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ORIGINAL ARTICLE

PROFILE OF CHILDREN AND ADOLESCENTS ACCOMPANIED BY A PSYCHOSOCIAL CARE CENTER FOR CHILDREN AND YOUTH

PERFIL DE CRIANÇAS E ADOLESCENTES ACOMPANHADOS POR UM CENTRO DE ATENÇÃO PSICOSSOCIAL INFANTO-JUVENIL

PERFIL DE NIÑOS Y ADOLESCENTES ACOMPAÑADOS POR UN CENTRO DE ATENCIÓN PSICOSOCIAL PARA NIÑOS Y JÓVENES

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ABSTRACT

Objective: describing the epidemiological profile of children and adolescents accompanied by a Children and Youth Psychosocial Care Center. ***Method:*** a descriptive and a quantitative study, with 132 children and adolescents, with consultations to medical records using a structured form as a tool. The data were treated by the operating program EPI Info Version 3.5.1, organized in tables, submitted to analysis of the distribution of frequencies and confidence interval of 95%, correlating them to the literature. The study was approved by the Ethics Committee, Opinion 025241/2010-92. ***Results:*** the prevalence of males (74,2 %), between 5 and 14 years old (36,4%) and living with both parents (36,4%). Diagnoses of mental retardation (61,3%) and hyperkinetic disorders (14,4%) predominated; 96,2% use of psychotropic drugs, 56,1 % are attended at CAPSi three times a week, 2,4 % admitted themselves to psychiatric hospitals. ***Conclusion:*** CAPSi constitutes a substitutive service to psychiatric hospitals, requiring the social network expanded to child insertion in cultural, sports and educational activities. ***Descriptors:*** Mental Health Services; Epidemiological Profile; Child Behavior Disorders.

RESUMO

Objetivo*:** descrever o perfil epidemiológico de crianças e adolescentes acompanhadas por um Centro de Atenção Psicossocial Infanto-Juvenil. ***Método*:** estudo quantitativo descritivo, com 132 crianças e adolescentes, com consultas a prontuários, utilizando como instrumento um formulário estruturado. Os dados foram tratados pelo Programa operacional EPI Info Versão 3.5.1, organizados em tabelas, submetidos à análise da distribuição das frequências e ao Intervalo de Confiança de 95%, correlacionando-os à literatura. O estudo foi aprovado pelo Comitê de Ética, Parecer 025241/2010-92. ***Resultados: prevalência do gênero masculino (74,2%); entre 5 a 14 anos (36,4%) e que moram com pai e mãe (36,4%). Diagnósticos de retardo mental (61,3%) e transtornos hipercinéticos (14,4%) predominaram; 96,2% fazem uso de psicofármacos; 56,1% frequentam o CAPSi três vezes por semana; 2,4% internou-se em hospitais psiquiátricos. ***Conclusão*:** o CAPSi constitui-se em serviço substitutivo aos hospitais psiquiátricos, que necessita de rede social ampliada à inserção infanto-juvenil em atividades culturais, esportivas e educativas. ***Descritores*:** Serviços de Saúde Mental; Perfil Epidemiológico; Transtornos do Comportamento Infantil.

RESUMEN

Objetivo: describir el perfil epidemiológico de los niños y adolescentes acompañados de un Centro de Atención Psicosocial Infantil y Juvenil. ***Método:*** un estudio cuantitativo descriptivo, con 132 niños y adolescentes, con consultas a los prontuarios clínicos, utilizando como herramienta un formulario estructurado. Los datos fueron tratados por el programa operativo EPI Info versión 3.5.1, organizados en tablas, sometido al análisis de la distribución de frecuencias y al intervalo de confianza del 95%, en la correlación con la literatura. El estudio fue aprobado por el Comité de Ética, Opinión 025241/2010-92. ***Resultados:*** la prevalencia del género masculino (74,2%), entre 5 y 14 años (36,4%) y que viven con ambos padres (36,4%). El diagnóstico de retraso mental (61,3%) y los trastornos hipercinéticos (14,4%) predominaron; 96,2 % hacen uso de drogas psicotrópicas, el 56,1 % asiste el CAPSi tres veces a la semana, 2,4 % internaron se a sí mismos en hospitales psiquiátricos. ***Conclusión:*** CAPSi constituye un servicio sustitutivo a los hospitales psiquiátricos, requiriendo red social ampliada para la inserción del niño en actividades culturales, deportivas y actividades educativas. ***Descriptores:*** Servicios de Salud Mental; Perfil Epidemiológico; Trastornos de la Conducta Infantil.

