Daily care in the life of female relatives of children attended in a CAPSi in Santos

A cotidianidade do cuidado na vida de mulheres familiares de crianças atendidas em um CAPSi de Santos

Carolina Claudio Bisi[a]
https://orcid.org/0000-0002-8407-0625
E-mail: carol.bisi@hotmail.com

Eunice Nakamura[b]
https://orcid.org/0000-0001-8786-5207
E-mail: e.nakamura@unifesp.br

[a] Universidade Federal de São Paulo. Curso de Psicologia. Santos, SP, Brasil.

[b] Universidade Federal de São Paulo. Instituto de Saúde e Sociedade. Departamento de Políticas Públicas e Saúde Coletiva. Santos, SP, Brasil.

Abstract

Children's mental health has gained notorious space in Brazilian and international research. It's known that childcare, besides requiring certain specificities, requires a consolidated support network, and one of these caregivers is the family. In the care provided by the family, a process of feminization is noticed: mothers, grandmothers, sisters, or other family members are markedly more present in groups for family members offered by the CAPSi (Children's Psychosocial Attention Center). This article presents some results of a scientific initiation research, whose objectives were to identify and understand which are the daily care practices performed by women family members, caregivers of children assisted in a CAPSi in the municipality of Santos and the support received inside and outside the service. The qualitative research used as technique in-depth interviews, with semi-structured script, carried out by telephone, for listening to these women, identified from the information given by professionals of the service. In the women's reports, we identified native categories related to care: routine, normal, and support. These categories were mentioned by the women to define the daily care of the children. We noticed that the daily routine of care characterizes it as "normal" for these women, and is not considered a burden in their lives or even problematized.

Keywords: Care; Women; Children; Children's Mental Health; CAPSi.

Correspondence
Eunice Nakamura
Departamento de Políticas Públicas e Saúde Coletiva. Rua Silva Jardim, 136 - Térreo - Vila Mathias - Santos, SP - CEP: 11015-020.

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Resumo

A saúde mental infantil tem ganhado notório espaço em pesquisas brasileiras e internacionais. Sabe-se que o cuidado com crianças, além de requerer certas especificidades, exige uma consolidada rede de apoio, sendo um dos agentes cuidadores a família. Nota-se, no cuidado realizado pela família, um processo de feminização: mães, avós, irmãs ou outras familiares estão marcadamente mais presentes nos grupos para familiares oferecidos pelos CAPSi. Este artigo apresenta alguns resultados de uma pesquisa de iniciação científica, cujos objetivos foram identificar e compreender quais são as práticas cotidianas de cuidado realizadas por mulheres familiares, cuidadoras das crianças atendidas em um CAPSi de Santos e os apoios recebidos dentro e fora do serviço. A pesquisa qualitativa utilizou como técnica entrevistas em profundidade, com roteiro semiestruturado, realizadas por telefone, para a escuta dessas mulheres, escolhidas com base em informações dadas por profissionais do serviço. Identificou-se, nos relatos, categorias nativas em relação ao cuidado: rotina, normal e apoio. Essas categorias foram mencionadas pelas mulheres para definir o cuidado cotidiano com as crianças. Percebeu-se que a cotidianidade do cuidado o caracteriza como "normal" para elas, não sendo considerado como um fardo em suas vidas e sequer problematizado.

Palavras-chave: Cuidado; Mulheres; Crianças; Saúde Mental Infantil; CAPSi.

Introduction

The struggle for deinstitutionalization and the overcoming of assumptions that prevented the social insertion of people with mental disorders, from the perspective of citizenship, were the guiding principles of the Psychiatric Reform movement, which began in the 1980s. There was a concern with the structuring of mental health care, until then marked by the separation of its agents (mad person - family member - professional) and centralization in psychiatric practice. Tenório (2002, p. 35) clarifies that the main goal of the psychiatric reform was "to replace a psychiatry centered in the hospital by a psychiatry sustained in diversified devices, open and of community or 'territorial' nature[...]".

Thus, the emergence of public policies and services - such as the Psychosocial Care Centers (CAPS) and the Family Health Support Centers (NASF) - has transformed the scenario not only of mental health, but also health in general. The search for autonomy and understanding of the daily life of the now user, and no longer patient, has made care a joint exercise between agents and, as far as possible, has inserted it into the reality of the person receiving it.

