

The Mental health field: some considerations about interdisciplinarity and integrated work

Luiz Carlos de Oliveira*
Paulo Rennes Marçal Ribeiro**

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

ABSTRACT

The authors wish to underline the importance of interdisciplinarity when it comes to promoting mental health, with a primary focus on preventive work. Some of the main problems in this area are the fragmentary concept of human being, scarcity of teamwork, and professionals unfit for the job. The authors understand that dialogue and reflection among the members of mental health team can help overcome these problems and prepare skillful professionals.

Key words: Mental Health, interdisciplinary, prevention, field of work.

THE FIELD OF MENTAL HEALTH

To understand mental health as an actuation field, as a professional practice as well as its large range, and, at the same time, its difficulties and limitations, it seems firstly to be necessary to distinguish it as field of trade market and professional action from knowledge area. The professional practice without such distinction, can lead to certain mistakes largely spreaded recently, for instance, the notion that the possibilities to follow a profession are defined exclusively by the requirements of the trade market. This, is generally defined by the job supply, while as knowledge area, it is related to the specific domain of each professional, gained during his/her formation. As a field of action, its range is wider and can include the participation of professionals of different areas and expertises.

Botomé (1988) defines field of professional action as a complex of potential or in-process activities aiming the immediate and comprehensive intervention in the reality, to solve problems or prevent their occur-

* Department of
Psychology –
University of the
Sacred Heart –
Rua Irmã Arminda,
10-50 – 17044-050
Bauru SP.

** Department of
Educational Psychology – UNESP –
Rodovia Araraquara-Jaú Km. 01 –
14800-901
Araraquara SP.

rence, besides other possibilities. Therefore, what will determine the field of professional action is not only the market demand, but the possibilities of actuation facing the needs of a given population.

This concept of actuation field implicates that the knowledge of each discipline be oriented to the pursuit of solving the concrete existing problems in the social reality. However, besides an immediate actuation on the reality, it is necessary another and more sophisticated level of intervention, that is, the one of preventive and interdisciplinary actuation.⁵ This is so, because the problems presented by the reality, generally overcome the limits and formal definitions of a professional field, and demands from the professional of a given field, the knowledge of other areas, apart from his/her area.

A psychologist, for instance, must not completely ignore the relation of Psychology to Anthropology which helps the understanding of human history; neither can ignore the Epidemiology and Sociology to understand and deal with the problems of public health, among others.

Bastos e Achcar (1994) state:

the complex nature of the phenomena which demand the psychologist intervention, in the different areas of his/her field of actuation, added to the recent conceptions that try to see the psychologic phenomenon in its interation with another phenomena, leads to the need of integrating it to the multiple professional perspectives. The multiprofessional teams work becomes crucial in order that the facing of the problem can be congruent with its multiple facets. (p. 253-254)

The isolated action of a single professional, concerned only with his specific study field, ignoring the socioeconomic, cultural reality of the user, can lead to important limitations (Arruda, 1996). Thus, the characterization and development of a professional field of action need the contribution of knowledge produced by different fields. In addition, it is not always possible to a professional of a given actuation area, specially during graduation period, to acquire and dominate all the necessary knowledge and technology related to some kind of problem.

The professional of any area, during his/her formation, when choosing a study object for a research or an intervention program, cuts pieces of the reality selecting aspects that can be called “medical”, “psychological”, “social”, “educational” among others. And within each specialty he/she will enhance his/her acquaintance, but it is important not to forget that the problems or situations presented by reality not always are confined to medical, psychological, sociological ou educational field of action. That is why it is crucial that each professional recognize how partial and restrict is his/her discipline which point of view is always particular.

One of the basic ideas that broke out the concern with the interdisciplinarity was the discussion about the humanist role of knowledge and science, in a totality context (Fazenda, 1995), for a multifaceted science would be the failure of knowledge, and consequently, the failure of

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

man, because he will have a fragmented learning and becomes away from a total knowledge.

