

# DIFFICULTIES IN THE MENTAL HEALTH NETWORK AND PSYCHIATRIC READMISSIONS: DISCUSSING POSSIBLE RELATIONSHIPS\*

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**ABSTRACT:** The aim of this study was to identify difficulties existing in the mental health services of Rio Grande do Norte, Brazil and to discuss possible relationships between these and psychiatric readmissions in the state. An exploratory-descriptive, qualitative study was conducted, the corpus of which originated from the transcription of semi-structured interviews, applied with 20 workers of a state reference psychiatric hospital, between June and August 2011. The results were analyzed using thematic content analysis. The categories analyzed in this article are: inadequate operation of outpatient services; difficult access to the substitute services, and the problem of chemical dependency in the context of psychosocial care. It was concluded that the problems highlighted are configured as contemporary challenges for mental health and express the need for a (re)view of the mental health network.

**KEYWORDS:** Mental health; Research in health services; Reform of health services.

## DIFICULDADES DA REDE DE SAÚDE MENTAL E AS REINTERNAÇÕES PSIQUIÁTRICAS: PROBLEMATIZANDO POSSÍVEIS RELAÇÕES

**RESUMO:** Objetivou-se identificar dificuldades existentes na rede de saúde mental no Rio Grande do Norte, Brasil e problematizar possíveis relações entre essas e as reinternações psiquiátricas no estado. Realizou-se pesquisa exploratório-descritiva em abordagem qualitativa, cujo corpus originou-se da transcrição de entrevistas semiestruturadas, aplicadas a 20 trabalhadores de um hospital psiquiátrico de referência estadual, entre junho e agosto de 2011. Os resultados foram analisados por meio de análise de conteúdo temática. As categorias analisadas neste artigo foram: funcionamento inadequado dos serviços extra-hospitalares; dificuldade de acesso aos serviços substitutivos e a problemática da dependência química no contexto da atenção psicossocial. Conclui-se que as problemáticas evidenciadas se configuram como desafios contemporâneos para a saúde mental e expressam a necessidade de (re)visão da rede de saúde mental.

**DESCRIPTORIOS:** Saúde mental; Pesquisa nos serviços de saúde; Reforma dos serviços de saúde.

## DIFICULTADES DE LA RED DE SALUD MENTAL Y LAS REINTERNACIONES PSIQUIÁTRICAS: PROBLEMATIZANDO POSIBLES RELACIONES

**RESUMEN:** Se objetivó identificar dificultades existentes en la red de salud mental en Rio Grande do Norte, Brasil, y problematizar posibles relaciones entre esas y las reinternaciones psiquiátricas en el estado. Se realizó investigación exploratoria y descriptiva en abordaje cualitativo, cuyo corpus resultó de la transcripción de entrevistas semiestructuradas, aplicadas a 20 trabajadores de un hospital psiquiátrico de referencia estadual, entre junio y agosto de 2011. Los resultados fueron analizados por medio de análisis de contenido temático. Las categorías analizadas en este artículo fueron: funcionamiento inadecuado de los servicios extra hospitalares; dificultad de acceso a los servicios sustitutivos y la problemática de la dependencia química en el contexto de la atención psicossocial. Se concluye que las problemáticas evidenciadas se configuran como desafíos contemporáneos para la salud mental y expresan la necesidad de (re)visión de la red de salud mental.

**DESCRIPTORIOS:** Salud mental; Investigación en los servicios de salud; Reforma de los servicios de salud.

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## INTRODUCTION

The Brazilian Psychiatric Reform (BPR) sought (and still seeks) to deconstruct the chronicity inducing and iatrogenic treatment directed toward the psychiatric patient. It is a movement for the deinstitutionalization of mental health care, with an emphasis on outpatient treatment and the social inclusion of people with mental disorders<sup>(1)</sup>. Thus, to ensure adequate support for the person who has a mental disorder and is in the process of deinstitutionalization in Brazil, a series of substitute services were created that should be linked and guided by the care in the territory. The Psychosocial Care Centers (CAPS), the Therapeutic Residential Services (TRS), the Centers for Living and Culture and the Volta Para Casa Program, combine with the laws and ministerial decrees, represent this new mental health care network.

