing mental illness, to give respect to the biopsychosocial approach to mental suffering.

Another significant aspect of this new proposed mental health care is the time of hospital discharge and the restoration of the individual to the family and social life. In this regard, should be considered as aspects of the reorganization uneventful spaces contractualy sufferer's psychic who raised the demand for psychiatric care, as well as the application of the notion of responsibility by the service user's home health services. Such measures should be taken in order to promote the applicability of the network, which allows the construction, support and maintenance of places subject in the social space and can minimize future readmissions.

Here's a relevant question, and that directly relates to the relationship between the psychiatric hospital and the other remaining therapeutic devices. How ensures GM Ordinance 251/2002, the hospital should liaise with the community mental health network, being the gateway to the mental health system located in the service territory of reference for the hospital. In addition, aspects related to the preparation of the person to hospital and ensuring referral to treatment continuity in territorial service are also provided in order to promote their social reintegration and family in order to prevent the occurrence of future hospitalizations.

Reflecting on the expansion of the territorial assistance psychic suffering, the question is: to what extent is there coordination between psychiatric hospital and extra-hospital device? The creation and steady expansion of the territorial network service brought implications for everyday psychiatric hospital, with regard to improving the care provided to users? Based on these concerns, engender scientific research to know what changes (if it existed) the psychosocial paradigm brought into the psychiatric institution, until recently hegemonic in the treatment of "mental illness."

Based on the foregoing, we emphasize the importance of the commitment of the exercise of research and graduate programs, managers, professionals and services with effective intersectoral theory and practice of Brazilian Psychiatric Reform (RPB) and the process of deinstitutionalization in mental health. This process is emphasized by the probation of the individual with mental suffering, and the transformation of care provided by mental health services in Brazil. Thus, it is expected that the results of this study contribute to the progress of the Health System and RPB, for the quality of mental health care in Brazil. Thus, this study aims to discuss about the implications of the territorial services of attention to psychological distress in assisting users.

METHOD

Qualitative study, exploratory and descriptive study conducted at the Hospital Cologne Dr. John Machado (HJM). According to the Medical Service, and Statistics of the institution, the HJM performs an average of 764 calls per month from people from any location in the state.

The choice of HJM as the locus of this study is justified by the fact that this is a public institution of reference for psychiatric care in the newborn; added to this factor, the strategic location of the institution. As the state capital, Christmas has economic and political influence over other municipalities, besides being considered a reference for those seeking specialized health treatments. So, this coverage achieved by HJM makes us believe that the results found in this research reflect reality state in relation to the network of mental health care.

The sample used for this study included 20 subjects - achieving a representation of 11.56% of the total population that was formed by 173 professionals. These are: six psychiatrists, two psychologists, an occupational therapist, two social workers and nine nursing technicians. As for the gender division, fourteen are women and six are men.

Inclusion criteria were applied: have begun to exercise activities in the hospital from April 2001, when the regulation of the Federal Law 10.216/2001 which enabled the implementation of the National Mental Health
Care (PNSM) and act at the entrance and / or exit the HJM regulating the processes of admission and / or discharge of patients.

Information was collected following the methodological assumptions of oral history. There were used as instruments, to collect information from semi-structured interviews, direct observation and document analysis. Used direct observation, key tool to capture and complement the empirical reality, to contemplate, especially the basic procedures of the institution relating to the accommodation of users, the development of individual therapeutic projects and operation of the Project Steering Alta. The observations were recorded in a field diary and brought the results of this study as supplementary information to the oral records of the subjects.

Regarding the interviews, the initial contact for scheduling with research participants was done in two ways: some were addressed in the institution during the visits for observation and others were invited via telephone, depending on the ease with which were found in the institution. In both cases, we contacted the professionals and we set the time and place to interview, according to their personal availability, which allowed the reduction of tension and stress caused by the feeling of being interviewed. Before the start of the interview, the respondent was informed about the objectives of the work, as well as about your rights as a research participant.

For the analysis of operational information, follow the thematic analysis. Therefore, this phase of the research was divided into three phases, namely: 1. pre-analysis, with thorough reading and organizing the collected material in order to meet standards of validity, and the determination of reporting units, context units, clippings and categorization; 2. exploration of the material, to the investigation of the raw data so that we could reach the core of understanding the text 3. Treatment and interpretation of the results obtained with inferences and interpretations of the findings.

Because this is a research study involving human subjects that was forwarded for consideration by the Ethics Committee of the Federal University of Rio Grande do Norte under protocol 019/11, getting approval of this instance on June 15, 2011 through the opinion in 216/2011 and CAAE 0021.0.051.000-11. In order to maintain the confidentiality of the identity of each research subject, there were assigned pseudonyms.