The dismemberment of human sciences causes each specialty to be confined to its small intellectual feuds, making difficult the relationship with a professional from a different area, impeding an actuation as a team (Scherer & Campos, 1977). So, the indisciplinaryity is a necessity that imposes itself mainly against the fragmented knowledge of the specialities, against the intellectual gap between what is taught at the universities and its relation with the concrete social reality.

Japiassu (1976) considers interdisciplinarity a medicine suited to the fragmented knowledge. He believes that, for the implantation of an interdisciplinary methodology, it will be necessary the general reformulation of the teaching structures of the scientific disciplines taught in the universities in a fragmented way. It is demanding that investigators and educators be prepared to defeat the dissociation of knowledge pedagogy, breaking the barriers and limits of each area, providing a more comprehensive view of man and world. That means to think of man as a total being, in a historical, social and holistic perspective as a basis both for the professional formation and his actuation.

The view of the various authors cited points out to be crucial the comprehension, by the mental health professionals, that today it is not possible anymore to have a centered thought in a single hegemonic area of knowledge and actuation.

However, it can be observed that, in practice, the interdisciplinary work is not frequently performed, because there is a conflict of opinions creating barriers and limitations for its substantiation. One of the controversies between professionals of a mental health team is the leadership that many doctors believe to be assigned to the psychiatrist. This leadership is mistaken for a "view of authoritarianism" (Scherer & Campos, 1977). The truly leader is the one whose main role is to promote cohesion and harmonious interaction between the group persons. To do that, it can be any member of the team provided that he/she is really capable. The other is the view of cure and prevention that takes two extremes: one with a curative focus which set a value on medication and, therefore, the medical doctor as main element of prevention; the other, which focus prevention, with the professional team all together acting also in the community.

So, it becomes important a constant reflection among the team members in order that the doubts, questionings, and disputes about mental health can be surpassed. In addition, the professionals need to enhance their knowledge and concepts and defeat the individualism which is present in the team investigations in order that the mental health can be promoted as prevention and as an integrated work.

MENTAL HEALTH PREVENTION

A number of studies developed in the mental health field, along the years, have significantly contributed to the understanding of the relation mental pathology- institution-patient . Among them are the ones mentioned by Marçal Ribeiro (1996,1999^a) which emphasize social, economic, politic, and situational contents in the mental pathologies treatment conception and that suggest preventive and interdisciplinary actuation.

Despite of the researches advances, the concepts of the medical curative model, centered on the disease, pharmacology and internment, are still observed in the practice of mental health professionals. The Psychiatry, from which Mental Health was born, is today, a knowledge field of medical sciences consolidated by researches and treatment of the patients with mental disorders. However, the questioning complexity related to the concepts of mental health, its treatment and patient social reintegration has produced important criticism to Psychiatry, which end up contributing to the enlargement of Mental Health actuation.

Another questioning still made regards the efficacy of the organicist focus which has prevailed for a long time in the classical psychiatry, and inhuman and cruel form of treating the mental patient , markedly the hospitals in-patients, detached from their social environment, submitted to brutal treatment conditions.

Several social and community movements, among them the National Movement Against Asylum, question the psychiatry as capable of, by its own, to take care in a comprehensive form, of the mentally diseased patient. Authors as Basaglia (1985), Foucault (1995), Laing & Cooper (1976), Bateson et al (1956), influence, until our days, the formation and continued education of medical doctors, psychologists, and other Mental Health professionals, giving support to the reflections and criticisms about the psychiatric patient care.

According to Marçal Ribeiro (1999b),

it was provoking ideas that touched in neuralgic points of the psychiatric structure that supported the maintenance of madhouses for decades with all the deficiency that a custodial and repressive system could present. It breaks out the Psychiatric Reform Movement, which goal is to disrupt the asylum tradition in treating the mentally diseased patient. (p. 8)

Psychoanalysis itself gave a great contribution to emerge a new form of treatment and care to the psychiatric patient, as well as a change in the patient-professional relationships and, mainly a new view of man, viewed not as an isolated sick person , but as a human being who lives in a given context with which he interacts and is influenced by. It is important to recall here that it was psychoanalysis that discovered neurosis and its treatment and systemized a therapeutic and investigation method of the mental processes and of psychological etiology which until then, had no value for the medical science.