The population that started attend CAPS units proved to be diverse and complex, and, in order to meet the specificities of each of these groups, other types of care emerged, such as CAPS Alcohol and Drugs (CAPS AD) and CAPS Children and Youth (CAPSi). Regarding the particularity of the child population, Vicente, Higarashi, and Furtado (2015) argue that, historically, the mental health of children has been entrusted to the instances of social and educational assistance, and that the recognition of this issue as a public health demand is recent. The struggles of adolescent and childcare stem from the fact that, according to Couto, Duarte and Delgado (2008, p. 391):

> in the child and adolescent population, the types of disorders, main risk and protection factors, intervention strategies and organization of the service system have specificities that cannot be contemplated by simply extending the care

> strategies of the adult population to the child and adolescent population.

These authors also point out that, in the diagnosis of children, the sources of information on the health history are the most diverse, among them, the family, which "turns to be considered an essential ally in the therapeutic process, in order to contribute to the rehabilitation of their loved one" (Vicente; Higarashi; Furtado, 2015, p. 108).

Therefore, the care of a CAPSi user is constituted, mainly, by the tripod that involves them with the health team and the family. Thus, the importance of understanding and analyzing how family members deal with children with mental disorders can help improve the service offered in CAPSi and also clarify the forms of care and the practices that are available to these family members.

In the literature regarding care, Bustamante and McCallum (2014, p. 674) state that there is a difficulty in defining the term, with a "tendency to propose universalizing definitions [...] or tied to common sense." This difficulty is also pointed out by sociologist Carol Thomas (1993), who argues that the definitions of care she analyzed, attributed to Roy Parker and Hilary Graham, proved to be partial and did not encompass the totality of care.

According to the author, Parker's perspective emphasizes the social identity of those cared for, and the main objective of this elaboration is the possibility of building public policies that are appropriate to the needs of the dependent. Parker does not narrow it to family and includes "different degrees of familiarity" (Thomas, 1993, p. 655, our translation): among strangers, neighbors, friends, and relatives. From this perspective, care can be paid or unpaid, and can exist in both private and public spheres.

Graham, also according to Thomas (1993), is dedicated to caregiving in the family setting, considered by her as quintessential, although it can be performed in other contexts. For the author, "care is equaled with processes done by women [...] 'Caregiving' is one facet of the adult woman's role, closely linked to those of 'mother' and 'wife'" (Thomas, 1993, p. 655). Care, therefore, is defined as unpaid work to be performed in the private sphere.

However, Graham later announces her intention to revise her proposition on caregiving due to the limitation of the concept she presents: by restricting herself to care related to family kinship care, formal and paid caregiving, which is mostly performed by black women, is excluded, reiterating the need for an analysis of the act that includes its racial dimension. Briefly, in this reconceptualization, Graham goes on to refer caregiving to the work of women of different ethnicities and social class.

It is by these examples that Thomas (1993) justifies her claim that these elaborations are fragmentary and, therefore, the conception she presents intends to establish a single and total meaning of the term. The author argues that care is a "descriptive concept", i.e., an empirical one, and "which for sociological purposes has to be placed in a theoretical context" (Thomas, 1993, p. 666). Hence, care is:

> the provision of support, paid or unpaid, involving work activities and emotional states. It is provided mostly, but not exclusively, by women, to able-bodied and dependent adults and children, both in the public and domestic spheres, and in a variety of institutional settings (Thomas, 1993, p. 665).

Furthermore, the sociologist suggests that the fact that caregiving is largely performed by women should be explained by the historical and contemporary articulation of the sexual division of labor.

The role of women in caregiving has been addressed in studies that seek to understand it from a historical and sociocultural perspective, revealing the consequences of this place assigned and assumed by women, as pointed out by Thomas (1993). Among the studies that relate care to gender issues, the recent work by Guimarães and Hirata (2020) stands out, highlighting the important articulation between these dimensions in analyses of care as work. As evidenced by Thomas (1993), the authors emphasize the centrality of women in care work, understood as domestic and/or professional work, performed as an essential activity for society and the well-being of its members. From the perspective of the sociology of work, the questions about care work are deepened by the authors in the critical analysis of intersectional relations, involving gender, race and class inequalities, placing the need for dialogue, in studies about care or care work, with other fields of knowledge.

The place of women in caregiving and the burden they experience are aspects that have been addressed in studies on caregiving in the mental health field. Pegoraro and Caldana (2006), when analyzing the overload experienced by family members in a CAPS (adult) in the interior of São Paulo, found that of the nine family members interviewed, eight were women.

