

# Mental health assistance for black children and adolescents and racism

Atenção à Saúde Mental de crianças e adolescentes negros e o racismo

(resumo: p. 18)

Atención a la salud mental de niños y adolescentes negros y el racismo

(resumen: p. 18)

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The study aimed to identify strategies used by a team of a Psychosocial Care Center (CAPSij) to assist black and brown children and adolescents with health problems. The assumptions of the study were supported by the vast field of studies on race relations, the paradigm that also underpinned the analyses. Eighteen workers from the Brasilândia CAPSij were interviewed. The interviews were guided by a semi-structured questionnaire and the thematic analysis for data interpretation was structured having race/color as the analytical category. The results showed that the provision of care for children and adolescents who express suffering due to the experience of racism, or who have it as an important dimension, demands, of the professional, spaces for awareness, information and literacy regarding racial formations. In addition, it calls for the development of strategies to combat institutional racism, especially in an intersectoral perspective.

**Keywords:** Racism. Mental health assistance. Child. Adolescent. Health personnel.



## Introduction

In recent years, the debate about racism and its relations to mental health has been gaining ground, although with delay, in the national and international scenarios. The literature has shown that racial discrimination has impacts on emotional suffering, stress, anxiety and depression<sup>1-4</sup>.

Racism as a relationship of power and maintenance of privileges produces subjectivities and can generate psychological distress, affecting not only adults but also children and adolescents<sup>5</sup>. Little is known about the assistance that is provided for black children and adolescents at Psychosocial Care Centers targeted at this population, known in Brazil as CAPSij.

There is a gap concerning racial processes in health studies and authors state that it is necessary to investigate the behaviors and conducts that formalize the handling of racial issues in the services, especially discrimination processes<sup>6-8</sup>. Although there are many studies about the assistance provided at CAPSij units, few of them focus on the racial theme<sup>9</sup>.

In view of the lack of studies about the racial dimension in the assistance provided for children and adolescents in mental health services, our research aimed to investigate the care processes targeted at this population, especially regarding the suffering engendered by racism, in its different dimensions, expressions and impacts. To achieve this, it analyzed the care delivered to children who attend a CAPSij and investigated the actions developed by the team to face racism.

Studies on social determination in health<sup>10,11</sup> highlight that social history and the place occupied by population segments in society, along with class, gender and race inequalities, can generate psychological distress<sup>12,13</sup>. This challenges the health service and health professionals to have an affirmative proposal for child and adolescent healthcare.

Such studies highlight that the services must be attentive to the complexity of people's lives and this involves "a micro-intervention in social micro-determinants"<sup>14</sup> (p. 31). In other words, the mental health service should institute practices and create responses guided by the real needs of individuals and groups - needs related to the social determination of these subjects and of their health status<sup>10,11</sup>, encompassing emotional aspects<sup>12,13</sup>.

The present study aimed to investigate the care delivered to black and brown children/adolescents in psychological distress, surveying actions performed by health professionals to identify the discrimination suffered by the service's users and to handle the impacts of racism.



## Methods

### Theoretical-methodological framework

This study's assumptions are supported by the vast field of race relations, the paradigm that also underpinned the analyses. Although the authors<sup>15-19</sup> have different focuses, all of them i) treat race as an idea forged in modernity; ii) understand race as an arbitrary, socially constructed idea whose purpose is the exercise of power, and whose biological and/or naturalizing assumptions are fallacious; iii) view racism as a system of power and hierarchization that subordinates black (non-white) people and privileges white people around the globe; iv) emphasize the structural dimension of racism, the situation of inequality produced and verified between whites and blacks in all social domains and spheres; and v) consider that racism occurs and derives from a set of discrimination rules, practices and policies, explicitly assumed or not<sup>17</sup>.

For data systematization, the study employed the understanding of racism proposed by Werneck<sup>12</sup>. To the author, racism can generate psychosocial effects of inferiority/superiority or actions/omissions, including its naturalization in institutions and in society.

