

AUTISTIC WORLD SCHOOL CLINIC INTEGRATION BETWEEN SOCIETY AND AUTISM SPECTRUM DISORDER



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SUMMARY

The diagnosis of autism has been increasing in several countries, for an individual to be recognized as having ASD, it is necessary to have a healthcare network for this purpose. In the state of Tocantins, there is an important care center, the Autistic World School Clinic, the only one in the state. Field research was carried out, with a descriptive, cross-sectional, qualitative-quantitative character by triangulation of methods, which was carried out in three stages: analysis of the norms; analysis of what is said by the professionals who work at the institution; and participant observation. Thus, the institution was created in 2016 and is currently governed by three departments: education, health, and social assistance. Through the field diary, it was possible to visualize the services offered, and the potentialities and challenges of the institution. It is concluded that the clinic needs greater unification of the secretariats to reduce the adversities observed since it has the purpose of offering services that, despite the difficulties, carry out modifying work in the lives of several children.

Keywords: Autism Spectrum Disorder. Mental health. Clinical Diagnosis. Treatment.

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INTRODUCTION

Autism spectrum disorder (ASD) is framed within neurodevelopmental disorders, which permeates several ethnicities or races and is present in all socioeconomic groups, but the identification and intervention of certain cases occur less frequently in certain social groups than in others (SBP, 2019). ASD is characterized by the presence of restricted behaviors, repetitive interests, as well as difficulty in communication and social interaction, with the target symptoms being literal language, little flexibility in modifying routine, excessive attachment to specific objects, and sensory changes. This disorder originates in the first years of life, but this trajectory is heterogeneous. However, in most cases, the symptoms of ASD are only consistently identified between 12 and 24 months of age, especially about the frequency of communicative gestures and direct language (BRASIL, 2015). The diagnosis is made based on screenings, made through scales, there are several scales with different sensitivity and specificities, which is very important because ASD is a neurodevelopmental disorder with many nuances, these screenings are carried out by a qualified multi-professional team and together with their parents. Thus, first, the patient has his gateway to the psychosocial care network for ASD, in primary care, recommended by Law No. 13,438, sanctioned in 2017, for monitoring neuropsychomotor development (DNPM) through the Child Health Handbook. This monitoring is done in all children in their 18 to 24 months of life, the 2022 booklet, third edition provides various information about autism, in addition to the M-CHAT questionnaire, although this does not determine the diagnosis, it evaluates warning signs for autism, if positive it is referred to the multidisciplinary team. Allowing for timely treatment and a favorable prognosis (BRASIL, 2021). In this way, the typical signs associated with ASD can appear before the age of three, be detected, and when diagnosed they should be treated as soon as possible (GOVERNO DO TOCANTINS, 2023; SALGADO, 2022). In addition, the diagnosis of autism has been increasing in several countries, especially in socioeconomically vulnerable communities, in Brazil despite autism being supported by many laws, in several states there is no execution of these (SBP, 2022). The gold standard treatment for childhood autism is early intervention, as the child in the first years of life has high neuroplasticity, so it can be stimulated and thus promote better social and behavioral interaction (SBP, 2019, 2022). For an individual to be recognized as having ASD, there must be a healthcare network for this purpose (TOLEDO, 2021). In the state of Tocantins, there is an important center of care, the

Autistic World School Clinic, the only one in the state and because of its importance in the field of collective health, it is necessary to know it. Contributing both to the scientific community and to managers in the implementation or improvement of these in the social sphere and evaluation of service to the populations they are intended for. With this purpose in mind, this study seeks to describe the mechanisms of operation of the Autistic World School Clinic, as well as to evaluate the relevance of the Autistic World School Clinic to the autism care network in the state of Tocantins.

METHODOLOGY

POPULATION AND PLACE OF STUDY

The place of study of the research was the Clinic-School Mundo Autista, located in Araguaína, in the state of Tocantins. The study population comprises the clinic's managers and the health professionals who provide services to it.

STUDY DESIGN

A field research was carried out, with a descriptive, cross-sectional, qualitative-quantitative character by triangulation of methods. Qualitative research is based on a methodological strategy that ensures transparency and fidelity to social evidence. The triangulation of the method compiles and improves essentially the qualitative study since it analyzes a single phenomenon from different perspectives, a fact necessary for a complex theme with the nuances that engender autism spectrum disorder (ARAGUAÍNA, 2016; SBP, 2016).

