

Public policies for mental health of schoolchildren: Prevention of child anxiety



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ABSTRACT

The study aimed to discuss public policies in the prevention of childhood anxiety and impacts on the teaching-learning process. This is a theoretical essay with a reflective nature. The proposed reflections were based on relevant international and national literature. Currently, increases in Anxiety Disorders have been observed in school-aged children, impairing their health, social relationships and learning performance. In this context, it is believed that the development of public policies is presented as strategies for promoting mental health, especially in the school context.

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

1 INTRODUCTION

The Brazilian psychiatric reform had its project presented in 1989, by Deputy Paulo Delgado. However, only after 12 years, President Fernando Henrique Cardoso sanctioned Law No. 10216/2001, known as the Psychiatric Reform Law, the Anti-Asylum Law and the Paulo Delgado Law. Thus, the attention dedicated to the mental health of children and adolescents is one of the main challenges



related to the Brazilian Psychiatric Reform, since the emergence of the Child and Adolescent Statute, it is the responsibility of the State to assist and establish public policies related to this population of children and adolescents (SENADO FEDERAL, 2021; DELFINI; REIS, 2012)

With regard to Mental Health, the World Health Organization (WHO) defines it as a state of well-being in which the individual can fully develop their skills, recover from everyday stresses, have productivity and contribute to the community in which they are inserted. Currently, it refers to competition situations as the main reason for stress, where data reveal that one person in five develop some mental health problem as a result of work (BRASIL, S.D).

In general, mental disorders present behavioral changes that impair routines, be it school, work, social life and any other area of life. Regarding the signs and symptoms in children and adolescents, the main warnings are changes in sleep routine, abrupt isolation from family and social life, negative comments related to life, self-mutilation in the arms, use of cold clothes even in hot weather to hide the scars and decrease in school performance (BRAZIL, 2022).

Data provided by the Pan American Health Organization (2022), infer that in the year 2019 around one billion people had some mental disorder (MD), worldwide, of which 14% are adolescents. MD is a factor of great disabling potential in society, patients with the disorder evolve to death on average 10 to 20 years earlier. Still, after the first year of the pandemic, depression and anxiety increase by 25%, it is noted that a cause of childhood depression consists of sexual abuse and bullying abuse.

Anxiety is understood as a normal manifestation of an affective state, being a symptom that is present in several mental disorders as an essential clinical feature. This manifestation enables the individual to be alert to dangers and have survival attitudes in the face of threats and unknown situations. Also known as a state of apprehension or anticipation of dangers or unfavorable events, associated with feelings of worry, discomfort and tension causing suffering or significant impairment of functions (FROTA, 2022).

That said, anxiety presents subjective symptoms related to the psychological, such as fear, emotional concerns, depersonalization, and objective or somatic symptoms, which present nausea, abdominal pain, vertigo, dry mouth and palpitations (FROTA et al., 2022).

The Unified Health System (SUS) offers care to people in psychological distress, through the services of the Psychosocial Care Network (RAPS). Primary Health Care (PHC) is the gateway to specialized care, providing care and playing a fundamental role in addressing Mental Disorders and making the appropriate referrals. Therefore, care is composed of different levels of complexity, and the strategic points of attention of RAPS are the CAPS - Psychosocial Care Center, which consists of open and community health services, consisting of a multiprofessional team that acts in an interdisciplinary way (BRASIL, 2022).



A cross-sectional study conducted with individuals between 18 and 35 years of age showed a prevalence of anxiety disorders of 27.4% in 1,953 people. Of the total cases of anxiety there is a prevalence of agoraphobia and generalized anxiety disorder, as for sex there were higher occurrences in women (COSTA, 2019). The prevalence of anxiety regarding the distribution in the Brazilian regions, where they infer a predominance of anxiety disorders in the Southeast and South regions, with a high rate (19.9%) in the metropolitan region of São Paulo (MANGOLINI, 2019)

Anxiety disorders are increasingly present in society, regardless of age, but it reveals evolution among children and adolescents. Therefore, there are concerns about the triggering of other diseases in the face of anxiety, often without an adequate treatment, and alternative treatment with medicinal plants can be cited as an allied alternative (LOPES; DOS SANTOS, 2018).