### Type of Study

This is a descriptive-exploratory study with a qualitative approach. It was developed according to the Consolidated Criteria for Reporting Qualitative Studies (Coreq).

### Ethical aspects

All the professionals who participated in the study were instructed about the research objectives and signed a consent document, according to Resolution no. 466/2012 of the National Health Council. The study was registered in a platform called *Plataforma Brasil* of the National Research Ethics Committee (CONEP) and submitted to the Research Ethics Committee, which approved it through protocol no. CAEE 80431917.7.0000.5392.

### Setting

The research setting was one CAPSij with indirect management, that is, a service managed by a social health organization (OSS). The CAPSij is located in the North Zone of the city of São Paulo and its catchment area lies between the neighborhoods of Vila Brasilândia and Freguesia do Ó. This service was chosen because, at the beginning of 2017, its professionals requested us, the researchers, to conduct this study.



The territory where the mental health service mentioned above is located has a population of 420 thousand inhabitants, and the service assists specifically children and adolescents up to 18 years old with severe mental disorders and/or who need daily follow-up. This CAPSij is open from 7 a.m. to 7 p.m. and can provide 220 health sessions per month. It offers psychotherapy or medication sessions, in groups or individually, with therapeutic activities, as well as home visits and family assistance. The unit has a multiprofessional team.

## Study participants

The target population was the healthcare technicians assigned to the black or brown children/adolescents of the CAPSij, considering the workers' availability to participate in the study in a certain period. The inclusion criteria established that the subjects would be technicians who had been assisting at least one black or brown user for at least one month before the beginning of data collection.

Eighteen professionals accepted to participate in the study, out of 23 eligible workers. Five professionals did not participate because they were on sick leave or on holiday in the data collection period, from April to June 2019. The technicians' mean age was 38.5 years,  $SD = \pm 10,517$ , minimum of 26 years and maximum of 59 years. They were predominantly women (15), white (9), and had a college degree (14). The professional categories are described in Frame 1.

**Frame 1.** Professionals working at the Brasilândia CAPSij. São Paulo, 2019

Professionals	N
Nurse	3
Social Worker	3
Psychologist	3
Occupational Therapist	3
Psychiatrist	1
Speech Pathologist and Audiologist	1
Nursing Technician	3
Pharmacy Technician	1

Source: The authors.



## Data collection and storage

A semi-structured questionnaire was used to collect the data, in order to guide the questions asked to the interviewees. The interviews with the technicians who assist black children/adolescents were digitally recorded and lasted 15 minutes on average.

They were conducted individually, according to the participants' availability, in private rooms at the service's premises, and were fully transcribed.

## Data analysis

For the qualitative data, we used the content analysis technique, whose objective is to identify meaning units to compose the empirical categories that would be analyzed<sup>20</sup>.

In light of the initial objectives, the presence and repetition of themes in the collected material guided the definition of two empirical categories, called: "Describing the racism and discrimination suffered by child and adolescent users of the CAPSij" and "The care process in the CAPSij to handle the psychological distress produced by racism". They will be presented below, exemplified by thematic sentences extracted from the discourses of the interviewees, identified by sequential numbers from one to 18.

## Results

### Describing the racism and discrimination suffered by child and adolescent users of the CAPSij

The professionals report that the main types of violence that the children and adolescents suffer are physical and psychological (socioeconomic issues, racism, gender identity and rape), and that most users find it hard to talk about it.

It's still very difficult for people to name the racism situations they suffer. We have to help them understand what racism is in the sessions, after they are assigned to each one of us. (Interviewed 04)

Gender violence, psychological violence, rape, hypermedicalization, stigmatization due to race issues, transformation of racism into an individual problem of black children and adolescents. (Interviewed 16)



The agents of the discriminatory and/or racist action are classmates, police officers and family members.