STAGES OF THE STUDY AND RESEARCH INSTRUMENTS

The method triangulation was carried out in three stages: analysis of the regulations (regulatory framework); analysis of what is said by the professionals who work at the institution; and participant observation (analysis that is made) (MIRANDA, 2013; SANTOS, 2020).

DOCUMENTARY ANALYSIS

It comprised the first stage and was carried out through bibliographic research on the theme of autism in the health field, through the Capes, Scielo, and Pubmed databases, whose DESCs/MESH descriptors are, respectively, Autism Spectrum Disorder, Access to

Primary Care, Serviços de Saúde Mental/ Mental Health Services, Clinical Diagnosis, Cooperation and Adherence and Compliance, Prognosis. Also at this stage, the documentary analysis was carried out that permeates regulations, decrees in the field of autism spectrum disorder, and public policies that promote the safety of the performance of the clinic-school and internal regulations to understand the object of study in terms of its regulations.

PARTICIPANT OBSERVATION

The second stage included participant observation in the clinic, following the routine of professionals and managers for about 20 days. The objective was to understand the flowchart of reception, diagnosis, and treatment, comparing it with the norms studied in the first stage. A field diary was prepared, recording the infrastructure, division of care spaces, storage of medical records (electronic/physical), and necessary materials. The observation covered the flowchart of care, the elaboration of singular therapeutic projects (PTS), and the performance in other units of the RAS of Araguaína, in addition to the relationship between professionals and users, focusing on cordiality.

INTERVIEW

Therefore, the third stage comprised the realization of semi-structured interviews, individually with each health professional and active manager, in a reserved place and at the time established by the professional in order not to disturb the activities of the clinic, the interviews were coded in numbers, to maintain confidentiality. In this stage, the semi-structured interview script was followed and built for this purpose.

ETHICAL ASPECTS

The research includes the involvement of human beings, directors, and professionals of the clinic who were informed about the research and its approval by the ethics committee under CAAE registration number 74801123.9.0000.8102

DATA COLLECTION AND ANALYSIS

After data collection and triangulation of methods, the data were structured for presentation of the results and discussion. The systematization of the interview was conducted primarily in the transcription of all the interviews carried out to favor a better

understanding of the data obtained. After this first stage, the correlations between the three pillars of research were carried out: 1st pillar, the bibliographic reference, that is, what should be done in the light of protocols and legislation that ensure quality access to patients with Autism Spectrum Disorder; 2nd pillar, how it is done, provided through participant observation and the constructed field diary 3rd pillar, as it is said to be done, the answers of the semi-structured interviews, to verify the quality of access, importance of the clinic, improvements that may or may not be made regarding difficulties pointed out or encountered.

RESULTS AND DISCUSSION

As of 2023, the Ministry of Health incorporated the treatment of Autism Spectrum Disorder (ASD) into the National Policy for Persons with Disabilities. This inclusion does not aim to stigmatize or increase the limitations associated with diagnosis but to guarantee formal rights, such as access to diagnosis and effective treatment through the Health Care Network (RAS) and the Psychosocial Care Network (RAPS). The Autistic World School Clinic (CEMA), located in Araguaína - TO, is part of this network. Created in 2016, the clinic is located in the São João neighborhood, on Eliás Rosa Street, and is managed by three departments: education, health, and social assistance.

The clinic has a building with 28 environments distributed by two corridors, including four bathrooms (two for women and two for men). The spaces comprise a screening room, medical office, clinical psychopedagogy, coordination, room for ABA therapy, dental office, art therapy, social work, TEACCH pedagogy, reception, pantry, psychology, room for the multi-professional team, nutritional office, warehouse, parental guidance, occupational therapy, speech therapy, music therapy, early stimulation, room for storage of cleaning items and a garage for employees. The clinic is walled, with two gates and 24-hour surveillance in shifts. All therapy rooms are air-conditioned, which is essential to provide comfort due to the city's hot climate.