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INTRODUCTION

Promoting the healthy development of children and adolescents across their needs is becoming one of the biggest challenges for many sectors of society and service networks. However, for health and, especially in the realm of mental health, dealing with vulnerabilities that affect these age groups have raised concerns among managers, professionals and family members, and has sparked many discussions to building policies.

Health policies in Brazil have directed actions of mental health care to infant and youngsters to be developed both in primary care services through the Basic Health Units and Family Health Strategy, as specialized services through the Children and Youth Psychosocial Care Centers (CAPSI), clinics and general hospitals articulated an intersectoral network in search of stimulating social inclusion of its members before the high levels of mental distress that has affected this population.[1]

Epidemiological studies reveal an increase in the number of children and adolescents who fall ill and increasingly need the mental health services, about 10-20% of children and adolescents worldwide suffer from some mental disorder, and that the number of children with these diagnoses doubled in the last 20 years.[2-5]

Suicide has been the third leading cause of death among adolescents, being also associated to the symptoms of major depression, with effects throughout adult life. Other manifestations are the antisocial behaviors, delinquency and drug use that may be associated with manifestations of aggression and childhood behavior disorders. In recent years, there have also been more frequent frames of eating disorders and anxiety.[3]

In Brazil, the prevalence of mental health problems ranges from 13,5 % to 35,2% when the informants are parents, and 7 % to 12,7 % when the analysis is based on diagnoses tools.[4] Studies show that approximately 12,6 % of Brazilians aged between 6 and 17 years old have symptoms of major mental disorders, ie, approximately 5 million children and adolescents have mental problems, and most symptoms for more than a mental disorder. More than three million (8,7%) are signs of hyperactivity or inattention, 7,8 % have difficulties with reading, writing and accounts (symptoms that match the learning disorder), 6,7% have symptoms of irritability and challenging behaviors, 4.2% have major signs of depression, 5,9% have major anxiety of separation from attachment figure and 4.2 % in situations of social exposure.[6]

In Alagoas, December 2012, there were approved 1381 procedures for monitoring children and adolescents with mental disorders in CAPSi.[7] As about 3% of the general population, independent of age were approved, requires continuous mental health care by presenting more severe and persistent disorders such as psychosis, severe neuroses, mood disorders and autism, it is estimated that over two million among 74 million Brazilians under 21 could benefit from the deployment of CAPSi's. [8]

It is perceived a great breakthrough in the implementation of these services in recent years. Records show that in 2002 there were 32 CAPSi's in Brazil. This number is currently at over 149 services. However, the amount is still insufficient; it is predicted that there are 12,6% of implanted CAPSi's necessary to meet the child and teenagers population of the country.[9-11]

Alagoas, with a little over three million inhabitants (3.156.108 inhabitants) is not far from this reality, there are 47 CAPS, and among them one (01) CAPSi for children and adolescents care throughout the state that is located in the capital city (Maceió). By analyzing the requirements of Ministerial Order and estimates of mental disorders, it was found that only in the city of Maceió should be more than 14 centers, with reference to the population quota of 936,314 inhabitants, and the Order 3088/2011. Thus CAPSi Maceió, even as a municipal service, to be unique in the state, has just given population arising from the interior of Alagoas, not at all, in view of the high demand and infeasibility of some users daily commute to the capital and the existence of CAPS I in municipalities with lower population contingent attending infant and juvenile demand.[12-15]

Considering, then, the children and adolescents served by CAPSi's, one must understand the factors of vulnerability that are exposed and lead to illness. May be risk factors for the development of psychiatric disorders in children: socio-demographic characteristics, disciplinary practices by parents, marital discord, history of psychiatric disorders in parents and the presence of physical illness can bring limitations to children.[16]

To understand the factors of vulnerability of these youngsters was established as the goal of this study:

- Describing the epidemiological profile of children and adolescents accompanied by an infant and juvenile center psychosocial care.

