The access of adolescents deprived of liberty in the SUS network

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ABSTRACT

This paper reports the experience in the health care of adolescents and young people deprived of liberty and the implementation of the National Policy for Comprehensive Health Care for Adolescents in Conflict with the Law, in Hospitalization, Provisional Hospitalization and Semi-Freedom (PNAISARI) in the State of Espírito Santo. This Policy aims to help ensure access to health services in the Unified Health System (SUS) network for this public, promoting promotion and prevention actions, in addition to their social reintegration. This is a descriptive and qualitative study, based on an experience report in working with socio-educational measures in a closed environment. Its objective is to describe actions of articulation and management of the health demands of socio-learners of the executing agency of the socio-education policy in a closed environment in the State. The present work also discusses the aspect of human rights in articulation with the right to health, recognizing the importance of intersectoriality in the management of the comprehensive health care policy for adolescents and young people in compliance with socio-educational measures, as well as the co-responsibility of the various actors and services of the care network, in order to guarantee the fundamental right to health. It was observed that there is still a punitive perspective and the stigma of dangerousness directed at the public in question that act as barriers to their access to health, so that using an educational approach in human rights can be a good strategy to minimize these obstacles.

Keywords: Adolescent in Conflict with the Law, Adolescent Health, Human Rights, SUS, PNAISARI.

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INTRODUCTION

With the promulgation of the Universal Declaration of Human Rights, adopted in 1948, the international community, through the United Nations (UN), began to sign a series of international conventions in which they established statutes and control mechanisms to ensure the non-violation and exercise by the citizen of a list of rights considered basic to a dignified life. so-called human rights. In the International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights, universal human rights at the individual, collective and social levels were recognized, including the right to health, with the aim of guaranteeing and implementing them (Brasil, 2005).

In the realization of the constitutional requirements of universal rights, common to all human beings, there was a need for specific measures aimed at segments most vulnerable to violations of their rights to guarantee equality. To meet these specific demands, a special protection system was created that highlights some subjects, such as: blacks, women, children, adolescents, the elderly and the disabled, and is materialized in the various conventions signed by the United Nations, obliging States to implement public policies that consider these differences and the vulnerabilities of the subjects of rights in the various social contexts. with a view to reducing inequalities and promoting a dignified life (Brasil, 2005). From the Federal Constitution of 1988, a new paradigm of understanding with regard to childhood and adolescence was constructed, establishing new legal-administrative and political-legislative relations both in the sense of human rights and in the scope of guaranteeing the social rights of the child and adolescent population, including with regard to their right to health.

In this context, health has become a fundamental right of the human being, and the State must provide the indispensable conditions for its full exercise (Brasil, 1990). It is known that the State's duty to guarantee health consists in the formulation and execution of economic and social policies aimed at reducing the risks of diseases and other health problems, in addition to establishing conditions that ensure universal and equal access to actions and services for their promotion, protection and recovery (Brasil, 1988).

The principles and guidelines of the Unified Health System (SUS) provide for the integration of a regionalized and hierarchical network, organized according to decentralization, comprehensive care and community participation. They include universal access to health services at all levels of care; comprehensiveness, understood as an articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of complexity of the system; and equity, understood as equality in health care, without prejudice or privileges of any kind (Brasil, 1990).

The Statute of the Child and Adolescent (ECA) recognizes the universal and integral rights of children and adolescents, their peculiar condition of development, the absolute priority in care and in the allocation of resources in the formulation and execution of public policies. It also holds adolescents accountable for the infractions they commit and establishes socio-educational measures as a sanction, considering their ability to comply with them, the circumstances and the seriousness of the infraction. It also highlights that there are protective measures that ensure the right to health treatment and bring the need to ensure medical, psychological or psychiatric treatment, whether in a hospital or outpatient setting (Brasil, 1990). The following articles of the Statute are highlighted, which support the need to guarantee these rights:

> Article 3: Children and adolescents enjoy all the fundamental rights inherent to the human person, assuring them, by law or other means, all opportunities and facilities in order to enable them to develop physically, mentally, morally, spiritually and socially, in conditions of freedom and dignity (Brasil, 1990; p. 1)
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> Article 7: Children and adolescents have the right to protection of life and health, through the implementation of public social policies that allow birth and healthy and harmonious development, in dignified conditions of existence (Brasil, 1990; p. 2)
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> Article 11: Full access to child and adolescent health care is ensured through the Unified Health System, observing the principle of equity in access to actions and services for health promotion, protection and recovery (Brasil, 1990; p. 4)

