


Child and adolescent psychological care in a Basic Health Unit in the triple border: Characterization and analysis

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ABSTRACT

Primary Health Care (PHC) plays an essential role in health promotion, being considered the gateway to other services in the Unified Health System. The present study aimed to characterize and analyze the demands related to child and adolescent psychotherapy services at a Mental Health outpatient clinic in a city of the triple border. For this, a documentary, descriptive, cross-sectional and quantitative research was carried out. The study period comprised September 2022 to September 2023. 54 children and adolescents were assisted, predominantly female, aged between 10 and 12 years. Among girls and boys, the demand for anxiety stood out, with 43.3% and 29.2%, respectively. It is noteworthy that, at the time of data collection, 31.5% of the patients were still undergoing psychological follow-up and, among these, one patient was already in the 25th session, and the average session for this group was 14 sessions. Finally, the results of this study reinforce the need to strengthen and expand mental health actions in Primary Health Care, investing in professional training, community awareness, and the implementation of effective public policies that promote access, quality, and comprehensiveness of mental health care for children and adolescents.

Keywords: Unified Health System, Primary Health Care, Mental Health.

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INTRODUCTION

Health promotion and prevention strategies and actions play an important role in people's lives, regardless of the social and economic context. However, for users of public health services, these actions are mediated by Primary Health Care (PHC), the gateway to the services of the Unified Health System (SUS) and, among its actions, should advocate the quality of life of individuals, groups and populations. Additionally, it is worth noting that the Family Health Strategy (FHS), as a proposal for the organization of PHC, has among its objectives the purpose of offering interprofessional care to the enrolled population (LEMOS; LHULLIER, 2020).

Based on the assumption of a comprehensive approach to care, which includes the social determinants of health, it is relevant that PHC incorporates activities that contemplate the mental health of the population in its actions, so that the individual assumes an active role in the management of his or her health (LEMOS; LHULLIER, 2020).

In public health, the presence of Psychology has brought this support as an instrument that transforms, discussing aspects of subjectivity, emotional, historical and social reality. The proposal of the health psychologist is to understand and observe individuals, seeking to solve issues, and to act in the prevention and treatment of mental problems (intervention), so that performance is in the private or public sector (ALMEIDA; MALAGRIS, 2011). Additionally, in this scenario, the integration of the psychologist also represented a tactic to avoid the decline that the profession had been facing. As psychologists lost their credibility in social issues, professionals were forced to look for new opportunities to enter the professional area (CHAGAS et al., 2022).

Thus, it is emphasized that, in the multidisciplinary team in the environment of the Basic Health Units (UBS) and working with the Family Health Strategy (FHS) team, the primary level of care, the psychologist adopts a central place. Their work has a decisive force, helping to improve the care offered to the population, approaching both individual and collective issues. This reinforcement is manifested in more active and extensive intervention strategies, directly benefiting the community served. It is verified that health promotion happens from a psychological origin such as habits, attitudes, motivation, personal and family interactions (CAVALER et al., 2020).

Historically, the psychologist has become the recognized professional who proved to be the most appropriate to assist in the promotion of mental health, playing an important role in management in critical situations, who could intervene with other health professionals in stressful situations in society, assisting with psychotherapeutic techniques oriented to the improvement and prevention of the community (CHAGAS et al., 2022).

In Brazil, there was a set of suggestions and demands aimed at substantial changes in the approach to health problems, highlighting the importance of incorporating psychologists and their knowledge into multiprofessional groups in the health service (JIMENEZ, 2011).



In the area of health, there were large investments, coming from the Federal Council of Psychology (CFP), with the purpose of building a professional identity of health, so that it is no longer considered a specific area of interest to the psychologist, but becomes a space for conversation and dialogue between psychology and society (DIMENSTEIN; MACEDO, 2012).

Thus, in the context of mental health, the psychologist can also work in mental health outpatient clinics, a context of action that nowadays seems to resonate as an inadequate nomenclature. In fact, little is mentioned about the work carried out in these establishments. There is a sense of silence in the air, sometimes accompanied by a negative impression and possibly a general lack of knowledge about them. However, recognizing and highlighting the relevance of outpatient clinics in the discourse and structure of the mental health network, considering them as essential elements for their integration and for the effective reception and care of the public is urgent. After all, the Psychosocial Care Centers (CAPS), the ESF, hospitals and matrix support actions are often discussed, but what about mental health outpatient clinics? (DAMOUS; ERLICH, 2017).