METHOD

An article compiled from the Monograph << **The epidemiological profile of children and adolescents of a Child and Youth Centre for Psychosocial Care of Maceió, Alagoas State** >> Presented to the Coordination of Graduate Nursing, School of Nursing and Pharmacy, Federal University Alagoas/ESENFAL. Maceió - AL.

This is a descriptive study of a quantitative approach, performed in a CAPSi located in the city of Maceió, Alagoas State, Brazil, whose subjects were children and adolescents accompanied by this service in 2011.

The sample consisted in 132 children and adolescents who had the authorization of outpatient procedures of high complexity/cost (Apac). With this authorization, the procedures performed by the CAPSs were paid by federal funds provided through December 2012 by Decree 189/02. However it is noteworthy that currently, the Ordinance in force is the nº 854/SAS of August 22th, 2012, responsible for changing and creating new procedures for remuneration for the Psychosocial Care Centers, quenching pay for Apac and introduces new instrument, the registry of Ambulatory Health Actions (Raas).[17-8]

With the implementation of this new tool, we can see the investment in more efficient methods to aggregate information on the procedures of the mental health team in order to regulate the practices that generate use of public resources. The method has also enabled the construction of an epidemiological profile of people who are accompanied by this care network. However, at the time of data collection the Raas had not been implemented, which explains why the researchers kept as inclusion criteria underwent procedures paid by APAC users.

The data collection was conducted through hospital records using as a tool an structured form, with the following variables: gender, age, education level, presence of a school report, town or district of residence, religion or doctrine that follows, family income, family composition, occupation and employment status of caregivers , complaints to be admitted to CAPS last, diagnosis according to the International Classification of Diseases version 10 (ICD- 10), comorbidities, use of controlled medication history admission to psychiatric hospital, referrals , and therapeutic activities offered to users.

The data were statistically treated by the operating program EPI Info Version 3.5.1, organized in tables. The results were submitted to analysis of the distribution of frequencies and confidence interval of 95%, correlating the literature.

The research was approved by the Department of Mental Health of the city of Maceió and then examined and approved by the Ethics Committee of the Federal University of Alagoas with Case No. 025241/2010-92.

RESULTS

From the data collected the socio-demographic characteristics of children and adolescents attending CAPSi shown in Table 1; show that 74,2% of children and teens accompanied by service corresponds to males, and 36,4% are between 9 to 11 years old.

Table 1. Socio-demographic characteristics of the population in a study of a CAPS in Maceió - Alagoas, 2011. N = 132.

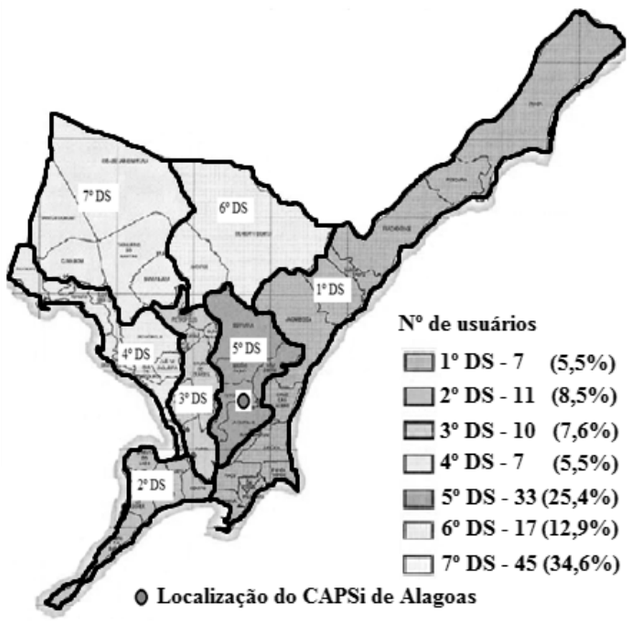
Variables	n	%	$IC_{95\%}$
Gender			
Male	98	74,2	65,9 – 81,5
Female	34	25,8	18,5 – 34,1
Age (years)			
Bellow 5	01	0,8	0,0 – 4,1
6 to 8	12	9,1	4,8 – 15,3
9 to 11	48	36,4	28,2 – 45,2
12 to 14	26	19,7	13,3 – 27,5
15 to 18	45	34,1	26,1 – 42,8
Level of education			
Elementary school	86	65,2	56,4 – 73,2
Does not study	12	9,1	4,8 – 15,3
Preschool	09	6,8	3,2 – 12,5
Attends resource room	03	2,3	0,5 – 6,5
Does not exist in	22	16,7	10,7 – 24,1
School report			
Yes	44	33,3	25,4 – 42,1
No	88	66,7	57,9 – 74,6

