# THE IMPORTANCE OF THE SCHOOL / HEALTH PROFESSIONAL RELATIONSHIP IN THE DEVELOPMENT OF USER CHILDREN AT THE INFANTO-JUVENILE PSYCHOSOCIAL CARE CENTER OF CAMPO GRANDE, MS - BRAZIL

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## Abstract

*Children with severe mental disorders or dependent on psychoactive substances tend to suffer several challenges, including their learning. This reality is present in the lives of patients at the Children's Psychosocial Care Center in the city of Campo Grande-MS, where they are daily accompanied by a team of qualified professionals in order to help in their recovery. Among them, there is the role of the teacher who will provide methodologies so that the student does not suffer consequences in his development, at the same time that he can provide his recovery. Thus, the objective of the undergraduate thesis is to verify how the Centro de Atenção Psicossocial Infantojuvenil (CAPSij) assists child users together with the role of the regular school for the child's biopsychosocial development, and of how this partnership between school and health professionals takes place with the intermediation of the patients' families. This study will use a quantitative-qualitative and exploratory approach with children in different age groups and psychosocial situations, together with the professionals involved in the Education and Health agencies in the municipality of Campo Grande, Mato Grosso do Sul. The field research took place at the time of the pandemic due to Covid-19, therefore, all data collection was in medical records of CAPSij, with health professionals who care for children in the Service Centers and with the teachers of these children from the Regular School through online interviews, respecting the social isolation and the guidelines of the World Health Organization (WHO), with the objective of collecting the data that respond to the objective of this research and to verify how the relation between the education and health agencies occurs, with its teaching and learning process that, due to psychosocial diseases, end up suffering with difficulties in their learnings.*


**Keywords:** Children; Mental health; Teaching and learning; CAPSij.

## 1. Introduction

Over time, the concept of childhood has changed, showing transformations and different positions in society. In the 12th century, children were subjected to indifference and some cruelties, sanitary conditions were precarious collaborating with the illness process, since many lived in a single room, without airing or sun, collaborating for the critical picture of infant morbidity and mortality (ARAUJO , et al, 2014). “Even in this period, women, in the parturition process, were assisted by inexperienced midwives and, afterwards, their children were cared for by slaves, called wet nurses” (ARAUJO, et al, 2014, p. 1001). We realized that during this period, due to the conditions of the time, lack of hygiene, healthy food, poor sanitation conditions and other precarious conditions, allowed the transmission of diseases and favored the children's illness (ARAUJO, et al, 2014).

Understanding modern childhood as a social construction, characterized by moral values from the Ariès era (1978), it portrays that it was from the Industrial Revolution in the 18th century that a new way of seeing children was born. Then came the first public policies aimed at children, collaborating for a new concept, that of childhood, and for the levels of infant mortality to decrease.

Between the 18th and 19th centuries, the child begins to be recognized as a biopsychosocial being (Ariès, 1978), with rights as a citizen who demands protection and assistance, ceasing to be seen by a model only centered on pathology.

With these changes, public policies also appear after claims and historical processes, always thinking about the human rights and health of children. In this context, child protection programs were implemented in order to provide assistance and follow-up and guarantee health in an expanded way.

The reality of children with severe mental disorders or dependent on psychoactive substances, tends to be expressed in the experience of several challenges, which include the daily concern involved in recovering their health, detoxifying from addictive compounds, and yet, maintaining their learning avoiding that the treatment does not cause harm and educational delays. According to Mielke et al (2009), the psychosocial mode, approached by the Centro de Atenção Psicossocial (CAPS), which focuses on helping and recovering these children, implies the way of thinking and welcoming the person who goes through psychological suffering, making it possible to understand it from their existence-suffering, and not just from their diagnosis and the symptoms presented. In 2001, at the III Mental Health Conference, the Psychosocial Care Center was defined by the Ministry of Health as:

> A daily care service designed to care for children and adolescents who are severely psychologically impaired. This category includes patients with autism, psychosis, severe neurosis and all those who, due to their psychic condition, are unable to maintain or establish social ties (BRASIL, 2004, p.23).

