

DIFFICULTIES AND FACILITATING ASPECTS IN THE UNDERTAKING OF HOME VISITS IN A PSYCHO-SOCIAL CARE CENTER*

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ABSTRACT: This study aims to analyze the difficulties and facilitating aspects faced by professionals of a Psychosocial Care Center in the south of Brazil in the undertaking of home visits. It is a qualitative approach and was undertaken based on semi-structured interviews held in November 2012 with nine professionals who undertook home visits. The analysis of the data allowed the emergence of two categories: difficulties faced by the professionals in undertaking home visits; and aspects which facilitate the undertaking of home visits. Conclusions are made regarding the importance of health managers providing sufficient material and human resources for meeting the demands of the home visits, as well as making it possible to be trained to carry out this care strategy in the home. As a result, greater involvement of all the actors in this health process is suggested, bearing in mind that this will qualify the attendance to the population in the mental health area.

DESCRIPTORS: Mental health services; Mental health; Home visits; Health personnel.

FACILIDADES E DIFICULDADES NA REALIZAÇÃO DE VISITAS DOMICILIARES EM UM CENTRO DE ATENÇÃO PSICOSSOCIAL

RESUMO: O objetivo do estudo foi analisar as facilidades e dificuldades dos profissionais de um Centro de Atenção Psicossocial do sul do Brasil na realização das visitas domiciliares. Trata-se de estudo com abordagem qualitativa, desenvolvido a partir de entrevistas semiestruturadas, em novembro de 2012, com nove profissionais que realizavam visitas domiciliares. A análise dos dados possibilitou a emergência de duas categorias: dificuldades enfrentadas pelos profissionais para a realização das visitas domiciliares; e facilidades para a realização das visitas domiciliares. Conclui-se sobre a importância de os gestores de saúde proporcionarem recursos materiais e humanos suficientes para atender às demandas das visitas domiciliares, além de possibilitarem formação para a realização desta estratégia de cuidado no domicílio. Dessa forma, sugere-se maior envolvimento de todos os atores neste processo de saúde, tendo em vista que isso qualificará o atendimento à população na área de saúde mental.

DESCRIPTORES: Serviços de saúde mental; Saúde mental; Visita domiciliar; Pessoal de saúde.

FACILIDADES Y DIFICULTADES EN LA REALIZACIÓN DE VISITAS DOMICILIARES EN UN CENTRO DE ATENCIÓN PSICOSSOCIAL

RESUMEN: El objetivo de este estudio fue analizar las facilidades y dificultades de los profesionales de un Centro de Atención Psicossocial del sur de Brasil en la realización de las visitas domiciliares. Es un estudio de abordaje cualitativo, desarrollado a partir de entrevistas semiestructuradas, en noviembre de 2012, con nueve profesionales que realizaban visitas domiciliares. El análisis de los datos resultó en dos categorías: dificultades afrontadas por los profesionales para la realización de las visitas domiciliares; y facilidades para la realización de las visitas domiciliares. Se concluye que los gestores de salud son importantes pues propician recursos materiales y humanos suficientes para atender a las demandas de las visitas domiciliares, además de contribuir para la formación y para la realización de esta estrategia de cuidado en el domicilio. De ese modo, se sugiere mayor participación de todos los actores en ese proceso de salud, ya que eso cualificará el atendimento a la población en el área de salud mental.

DESCRITORES: Servicios de salud mental; Salud mental; Visita domiciliar; Personal de salud.

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INTRODUCTION

In recent years, a series of transformations has occurred in the area of Mental Health, resulting from social movements which demanded improvements in the conditions of treatment for people with mental illnesses. These movements, undertaken by managers, professionals, family members and service users, leveraged changes in the area's legislation resulting in what was termed the Psychiatric Reform⁽¹⁾. This stipulates the creation of the mental health services network based in the territory, composed of a series of services, such as the general hospital, the Family Health Strategy (FHS) Center, Emergency Room, health Centers (HC), therapeutic residential centers and the Psychosocial Care Centers (PCC)⁽¹⁾. Thus, the services stipulated by the Psychiatric Reform, and supported by laws and Ministerial Ordinances, aim for the individual's psychosocial rehabilitation and social reinsertion, through individual therapeutic projects, undertaken by the multi-professional team⁽²⁾.