Regarding the level of education, it was observed that 65,2% are enrolled in the elementary school, while 9,1% are not enrolled in anyone school. Another fact about the school development by users followed at CAPSi is the report described the school.

However, 44 (33,3%) had school records report (Table 1).

Regarding the demographic characteristics, ie, the merits of users (Figure 1), the CAPSi, as the only CAPS Children and Youth of the State, meets every demand of the city of Maceió and surrounding cities. However, it was found that most users are coming from Maceió and only one (0,8%) from another municipality of Alagoas (Satuba, which is 19,6 km from Maceió). It was found also that 60% are from two Health Districts (how the city is organized politically and territorially - DS), with 34,6% coming from the 7th DS, 25,4% coming from the same district where it is located the service.

DS*	BAIRROS
1°	Cruz das Almas; Garca Torta; Guaxuma; Ipioca; Jacarecica; Jaraguá; Jatiúca; Mangabeiras; Pajuçara; Pescaria; Poço; Ponta da Terra; Ponta Verde; Riacho Doce.
2°	Centro; Levada; Ponta Grossa; Pontal da Barra; Prado; Trapiche da Barra; Vergel do Lago.
3°	Canaã; Farol; Gruta de Lourdes; Jardim Petrópolis; Ouro Preto; Pinheiro; Pitanguinha; Santo Amaro.
4°	Bebedouro; Bom Parto; Chã da Jaqueira; Chã de Bebedouro; Fernão Velho; Mutange; Petrópolis; Rio Novo; Santa Amélia.
5°	Barro Duro; Feitosa; Jacintinho; São Jorge; Serraria.
6°	Antares; Benedito Bentes
7°	Cidade Universitária; Clima Bom; Santa Lúcia; Santos Dumont; Tabuleiro dos Martins.



DS= Sanitary District

Figure 1. Sanitary District of origin of the users of a Center (CAPSi) to Maceió - AL, 2011. N = 132.

As the family characterization of the users shown in Table 2, it was observed that 36.4% (n = 48) of the users live with parents, and 20,4% (n = 27) have grandparents as members present and often responsible for direct care. The study also indicates that 78% (n = 103) of the users have a history of mental disorder in the family.

Table 2. Characteristic distribution of families of the users from a CAPS of Maceió, 2011. n = 132.

Variables	n	%	$IC_{95\%}$
Family Composition			
Parents	48	36,4	28,2-45,2
Only one parent	34	25,8	18,5-34,1
Adoptive parents or 2nd Union	20	15,2	9,5 - 22,4
Grandparent (s) and one parent	13	9,8	5,3- 16,3
Only Grandparent(s)	09	6,8	3,2 - 12,5
Grandparent (s) and the 2 parents	05	3,8	1,2 - 8,6
Other family members	03	2,3	0,5 - 6,5
Familiar with psychiatric disorders			
Yes	103	78,0	10 - 84,8
No	29	32,0	15,2 - 30
Work situation of those responsible			
Does not report	53	40,2	31,7 - 49
Casual employment	50	37,9	29,6-46,7
Normal employment	23	17,4	11,4- 25
Unemployed	06	4,5	1,7 - 9,6
Non verified	34	25,8	18,5-34,1
Profession/occupation of those responsibles			
Housewife	46	34,8	26,8- 3,6
Maid	23	17,4	11,4 - 25
Construction workers	09	6,8	3,2 - 12,5
Merchant	08	6,1	2,7 - 11,6
Manager	05	3,8	1,2 - 8,6
Recyclable material collectors	05	3,8	1,2 - 8,6
Doorman/security	05	3,8	1,2 - 8,6
Driver/taxi driver	04	3,0	0,8 - 7,6
Agricultural workers	04	3,0	0,8 - 7,6
Other	16	12,1	7,1 - 18,9
Non verified	47	35,6	27,5- 4,4

Another fact worth mentioning in Table 2 that 40,2% (n = 53) of the records analyzed the caregivers were not employed, 37,9% (n = 50) had informal employment, however only 17,4% (n = 23) had formal employment. The profession or more present among caregivers occupation was housewives and maids, represented respectively by 34,8% (n = 46) and 17,4% (n = 23). Another finding was that 6,8% (n = 9) were responsible for the construction workers and 6,1% (n = 8), traders (Table 2).