RESULTS AND DISCUSSION

Survey conducted by the institution, it became clear that the HJM has an institutional therapeutic project covers three main areas: citizenship, and deinstitutionalization interdisciplinarity. Within this institutional level we find activities that are developed with the aim to promote the social reintegration of users in mental health, namely: training of employees; qualified hearing; system regulating admissions, high-assisted; daily visits to hospitalized at flexible times; plus a series of activities psychosocial nature. Anyway, it is an institution that seeks to abide by the precepts of PSb and that despite adversities administrative or management has been trying, at least in theory, implement principles of deinstitutionalization in mental health.

The thematic analysis applied to the discourse of the subject allowed the creation of four categories that express the modifications offered by new services mental health care in the structure and organization of the study. They are: Service Creation Home, recovery of health education with users and family; posture interdisciplinary team against psychic suffering; Profile of users coming to HJM.

● Service Creation of Host in HJM

The first modification in assisting the user HJM was the creation of the service host in the same space where does the Emergency Room of the institution, as mentioned below:

There was created a service host for the purpose of triage of patients who need to be treated at the hospital by the doctor or the psychology service. Often, the host team already addresses these situations by making orientation to care services - CAPS II, III CAPS, CAPSi, Outpatient psychiatric services and chemical dependency treatment. (Aldebarã)

I think the host has this role. It can regulate it, can receive and triage and see demand appropriately. (Régulus)

Aldebarã and Régulus we list as a function of the host HJM by screening users to ensure the best organization in the demand for services within the network of mental health care in the state. However, this is not the sole responsibility of the service, as we will see in other speeches that follow:

The host was created so we can guide these patients. It has 12 patients, 13 hospitalizations and did not know and had never heard of CAPS. So this shows that there was rather a lack of information. The patient gave input requested for job relocation, going to hospital, get high,
sometimes even with their own routing CAPS, only he did not know what was CAPS and never went there because I did not know where he was. So there was no such information, this guidance grounded for them. (Bellatrix)

We initiated a sector in the same space emergency room, called host. Once you arrive at the emergency room, the user, his family, his companions, first have a welcome by the institution, to take the basic guidelines regarding the services to both services will be held here in HJM that this care is of urgency about the services of mental health network. And if she is a patient inside, we also make clarifications on what she can do, or what is the closest region CAPS. The routing is done also. So I think the hosting service is a service that gives these guidelines even before it be attended by the doctor and the team that is in the ER. (Antares)

According Bellatrix and Antares, the host developed in HJM plays an important role in guiding users and relatives concerning the organizational logic of the network of mental health care. Bellatrix considers the relevance of providing guidance grounded, ie, it is not merely the unilateral transmission and random message, but the exchange of knowledge grounded in a concrete project host, which reflects on the credibility of the information passed. But the speech Antares takes us to a conception host as a “reception humanized” by users and families, in order to prepare them for the procedures they will encounter during their career, whether in the institution or in psychiatric outpatient services health mental.

We consider the fundamental perception Bellatrix and Antares about the impact that the lack of knowledge about the services or procedures have mental health for psychiatric readmissions through recurring search for care in a psychiatric hospital, or even as an impediment to continue treatment territory, to the extent that patients and families are unaware of community-based services arranged in mental health network.

Another function assigned to the hosting service is referred to by HJM AUVA:

With the deployment of host parallel we work very, very attached to CAPS, so whenever we are getting in touch with the teams, we try not to monopolize the mental health service in the state hospital, we have very clear what is our function, in fact, that is the withdrawal of the crisis is the urgent care of urgency, but we're always looking to contact these teams so that the patient can leave the hospital oriented, patient and family oriented to seek a service within their community so that he can continue his treatment and that she gets guidance from the host, when there is that possibility. (Auva)

The speech marks the AUVA attempted linkage between HJM and substitute devices. In our view, this understanding of the actual function of the hospital within the context of PSb and psychosocial care is essential for the hosting service HJM reach the solvability desired.

In summary, the host is considered by the subjects as a service relevant to the performance of screening among users for the implementation guidance to the community and to the search for links between HJM and other devices on the network of mental health state. We add here, our conception host beyond the physical representation of a service and the development of activities within an organizational logic, corroborating positioning when Brazilian author defines the host as “the art of interacting, building something in common, find our humanity deeper in relationship with others and with the world”.