The territorial care network seeks to promote actions of health promotion, prevention and early intervention in mental health, seeking to fulfill the goal of hospitalization as a treatment of last resort, thereby avoiding psychiatric readmission<sup>(2)</sup>. In the current context of the BPR, the emergence of difficulties can be observed that potentially oppose the efficiency of the deinstitutionalization process: the incompatibility between the structure of the programs and substitute mental health services and the usual needs of the users of these services; the unpreparedness of the community to receive the individual leaving the psychiatric institution, since virtually all efforts are focused on changing the behavior of users and almost none on the modification of the prejudiced mentality of society; and, especially, the new chronic patients, whose chronicity was acquired due to failures in the territorialized service network, culminating in unnecessary hospitalizations and subsequent readmissions<sup>(3)</sup>.

Within this context, there is an interesting reflection: although not part of the territorial psychological care network, the psychiatric hospital suffers the reflections of the difficulties experienced in the substitute provisions. It can be assumed that it is probably due to these problems that the psychiatric institution still has significant involvement in mental disorder care, even within a proposal for psychosocial care.

In the Brazilian state of Rio Grande do Norte (RN), a study indicated a reduction in the quantity

of psychiatric readmissions and a decrease in the demand for emergency care in a state reference psychiatric hospital. However, the persistence of unsatisfactory rates of psychiatric readmissions was also noted - 57.7% for the second half of 2011 - which indicates the representativity of the psychiatric institution in the mental health quotidian of the scenario studied<sup>(4)</sup>. The findings of this study highlight the persistence of psychiatric readmissions in the quotidian of the mental health services. This fact deserves attention, since psychiatric readmissions are configured as an epidemiological alert for the need to monitor the changes in care practices. Furthermore, frequent hospitalizations can generate chronicity of the disease, increasing isolation and detachment from the real world, the deprivation of family and social life, and the solidification of stigmas<sup>(5-6)</sup>.

These preliminary observations instigated the following question: are there aspects, in the reality of the territorial psychological distress care network, which may be contributing to the persistence of psychiatric readmissions in the state of RN?

The present study is justified by the scientific and social relevance of the effectiveness of the mental health care network. Furthermore, the ethical requirements to deinstitutionalize mental health care, as well as the need for strengthening the new therapeutic provisions, give importance to the study. Another point to be mentioned is our effort to systematize, update and critically reflect on the problematic relationship between the territorial psychological care network, the psychiatric hospital and readmission. Accordingly, the study aimed to identify existing problems in the mental health network of RN and to discuss possible relationships between these and the reality of psychiatric readmissions in the state.

## METHOD

This exploratory-descriptive qualitative study was carried out in a psychiatric hospital of the Brazilian National Health System (SUS), in June and August 2011. The hospital was chosen as the study setting due to, in addition to being a psychiatric reference for RN state, the professionals working in the institution assist users in psychological distress, experiencing the hospital admission and discharge processes in their quotidian. This fact

endows them with a comprehensive view of the users, family members and the functioning of the substitute services in which the users that resort to psychiatric hospitalization are registered.

As this was a qualitative study, the sample was selected in a non-probabilistic way and according to accessibility, from a population of 173 professionals. Inclusion criteria for the sample were: to have started performing activities in the hospital from April 2001, the period of regulation of Federal Law 10.216/2001<sup>(7)</sup> which enabled the implementation of the National Mental Health Policy; and to work at the point of entry and/or exit of the hospital regulating the processes of admission and/or discharge of patients. Participant who, after signing the Terms of Free Prior and Informed Consent, chose not to answer the questions of the data collection instrument were excluded from the study, as were those who decided to spontaneously withdraw their participation.

Semi-structured interviews were used, as well as analysis of information from the register of discharges and admissions (provided by the Medical Care and Statistical Service of the institution), corresponding to the period from 2008 until the first half of 2011 in order to problematize data on psychiatric readmissions.