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

The professionals that today dedicate themselves to understand and care mentally diseased patients, have a tendency to reject the organicist focus as the unique or the most important in the mental diseases ethiology, and seek, in concrete conditions of individual existence, the causing or determining factors of their psychosocial suffering or their behavior problems. Such conditions can be, for instance, the job environment or educational system as "behavior problems generator" (Witter, 1987), as well as the urban life violence, the unstructured familial relationships, the increasingly unhuman relationships which leads to transform man in a "thing". They consider psychodynamic development and sound psychological development as important pieces in the diseases ethiology. The disease is no longer treated, the treatment surpasses the physical body, reaching the society, the unconscious, the social representations, the speech. They seek strategies to avoid their appearance.

To prevent mental disease means to create strategies to avoid its appearance, by actions carried out in the social environment, that is, in the work conditions which propiciate the emergency of a determined behavior disturbance, and try to interfere on those specific conditions to avoid that other individuals present the same disturbance. In the school area, for instance, instead of an action centered in the child considered a "problem", the professional must deal with groups, with the school community, with the child's origin community, going beyond the physical limits of the school environment.

Concerning to the modes of treatment of mental disease, there is a tendency to change the focus from individual to reach the community, changing from a centered action with focus on the *intra psi* having a curative character, to an action centered in contexts, in groups with prevention perspective. The psychological assistance which was traditionally oriented to individual evaluation and for a psychotherapeutic actuation in a private office, is turning more and more to actions of greater social amplitude, involving the community. This tendency which also comprehends the mental health area, is based on the acknowledgement of the necessity of providing a better assistance to the least favored populations, and the need of developing wider actuation strategies, diversified and flexible (Mejias, 1984; Arcaro & Mejias, 1990).

Caplan (1980), one of the authors concerned with community mental health, proposes that, besides the treatment and rehabilitation, must also be done a prevention in the community. For him, the prevention constitutes a set of planes and actions based on: 1) the identification of detrimental current influences; 2) the forces that support the individuals to resist those interferences. The cited author further emphasizes that the prevention must have a collective character, for it involves the concern with the reduction of damages caused by a population and the risk of such population to suffer damages. This community perspective surpasses the practice that previously was employed for in-patient and gains a more comprehensive field. The prevention replaces the cure of illnesses and the subject of treatment becomes the social and no more the individual.

Thus, one of the main goals of mental health becomes the intervention in the possible disease formation, and the action in preventive programs; diagnosis and treatment comes subsequently, in cases that the infirmity is already installed, and then the patient rehabilitation in social life, following the recovery. Prevention in the community, in an educative view, can lead the individual to recognize his/her responsibilities about his/her health, seeking a change in the actions and habits which can be detrimental to his/her life style and cause any illness. Furthermore, Caplan (1980) refers to the great value of identifying the population needs as to Mental Health, as well as the importance of an interdisciplinary action, in the evaluation of the mental disturbances. This idea of prevention and conjoint action among the professionals is of paramount importance for the mental health consolidation as a practice procedure.

So, we must have a holistic view of man and of the necessity of a global attendance to the patient. This new mental health approach must go beyond psychiatry, making possible the integration with other disciplines as psychology, social service, labour therapy, nursing, among other related sciences. Doing so, it is possible that the relation disease-institution-patient can be reviewed and thought of from a new vision that includes a wider social context, that is, that the human psychism and its disorders be analysed, taking into account the individual globality and its relation to culture, the socioeconomic and political context (Mejias, 1984; Arcaro & Mejias, 1990).

Knowing the dimension of the history movement and socio-cultural environment in which the individual is inserted is important to understand the sources of mutual influences existing in this relationship. So, the view of man from a historical-social perspective becomes a basic prerequisite for the preventive and interdisciplinary actuations. In this perspective Mental Health is not any more something of individual interest and becomes an interest of all the professionals compromised with the health of the community.

In this context, Mental Health is viewed

...as large knowledge field and a great actuation area that congregates several sciences and professionals categories aiming to study, investigate, and understand man in a biopsychosocial focus and his relation to what is normal and the pathological; prevent the psychopathological manifestations; utilize diagnosis, treatment methods and techniques for Mental Health, for the behavior disorders and the various kinds of abnormalities of psychic life. (Marçal Ribeiro, 1996, p18).