Many studies emphasize the burden experienced by family members in relation to caring for adult loved ones with mental disorders and the markedly female presence in the caregiver role. Santin and Klafke (2011), although not referring to care provided by women, emphasize, through a theoretical review, issues related to care provided by the family:

> [...] being addressed aspects such as the burden and difficulties encountered by families; the support networks and family support; the impact caused by mental illness in the family, among others. (Santin; Klafke, 2011, p. 146)

The literature used reiterates a feminization of care, not only in CAPS, but also in other institutions, due to the sexual division of labor, as previously mentioned. A survey conducted in 2009, in 19 CAPSi units in the state of São Paulo, pointed out that mothers are the main caregivers (56.9%), when compared to grandparents (7.8%) and the father (2.6%) (Muylaert; Delfini; Reis, 2015, p. 47). The data presented in the study are in line with what has been pointed out in the literature about the responsibility attributed to women regarding the care of family members, especially children and adolescents.

A literature review conducted by Campelo, Costa, and Colvero (2014) identified some difficulties faced by family members of children, with stress and caregiver overload being scored most explicitly in eight of the 11 productions analyzed, also highlighting the feminization of caregiving. It is noteworthy that, of the productions analyzed, only one was Brazilian.

It was noticed, however, a certain scarcity of recent studies on female family members, caregivers of children in need of assistance from mental health professionals in Brazil, justifying studies that expand the knowledge on the subject, especially because when it comes to children with mental disorders, care is unique.

In this article, we present data from research that had the general objective of understanding the daily care provided by female relatives to children monitored at a Children and Youth Psychosocial Care Center (CAPSi) in Santos-SP, in addition to identifying support received inside and outside the service for its realization.

Methodology

For the development of this research, qualitative research was prioritized. The possibility of this type of study means inserting the researcher into the world and thus seeking to interpret it. One of the challenges presented by this method, then, is to understand the meanings that people attach to their own experiences.

The research was carried out in a CAPSi in the city of Santos-SP, to which neighborhoods linked to the coastline, hillsides, and part of the central region are connected. In contacting the family members of children accompanied in the service, we sought "to develop a level of detail about the person or place and to be highly involved in the participants' actual experiences" (Creswell, 2007, p. 186), that is, their contexts, in that:

> Qualitative research involves the use of studies and collections of a variety of empirical materials - case studies, personal experience, introspection, life history, interviews, [...] that describe routine, problematic moments and their meanings in the lives of individuals. (Denzin; Lincoln, 2000, p. 3-4)

For this reason, in-depth interviews with a semi-structured script were used as instrument, with female relatives of children assisted in the service. The choice of semi-structured interview was justified because "it is focused on a subject about which we made a script with main questions, complemented by other questions inherent to the circumstances of the interview" (Manzini, 2004, p. 2), focusing, in this way, on specific questions and, at the same time, on those that allowed freedom of speech for the interviewees.

Fraser and Gondim (2004, p. 149) indicate the individual interview "when the objective of the research is to know in depth the meanings and vision of the person", as was the case in this work. This modality can even offer greater scheduling flexibility, depending on the characteristics of the interviewee. The authors cite "the case of older, sick people and young children" and, also, it is possible to extend this reality to women (mothers or family members) caregivers of children (6 to 11 years old) who use CAPSi services.

At first, we planned to select the interviewees based on their participation in groups held at CAPSi, which, however, were discontinued, as of March 2020, due to the covid-19 pandemic. For the same reason, the interviews needed to be adapted, the meetings between the women participating in the research and the researcher, which would have taken place in the service, became possible through telephone contact, maintaining the guiding principles of the qualitative methodology.

Jonatas Dornelles (2004) brings a very important reflection about the "potential deterritorialization" brought about by the use of technologies other than the encounter in qualitative research. The author refers specifically to the Internet as a mediator of exchanges between geographically distant individuals, which we assume here also applies to the use of telephones: "what matters is that they are cultivating an interaction, regardless of geographic proximity and dependent on the virtual space of exchanges that is formed" (Dornelles, 2004, p. 249). The potential of such deterritorialization could be observed to the extent that we obtained good receptivity from the interviewees to the contact with the researcher and to the research itself.

As inclusion criteria for the interviewees, the following characterizations were used: women relatives of children assisted at CAPSi who agreed to collaborate with the research. Employees of the service mediated contact between the women and the researcher, providing the telephone numbers of potential interviewees. From the women who agreed to participate in the interviews, the researcher verified the possibility that they could indicate other collaborators, providing other telephone contacts. Refusal to participate in the research was adopted as the main exclusion criterion.