Regarding complaints to be admitted to CAPSi, changes in reported more psychic functions were to change the will recorded in 81,8% (n = 108) of the promptuaries, especially aggression, followed by changes in affect and rating of the Ego with 75% (n = 99) of the registrations of the promptuaries, featuring among these difficulties in social relationships (Table 3).

Table 3. Distribution of subjects according to the changes of psychological functions, diagnostics and the use of psychoactive drugs, Maceió, 2011. n = 132.

Variable	n	%	$IC_{95\%}$
Psychic changes to be admitted			
Amendment of the will	108	81,8	74,2 – 88
Changing the valuation/affectivity of the Ego	99	75	66,7 – 82,1
Change in memory/intelligence	46	34,8	26,8 – 43,6
Amend the psychomotor	46	34,8	26,8 – 43,6
Change of language	31	23,5	16,5 – 31,6
Alteration of consciousness	30	22,7	15,9 – 30,8
Alteration of attention/guidance	28	21,2	14,6 – 29,2
Change in the felt sense	15	11,4	6,5 – 18
Change of thinking/judgment	13	9,8	5,3 – 16,3
Other complaints	26	19,7	13,3 – 27,5
Diagnostic hypothesis according to ICD 10			
Moderate mental retardation	56	42,4	33,9 – 51,3
Mild mental retardation	19	14,4	8,9 – 21,6
Hyperkinetic disorders	19	14,4	8,9 – 21,6
Conduct disorders	12	9,1	4,8 – 15,3
Infantile autism	11	8,3	4,2 – 14,4
Severe mental retardation	06	4,5	1,7 – 9,6
Depressive disorder	03	2,3	0,5 – 6,5
Hebephrenic schizophrenia	02	1,5	0,2 – 5,4
Obsessive-compulsive disorder	02	1,5	0,2 – 5,4
Generalised anxiety disorder	01	0,8	0,0 – 4,1
Asperger's syndrome	01	0,8	0,0 – 4,1
Use of controlled medication			
Yes	127	96,2	91,4 – 98,8
No	5	3,8	1,2 – 8,6
Class of medications used (n = 127)			
Antiepileptic no mood stabilizer	99	77,9	66,7 – 82,1
Antipsychotic	77	60,6	49,4 – 66,8
Antidepressive	46	36,2	26,8 – 43,6
Anxiolytic/benzodiazepine hypnotic	37	29,1	20,6 –36,5
Anticholinergics/antihistamines	29	22,8	15,2 – 30
Mood stabilizers	01	0,8	0,0 – 4,1

Between clinical diagnoses most commonly found perceives greater number of subjects with mental retardation, whether mild, moderate or severe, a total of 61,3% (n = 81) of users, followed by 14,4% (n = 19) of the diagnoses defined in the charts hyperkinetic disorder (Table 3).

As for the classes of drugs most used by users of CAPSi in the studied period, it was found that 96,2% (n = 127) of the users make use of these medications, most of which uses more than one drug was prescribed to 77,9% (n = 99) of users not antiepileptic mood stabilizers and 60,6% (n = 77) antipsychotics (Table 3).

When considering the data for operational and service characterization performed by CAPSi study, described in Table 4, it can be observed that 56,1% (n = 74) of the trainees attending CAPSi, for performing therapeutic procedures, three times per week.

Table 4. Distribution of subjects according to the staff and operational characterization and of attendance of a CAPS, Maceió, 2011. N = 132.

