



THE WORK OF THE PSYCHOSOCIAL CARE CENTER UNDER THE PERSPECTIVE OF USERS

O TRABALHO DO CENTRO DE ATENÇÃO PSICOSSOCIAL SOB A ÓTICA DE USUÁRIOS

TRABAJO DEL CENTRO DE ATENCIÓN PSICOSOCIAL POR LA PERSPECTIVA DE LOS USUARIOS

Khivia Kiss Silva Barbosa¹, Kay Francis Leal Vieira², Núbia Nobre Gouveia³, Adriana Lira Rufino Lucena⁴, Estela Rodrigues Paiva Alves⁵, Marina Figueira Lellis Macêdo⁶

ABSTRACT

Objective: to investigate the perception of users in a Psychosocial Care Center. **Method:** a descriptive study with a qualitative approach, with 20 users from Belém/PB/Brazil. To collect the information, we used a semi-structured form and the data were analyzed according to the technique Collective Subject Discourse. The study was the research project approved by the Research Ethics Committee of the Colleges of Nursing and Medicine Nova Esperança, under the CAAE 6725.0.000.351-11. **Results:** the core ideas identified from the guiding questions were: "I was everytime stigmatized, needing support. I was brought by my family"; I like CAPS, which hospital is best"; "Many things have changed for the better. I began to understand my problem. Changed my mind, I lost my fear of speaking, I am treated like people, have attention. Today I have my rights. I'm happy". **Conclusion:** emerged the users' perception of the care received is an effective strategy in overcoming the condition of mental disorder. **Descriptors:** Psychiatric Nursing; Mental Health; Health Services.

RESUMO

Objetivo: investigar a percepção de usuários de um Centro de Atenção Psicossocial. **Método:** estudo descritivo com abordagem qualitativa, com 20 usuários do município de Belém/PB/Brasil. Para a coleta das informações, foi utilizado um formulário e as informações foram analisadas conforme a técnica Discurso do Sujeito Coletivo. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa das Faculdades de Enfermagem e de Medicina Nova Esperança, sob o CAAE 6725.0.000.351-11. **Resultados:** as ideias centrais identificadas: "Vivia estigmatizado. Precisando de apoio. Fui trazido pela família"; "Gosto do CAPS, é melhor que hospital"; "Mudou muita coisa pra melhor. Passei a entender melhor o meu problema. Mudou meu pensamento, perdi o medo de falar, sou tratado como gente, tenho atenção. Hoje eu tenho meus direitos. Estou feliz". **Conclusão:** emergiu a percepção dos usuários de que os cuidados recebidos são uma estratégia eficaz na superação da condição de portador de transtornos mentais. **Descritores:** Enfermagem Psiquiátrica; Saúde Mental; Serviços de Saúde.

RESUMEN

Objetivo: investigar la percepción de los usuarios de un Centro de Atención Psicosocial. **Método:** se realizó un estudio descriptivo con un enfoque cualitativo, con 20 usuarios en Belém/PB/Brasil. Para recopilar la información se utilizó un formulario semi-estructurado y los datos fueron analizados de acuerdo con la técnica del Discurso del Sujeto Colectivo. El estudio fue el proyecto de investigación aprobado por el Comité Ético de Investigación de las Facultades de Enfermería y Medicina Nova Esperança, bajo el CAAE 6725.0.000.351-11. **Resultados:** las ideas centrales identificados a partir de las preguntas orientadoras fueron: "Vivió estigmatizados. Necesidad de apoyo. Fue traído por la familia ", "Me gustan los CAPS, que hospital es mejor"; "Muchas cosas han cambiado para mejor. Empecé a entender mi problema. Cambió mi mente, me perdí el miedo de hablar, me tratan como las personas, tienen la atención. Hoy tengo mis derechos. Soy feliz". **Conclusión:** surgió claramente la percepción de los usuarios sobre la atención que reciben es una estrategia efectiva en la superación de la condición de trastorno mental. **Descritores:** Enfermería Psiquiátrica; Salud Mental; Servicios de Salud.