This definition shows Mental Health as a comprehensive field that enables the participation of professionals of different areas acting all together and integrated to make the attendance more accessible and useful to a wider band of population. It is a mental health concept that links disciplines, as the psychiatry with other knowledge areas and professions related, as psychology, psychoanalysis, pedagogy, phonaudiology,

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

among others, making a wider knowledge field, an interdisciplinary approach. In a preventive and communitary action, the professionals act in an conjoint effort and seek to attend not in a remediative practice.

It is important to quote Sagawa (1998,p.67), who says that

we are still in a kind of 'preparatory' phase to make the psychodiagnosis, the psychotherapy and the prevention of mental health in public institutions, as to the basic and necessary conditions of knowing and putting in practice peculiar to this new institutional context. In other words, the clinical work and the psychological science have been seen more politically than technically and scientifically.

Indeed, if, on one hand, the psychologists, social assistants, and labour therapists, among other professionals, occupied a place in the public health net, on the other, they do not have yet show how to interfere in a political and bureaucratic process which maintain structures and services contrary to the transformations aimed by the psychiatric reform movement and by authors who view as necessary new approaches to attend the mental disturbed patient and the creation of alternative services to the pharmacotherapy and the in-patient custodial system.

INTERDISCIPLINARITY IN MENTAL HEALTH

In Mental Health field, the interdisciplinary and preventive actuation aiming the promotion and maintainance of health of large populational contingents, instead of an isolated work centered on the individual and the illness, still present limitations, some of them already mentioned. However, a relatively new tendency is gaining room and strength among the professionals and researchers of the health area, and also it is being discussed and questioned by the graduation and post graduation students. It is usual to find in the literature a number of experiences about the importance of the interdisciplinary actuation aiming a better patient management in addition to a refinement about the view of the approach in order to share knowledge, experiences having as a goal of a healthy life.

Gusdorf (1976, p.26) says:

the interdisciplinary demand imposes to each specialist that exceed his/her own specialty, being aware of his/her limitations to receive the contributions of other disciplines. An epistemology of complementarity, better saying, of the convergence, must substitute the dissociation.

Other reasons crucial to an interdisciplinary actuation in an integrated work of mental health are pointed out by Arruda (1996,p.9):

"1.the increasing complexity in Mental Health. 2. The awareness of the scientific society that the field of actuation of a single, isolated professional can present important lim-

itations. 3. The impossibility of one single professional actuation area to comprehend all the theoretical and practical knowledge. 4. The existing difficulties for the appropriate planning of any health program or any service linked to Mental Health”.

Currently, it can be observed a great number of interdisciplinary fusions giving rise to an extense list of related disciplines that composes the health team in Brazil. Aiming to exchange theoretical and practical knowledges, this team must work, having as main goal, the prevention, early diagnosis and the rehabilitation performed by the integrated work of several professionals.

Through various clinical experiences it can be confirmed that the professionals who have maintained direct contacts, searching a diagnosis, prevention, and the interdisciplinary management have significantly attained the rehabilitation process. Therefore, in forming Mental Health teams, the opinions unite in a common purpose: the exchange of knowledge and the integration of related areas. So, the gain in health of the community will be great since, as health, it may comprehend the social welfare of the individuals.

Generally, the professionals who take part of a Mental Health team are the psychologist, the psychiatrist, the pedagogue, the labour therapist, the speech therapist, the nurse, besides others, not so familiar who must have in mind the goals of interdisciplinary actuation, promoting the development and providing the society a better status of mental health.

Thus, the physician of all areas must feel envolved in the mental health work, together with the psi professionals, as well as community groups, that must take part in the mental health teams. They all must understand the meaning of group actuation in order that an effective professional integration can occur in which all the areas will complement each other.

The development of a work with community groups, social movements, women's groups, street kids, among others, requires necessarily the actuation of multiprofessional teams. In addition, the team work possibilitates new experiences, favoring the growth of intervention possibilities in the community in a preventive action. It must be pointed out that the team work will demand from the envolved professionals a friendly and cooperative relationship in a constant exchange of experiences.

