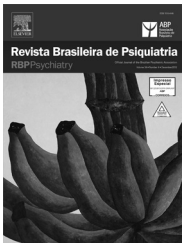
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Letter to the Editors

School referrals of children and adolescents to CAPSi – the burden of incorrect referrals

It has been estimated that 10-20% of children and adolescents suffer from mental disorders, and 3-4% have severe disorders that require intensive treatment, such as autism and childhood psychosis.[1] Data from Brazil have shown that child and adolescent mental health services can only provide care for 14.0% of impaired cases.[2] Therefore, there is a need to identify pathways to access mental health care. Regarding child and adolescent care, education is a central sector of interest because primary school is compulsory in Brazil, and educational professionals have a longitudinal perspective on development in several dimensions, such as cognitive and social performance. Unfortunately, as far as we know, there are no effective intersector initiatives, despite government recommendations, and there are few studies addressing school and mental health care interconnections.

In the Brazilian public health system, the Psychosocial Community Care Center for Children and Adolescents (CAPSi) is the main service to assist children/adolescents with severe and persistent mental illness and/or a high level of impairment. In addition, it should coordinate mental health care at the regional level, integrating the sectors of health, education, child welfare, and justice. CAPSi has universal reception, in which it must receive all those who seek help, which does not necessarily imply the attendance and inclusion of all.[3,4] When referral to another location is necessary, the team is obliged to actively search for alternative referral options.[3,5]

To assess how schools refer students to this key service, we conducted a survey in a single CAPSi center in Vila Maria, a deprived neighborhood in São Paulo city, Brazil. All referrals from November 2010 to January 2012 were reviewed. There were a total of 927 referrals, of which 141 were from schools, representing 16% of the total. Of these, only 20 (14%) were accepted, and 121 (86%) were referred to other services because they did not have severe or persistent mental illness and/or a high level of impairment. This high proportion of incorrect school referrals may represent a lack of knowledge about the structure of the public health system or the absence of other options for referrals. This scenario has an important impact on the public health system because each incorrect referral represents 2 hours of work of a CAPSi professional. The 121 incorrect referrals in the 15-month period resulted in 242 hours of work, which is equivalent to 3 months of work by a professional contractor who works 20 h/week, and cost approximately R$ 7,410.00 Brazilian Reais (1 real - 0.57 American dollars).

This high rate of incorrect referrals wastes staff time, energy, and public resources. These results shed some light on schools' lack of knowledge regarding child mental health, but these data must be interpreted cautiously, as they originated from a single CAPSi center. Further studies are needed to direct Brazilian mental health policies; nonetheless, we believe that our finding emphasizes the need for intersector interaction between health and education to improve care for Brazilian children/adolescents and maximize limited resources.

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