In this context, emphasis is placed on the PCC as strategic services in the Mental Health network, as they offer various therapeutic resources for attending people with mental illnesses, such as: individual and group attendance, attendance for the family, community activities, advice and follow-up regarding use of medication, and home visits (HV)⁽³⁾. Thus, the HV, as a work instrument, came to be undertaken by the PCC based on the Psychiatric Reform, given that it is one of the proposals for home care and for the social reinsertion of people with mental illnesses in the field of healthcare in Brazil⁽⁴⁾.

The HV is an instrument which facilitates approaching the service users in their socio-cultural context, and may be defined as a set of actions geared towards an attendance which is as much educational as assistential⁽⁴⁾. In the context of Mental Health, the HV makes it possible to avoid psychiatric inpatient treatment for the patient, and appears as care of the team, which endorses embracement and the exchanging of experiences, as the patient's house provides clues and data for there to be some nexus between the disease and the social. This care device can be a good perspective for the team to provide humane, creative, sensitive care, avoiding hospital inpatient care⁽⁵⁾.

Thus, the motivation for the undertaking of this study arose from the experience of one of the researchers, in 2011, based on the observation of the HV undertaken by the professionals of a PCC, in which they provided care which went beyond the space of the above-mentioned service. In this study, it is understood that the HV are considered care strategies of the PCC at the present time and that, because of this, they must be valued and undertaken better by the professionals.

The experience of caring in the home, through the HV, may be understood differently by the professionals who undertake them; they may make of the HV a simple activity, or strengthen it as a strategic resource of care in the ambit of the Mental Health substitute services. The strategy must put emphasis on the humanization of the care, creating links between the service user, the team, and the family, and promoting the autonomy of persons with mental illnesses. In the light of the above, the question is placed: What are the difficulties and facilitating aspects faced by the professionals regarding the HV undertaken in a PCC?

It is hoped that this study may provide reflection on the HV for PCC professionals, and contribute, in conjunction with the Mental Health managers, to the formulation of the understanding of this as an instrument of care, treatment promotion, and quality of life. As a result, this study aimed to analyze the difficulties and facilitating aspects faced by professionals of a PCC in the south of Brazil, in undertaking HV.

METHOD

This study has an exploratory-descriptive character, with a qualitative approach⁽⁶⁾, and was undertaken in a municipality with 138,000 inhabitants, in the Brazilian State of Rio Grande do Sul⁽⁷⁾. The study subjects were all the professionals of a PCC who undertook the visits to the homes of service users and their family members, being represented by nine professionals: one nurse, four nursing technicians, and four psychologists.

The selection of the participants was intentional and was undertaken through invitation, with the following inclusion criteria: those professionals who were in full implementation of their duties in the data collection period; the exclusion criteria was: those who were off work due to

medical leave or holidays. Data collection took place in November 2012, through individual semi-structured interviews, consisting of three questions: What is your understanding regarding home visits? What are the biggest difficulties for undertaking these visits? What aspects facilitate the undertaking of the same?

The researchers proceeded to the reading of the interviews in full, adopting the framework of thematic analysis for the critical appreciation of the content, seeking to find the significant excerpts for constituting the themes. They followed the steps of pre-analysis and exploration of the material, the organization and repeated reading of the corpus of the interviews being possible. Later, they proceeded to the treatment and interpretation of the results obtained, described in record units and context units, which allowed the grouping of relevant ideas in categories⁽⁶⁾, represented by two thematic axes of discussion, namely: aspects facilitating the undertaking of HV in the PCC; and difficulties found in undertaking the HV.