The Statute expressly provides that the peculiar condition of the adolescent as a developing person does not deprive the right to the inviolability of physical, psychic and moral integrity, encompassing identity, autonomy, values and ideas, as well as the right of opinion and expression, to seek refuge, help and guidance (Brasil, 1990). In this way, the doctrine of full protection of children and adolescents was instituted, who were previously considered only objects of guardianship, but are now considered subjects of rights and duties that must be guaranteed and protected with absolute priority by the State, society and the family. As for adolescents in conflict with the law, the National System of Socio-Educational Assistance (SINASE) describes the guarantee of fundamental rights to this public, including listing that the socio-educational measure has this as one of its main objectives, along with the accountability of the infraction.

SINASE regulates the execution of socio-educational measures and establishes that the SUS is responsible for comprehensive health care for adolescents in compliance with socio-educational measures. It also aims at the articulation of the different social sectors through a System of Guarantee of Rights, and having as a guiding principle the institutional incompleteness. The guarantee of comprehensive health for adolescents in conflict with the law must take into account the concept of expanded health, in which health is contemplated in its various aspects.

The National Policy for Comprehensive Health Care for Adolescents in Conflict with the Law, in Hospitalization, Provisional Hospitalization and Semi-Liberty (PNAISARI) was regulated by

the Ministry of Health by Ordinance No. 1,082 of May 23, 2014 and is a legislative framework with regard to the health care of people who are deprived of liberty. Because it recognizes that imprisonment generates several health problems for individuals who find themselves in this situation and that, in addition, they often do not access the health network due to the restriction of the right to come and go. PNAISARI aims to include this population in the Unified Health System, in order to organize and expand access to health care, also privileging intersectoral interventions and articulating the various public policies.

This article is relevant because it reports proposals, instruments, elaboration of strategies and referrals for the feasibility and even qualification of access to health care for adolescents/young people deprived of liberty, with the aim of improving the reality and specificity of this care, which can contribute to the performance of other professionals also in other states.

In view of the above, the objective of this article is to describe, based on an experience report, the actions of articulation, implementation of PNAISARI and management of the health demands of socio-learners of the executing agency of the socio-education policy in a closed environment in the State of Espírito Santo.

METHODOLOGY

This is a descriptive, qualitative, experience report study. A report was made based on the professional experience in the area of psychology in the Health Center of a Socio-Educational Institution of a Closed Environment, and this transversal sector acts in the management and articulation of the health demands of adolescents and young people in conflict with the law in the State of Espírito Santo (ES). The time frame analyzed comprises the period from December 2022 to October 2023.

From the methodological point of view, the present study makes use, therefore, of the tools that qualitative research makes available for understanding and interpreting the phenomenon addressed, involving the collection of a variety of empirical materials, namely: case studies, personal experience, introspection, observational texts/field records and interactive histories that enable the researcher to interpret significant and problematic elements during his material practice (Dezin; Lincoln, 2006).

DESCRIPTION OF THE EXPERIENCE

The Health Center, the research setting, is a sector with the competence to assist in the planning and coordination of comprehensive health care activities for adolescents/young people in compliance with Socio-Educational Measures of Internment or Semi-Freedom, as well as in the Provisional Care and Initial Care Units. It is also responsible for assisting in the articulation with the

Federal Government, the State Health Department, Municipal Health Departments and Non-Governmental Organizations, regarding the access to health of adolescents/young people in compliance with Socio-Educational Measures to basic, specialized and urgent and emergency services of the Unified Health Network and the Complementary Network.

It is a strategic sector responsible for articulating care for adolescents/young people who comply with socio-educational measures with the health policy, in addition to meeting the demands of the justice system regarding the request for information on the health condition of socio-learners or even general aspects of health care. In extension to the sector, there is a "health space" intended to welcome and receive socio-learners, due to temporarily reduced mobility, who start to provisionally comply with socio-educational measures in this space, however, it is not configured as a place of "clinical observation", nor a "nursing bed". In fact, it works as a Regulation and Logistics Center that forwards demands to the SUS network to ensure access to health for these adolescents/young people.

