

Public policies in children's mental health: Ways to promote health



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ABSTRACT

The study aimed to reflect on the evolutionary process of public policies on mental health for children. This is a theoretical essay with a reflective nature. The proposed reflections were based on relevant international and national literature. Anxiety Disorders become increasingly common in children, causing negative impacts on various cognitive and learning functions. It is concluded that it is necessary to develop and strengthen public policies in mental health, which are capable of reorienting care practices regarding the prevention of mental disorders in childhood.

Keywords: Anxiety disorder, Infancy, Mental health, Public policy.

1 INTRODUCTION

The development and implementation of public policies directed to the population of children and adolescents were non-existent about mental health care for population groups. Thus, children and juveniles who presented psychological distress were absent from care, although there were special



schools, psychiatric hospitals and shelters, these acted in an authoritarian and oppressive way (FERNANDES et al., 2022).

Children and adolescents who presented some mental alteration were submitted to the power of the State, which established social protection through institutionalization, without interest in understanding the current psychological needs. These children began to be taxed in society as: abandoned, delinquent and/or incapable, thus removed from social life as a public strategy (SOARES et al., 2018).

In 1927, the Code of Minors or Mello Mattos Code emerged, helping to modify the institutionalization of minors with mental changes, however its focus was on "street" children, seen as a threat to society (SOARES et al., 2018). With the emergence of population movements in search of rights, some means provide mental health care to Brazilian children and adolescents, such as the psychiatric reform and the Child and Adolescent Statute (ECA) in 1990. In 2003, the Child and Youth Psychosocial Care Centers (CAPSij) were created, and in 2004 the Child and Youth Mental Health Forum was created through the Ministry of Health (FERNANDES et al., 2022).

According to the Ministry of Health (S.D.), aimed at children and adolescents, there is the Child and Youth Psychosocial Care Center (CAPSi) intended to care for children and adolescents with severe and persistent mental disorders, including the use of psychoactive substances that includes cities or regions with at least 70 thousand inhabitants.

The use of services such as CAPSi presents some obstacles in its functioning, since referral is the main form of contact between the family health strategy (FHS) team and the CAPSi, often carried out via telephone call, direct sending of the patient to the other unit, or through a regulation center, to verify if there is a vacancy available to perform the triage of the patient. However, some cases the referrals occur without contact between the teams, often without any reception for their need (Delfine and Reis, 2012)

Thus, it is understood that there is no sharing of the therapeutic plan, being notorious the occurrence of passage of cases and isolated evaluation of the case by each team, evidenced the disarticulation and fragmentation of actions, making integral and transdisciplinary care unfeasible (DELFINI; REIS, 2012).

In 2001 there is the publication of the Mental Health Law, Law 10,216, as well as the III National Conference on Mental Health (CNSM), thus favoring the constitution of mental health as a State policy. Care comes to be understood as a model of community care, with the development of the inclusion, in psychosocial care, of mental disorders in children and adolescents (COUTO; DELGADO, 2015).

The main records of the psychiatric reform were the gradual closure of existing asylums and hospices in the country, changing the treatment for hospitalization of patients in case of inefficiency



of extra-hospital treatment. In addition, in place of psychiatric hospitals, in 2002 the Psychosocial Care Centers (CAPs) were created, considered centers for the reception of patients with mental disorders, in non-hospital treatment, providing multiprofessional care, to promote reintegration into society (BRASIL, 2021)

The new conception of children and adolescents through the III National Conference on Mental Health in 2001 made it possible to visualize them as beings susceptible to suffering and mental illness, with the right to be assisted throughout life, to promote quality of life, support of social ties and/or adaptation of behaviors. Still, the State could take responsibility for the care and treatment of these individuals, aiming at recognizing their psychosocial need while maintaining ethics and respect for their rights as citizens (COUTO; DELGADO, 2015).

