

**INTERSECTORAL COLLABORATION FOR CHILDREN AND
ADOLESCENTS MENTAL HEALTH CARE:
A PRELIMINARY RESEARCH REPORT WITHIN THE PUBLIC SYSTEM
IN RIO DE JANEIRO, BRAZIL**

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PRESENTER DISCLOSURE

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LEARNING OBJECTIVES FOR THIS PRESENTATION

- Learning Objective 1 - To describe the components of a collaborative care strategy for children and adolescents implemented within the Brazilian public system, in the local context of Rio de Janeiro;
- Learning Objective 2 - To identify potential facilitators and barriers to the implementation of the collaborative care strategy;
- Learning Objective 3 - To plan an intersectoral collaborative care strategy for promoting children and adolescents mental health care;



SETTING

Psychosocial Care Center (CAPSi) – public children and adolescents mental health service

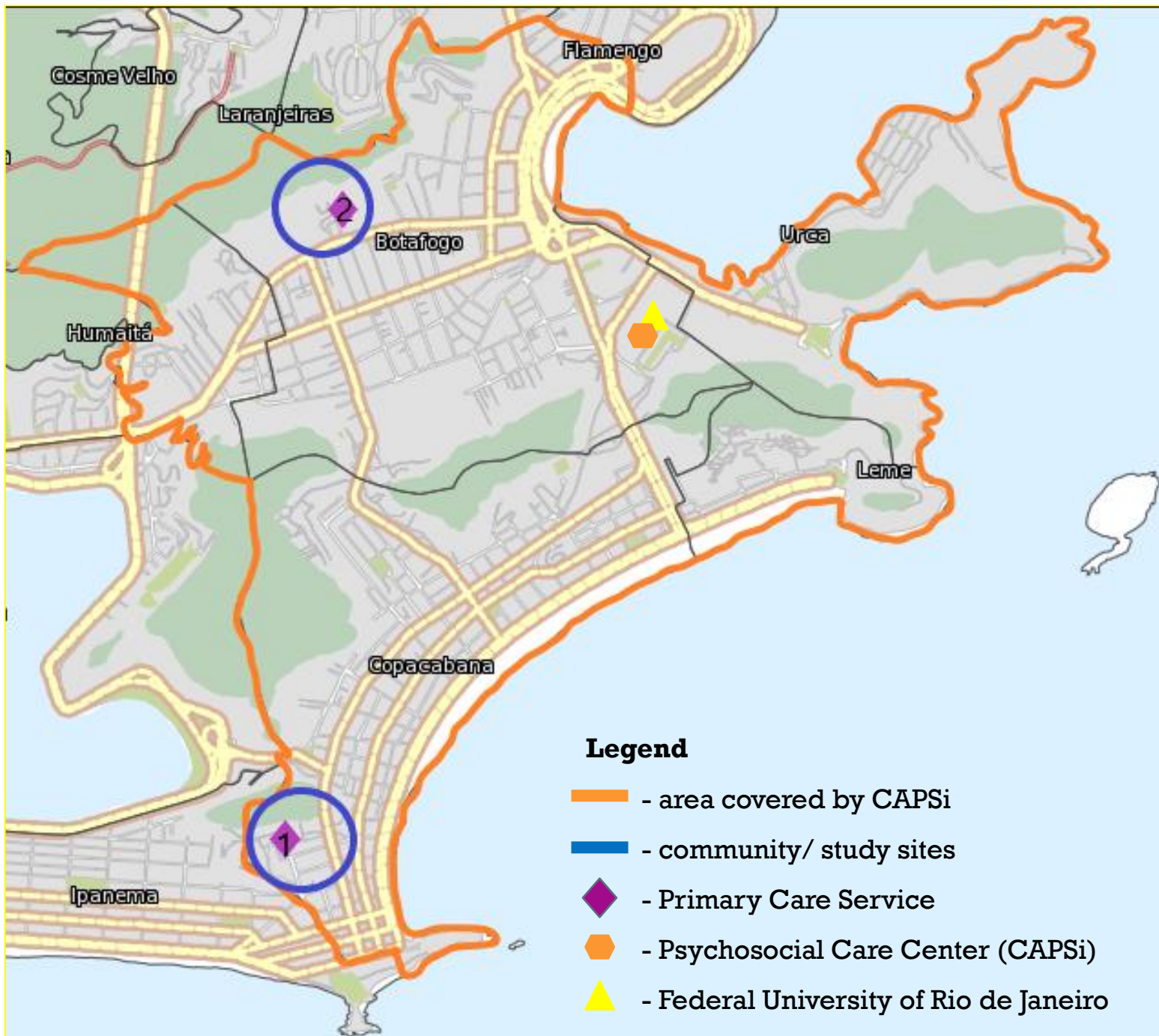
Population in the catchment area covered by CAPSi 264.427 inhabitants

Children/ Adolescents population in this area: 39.740 inhabitants

Primary Care Service 1: 13.322 users enrolled (all ages)

Primary Care Service 2: 8.106 users enrolled (all ages)

Population live mainly in slums (“favelas”)



SETTING - ORGANIZATIONS INVOLVED

Sector	Service	Number of Existing Public Resources	Number of Project Participant Public Resources
Health	Primary Care	2	2
	Psychosocial Care Center (CAPSi)	1	1
Social Assistance	Social Work Center	2	2
	Specialized Social Work Center	1	1
Education	Nursery Schools	4	1
	Primary Schools	7	3





OVERVIEW OF PROJECT

- 5 components designed for the Collaborative Care strategy developed in the communities studied
- **Component I - Shared Care Management** – It refers to the case management of children and adolescents with mental health needs. The main strategy adopted was to hold **regular meetings** with representatives of all services involved in the collaborative care for children and adolescents (Primary Care, Schools, Social Work Centers, Psychosocial Care Center - CAPSi).