At school, in health institutions, the police and their own family. (Interviewed 02)

I witnessed one mother talking to her child and saying he wouldn't get married, because it's very difficult for blacks to get married. (Interviewed 07)

Due to such aggressions, the professionals report there is discomfort and suffering among the children/adolescents, as their phenotypic characteristics give rise to jocular nicknames and discriminatory offenses.

Usually related to issues like curly hair, skin color, lips and jokes marked by racist roots. They frequently talk about discomfort and suffering in the groups caused by "non-acceptance" in the spaces they attend. (Interviewed 14)

The teenage girl, at a moment of great disorganization, drew herself as a white, blond woman with blue eyes; they ask me what they can do to become white. The teenager only identified with blond professionals. (Interviewed 16)

All the professionals stated that the users report on the facts mentioned above in individual sessions.

Mentioned in individual sessions. (Interviewed 17)

The insult is a particular form of discrimination that reports the "construction of a stigmatized social identity"<sup>16</sup> and restitutes it. To the author, racial insults have the function of legitimating the power relations and social hierarchies built on the idea of race. As a power device, their purpose is to reiterate the allegedly inferior and innate order of the subordinate group and of the person who belongs to it; it is not only a way of defining and discriminating the other, but, above all, of reminding them of their inferiority and making them introject it. That is why the author defines the insult as "a ritualistic way of teaching subordination through humiliation [...]"<sup>16</sup> (p. 42).

The answers also reveal that the discrimination situations occur mainly, or most commonly, at school.

They've told me they are called by racist nicknames by schoolmates or kids they play with on the street. They are bullied at school. (Interviewed 15)

In the classroom, the user was a victim of racism, requested the help of the principal, but was not heard. (Interviewed 09)



In spite of the school's hegemony, other places, settings and circumstances were recalled by the professionals.

At school, in health institutions, the police and their own family. (Interviewed 02)

Two reports stand out because they reveal even more drastic suffering processes in relation to one's own raciality: one technician said a child told her that "if she could, she'd kill all of the black race", and another professional reported a child asked him "what she can do to become white". These discourses show a dimension of racism that Werneck<sup>12</sup> calls "introjected racism", outlining the psychosocial effects of this phenomenon, in its intrapsychic and subjective dimension.

## **The care process in the CAPSij to handle the psychological distress produced by racism**

### **Care Actions and Strategies**

In the CAPSij, a multiple and diverse set of actions and activities compose the mental health interventions. Table 1 displays the frequency of themes according to the sex variable.



**Table 1.** Distribution of the frequencies of the Brasilândia CAPSij health professionals' answers according to sex, race/color and level of schooling. São Paulo, April to June 2019.

Questions	Answer (n=18)	Sex	
		F (n=15)	M (n=3)
1) Have these users ever faced violence?	Yes	9	3
	No	6	0
2) Are these events registered in the child's/adolescent's medical records?	Yes	10	3
	No	5	0
3) Are these events part of the therapeutic plan?	Yes	7	3
	No	8	0
4) Has any user mentioned any type of discrimination/racism occurring at school, at home, at the CAPSij, on the street, etc.?	Yes	9	3
	No	6	0
5) Has any user mentioned that they do not like their skin color, nose, hair and/or mouth?	Yes	6	3
	No	9	0
6) Inside the Brasilândia CAPSij, have you ever stimulated the children/adolescents who use the services to access black recreational activities, cultural spaces, books and/or dolls?	Yes	12	3
	No	3	0
7) Have there been any public figures/heroes/singers/famous teenagers among the objects used for the Individual Therapeutic Project (ITP) activities with the black children/adolescents?	Yes	6	3
	No	9	0
8) Is there any event/festivity related to the black/African culture at the Brasilândia CAPSij?	Yes	15	3
	No	0	0
9) As a Technician who assists a black child/adolescent at the CAPSij, have you ever considered any action related to the race/color item in the ITP?	Yes	12	3
	No	3	0
10) Have professionals, the child/adolescent and family participated in the design/development of the ITP in the last 6 months?	Yes	14	3
	No	0	0
	I don't know	1	0
11) In your opinion, is the ITP put into practice?	Yes	14	3
	No	0	0
	I don't know	1	0

Key: F (female), M (male).

