



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

COMMUNITARIAN THERAPY AND ITS REPERCUSSIONS IN THE WORK PROCESS IN THE FAMILY HEALTH STRATEGY

TERAPIA COMUNITÁRIA E SUAS REPERCUSSÕES NO PROCESSO DE TRABALHO NA ESTRATÉGIA SAÚDE DA FAMÍLIA

LA TERAPIA DE LA COMUNIDAD Y SUS REPERCUSIONES EN EL PROCESO DE TRABAJO EN LA ESTRATEGIA LA SALUD FAMILIAR

Glauber Weder dos Santos Silva¹, Maura Vanessa Silva Sobreira², Adriene Jacinto Pereira³,
Macerlane de Lira Silva⁴, Francisco Arnoldo Nunes de Miranda

ABSTRACT

Objective: to analyze the contextual aspects of the CT and its repercussions in the work process of the health professionals. **Method:** it is an integrative review, with active search in the Scientific Electronic Library Online - SciELO, dissertations and printed books, selecting texts which included the CT theme, using the Hinds; Chaves and Cypress referential, to discuss the phenomenon from its contexts. **Results:** the final paper was disposed in categories: CT - building of the solidary social networks (immediate); CT and the Family Health Strategy (FHS) - building bonds, resignifying relations (specific); Process of health work and its technological organization (general); Techno-assistance Models and the reorganization of the health work process (metacontext). **Conclusion:** this study allowed reflecting about CT and its repercussions in the FHS, enabling the expansion of the view and reflection about the necessity of breaking with the hegemonic techno-assistance model, which overvalues the hard and soft-hard technologies, producing lack of care. **Descriptors:** Communitarian Therapy, Family Health; Work Process.

RESUMO

Objetivo: analisar os aspectos contextuais da TC e suas repercussões no processo de trabalho dos profissionais de saúde. **Método:** revisão integrativa de literatura, com busca ativa na Scientific Electronic Library Online - SciELO, dissertações e livros impressos, selecionando textos que contemplassem a temática de TC, sendo utilizado referencial de Hinds; Chaves e Cypress, para discutir o fenômeno a partir de seus contextos. **Resultados:** o trabalho final foi disposto em categorias: TC - construção de redes sociais solidárias (imediato); TC e a Estratégia de Saúde da Família (ESF) - construindo vínculos, resignificando relações (específico); Processo de trabalho em saúde e sua organização tecnológica (geral); Modelos Tecno-assistenciais e a reorganização do processo de trabalho em saúde (metacontexto). **Conclusão:** o estudo permitiu refletir sobre TC e suas repercussões na ESF, possibilitando a ampliação do olhar e reflexão sobre necessidade do rompimento com o modelo tecno-assistencial hegemônico, que supervaloriza as tecnologias duras e leves, produzindo descuidado. **Descritores:** Terapia Comunitária; Saúde Da Família; Processo De Trabalho.

RESUMEN

Objetivo: analizar los aspectos contextuales de la TC y sus repercusiones en el trabajo de los profesionales de la salud. **Método:** revisión integradora y una búsqueda activa en la Scientific Electronic Library Online - SciELO, disertaciones y libros impresos seleccionando textos que abordan el tema de la cooperación técnica que se utiliza Hinds referencia, Chaves y Cypress, para discutir el fenómeno de su contexto. **Resultados:** el trabajo final se organizó en categorías: TC - la creación de redes de apoyo social (inmediata), la Estrategia de la Salud (FHS) y TC - bonos de construcción, la redefinición de las relaciones (específicos); Trabajo para la Salud de procesos y su organización tecnológica (general), Modelos Tecno-cuidado y la reorganización del trabajo en salud (metacontexto). **Conclusión:** el estudio permitió reflexionar sobre la TC y la repercusión en el FHS, permitiendo una mayor mirada y la reflexión sobre la necesidad de romper con el modelo de asistencia tecno hegemónico, que sobreestima las tecnologías duras y blandas, duras, produciendo descuidado. **Descriptores:** La Terapia de la Comunidad; La Salud Familiar; El Proceso de Trabajo.