OVERVIEW OF PROJECT

- **Component II - Mechanisms of liaison between mental health and basic level professionals** – it refers to the creation of strategies for articulating and sharing mental health care at the basic level.
 - **Communication channels:** e-groups, mobile instant messaging;
 - **regular presence of a mental health professional** in primary care facilities and schools.
- **Component III - Mechanisms for sharing information and knowledge** – it was structured through the creation of two strategies for sharing information among professionals:
 - a **virtual platform** (developing), favoring the registration, monitoring and systematization of case informations and care actions implemented;
 - the **Working Groups** for proposing joint actions, favoring knowledge sharing between lay and specialized workers.



OVERVIEW OF PROJECT

- **Component IV – Education actions** – it consists in actions for qualifying professionals for children and adolescents mental health care. Education actions are based on professionals' experiences of coping with daily situations, in dialogue with scientific knowledge.
 - This component is organized through **thematic round table discussions**, focusing on children and adolescents mental health and other themes, such as: violence, mental health problems, family...
- **Component V - Mental Health Promotion Actions** – it consists in the creation of **interaction spaces for children and adolescents** to share difficulties and coping strategies, for promoting solidarity and sociability, and for increasing social and cultural recognition, through play activities based in schools, primary care and NGOs.



PROJECT GOALS

- The project aims to build conditions for improving access and quality of care for children and adolescents with mental health needs, based on the collaboration, co-responsibility and knowledge sharing among different professionals from distinct sectors and services in the studied communities.
- **Research goals:**
 - 1) to describe and analyze the process of implementing a mental health Collaborative Care strategy for children and adolescents;
 - 2) to identify the facilitators and barriers to Collaborative Care for this population.



ANALYSIS OF THE COLLABORATIVE CARE DEVELOPMENT PROCESS

- Qualitative research to analyze the process of designing the components of an intersectoral Collaborative Care strategy in the communities studied
- Difficulties to establish parameters for project evaluation
 - Pilot project
 - Social vulnerability and adverse context
- Central aspects of analysis: facilitators and barriers to intersectoral Collaborative Care for children and adolescents



DATA COLLECTION STRATEGIES

- Empirical material for research analysis:
 - Field notes
 - Project main documents:
 - meetings minutes;
 - case reports;
 - messages history of e-groups and mobile messaging
- Methodological tools:
 - **Participant observation** - a strategy to analyze the procedural construction of the Collaborative Care strategy and the engagement of all professionals involved in this process
 - **Focus groups** – to investigate the facilitators and barriers for the Collaborative Care strategy developed



PRELIMINARY FINDINGS – FACILITATORS

Aspects that facilitated the collaboration in these localities:

- the regularity in which the actions proposed by the project were developed;
- the systematic registration of these actions;
- the maintenance of agile channels of communication

Eg.: “*There are different views*” [...] “*a comprehensive view with everyone together*”: combination of different ways of understanding → establishment of trustful relationships between professionals

Collaborative Care - two dimensions:

- **Objective dimension** - practical translation of care strategies for the teams everyday work
- **Flexibility**, allowing “*to be attentive to the movements of the community*”, because “*there is not a only way to do, it is always in agreement with what is beating, with what is necessary*”.



PRELIMINARY FINDINGS – BARRIERS

Many barriers still need to be overcome:

- **Structural issues:** service gap, the fragmentation of public system, staff turnover and violence
- In the **work processes:**
 - the lack of organization of services routine hinders professionals to carry out case records sharing
 - more effort in individual care actions than in actions for mental health promotion
 - the "non-sharing" culture between professionals
 - the temporal gap between the basic level and mental health services:
 - a professional from the education sector points out that mental health temporality is **"very slow, very slow [...] for they don't make mistakes"**.
 - Yet, she adds that the education professionals **"are not that slow ..", "time is running, is going much faster than our legs"**.



CONTRIBUTIONS FOR THE PROJECT

- 1 - To define methods to evaluate the collaborative care components implemented
 - **Regarding the adverse social context and the treatment gap, what are the best ways, methods and the measures to evaluate the effects of Collaborative Care strategy?**
 - **How to evaluate the strategy considering the participation of different stakeholders?**
- 2 - To design strategies to capacity building in children and adolescents for collaborative care planning and participation
 - **How can we improve children and adolescents involvement in Collaborative Care?**
- 3 - To design mechanisms for knowledge sharing alongside stakeholders of different sectors involved in children and adolescents mental health care
 - **Regarding the multiple ways that professionals from distinct sectors conceive and provide care, how can we build mechanisms for setting a common ground for collaboration?**





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