Four women relatives of children followed up in the service were interviewed. Before the interviews began, questions were asked to characterize these women and their families, as well as the situation of the children being monitored at CAPSi.

In the interview, questions were addressed about how the child was cared for daily, how the care at CAPSi was seen, and what guidance was received from the service. The existence of support for these women outside of the service was also one of the topics asked, in addition to what it was like for the woman and the family to deal with childcare.

Data collected were analyzed by reading the interviews. We identified in the interviewees' statements the care practices conducted in their daily lives, both in and out of the service.

Minayo (2012, p. 624) lists some steps regarding qualitative methodological practices. Regarding the organizational ordering of the interviews, she states that "they concern the content of the speeches and the observations that from then on should have priority in a careful, reiterative, and question-filled reading. I usually call this movement 'impregnation' or 'saturation'.

The author also proposes that, in a denser manner, recurring themes be sought in the interviewees' speeches, so that, in an even more detailed analysis, what was said can be interpreted in a way that the interviewees would share or even be surprised at the trustworthiness of the understanding.

We sought to fulfill these propositions by carefully analyzing the content of the speeches of the women who participated in the study.

Following ethical precepts to ensure the anonymity of the women and children, fictitious names were used. This research was submitted to the Health Secretariat of the City of Santos and to the Ethics Committee of the Universidade Federal de São Paulo, according to the regulations of Resolution No. 510 of April 7, 2016, of the National Health Council, and was approved (CAAE 27889320.4.0000.5505).

Discussion and results

Four interviews were conducted during April and May 2020. Three of the interviewees were mothers and one was a grandmother of children assisted at CAPSi.

The fact that the interviews were conducted at the beginning of the covid-19 pandemic did not seem to have influenced the interviewees' receptivity and their place of speech, even over the phone. On the contrary, perhaps due to the particular context of social isolation, for some interviewees the desire to talk about caring for children and adolescents was noticeable. In addition, the restriction of face-to-face activities in CAPSi, limited to the care of the most severe and urgent situations, the contact with users and family members maintained via telephone and online messaging services, and the suspension of group care were aspects that allowed the interviewees to talk about the support they were receiving then, inside and outside the service.

According to the answers to the questions characterizing the interviewees, these women were between 40 and 65 years old and three to five people lived in their houses, among them husbands, other children, an aunt, and a sister. All the interviewees stated that they were the ones who accompanied the children in the service, which allowed us to obtain some more detailed information (Chart 1).

Chart 1 - Characteristics of the women and children studied.

Name	Kinship	Age	Child	Child's Age	Time in service
Rita	Grandmother	65	Giovana	8	Almost 1 year
Solange	Mother	45	João	12	3 years
Marcela	Mother	40	Mariana	7	4 months
Márcia	Mother	41	Letícia	7	3 years

Regarding the children, they were between 7 and 12 years old and had been accompanied in the service from less than 1 year to 3 years.

Conducting the interviews, we recognized some native categories regarding care in the interviewees' speech, among them "routine," "normal," and "support," which we will discuss below.

Care as routine and something "normal"

The interviewees reported monitoring and helping the children with school duties and emphasized the importance of following a routine with study and leisure time. The women also reported putting food on the plate during meals and helping at bath time: "I took them to school, to speech therapy, [...] and to CAPS. And to ballet, that is the routine. At home, it's more about bath time, which she can't... so I help too, right." (Marcia, 41 years old)

From this account, "it is possible to reflect theoretically, while considering that care is always different because it is constructed on a daily basis" (Bustamante; Mccallum, 2014, p. 688). The fact that the women describe their daily practices to answer "how" care is provided shows us that, in fact, the understanding and meaning they attribute to it are a daily construction.

All the interviewees used the category "normal" to explain how care was provided. This category was mentioned by some women in sentences such as "[care is normal], it's chill" and "[the care is normal], age related care", others said "it's complicated, [it's normal]", "the way I take care of him is the way one takes care of a 12-year-old". Therefore, the "normal" character of care was tied to both their daily flow of activities and the difficulties they faced because of the people in their care: "age-appropriate care" and "care of a 12-year-old.

Caregiving as something "normal" seems to reinforce the tendency to naturalize this act as a woman's responsibility, thus indicating the feminization of caregiving, as pointed out by Thomas (1993).

Contributing to this analysis is the fact that the category "routine" was also used by the women repeatedly, as pointed out. Childcare is made easier by establishing routines and thus normalized in the daily lives of these mothers and grandmothers.