¹Nursing Degree Student at the Universidade do Estado do Rio Grande do Norte, Campus Caicó, Caicó/RN. Scholar of PIBIC/UERN (2011-2012). Email: glauberweder@hotmail.com; ²Nurse, Nursing Master-Degreed, Assistant Professor, Nursing Department, Universidade Estadual do Rio Grande do Norte. Professor at Faculdade Santa Maria/FSM. Cajazeiras (PB), Brazil. E-mail: maurasobreira@yahoo.com.br; ³Nurse, Professor and Coordinator of the Nursing Degree Course, Faculdade de Ciências Médicas da Paraíba. Campina Grande (PB), Brasil. Email: adriene.jacinto@uol.com.br; ⁴Nurse, Specialist in Obstetric Nursing, Professor and Training Supervisor of the Faculdade Santa Maria. Cajazeiras (PB), Brazil. Email: macerlane@hotmail.com; ⁵Nurse, Professor Ph.D, Nursing Degree Course / Nursing Postgraduation Program, Universidade Federal do Rio Grande do Norte/UFRN. Coordinator of the Nursing Postgraduation Program/PGENF/UFRN. Email: farnoldo@gmail.com

INTRODUCTION

In the Brazilian landscape, there is a process of reversion of the model of mental health attention, leaving the hospitalocentric model, of individual, healing, discriminator and exclusionary focus, to a model of communitarian basis, which axis is the collective one, the health promotion and the disease prevention, focusing the subject, the family, the social groups and its existence. In the communitarian model, it is necessary to transform the treatment ways, because the object turns to be the existence-suffering of the individual and their relation with the society.¹ Besides, we search for the inclusion, tolerance and the coexistence with the difference and diversity.²

In this sense, the traditional ways of organizing the health work from the professions logic have been insufficient to guarantee the humanized and integral care, resulting in a way of thinking and acting which are fragmented in the health system as a whole.³ It is necessary to rescue abilities, to enhance the autonomy, to value the family dynamics and develop the empowerment of people and communities. Through the construction of a relations web formed by experiences exchanges, circular knowledge and socio-emotional resources, it is possible to promote the citizenship recovery and a humanized care.⁴

The organization of the work processes appears as a main issue to be faced in order to change the health services, with emphasis on the Family Health Strategy (FHS), trying to set it to operate in a way that centers on the user and their needs. In the current assistance model, medical hegemonic, the assistance flow of a Family Health Unit is focused on the medical consultation. The work process in this case, lacks an interaction between knowledge and practices, which are necessary for the integral care to health. In the present way of health production, the use of hard technologies prevails (the ones that are registered in machines and instruments), rather than the soft-hard technologies (defined by the technical knowledge) and soft (the relations technologies) for the care to the user.⁵ Changing the assistance model requires an inversion of the care technologies to be used in the health production.

In this direction, the Communitarian Therapy (CT) emerges as a care technology in which the family health teams use in the everyday of the services and with the community to build solidary social networks, decreasing the emotional suffering of the

population that arises from problems related to poverty, migration, abandon, insecurity and low esteem.⁶

This article aims to analyze the contextual aspects of the Communitarian Therapy, as a phenomenon and its repercussions in the work process of the health professionals, in the Family Health Strategy.

The term phenomenon applies to all the aspects of internal and external reality which exist as pre-linguistic entities and which adopt a meaning from the perception, imagination, recognition and human experience.⁷

It was used the referential of Hinds, Chaves and Cypress,⁸ in order to discuss the phenomenon from its different contexts. For these authors the ability of the researcher to signify the studied phenomenon and search for its comprehension is related to the knowledge, which they have about the multiple contexts in which it happens.

The Context in this perspective can be understood as the relation between the phenomenon and the situation in which it happens, and it is indispensable for the prediction, explanation and comprehension of the studied phenomenon.⁸⁻⁹ This way, we will delineate in this paper, from the comprehension of the context in four different levels? Immediate Context, which focus is the present/ Specific Context, considering the individualized and single knowledge, including the immediate past and important characteristics of the current situation/ General Context, characterized by the life reference board, identified by the subject from their interpretations that are built from the past and current interaction and/ the Metacontext, source of knowledge which are socially built operating continuously, in a shared social perspective.⁸

In this sense, we will particularize as an object of study about the Immediate Context in which this phenomenon occurs, in other words, the Communitarian Therapy in the perspective of the construction of solidary social networks. In the Specific Context we describe the Family Health Strategy and the Communitarian Therapy, in the perspective of the bonds building. In the General Context, we highlight the work process in health and its technological organization.