Subsequently, on Dec. 23, 2011, Ordinance No. 3088 was included to assist people with needs arising from the use of alcohol and other drugs in all CAPS and their modalities.

According to the *Secretária Municipal de Saúde Pública* (SESAU) in the municipality of Campo Grande, there are 5 CAPS units divided into “Mental Health”, “Therapeutic Residency”, “Adult Reception Unit”, “Post Trauma” and “Interdisciplinary Adult Ambulatory Units and Children and Youth”. Among these centers, the unit responsible for providing assistance and treatment to children afflicted by mental disorders and chemical dependency is the *Centro de Apoio Psicossocial Infanto-Juvenil* - “Dr. Samuel Chaia Jacob” (CAPSi), located at Avenida Manoel da Costa Lima, 3272 - Campo Grande, MS, which has a team of professionals composed of 01 Psychiatrist, 03 Psychologists, 02 Occupational Therapists, 01 Speech Therapist, 01 Psychopedagogue, 01 Social Assistant, 01 Pharmacist and 01 Nurse.

Therefore, this work will be developed from theoretical studies and data obtained through the observation of the experience of children enrolled in schools in the regular period and who also require CAPSij care, aiming to bring up a reflection on the importance of the partnership of two fundamental bodies for the psychosocial development of such children in need of care: the Regular School with the administration and teachers aware of the reality and situations of their students, and CAPSi, with professionals qualified to help and guide patients and their families.

Regarding the incidence of mental disorders among children, epidemiological data reveal, worldwide, “a prevalence in the range of 10 to 20%, of which, between 3 and 4%, there is an indication of intensive care” (BRASIL, 2005, in: BELTRAMI; BOARINI, 2013)). We know that these data reveal that mental disorders

are not only diseases of adults, but also of children. In the words of Guarido:

> Taking children into account, there is currently a multiplicity of psychopathological diagnoses and therapies that tend to simplify the determinations of childhood suffering. What we recognize as a result of this type of practice is that an increasing number of children at an ever earlier age are medicated in order to remedy the children's symptoms, without considering the context in which they present themselves (2010, p. 29).

A daily care service is created in the municipalities to care for children who are psychically impaired. Therefore, we emphasize the importance of making this area visible, in order to provide children with an effective right, not only to care, which respects their developmental differences and specific needs, but also, the right to education and health as it is presented in all child legislation.

## 2. The child and its development

The human being never stops developing, always evolving his ideas and overcoming challenges. School, for example, is one of the first places where children start to develop their learning, such as writing, language, the social environment, games and rules.

This learning can be developed through different situations and objects, such as games, toys, games, make-believe, books, problem situations. In which prepares you for challenges within your day to day. It is from the interaction with the environment, determined by an intentional and directed act of the teacher that the child learns (Vygotsky, 1998). For Vygotsky, the child learns and then develops, therefore, this development occurs through the acquisition that the human being builds socially throughout its history.

### *2.1 Learning*

Learning consists of a process of acquiring knowledge, values, attitudes and skills, capable of being acquired through experiences, studies and teaching. Vygotsky (1998) points out that, through the learning process, the individual acquires new ways of thinking and acting consciously, dominating the psychomotor, cognitive and affective.

Early childhood has a fundamental characteristic role for the development and formation of the child, as it is at this stage that it constitutes different stimuli intermediated in the social environment in which it is inserted. In addition, “childhood presents itself as a crucial phase for the development of a motor repertoire that will favor the improvement of other skills throughout adulthood” (Fin; Barreto, 2010, p.5) Therefore, the offer of jobs that involving psychomotor activities can be used to make great progress in their development and learning process.

According to Giusta (2013) the concept of learning emerged from the investigations of Psychology, from research carried out based on the assumption that all knowledge comes from experiences. This means that the individual is willing to form through the impressions of the world, giving way to his knowledge, formed by records of events that occurred in the person's life.