Faced with this, the school phase is one of the phases that requires more attention, since it is the phase in which the manifestation of childhood anxiety occurs the most. Given this, it is undoubtedly that there are health promotion actions aimed at children and adolescents in order to establish an early diagnosis and timely and appropriate treatment, promoting quality of life to these individuals without major harm to their mental health.

The study aimed to discuss public policies in the prevention of childhood anxiety and impacts on the teaching-learning process.

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

3.1.1 ANXIETY DISORDER IMPACTS ON CHILDREN'S LEARNING

Currently, there is an increase in mental disorders in the world population. Therefore, the need arose to understand a new paradigm about the health object, which is characterized by considering the individual in its complexity by inserting social, psychological and physical aspects as a dimension of health (FARIA, 2020).

In this direction, mental health should be understood as the ability to achieve and maintain a good psychosocial functioning and a state of well-being in which the individual perceives his own abilities, and can cope with the normal tensions of life, work (WHO, 2014).



Too the population groups with mental disorders, deserve to be highlighted for children. Studies indicate that, on average, 8% of this school-age population has relevant symptoms or suffers from some Anxiety Disorder (ED) (FERNANDES, 2014). 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).

The association of mental disorders in childhood are associated with greater losses in educational activities, lack of social cohesion and reduced ability to face future adversities (KESSELER, 1995). Also in Brazil, more than 80% of children aged 6 to 12 years with mental disorders do not receive adequate treatment, evidencing gaps in mental health care (FATORI, 2019).

In the case of this population, ED is shown to have a high incidence, causing damage that affects school performance, the relationship with family, friends and often prevents the social contact of these children (ASBAHR, 2004). Anxiety has as main characteristics self-protection and concern in relation to events that may bring danger to the child or to his acquaintances, and the intensity of manifestation and interference in the day to day is what makes it become pathological or not (ASBAHR, 2004; STALLARD, 2010).

The AT 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).

Among the main symptoms are, stomach pain, excessive sweating and palpitation without clinical cause, too much worry and irritability, avoidance of events or circumstances, fear of public speaking or manifesting, among others (FRIEDBERG AND MCCLURE, 2004).

Some anxiety disorders with a higher incidence in children are pointed out, among them: Separation Anxiety Disorder, characterized by the excessive and abnormal fear that the child feels in separating from his attachment figures or from his home, so that this impairs his development; Social Phobia, which is the excessive fear of strangers or situations of social contact with many people in which there is the possibility of feeling evaluated; Panic, characterized by sudden attacks of fear or intense discomfort in which there is presence of very strong anxiety and fear of dying, being constant the fear that new episodes may occur; Agoraphobia, characterized by fear or avoidance of very small situations and environments, with many people or without nearby exits, in which the subject may feel humiliated or embarrassed; fear and anxiety are usually disproportionate to the danger presented; Generalized Anxiety Disorder, which manifests itself through the feeling of insecurity, anxiety and persistent worry that the child presents daily (ASBAHR, 2004; APA, 2014; STALLARD, 2002).

The factors related to the causes of anxiety in childhood may be associated with the complex interaction of biological, cognitive, behavioral and social influences. Notably, the weight of these



causal factors may vary between individuals. Therefore, the child's vulnerable temperament, the behavior of the parents (personality and stress factors) and environmental factors, such as low socioeconomic level, child abuse, criminality, alcohol and drug use by family members, among others (LIZUCA & BARRET, 2011).

It is worth mentioning the losses of anxiety in childhood in the school context, presenting impairments in the performance of various cognitive functions, such as memory, attention and executive functions. Factor that will directly impact the learning process, which depends on the relationship between synapses with other brain and neural instances (DAMASIO, 2010).