The mental health outpatient clinic, as a legitimate and powerful clinical device in the field of psychosocial care, is at the level of secondary care and can be physically located in a Primary Care Unit. Its objective, through individual or collective psychological care for all age groups, is to offer specialized and continuous assistance through actions and strategies not foreseen by PHC (DAMOUS; ERLICH, 2017).

However, it is worth noting that reflection on outpatient clinics in the context of mental health is fundamental, because, despite their existence and relevance in the country, these services are not yet formally integrated into the Psychosocial Care Network (RAPS), as defined by the ordinance that organizes the field of psychosocial care (CARDOZO; MONTEIRO, 2019).

In view of this, regardless of the level of health care, it is up to the psychologist, when listening, to consider the person in his/her singular form and in his/her biopsychosocial complexity. According to the Federal Council of Psychology (CFP), the psychologist in his work should seek to reduce the conditions of vulnerability of the population and enable people's quality of life, acting in line with the principles of the SUS (FEDERAL COUNCIL OF PSYCHOLOGY, 2019).

Thus, the care of children and adolescents needs strategies and services specifically suited to their needs. However, until the 1980s, Brazil needed clear norms for the field of mental health, with the objective of developing guidelines for the care network for this group of children and adolescents, especially for those with mental problems or psychological suffering. In that period, the social assistance and education sectors ended up exercising this task in a corrective and disciplinary manner, instead of the focus having a clinical and psychosocial aspect (SERAFIM et al., 2019).



It is valid for the psychologist that in his insertion and performance in the SUS he can appropriate the legislation, ordinances, documents and/or technical notes that can support his performance. Namely, in the scenario of child and adolescent work in environments such as mental health outpatient clinics, it should be noted that the principles for a National Policy on Child and Youth Mental Health are: a. Children and adolescents are subjects of rights and holders of authentic places of speech; b. Universal reception: means that the doors of the services must be open to all those who arrive with some health and mental health need, that is, any and all demands directed to the health service of the territory must be welcomed, that is, received, heard and answered; c. Referral involved and co-responsible and, d. Intersectoriality in the action of care (MINISTRY OF HEALTH, 2005).

Evaluating the aspects involved in childhood and adolescence, it is currently identified that the family needs support to deal with various issues in the course of the children's growth; challenges that arise in this period of human development. Consequently, family members and/or legal guardians seek child and adolescent psychotherapy, to help them with the most different factors that influence their daily lives. It is notorious that psychotherapy is an act of listening that focuses on the patient's care and its relationship with its relational and social context. Consequently, the path and outcome of therapeutic interventions are related to the family and social determinants that involve the patient (BRITO et al., 2020).

In view of the above, the present study aimed to characterize and analyze the demands related to child and adolescent psychotherapy services at a Mental Health outpatient clinic in a city of the triple border. It is noteworthy that fostering research and data analysis related to child and adolescent mental health is essential to promote a holistic and integrated approach, ensuring the emotional, psychological and social well-being of this portion of the population, especially in scenarios such as mental health outpatient clinics, in order to consolidate the relevance of these care spaces in the RAPS and, consequently, qualify or develop public health policies that aim to improve the quality of mental health services and promote the integral well-being of children and adolescents.

METHOD

It is a documentary, descriptive, cross-sectional research with a quantitative approach. Documentary research is characterized by the use of materials internal to the institution as a source of data, with institutional documents being the most frequently used. In addition, it should be noted that these materials have not yet received an analytical treatment, or can be re-elaborated, according to the objectives of the research. Additionally, for the development of this modality of study, the author describes a process composed of the following steps: formulation of the problem, preparation of the work plan, identification of sources, location of sources and obtaining material, analysis and



interpretation of data, and writing of the report. Finally, it is worth noting that this type of research has a number of advantages, namely: the documents constitute a rich and stable source of data; the cost of the research becomes relatively low and does not require contact with the research subjects, which given some demands can be difficult or even impossible (GIL, 2017).

The data for the research were collected in a Basic Health Unit (BHU) in the Southern District, in the municipality of Foz de Iguaçu, a city located in the extreme west of the State of Paraná. Triple border region, bordered by two other countries, Argentina and Paraguay. Geographically, the city is divided into five health districts, namely: east, north, west, northeast, and south. The southern district comprises the UBS named: Profilurb I, Profilurb II, Padre Monti, Ouro Verde and Vila Carimã.