Variables	n	%	$IC_{95\%}$
Service mode			
Attending one day a week	18	13,6	8,3 – 20,7
Attends three days a week	74	56,1	47,2 – 4,7
Attends three times per month	40	30,3	22,6 – 8,9
Number of hospitalizations in psychiatric hospitals			
None	129	97,7	93,5 -99,5
One	1	0,8	0,0 – 4,1
Two	1	0,8	0,0 – 4,1
Three	1	0,8	0,0 – 4,1
Therapeutic activities offered			
Community activity/home visit	51	38,6	30,3 – 47,5
Group service	131	99,2	95,9 – 100
Individual attendance	132	100	100
Care for the family	105	79,5	71,1 – 86,1

With respect to admissions made in psychiatric hospitals, only 2,4% (n = 3) users submitted, and of these, two users took more than one hospitalization (Table 4).

All children and adolescents (n = 132) were subjected to individual consultations with members of the interdisciplinary team, and as the group treatment was 99,2% (n = 131), it is believed that the child was not attending groups can have been out of service during the study period, in view of the frequent notes in the records of excused absences or warning from the service, as the importance of continued treatment (table 4).

In 79,5% (n = 105) it was identified from medical records of family care and 38,6% (n = 51) had records of home visits and community activities, such as visiting the museum, the airport, among other (Table 4).

DISCUSSION

The results of this study corroborate with other studies showing similar data, especially when it comes to the predominance of boys compared to girls accompanied on CAPSi.[3,19,20,21]

However, no one knows for sure the reason for this occurrence, because until today the pathophysiology of mental disorders are not clearly elucidated, but also it is known that hormonal mechanisms occur in boys differently than girls, and neurobiological changes involved in different brain stroke and brain development. Boys are more vulnerable than girls to developmental disorders before the age of 12-13 years old, but the situation is reversed in adolescence. Girls are affected more then, and continue to be so during adulthood.[19,20]

As for age, it was found that the results of this study also show many similarities across other investigations, especially regarding the average age most affected of 9,43 years old. However among the studied data 9,9% of children aged below eight (8) years old, which has enhanced the difficulty to detect early onset of mental disorders in children.[1,2,6,19,20]

The difficulty encountered by society, be it family, school, or religious institutions, to identify a child with some symptoms of mental disorder. Therefore, the diagnosis is usually established long after the onset of symptoms, the difficulty in identifying it when the child is in full development. Moreover, the stigma about mental disorders and prejudice towards people who fall ill and their families, lead them to not seeking specialized medical care.[20,22]

Hence the importance of parents, teachers, educators and health professionals is increasingly deployed to reduce this latency time. You need to inform them so that they are able to perceive the first signs of a mental disorder. Regarding the professionals, it is essential to encourage them during academic training, a different look for signs of these disorders.[20]

Regarding the level of education, it is necessary to emphasize that some mental disorders, such as mental retardation and conduct disorder, can lead to a vicious circle of repetition, with worsening of conduct and consequently truancy.[3,21]

More worryingly view that most adolescents in the range 15-18 years old (n = 29) followed by CAPSi studied are still in elementary education level, age at which teens are usually finishing high school and preparing for entering university, which could imply some difficulties for future job search and professional performance. Some studies emphasize that the lack of family structure and inadequate teaching methods, may be contributing factors to the low level of education.[21,22]

Given this, it is necessary emphasizing the fundamental importance that the team has CAPSi to encourage carers or guardians to engage for their children and adolescents attend school and study. There are schools in public schools that have resource rooms in

order to contribute in social adaptation of children and adolescents with emotional and behavioral difficulties. Those, in order to support teachers in the educational process, students are tracked individually or in small groups by a professional who has training in special education, favoring a responsive education through adjustments in the content, resources and methodological strategies.[23]

Another question that should be discussed is the origin of users CAPSi, like most children and adolescents who attend the service live on the 5th, 6th and 7th sanitary districts in which are located the most populous neighborhoods of Maceió, and somewhat distant to the CAPSi this neighborhood. This indicates that the existing CAPSi, and away from some neighborhoods where the population is benefited, is also insufficient for the population quota in the city, bearing in mind that only one of the health districts, population approaches amount to 200 000 inhabitants.[17]

Given this context it is up to managers to do a thorough study and analysis of issues of distance and economic factor that users and their families face to receive a call, whereas the unstable financial situation of the family can be one of the reasons for absenteeism during treatment, especially when you need to travel considerable distances to the point of care.[24]