Source: Questionnaires answered by the professionals.

We found that the CAPSij professionals develop many antiracism actions, but such actions do not compose the Individual Therapeutic Project (ITP) on a regular basis, nor are they described in the children's and adolescents' medical records. Only one of the participants answered he did not consider including actions related to the theme in the ITP nor describing them in the users' medical records.

The participants stated there were, in the institution, events referring to the black/African culture. Some reports are:





We stimulate participation in activities like slam, rap, funk, street dance, actions targeted at the territory, and race and economic issues. We try to create references/positive identification, we talk about racism, about miscegenation in an interracial family. (Interviewed 11)

Discussions about feelings, movies, inclusion in spaces of care that approach this theme and refer users for treatment at the Institute AMMA Psique e Negritude. Inclusion in dance spaces for youths, African-Brazil Museum, discussion of religious themes of African origin, hair braiding course, graffiti symbolizing blackness, self-portrait activity. (Interviewed 13)

The centrality of an antiracist agenda in which anti-racist activities are concentrated in the month of November reveals, at the same time, the program's adherence to the date and a gap in such adherence or in combating racism in other months, moments, spaces or activities. Therefore, the preeminence of 'November' can indicate a certain difficulty of the team in approaching the theme in a transversal way or in including it daily and/or spontaneously in the routine of the services and of the institution. This is evident in the reports below:

Every year we offer different activities, in the month of November, related to Black Consciousness and promote longitudinal discussions approaching this theme. (Interviewed 13)

Last year, many events were held in the month of November [conversation circles, people from the black movement came here to promote discussions, inclusion, appreciation]. (Interviewed 18)

In relation to recreational and leisure activities, the professionals cited examples: wheatpaste with black people, black and Abayomi dolls, visits to the African museum, festivities, books, drawings, public figures, discussion, conversation circle, promoting a discussion between professionals and therapeutic groups, story books, presentation of references of the black culture highlighting elements of such culture. Offering a black doll is the most cited stimulus and it emerges, repeatedly, from the professionals' reports.

Although our research did not aim to assess the effectiveness of such interventions, the reports below provide some clues:



In the group, we brought texts with biographies of black personalities - renowned people - and they were amazed and happy because they didn't know them and, thus, they were able to talk about feelings related to racism. (Interviewed 14)

It's awesome to see their reactions of amazement when they realize there are heroes who are black like them. (Interviewed 01)

The proposed intervention proved to be an efficient resource to open spaces of expression and dialog about these subjects' experiences regarding the race issue, as people who suffer racism. In this sense, it is important, first of all, to highlight a discourse in which the approach to and the facing of racial issues emerge related to their effectiveness. Secondly, it is important to show a way of working with race issues and the suffering they cause to black people, revealing possibilities for tackling this phenomenon in health institutions. This becomes more relevant in view of the professionals' perception that talking about this experience can be hard for users - all of them stated that the reports of discrimination emerged during individual sessions.

## Discussion

The actions of the professionals of the mental health community service for children and adolescents in the North region of the city of São Paulo have converged with the National Mental Health Policy in force until 2015 and, also, with the concept of psychosocial rehabilitation. The professionals develop activities that contribute to social inclusion<sup>21</sup> and to the deconstruction of prejudices and stigmas<sup>22</sup> - more precisely, to face the effects of racism. Such actions go beyond the walls of the institution, which is defended by the psychosocial care model.

Most of these actions are cultural; for example, the making of Abayomi dolls, participation in and promotion of events related to the African culture and black beauty. They foster the deconstruction of racism and the recognition of the black identity in November (the month of Black Consciousness). However, not all the actions are included in the ITP, nor described in the children's and adolescents' medical records.