The clinic is open from 7 am to 7 pm. Most of the services take place in the morning, from 7 am to 1 pm, with medical consultations, behavioral psychology, occupational therapy, and speech therapy, among other services. In the afternoon, from 1 pm to 7 pm, only the reception, medical consultations, nursing, psychopedagogy, and nutrition continue to operate. When asked about infrastructure, most respondents highlighted the urgent need for improvements in infrastructure and work tools.

"Look, we are climbing. We wanted bigger rooms and more instruments for each area. Everything that is here in the room is mine, those that were from the clinic have already been broken and have not been replaced". (E04)

"There are not many resources, everything is very bureaucratic, many times I bought some objects with my pocket to help with therapies and toys for example, there are few I only have 3 from the clinic, and many here are even from my son who brought them here". (E06)

"Oh, I think I could improve the infrastructure by putting more rooms. The health department makes more resources available. Such as specialization courses and qualification of professionals and encouragement mainly". (E10)

Regarding the flowchart and the times of the therapies, it is consistent with the clinic's regulations and associated with what was observed in practice and through the interview:

"The clinic is open from 7:00 am to 12:30 pm, because we have half an hour to make the patient's evolution in the medical record, and from 9:40 am to 9:50 am we have a break, I have eight patients scheduled every day, the therapies here last an average of 40 minutes, I always go to the reception and pick up the patient, then when I finish I go to the child's guardian and give a brief feedback on the therapy worked, I think this moment is also important to know how the return with the parents of the treatment is going". (E02)

We noticed that the care varies according to the specialty and purpose of the care seen in interview E08:

"The clinic operates here for six consecutive hours, that is, from seven to thirteen hours. We see 3 patients a day because, unlike other therapies, the multidisciplinary team has a very extensive interview and even later there is the moment of diagnostic discussion".

Currently, the team is composed of 68 employees, of which 30 are public servants and 38 are contracted. In this number, most professionals are in the area of education. CEMA performs 1,147 therapy consultations weekly, 4,588 per month, of which 200 are medical consultations, 100 dental, and 60 screening services of the triage and multidisciplinary team. Currently, for better service offerings, there are criteria and a flowchart established in normative 001/2022 that is complied with in practice to promote the care of children on the autistic spectrum. The current organizational chart includes that the screening of children/adolescents who are part of the municipal school network of Araguaína is carried out. First, the coordination of the school where the individual studies contacts the Department of Education (SEMED), which prepares a report for CEMA, the report must include the school institution, student's name, education (grade), date of birth,

name of mother/father or guardian, telephone, address, date of attendance in addition to the school psycho-pedagogical service report. Also presenting: 1-reason for requesting care, school complaint, brief clinical history of the patient, for example, lack of eye contact, little verbalization; 2-Description of the service/instruments used for evaluation, anamnesis with a guardian, learning-centered operative interview (EOCA), situational exploratory family interview (EFES) and observation evaluation; 3-brief gestational history, birth, and development of the student.

Subsequently, the school clinic secretariat contacts the student's family member to schedule a screening on the scheduled day/time and thus start the patient's bond with CEMA. The first contact between those responsible for the patient is made at the secretariat of the clinic school Mundo Bautista, in a specific room, currently, there are 2 employees to carry out this organizational part, considering that after SEMED sends the report to CEMA, these employees contact the parents to schedule the screening service, to confirm the diagnosis. After this stage, the same servers are responsible for both enrollment and scheduling the therapies according to the unique therapeutic project of each patient. It is also necessary to score through proper control, notebook, and the control of patient absences. This contact is made through chat apps such as WhatsApp and phone calls. In this room, there is also an annex that stores the patients' registrations, which contains the required enrollment data, SEMED report, and all screening evaluations. These documents are stored in cabinets in alphabetical order and attached in folders, well organized, in addition, the room is closed and only allowed to enter with authorization. However, the patient's medical record is stored elsewhere in the clinic. The clinic also has a reception where 2 employees are available to welcome the parents and communicate to the therapists that the patient has arrived to perform his therapies, pre-scheduled for that day.