For Vygotsky in his studies on the learning process, the relationship between the adult and the child makes it possible to transmit his thoughts, culture and experiences. About this:

> Each role in a child's cultural development appears twice: first at the social level and later at the individual level, first among people (interpsychological) and then within the child (intrapsychological). This applies equally to all voluntary attention, to memory, to concept formation. All higher mental actions originate as real relationships between people (VYGOTSKY, 1978, p. 57).

For Vygotsky's (2010) understanding, learning begins long before the school learning process. The child will never start his school trajectory without a starting point, he will take a history and acquire new learnings, with different characteristics being the learning that comes before the child is of school age and what he acquires in school institutions. Therefore, development and learning are correlated from the child's first moment of life.

The set of capacities that the child acquires through its social and cultural acquisitions, are characterized as a "capacity set" and separated into two levels that the child goes through in his life stage of development. First, the level of potential knowledge, called by Vygotsky (2010), is the ability in which the child obtains to perform tasks with the help of a more experienced person, and thus starts to acquire the level of real knowledge, in which the achievement of tasks it is no longer necessary to have intermediation by a more experienced person.

Vygotsky (1991) points out that learning has interaction as an essential point, when the child is able to put it into practice through mediations and interactions with other individuals is when development actually took place. Therefore, he points out:

> [...] Learning awakens several internal developmental processes, which are able to operate only when the child interacts with people in his environment and when operating with his peers. Once internalized, these processes become part of the child's independent development acquisition (VYGOTSKY, 1991, p.77).

Thus, the author's studies demonstrate that man is a combination of a biological, historical and social being, in which being included in the environment of the interactionist partner will effectively develop his biopsychosocial. Vygotsky et al (1989) believes that individual characteristics and even their attitudes are impregnated with exchanges in the collective, that is, even if the individual becomes individual, his characteristics as a human being were built under interactional relationships with others human beings.

### *2. 2 The interaction process for learning*

As we previously discussed, Lev Seminovitch Vygotsky (1896-1934) wrote and supervised several works related to the interaction of individuals with the environment and the importance of experiences mediated by the world so that we understand the reality in the social and cultural environment, assigning meanings to things and evolve the cognitive.

In his theory on the development of learning, children's attitudes in their first moments of life already reflect their own meaning in the social behavior system in which they are portrayed through the cultural environment in which the child is inserted. VYGOTSKY (1989) says that the child's path to the object is linked to a person, this structure being a product of the development process between individual and social history.

For the author, the child is a specific social being in which his/her cognitive development obtains through the child's interaction with another adult, transforming the second person into a carrier of all the cultural messages in which he/she is involved, thus, his/her development permeates the interactions with other people and reflects in the engagement of new activities, obtaining an evolution in their learning. In addition to social interaction with other people, there is also the use of tools that can assist in the process of interaction with the child, in which objects are created and modified to connect with reality, in addition to helping in the relationship with the world.

Therefore, the school and the educator have a fundamental role in the child's interaction, since the participation of students in the classroom can be a factor that interferes in their teaching-learning process, since it is through the interaction between educator and student that there may be contributions to your cognitive development. Consequently, the teacher must always be attentive to the different levels of development that will be in the classroom, since each child has their own unique learning.

The classroom should be the place where the child has structural and didactic-pedagogical conditions to foster their learning, transforming a healthy school environment of dialogues and instruments so that their interaction, their social relationship and their learning have an evolution in their teaching-learning.

### *2.3 The right of the child*

In order to guarantee the necessary political and social right for decent conditions of Education, they are guaranteed in the Brazilian Constitution promulgated on October 5, 1988, consolidating a Democratic State of Rights.

Having rights means that they apply equally to all children and adolescents. Everyone has the same rights. These rights are also connected, and all are equally important – they cannot be taken away from children and adolescents.

In the 1st Principle of the Universal Declaration of the Rights of the Child states that every child will enjoy all the rights set out in this Declaration.