¹Nurse, Master in Public Health Nursing by the Federal University of Paraíba/UFPB, Professor at the Federal University of Campina Grande / UFCG and the Faculties of Nursing and Medicine Nova Esperança/Facene/Famene. João Pessoa (PB), Brazil. E-mail: khiviakiss@yahoo.com.br; ²Psychologist, Master and PhD in Social Psychology by the Federal University of Paraíba / UFPB, Lecturer of the School of Nursing Nova Esperança/Facene. João Pessoa (PB), Brazil. E-mail: kayvieira@yahoo.com.br; ³Nurse of Primary Health Care from the city of Alagoinha. Alagoinha (PB), Brazil. E-mail: nubia_nobre@hotmail.com; ⁴Nurse, Specialist in Family Health, Lecturer of the College of Nursing Nova Esperança/Facene. João Pessoa (PB), Brazil. E-mail: adriana.lira.rufino@hotmail.com; ⁵Nurse, Master of Nursing in Health Promotion by the Program Associate of Postgraduation of the University of Pernambuco and Paraíba State University/PAPGen-UPE/UEPB, Lecturer at the Institute of Higher Education of Paraíba/IESP. João Pessoa (PB), Brazil. E-mail: rodrigues.estela@gmail.com; ⁶Nurse, Specialist in Family Health, Professor at the Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: marinafellis@hotmail.com

INTRODUCTION

In Brazil, the history of mental health care is marked by the prospect asylum and exclusionary. The chronicity of violence and hospital-centered model showed the North to fight for changes in psychiatric care. Only in the 1970s, began the quest for Psychiatric Reform, a movement of political, social and economic, which has been developing for several decades, and has as main objective to deinstitutionalization, with consequent deconstruction of the asylum and paradigms that support it.

In the field of mental health, social movements have contributed decisively to the growth of critical awareness about the situation Brazilian psychiatric, and this favored the enlargement debate about thinking antimanicomial, not only between experts and users, but also between various segments of Brazilian civil society.

The assistance was exclusively hospital-configured of symptomatologic approach, in which the actions of treating mental disorders were focused primarily on psychiatric hospitalization, isolation, segregation of patients and medication. Several advances in the practice of professionals involved in mental health care, which are primarily responsible for the daily confrontation of the real difficulties to expand and consolidate this change in mental alertness.

The proposed changes listed by the Psychiatric Reform have consolidated gradually to effect the anti-asylum movement and humanized, whose focus is the demystification of the model which grounded the classic paradigms of Psychiatry, which made the hospital the only treatment option for patients with mental disorders and chronicity and favored the exclusion of these patients.

The implementation of the Centers for Psychosocial Care (CAPS) was instrumental in redirecting the model mental health care in the country Your current regulation occurred through Ordinance 336, which defines and classifies these devices in ascending order according to population coverage, complexity attention and target population. The CAPS are institutions designed to accommodate patients with mental disorders, to stimulate their social and family integration. One of their goals is to encourage family participation in the best way possible, in everyday services.

The CAPS are characterized as community

services regionally, which is responsible for the treatment of people with severe and persistent mental disorders in their territory covered, more or less intensive, structured around therapeutic projects focused on individuals with initiatives extended to family and social issues to the daily lives of users. In this sense, act as an intermediary service between outpatient and inpatient psychiatric treatment and his proposal is a clinical practice focused on the daily life of the individual, in order to allow the establishment of a network of sociability to bring out the proceedings therapy.

The mental health services currently develop peculiar and unique therapeutic activities which require the professional versatility and ability to develop therapeutic activities of the most diverse, always considering the needs of usuários.⁶

In the area of mental health and psychiatric reform, yet there are few studies that evaluate the effectiveness in substitute psychiatric service institutions, especially with regard to opinions, evaluations and perceptions of users of mental health services and their relatives.

Although for a long time, the madman have been considered "out of reason", or clueless, be the bearer of mental illness is a political subject, which has a history socially constructed and shaped, which can be transformed based on their needs and experiences. In this context, the perception of users of CAPS about the work he delivers presents itself as an important tool to assess the quality of mental health services recommended at present, enabling interfere and conduct these services, which requires the expansion of scientific research attention in this context and in this group, since this perspective studies are still scarce in Brazil.

OBJECTIVE

- To investigate the perception of users in a Psychosocial Care Center.

METHOD

Descriptive exploratory study with a qualitative approach, conducted in a CAPS located in the city of Bethlehem / PB / Brazil, about the services received, with a population of 17,096 inhabitants, of whom 2316 are users CAPS I. This center has the following category of professionals: nurses (01), technician in nursing (01), psychologist (01), psychiatric doctor (01), social assistant (01), physical

educator (01), psychopedagogue (01), Capsing (01), cook (01), assistant of general services (01), administrative agent (01), monitors (02) and receptionist (01).