The host is a key tool in health care specifically for the public seen so prejudiced by society, such as people with mental disorders and users/alcohol and/or other drugs. For this author, the host can still mean facilitating people's access to health services and also offering appropriate assistance, as it is present in disease prevention, health promotion and support to service users.

Finally, the host unfolds in improving health care and assistance in solving, translating on listening, guidance, information and appropriate referral and constitutes an attitude of all health professionals who receive, listen, analyze, identify and refer appropriate patients and families. So, is welcome to enter people in a wide network of Citizenship.

In HJM deploying host is in a phase of structuring and drafting reception protocol, host, and classification needs to be ensured that the quality of care through a standard prioritization of cases. The service operates from Monday to Sunday, the hours of 19:00 to 7h00min, with an interdisciplinary team consisting of psychologists, social workers, nurses, nutritionists and technical nursing; so that professionals are always present two upper level differentiated categories.

As we observed, the hosting service HJM not work full time, which may bring negative implications for the care of those users coming to the service at night. Given the importance of the host service developed in this institution, we reiterate that the expansion of operating hours of the host...
service could improve the quality of care for those users who would enter the service during the night, which in turn could bring contributions to reduce rates of hospital admissions and readmissions in psychiatric institution.

Based on the above it is clear the key role that the host service, created in a psychiatric unit reference state, plays in the reality of mental health network. However, to be guaranteed the free movement of the user over the network is necessary qualified staff to work in the new logic psychosocial care enough professionals and adequate physical infrastructure, where all the services that make up the network are also committed to attention full health of citizens, offering the user, alternative treatment other than psychiatric hospitalization.7

● Giving value to health education with users and family

Another modification raised by the expansion of the mental health care of the newborn was the enhancement of health education. Detected in the speeches of the subjects evidence pointing to a redirection of user assistance HJM directed to conduct health education activities with relatives of internal users within the institution.

The approach not only patient, but the family is having a different direction. Are having weekly meetings, when there are weekly fortnightly are with the families, which is the operative group that brings together the families of patients who are hospitalized. Family members come to the meeting in time to visit, they have a meeting with the team that accompanies their patients (occupational therapists, physicians, nurses, psychologists, social workers) and will start talking about the living of their patients at home what the problem is, whether it is work, it is activity, whether a patient is at home idle, if it is conflict, in order to decrease, know your patient and at the same time having a channel of communication between the patient, family and health team that provides assistance. (Mira)

I realize, and we are realizing that [information] is contributing. Helping to move society to users, especially that portion of society that makes use of the HJM here, the importance of these devices [devices substitutes]. (Algol)

Health education is defined as a “field of practices that take place on the level of social relationships usually established by health professionals, together with the institution, and especially with the user in developing their daily activities.” E.482 We added the importance of family participation in the process of health education, especially if the participating family is directly responsible for the care given to the service user, as is common in cases of psychological distress.

Educational activities are perceived as an essential tool in encouraging self-esteem and self-care of family members, promoting reflections that lead to changes in attitudes and behaviors of everyday life. Health education is a strategy that articulates the concept of the reality of the health context and the search for possibilities of generating changes attitudes from each health professional, team work and the various services that seek a transformation in the context of health the population.9

As you can see in the speeches of Mira and Algol, health education developed in HJM still lacks didactic and pedagogical techniques specific and is not carried out systematically. However, we understand that the activities performed in the institution propose to consider the daily life of families and users in order to help them better cope with daily difficulties, moreover, aim to convey users and caregivers the importance of substitute services.

In our view, the way the actions are being developed for health education in HJM shows that professionals who do this work are attentive to the contour geographic, social, political and cultural development of individual, family and community, which for researchers Brazilian7 is configured as a basic premise for health education.

● Posture of the interdisciplinary team against psychic suffering

Also in relation to changes in user assistance HJM arising from the expansion of the device replacements, some research subjects showed an improvement in how to approach and capture users’ mental health and the probable reduction of prejudice against mental illness and the patient, as see below:

I believe it is a better service, more humanized up. Because it somehow fought prejudice. I wondered, and still wonder, that there are many prejudiced people that finding a mental patient, or even a drug user on the street, he ended up leaving because he thought it did not need treatment, thinking that by his own prejudice, that did not require driving to a treatment to a hospital. And SAMU [Service Mobile Emergency], for example, he makes this service. What we see is that it has contributed to this humanization of patients. The patient sometimes is dropped, thrown into the street and then welcomes SAMU, bringing forth. (Algol)
Indeed, psychological suffering requires a lot of difficulties, not only for the individual and their family, but also for the professional who deals daily with the mental disorder. Are required, among other things, changes in the dynamics of relationships teamwork, greater investment of time, commitment and availability to that care is dispensed in the most appropriate manner, within the perspective of the care network territorialized.