The child and adolescent population under study is assigned to the territory of a UBS that is located in an urban area, 7.8 km away from the center of Foz do Iguaçu. It is noteworthy that this scenario was the place where the researcher worked during her time of in-service training through the Graduate Program in Psychology in Public Health, operated by the University of Western Paraná (UNIOESTE) in partnership with the Municipality of Foz do Iguaçu.

Regarding the description of this UBS, it is worth mentioning that linked to it are two Family Health teams (eSF) and one oral health team (eSB). The FHTs are formed by a doctor, a nurse, two nursing assistants, three community agents, and work in different shifts. The eSB is composed of a dentist and an oral health assistant. The researcher's work included individual clinical care linked to the mental health outpatient clinic, and patients were called to care according to their position in the queue for consultation, stratification by color and most urgent complaint (BRITO; SILVA, 2022).

The instrument for data collection was developed by the author based on the literature. It consisted of an Excel spreadsheet with the following items for data collection: gender, age, referral, complaint, region of the patients, family configuration, number of sessions and therapy status.

The data were collected in January and February 2024 in the RP system, a program related to the health area, which aims to manage health information or services in the Foz do Iguaçu region. Additionally, they refer to patients treated in child and adolescent psychotherapy, by the researcher, in the period between September 2022 and September 2023.

A quantitative, descriptive and comparative analysis of the data was carried out, aiming to synthesize the characteristics of the patients treated in child and adolescent psychotherapy. This included frequencies and percentages for variables such as age, gender, and complaints, among others. Thus, differences or patterns between different groups of patients were analyzed.

The research followed the ethical principles established by the National Research Ethics Commission (CNS), in Resolution No. 466 of December 2012, which aim to regulate studies

involving human beings. The research was submitted to the Ethics Committee, via Plataforma Brasil, receiving approval number 6,532,353. Only after obtaining a favorable opinion, the research began.

RESULTS

Between September 2022 and September 2023, 54 children and adolescents were treated at the Mental Health outpatient clinic of the USF under study. In view of this, it was found that the largest number of patients were female (55.6%). There was a predominance of the age group between 10 and 12 years (37.0%), followed by 7 to 9 years (31.5%) and, with regard to the self-declared family configuration, 51.9% stated that they were single-parent, that is, where only one person is directly responsible for raising children and for daily care. (Table 1).

Table 1. Characterization of child and adolescent patients treated from September 2022 to September 2023, Foz do Iguaçu, PR.

Variables	n(54)	%
Gender		
Female	30	55,6
Male	24	44,4
Age group		
4 to 6 years	8	14,8
7 to 9 years	17	31,5
10 to 12 years	20	37,0
13 to 15 years old	5	9,3
16 to 18 years old	4	7,4
Family Setup		
Single-parent	28	51,9
Nuclear	23	42,6
Extended family	3	5,6

Source: PR Health Records.

The referrals to the psychology sector were predominantly carried out by professionals from the Family Health team (FHT), of which the family is a resident of its assigned territory. Thus, regarding the analysis of the demands for the first consultation, it was identified that in 37.0% of the cases, there was a record in the medical record for anxiety, followed by aggressiveness (16.7%). (Table 2). It is noteworthy that, considering the gender variable and relating it to demand, it was identified that there was a predominance of anxiety in girls (43.3%), with reports from the age of nine; followed by demands for aggressiveness and bullying, 5.6% respectively; attention deficit, depression and learning difficulties, 10.0% respectively and; enuresis, encopresis and family issues, 3.3%, respectively. Among boys, 29.2% reported anxiety; 25.0% aggressiveness; autism spectrum disorder 16.6%; attention deficit and family issues, 8.3% and, finally; depression, enuresis, and attention deficit hyperactivity disorder (ADHD), 4.2%, respectively.

It is worth noting that, regarding the situation of care during the data collection period, 31.5% of the patients were still undergoing psychological follow-up and, among these, one patient was already in the 25th session, and the average for this group was 14 sessions. (Table 2). Of the 54 patients attended, 87% underwent psychological counseling and 13% went to reception sessions.

Table 2. Characterization of child and youth care provided from September 2022 to September 2023, Foz do Iguaçu, PR.