The sample consisted of 20 users with mental disorders, who agreed to freely participate in the survey, preceded by the presentation of the letter of agreement to CAPS and I explained to the participants about the objectives, risks and benefits of the study and the process of collecting information, in addition to answering questions, if some user presented in relation to the research stages. Then their consent was requested and a family responsible for each, by subscriptions Term of Consent.

As inclusion criteria, it was decided that the participants were aged 18 years and who had experience of admissions to psychiatric hospitals. To collect the information, we used a semi-structured form, issues of sample characterization and four research questions developed by the researchers, namely:

- 1) How was your life before the CAPS?
- 2) How do you evaluate the work done here in CAPS?
- 3) What has changed in your life after the implementation of CAPS?
- 4) How do you think how critical is this treatment and why?

Data collection was conducted through interview technique, with voice recorder equipment like MP3, during the months of February and March 2011. The interviews were interrupted when he noticed the saturation of information.

Data were analyzed based on the theoretical framework of Lefèvre⁸, arranged according to the technique of the Collective Subject Discourse (CSD). This analysis, which depicts the expressions of the interviews, is a categorization method that uses basically three methodological approaches: main idea, key expressions and collective subject discourse. After reading the transcribed material, were extracted from each speech the central ideas and their key expressions, following the questions. The similar ideas those were repeated and grouped into one central idea and defined categories of analysis. For each core idea, were extracted excerpts of key expressions contained in the statements of those surveyed and prepared speeches on the subject?

The study was formalized through the approval of the research project by the Research Ethics Committee of the Faculty of

Nursing and Medicine New Hope - Facene / Famene. The study was submitted to the Ethics Committee in Research of Facene / Famene under CAAE 6725.0.000.351-11 and protocol 01/2011. Also a letter was sent to the Coordinator of the course, institution, local research and communicates its claim.

The present study was carried out taking into account the ethical issues in human research, recommended by the Resolution 196/96 of the National Health Council of the Ministry of Health, as well as Resolution 311/2007 of the Federal Board of Nursing, establishing Code of Ethics for Professional Nursing.

RESULTS

The study included female users (70%), single (80%) and retirees (50%). Regarding the age of the participants, it was found that the age group that most contributed to this study was 22-25 years old (40%), which demonstrates the illness in young age. Of the total, 70% attended only elementary education. With regard to economic aspects, it was found that the income of more than half (60%) of respondents was below the poverty level (in force during the period of data collection - R\$ 540.00).

About 30% of users attending the CAPS Bethlehem / Paraíba for at least three years, and the rest were distributed as follows: three, five and six months, 10% each, one and two years, 10%, four and five, 10%.

Following the methodology of analysis will be presented following the issues with their ideas and Central Collective Subject Discourse (CSD) meeting:

• Question 1: How was your life before the CAPS?

Central idea - I was always stigmatized, needing support. I was brought by my family.

DSC: I got problem with health and stressed out, in need of support, because here in Bethlehem some people who like to offend people who have health problems, are prejudiced. I came much persecuted, not by the authorities but by some people who do not understand the person. Being different is being people, is to be human. Being different is not be a crazy person, a person is not being abandoned, is to be a special person; attended by everyone being treated well by everyone. Who drove me was my cousin [...] I stated in CAPS, then I started to participate and everything worked. I came with my

father, my mother, my brother and tutoring assistance.

• **Question 2: Because (a) you (a) evaluates the work done here in CAPS?**

I like the idea central-CAPS, which hospital is best.

DSC: I like the service of CAPS, is very safe, very decent, good for me. It's better than the hospital because it brings together families, super cool, I like it a lot. At CAPS we are treated like people. I like a lot.

• **Question 3: What has changed in your life after the implementation of CAPS?**

Central idea-Many things have changed for the better. I began to understand my problem. Changed my mind, I lost my fear of speaking, I am treated like people, have attention. Today I have my rights. I'm happy.