The subjects who participated in the study were numbered from 1 to 9, in the chronological order of the undertaking of the interviews, and denominated with the letter "I" for Interviewee. The research was approved by the Ethics Committee of the Rio Grande do Sul Public Health School, under Protocol number 715/11, the ethical aspects involving human beings having been considered⁽⁸⁾; the participants signed the terms of consent after being informed of the study's objectives.

RESULTS

Difficulties faced by the professionals in undertaking the home visits

This category presents the principal difficulties faced by the nine professionals studied regarding undertaking the HV in the PCC studied. The following obstacles were listed by the interviewees: lack of human resources, lack of material resources, lack of training for undertaking the HV, and lack of security for undertaking this care in the community.

Some workers interviewed verbalized that there was a large number of service users needing the HV. Some of these service users could not go

to the service due to some physical handicap, others because they had some severe mental retardation, and others because they did not return to receive the prescribed medication. As a result, the interviewees mentioned the need to contract more professionals for undertaking the HV in the PCC, due to the great demand of service users who would benefit from this care device. The accounts below refer to this:

We could work much faster with more staff. (I6)

If there were more professionals, if there were one who only did home visits, that would be great. But we don't have that. For the time being, all I can manage to do is one morning a week, when nothing crops up. If there was somebody else with more time for the visits, to be dedicated to the HV, I think it would be very good. (I7)

The accounts evidence the professionals' interest in doing more HV. However, due to the unforeseen events which can occur during the shift, home attendance was only undertaken once a week. One can also understand that the lack of human resources destined specifically for undertaking this attendance entails the overloading of some professionals, which is certain to impact on the quality of the care provided to the service users.

The interviewees were also concerned about the lack of material resources. They stated, for example, that the lack of a vehicle for taking the team to the service user's home hinders the undertaking of this attendance – or can even cause it to be postponed:

Our biggest difficulty is the car. Sometimes, it is fundamental for carrying out the home visits, and without it, we have to postpone this attendance. (I1)

The interviewees' discourse shows that the service shared the same vehicle with the municipality's Alcohol and Drugs PCC, which ended up impacting on the speed of the attendance provided in the service users' homes.

Besides the lack of material resources, the interviewees verbalized the lack of training of the

professionals who undertook the HV through the PCC:

The challenges would be to do a good visit, for the entire team to be trained for this, not just some of its members. (I5)

The professionals' lack of training for undertaking the HV was verbalized as a difficulty for undertaking the same. This being the case, for the team to provide a good service for the community, it would be necessary to undertake improvements regarding this care device.

The team which undertakes the HV can face situations in which the family does not receive them well, or in which the service user resists the treatment and the consultations in the service. Hence, the home and the community itself can offer danger to the professionals, due to the lack of security. Thus, through the account below, the extent to which these professionals are vulnerable in undertaking the HV is evidenced, demonstrating the lack of safety in relation to those whom they meet in the service users' homes and also in these homes' surroundings.

There are risks which the team runs, because we are entering this person's home, which we don't know – we can run serious risks. (I7)

During the HV it is not possible to foresee how the team will be received, or how the service user and her family will behave, causing the professional not to know the risks to which the locale may expose them.

In the light of this, the lack of human and material resources, the lack of the professionals' training for undertaking HV, and the lack of security in the visits to the home and in the community itself were aspects which, according to the interviewees, hindered the undertaking of the visits.

Aspects which facilitated the undertaking of the home visits

For these workers, the link with the service user and his family, and the possibility of becoming familiar with the context of the service

user's home and his community, are aspects which make it important to undertake the visits in the PCC studied.

The interviewees understand the HV as a significant care device in the area of mental health, bearing in mind that it affords a space for talking and for relieving the service user's distress in their own home, reducing their seeking help from other services in the health network.