Nevertheless, we must consider the idea, which underlies the discourses, that offering black characters can constitute an antiracist practice. Promoting access to black characters is an action situated in the field of interventions for the "construction of a positive racial identity", when we think about blackness<sup>19,23</sup>.

The analysis of the answers shows there is repetition, similarity or convergence between institutional activities and therapeutic or clinical actions. Many examples mentioned as activities of the CAPSij coincide with examples cited in the activities proposed in the ITP. Thus, our data reveal that the participants do not differentiate between institutional actions aimed at facing racism and those related to clinical practices - although in a broader



perspective - for handling the suffering caused by discrimination experiences. Offering a black doll, going to a museum, for example, are 'means' activities, whose 'end' - it is hoped - is the opening of dialogs or possibilities of expression about the theme.

Some fragments of the discourses disclose the introjected racism. Such discourses demand an analysis not only of this phenomenon, but, mainly, of how the professionals see these adolescents. One professional mentions that one teenage girl identifies exclusively with blond professionals. Another infers that a child fell into depression because she does not like her hair. Lastly, another worker reports that one teenage girl drew herself as a white, blond girl with blue eyes at a moment of disorganization. When a technician was asked if she had ever stimulated access to black spaces and recreational activities, she answered that one child did not want to play with the black doll the technician offered.

Although the context of each circumstance is not depicted in the reports, there is an interpretative leap on the part of these professionals: they did not investigate if other factors may have influenced such behaviors. Instead, what emerges is a tacit understanding, established a priori, that these processes refer exclusively to race or racism, and, even more importantly, to the introjection of racism by these subjects.

These other elements, essential to this type of analysis or statement, are fundamental and reveal the relentlessness of the racialization processes: they make any attitude of black people be seen as an expression of their raciality. This process is described as presumption, that is, a pre-established - and socially constructed - understanding that individuals classified into a racial category present certain qualities, characteristics and/or behaviors<sup>21</sup>. Such expectations, molded within a social model built on the idea of race, operate, therefore, in two simultaneous and inseparable planes: that of racial attribution and that of imputation of certain characteristics because of such attribution.

Thus, one delimits a person within a race and infers in them, due to race, a specific or particular way of being, which, in this case, is related to weakened self-esteem, introjection of racism, acceptance of racist presuppositions or self-hate.

Evidently, the researchers did not investigate whether the professional had asked the child if she did not like dolls, if she preferred other toys, if she rejected the offer because that professional was not the one that had been assigned to her.

Such discourses and the interpretations contained in them tell us about whiteness and about white people's strategies to maintain power: that racism and the deleterious effects of racial domination can only be assumed in certain determined conditions, one of them being the blaming of blacks for such processes<sup>23</sup>. Furthermore, according to the author, this type of demand reveals an exoneration maneuver typical of whiteness, which favors this system of power by concealing the active role played by white people in discrimination processes - a role played from the privileged racial place they occupy in the dynamics of social relations. The idea of introjected racism ends up naturalizing the constructed inequalities, even though in the symbolic level, and strengthens, in an indirect way, the idea that racism is a problem of black people.



Moreover, no discrimination situation was reported inside the service, that is, in the CAPSij: neither among the children and adolescents, nor by the professionals in relation to the children and adolescents. However, the literature has shown that the area of health is a privileged field for the observation of racial discrimination processes<sup>7,24</sup>. Therefore, this absence can reflect the dynamics of racial relations in the field of health: professionals assume the occurrence of discrimination only when it happens elsewhere, at other services, in other bonds and relationships in which they are not directly involved, implicated or observed<sup>25</sup>.

One of the answers to this question deserves to be highlighted: one worker says that the children and adolescents report discomfort or annoyance 'due to the non-acceptance of their features by the others'. This fragment is important because it points to a certain form of race consciousness - both on the part of the professional and of the children/adolescents in question. On it is imprinted a way of thinking about racism, its experience and appropriation, and about the deriving phenomena, like self-image construction, as processes that do not have centrality in the subject and are neither hermetic nor intrinsically intra-subjective; rather, they are dialogic and dialectic, and replace 'does not like their features' with 'does not like that people do not like their features'.