Neuropsychology, which is a science that studies behavior, emotions and thoughts and how they are linked to the brain, plays an important role, measuring children's cognitive abilities, by encompassing a set of procedures, such as observation, interview, task administration and the use of standardized performance assessment tools (MALLOY-DINIZ et al., 2018).

Therefore, children with anxiety disorder have limitations regarding activities that require specific focuses, and/or maintain sustained attention for a period of time, as well as concentrate, related to the disabling of focusing, causing significant losses in their teaching-learning process (SANTOS, 2022).

Given this context, the importance of public health policies as a fundamental pillar of social protection systems is highlighted. To observe in recent decades the reformulation of public policies, which could perceive, understand and select the pluralities of the social refractions of a collectivity, in order to offer answers to the existing demands (MADEIRA, 2020).

Therefore, the struggle to infer the broad attribution of States and types of interventions in society, whether in the economy, or in the provision of public services, is based. Thus, to allow the effectiveness of the principle of universality, focusing on subjects in a situation of vulnerability, such as people with mental disorders (CARMO, 2018).

In this context, the State assumes a role over actions related to the multiple dimensions of social life. Therefore, it is understood that the understanding of social refractions directed at the State makes it a legitimate agent to resolve disputes and understand collective demands, in order to reduce inequities between population groups (PESSOTO, 2015).

In the national scenario, public health policies in Brazil were the result of intense debate between different professional, academic, popular and political categories, the Brazilian constituent process, in the 1980s, driven by the national redemocratization movement, allowed them to enter the Federal Constitution of 1988, resulting in what is today the Unified Health System (SUS) (MENDES, 2022).

The SUS represents the consolidation of the intersectoriality of public policies, and it is up to the State to guarantee the universal right to health reaffirmed by Organic Health Laws No. 8,080/90



and No. 8,142. With the objective, of governmental actions distributed in different sectors, to ensure social rights, creating conditions to promote their autonomy, integration and effective participation in society, reaffirmed the right to health in the various levels of SUS care (TORRES, 2020).

In Brazil, mental health began to constitute as a health policy in Brazil in 2001 from the enactment of Law 10.216, fruit of the Psychiatric Reform movement, seeking to consolidate an open field of psychosocial care, territorially based (BRASIL, 2001).

The Psychosocial Care Network (Raps), established in 2011, organizes the joint work of the various mental health care services into seven components; among them, Primary Health Care and Specialized Psychosocial Care stand out (BRASIL, 2011).

The Psychosocial Care Centers (Caps), considered strategic points of attention of Raps, make up the specialized care and are organized in modalities, among them the Caps i destined to the care of children and adolescents with psychic suffering (BRASIL, 2017).

The mental health of children and adolescents is on the agenda in debates in various fields of health. In addition, it is the target of Brazilian public policies, according to Ordinance No. 3,088 of 12/23/2011 of the Ministry of Health, which understands that this public needs specialized care, which takes into account the profile and needs of this age group. However, child mental health has gone through a long course of neglect and marginalization and, therefore, the construction of strategies aimed at this public is a recent challenge (RIBEIRO, 2006; CUNHA & BOARINI, 2011).

In this context, it reinforces the development of health practices aimed at prevention and health promotion, as a way of coping with the possible determinants that cause disease and disorders (BUSS, 2018). Therefore, the Primary Health Care (PHC), printed a new strategy of health practices, aimed at reorganization of services, and development of comprehensive care (BATISTA, 2017).

This new model of care assistance, through preventive and promotional strategies and actions, has imprinted a new dynamic regarding mental health in primary care, reaffirming the effectiveness of the principles of the SUS in the daily care routine, with emphasis on the Expanded Clinic. Is defined as a theoretical and practical tool whose purpose is to contribute to a clinical approach to illness and suffering, which considers the uniqueness of the subject and the complexity of the health/disease process (BRASIL, 2010).

In the field of mental health care for children in primary health care, I inferred the emphasis on the School Health Program (PSE), which aims, from the teaching units, not only to articulate basic health and education, but also to contribute to the construction of a social care system, focusing on the promotion of citizenship and human rights (BRASIL, 2010).