Variables	N (54)	%
Referrals		
School	1	1,9
ESF Professionals	51	94,4
The Council of	2	3,7
Demands		
Aggressiveness	9	16,7
Anxiety	20	37,0
<i>Bullying</i>	3	5,6
Attention deficit	4	7,4
Depression	3	5,6
Learning disability	2	3,7
Encoprese	1	1,9
Enuresis	2	3,7
Family issues	3	5,6
ADHD	1	1,9
TEA	4	7,4
Gaming addiction	1	1,9
Violation of rights	1	1,9
Condition of care		
Discharge	19	35,2
Waiver	18	33,3
In follow-up*	17	31,5

Source: PR Health Records.

Note: *Patient under follow-up at the time of data collection.

DISCUSSION

A priori, it is necessary to emphasize that the study focused on the provision of psychological services for children and adolescents in a specific region, the Triple Border. Thus, an epidemiological survey, through a literature review, regarding depression in the triple border: Brazil, Argentina and Paraguay, describes that cases of depression in this context have increased considerably in recent years and the reality of each country is different, especially not regarding pharmacological treatment as a therapeutic alternative. In view of this, this research concludes that it is of paramount relevance to develop initiatives that can contribute to the performance of the well-being of the population regardless of age group (RAFEH; SOUZA, 2023).

It is noteworthy that the study in question, which addresses the characterization of child and adolescent mental health demands in a USF of the Triple Border, is aligned with the conclusions of



the research *Health on the Brazilian Border: Public Policies and Access to Service*, since it highlights that the Brazilian border region faces a significant lack of interdisciplinary research and interventions by health professionals. In addition, there is an urgent need to develop and maintain public policies that promote health with an integrated approach at both the local and regional levels (MONDARDO; STALIANO, 2020).

In relation to the participants, there was a predominance of females (55.6%) and the age group of 10 to 12 years (37%). It is observed that this information is different in the literature, especially with regard to gender. A study published in 2013, which aimed to characterize the population of children and adolescents who sought psychological care in a school service in the Metropolitan Region of Porto Alegre, RS, identified that of the 194 children attended, 64% were male and between 5 and 9 years old (45.9%) (VIVIAN; TIMM; SOUZA, 2013). Additionally, in another study that aimed to characterize the child clientele attended in psychodiagnostic evaluation, in the period from 2007 to 2013, in the city of São Paulo, it was verified through a survey and analysis of books, registration forms and medical records of children attended that of the total number of children enrolled (N=150), 67.4% were male and, most of the children enrolled were concentrated in the age groups of 9 to 10 years (36.7%) (VAGOSTELLO et al., 2017).

Finally, a survey of the characteristics of the people assisted and the services of a psychology clinic-school inserted in the public health network of the city of Belo Horizonte (MG) also showed that from the survey of medical records of 410 people assisted by the psychology service, between February and December 2019, a prevalence of females (60%) was observed in the total population, however, for males in the child and adolescent population, representing 80% (CAMPOS; MARQUES; BACELAR, 2022) It can be seen that this is a recurrent phenomenon in these services, considering that, in the 1980s, a certain study found that in this public the male sex has a predominance in the services (LOPEZ, 1983).

Analyzing the self-reported family configuration of the participants in this study, a predominance of single-parent families was observed. A priori, it is understood that family configuration refers to the set of elements/characters that make up the family nucleus. Therefore, the single-parent family can originate from situations such as family crises, separations, divorces, loss of a spouse or when there is a single parent. This concept diverges from the expression family structure, conceptualized by the same authors as the form of interaction and relationship between family members. Thus, it is emphasized that understanding the complexity and diversity of families in different cultural, social and historical contexts is fundamental for any analysis or intervention related to family well-being, public policies and therapeutic practices (WAGNER et al., 2011).

Regarding single parenthood, a research was carried out with the aim of investigating the perception of mothers in female single-parent families about their family capacities, the social



support received and their mental health. The study involved 43 mothers who led single-parent families. These women, with an average age of 38, were single or divorced/separated. To collect data, the Family Forces Questionnaire (FFQ), the Social Support Scale (EAS) and the Mental Health Inventory (MHI5) were used. The results revealed that women presented a positive and significant perception in relation to family strengths, social support and their mental health, observing a positive correlation between these variables. Mothers with a smaller number of children and those who reported higher psychological well-being showed a more positive perception of family strengths, unlike mothers with more children who showed signs of psychological distress (LUCAS, 2012).