> All children, absolutely without any exception, will be creditor of these rights, without distinction or discrimination due to race, color, sex, language, religion, political or other opinion, national or social origin, wealth, birth or any other condition , either yours or your family's (UN, 1959, p. 01).

Therefore, we verify that the child has rights. Right to education, right to health, right to family life, etc.

#### 2.3.1 – The Education Right

The Right to Education is part of a set of Social Rights determined by the Federal Constitution of Brazil,

in which it aims at fundamental rights to maintain equality, protection and guarantees from the State to society.

The Brazilian Constitution in its legal text, in Article 6th, guarantees your rights: Education, health, work, housing, leisure, security, social security, maternity and child protection, assistance to the destitute, are rights and social, in the form of this Constitution (BRASIL, 1988, n/p). Specifying the document on Education as a duty of the State, the Federal Constitution, in its article 205th states that:

> Education, the right of all and the duty of the State and the family, will be promoted and encouraged with the collaboration of society, aiming at the full development of the person, their preparation for the exercise of citizenship and their qualification for work (BRASIL, 1988, n/p).

According to Bittar (2003, p.30) the Federal Constitution underwent a collective effort by segments to be assured, "[...] the State's principles and obligations to children". Enabling parliamentarians to direct Brazilian Laws for children and their right to education. In this way, "[...] the State's duty towards Education will be carried out by guaranteeing the provision of crèches and pre-schools to children from zero to six years of age" (BRASIL, 1988), thus, the daycare centers that were previously linked as a social assistance center, have become the primary responsibility of Brazilian Education.

To complement the Federal Constitution, two years after the segment, the Child and Adolescent Statute *(ECA)* - Law 8,069/90 was approved, which inserted the child as a human rights being. In Article 3rd, the fundamental rights inherent to the human person are ensured, so that they have access to opportunities for "[...] physical, mental, moral, spiritual and social development, under conditions of freedom and dignity" (BRASIL, 1994a).

In 1994 to 1996, the Ministry of Education published a series of documents entitled "National Policy for Early Childhood Education" in which it drew up pedagogical guidelines and human resources to expand the offer of vacancies and promote improvements in the quality of attendance at school education. In addition to these documents, the 1996 National Education Guidelines and Bases Act stands out, which refers to school levels together with the inclusion of Early Childhood Education as the first stage of Basic Education, which ends early childhood education as a comprehensive promotion of children up to six years of age, complementing the action of the family and the community. (BRASIL, 1996).

For Barreto (1998), despite the great progress in legislation to enforce respect for the recognition of children in their right to education, it is also important to consider the challenges imposed for the effective fulfillment of these rights, which can be summarized as central issues: access and quality of care. In terms of access, the author states that in recent decades, the child's entry into the daycare center is still not desirable, since low-income families are having fewer opportunities than those of a higher socioeconomic level. In order for this purpose to be fulfilled, Law No. 10,172/2001 - National Education Plan was approved in 2001, whose main objective is to establish goals for all levels of education, thus reducing social and regional inequalities in which says about the entry and permanence of children and adolescents in public education.

Currently, the Common National Base Curriculum *(BNCC)* is the agenda of important debates about the

country's education. The document approved by the Ministry of Education, in 2017, determines the competences (general and specific), skills and learning that all students must learn in the stages of basic education - Kindergarten, Primary and Secondary Education. The Base is not considered a curriculum, but a set of guidelines that will guide school teams in formulating their local pedagogical curricula. Therefore, the creation of this common base has been correlated since the Federal Constitution of 1988, from the promulgation of the Citizen Constitution, presented above, as well as with the National Education Guidelines and Bases Law *(LDB)* and the National Education Plan *(PNE)*.

### *2.3.2 - The right to health*

The Statute of Children and Adolescents (BRAZIL, 1988) assigns to the Unified Health System *(SUS)* the role of promoting the right to life and health, with the implementation of public social policies that allow birth and healthy development, health protection and recovery (Article 7th and 11th of the *ECA*, 1990). As a result, *SUS* assumed health responsibilities towards children, adolescents and their families through Law 8,080/1990 and 8,142/1990.