The PSE is based on the following axes of actions, grouped into five components: clinical and psychosocial evaluation of students; ER actions and prevention of diseases and injuries; continuing



education and training of education and health professionals and young people for the PSE; monitoring and evaluation of students' health; and monitoring and evaluation of the PSE (TELES, 2014).

In this scenario, the implementation of educational actions in the school propose the development of an intrinsic relationship between discussions on the theme of health in classroom health in a perspective of construction of citizenship, which denotes the understanding of health not only as a set of habits to be developed, but rather from the idea of the right to be continuously exercised and resignified (MONTEIRO, 2015).

However, there are gaps in teacher education and training regarding the effectiveness in the development of preventive practices and promoters of harm to children. Study reinforces the importance of teacher education and training to work in the PSE, being able to enhance the development of knowledge that can privilege the educational dimension of health care (MACHADO, 2015).

It signals the importance of the intersectoral approach between the school community and health professionals, as a way of recognizing the potentialities of the school and the territory of which it is inserted and in which the health-disease processes are carried out, becoming a challenge as the dialogue with different organizational cultures (BUENO, 2022).

The school context should be understood as a scenario for the implementation of health education practices that are capable of empowering children and adolescents regarding care actions related to their health condition and their peers, as well as strengthening the articulation between schools and teams of the Family Health Strategy (FHS) (MACHADO, 2015).

Thus, the implementation of educational practices consistent with the assumptions of health promotion aims to avoid the process of illness through actions aimed at reducing the incidence and prevalence of diseases in a population. Breaking with educational practices in a verticalized perspective that dictate behaviors to be adopted for health maintenance (SILVA, 2018).

Given the complexity of the new paradigm of the concept of health and reformulation of public health policies, which are consistent with the promotion of the health of individuals, that the Sustainable Development Goals (SDGs), were created as coping tools to ensure full human development (SILVEIRA, 2020).

Implemented in 2015, the 2030 Agenda for Sustainable Development is distributed among 17 Sustainable Development Goals, composed of 169 targets that must be met by the year 2030. Crossed by wide and diversified fields of action that transit through the eradication of poverty and hunger; health and well-being; education; gender equality; access to safe water and sanitation; clean energy; decent work; sustainable economic growth; reduction of social inequalities; sustainability of life; innovations in infrastructure; responsible consumption; healthy cities; climate responsibility; reduction of inequalities; effective institutions; and social peace (MOREIRA, 2019).



Health, Goal 3 reveals to ensure a healthy life and well-being in all phases of the life cycle. Therefore, it brings the recognition of the complex understanding of the main paradigms on the conception of the concept of health, which is understood as a social production between subjects about their interests and health needs (DJONÚ, 2018).

Mental health is represented in the goal that aims to reduce premature mortality from non-communicable diseases by a third via prevention and treatment, and to promote mental health and well-being (ORGANIZATION OF THE UNITED NATIONS, 2019). However, there are gaps in mental health care from a global health perspective. Thus, it is necessary to think of mental health as a multidimensional construct, which must be analyzed in a dialectical perspective, from individual and contextual aspects (LUND et al., 2018; Mills, 2018).

The construction of the mental health construct should be seen as a matter for everyone: from individuals to International Organizations, considering the need for a unified and multidimensional language for the application of theory in public policies, an integrative sense in the sharing of resources destined to actions, as well as full participation of all sectors of international society for greater effectiveness (SILVEIRA, 2020).

4 FINAL CONSIDERATIONS

In view of the above, it is considered necessary to train educators in understanding the development of actions to care for the mental health of children, in order to meet the needs and problems presented and neglected. Therefore, we highlight the school environment as a space that promotes educational practices in health, which yearns to strengthen the autonomy and empowerment of the subjects.

In the interim, the development and strengthening of public policies in mental health for children represent advances consistent with the new paradigm of the health construct, breaking with hegemonic practices still present in the current care model.



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