We noticed, for example, the establishment of a routine when Rita, a grandmother, describes the organization of Giovana's day, which starts with breakfast, goes through her granddaughter's study time and playtime until bedtime in the afternoon, and ends with TV programs and cartoons.

The topic of routine and schedules is also emphasized by a mother:

> *He goes to school, whenever possible he does some sports activity, I follow his evolution at school a lot, he has his leisure time, to enjoy himself at home with his brother, he watches cartoons.* (Solange, 45 years old)

Thus, routine seems to have an important meaning in the daily practice of childcare: "*for them [children], right, routine is very important.*" (Marcela, 40)

Thus, the native categories mentioned contribute to the understanding regarding caregiving practices, which Bustamante and McCallum (2014) understand as constructions of everyday life. The understanding that day-to-day maintenance ensures organization and facilitates childcare seems to bring these women a certain stability and security. There is no apparent strangeness in the statements about this daily routine, but rather in the lack of routine or support from CAPSi, as we will see below.

In this sense, we observe a very interesting counterpoint in relation to the overload suffered by family caregivers, so present in the bibliography as pointed out in the introduction of this paper (Santin; Klafke, 2011; Pegoraro; Caldana, 2006; Muylaert; Delfini; Reis, 2015; Campelo; Costa; Colvero, 2014). Despite the individual struggles of each participant, which sometimes implied taking care of the child, sometimes did not, the researcher did not identify this overload in the way that the bibliography indicated. It is worth pointing out that this is not to devalue or delegitimize the often-suffering work of the interviewees, only to state that suffering was not mentioned by them as a problem associated with care, which was understood as daily routine for the interviewees, as something "normal," a fact evident in their statements. This notion of care as a look at everyday issues is emphasized by Laugier (2017, p. 6) when defining the term:

> "Care" is an effort to emphasize in the moral sphere attention to the particular, the ordinary details of human life [...]. It is this desire for description that modifies morality and makes it fragile: learning to see what is important and what we do not register, precisely because it is before our eyes...

The everydayness with which care is perceived by these women, in addition to the majority attribution of the activities it entails to them, are indicative of the fact that care is "normal" when performed by women, especially by family members, in the private and informal sphere. Still, this perception is not only from sociological analyses, perceived by researchers and observers from outside the practice of care, but from the caregivers themselves. Even the struggles of the daily life with the children, the unrecorded efforts or even the overload faced indirectly were not manifested as issues or as problems to be solved for these women.

Guimarães and Hirata (2014), as well as Carol Thomas (1993), point to the gender issue by which care is shrouded. Inequalities in care work are especially due to its naturalization as a social role assigned to women. Furthermore, the family relationship of the caregivers and the children may refer to the caring, loving, and "maternal" characterization of care, reinforcing the attribution of tasks with children to the women interviewed, as part of their daily lives.

Support inside and outside CAPS

Regarding the care provided at CAPSi, the women said it was "very good", "there have been advances" and they consider it "fraternal", although none of them could say exactly what activities the children performed with the professionals.

When talking about the existence of some support within the service, women mentioned the care provided in CAPSi, mainly as a place to listen and clarify doubts, as highlighted by some interviewees: "*I am usually the one who takes some demand to them, and then they end up supporting me, guiding me, how I have to deal with A., in the demands that I end up bringing to them*" (Solange, 45 years old); "*The good thing is, when you have any doubts about the child, about everything, even school, about what helps, the support, it's there*". (Marcia, 41 years old); *"[…] it is what I am telling you, before I could go to CAPS, before I did not know how to deal with any of it. I learned there. And accept it there, right. So, that's why I learned*" (Marcia, 41 years old).

Curiously, there was no specification as to what orientation the service gave, although the interviewees affirmed that their doubts and demands were attended to and that it was "easy" to follow the orientations given by the professionals. Once again, the importance of the intersubjective relationship of care, as pointed out by Ayres (2009), is noted, fitting the need for a dialogical construction between family members and professionals in childcare.

If, on one hand, the support that these interviewees find in CAPSi is related to guidance and learning about how to deal with their children, on the other hand, this is also a place that enables emotional support, because "it gives balance" (Marcela, 40 years old).

Other interviewees emphasized the importance of the CAPSi follow-up also for the care provided by the family:

> *Well, nowadays it is chill, right, he collaborates, he is aware of… of the importance of treatment, of what he has, of the limits, of… the possibilities too, it is… that this is not a reason for him not to develop well, not to develop in all areas, so today it is very chill, I have no problem at all.* (Solange, 45 years old)
>
> *Ah, I… I feel good, I feel fulfilled. It's not that difficult. It is not difficult. I already got used to… well, I started, you know, ah, I… that's what I'm telling you, before I could go to CAPS, before I didn't know how to deal with it. I learned there. And accept it there, right. So, that's why I learned*" (Marcia, 41 years old).