Analyzing the speech of Algol agree that the performance of emergency service SAMU in psychiatric fought partly prejudice. To the extent that such service has to accommodate people who were dropped in the streets, especially those in situations of drug abuse, and refer them to the HJM, that, in a way, helped in the understanding of the subject with that profile needs a specialized health care. However, it must be argued that such a statement denouncing subliminally, a lack of screening by professionals SAMU in routing users to HJM. Wonders whether the redemptions made for this service, people in situations of abandonment on the streets, actually obey the criteria of medical regulation and raise the profile of these people, necessarily, a referral to the psychiatric institution.

Another issue addressed by the research subjects was the ability for the user to have monitoring family visitation and receive:

> And so, just before this issue that the patient had not come and stay together, I mean, when he comes in here, when it goes to the emergency room he is accompanied and family any time you want to come see the patient comes. They call family. Had rather change for the better. (Palida)

Before the patient spent eight days here without receiving visits, today he receives a visit from the first day you are hospitalized, and even emergency room visits have also, because it goes about a week to have an opening for hospitalization. (Wezen)

Thus, it is possible to infer that workers and managers realize the value of the human dimension and the subjective act of liberation of family visitation, demonstrating the relevance of the presence of someone in the family has to stay healthy service user’s mental health. We emphasize that this is a right won through years of struggle PSb in favor of the citizenship of the person with mental hospital.

We found evidence that a portion of workers who work in the institution research locus notice any kind of change in his professional attitude because of the expansion device replacements in RN, as shown Regulus:

> I think so, by the psychiatrists on duty, some more than others, some have a broader vision and can triage it [the demand of users] forward for alternative services and discuss it with the network. But in fact, it changed yes, posture within the ER. If we think for at least ten years, so that ER [HJMs] work was totally different than it works today. (Regulus)

The change of attitude of the professionals mentioned in the HJM above speech can be translated into actions reported by another employee of the service and research subject:

A patient arrives at the emergency room, if I see that he does not have a clear indication of hospitalization, I demand to know which region it resides, if this region has CAPS, if I can forward. I’m constantly doing it, forwarding, or even when he leaves the hospital, find out what region it is, or if it is inside, if there is CAPS, CAPS, which is nearest to seek adequate care for this person to prevent it from being admitted to hospital again. (Aldhara)

Aldhara reveals concern about resource utilization of psychiatric hospitalization only in the latter case as well, with appropriate referral of users for outpatient services, both users seeking the institution and do not require hospitalization, and those that received discharge.

In this regard, another interesting aspect is discussed in crop as follows:

> Today there exists [in HJM] a list of substitute services on display there, on top of the bureau-call physician. So he has access to this information very easy. He knows where CAPS has, he knows where to send him, and he is able to do this in a very easy way. It certainly changed the posture, especially people who are newer to this service. So, not only on duty, not only the level, but we see that even the mid-level staff, nursing technicians, we note that they also have a different stance in this regard. They recognize readmissions those who have no treatment outside the hospital, in short, has several indicators that exist in practice. (Regulus)

The speech of Regulus brings to light two important points for discussion. The first one refers to the accessibility of physicians that professionals use in HJM has data relating to territorial services. The act of placing a list containing information about the devices which substitute for the user may be heading is an improvement, even if slight, in the search for linkage between the hospital and community-based service. Moreover, it is an incentive for the professional on duty to look at their outpatient services of the area.
covered by each user, even for those patients and families who have resistance to decentralization of hospital care.

The second point that strikes us is the number of professionals who understand and discuss the importance of substitute services. In our understanding, when the team, especially one who works in a psychiatric hospital, is interested in understanding the organizational logic of the network of mental health care and signals acceptance of the principles of Psb, this is reflected in improved quality of assistance to psychological distress and certainly bring results that transform mental health care.

In this sense, the professional renewal that comes through the HJM can bring contributions to this special service, as noted in the following speech:

> Are having every day young professionals in the hospital. The team average is younger, is not that team of twenty, thirty years [...] I believe that knowledge on the issue of Psychiatric Reform [...] And then we through knowledge, we shall treat in a different way, this patient hear better. I see that many professionals work in this line. So I believe that this helps. The host that is done, the conversation, listening to this patient. (Alrisha)

Alrisha corroborate the argument states that when knowledge about the principles of Psb and the importance of psychosocial care leads the professional to behave differently to the situations of psychological distress faced in their daily work; added to this factor, the importance of updated training and renewal professionals in psychiatry, considering that years of work in psychiatric institution can let the professional attitude permeated by discourse and practice madhouse.