The high demand of patients enrolled in the clinic makes it impossible for the secretariat not to place the service hours in contrast with the child's school schedule. An essential factor, because neither the academic nor the therapeutic part can be compromised, however, depending on it, parents need to choose which service to take them to. It was observed that this problem is not due to the carelessness of the servers, considering that meeting all the demands of parents and students with cordiality, the essence of the problem is based on the high demand. In addition, there is no consolidated

support network, which the clinic can relate to the other services of the psychosocial care network, being overloaded. This fact can be perceived in E12's statement:

"The clinic is overloaded, it has a very large waiting list with few vacancies and few therapists for so many demands. And among the professionals, there is an unofficial "list", which wants to come here, for me they have never disclosed the exact number, but I know that it is a considerable amount".

SCREENING

The diagnostic screening at the Autistic World School Clinic (CEMA) consists of three stages. First, the neuropsychologist performs the initial screening, starting with reading the child's psycho-pedagogical report and applying the M-CHAT and/or CARS questionnaires. During this phase, toys are used to observe the child's social and behavioral interaction. In the second stage, the evaluation is done by a multidisciplinary team, composed of a nurse, psychologist, pedagogue, physiotherapist, physical educator, and social worker. The evaluations take place in the morning, from 7 am to 1 pm, with four patients seen per day, in sessions of 40 to 60 minutes. The team discusses the results after each assessment, and the diagnostic report includes information on identification, medical history, neuropsychomotor development, family relationships, emotional behavior, autonomy, eating habits, speech and communication, pedagogical aspects, motor behavior, parental observations, and final considerations. If the team detects ASD, individualized therapies are recommended. The third stage involves two moments: the screening for medical care, carried out by technicians and nurses, which collects anthropometric and health data, and the medical consultation with psychiatrists, which lasts 30 to 40 minutes and evaluates gestational history, family history, and clinical manifestations. The diagnosis is made based on the information collected, and, if confirmed, the Singular Therapeutic Project is initiated, including complementary exams and definition of therapies. After the consultation, the doctor makes a report, and the clinic sends it in response to SEMED's request for care, so the medical professional can also make referrals to other services if necessary, such as CAPSi: he is referred to this service when the child does not have ASD, but has some other disorder, especially ADHD. Children who leave the municipal network and enter the state network cannot remain in treatment at the clinic, so they are referred to the Specialized Center for Rehabilitation of Araguaína (CER IV).

Municipal law 3225 does not specify which screening instruments should be used, only M-CHAT. The Ministry of Health recommends clinical and pedagogical reassessment every six months. The clinic uses M-CHAT and CARS, but M-CHAT has limitations and should preferably be applied to children aged 18-24 months. It is suggested the adoption of other scales, such as the PRO-TEA, and the performance of reassessments to verify the evolution, as recommended. In addition, the clinic does not reapply the screening evaluations to verify the evolution as recommended, as seen in E03.

"There is no such reassessment, this is missing in the treatment, it is important and even if there was, we had to have access to this information, often the mothers of the patients tell us if there has been any change".

Once the diagnosis is made, the patient is enrolled in the clinic and must present: a 01 3x4 photo, an official document (such as a birth certificate), a copy of a vaccine certificate, proof of enrollment in school, and a copy of proof of residence.

During the participant observation, it was noticed that the documentation for enrollment is well organized and the employees of the secretariat are kind to those responsible and are zealous when handling the documentation. In the enrollment folder, there is the term of use of image, term of responsibilities regarding the regularity of consultations, allowing a maximum of 3 consecutive unjustified absences from the clinic, and the term of dismissal must be provided. The absences of patients during therapies deserve to be highlighted, as it was observed that the economic factor influences the frequency. The most absent patients are those with the lowest income and this is not permeated by the prejudice of the diagnosis. These patients usually live in neighborhoods far from the clinic and the main reason why the lack of therapies is justified is transportation. Compromising the family's income, because to continue the treatment the parents pay their own expense, most of them using a motorcycle taxi to go to therapy, however, due to limited resources there are always absences and a break in attendance. This social problem experienced by several families routinely deliberately violates the principles of equity of the Unified Health System, requiring a critical look to break such findings. In practice, access is not ensured, even if referenced by laws, which hinders continued provision, however, despite the family receiving financial resources for travel, public transportation in the city is precarious and often does not have lines that connect the CEMA neighborhood with the patient's neighborhood:

"Ahh, as for absences, they vary a lot, in general in my appointments 60% of scheduled patients attend, I think one of the reasons that most lead to absences is transportation, you know? Many of my students live far away and are not able to afford the ticket, some do not justify their absences, I think there is not much rigor in the punishments for the absence here". (E03)

Still on this topic, E05 says:

"Many patients I see are absent, for you to have an idea there are times when 06 patients in my schedule 04 are missing, this happens for several reasons I know, but I realized that there are many parents who are resistant to the diagnosis, but many also just want a report to gain the benefit after they get it no longer bring the child, or else they think that the problem that the child has does not need so much therapy, if it solves that specific problem, or he calms down more with the medication also does not even appear anymore".

One of the solutions found by the managers together with the directors and the secretariats that govern it, was the supply of a van, however during the period that the research was carried out, this car was not available. As for the therapies performed in the school clinic, they are:

NURSING

The nursing consultation is held from Monday to Friday in the morning and afternoon (04 appointments per period), and the duration is according to each demand and patient. The screening is carried out, as already described, and currently, the room is also used for administrative purposes of the clinic. This makes it difficult and time-consuming because, to maintain the patient's confidentiality, the employee of the administrative area leaves during the triage consultation and, at the end of it, returns to the room.

MEDICAL CONSULTATION

02 doctors make eight appointments at the clinic per period: 04 in the morning and 04 in the afternoon. The service lasts approximately 40-60 minutes and the information described in the diagnostic screening is questioned. The clinic has only one medical office room, which meets the needs of both diagnostic screening consultations and continuity of care, especially when tests or medication prescriptions are requested.

BEHAVIORAL AND COGNITIVE PSYCHOLOGY

Psychology sessions are held at the clinic from Monday to Friday morning, the clinic has two professionals, which lasts forty minutes per session. The behavioral line used by

psychologists is: ABA therapy, the purpose is to bring quality of life to the patient for interaction with society. In the first consultation, the professional performs anamnesis. The therapies are done in dynamics to always attract the patient through their hyperfocus, thus gradually obtaining a greater interaction between psychologist and patient. The room in which the consultations take place is subdivided into two, however, they have little physical space and do not ensure the necessary confidentiality between the consultations, which take place simultaneously, sometimes hindering the service.

THERAPY AND DENTAL CARE

At the Autistic World School Clinic (CEMA), dental appointments take place from Monday to Friday, with 40-minute sessions and eight daily appointments. Two pediatric dentists carry out the therapies, starting with anamnesis and evaluation on Mondays for children from five years old. Therapies are essential for patients who are hypersensitive to stimuli, helping to prevent nervous breakdowns. The clinic guides those responsible for brushing techniques and familiarizes patients with the environment in a playful way. More complex procedures are referred to the Dental Specialties Center (CEO). However, there is a need to improve the referral flow to ensure that all children receive dental care.

PARENTAL ORIENTATION

Parental guidance is provided by the behavioral therapist from Monday to Friday in the morning from 7 am to 1 pm, with four appointments for guidance to parents or guardians. The session lasts 30-40 minutes, being an environment to clarify difficulties, doubts, and experiences. To carry out this service, the clinic has a specific room and the physical space meets the needs, however, there is a lack of instruments for better efficiency, for example, a computer and printer that is used by the professional himself and not by the clinic.

Through participant observation, it was possible to infer that fathers have more difficulty in accepting their child's diagnosis than mothers. In addition, the interviewees were asked to discuss their view of the parents' understanding of autism spectrum disorder, clinical characteristics, as well as treatment and prognosis. It was mostly reported that parents do not have basic knowledge about autism and resistance to their child's diagnosis.

"Parents do not know about autism, 98% of those I follow here at the clinic are uninformed and have low acceptance of the diagnosis, whether the father or the mother". (E12)

We also add the acquisition of knowledge of ASD, from unreliable sources, seen:

"Parents don't have much no, there is a lot of failure and they end up going by the guidance of acquaintances and not professionals". (E13)

"Look, 50% don't know and 50% know a lot about unsecured networks, with fabricated speeches, you know? And when confronting, asking for an example from everyday life, he cannot describe it. Another thing I noticed working here and observing the parents is that those who have more financial conditions have more resistance to treating their child." (E07)

EARLY STIMULATION

Early stimulation at the Mundo Autista School Clinic (CEMA) is aimed at children up to five years old and is carried out by a physical educator in 40-minute sessions, with eight daily appointments. The therapy seeks to develop gross and fine motor coordination, the notion of laterality, musicality, and balance. However, the room where it takes place is small and lacks adequate structure.