Care for the child provides access for the promotion of physical, mental and social well-being. Strategies aimed at promoting healthy growth and development, sexual and reproductive health, mental and emotional health and the reduction of violence and accidents stand out. Therefore:

> In the discussion of health as a right, it is essential to strengthen a model of care organized based on health care networks, in a manner agreed between the different spheres of management and inter-sectorally articulated, according to the specificities of each region, to respond to the needs of the child and adolescent population explicit in the analysis of the health situation (BRASIL, 2010).

In this way, the connection between the Child and Adolescent Statute *(ECA)* and *SUS* provides for the rights of the child to be respected, following in their recovery health, protection, prevention and quality access.

Therefore, when bringing the implementation of *SUS* in the 1990s, the unique model of health adopted by Brazil brings a new concept of health care, in a way:

> That the Unified Health System *(SUS)* was created to offer equal care and care for and promote the health of the entire population. The System is a unique social project that materializes through actions of promotion, prevention and health care for Brazilians.

Infant-juvenile mental health services include actions such as welcoming, listening, caring, enabling emancipatory actions and improving people's quality of life, in order to have full participation and inclusion in society, in which each singularity and the construction of the subject in its proper conditions are taken into account.

## 3. The Child and Youth Psychosocial Care Center and the Regular School

The Child and Youth Psychosocial Care Centers *(CAPS)* is formed by interdisciplinary teams, whose main objective is to assist people with severe and persistent mental suffering or disorders, including those that have developed through the constant use of alcohol and other drugs, as well as experiencing clinical

situations that make social life impossible.

Its performance is in large and small cities across the country, in situations of crisis and/or psychosocial rehabilitation processes. *CAPS* is a form of strategy that manages and increases the demand for care in the mental health area and against the effect of alcohol and drugs, identifying more fragile and vulnerable populations in which they need a different and more focused approach.

*CAPS* seeks to be present in collective spaces, in which it will articulate with other health care points and other networks, offering professionals such as doctors, psychologists, social workers, in addition to professionals more specific to each demand in the region.

The care transmitted by *CAPS* is developed through therapeutic projects with the patient and his family. The coordination of the entire treatment process is the sole responsibility of *CAPS*, which guarantees full participation in the treatment process and the longitudinal monitoring of cases.

Children and adolescents have their right to education and health guaranteed, therefore, when dealing with mental health, addressed by *CAPS*, it is essential to ensure proper participation and importance in mainstream schools. According to the Ministry of Health (2014, p. 39):

> Schools are privileged environments for the development of children and adolescents and their families, both in promoting protective factors and in detecting risks and reducing harm from psychosocial problems. Since most of the Brazilian children and adolescents are concentrated, school establishments add diversity and singularities, potentialities and significant resources for the production of health, the guarantee of integral protection and the development of people under the principles of autonomy and emancipation.

Therefore, it is important that there is communication between *CAPS* and regular schools, so that there is no negligence for both parties in situations of street, institutional reception, socio-educational measures for hospitalizations and in other situations of vulnerability.

## 4. Research Methodological Path

This work was carried out through a field research, in which the collection of data and medical records were obtained in September 2020 at the Center for Psychosocial Care for Children and Adolescents (CAPSij) - “Dr Samuel Chaia Jacob”, which has a team of professionals composed of psychiatrists, psychologists, speech therapists, occupational therapists, pharmacists and nurses. Another place that was also part of the research procedures was the regular school in which the child was enrolled, also being a locus of the research. The research took place in the pandemic period due to COVID-19, therefore, it was carried out according to the security recommendations of the Ministry of Health and WHO, and the contact with professionals was carried out online through Whatsapp or via phone call.

Data collection was carried out in two stages, the first stage being in children's medical records within CAPSij, in order to obtain procedural data on treatments and diagnoses, together with contacting the technicians responsible to acquire more information from the patient. Three male patients were selected,

aged 8 years, 9 years and 10 years, named as: Subject 1, Subject 2 and Subject 3, respectively to protect the children's identity.