This operation subverts the idea of introjected racism, as a form of naturalization of black people's non-acceptance of themselves, and repositions it in the sphere of discrimination. Consequently, it places racism - and racists - on the center of the debate about non-acceptance, suffering or any other negative event caused by racism and by this particular modality of discrimination: the racial insult.

Finally, our data show that the education of human resources is still advancing slowly when it comes to the racial theme as, in view of all that was presented above, we verified the existence of a theoretical-practical gap in the professionals' praxis. Thus, public policies and services have the duty of enforcing Human Rights, enabling the equitable access of black and brown people<sup>26</sup>. To conclude, we understand that it is necessary to institutionalize the antiracist culture in the education of human resources and in the professional exercise, in this space by means of permanent education, with the purpose of overcoming silence, racial discrimination and racism.

## Final remarks

The study shows that racial issues have been present in the professionals' reflection, in the health work and in the institutional agenda of this CAPSij in the city of São Paulo. Although it is not possible to make generalizations about this process, it certainly can be considered the result of a set of initiatives, actions and policies in the sphere of blacks' health and of the National Policy for the Comprehensive Care of the Black Population, indicating concrete expressions of their occurrence in the healthcare services. However, this is still incipient in the area of mental health, whose policies, made in recent decades, have ignored racism as a determinant of mental illness.

As a whole, the discourses show that intersectoral actions grounded on this guideline and aligned with this health work proposal still emerge in an incipient and isolated way. The participants hardly mentioned initiatives of partnerships between the service and



different social or community segments and sectors; instead, what prevailed were reports on the knowledge they (the professionals) have of the discrimination that children and adolescents suffer on the street, with the police, at home and at school. Intersectoral actions are important, as they foster and potentialize social participation - a fundamental principle of the Brazilian National Health System - and open the possibility of extending the fight against racism to the spaces and places where it emerges, bearing in mind the singular and particular dimensions of discrimination and racism.

The lack of differentiation and the omissions observed in the care strategies are important materials for analysis. They enable to see that it is difficult to characterize the work that is guided by antiracism in the field of health and in different CAPSij's; it is hard to guide actions by the purposes without signifying them beforehand nor imprisoning them in pre-established racial or antiracist meanings; and that it is difficult to handle racial issues and the suffering deriving from them under the dialectic contradiction between the preventive and curative paradigms.

The silent manifestations are fundamental objects of investigation, mainly because they unveil what happens in a non-explicit way: the implication of the professionals in discrimination processes. Silence is an important domination strategy to the maintenance of racial systems. Thus, this is an important analytical tool to examine the dynamics of racial relations in health, especially regarding the practices and reports of professionals, in which the contents emerge, many times, through absences, omissions and silences<sup>24</sup>.

Therefore, the results show that reinforcing the guidelines and measures that have already been discussed in the field<sup>27-29</sup> continues to be important and necessary, such as:

- Collecting the race/color information as an operation that involves an interrogation and, therefore, a question, that must not be restricted to the administrative offices of the health services, nor happen only in the first session; rather, it must take place throughout the development of the set of healthcare actions, which must be constructed according to such information;
- Improving the institutional mechanisms for the register of interventions, necessary for the assessment, reformulation and production of health policies. In addition, it is necessary to register all the performed activities so that managers can share, publish and disseminate the results of such experiences, and assess their efficacy - a foundational strategy to combat racism;
- Identifying and mapping partners in the territories: associations, entities in the community, cultural collectives and groups; partnerships that are necessary to the implementation and development of intersectoral policies and to the strengthening of antiracist strategies in the territories;
- Promoting longitudinal interventions, distributed throughout the year, instead of concentrating them in one single month, so that they can be present in the daily routine of the service;
- Prioritizing the discussion of racism in schools, the place of greatest evidence of racial discrimination.