A study shows that the country has around 13% of the child and adolescent population have some mental health diagnosis, with a tendency to persist of symptoms in a chronic form. It is believed that among the severe and chronic cases registered, of these, only 37.5% have received some treatment in five years (FATORI, 2018).

The insertion of child mental health in public health late, especially after the year 2001, expanded health care and promotion. However, it is believed that there are significant barriers to the holistic view of the mental changes suffered by children and adolescents in Brazilian society.

In this context, it is evident the importance of understanding the trajectory of public policies in children's mental health, as well as promoting greater integration between existing services, aiming to establish strategies for the health promotion of this group of individuals to optimize the care and care of these patients who need individualized and humanitarian health care.

Given the above, the study aimed to reflect on the evolutionary process of public mental health policies for children.

2 METHOD

It is a theoretical essay of reflective nature, based on the discursive formulation of the theme, supported by the national and international scientific literature and critical analysis of the authors.

It is emphasized that the reflections woven result from the interpretations of the literature and also from the impressions of the authors. The presentation of the explanations will take the form of a guiding axis on the theme, arising from interpretations. As there was no interaction of direct/applied research, the need to submit the study to ethical procedures was excluded.



3 RESULTS AND DISCUSSION

3.1 PUBLIC POLICIES: NEW PRACTICES FOR CHILDREN'S MENTAL HEALTH

There is an urgent need for reflections on health needs, which should be understood as a broad field of care processes for each individual, to establish limits for health-promoting interventions. In this sense, it is necessary to consider, therefore, characteristics intrinsic to the way of life of the individual, whether or not related to their disease (FREITAS, 2022).

Thus, it is necessary to understand the definition of health, disease, understand the demands of the field and differentiate individual needs from those that are intrinsic to the collective context. Therefore, thinking about health transcends the issue of disease itself, highlighting the need to reproduce a vision that seeks to incorporate knowledge related to aspects related to the health-disease process. This understanding should focus on a horizontalized and systematic approach to health, seeking to identify the conditioning factors and determinants that interfere with health (LIMA, 2015).

The expansion of the concept of health introduces plurality over the understanding of the social context in which the subjects are inserted as a powerful determinant for the health condition. On this basis, it approaches the assumptions of health promotion, under the prism of investigating the health-disease process of the social determinants of health (BUSS, 2014).

In this context, the plurality of the health object expresses the need to understand it in the search to achieve a state of quality of life. Mental health is defined as a state of well-being in which the individual perceives his abilities, being able to deal with his normal tensions of his daily life, namely, life, work productively, and able to offer contributions to his community (WHO, 2005).

With the advent of the globalization process in the postmodern world, there was an increase in the prevalence of mental illness in the population, caused by the rhythm of life instilled by industrial societies, which are responsible for the different demands and pressures on individuals (BAILEY, 2022).

The Anxiety Disorder (ED), represents as one of the most recent conditions reported in the current population. ED is characterized by excessive fear and anxiety, and fear corresponding as the emotional response to threatening situations that prepares the subject for fight or flight. As for anxiety, this corresponds to an anticipated reaction of future threat, composed of muscle tension and a high level of vigilance, leading to behaviors of caution or avoidance (DSM-5; APA, 2014).

ED presents with persistent anxious symptoms that can affect a wide variety of behaviors. Such manifestations can vary over time and include symptoms of motor tension, for example, fears, inability to relax, fatigue, headache, symptoms of atomic hyperactivity, such as palpitations, sweating, dizziness, cold and hot flashes, shortness of breath, irritability and difficulty concentrating (LOPES, 2018).

Anxiety currently corresponds to the second leading cause of disability among the main mental disorders (GBD, 2016). A study reveals that the prevalence of anxiety in Brazil is comparable to data



from other countries. Latin America and Brazil have prevalence rates of anxiety higher than the global average, and Brazil is ranked 4th. position among the countries in which anxiety has the highest rates around the world (MANGOLINI, 2018).