These contexts are related to a major one, which is the metacontext, which led us to reflect about the challenge we have as professionals in relation to the incorporation of a techno-assistance model in the perspective of defense of the individual and collective life, which transcends the relation user-worker, considering the intercessor

space, producer of care - living work in act - resignifying from the new technologies this relation.

METHOD

It is a bibliographic research, which aims to approach the researcher of the studies in relation to the phenomenon, through bibliographies that became public.¹⁰ The researched bibliographic sources for the theme of this study were the publications printed in books, dissertations, as well as online researches registered in the Scientific Eletronic Library Online (SCIELO). The bibliographic research included the period of 1997 through 2008.

Right after it, we analyzed the different contexts of the theme in the light of the theoretical referential of Hinds, Chaves and Cypress (1992) and categorized in subthemes, the findings we found, emanated the conceptual perspective of the different contextual levels.

The found results were categorized in subthemes from the different contextual levels, in Communitarian Therapy in the perspective of construction of solidary social networks (as immediate); the Communitarian Therapy and the Family Health Strategy, understood as the bonds former, resignifying relations (as specific); Work process in health and its technological organization (as general); Techno-assistance models and the reorganization of the work process in health (as metacontext).

RESULTS AND DISCUSSION

♦ Communitarian Therapy - a construction of solidary social networks

Communitarian Therapy (CT) is a welcoming space for sharing life wisdom, experienced suffering in everyday life and affinity in a circular and horizontal way. The CT appeared in the end of the eighties, in the Pirambu slum - Fortaleza, created by Adalberto Barreto, psychiatrist, anthropologist, theologian and Professor at the Universidade Federal do Ceará. For about 20 years, it is an experience which has been happening in several cities of 27 Brazilian states, and it needs to be spread and recognized as a practice of health care that is based on the concepts of health promotion and prevention of psychic suffering. It also happens in some countries such as France and Switzerland, with some experience in Mexico where it has been developed by nurses, besides being present in most of the Brazilian states.¹¹

The training of communitarian therapists, initially, was linked by the Pastoral da Criança, an organ of the National Conference of Brazilian Bishops - CNBB, used as an instrument of approach to family of children who are assisted by that entity. Currently, the MISMEC (Integrated Movement of Communitarian Mental Health) is expanding to several Brazilian states, with countless groups of formation, provided by city halls, universities and NGOs.¹²

It is a practice of therapeutic effect, which can be considered a technology of care or a group therapeutic procedure, which aim is the health promotion, the disease prevention, developed in the scope of the primary attention in mental health. It works as a stimulator of citizenship, of cultural identity of the communities and solidary social networks that enable the individuals, families and groups, to develop autonomy and acquire the necessary bases for the personal and social balance.¹³

Some authors consider the CT as a critical post-modern therapeutic practice, which recognizes the influences of the socio-economic, political, cultural, ethnical, of gender and spiritual macro-context, being manifested in the familiar micro-context and in the communitarian organizations, a welcoming context for the alterity, where the individual and the community are seen as competent for the action and the choices agency.^{4,14}

The CT proposes a change in the reductionist models, centered on the unilateralism, inviting everybody to a view which is turned to the collective, to the communitarian health care, in the public spaces, both individual and family ones, stimulating the rescue of citizenship and the incentive of the empowerment process. This way, it constitutes a space based on the experiences sharing, it allows us to rebuild social networks of life promotion, culture appreciation and the competence of each individual as well. The therapy meetings produce support networks and arise change possibilities, as people from the community participate of the same culture and share among themselves resources of communication and identity bonds.^{4,11}

It is based on the discussion and performance of a work of mental health in the perspective of health promotion, involving all the community cultural and social elements; in the emphasis of group work and the gradual creation of the social awareness, raising transforming therapeutic actions, supported in

the competences and the formation of a support web.

The CT space is a transformation moment, transmutation of the KAOS, from the suffering, to the KYROS, sacred space, where the subjects resignify their suffering enabling a re-reading of the elements which cause pain. It is conducted by a team composed of a Therapist and a Co-Therapist; the CT meetings are developed with the participants in a circle, following a systematized guide that includes five steps: welcoming, theme choice, contextualization, problematization and closing.¹¹

The CT identity, in its phases development, is based on five conceptual theoretical pillars: systemic thought, communication theory, pedagogy of Paulo Freire, cultural anthropology and resilience.¹¹ The CT symbol is the spider web, as this therapeutic work, spins like the spider, really strong webs, enabling to open a space of expression for the ones who suffer and allowing many people to make use of what is built there, rescuing interpersonal and social bonds, from the inclusion of cultural values in the group, strengthening the subject to the feeling of inclusion into humanity.