The semi-structured interview combines open and closed questions, allowing the interviewee to discuss the proposed topic<sup>(8)</sup>. The starting point was the thematic script which contained questions covering the knowledge of the professional interviewed regarding the mental health care network of RN, the subjects' understanding of the likely causes of psychiatric readmissions in the institution – the study scenario, and the impact of the new mental health care provisions on psychiatric readmissions in the hospital studied. The interviews were conducted at previously scheduled times and places according to the availability and preference of the study subjects, seeking a calm environment and privacy for the participant.

To analyze the data collected, the thematic analysis technique was used<sup>(8)</sup>, therefore, the post-interview procedures were divided into four stages, namely: 1) transcription of the recordings in full; 2) reading and discussion of the material; 3) sending of the text to the respondent for correction; and 4) thematic analysis. Thus, free-

floating reading of the transcribed material was performed in order to absorb the content of the interviews. Familiarity with this content enabled the keywords to be extracted, the contexts of comprehension of the report units to be defined, and the statements to be retrieved and grouped into analytic categories. With the semantic grouping of the participants' statements, it was possible to identify, from the perspective of the subject, the main difficulties experienced in the mental health services that could be related to psychiatric readmissions in the state.

In compliance with the confidentiality of the identity of the professionals interviewed in this study, the subjects are identified using names of the stars, in an allusion to the function of the heavenly bodies. It is emphasized that the ethical and legal criteria set forth in the relevant Human Research Standards were followed<sup>(9)</sup>. The research project was submitted to the Research Ethics Committee of the Federal University of Rio Grande do Norte under process No. 019/11, receiving approval on June 15, 2011, through approval No. 216/2011 and CAAE 0021.0.051.000-11.

## RESULTS

A total of 20 health professionals of a psychiatric hospital were interviewed, fourteen being women and six men. The professional categories were: six psychiatrists, two psychologists, one occupational therapist, two social workers, and nine nursing technicians.

The analysis of the empirical material allowed the identification of the following categories related to the major difficulties, experienced in the territorial network, in the care for patients undergoing psychological distress: inadequate functioning of the outpatient services; difficulty for the users to access the substitute services; the problem of chemical dependence in the context of psychosocial care; difficulty for users, family carers and professionals to adhere to the provisions of the mental health service network; and lack of knowledge on behalf of the professionals of the institution regarding the mental health care network. According to the study participants these factors were identified as aspects that contribute to psychiatric readmissions in the state.

It should be noted that, in this article, the first

three categories were analyzed due to the space available for the presentation and discussion of the results. The other categories identified will be addressed in future works.

### **Inadequate functioning of the outpatient services**

With respect to the functioning of the substitute services, statements were encountered highlighting the lack of psychiatrists in the services, especially in the Psychosocial Care Center - CAPS III, as one of the major difficulties faced by mental health network of RN, according to the statements below:

*I think the CAPS III here in Natal is a model that does not have a 24 hour psychiatrist, only for 12 hours, for the other 12 hours at night the patients only have the nursing staff and on-call SAMU [Mobile Emergency Service]. If the SAMU have an emergency on the other side of the city and if there is an emergency in the CAPS at that moment, it is impossible to be in two places at the same time. The amount of free beds: 8 beds, 6 beds. It is negligible for the number of patients.* (Arcturus)

*The issue is the lack of adequate functioning of the CAPS, in which there is no professional psychiatrist on duty Monday to Friday, as there should be. So, when a crisis actually happens, an emergency happens, the place they [users] seek is really the hospital, because they have a 24 hour psychiatrist.* (Alrishah)

Furthermore, regarding the functioning of the outpatient services and considering the participation of the SAMU in attending psychiatric emergencies, statements such as the following were encountered:

*I think the importance of the psychiatrist in the SAMU should be to try to solve the problems that could be solved and these patients do not come back here, right? I do not see this. There is still a very large amount of people coming here by SAMU.* (Arcturus)

*The SAMU brings many patients. Sometimes, even patients who, in our view and the view*