Among population groups that showed a substantial increase in ED, children and adolescents point out. In Brazil, data show that the incidence of anxiety disorders in children and adolescents reaches 3.40% and 5.04% respectively (FUNDAÇÃO OSWALDO CRUZ, 2022).

Epidemiological data indicate that among the main anxiety disorders in children are: social anxiety disorders, panic, depression increase with age. Among the disorders presented we have the social phobia acting predominantly in children and adolescents, who present continuous fear in situations that present insecurity (ASBAHR, 2007).

In the year 2020, the World Health Organization (WHO) declared the Coronavirus Disease (*COVID-19*) pandemic, constituting a *Public Health Emergency of International Importance (PHEIC)* (WHO, 2020). Among the interventions to reduce the contagion, in mid-March 2020, social distancing began with school closures, keeping all children at home, as well as part of the general population that did not work with essential services (BRASIL, 2020).

Therefore, such measures evidenced important impacts on the daily activities of children, who had routine changes, such as attending schools, having their studies interrupted, facing a new one. The restriction of social contact has had negative consequences for the mental health of this specific group (PAIVA, 2021).

In this context, it is inferred the need for public health policies that can consolidate care that seeks new propositions regarding the health construct (BRAGA, 2019). Public policies in health are based on a perspective that considers the importance of understanding the conception of health constructed by movements of social struggles, historically marked by the curative model, centered on hospital-centered care (SARRETA, 2009).

The development of public policies starts from the assumption of the need for the way social policies are structured and, among them, health policies, fundamental for the development of horizontalized health practices. Therefore, it is important to recognize the articulations between economic, political and health practices as important elements for the development and implementation of health policies (TORRES, 2020).

The State assumes the role of creating and implementing alternatives to promote and direct economic and social development. Such actions make the State as an inducing agent of the movement of society as a whole, with actions that can reduce inequities between population groups (PESSOTO, 2015).

In the Brazilian context, the performance of the State presents itself as an organizer of the great production and social control of the collectivity. Thus, the recognition of the needs of different social



groups, operates as an instrument that allows to evaluate and understand the health-disease process in its plurality (CARMO, 2017).

It is known that mental health care in Brazil began in the late 1970s, with the process of psychiatric reform regarding struggles for the redemocratization of the country, and criticism of the conditions of psychiatric care and search for improvement in psychiatric care (AMARANTE, 2003).

In this sense, the Brazilian public policies for Mental Health - MH, Law 9.867/1999 provided for the creation and operation of Social Cooperatives, aiming at the social integration of citizens and people at a disadvantage, listed as follows: the physically and sensory disabled; the mentally and mentally handicapped, people dependent on permanent psychiatric monitoring, and those discharged from psychiatric hospitals; drug addicts and prison graduates. This law is a follow-up to the Caracas Declaration, a document generated at the Regional Conference for the Restructuring of Psychiatric Care held in 1990 (BIREME/PAHO/WHO, 1999; BRAZIL, 2005).

In 2001, a new law was enacted that introduced the National Mental Health Policy. Law 10.216 is considered as a sociopolitical movement resulting from it the so-called Brazilian Psychiatric Reform (BERLICK et al., 2008).

In the search for a new care model that would enable health services within the SUS domain, Decree No. 7,508 was created in 2011, which established the requirement of psychosocial care as one of the requirements for the establishment of Health Regions and organization of Health Care Networks, being considered as a historical landmark in Brazilian mental health care (BRASIL, 2016).

In the context, child and adolescent mental health care was included late in the public health agenda. However, although the introduction of this population in public health policies was late, positive results were observed in terms of progress in the field of care practices and knowledge production. Law No. 10,216/04, which deals with the mental health of children and adolescents, gave visibility to the main milestones from the understanding of the continuous need to expand the participation of children and adolescents in mental health services (BRAGA, 2019).

Another important milestone in the mental health care of children corresponded to the creation of the Child Psychosocial Care Center (CAPSi), which seeks to qualify the information of the practices of the Psychosocial Care Center (CAPS), which aims to qualify practices, affirming the articulation and integration of the different points of care, as well as defining strategies and actions in the daily practice of health services (BRASIL, 2011).