The Socio-Educational Institution does not have health professionals on its staff, does not carry out evaluation or medication prescription activities, focusing on the reception of the demands that emerge in the context of deprivation of liberty in order to seek the organization of the necessary logistics for forwarding and resolving these demands with the Health Care Network of the Unified Health System (SUS). In this way, it ensures the conduction and referral of adolescents/young people to health services, according to the nature of the demand presented, also considering the organization of each federative entity, the principles, legislation and systems of regulation of vacancies, as well as the specificities of the services of each point of care available in the network.

In general, the State guides its actions by the guidelines of the Ministry of Health for health promotion and organization of services for comprehensive health care for adolescents/young people, among which we can mention: to know the realities of adolescents in compliance with socio-educational measures of the institution; guide them on healthy lifestyle habits and choices; stimulate the potential of this population; valuing the life projects of adolescents and the sociocultural and economic context in which they are inserted; encourage the active participation of adolescents in the construction of healthy environments; sensitize the professionals who work in the socio-educational system to work in the realization of the right to physical and mental health of these adolescents; establish intersectoral partnerships and interventions; integrate various actors in a process of co-responsibility for this care (Brasil, 2021).

Also according to the Ministry of Health (2021), and in reference to the qualification and reorientation of health services to favor the capacity to respond to comprehensive health care for adolescents/young people in conflict with the law, the following guidelines stand out: offering reception in humanized spaces for the formation of bonds between adolescents and their families; participate in meetings and discussions of clinical cases in order to provide subsidies for a

comprehensive assessment of the adolescent's situation; be sensitive and available to meet the demands of this population; take into account the vulnerability of adolescents and young people; provide expanded family care; prioritize group activities, also ensuring, whenever necessary, individual care (Brasil, 2021).

The State promotes various actions, based on the aforementioned guidelines, through technical teams (psychologists, social workers, pedagogues, legal assistants) and socio-educational agents (professionals responsible for socio-educational security). These employees work directly in the care and execution of the socio-educational measure in the units, together with the transversal sectors of the institute, professionals from the municipalities and partner institutions. Comprehensive adolescent health care is provided through the Health Care Network and, with regard to mental health, it is organized through the Psychosocial Care Networks (RAPS). It is understood that health care takes place at any stage of the socio-educational measure and should consider the subjectivities of each adolescent/young person. Thus, prevention and health promotion actions are developed, focused on educational and interdisciplinary actions through lectures, workshops and conversation circles, in addition to immunization and testing. On the other hand, assistance in the face of any health problem is provided through the reception of demands, joint efforts and various services with regard to physical and mental health.

Issues related to adolescent/youth health are addressed by the socio-educational team through articulations, meetings, case studies and organization of flows with different policies and referrals to community services, according to the principles of institutional incompleteness. Thus, health monitoring aims to provide care in a territorialized, comprehensive, outpatient and humanized way. The premise of the work developed is the articulation of the network, distinguishing what is proper to the socio-educational work and what is the responsibility of the other policy. Health care is provided both internally and externally to the socio-educational units, but prioritizing external care in order to favor the social reintegration of the adolescent/young person into the community.

The work seeks to address the demands of urgency, emergency and elective consultations, as well as to enable health care within the unit through actions and care from partners and representatives of the municipal health network where the socio-educational units are located. It is understood that adolescents/young people should know the health network of the territory of the socio-educational unit and their territory of origin so that they can be a reference in their health care. It is worth mentioning that the adolescent cared for in the socio-educational unit becomes a citizen and becomes the responsibility of the municipality in question, and articulation must be made with the network of their place of origin during the fulfillment of the measure for the continuity of monitoring after release, if applicable (Brasil, 2021).

To meet elective demands, scheduling is carried out for the reference Basic Health Units and, in the case of demand for medical specialties, they must be identified by evaluation of a general practitioner from the municipal Primary Health Care network, who, identifying the need, issues a referral to the specialist. On the other hand, to meet urgent demands, access is made directly through hospital emergency rooms. The socio-educational institution also has professionals from the network who work in the socio-educational units in partnership with the municipalities or other institutions (general practitioner, psychiatrist, nurse, nursing technician, dentist, oral health assistant and health agent) with the purpose of complementing health care, and not replacing or overlapping with care in the municipality's network.