♦ Communitarian Therapy and the Family Health Strategy - building bonds, resignifying relations

The range of health necessities of the population is wide and also in the mental health area, the character of lack of care also remains, because most of the health services do not offer basic care of orientation to the population concerning the ways of dealing with the crisis, with the emotional suffering, as well as with the importance of the emotional and social relations in the life of each person and of the community.¹⁵

In this sense, in 1994, it was conceived by the Ministry of Health, the Family Health Strategy (FHS) as a purpose of reorganizing the assistance practices, instead of the classical model of attention to health, understanding the user individual in their biopsychosocial context, strongly considering the aspects of health promotion. This way, the actions and health services start to be turned to the person care as an integral human being, subjected to the most different life and work situations, which lead to a disease and death. These actions also extend to the attention field towards the mental health.¹⁶

However, some successful experiences have been happening in several Brazilian cities, showing that the development of basic

actions of mental health performed by the family health teams is a fundamental strategy in the consolidation of the health attention model, where the health promotion and the diseases prevention are considered strategic actions for the maintenance of quality of life. These strategies present changes of practices, contributing towards the health care in defense of the individual and collective life.¹¹

Inserted in the basic attention, the Communitarian Therapy aims to spin attention, care, prevention and health promotion webs besides being a multiplier in the attendance and construction of lines of care in mental health, supporting the users with psychic disturbs, stimulating the multiprofessional involvement of the basic attention network in mental health.⁴ This way, it works as producer of the citizen character, of solidary networks, strengthening the socio-cultural identity of the community, once it is technology of care to the users' suffering.¹⁷

It is, therefore, a therapeutic strategy, centered on the individual potentiality, providing the mental, physical and spiritual balance, through a systemic approach, combined with their beliefs and cultural values. Finally, it is a proposal of care which is not centered on the medicalized model anymore, but on search of a real approach to the popular and scientific knowledge. As a care tool, the Communitarian Therapy associates with the principles that guide the integral health and articulates in the reception of the everyday practice in the Family Health Unit, enabling the relations redefinition and the strengthening of the bonds between the users and health professionals, enabling a horizontality in these relations from the construction of the user's empowerment, in the autonomy perspective.

♦ Health work process and its technological organization

The debate about the use of health technologies was carried out more systematically in the decade of 1990, and it was done from the differentiation between the technologies which are registered in the machines and work instruments and the ones of technical knowledge, the first ones are called "material technologies" and the others "non-material technologies", something that was important to recognize the knowledge as technology and put the social subjects who have knowledge in the center of the care production debate.¹⁸

Merhy established three categories for the health work technologies: "hard technologies", the ones that are already

programmed for the production of determined materials (i.e. machines); “soft-hard”, the ones that refer to the technical knowledge, because they have a hard part, which is the technique and a soft one, which is the own manner that each worker applies it; and “soft or relational technologies” that concern the human relations.¹⁹

The space of the soft technologies is the locus where the care production, the bonds construction, the reception and the responsibility are defined. This way, a resolute clinical practice, besides the availability of equipment and examinations of therapeutic-diagnostic support, requires from the professionals, competence in the relational aspects, a combination of technologies of material and immaterial dimensions. So the organization of these technologies will result in a practice which is more centered on procedures or on the user's care.²⁰

However, the most traditional health production mechanisms organize fields of action structuring the construction that is centered on the instruments and rules, as a way of ensuring a greater procedures production, which was historically built through the prevalence of interests on the medicine industry and biomedical equipment of the determination of the techno-assistance models, which operate creating a conscience and subjectivity between the diverse professionals, training the imagination that the assistance quality is linked to the use of hard and soft-hard technologies.²¹

It is highlighted that the health work process cannot be completely controlled by managing logic, because it is a “living work performed in the act”, with autonomy of the workers and a level of significant freedom in the way of producing the health acts, which is a result of the private relation that they establish with the user, the professionals have their own management space of the their work - micro-politics.⁵

This way the CT, in the space of soft technologies, also enables a thought about the way of producing care, considering that at the moment which is a care producer, in the intercessor space, the subjects who related to each other have some subjectivity and must produce care in the perspective of autonomy, bonds strengthening in the co-participative models and non-co-dependent, and consequently ensuring the sustainability of the human relations which are not narcissistic but the most humanized ones.