FINAL CONSIDERATIONS

It was not the purpose of this study to give an optimistic view that the interdisciplinary practice is going to be instituted in a short term period in the mental health field. This work has been supported by other authors who highlight its importance, and we consider that this is one

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

more contribution that makes reflections about the integrated action in Mental Health and gives substract to the ones who work in public health can give a second thought about their way of treating their patients.

Our basic objective was to make a reflection about the field of mental health, aiming to show the wide range of needs and possibilities of actuation in the treatment and prevention of psychic illnesses and behavior problems in general. Through an integrated and interdisciplinary work, several professionals can act in a conjoint effort to promote collective health with an educative character, that is, reaching a large number of population, not restricting the activity to a remediative office.

Nevertheless, the preventive and multidisciplinary approach finds, in practice, many barriers and limitations to its substantiation. One of them, reffers to the view of what Mental Health is. Other limitations reffer to the unawareness of what an interdisciplinary action is, maybe by the lack of tradition in team work among the professionals; also to the poor preparation and formation of the professionals in their origin universities; the fragmented vision of the human being; the carelessness of the Government, that does not give priority to the preventive aspects when stablish educational and health care politics.

One of the contributions to overcome the difficulties and limitations found in the mental health field as a practice, may be the recycling, the training of the team that already acts, including the auxiliar personal. But the main concern must be with the formation process of the new professional who intend to work in Mental Health area. The professional formation having an interdisciplinary and preventive focus in mental health field, is a necessity which must be initiated early in graduation, where the experiences and basic concepts are acquired. The interdisciplinary and preventive actuation is a tendency that is gaining force not only among the mental health teams, but is seen also in education, specially for preparing new professionals, as the formation of the psychologist, for instance (Botomé,1988). It seems that the word of order in this initiating century is the interdisciplinarity in education. According to recent studies, several educational projects entitled interdisciplinary, and many researches which subjects deals with alphabetization, pre-school, first, second and third grades teachers' formation, among others, had a great advance in Brazil in the 90s (Fazenda, 1995).

Although professional formation and continued education can be a facilitating factor for the interdisciplinary practice, it is evident, as shows Marçal Ribeiro's investigations (1999^a), Sagawa (1998), Bezerra Jr. (1992) and Ribeiro (1998) that, the superior formation courses in the Health area do not prepare the professionals for the interdisciplinary practic and, in addition, there are matters of political and economic order that do not favor changes in the attendance, creating an ambivalence between the speech (reflection and desire to change) and the practice (maintainance of what already exists).

Therefore, for being mental health a still emerging field, much dialog, discussion and reflection will be necessary to overcome the interdisciplinarity resistances and to integrate the different ideas and conceptions that exists, until a wider awareness may take place. This new conception of mental health is a new history that we are constructing.

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

BIBLIOGRAPHIC REFERENCES

ARCARO, N. T., MEJIAS, N. P. A evolução da assistência psicológica em Saúde Mental: do individual para o comunitário. *Revista Psicologia: Teoria e Pesquisa*. Brasília, UnB, v. 6, n. 3, 1990, p. 251-326.

ARRUDA, S. L. S. Prefácio. In: RIBEIRO, P. R. M. *Saúde mental: dimensão histórica e campos de atuação*. São Paulo: E. P. U., 1996.

ANDREAZI, L. C. Uma história do olhar e do fazer do psicólogo na escola. In: CAMPOS, F. C. *Psicologia e saúde: repensando práticas*. São Paulo: HUCITEC, 1992. p. 65-84.

BASAGLIA, F. (org.). *A instituição negada*. Rio de Janeiro: Graal, 1985.

BASTOS, A. V. B., ACHCAR, R. Dinâmica profissional e formação do psicólogo: uma perspectiva de integração. In: ACHCAR, R. (coord.) *Psicólogo brasileiro: práticas emergentes e desafios para a formação*. São Paulo: Casa do Psicólogo, 1994. p. 245-271.