As recommended by the PNAISARI Ordinance, the SUS is the system responsible for the health care of adolescents/young people, whether in the promotion, prevention, care and recovery of health through intersectoral actions, with primary care as the main organizer of the health network, with the role of articulating the levels of care (Perminio, 2018). It is noteworthy that the private sector and health plans are sometimes accessed on a complementary and/or supplementary basis. In Espírito Santo, most municipalities that have a socio-educational unit in their territory guarantee primary health care with the definition of a reference team and the State guarantees medium and high complexity care, however, in some cases and on an exceptional basis, the municipal health management has assumed medium complexity or outpatient care actions aimed at adolescents in situations of deprivation of liberty.

Thus, the socio-educational system of Espírito Santo uses in its practice the SUS – Unified Health System, as provided for in the ECA – Statute of the Child and Adolescent and SINASE – National System of Socio-Educational Care, seeking a continuous articulation with the health network as a whole, including the mental health network, in addition to considering the specific needs of adolescents and young people who are safeguarded to ensure the promotion, health protection and recovery. In this way, it favors the access of this public to the right to health, in order to ensure its full development.

THE PROCESS OF IMPLEMENTATION OF PNAISARI IN THE STATE OF ESPÍRITO SANTO

According to the principles set forth in PNAISARI (Brasil, 2014), the organization of comprehensive health actions for adolescents in socio-educational care in Espírito Santo aims to guarantee humanized, quality care with universal access to the health care network, considering:

- The health needs of the public served;
- The peculiar condition of a developing person;
- Respect for human rights and physical and mental integrity;

- Confronting stigma and prejudice.

The State is based on the purpose of the policy to organize and expand health actions and services for adolescents in conflict with the law; promote access to health care for this population, without any kind of constraints on access to treatment; stimulate intersectoral actions for the joint accountability of health teams and socio-educational teams, aiming at the articulation of the various public policies. In the organization of comprehensive health care for adolescents in conflict with the law, the axes provided for by PNAISARI are contemplated, namely: the monitoring of the physical and psychosocial development of this public; sexual and reproductive health; oral health; mental health; prevention of alcohol and other drug use; disease prevention and control; health education (Brazil, 2014).

The process of implementation of PNAISARI in Espírito Santo has been taking place continuously and through 07 (seven) stages, namely:

1. Raising awareness among municipalities;
2. Structuring and Improvement of Health Care Flows;
3. Formation of an Intersectoral Working Group;
4. Formation of Municipal Working Groups;
5. Preparation and Approval of Guiding Documents;
6. Qualification of Municipalities;
7. Monitoring and Evaluation.

The process began with the sensitization of the municipalities, with regard to the importance of the policy, as a prerogative to be implemented in all states and involving resources from the federal government. Previously, the Municipalities already worked with the socio-educational units of ES, but without the proper formalization and systematic organization of the actions that were developed. It was then clarified the need to structure and improve the service flows that already existed between the Municipal Health Secretariats that have socio-educational units in their territory and the State Health Department for the definition of the reference network in care, having the specific equipment for referral, according to the articulation of the Health Center of the State Socio-Educational Institution. Thus, several actions were agreed upon, through meetings and alignments between the State and the Municipalities, in accordance with what PNAISARI establishes.

Following the implementation, an Intersectoral Working Group (GTI) of the National Policy for Comprehensive Health Care for Adolescents in Conflict with the Law was also established within the scope of the Unified Health System in Espírito Santo, in articulation with the State Health Department, Municipal Health Departments, the Socio-Educational System Management Secretariat and other actors who work to guarantee the rights of adolescents in socio-educational care in the State. Simultaneously with the GTI, it was advised that the municipalities also form their Municipal

Working Groups to facilitate internal dialogue and the construction of possibilities of action with the socio-educational institution that would culminate in the construction of the Municipal Operational Plans, in order to include a Diagnosis of the Health Situation containing:

- General information on the population in socio-educational care;
- Main health problems of adolescents/young people;
- Main health difficulties and demands;
- Actions, guidelines and flows for comprehensive health care with information on the available health network and its levels of care;
- The commitments and competencies of the municipal, state and socio-educational spheres in the provision of health care for socio-learners.