DSC: Like most of CAPS, as was mistreated at the hospital, was admitted [...], they tie people, gave me medicine, a point in anything, drop us foot doctor. In neither knew what to say. [...] The assistance of CAPS is better, much has changed: it is very good, many people gather, everyone likes me. I came to understand the problem better understand depression and [...] there is super nice, the doctor talk to us, [...] we do gymnastics, physical activity, have counsel, there we learn our cultures, traditions of Bethlehem learns to sing, sang in the choir already CAPS, now at Christmas I was the main voice of the choir. Sang happy night and the music hits the bell that English is gingobeus. Here is better. I have rights. Before I was afraid of doctor near me. The CAPS helps to make the dialogue, I'm close colleagues, we have more attention, because society we see with good eyes, did not see that before. Via like a criminal. Here I can stay with my family, I'm happy, I have rights respected now.

• **Question 4: Which points would you highlight as basic in this treatment, and why?**

Central idea - We have professional always present. It is a place of health, peace and love.

DSC: The point is that it has many professionals and friends attending there. A very culture that teaches us the culture of Bethlehem There is a place of health, peace and love. It's because I think it's better I do here, I come home ready for everything, I live legally with their families, I'm better, I

take the medicine at home, and talk to people because everyone there outta be helped and help yourself. The professionals help us to know each other better and we are treated like people.

DISCUSSION

The users presented a speech in which they compared as was the assistance provided to them before and after the implementation of CAPS in Bethlehem / Paraíba. They conceive the care received as an effective strategy in overcoming the condition of mental disorders. Before the deployment, the sentiments were implicit in the speeches of suffering and social exclusion, while that by reporting to the present, the speech was hope, well-being and social inclusion.

The changes referred to in the lives of users, after the implementation of CAPS, are related to a better understanding of their feelings and behaviors, which contributes to a better socialization. In this context, assistance from CAPS arises from the ethical change in look about madness, ie the classic hospital-centered care model to an understanding about mental illness in addition to a look biologicist considering aspects involving gender issues, race or social class, in the recovery and promote health, so that happens a contribution of care for the well-being, self-esteem and social inclusion of actual users.

The changes are explicit in the statements of users. The transformation is not only a consequence of the change of policy of mental health services, but also the actions undertaken by professionals working in the health field, by the users, their families and society. This reconstruction process is directly reflected in the lives of users and services and brings CAPS professionals who work there to reflect on citizenship and rehabilitating users.

The evaluation of the work was done in CAPS positively. He was appointed as a place of advantage in relation to psychiatric hospital, since all respondents had experiences of psychiatric hospitalizations.

Assistance in CAPS implies a dialogic interaction between professionals and users, in which interpersonal relationships are developed through exchanges of experiences and emotional bonds, the sharing of suffering and ensuring quality treatment. Thus, the user is seen as a social rights and desires, who has voice, circulates, participate, make choices and experience many feelings of trust and affectivity.

It should be noted that the low education of the respondents may have masked some of the results presented in view of the lack of knowledge and criticality that demonstrate regarding the ability to evaluate the service offered. At the same time, we understand that the psychosocial model seeks to reposition the subject, allowing the mental disorder is recognized as a change agent in building a new social place before designated exclusion and disability.

The CAPS is not meant to end the clinical treatment of mental illness, but undo the practice of hospital stay, which brings about the individual social exclusion. Therefore, the user is no longer exclusive object of intervention of medical practice and is regarded subject and agent of their own treatment. The therapeutic workshops constitute an example of strategy essential in CAPS, since it allows the user the feeling of social integration and enables the symbolic expression of his feelings.

The importance of psychosocial care actions, and how to pay attention, to welcome, receive carefully take into consideration, take into account and carefully listen are key elements for the user to achieve their independence. In search of the CAPS Uba (MG), the authors revealed that CAPS represents a space for user reference and treatment and no longer just a health service, because it is also a possibility to return to reality, realize a dream, to think that he is capable of.

The point highlighted as crucial in the treatment is the presence of several professionals, which promotes mutual aid. The actions of the CAPS model of care should focus on the sharing of knowledge between professionals and users, in order to enable actions that establish links and promote citizenship and autonomy of the user. The way to work at the Center for Psychosocial work requires professionals that includes practices that assist users in identifying / leveraging resources to live in the community and have access to work, leisure, and civil rights.