♦ Techno-assistance Models and the reorganization of the health work process

A new concept of Health has been widely discussed, which includes several aspects of the life of individuals for the existence of a real and wide condition of well-being. However, Brazil is a country with great social inequalities due to the exclusionary economic model. The National Health System (SUS), originated from the popular mobilizations, appeared so that the social inequities were decreased, it includes and ensures, in its fundamental principles, the rights reserved for all the members of a society, in an equal, integral and accessible way. It represents, therefore, a social process under construction, in a democratic environment composed by several social actors. The SUS brought a political and organizational reformulation for the services planning and the health actions.⁴

The great impeding issue for reaching these goals is the fact that we live in a society little developed in its social aspect, offering scarce resources in all its axes - leisure, sports, education, culture, inhabitation, employment and income generation and, in our greater interest, health. Achieving health in its wide meaning is what we understand as health promotion, a place to be discovered and inhabited by all the subjects and integrated competences, acting in accord with an interdisciplinary ethic in which conditions and abilities for the same objective are linked. The political, administrative and social efforts mean to engage some investment - still segmented - so that the whole can acquire a configuration (20). The techno-assistance model, currently applied to the health services, is guided by the neoliberal hegemonic view and, in practice; this view ends up defining the mission of services and the technological conformation, meeting powerful interests which are considered legitimate.

In this model, there is a tendency to adopt policies that start to unprotect the work and the worker, in the health case, to directly regulate the direct producer of care, immediately interfering in its work processes.³

In this neoliberal perspective, the fragmentation, the immobility, the disarticulation of the intervention lines with the information systems and the bureaucratization are important problems in the Brazilian public health work. The work of the family health teams suffer influence of the Taylorist line, translated by the accumulation of administrative rules and

technical patterns, guided by beliefs in the possibility of controlling and regulating the total group of work.³

The work of the FHS intends, according to its supporters, to constitute in a structuring strategy of a new assistance model in health in Brazil. However, some years after the strategy implementation, some studies show that there are so many positive aspects in the proposal, towards the rupture with the Taylorist logic of organization and work management, as problems related to the construction of relations with the user in the perspective of a practice of emancipatory character, enabling the formation of critical and reflexive subjects.

The challenges overcoming, reflex of the discussions on the collective health field, points towards the necessity of implementing operational strategies and care technologies, in the different levels of management, capable of widening the participation of social sectors committed with the improvement of the quality of life of the Brazilian population.

We emphasize that for deconstructing the Techno-assistance model currently present in the imagination of many workers - the Flexnerian - and that really produces care, instead of procedures, devices baptized by the soft technologies need to be used aiming reflections of postures and practices changes, for example the communitarian therapy. This resource has been strengthen while a tool which is capable of enabling care (in the perspective of health promotion), under any form of psychic and mental suffering, contributing towards the consolidation of a bond between users and family health teams.

FINAL REMARKS

This study allowed us to reflect about the Communitarian Therapy and its repercussions on the Family Health Strategy in its different contextual levels, enabling an enlargement of the view and the reflection about the necessity of breaking with the hegemonic techno-assistance model, which overvalues the hard and soft-hard technologies to the detriment of the soft ones, producing lack of care.

It is necessary that the health professional rethink their posture and act critically in order to produce care in the perspective of autonomous subjects' formation. This way the CT, as a soft technology, strengthens these bonds between the professional and the user, resignifying the work processes, considering all the subjectivity of the involved actors in the care production, including the micropolitics. It enables above all, to build

solidary social networks in the community, putting itself in a contra-hegemonic way under the neoliberal view, which prevails in the current society, rescuing values such as citizenship and solidarity.

This way, the CT needs a greater dissemination and implanting/implementing as a therapy of basic attention care, requiring from the managers a greater attention, so that it becomes a public policy, as it was already recommended by the Ministry of Health, while it is a powerful tool of care to the psychic and mental suffering extrapolating for the space of "community mental health".