*of the team, do not need emergency unit care [psychiatric] at that time.* (Algol)

### **Difficult access to the substitute services for the users**

References were made regarding the difficulties for users and family members to access the substitute services of the mental health network of the state:

*We know about the difficulty receiving medical care, especially in the North of the capital. We know about the difficulty for the patients to leave here and receive continuity in their treatment.* (Auva)

The impairment that the difficulty of access to substitute services can have on the treatment of mental health service users was recognized, considering that the interruption of monitoring may result in the hospitalization of the user, as shown by the statements of Mizar and Shaula:

*Patients who receive post-discharge monitoring actually have a lower rate of readmission, the problem is in the patients' access to the service.* (Mizar)

*Often there is a delay in the patient getting a consultation in the network. Sometimes, they do the screening, however, it takes months for them to see a psychiatrist and you can not expect the patient to wait. Often, you end up hospitalizing the patients because they will get worse if they are not treated quickly.* (Shaula)

Thus, hospitalization, which should be used only as a last resort, is used as a way to prevent worsening of the mental illness condition. Such an attitude is configured as a bias which potentializes risks to the principles gained by the Brazilian Public Health System and the BPR, and can be configured as an indiscriminate return, although well intentioned, to the asylum solutions.

### **The problem of chemical dependence in the psychosocial care context**

Another situation-problem presented by the study subjects concerns the care of chemical dependent people, as a demand for mental health

services that, due to its particularities, hinders the social inclusion of users and contributes to the psychiatric readmission statistics.

*Today in Natal, not only in Natal but in Rio Grande do Norte, the demand for drugs is a public health problem [...] because the drugs are even affecting those who have mental disorders, they are becoming patients who have mental disorders associated with the drug [...] the condition will be complicated so that we will not have the control of the crises that we could have had.* (Mira)

In a broader context, chemical dependence can exacerbate the psychological and neurological condition of the person presenting psychiatric symptoms, thus contributing to future psychiatric hospitalizations/readmissions. Furthermore, the compromise of intersectorality and the (un)satisfactory implementation of policies for confronting chemical dependency can contribute greatly to these findings.

## DISCUSSION

As seen in the extracts from the statements, the lack of psychiatrists in the substitute services was identified as one of the contributing factors for the inadequate functioning of the territorial psychological care network, culminating in favoring psychiatric readmissions. In this respect, there was discussion regarding the onus of maintaining a CAPS III type service with the guarantee of the presence of a psychiatrist for 24 hours a day and seven days a week, a difficulty related to the financial cost and the reduced market conditions for physicians who are specialists in psychiatry<sup>(10)</sup>.

Arcturus (study participant) talked about the risk of a CAPS III type service, which should be able to receive emergency psychiatric cases, not having the presence of the psychiatrist. Giving a thorough and honest reflection regarding psychiatric care, it is known that to have a psychiatrist, in itself, is not a guarantee of care. Currently, as one of study participants mentioned, to have on-call SAMU is also no guarantee of care, because if two simultaneous emergencies happen the response to the request of the CAPS III is the decision of the physician that regulates the SAMU,

which, due to sociocultural or paradigmatic heritage, has given psychiatric emergencies little importance compared to other areas, such as clinical problems or traumas, according to a study conducted in the local community<sup>(11)</sup>.

Conversely, the responsibility for the mental health care provided should not be attributed solely to the psychiatrist. The presence of this professional in the services must be debated, taking into account the precepts of the BPR, such as the decentralization of mental health care, as set out in Regulation n. 336/2002<sup>(12)</sup>, and the existence of reference professionals (or reference therapists) that must be able to receive and accompany the users<sup>(13)</sup>.

Regarding the possibilities arising from the existence of the reference therapist within the territorial mental health services, Brazilian authors<sup>(14)</sup> highlight the difficulties experienced in the services and by the professionals of the area. By requiring a linkage between diverse knowledge and various relational fields (family, work, social, cultural), the practice of the reference professional creates changes in the way in which the work is developed. These transformations are aimed at reinventing the way of being and acting of the workers in the development of actions to care for the user of mental health services<sup>(14)</sup>. Perhaps the unpreparedness of the teams to act from the perspective of psychosocial care, based on the reference professional, may be contributing to the dependence, on behalf of the services, on the presence of the psychiatrist to receive the users who come to the unit.