In this context, the need for health professionals who can offer mental health care to children with anxiety disorders emerged, with practices articulated with the care care networks, to identify protective factors and promote interdisciplinary care

A study points out that a professional assistance to children with ED, based on care practices through individual consultations and collective activities, where one can assume a social function, with



the inclusion of welcoming (FREITAS, 2020). Thus, listening is presented as a therapeutic instrument at the interface of recognizing the health needs of individuals

Thus, it is necessary to discuss the role of primary health care in the health care of children with ED. Primary Health Care (PHC) is presented as a proposal to reorient the health care model, with a commitment to seek comprehensive care with a focus on health promotion and disease prevention. Thus, it is a key element in ensuring integrality, universality and equity, thus reinforcing the principles of the Unified Health System (SUS) (OCCHIUZZO, 2021).

PHC is anchored in a longitudinal, comprehensive (integral) care oriented to the family and community, from the perspective of health promotion, which aims at preventive health actions to face the social determinants of health-disease and greater autonomy of the subjects regarding their health condition (MATTIONI, 2023).

However, it emphasizes that the development of care practices for children with ED presents itself as a challenge for health professionals, both due to the characteristics of this population group, the sociocultural aspects, and the forms of organization of health equipment (BATISTA, 2017). Therefore, it is necessary to reflect on the training of these professionals as a way to expand their dimensions of care

Thus, faced with the need to reorganize health practices that can meet the assumptions of health promotion, that in 2015 the United Nations (UN), presented ways to achieve dignity in the next 15 years, effective between 2015 and 2030, through the construction of the post-2015 development agenda with the 17 sustainable development goals (SDGs), reinforcing the multilateral commitment to eradicate problems that afflict population groups (UN, 2017; Smith, 2019).

Health is represented in Goal 3 in the 2030 Agenda, which aims to ensure a healthy life and well-being in all phases of the life cycle, but also emphasizes its interrelationship with the problems of poverty eradication (Goal 1), food security (Goal 2), basic sanitation (Goal 6) and inequality between countries (Goal 10). It highlights the need to understand that all the Sustainable Development Goals are products of the socio-geographical territory, whose achievement of goals depends on the integration of the local with the global with interrelation with health (UN, 2017; DJONÚ, 2018).

The health SDG presents nine goals, namely: reduction of maternal mortality; ending preventable infant deaths; in the fight against epidemics and diseases transmitted by water and other vehicles; reducing premature deaths from non-communicable diseases; prevention and treatment related to the use of alcohol, tobacco and narcotics; reducing deaths in traffic situations and from hazardous chemicals; necessary access to health systems; and reducing the number of deaths and diseases from chemical products (EMBRAPA, 2018).

In Brazil, an important step in structuring the 2030 Agenda was the promulgation of Decree No. 8,892/2016 that created the National Commission for the Sustainable Development Goals



(CNODS) to internalize, disseminate and giving transparency to the implementation process of the "2030 Agenda" of Sustainable Development. According to the Decree, the CNODS has a consultative nature and is part of the Secretariat of Government of the Presidency of the Republic, for articulation, mobilization and dialogue with the federative entities and civil society to fulfil the international commitments assumed by Brazil (BRASIL, 2016).

4 FINAL CONSIDERATIONS

Faced with the above reflections, it expresses the need for the health object to be understood in its polysemic sense, corresponding as a state of complete well-being. Thus, understanding the social determinants of health of a population group allows the identification of health needs.

Thus, the development of public health policies and modes of mental health care for children with anxiety disorders is shown as a process for qualification and implementation of qualified health care, which can produce advances in the production of mental health care for children.

Finally, it is expected that new care strategies will be implemented as a way to guide practices and conducts of health professionals caring for children with anxiety disorders. Thus, these health practices can subsidize a new broader conception of health, understanding the dynamism and influence on the mental health-disease process.



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