**Subject 1** has the CAPSij speech therapist as a reference technician, who works for 6 years in these procedures. The professional accompanies the patient for 2 years and reports that the regular school maintains a satisfactory contact with the health institution, sending the semi-annual reports or when requested, always being ready to provide the necessary questions that arise during the treatment, however, the school does not send activities to be carried out within the CAPSij, since this is not the primary obligation of the institution, therefore, school monitoring is not carried out, resulting in pedagogical activities that may be offered at the health institution are of total responsibility of the reference technician, without interference in the content worked in the school. There is also a report of the family's satisfactory participation with contact with health and education professionals, with direct communication, participation in meetings and lectures and intermediation between both professionals in the area.

**Subject 1** started his first treatment at the institution in 2014, due to suspicions of abuse suffered by his older brother, however, in his medical records there was a report that the patient did not present any symptoms of trauma, and that the source of the referral to CAPSij was a spontaneous search by the parents themselves after the report of the abuse suffered by the neighbor who was at the same moment as the patient was. There is also an observation that the child had a good performance in the classroom in the regular school, and for these reasons, after some evaluations and consultations, his treatment was completed and the same dismissed.

In 2018, the parents of this patient again sought the help of health professionals, reporting new behaviors that the student had acquired. He presented childish speech, fear and nervousness so that he could not suffer contradictions. School reports showed that the student was discouraged and tired, but was punctual in activities and organization, had autonomy and showed good behavior, but avoided contact with his colleagues and teachers, which made his literacy process difficult because he refused reading to the teacher. After consultations by professionals, the child (subject 1) was diagnosed with depression, Oppositional Defiant Disorder (ODD) and attention deficit hyperactivity disorder (ADHD). This diagnosis was sent to the school and its attendance began at the Specialized Education Service.

In 2019, still following the treatment *at CAPSij* with its reference technique and the necessary medications, there being no more signs of depression, there was instability in his behavior, and for some calls reported as aggressive and provocative refusing to perform the treatment with medications, but according to the regular school through reports, presented a satisfactory performance in his learning, being frequent and interested, socializing more and with a more appropriate behavior, with only some difficulties in his reading and writing . Finally, in 2020, an atypical year due to the COVID-19 pandemic, **Subject 1** still continues with treatment at CAPSij, but without further evaluations from the regular school, as face-to-face classes were suspended during the year. The patient kept his appointments obtaining the same diagnosis and medication as in previous years, but showing signs of anxiety and depression, refusing to leave the house without his mother's company and to resume medications. Upon contacting **Subject 1**'s regular school, the situation pointed out by the conducting teacher and the teacher at the Multifunctional Resource Room *(AEE),* brought positions of behavior similar to that presented by *CAPSij*, with a discrepancy in the

evolution obtained in the year prior to the who reports on cognitive development, as an agitated student, with learning difficulties and with a certain difficulty in making friends with his classmates. There was also an observation that both the regular school when asking for reports and documents necessary for the student's knowledge, and *CAPSij* were readily available to help and send what is necessary so that the education carried out in the classroom has knowledge and help in the treatment in both locations. With this partnership between the regular school and *CAPSij,* there was also a facilitator for the family to be the intermediary for both parties and made it possible to be present in the child's treatment.
Until the present article the patient is still under treatment.