PHYSICAL EDUCATION

Physical education is a continuity of early stimulation, aimed at children over five years old. Eight daily appointments are also carried out, each lasting 40 minutes. The room for these activities is large, but it needs more equipment.

NEUROPSYCHOLOGY (GROUP THERAPIES)

Neuropsychology currently performs group therapies, to carry out the consultations in this modality, the neuropsychologist makes a brief anamnesis with the parents. The target audience of group psychotherapy is adolescents enrolled in the CEMA clinic in the process of disconnecting from it, whose inclusion criteria are diagnoses of ASD screened by the clinic about the level of support grade 1 to 2, being an adolescent, and not being in individual psychotherapy. The meetings are weekly, with up to five participants, in a room that guarantees confidentiality and welcoming, to ensure the effectiveness of the treatment, monthly meetings are held with the parents/guardians of patients in group therapy for feedback on new demands.

OCCUPATIONAL THERAPY

Occupational therapy is not available at the clinic at the moment, as the only professional in the field is replacing the physiotherapist.

ABA THERAPY

ABA therapy is conducted by a psycho-pedagogue and takes place from Monday to Friday, with eight daily appointments in the morning, each lasting 40 minutes. The ABA methodology is used to work on the behavior and learning of patients.

SPEECH THERAPY

Speech therapy sessions take place twice a week, on Wednesdays and Fridays, with eight appointments per day and lasting 30 to 40 minutes. The speech therapist performs behavioral and language development assessments. However, there is a lack of equipment and a large waiting list, which hinders the development of patients. The clinic is actively looking to hire new professionals but faces difficulties due to low demand.

PHYSICAL THERAPY

Physiotherapy is carried out in a small room with little equipment, with eight daily appointments, from Monday to Friday.

NUTRITION

The nutrition service is offered in the afternoon, from Monday to Friday, with appointments of 40 to 60 minutes. The nutritionist advises on meal planning and nutritional supplementation, important for patients with food selectivity, which can lead to malnutrition.

TEACCH THERAPY

The therapy is done by a psycho-pedagogue in the morning, who attends to seven patients a day for forty minutes per session, using the TEACCH methodology that reverberates the potential in the patient's communication and language.

PSYCHOPEDAGOGY

The sessions take place with eight sessions in the morning and afternoon, three professionals in the morning and eight in the afternoon, in the patient's first session, anamnesis is carried out to assess the needs in the child's educational sieve such as visual perception, identification of letters, word formation, reading, writing and readiness at the table.

MUSIC THERAPY

Music therapy is offered from Monday to Friday, with eight daily appointments of 40 minutes each. There is no age restriction, and the goal is to reduce symptoms such as sound hyper or hyposensitivity, stereotypies, and difficulties in neuropsychomotor development.

ART THERAPY

The art therapy sessions take place from Monday to Friday in the morning, also with eight patients per day and 40 minutes per session. Therapy develops motor skills and expands expression through artistic communication.

SOCIAL ASSISTANCE

Consultations with the social worker are made at the parents' free demand, however, they are mostly carried out according to the referral of the coordination or some professional from the clinic who realizes that the child's guardian needs some kind of help. This professional does not have an appointment, and performs care to collect information such as the patient's per capita income; classification of the patient in some social assistance such as continued provision aid, municipal and interstate free pass, and exemption from the IPI (industrial property tax) tax. The services can be by home visit to investigate and intervene about the child's safety. In the clinic, care is provided in a proper and appropriate room.