Another important document developed with the municipalities and planned for the implementation of the policy is the so-called Annual Action Plan. This document contains the commitments signed between health and socio-educational managers, indicating the health actions, the goals and those responsible for their execution, and should be updated and improved annually.

After the construction of these documents, the municipalities presented them to the municipal management for approval and later to the state level, including in the GTI space, for evaluation and joint discussion. The Plans also had to be approved by the Municipal Council for the Rights of Children and Adolescents, by the Health Councils and also by the federal body represented by the Ministry of Health.

At the moment, Espírito Santo is registering the reference teams for subsequent receipt of financial resources, which is essential for the Plans to be approved as a guiding document for actions and as a subsidy for Monitoring and Evaluation.

It should be noted that the Operational Plan is valid for 4 (four) years, and must be reevaluated and readjusted at the end of this period and be resubmitted to the municipal, state and federal levels, as established in the PNAISARI instructive document. The planning and execution of the actions in all the areas already mentioned will enable the qualification of the reference municipalities and the transfer of a financial incentive to the federative entity responsible for the management of the actions of comprehensive health care for adolescents in socio-educational care, according to the number of units and adolescents served in the territory.

The stages of Monitoring and Evaluation in ES will take place later through the monitoring of the GTI and the Ministry of Health, through the semiannual completion of forms by the Municipal and State Management, containing the health indicators provided for by PNAISARI (sexual and reproductive health, mental health, violence, health care, health promotion) and the quantitative and qualitative data of the execution of the agreed actions.

The Monitoring and Evaluation are extremely relevant and aim to identify gaps and advances in the PNAISARI implementation process; contribute to the improvement of the work of the teams involved in health actions, both in the Health Department and in the Management Secretariat of the Socio-Educational System, in addition to subsidizing the teams involved in the care of this population, managers, politicians, health partners and the Rights Guarantee System. It is understood, therefore, that Monitoring and Evaluation are tools for the improvement of the National Policy for Comprehensive Health Care for Adolescents in Socio-Educational Care and, consequently, of the Unified Health System.

It is perceived that the participation of the State in the implementation of the Policy of Comprehensive Health Care for Adolescents in Conflict with the Law is indispensable, participating in the Monitoring of Action and Operational Plans, as well as supporting municipalities with socio-educational units in the implementation of the actions established in the Plans and the receipt of financial incentives by the Ministry of Health. Therefore, it is up to the State to monitor the State Plan for Socio-Educational Care, as well as to carry out the articulation of state, municipal and socio-educational health managers, together with other partners of the Rights Guarantee System.

It should be noted that the articulation between health managers is of fundamental importance for the effective implementation of the PNAISARI, intertwining the entire system of guaranteeing rights in order to serve adolescents/young people in conflict with the law. PNAISARI strengthens the realization of the right to health of this population, however, its implementation needs to be fostered and qualified so that access to health care is in fact a reality in all states and municipalities.

ANALYSIS OF THE EXPERIENCE: RESULTS AND DISCUSSION

Human Rights aim at the integral protection of the human being. The recognition by the United Nations of children and adolescents as social subjects, bearers of their own rights and guarantees was the great paradigm shift that established differentiated obligations for the State, for families and for society in general (Brasil, 2005). The Universal Declaration of Human Rights states that all human beings are born free and equal in dignity and rights. Everyone has the right to life, liberty and security of person, and no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Thus, from this Declaration there was the universalization of human rights, which became not only ethical or moral precepts, but also legal ones.

Since the Federal Constitution of 1988, human rights have been assumed as a State policy in Brazil, with the formulation that everyone is equal before the law, without distinction of any kind. However, human rights issues sometimes arouse derogatory reactions from public opinion, especially when it comes to segments of society that sometimes evoke fear and prejudice, as is the case of adolescents/young people who commit infractions, especially in cases that generate social

commotion. It is appropriate to address the relevance of promoting the human rights of adolescents/young people in situations of deprivation of liberty, because in fact human rights are inherent to the human condition and should not be selective to specific groups, nor conditioning standards of conduct.