The work of CAPS Bethlehem / PB helped change the ways of thinking and expressing their users. I brought them a security that enables live without fear of being stylized and have the respect of society. The mental patients who experienced no hospitalizations or in psychiatric hospitals and is now user CAPS carries the stigma of being an "unusual". However, the CAPS presents itself as an opportunity to make changes in their lives, enabling autonomy in their daily chores, their

relationships, their emotional, social and economic, through a process of reconstruction and the exercise of citizenship.

Thus, the CAPS is constituted as an area relevant to users, because rescues his dignity and citizenship, is concerned about his health, integrates issues of everyday life and seeks to improve the quality of life of each.

Such services are mental health facilities relatively young set of services incorporated in the network replacement, idealized in the recent implementation of the Psychiatric Reform. However, present themselves as the main strategy of actions desinstitucionalizantes psychosocial rehabilitation of mental illness patient and his family.

The National Policy on Mental Health is still little discussed by health professionals and by society, so it is a great challenge to the effectiveness of implementation of the SUS.

It is imperative to changes in concept and attitude to mental illness and the patient. In this search, health professionals and civil society must adapt to new ideas, a reality still distant, because what we observe is still segregation and stigmatization of the disease and the mentally ill, sometimes due to lack of knowledge, sometimes to indifference by the public health policies and society.

CONCLUSION

It showed up a positive perception of the users about CAPS in Bethlehem / Paraíba. According to the survey, respondents understand the care they receive in that center as an effective strategy to overcome the condition of mental disorder. It was found also that they are satisfied with the actions and activities offered by the service.

The Psychiatric Reform strategy is implemented and organized according to the principles of the Health System, in order to overcome the biomedical model of health inhuman, based on exclusionary measures and hospitalcentrics.

Users have reported successful transformations in their lives, especially in relation to mental wellbeing and social inclusion, family, giving them the feeling of being human, and to feel loved "us." They are assisted by professionals holistically, taking into account the biopsychosocial aspects, besides promoting clinical care, autonomy and citizenship, according to the guidelines of the shares of National Policy on Mental Health.

Although the sample studied was small and

related to a single CAPS, we can infer that the psychosocial model has benefited their users with attitudes of respect and citizenship. As future prospects, can be scored: investigations on the use and appropriateness of diverse therapeutic actions and their impact on continuity of care offered by CAPS to ensure the sustainability of these actions in the field of Mental Health, as well as studies in view of strengthening power, participation and organization of users and family mental health services through advocacy strategies, culture change on the disease and mental health now steeped in civil society and social control in system health.

Finally, it is believed that the CAPS, according to the molds of the Psychiatric Reform strategy is valuable in monitoring patients with mental disorders, because it favors the process of rebuilding their lives, strengthens social and family relationships and providing access to work, leisure and their rights as citizens, as well as health services aimed at those customers who have received little attention from some health professionals and governments.