The home visit is very important. With the visit, you can avoid a lot of things, it's a way of freeing up the other services of the network. There are days that everybody goes to the health clinic, everybody turns up at Casualty, sometimes they just want to talk, they just need to be listened to. Some psychiatric patients are lonely, they stay brooding over things. Sometimes a conversation with the professional who goes to their home can be a big help. (I3)

Therapeutic listening was shown to be an instrument which facilitates access to the service users' care and health requirements, and avoids these people feeling alone.

One can perceive, in the interviewees' accounts, that the link acquired with the service user who received the HV, and his family, is achieved gradually, based on listening and on trust in the professional's work, affording a more humane, individualized and unique relationship, facilitating the therapeutic interventions. The discourses below are part of this representation:

It is a strong device for the therapeutic link. In order to see the patient as a human being, as a unique individual, as a whole, the home visit strengthens links. (I7)

One thing about the home visit is that you gradually get closer to the patient, he identifies with you, acquires trust, and then he listens to you, or he accepts you a little more. (I3)

The link is the basis for greater impact in the work and in the therapeutic actions undertaken, and is based in relationships of trust, in which the responsibility for the care is constructed in a shared manner between the service user and the health team.

The interviewees asserted, as a positive aspect of the visits, the opportunity to get to know the context of the service user, of his housing, and of the community in which he is inserted. In becoming familiar with the service user's context, the professional gains a broader view of the process of mental illness, as mentioned below:

The facilitating aspect is that you become more familiar with the patient's context, you get a more complete view of what is happening. (11)

Because we can observe where they live, their hygiene conditions, and often what there is in that community, whether that community offers a health clinic nearby, whether it offers support for the service user to move forwards. (18)

The HV is a care practice which is essential for the care for the service user and his family, as there is the opportunity to embrace these actors in the environment in which they live, and this factor is important for offering modes of care which are alternative to those centered on the institution, making it possible to become familiar with the real needs of the service user and his family members.

In this category, some aspects which facilitate the undertaking of the HV, according to the interviewees, were evidenced. Sensitive listening, and the link created with the service user and with his family members, facilitate the therapeutic actions proposed in the home, as well as making the care more humane and individualized. These factors strengthen the HV as a care device in the area of Mental Health, in the ambit of the substitutive services.

DISCUSSION

Difficulties confronted by the professionals in undertaking the home visits

Unlike other health sectors, which need technology, apparatus and sophisticated examinations to function, in mental health, the technology is essentially human. That is, it is an area of human-dependent resources⁽⁹⁾. Thus, the contracting of more professionals was one of the

necessities indicated for care in the home in the service studied.

However, this is not a reality only in the field of mental health, but also occurs in various other specialities, such as in care of the older adult⁽¹⁰⁾ and children's health⁽¹¹⁾, for example. This is a reality in the current Brazilian health system, in which, for decades, the management of human resources has been presented as a critical point, needing, therefore, development and implementation of public health policies directed towards this area⁽¹²⁾.

The training of Mental Health professionals also takes on a unique importance. This must be planned in order to comply with the guidance of the National Mental Health Policy; professionals must be trained with competencies and skills for working in the various devices of Mental Health care, from the health clinics and family health centers, to the PCC and even in the hospital care⁽⁹⁾.

Thus, the educational actions for the team, and the psychosocial context, can be powerful in the search to redirect the work of the professionals in Mental Health in relation to the Psychiatric Reform, in the context of Continuous Education⁽¹³⁾.

Fear of psychiatric patients, and fear of the unexpected in home visits, can be a limiting factor in the work of the PCC team, as the risk of aggression on the part of service users in crisis exists; there are also risks in the community itself in which the service users live. Hence, the Mental Health professional must safeguard herself with some basic care steps for managing these situations⁽¹⁴⁾.

These care steps may be related to the times in which these visits are made, and to the number of professionals who go to the home. In undertaking the HV during the day and in groups of two or three, the professionals from the PCC studied could prevent factors vulnerabilizing them in the home visited and/or in the community itself.