**Subject 2** has the *CAPSij* psychologist as a reference technician who has been working on these procedures for eight years, and who has been accompanying the student since September 2020, the same period that he performed his first welcoming procedure. The patient was referred for treatment through the request of the regular school, where he is enrolled in the 3rd year of elementary school. The patient presented symptoms observed by the health professional, such as anguish, anxiety, discouragement, isolation, emotional crying with constant sadness, difficulty concentrating, agitation, increased appetite and reports of suicide attempt, exacerbated sexuality and insomnia. The family is always present in the group attendance offered by the responsible psychologist and in the follow-up consultations and maintains a partnership with the highly supportive professionals, always intermediating positions with the regular school teachers. When we got in touch with the conducting teacher who was present in the student's education 2 years ago, she points out that **Subject 2** is easy to relate to colleagues and teachers, but appears tearful and sad in some days, usually missing for weeks and when contacting the mother, it justifies that the student is not feeling well. Despite this behavior, the teacher characterizes the student as a quiet and well-educated child, however, there is always the need to have individual attention to carry out the activities, being frequently asked and placed near the teacher's table so that, requested activities. In spite of this, his cognitive development is in accordance with his age/grade and he finds it easy to relate numbers with quantities, together with mathematical operations.

**Subject 3** is also accompanied by the same reference psychologist, who has followed his treatment since 2018, when he started the welcoming process at *CAPSij*. The first behaviors that the child presented immediately in the welcoming assessments and in the reports presented by the family, showed a child with a lot of irritability, difficulty concentrating, agitation and extreme aggression, with episodes of threats with sharp objects against his sisters, which caused referral by the regular school for observation and treatment. The psychologist (reference professional) reports that the mother is always present in the consultations, providing great support for the treatment. According to the school reports sent to CAPSij, the child is literate, with reading and writing scheduled for the age group and year, but is dependent and requires direct interventions in all activities, as it changes behavior easily and gets involved in conflicts with colleagues and teachers, in addition to being bored with ease and difficulty in getting involved in group activities. During these years of care, the monitoring provided to the child has been weekly with the therapeutic groups along with medications prescribed by the *CAPSij* psychiatrist, with small improvements in their behavior.

According to the conducting teachers who have been monitoring **Subject 3** for 1 year and 9 months at the regular school, the student's behavior when he started treatment at *CAPSij* was one of mood swings, showing aggression and difficulties in accepting the rules and agreements, continuing these attitudes even after the care provided by the Attention Center. When characterizing the student's social environment, it is reported that he is an introverted child with difficulties in "maintaining, making and establishing interpersonal relationships" (conducting teacher), however, in his cognitive process he did not present any difficulties, in the way that his learning it occurs, most of the time, through auditory stimuli of the explanations of the content worked in the classroom and also through the repetition of the student's action. The school also states that there are no direct contacts between *CAPSij* professionals and that the family does not carry out this intermediation process, which hinders the student's behavioral development process, which will influence the schooling process.

## Some final considerations

The study carried out points to the important correlation between the relationship between educational institutions and CAPSij in the ideal development of children who are served by both services, to continue their teaching and learning process, observing the methodologies used for learning child and the care of CAPSij.

It is clear that each part has its importance in the psychosocial development of children and requires differentiated care from the student. The two bodies have complementary functions, such as the regular school in its role of administration and with teachers trained to develop their pedagogical according to the reality and situation of their students, and CAPSij with professionals qualified to work the emotional and social of their patients and family members, since these two factors are correlated in the life of the human being.

In this way, the present work brought the reality of children with different diagnoses and treatment time, in order to emphasize the importance that the organs have in providing an affective education environment, respecting the differences in development and in the social relationship, as well as the right to education and health.

The analysis of the cases allows to conclude that the adequate correlation of the institutions promotes an increase in the quality of education. Mainly because the partnership between the organs and the children's family promotes the integrality of the human being, encouraging their development in all functionalities, whether intellectual, emotional or health.

Even so, it is extremely necessary to continue studies and research that relate the agents to determine what is the best form of institutional relationship that promotes the best use in the education of children. It should be noted that even though it is not the focus of our research, the family is decisive for the emotional adjustment of the child, with family stability being a primary factor for the child to be able to concentrate on learning activities.

We can also conclude that the importance of the partnership between school and health institution can enhance the school development of children through interventions in the family, evidencing the performance of the school as a space for health promotion. The importance of developing intersectoral

health promotion actions allows health and education professionals to expand their potential for action and reflection, extrapolating actions in quality without losing their specificity.

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