BATESON, G., JACKSON, D. D., HALEY, J., WEAKLAND, J. H. Towards a theory of schizophrenia. *Behavioral Science*, v. 1, 1956, p. 251-264.

BEZERRA JR., B. Considerações sobre terapêuticas ambulatoriais em saúde mental. In: TUNDIS, S. A., COSTA, N. do R. *Cidadania e loucura: políticas de saúde mental no Brasil*. Petrópolis: Vozes, 1992. p. 133-169.

BOTOMÉ, S. P. Em busca de perspectivas para a psicologia como área de conhecimento e como campo profissional. In: CONSELHO FEDERAL DE PSICOLOGIA. *Quem é o psicólogo brasileiro?* São Paulo: EDICON, 1988. p. 273-297.

CAPLAN, G. *Princípios de psiquiatria preventiva*. Rio de Janeiro: Zahar, 1980.

FAZENDA, I. C. *Interdisciplinaridade: história, teoria e pesquisa*. 2ª ed. Campinas: Papirus, 1995.

FOUCAULT, M. *História da psiquiatria na idade clássica*. São Paulo: Editora Perspectiva, 1995.

GUSDORF, G. Prefácio. In: JAPIASSU, H. *Interdisciplinaridade e patologia do saber*. Rio de Janeiro: Imago, 1976.

JAPIASSU, H. *Interdisciplinaridade e patologia do saber*. Rio de Janeiro: Imago, 1976.

OLIVEIRA, Luiz Carlos de et al. The Mental health field: some considerations about interdisciplinarity and integrated work. *Salusvita*, Bauru, v. 19, n. 2, p. 101-111, 2000.

JAPUR, M., LOUREIRO, S. R. Formação acadêmica na área de Saúde Mental: o dispositivo grupal. In: MARTURANO, E. M. et all. (Org.) *Estudos em Saúde Mental*. Ribeirão Preto: Comissão de Pós-Graduação em Saúde Mental/ FMRP-USP, 1997. p. 298-317.

LAING, R., COOPER, D. *Psiquiatria e antipsiquiatria*. São Paulo: Perspectiva, 1976.

RIBEIRO, P. R. M. *Saúde mental: dimensão histórica e campos de atuação*. São Paulo: E. P. U., 1996.

RIBEIRO, P. R. M. *Saúde mental no Brasil*. São Paulo: Arte & Ciência, 1999a.

RIBEIRO, P. R. M. Da psiquiatria à saúde mental: II)As renovações em psiquiatria e a ascensão das áreas afins. *Jornal Brasileiro de Psiquiatria*. Rio de Janeiro: Instituto de Psiquiatria da UFRJ, v. 48, n. 4, p. 143-149, 1999b.

MEJIAS, N. P. O psicólogo, a saúde pública e o esforço preventivo. *Revista de Saúde Pública*. São Paulo, v. 18, 1984, p. 155-161.

RIBEIRO, D. P. de S. Características, expectativas e condições de trabalhos de técnicos da área de saúde de um ambulatório de Saúde Mental. In: JUSTO, J. S., SAGAWA, R. Y. (orgs.) *Rumos do saber psicológico*. São Paulo: Arte & Ciência, 1998. p. 75-79.

SAGAWA, R. W. Atender por atender na saúde mental pública. Ou: produtividade versus qualidade de atendimento psicológico em instituição pública de saúde mental. In: JUSTO, J. S., SAGAWA, R. Y. (orgs.) *Rumos do saber psicológico*. São Paulo: Arte & Ciência, 1998. p. 67-74.

SCHERER, E. A., CAMPOS, M. A. O trabalho em equipe interdisciplinar em saúde mental: uma revisão da literatura. In: MARTURANO, E. M. et all (org.) *Estudos em Saúde Mental*. Ribeirão Preto: Comissão de Pós-Graduação em Saúde Mental/FMRP-USP, 1997. p. 264-285.

WITTER, G. P. Prevenção na infância: a escola. *Revista Estudos de Psicologia*, Campinas: Instituto de Psicologia da PUCCAMP, v. 4, n.º 1, 1987, p. 128-133.