It is important to consider that adolescents/young people who comply with socio-educational measures have generally had many rights violated throughout their trajectory, in addition to experiencing processes of exclusion, difficulties in accessing and remaining in the health network, demands that are insufficiently met or met with greater precariousness compared to other adolescents/young people, in addition to also experiencing situations of vulnerability and various forms of violence (Fernandes, 2015). The work in the context of socio-educational policy often consists of minimizing these weaknesses, the effects of deprivation of liberty and rescuing family and community bonds that have been broken, or that often did not even exist (Rocha, 2017). It should be noted that the right of these adolescents/young people to come and go in compliance with the measure has been suspended, but their right to health should not be suspended, nor should any other. It is the duty of the State to guarantee these rights, combined with the duty to offer health care services to each and every citizen, regardless of their legal situation (Fernandes, 2015).

With regard to the various actions of the socio-educational policy in the State of Espírito Santo, these are carried out in a systematic way, through the articulation with the devices of the RAPS (Psychosocial Care Network) for the alignment of care, valuing the principles of human rights, citizen security and the national mental health policy. It is noteworthy, therefore, that a Mental Health Flow is being implemented, with the insertion of a reference mental health professional in the municipal network for assistance at the primary care level and concerns clinical psychological care with the use of complementary integrative health practices. Thus, we seek to offer other therapeutic alternatives that are not only medicalization and psychiatrization. It should be emphasized that it is essential to organize health actions in general, but also mental health actions, since the deprivation of liberty, by itself, imposes mental suffering on the adolescent/young person.

In Espírito Santo, work has been done on the Training of Civil Servants with a focus on human rights education and on themes related to health in the socio-educational context, subsidizing the socio-educational units through technical guidance regarding prevention actions and health care for socio-learners. Articulation with socio-educational security has also been carried out to guarantee access to health as an inalienable basic right, in addition to articulation with an educational institution to formalize partnerships and contribute to the implementation of the SAS (Socio-Educational Care System) for the registration and systematization of health data at the Institute.

Adolescents deprived of liberty, the target audience of this article, also consist of the clientele of the network's health services, as well as any other person, child, adolescent or adult, without

distinctions of any kind (Fernandes, 2015). Considering the challenge of intersectoriality between public policies and the guarantee of the right to health of adolescents/young people deprived of liberty, this paper addressed the advances achieved, difficulties faced and evaluation of actions for the implementation of PNAISARI in ES. The objectives in the implementation of this Policy in the State are to enable the guarantee of human rights and, more specifically, the right to health of adolescents/young people in conflict with the law, in order to advance in the articulation of health policy with socio-educational policy, in human rights education, in the organization of health services and in the performance of intersectoral activities.

It can be said that the Health Center, so far, has had successful practices with regard to the implementation of PNAISARI in the State, through the Intersectoral Working Group with the Rights Guarantee System, which worked in the construction of Operational Plans and Action Plans with the Municipalities and the State Health Department of Espírito Santo. Currently, all municipalities that have socio-educational units for internment, provisional internment and semi-freedom in their territories have adhered to PNAISARI and presented the Operational Plans and Action Plans in health, which have already been forwarded for approval by the Ministry of Health and, thus, the municipalities are in the process of qualification.

The financial incentive to be passed on to States and Municipalities on the occasion of the implementation of PNAISARI means recognizing at the federal, state and municipal levels the strategic importance of carrying out actions in this field. The objective is for its implementation to promote significant changes in the reality of care for adolescents/young people who live in deprivation of liberty, collaborating in the fulfillment of commitments made by the SUS and by the systems of guarantees of rights to improve their quality of life (Brasil, 2002).

The effective implementation of the guidelines provided for in PNAISARI represents a paradigm shift in the health care of adolescents/young people deprived of liberty, by adopting a model of comprehensive health care that transcends medical care and the treatment of diseases, also prioritizing the health needs and demands of this population, promoting the involvement of adolescents with their families and with their community of origin (Brasil, 2002).

It is emphasized that promoting and producing health in the context of socio-education is extremely relevant, but it is also shown to be something challenging on a daily basis, since it is an environment of great production of suffering due to the implications of deprivation of liberty. Psychology can contribute a lot ethically in this sense, through accurate listening and acceptance of suffering of various kinds, identifying protective factors and being able to provide reflection, elaboration and resignification of life.