Thus, the study provides clues about the inclusion of the black population's healthcare agenda in the mental health services and, above all, about the frameworks that have supported the dialogs between these areas. It depicts a perspective of the implementation of racial issues exclusively in the month of November, in a non-transversal way, through isolated actions that lack continuity. Due to this, our research helps us understand, specifically, in what way the matter is approached, revealing challenges that need to be overcome by professionals and managers.

It is worth highlighting the report of a successful experience, which also emerged from the discourses. The success derives from the fact that the proposed intervention facilitated the children's and adolescents' active and explicit oral expression about the theme, as they talked about their suffering. This meets a demand of elaboration of the racial conflicts experienced by the subjects.

We believe that it is necessary to enhance the permanent health education that is offered to the professionals, both from the service analyzed here and from other services, with the purpose of resolving the curricular weaknesses of the health courses that educate professionals without the necessary knowledge to search for, explore and question the psychosocial effects of racism. From this derives the importance of a multicultural pedagogy<sup>25</sup>, in which minorities are highlighted and there is cultural plurality.

The authors of the present study suggest that future research should analyze and assess care processes and the results of anti-discrimination actions, both in the CAPSij investigated here and in other mental health services that provide care for children and adolescents.

## Study limitation

The research was carried out at one single mental health service of one Brazilian city; therefore, it is not possible to generalize its results. Another possible limitation would be the selected instrument and the duration of the interviews, which might have affected the quality of the results.

## Contributions to the area of nursing, health or public policy

This study offers elements to understand the severity of the effects of racism on health and the need for interventions in the particular, singular and structural dimensions, as well as the need to develop intersectoral policies to combat this inequity.



### **Authors' contribution**

All authors actively participated in all stages of preparing the manuscript.

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### **Conflict of interest**

The authors have no conflict of interest to declare.

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O objetivo deste trabalho é identificar estratégias utilizadas por uma equipe de um Centro de Atenção Psicossocial Infantojuvenil (Capsij) na assistência a crianças e adolescentes pretos e pardos com problemas de saúde. Seus pressupostos apoiaram-se no vasto campo de estudos das relações raciais, paradigma pelo qual são feitas também as análises. Participaram 18 trabalhadores do Capsij – Brasilândia; as entrevistas foram guiadas por um questionário semiestruturado e a análise temática para interpretação dos dados foi organizado tendo raça/cor como categoria analítica. Os resultados mostram que cuidado a crianças e adolescentes que manifestam sofrimentos pela vivência do racismo, ou que o tem como uma dimensão importante, demanda do profissional espaços de sensibilização, informação e letramento para as formações raciais, assim como convoca a elaboração de estratégias de enfrentamento ao racismo institucional, sobretudo em perspectiva intersetorial.

**Palavras-chave:** Racismo. Assistência à saúde mental. Criança. Adolescente. Profissionais de saúde.

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Identificar estrategias utilizadas por un equipo de un Centro de Atención Psicosocial infantojuvenil (CAPSij) en la asistencia a niños y adolescentes negros y mulatos con problemas de salud. Las presuposiciones de este trabajo se apoyaron en el vasto campo de estudios de las relaciones raciales, paradigma a partir del cual se realizan también los análisis. Participaron 18 trabajadores del CAPSij – Brasilândia; las entrevistas fueron guiadas por un cuestionario semiestructurado y el análisis temático para la interpretación de los datos se estructuró teniendo raza/color como categoría analítica. Los resultados muestran que el cuidado a niños y adolescentes que manifiestan sufrimientos por la vivencia del racismo, o que lo tienen como una dimensión importante, demanda del profesional espacios de sensibilización, información y aprendizaje para las formaciones raciales, así como convoca la elaboración de estrategias de enfrentamiento al racismo institucional, sobre todo en perspectiva intersectorial.

**Palabras clave:** Racismo. Asistencia a la salud mental. Niño. Adolescente. Profesionales de salud.