Studies also reveal that the financial difficulties of many families get worse when one of its members cannot remain in employment to have to dedicate to the person who needs care. For this family, rather than their children independent over the years become, they require intermittent care, which prevents them from having a lasting employment, blaming himself for the most part exclusively of home affairs.[24-5]

This fact of caregivers cannot remain in the formal labor is not the only worrying factor that affects the family's financial situation. In addition, factors such as low education of family members that makes difficult the possibility of vocational training and consequently higher income, and limitations in performing work activities of members in illness, hindering their integration into the labor market either by disabling issues of the disease itself, or the presence of social stigma, financial conditions may reinforce low. Situation becomes more worrisome in the State of Alagoas, where a large portion of its population lives in misery. [24,25,26,27]

It is essential that all public services, including CAPSi, meet the socio-economic profile of the family attending the service, guiding and directing the government to the devices or not, social care providers and promoters of income generation. In order to reduce the distress of the family for at least the financial aspects of relevance temporarily when trying to articulate is the grant of a benefit in the amount of a minimum wage on child treatment, or encouraging mothers to sell products produced by her for capital. Therefore, in CAPSis are required to enter the intake form the familiar characterization of its users, it is imperative to update the data frequently.

Furthermore, it is important to observe how the family is composed of the child who comes to CAPSi, and although this study revealed that the majority of children live with both parents, there are situations that reveal the direct presence of grandparents or a single parent.

The literature shows that the increase in life expectancy has led to changes in family structures, especially the direct participation of grandparents in family life. For large proportion of elderly still remain as heads of household, and 54,5 % of them live with their children and support them. In Brazil 466 thousand grandparents and great-grandparents take care of the children directly, sharing not only education and value system, but also their homes and financial income. However, when there is mutual respect between grandparents and parents do not realize is damage to the paternal authority and the development of grandchildren.[28]

Research shows that the reasons which provide that the grandchildren are cared for by grandparents can be: a) when teens get pregnant and stay at her parents' home after the birth of their children, b) after marital separation when the children return to the parental home with their children, c) or when there are stories of suicides, drug involvement, accidents, disease, need for professionalization of parents , unemployment and low wages of parents, neglect and abandonment by one or both parents.[28]

Living with grandparents, in some situations, may result in conflicts. The age difference between grandchildren and grandparents can become an obstacle in the communication and interaction between them. There is also the probability that there are questions regarding who owns the authority in the home, which can cause disagreement between the two older generations. With the possibility of grandparents, or take a permissive stance

without imposing rules the lives of their grandchildren and being guilty, the parents of the youth, the mistakes can make your grandchildren, or grandparents occupy the place of rigid educators, imposing authority parents fail to convey . Situations that may warrant some behaviors of children in the study that are created by the grandparents.[28]

In the survey also noted that the large portion of users attending CAPSi feature on your family history, any member who suffers from mental disorders. The genetic influence is a factor to be considered. However, for the onset and exacerbation of psychiatric signs and symptoms, factors other than genetic predisposition must be present, such as anxiety generated by the family, stress, insomnia, fatigue and irritability, as well as variables related to economic conditions and structure occupational change can trigger behaviors and disorders.[29,30]

Before vulnerable factors to mental disorders, several changes are perceived by the family that led them to seek professional help. Data from this study has corroborated with the results of other studies, stressing that most of the reasons reported by family members when they arrived at the service, the changes are related to the psychic functions will, complaining of aggressive, impulsive, perverse behavior, and many sometimes inadequate in school in order to directly affect the autonomy and self-esteem of their children and adolescents.[3,19,30]

Regarding diagnoses found in the study, there was a predominance of mental retardation, which differs from other studies that bring food, behavioral and global development disorders as the most prevalent. Genetic issues, lack of intellectual stimulation, difficulty in establishing the diagnosis early, or the lack of leisure facilities for the population in the city of Maceió factors may be most vulnerable to high prevalence of children and adolescents diagnosed with mental retardation in CAPSi study.[3,19]

The literature states that children who receive interventions early in life are more likely to develop fully. However, when there is no adequate stimuli, and the child lives in some environments conducive to learning, nor have the opportunity to receive specialized professional help that assist in the development of basic skills may show deficits in more complex learning. For the effectiveness of the teaching is always related to the frequency of application: at least three times a day every day of the week.[31]

In this study, CAPSi support of at least three days a week may also have been one of the principles relevant to the maintenance of the children and adolescents attending three times week learning, even if the stimulus is less than the need of children and adolescents it should be daily.