CONCLUSION

The Universal Declaration of Human Rights leads us to reflect that in fact men are not born free or equal, hence the idea of promoting equality, respect for the simple fact of being human and the right to have rights.

The present study sought to contribute to the discussion on human rights for all and, more specifically, on the right to health of adolescents/young people deprived of liberty based on the experience in the process of implementing PNAISARI in Espírito Santo. Despite the advances in the legal-administrative and political-legislative fields achieved, ensuring full access to health for adolescents/young people in socio-educational care is a process under constant construction, because, in fact, it is the search to guarantee rights to those who have violated rights.

It is observed that a still punitive perspective and the stigma of dangerousness directed at these adolescents/young people manifest themselves as barriers in their access to health care, often being perceived as a benefit or perk and not as a right. Therefore, there is a need to promote full access to the lines of care aimed at the health of adolescents in conflict with the law, in addition to working primarily on the aspects of prevention and health education, through the sensitization of municipalities, the socio-educational community and the population.

It is also possible to perceive the importance of dialogue with the Justice System to align the interinstitutional flow and redirect health demands, considering the principle of institutional incompleteness. Another issue is to deal with aspects related to security that emerge in the context of health care in socio-education. Comprehensive adolescent health care, seen in a broader way and articulated with other sectors, requires a large financial and political investment to enable the implementation of the priority included in the legislation.

Strategies such as human rights education; the promotion of discussion in spaces of agreement such as in working groups, commissions and forums; periodic monitoring and evaluation of service flows; Case studies and the articulation between health and socio-education professionals can contribute significantly to the improvement and comprehensiveness of care. Thus, intersectoriality and institutional incompleteness are fundamental principles for the construction of comprehensive care for adolescents/young people in the field of health. It is important to ensure that all the actors necessary for the process are sensitized and aware of the importance of their commitment to the effective implementation of this Policy.

Humanizing health care and management in the SUS is also a strategy that can effectively contribute to the qualification of comprehensive health care for adolescents/young people in conflict with the law and to make visible this public that is often so invisible to society.

REFERENCES

1. Brasil. (2010). Diretrizes Nacionais para a Atenção Integral à Saúde de Adolescentes e Jovens na Promoção, Proteção e Recuperação da Saúde. Brasília, Distrito Federal: Ministério da Saúde. [Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_atencao_saude_adolescentes_jovens_promocao_saude.pdf]. Acesso em: 14 de outubro de 2023.

2. Brasil. (1990). Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente. [Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l8069.htm]. Acesso em: 01 de outubro de 2023.

3. Brasil. (2005). Marco legal: saúde, um direito de adolescentes. Brasília, DF: Ministério da Saúde. [Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/07_0400_M.pdf]. Acesso em: 14 de outubro de 2023 (Série A, Normas e Manuais Técnicos).

4. Brasil, Ministério da Saúde. (2006). Área Técnica de Saúde do Adolescente e Jovem. Política Nacional de Atenção Integral à Saúde do Adolescente e Jovem. [Disponível em: http//www.saude.gov.br]. Acesso em 14 de outubro de 2023.

5. Brasil, Ministério da Saúde. (2013). Secretaria de Atenção à Saúde. Política Nacional de Humanização - PNH. Brasília: Ed. Ministério da Saúde. [Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/humanizasus_2004.pdf]. Acesso em: 19 de outubro de 2023.

6. Brasil, Ministério da Saúde. Secretaria de Atenção Primária à Saúde, Departamento de Saúde da Família. (2022). Orientações básicas para a atenção integral em saúde mental de adolescentes em conflito com a lei. Brasília: Ministério da Saúde.

7. Brasil. (2002). Política Nacional de Atenção Integral à Saúde de Adolescentes em Conflito com a Lei: normas e reflexões. Brasília, DF: Ministério da Saúde. [Disponível em: pnaisari_17_01_2012_versao_preliminar.pdf (saude.sp.gov.br)]. Acesso em: 14 de outubro de 2023 (Série B, Textos Básicos de Saúde).