REFERENCES

1. Gonçalves AM, Sena RR. A reforma psiquiátrica no Brasil: contextualização e reflexos sobre o cuidado com o doente mental na família. Rev Latino-am Enfermagem [Internet]. 2001 [cited 2012 Mar 03];9(2):48-55. Available from: <http://www.scielo.br/pdf/rlae/v9n2/11514.pdf>
2. Acioly Y. Reforma psiquiátrica: construção de outro lugar social para a loucura? UFPR: I Seminário Nacional Sociologia e Política. Paraná: UFPR; 2009.
3. Patriota LM, Eulálio MC, Lima GS, Silva MD. A saúde mental na formação do Curso de Serviço Social. Texto & Contexto [Internet]. 2010 [cited 2012 Apr 12];9(2):55-65. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/fass/article/viewFile/7280/5257>
4. Brasil. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Saúde mental no SUS: acesso ao tratamento e mudança do modelo de atenção. Relatório de Gestão 2003-2006. Brasília, DF: Ministério da Saúde; 2007.
5. Surjus LTLS, Campos RO. A avaliação dos usuários sobre os Centros de Atenção Psicossocial (CAPS) de Campinas, SP. Rev latinoam psicopatol fundam [Internet]. 2011 [cited 2012 Apr 12];14(1):122-33. Available from: <http://www.scielo.br/pdf/rlpf/v14n1/09.pdf>
6. Damásio VF, Melo VC, Esteves KB. Nurse's attributions in the mental health services into context from the psychiatric reform. J Nurs UFPE on line [Internet]. 2008 [cited 2011 Dec 15];2(4):425-33. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/329/pdf_404
7. Tomasi E, Facchini LA, Piccini RX, Thumé E, Silva RA, Gonçalves H, Silva SM. Efetividade dos centros de atenção psicossocial no cuidado a portadores de sofrimento psíquico em cidade de porte médio do Sul do Brasil: uma análise estratificada. Cad. Saúde Pública [Internet]. 2010 [cited 2012 Dec 13];26(4):807-15. Available from: <http://www.scielo.br/pdf/csp/v26n4/22.pdf>
8. Lefèvre F, Lefèvre AMC. O Discurso do Sujeito Coletivo: um novo enfoque em pesquisa qualitativa. Caxias do Sul: Educ; 2005.
9. Brasil. Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução 196 em 10 de outubro de 1996.
10. COFEN - Conselho Federal de Enfermagem. Código de Ética dos profissionais de enfermagem. Resolução 311 em 13 de fevereiro de 2007.
11. Kawahala E, Paines ML, Vivar y Soler RD, Fornazari SK, Xavier M. Saúde mental e economia solidária: estratégias de reabilitação psissocial. EXTENSIO: Revista Eletrônica de Extensão [Internet]. 2009 [cited 2012 Dec 13];6(7):161-69. Available from: <http://www.periodicos.ufsc.br/index.php/extensio/article/view/10922/10441>
12. Marzano MLR, Sousa CAC. O espaço social do CAPS como possibilitador de mudanças na vida do usuário. Texto, Contexto, Enfermagem [Internet]. 2004 [cited 2012 Dec 13];13(4):577-84. Available from: <http://redalyc.uaemex.mx/pdf/714/71413410.pdf>
13. Oliveira FB, Silva KMD, Silva JCC. Percepção sobre a prática de enfermagem em Centros de Atenção Psicossocial. Rev Gaúcha Enferm [Internet]. 2009 [cited 2012 Dec 13];30(4):692-9. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/13149/7545>
14. Dias CB, Silva AL. O perfil e a ação profissional da(o) enfermeira(o) no Centro de Atenção Psicossocial. Rev Esc Enferm USP [Internet]. 2010 [cited 2012 dec 13];44(2):469-75. Available from: <http://www.scielo.br/pdf/rlpf/v14n1/09.pdf>

<http://www.scielo.br/pdf/reeusp/v44n2/32.pdf>

15. Shneider JF, Camata MW, Nasi C, Adamoli AN, Kantorski LP. Avaliação de um Centro de Atenção Psicossocial brasileiro¹. CIENCIA y Enfermeria XV [Internet]. 2009(3):91-100. Available from: http://www.scielo.cl/pdf/cienf/v15n3/art_10.pdf

16. Zerbetto SE, Efigênio EB, Santos NLN, Martins SC. O trabalho em um Centro de Atenção Psicossocial: dificuldades e facilidades da equipe de enfermagem. Rev Eletr Enf [Internet]. 2011 Jan/Mar;13(1):99-109. Available from: <http://www.fen.ufg.br/revista/v13/n1/v13n1a11.htm>.<http://dx.doi.org/10.5216/ree.v13i1.9079>.

17. Kantorski LP, Coimbra VCC, Jardim VMR, Ferreira GB, Pinheiro GEW et al. Aspectos relacionados à plasticidade de um centro de atenção psicossocial da região sul do Brasil. Rev enferm saúde, Pelotas (RS) [Internet]. 2011 [cited 2012 Dec 13];1(1):60-8. Available from: <http://www.ufpel.edu.br/revistas/index.php/enfermagemesaude/article/viewFile/43/27>

18. Barbosa KKS, Vieira KFL, Virgínio NA, Soares, RFF. The Psychiatric Reform in the design of clinical nurses in a psychiatric hospital. J Nurs UFPE on line [Internet]. 2012 May [cited 2012 Sept 22];6(5):1200-7. Available from: <http://www.sumarios.org/sites/default/files/pdfs/2568-23249-1-pb.pdf>

Sources of funding: No

Conflict of interest: No

Date of first submission: 2012/04/23

Last received: 2012/10/05

Accepted: 2012/10/06

Publishing: 2012/11/01

Corresponding Address

Khivia Kiss da Silva Barbosa
Rua Enf. Ana M^a Barbosa de Almeida, 600/104
– Jardim Cidade Universitária
CEP: 58052-270 – João Pessoa (PB), Brazil