SINGULAR THERAPEUTIC PROJECT (PTS)

The Singular Therapeutic Program (PTS) is crucial to meet the individual needs of each patient at the Autistic World School Clinic (CEMA), but its implementation faces challenges. Although the clinic offers a wide range of therapies and allows for a

personalized choice of treatments, the lack of a unified medical record compromises the effectiveness of the PTS. Currently, the data is stored separately: the SEMED registration and reports are in the secretariat, and the medical records are elsewhere. This results in a lack of a complete view of the clinical picture of patients, with professionals often without access to comorbidities and case evolution. The coordination has designated Friday mornings for case studies, but these meetings are often not held for this purpose. As a temporary solution, the clinic created a data feeding system via Google Docs, but many employees do not update the information, perpetuating the problem. There is an urgent need to form an inter-secretarial commission to create an integrated data management system that covers both the health and educational aspects of patients. The only system available, the e-SUS, provided by the Department of Health, does not support the inclusion of educational data, making it inadequate for the necessary integration. The creation of a proprietary system is essential to improve the communication and effectiveness of the PTS, ensuring a more cohesive and efficient treatment.

"Thus, individually we have care planning, but part of us knowing the work of each one, the professionals have to be responsible for knowing the others". (E04)

Still, on the subject, it is important to highlight the statements:

"Yes, but there is no time between professionals, as for access to the medical record to see differential diagnoses, I only know that the patient has ASD and I know the other diagnoses with my diagnostic visualization". (E07)

"As for the PTS, we do it, but we need to improve, there are patients of mine with 4 syndromes, and having access to other therapies would be very important. Many patients here have other comorbidities, many have ADHD, and what in some situations prevailed and had a greater demand for children is not even ASD but the other if communication was more effective, the prognosis could change even faster". (E09)

The CAPSi and the CER are part of the support network of the autistic world school clinic, however, it is perceived that these referrals have gaps, especially when the student is referred to these services due to entry into the state network. Because they claim not to have a vacancy available and so that this patient is not left unattended, he continues his treatment at the clinic, which interferes with the operation, purpose, and turnover. During the interview, the difficulty in this continuous follow-up is perceived, observed in E15:

"There isn't, there was a patient of mine who, in addition to ASD, had an important hearing loss, he was referred to the CER because here there is no support for this follow-

up, and to this day I question the mother and she tells me that there has not been caring yet".

Another point to be observed is the lack of sharing of primary care, considering that according to what is recommended by the Ministry of Health, primary care must contribute to the treatment of autistic patients when this is level 1 of support. This absence reverberates throughout the care network for both the RAS and the RAPS, as observed in statement E13:

"The school clinic does not have a good relationship with the RAS and I am saying that not between cordiality between managers or professionals, but the system itself when we see the referrals, for example, here at the clinic we receive students referred by SEMED, right? But in some cases, it is not ASD, but rather in boys with only an oppositional defiant disorder and associated ADHD and they did not receive this child promptly, it took a long time".

During the interviews, the professionals were also asked what their perception was regarding the knowledge of the population of Araguaína about the school clinic. Most reported that she performs differentiated social work and that it should be better known and disseminated:

"The community does not know the clinic, it is a very restricted area. Society is not used to what no one knows and we still see a lot of prejudice. The government itself wants to include it, but it does not support it." (E08)

"The clinic has its importance, but it can be more publicized and more visible, there are many people here in the city who have no idea about the clinic, they don't know how it works, I think they had to show more of the results and the evolution of the children". (E11)

CONCLUSION

The search for knowledge in the field at the Mundo Autista School Clinic was essential, unfortunately, there was no opportunity to interview with the clinic's directors, which would be relevant. It is recommended that managers participate in future scientific research to stimulate the improvement of clinical practice and professional performance. It is necessary to polish the access to the site, with the implementation of adequate transportation, such as vans or bus lines. In addition, the education of those responsible and health actions should be expanded, increasing the visibility of the clinic to improve adherence and attendance. It is crucial to unify psychopedagogy and health services during school holidays and create a unified medical record in a single software, in addition to providing basic equipment such as computers and printers. The clinic's infrastructure

needs improvements, with plans and funds from the secretariats for expansion, aiming to reduce the waiting list and include students from the state network. It is necessary to better integrate, based on the line of care in Tocantins and the strengthening of the support network in the RAS and RAPS. Thus, it is known that the construct of care requires time and effort from all spheres of care and management and that despite the adversities and limitations observed, the institution carries out educational and health work that changes the lives of several children daily.

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