Another change related to user assistance HJM indicated by the research subjects is teamwork, as is explained in the following talks:

> I see improvements, so that assistance team interacted more, began to give more aid, more working conditions have improved ... assistance became more privy. (Vega)

As you can see, the proposed Psb leads the health professional to play new practices in mental health and a range of amounts expectations involving interdisciplinary. In this sense, research points to a growing trend from the perspective of interdisciplinary work involving both respect the natural specialties as the impetus for the establishment of bridges that enable dialogue between the various groups of professionals who work in mental health services. These authors defend the consolidation of interdisciplinary practice, expressed by the exchange of information among the various specialties in finding solutions to problems emerging as springboard for a more egalitarian among professionals that make up the health care team.

This reality can now be proven by surveyed held in Paraiba and pointing to a change in the profile of the mental health professional who came to value teamwork and recognize the importance for interdisciplinary mental health care, be it in the developed devices territorial or psychiatric institutions.

Another key aspect to attempt to resolve the main problems faced by Psb is the participation of mental health staff in both everyday users and services, as well as in the conduct of their own PNSM. In this respect, the mental health workers in deliberative bodies are the "main instrument of intervention/invention/production of mental health care," acting in the agency to produce bonds of affection and managing stressful situations daily. For the author, the mental health team is the hands that weave this web of care.

In our view, besides weaving and organize various assistive devices outside the hospital for the composition of this network of care, mental health workers represent the stars that guide services, users and families and lead the ways to cope with daily problems, while delineate the actual situation of services and the degree of implementation of PNSM in all its spheres.

It is noteworthy that survey in a psychiatric hospital located in Recife shows a change in the posture of the mental health professional in crowded psychiatric institution. The survey results reveal, among other important aspects, "that mental health has been seen with different eyes, both by society and by the government" and also highlights the professional recognition of the importance of family involvement in the treatment of mental suffering as well as the professional / user / caregiver in this new context of psychosocial care.

- Profile of users coming to HJM

Another modification indicated by the research subjects with respect to the profile of the users of the HJM, Vega as shown:

> I'm seeing a lot of change in the patients' personal, hygiene, nursing, health facility. When I came here in 2001, everything was different. Hygiene was different, patients were more difficult to deal with, were more aggressive, less accepted sanitizing them, understand? This technical part of the people was more difficult to work. And after they leave here and go to the CAPS,
many have come to accept more treatment. (Vega)

We believe that this change reflects the higher level of sociability and contractuality the fruit of psychosocial care recommended in community-based services. Over more than three decades of drives by PSb, we have seen the strong performance of workers, and family members in the struggle to ensure better health care. Currently, we see the participation of these actors in the events of anti-asylum, mental health conferences, finally, in pursuit of their rights as citizens. We attribute this advance in speech Vega evidenced the presence of mental health services in the territory, the actions of mental health education and the struggles over the demystification of mental illness by the social imaginary.

Unfortunately, many people with mental disorders who are institutionalized and chronified. However, the verification of the occurrence of change in the profile of users of the HJM, however slight it may be, is indicative of the consistency of change brought about by the services of replacements mental health workers in collective praxis and society in general.

CONCLUSION

Based on the analysis of professional discourses investigated include observations about changes in daily HJM, as well as the attitude of the professionals who work in the institution and who have developed a unique role in attention to psychological distress as a result of the expansion of the network of care mental health state.

Improving healthcare institution locus observed in the study, it is evident through a series of modifications in the daily Hospital culminating in the development of a service that is different from the common to the historic asylum psychiatric institutions. These changes, although that still point, refer to the creation of the hosting service implemented in the Emergency Hospital of that; development initiatives in health education with the families of users, the appreciation of a vision articulated the paradigm of psychosocial care parcel of professional institution; seeking the joint between the HJM and network devices mental health.

The actions of health education carried out within the institution have to provide information about the layout and operation of the territorial network of mental health care and questioning conducted during group meetings on the daily lives of patients and families. This attitude shows that portion of the institution’s professionals seek a considerable level of professional and critical engagement on proposals PSb and psychosocial care.

With regard to changes in the attitude of professionals HJM, detected that portion of respondents recognize the potential of alternative services, and realize the importance of acceptance and appropriate referral of users to reference services. This is the finding of practical steps that are being taken in the search for links between the psychiatric hospital and substitute services (already planned and regulated by the Unified Health System) and in favor of the gradual extinction of the first replacement and expansion of the network in line with the prerogative current feasible technically and ethically the mental health care planning.

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