8. Brasil. (2014). Portaria Nº 1.082, de 23 de maio de 2014. Redefine as diretrizes da Política Nacional de Atenção Integral à Saúde de Adolescentes em Conflito com a Lei, em Regime de Internação e Internação Provisória (PNAISARI), incluindo-se o cumprimento de medida socioeducativa em meio aberto e fechado e dá outras providências. Brasília, Distrito Federal: Ministério da Saúde. [Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2014/prt1082_23_05_2014.html]. Acesso em: 01 de outubro de 2023.

9. Brasil. Presidência da República. Casa Civil. (1990). Lei Federal nº 8080/90. [Disponível em: http://www.planalto.gov.br/ccivil_03/leis/L8080.htm]. Acesso em: 01 de outubro de 2023.

10. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Constituição da República Federativa do Brasil de 1988. [Disponível em: http://www.planalto.gov.br/ccivil_03/constituicao/constituicaocompilado.htm]. Acesso em: 01 de outubro de 2023.

11. Brasil. Secretaria de Atenção Primária à Saúde. Ministério da Saúde. (2021). Pnaisari: Política Nacional de Atenção Integral à Saúde de Adolescentes em Conflito com a Lei: Instrutivo para a implantação e implementação da Pnaisari. Brasília: Ministério da Saúde.

12. Brasil. Sistema Nacional De Atendimento Socioeducativo - SINASE. Secretaria Especial dos Direitos Humanos. (2006). Brasília-DF: CONANDA.

13. Brasil. (2012). Lei nº 12.594, de 18 de janeiro de 2012. Institui o Sistema Nacional de Atendimento Socioeducativo. [Disponível em: http://www.planalto.gov.br/ccivil03/ato2011-2014/2012/lei/112594.htm]. Acesso em: 01 de outubro de 2023.

14. Dezin, N. K., & Lincoln, Y. S. (2006). O planejamento da pesquisa qualitativa: teorias e abordagens (2nd ed.). Porto Alegre: Artmed.

15. Fernandes, F. M. B. et al. (2015). A saúde do adolescente privado de liberdade: um olhar sobre políticas, legislações, normatizações e seus efeitos na atuação institucional. SAÚDE DEBATE | RIO DE JANEIRO, V. 39, N. ESPECIAL, P. 120-131, DEZ 2015.

16. Fórum Permanente do Sistema de Atendimento Socioeducativo de Belo Horizonte. (2015). Desafios da socioeducação: responsabilização e integração social de adolescentes autores de atos infracionais. Belo Horizonte: CEAF. [Disponível em: https://www.mpsp.mp.br/portal/page/portal/documentacao_e_divulgacao/doc_biblioteca/bibli_servicos_produtos/BibliotecaDigital/BibDigitalLivros/TodosOsLivros/Desafios_da_Socioeducacao.pdf]. Acesso em 14 de outubro de 2023.

17. Organização das Nações Unidas. (1948). Declaração Universal dos Direitos Humanos. [Disponível em: https://www.unicef.org]. Acesso em: 22 de outubro de 2023.

18. Perminio, H. B. et al. (2018).

Política Nacional de Atenção Integral a Saúde de Adolescentes Privados de Liberdade: uma análise de sua implementação. Ciênc. saúde coletiva, v. 23, n. 9, p. 2859-2868. [Disponível em: http://www.scielo.br/scielo.php?script=sci_abstract&pid=S1413-81232018000902859&lng=en&nrm=iso&tlng=pt]. Acesso em: 01 de outubro de 2023.

19. Raposo, C. (2009). A Política de Atenção Integral à Saúde do Adolescente e Jovem: Uma Perspectiva de Garantia de Direito à Saúde? Revista Em Pauta, Rio de Janeiro, v. 6, n. 23, p. 117-138.

20. Rocha, B. F. (2017). Saúde mental e sistema socioeducativo: Um trabalho tecido por muitos. Belo Horizonte - MG. [Disponível em: https://repositorio.ufmg.br/bitstream/1843/BUBDAYUG6A/1/sa_de_mental_e_sistema_socioeducativo.pdf]. Acesso em: 01 de outubro de 2023.

21. Vilas Boas, C. C., Cunha, C. F., & Carvalho, R. (2010). Por uma política efetiva de atenção integral à saúde do adolescente em conflito com a lei privado de liberdade. Revista Médica – UFMG, Belo Horizonte, v. 20, n. 2.