Ayres (2004) discusses the humanization of health care practices and uses Heidegger's philosophy on care as a condition for the existential being of the human being to support its definition, adding to it the technical notion that is characteristic of professionals in the field.

Fidelis (2018) also uses Heidegger to discuss care. The author says that, in Mental Health and in Health as a whole, the care practiced must be that which values the human being and his experience, following existential thinking. She discusses what Ayres (2009, p. 27) calls "intersubjective care," as being guided by the being and the relationship between individuals, differentiating it from "operational care" that "holds relationships with the biomedical model, in which scientific knowledge drives, determines, and standardizes practices." (Fidelis, 2018, p. 573).

When we analyze the women's speeches about care in the service, we notice this relationship of exchange between professionals and caregivers.

CAPSi functions not only as a place of technical learning for "dealing" with children, but also as a place of welcome and support.

Regarding the support that these women have outside the service, two of the interviewees reported, at first, that they did not count on any help: "*I'm the responsible one that accompanies his care, who takes him.* (Solange, 45 years old); "*Outside no, just myself. It's because I'm a widow, right? [...] nobody... just myself, it's 24 hours with me.*" (Marcia, 41 years old). However, as the conversation continued, the same interviewees mentioned a neighbor and a sister who, on certain occasions, could help them: "*I have a sister who stays with her sometimes*" (Marcia, 41 years old).

One of the interviewees replied that the father of the children was "indifferent" in caring for the children and that he *"sometimes sins a little*" (Marcela, 40), a particular situation that, once again, falls under the feminization of caregiving practices, specifically within families. On the other hand, despite the emphasis placed on the role of women in caregiving, one interviewee said she relied on her husband's support in caring for her child: "*yes, I do. My husband and I, we take care of João*" (Solange, 45 years old).

It is possible to identify in these statements the role of caregiver attributed mostly to women, as analyzed by Thomas (1993) and Pegoraro and Caldana (2006), since the support network these caregivers rely on outside their homes also consisted of women. Even though two interviewees mentioned their husbands as support, all of them said they were responsible for accompanying the children to CAPSi, an indication of how, in relation to care work, the asymmetrical social relations between men and women are evident (Guimarães; Hirata, 2020).

Concluding remarks

The results of this research showed that the understanding of the caregiving practices of women family members of children is tied to the children's daily lives and routines. Helping with school duties, with health, with food, and with the children's leisure were practices mentioned by the women in their daily lives.

The support networks these women use are primarily CAPSi, and outside of it, some rely on husbands or other women, sporadically. However, it is necessary to point out that, even though these forms of support were mentioned in all the interviews, two of the participants characterized themselves as sole caregivers.

The analysis of the interviews led to the following reflection: would the native category "normal", so used by women to describe and relate to caregiving on a daily basis, also be used by male caregivers? Or is this choice of words an expression associated with the feminization and attribution of the role of caregiver that women play, being "normal" for "them" to exercise mostly these practices?

On these issues, Guimarães and Hirata (2014, p. 13) state:

> male participation in the sexual division of domestic labor, as a relevant care reserve, remains absent from the spectrum of possibility among us, both in social practice and in academic discourse, so that the issue of care appears as a problem of and for women.

Caring for children, especially those who are also cared for in a child mental health service, is a very demanding activity in itself. Even though overload did not appear as a complaint, the fact that two women in the survey came forward as sole caregivers, in an area such as mental health, where the discussion about support networks is constantly brought up, makes us think about the lack of sharing of this social practice.

The work, besides giving us a more up-to-date overview of the care of children served by the mental health care network, does so in a rather unique historical context: that of the beginning of the covid-19 pandemic. Even with the advent of the pandemic, the women were able to identify and convey the importance of the support offered by CAPSi, in addition to talking about the care practices in their daily lives with the children.

We note the need for more studies addressing the topic of care for families of children related to children's mental health, especially at the present time, in light of the consequences brought on by the covid-19 pandemic. We hope, with this work, to contribute to the updating and reflection on care, markedly feminine and normalized, in this and other health fields.

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Authors' contribution

Bisi and Nakamura conceived the project. Bisi conducted the interviews, data analysis, literature search and writing. Nakamura guided the qualitative research, conducted literature search and critical intellectual review. Both worked on writing the article.

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