Aspects facilitating the undertaking of home visits

Sensitive listening was understood by the professionals in this study as an action which requires a concern with the others, valuing the service user's discourse. As a result, the active

listening becomes an attitude of care, in which it is possible to establish a relationship between the service user, the family and the team, valuing the uniqueness and the individuality of each case and of each person⁽¹⁵⁾.

In the context of the relational technologies, among which one finds listening, the link between the patient and health professional is another device of extreme importance in mental health care. The link was understood by the PCC team as a facilitating aspect in the undertaking of the HV. Establishing the link between the team and the family allows the professional to have a more fair and respectful relationship, enabling the professional not to need to resort to authority or the imposition of her knowledge⁽¹⁵⁾.

Participation, being together, and doing things together are practices constructed in the day-to-day of experiencing mental illness, and this bond is built in trust and in paths which are less harsh, less stigmatized and more shared, for inventing new modes of care in Mental Health⁽¹⁶⁾. In this way, the link established between health professionals and service users and their family members leads to the HV providing humanized and individualized care.

This relational technology offers health professionals the opportunity to make contact with the service user's way of life and to become familiar with the service user's environment and intra-family relationships. The professional can also address questions which go beyond the physical illness and which also encompass the social and emotional problems, affording guidance which is more directed towards the service user's real health needs, seeking uniquenesses in the way of caring⁽¹⁶⁻¹⁷⁾.

Listening, a link, and embracement are part of the construction of the comprehensive care in mental health proposed by the PCC and which requires the professionals who work in this area to possess an arsenal of characteristics and technological resources in the health production. The concept of technology is not only restricted to the set of material instruments of the work, but also covers the knowledges and their material and nonmaterial consequences in the production of health services. It also encompasses the knowledges which operate for organizing human actions, the interpersonal relationships⁽¹⁸⁾. Following this logic, all the professionals who work

in the PCC must make use of these technological resources – the relational technologies – in their routine actions, making care possible which goes beyond the symptoms and diagnosis. The use of these technologies, in the context of home visits, allows the health professionals to provide humanized care to the service users and their family members, facilitating humanization in the process of work in mental health⁽¹⁹⁾.

Access to the home and to the community, as a whole, can enable the PCC workers to become familiar with other points of care available to the service user, which are part of the local support network. Thus, this information becomes relevant for the service user's Unique Therapeutic Project, and in this way contribute to the psychosocial rehabilitation of the same. This is elaborated based in the health needs of each service user, not excluding his opinions, his dreams and his life project, and must be unique and must provide a democratic and horizontal interaction between the worker, the service user, and his family⁽²⁰⁾. In this way, HV undertaken in the PCC studied can contribute to the comprehensive care, so as to keep the information on the service user updated, assisting in the construction of the Project.

CONCLUSIONS

Throughout the process of investigation, and through the presentation in the results and discussion, the authors sought to bring a response to the research problem and, in this way, to analyze the PCC's professionals' perception regarding the HV undertaken.

The lack of human and material resources, of training to undertake this attendance in the home, and of safety in the community, were aspects evidenced in the first category, that of undertaking the HV by the PCC professionals. Thus, in this context of difficulties, the HV may not be effective, or may occur without the frequency foreseen by the service's multidisciplinary team.

In the second category, the workers manifested the aspects which facilitated the undertaking of HV, attributing the success of therapeutic interventions in the home to sensitive listening and to the link created between the service user and his family. Furthermore, the interviewees emphasized that, in becoming familiar with the

space of the service user and of the network in which he is inserted, there is the possibility of entering into contact with the service user's specific characteristics, thus individualizing the care and contributing to the construction of the Unique Therapeutic Project.

The importance is emphasized of health managers providing sufficient material and human resources for meeting the demands of the HV, as well as making training possible for the undertaking of this strategy of care in the home. This being the case, greater involvement from all the actors involved in the health process is suggested, bearing in mind that this would qualify the attendance of the requirements of the population which depends on this Mental Health network.

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