Another issue addressed in the statements of the study subjects was related to chemical dependence in the context of psychosocial care as a problematic reality of the mental health service network that contributes to readmissions. In this respect, a study performed in the hospital investigated proves the representativity of chemical dependence in the demand for the emergency unit of the institution. Recent data has shown an increase of 0.23% in the care for alcoholics and drug addicts, as well as a reduction of 0.98% in the care for schizophrenics<sup>(4)</sup>.

We can not disregard the potential for drug use to lead to the development of mental disorders in individuals, which may contribute to the increased incidence of psychiatric disorders in the community and, thus, the increase in the rates of first hospitalizations. Within this theme, noting

that the abuse of licit or illicit drugs is a problem that plagues not only Rio Grande do Norte, but Brazil as a whole, the preparedness of the health network to care for this specific public with its many particularities can be questioned.

The complexity of caring for the problems of alcohol and other drugs, demonstrated more clearly from the concrete experience of the CAPSad (Psychosocial Care Center for Alcohol and Drugs), reveals the daily requirement for the implementation of inventiveness, for the multiplication of initiatives and for intersectorality within this new healthcare perspective<sup>(10)</sup>.

Considering the importance of intersectoral work to combat chemical dependence, the findings of a study performed in Maringá indicate, in general, an unsatisfactory degree of implementation of the guidelines for coping with alcohol and other drugs in the Primary Healthcare network of the municipality. Furthermore, there was an alleged lack of communication between the Family Health Strategy and the reference CAPSad. Given the findings, the authors concluded by mentioning the need to improve mental health care and the importance of examining the role of different health facilities that make up the health system, considering that integrated care is composed of a set of intersectoral provisions<sup>(15)</sup>.

The conclusions of the study, mentioned above, lead to a reflection on a probable relationship between chemical dependence in the current context of psychosocial care, the problem of the persistence of psychiatric readmissions, and the intersectorality of health promotion and harm reduction actions. It is believed that this is an issue that requires more studies that propose mechanisms for the involvement of various healthcare sectors, as well as users, family members and professionals, contributing to the adequate management of psychological distress and chemical dependence, from the perspective of maintaining care in the territory for this public.

It can be inferred that the difficulties discussed may camouflage the partial success that has been achieved by the mental health service of RN, as well as contribute to the existence of even higher rates of psychiatric readmissions in the state. These difficulties are challenges, some classic, others emerging in the current national and state mental health systems.

## FINAL CONSIDERATIONS

This study highlighted the difficulties experienced in the mental health services of the state of RN and that, until then, had been perceived by users and professionals only through systematic observation.

It is well known how great the difficulty is in finding alternatives to solve old and new problems, however, it is believed that one factor in particular permeates all these points: effective dialogue and articulation between all the services that make up the mental health care network.

The validity and relevance of this study are highlighted due to the fact that it addressed the reality of professionals working in direct care in a state reference institution for psychiatric care. Despite not intending to exhaust the discussion on the subject, the interpretive synthesis of the information collected in this study can contribute to comparisons and new discussions related to the subject.

It is believed that the findings of this study express the need for a (re)view, on behalf of the professionals, managers, users, family members and community in general, regarding the topics that should be debated for a "new agenda" of discussion, reorganization and inventiveness of the mental health network of RN, of Brazil and of other countries of the world that seek to develop integral care of a psychosocial nature for psychological distress.

The main limitation of this study was related to the reduction of the research scenario to a single psychiatric hospital, which could have culminated in a restricted view of the phenomenon studied. However, in an attempt to minimize possible biases we chose to conduct the study in an institution that is the state reference for psychiatric care.

The production of knowledge on the subject under focus and the exchange of knowledge between professionals favor integral and continuous care, seeking health promotion, respecting integrity, equality and citizenship, as well as contribute to overcoming stigma and the segregation of people who experience mental suffering.