Another therapy that is widely used in the study is CAPSi in pharmacotherapy. However, we need to reflect on the results, it was noticed during the collection that children and adolescents are treated in the vast majority with more than one drug. It is therefore indispensable professionals CAPSi be aware of drug interactions, especially because it is often necessary to use more than one drug to treat about psychological problems.[32]

By checking drug classes, other studies point in Alagoas antipsychotics as the drugs most used in CAPS, however in CAPSi not studied antiepileptic mood stabilizers are the most used. This discrepancy in the prescription of medications occur as needed, for example, there are a large number of users with epilepsy in Alagoas CAPSi, considering these drugs are the first choice for such diagnoses.[13]

Among the antiepileptic non mood stabilizer, the most prescribed drug was carbamazepine, used to treat epilepsy. It is a low cost product, in which many people can acquire it, and find yourself at the National and Municipal drug list provided by the Government. However, it has adverse effects such as drowsiness, dizziness, nausea, vomiting and diarrhea that requiring more care, raising the need of the professionals guide families about side effects.[32-34]

Another result worth mentioning is that only three records of referrals or reports of hospitalizations were found in psychiatric hospitals before or during treatment. This finding reinforces the CAPSi Maceió is in accordance with the guidelines proposed by the psychiatric reform, constituting as a truly device support program for children and adolescents with mental disorders substitute Mental Hospital.

This study also showed that there are equivalent proportions between therapeutic activities offered by CAPSi Maceió. Thus, it was observed that all children and adolescents had more than one type of service, which is consistent with what the legislation calls for the National Mental Health Policy reinforcing the importance of diversity of procedures performed to meet the uniqueness of the subjects.[9,10,15,17-8] However, even with the results of equitably between therapeutic activities offered in the discussion of this

paper felt the need to clarify some situations , which at the moment are differentiated.

At the time of data collection, as explained earlier, the procedures were recorded by Apac on daily developments in the medical records, and transferred only as the number of procedures which were considered only the frequency, ie, independent of the number of procedures performed that was considered was the number of procedures performed that day, using this set as a single procedure. Then the monthly amount was authorized by the physician auditor of public entity and then sent them to the Federal Government to transfer to the capital. [35] With the registration of Ambulatory Health Actions (RAAS), through a specific form for the psychosocial care, each user will have the RAAS in his recording of the various procedures performed that day, what favors the increase of the number of actual procedures during the day, what future research may be evidenced. [35]

It appears that RAAS contains information that should be forwarded daily to the system that connects CAPSis to the Ministry of Health, and for it to work properly is important to the implementation of a computerized system. The filling of information will facilitate further research profile.

CONCLUSION

The study allowed outlining the epidemiological profile of users of a CAPSi, noting that there is a prevalence of male users, aged 9-11 years old, who attend elementary school. Also it was noticed before the high number of children and adolescents residing in distant neighborhoods of the city CAPSi studied, there is the need to deploy other near the site of their home units.

In family composition, father and mother are the main culprits. It was found that most users had a family history of psychiatric disorders and the majority of caregivers were not working when their loved were admitted to CAPSi. This implies that the service needs a constant update of the form for admission of children and adolescents and their caregivers in order to allow a better understanding of the situations faced by them and to promote ways to help them, informing them of programs offered by the government. Furthermore, the study shows that the CAPSi has turned into a substitute service to psychiatric hospitals, thus fulfilling the psychiatric reform proposals.

The efficiency of this study provides statistical information for the Mental Health Program of the Municipality of Maceió and Management Center for Mental Health of the State, serving as a reference for the elaboration of possible local care programs for children and adolescents with mental distress.

As suggestions, this research highlights the importance of adding the admission forms about religion and family income, stimulating their proper completion. It is also necessary extending the cooperation with the support network (schools, churches, clubs, etc.), aiming to provide a greater range of possibilities for psychosocial rehabilitation.

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