REFERENCES

1. Cavalheri SC. Acolhimento e orientação à família [Internet]. 2008 [cited 2008 Apr 10]. Available from: <http://www.sppc.med.br/mesas/silvana.htm>.
2. Guimarães FJ, Ferreira Filha MO. Repercussões da terapia comunitária no cotidiano de seus participantes. Rev Eletr Enf [Internet]. 2006 [cited 2008 Apr 11];8(3):404-14. Available from: http://www.fen.ufg.br/revista/revista8_3/v8n3a11.htm.
3. Mattos RA. Os sentidos da integralidade: algumas reflexões acerca de valores que merecem ser defendidos. In: Pinheiro R, Mattos RA, organizadores. Os sentidos da integralidade na atenção e no cuidado à saúde. Rio de Janeiro: UERJ/ABRASCO; 2001.
4. Holanda VR. As contribuições da terapia comunitária para o enfrentamento das inquietações das gestantes [dissertação]. João Pessoa (PB): Centro de Ciências da Saúde, Universidade Federal da Paraíba; 2006.
5. Franco TB, Merhy EE. Programa Saúde de Família (PSF): contradições de um programa destinado à mudanças do modelo tecnoassistencial. In: Merhy EE. et al. O trabalho em saúde: olhando e experienciando o SUS no cotidiano. São Paulo: Hucitec; 2003.
6. Filha MOF, Dias MD. A terapia comunitária no contexto do Sistema Único de Saúde - SUS. João Pessoa: Editora Universitária, UFPB; 2007.
7. Kim HS. Terminology ins structuring and developing nursing knowledge. In: King IM, Fawcett J. The language of nursing theory and metatheory. Indianapolis: Sigma Theta Tau International; 1997.
8. Hinds P, Chaves DE, Cypress SM. Context as a source of meaning and understanding. Qualitative health research. Feb 1992;2(1).
9. Halliday MAK. An introduction to functional grammar. London: Edward Arnold; 1994.

10. Gil AC. Como elaborar projetos de pesquisa. São Paulo: Atlas; 2002.
11. Barreto AP. Terapia Comunitária: passo a passo. 3rd ed. Fortaleza: Gráfica LCR; 2008.
12. Abratecom. Associação Brasileira de Terapia Comunitária [Internet]. 2008 [cited 2008 June 20]. Available from: www.abratecom.org.br.
13. Fukui L. Terapia comunitária e o conceito de comunidade: uma contribuição da sociologia. [cited 2008 Apr 2]. Available from: <http://www.usp.br/nemge/artigo-lia.pdf>.
14. Grandesso MA. Terapia comunitária: uma prática pós-moderna crítica - considerações teórico-epistemológicas. In: Congresso Brasileiro de Terapia Comunitária, 3, 2005, Fortaleza. Anais do Congresso Brasileiro de Terapia Comunitária. Fortaleza: Abratecom; 2005.
15. Filha MOF, Dias MD. A terapia comunitária no contexto do Sistema Único de Saúde - SUS. João Pessoa: Editora Universitária, UFPB; 2007.
16. Chiesa AM, Fraccolli EA, Sousa MF. Enfermagem, academia e saúde da família. Rev Bras de Saúde da Família. 2002;2(4).
17. Holanda VR, Dias MD, Ferreira Filha MO. The communitarian therapy experience as prenatal care strategy. J Nurs UFPE on line [Internet]. 2011 [cited 2012 Apr 1];5(5):1129-136. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1521/pdf_542
18. Gonçalves RBM. Tecnologia e organização social das práticas de saúde. São Paulo: Hucitec; 2003.
19. Merhy EE, Onocko R. Agir em saúde: um desafio para o público. São Paulo: Hucitec; 1997.
20. Merhy EE. Em busca do tempo perdido: a micropolítica do trabalho vivo em saúde. Interface- Comunicação, Saúde, Educação. Fevereiro 2000;6:109-25.
21. Lemos PM. Psicologia de orientação positiva: uma proposta de intervenção no trabalho com grupos em Saúde Mental. Revista Ciência & Saúde Coletiva. 2009;14(1):233-42.

Submission: 2012/04/22

Accepted: 2013/03/04

Publishing: 2013/07/15

Corresponding Address

Glauber Weder dos Santos Silva
Rua Félix Pereira, 76, Centro
CEP: 59370-000, Acari (RN), Brazil