## REFERENCES

1. Amarante P. Reforma Psiquiátrica e Epistemologia. Cad. bras. saúde mental. [Internet] 2009;1(1) [acesso em 26 jun 2014] Disponível: <http://www.cbsm.org.br/artigos/>

2. Ministério da Saúde (BR). Portaria n. 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental, incluindo aquelas com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). Brasília: Ministério da Saúde; 2011.
3. Desviat M. A Reforma Psiquiátrica. 2a reimp. Rio de Janeiro: Fiocruz; 2008.
4. Ramos DKR, Guimarães J. Novos serviços de saúde mental e o fenômeno da porta giratória no Rio Grande do Norte. Reme. [Internet] 2013;17(2) [acesso em 12 fev 2014] Disponível: <http://www.reme.org.br/artigo/detalhes/661>.
5. Consoli GL, Hirdes A, Costa JSD. Saúde mental nos municípios do Alto Uruguai, RS, Brasil: um diagnóstico da reforma psiquiátrica. Ciênc. saúde colet. [Internet] 2009;14(1) [acesso em 12 fev 2014] Disponível: <http://dx.doi.org/10.1590/S1413-81232009000100017>
6. Pinheiro TLS, Cazola LHO, Sales CM, Andrade ARO. Fatores relacionados com as reinternações de portadores de esquizofrenia. Cogitare enferm. [Internet] 2010;15(2) [acesso 12 fev 2014] Disponível: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/17865/11657>
7. Ministério da Saúde (BR). Lei n. 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Brasil: Ministério da Saúde; 2001.
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 7ª ed. São Paulo: Hucitec; Rio de Janeiro: Abrasco; 2000.
9. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 196, de 10 de outubro de 1996. Brasília; 1996.
10. Tenório F. Questões para uma atualização da agenda da Reforma Psiquiátrica. In: Couto MCV, Martinez RG (organizadores). Saúde Mental e Saúde Pública: questões para uma agenda da Reforma Psiquiátrica. Rio de Janeiro: Núcleo de Pesquisa em Políticas Públicas e da Saúde Mental; 2007. p. 13-28. [Internet] [acesso 29 mai 2014]. Disponível: [www.nuppsam.org/page5.php](http://www.nuppsam.org/page5.php)
11. Bonfada D. Serviço de Atendimento Móvel de Urgência (SAMU) e as urgências psiquiátricas [dissertação]. Natal (RN): Universidade Federal do Rio Grande do Norte; 2010. [Internet] [acesso 29 mai 2014]. 147 p. Disponível: [http://repositorio.ufrn.br:8080/jspui/bitstream/1/9273/1/DiegoB\\_DISSERT.pdf](http://repositorio.ufrn.br:8080/jspui/bitstream/1/9273/1/DiegoB_DISSERT.pdf).
12. Ministério da Saúde (BR). Portaria GM n. 336, de 19 de Fevereiro de 2002. Institui as diferentes modalidades dos CAPS. Brasília: Ministério da Saúde; 2002.
13. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Saúde mental no SUS: os centros de atenção psicossocial. Brasília: Ministério da Saúde; 2004. [Internet] [acesso 12 fev 2014]. Disponível: [http://portal.saude.gov.br/portal/arquivos/pdf/manual\\_caps.pdf](http://portal.saude.gov.br/portal/arquivos/pdf/manual_caps.pdf).
14. Silva EA, Costa II. O profissional de referência em Saúde Mental: das responsabilizações ao sofrimento psíquico. Rev. latinoam. psicopatol. fundam. [Internet] 2010;13(4) [acesso em 29 mai 2014] Disponível: <http://dx.doi.org/10.1590/S1415-47142010000400007>
15. Santos JAT, Oliveira MLF. Implantação de ações para enfrentamento do consumo de drogas na atenção primária à saúde. Cogitare enferm. [Internet] 2013;18(1) [acesso 12 fev 2014] Disponível: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/28977/20009>