Still, with regard to family configuration, a study involving 51 middle-class women, divorced and responsible for child custody, aimed to analyze female single-parent families in relation to five areas of satisfaction: economic/professional, psychological, affective-sexual, parental and social support. The evaluation was carried out using a specific scale for the study. The results indicated that these families perceive their family satisfaction in a more negative way than expected. Consequently, it can be inferred that, in general, the single-parent families studied are not satisfied in several aspects of the relationship – whether professional, affective, family or friendship – evidencing a strong inclination towards centering on the mother-child relationship (Grzybowski, 2003).

The discussion regarding the single-parent family configuration converges on the relevance of the development of public policies and psychological practices aimed at this target audience. It is notorious that investments in education, professional training and mental health services are essential to promote the stability and well-being of these single mothers or fathers and their children. This does not exclude the analysis of other family configurations, the family structures resulting from these and their respective demands, given that each family, regardless of its configuration, has its particularities, challenges and specific needs that must be considered.

Regarding referrals, that is, how these children and adolescents arrived at psychological care, it was observed in this study that most of these were carried out by health professionals (94.4%). According to the literature, the valorization of the various areas acting with a purpose in health encourages professionals to refer patients (GONÇALVES; PURITY; PRANDO, 2011). A study developed in 2013, referring to the characterization of children and adolescents attended at a teaching clinic of a University in Brasília, pointed out that most referrals were made by physicians, namely: those performed by neurologists (39%) predominated, followed by cases from psychiatrists (23.7%), neuropsychiatrists (10.2%) and psychologists (5.1%). The school (5.1%) and psychopedagogy professionals (3.4%) were also among the sources of referrals, as well as speech therapists (1.7%) (BORSA et al., 2013).

Thus, one study indicates that children referred to psychotherapy by their families adhered less than the others, while children referred by psychiatrists were more adherent and, unlike the

findings of this study, found that the main source of referral of children to psychotherapy was school, representing (34.3%) of the sample studied, followed by family members (12.7%), psychologist (7.8%), neurologist (6.8%), pediatrician (6.3%), other care institutions (6.0%), other medical modalities (5.4%), psychiatrist (3.3%), Guardianship Council (1.2%), pedagogue (1.0%), social worker (0.9%), others (7.4%) and not listed (6.9%). In addition, it was found that children who receive treatments combined with psychotherapy, such as psychiatric or speech therapy, have greater adherence (GASTAUD et al., 2011)

It is relevant to highlight the formation of a collaboration between health professionals and psychologists in the context of detection, evaluation and referral to child psychotherapy. It is assumed that it is challenging to identify and evaluate behaviors in children. In addition, they highlight that the family's trust in the professional who makes the referral positively influences adherence to psychological treatment (WARD-ZIMMERMAN; CANNATA, 2012).

Considering the present study, it was identified that the largest number of demands for child and adolescent psychotherapy was anxiety (37%). Similarly, a study carried out in 2017, in a survey referring to the characterization of 150 children attended at a teaching clinic in São Paulo, from 2000 to 2010, found that internalizing complaints regarding anxiety, depression and somatic symptoms predominated in girls, as did this study (VAGOSTELLO et al., 2017). Furthermore, the main manifestation of anxiety is described as a non-specific, vague feeling of the existence of some kind of threat to well-being (CASTILLO et al., 2000). And, finally, it was observed in this study that aggressiveness (16.36%) had a high rate of complaint, corroborating the article by Vagostello et al. (2017).

Several studies describe and analyze the characterization of the child and adolescent population served (Grzybowski, 2003; VIVIAN; TIMM; SOUZA, 2013; VAGOSTELLO et al., 2017). Characterization studies such as this one seek to analyze and describe this population, seeking to identify behavioral patterns, risk factors, prevalence of psychological disorders, and environmental and social influences that can affect their development and well-being. This information is essential to guide public policies, prevention and treatment programs, in addition to contributing to academic training and evidence-based clinical practice.

It is worth noting that, of the 54 people assisted, 19 were discharged by the professional and 17 remain in psychological follow-up, indicating different results achieved during the therapeutic process. It is noteworthy that, in a study developed in 2019, it pointed out difficulty in welcoming and linking users to the service; high rates of service dropout and non-return to care after the screening interview (SEI et al., 2022).

The analysis of these data and the literature can provide valuable insights into the effectiveness of the treatment, the characteristics of the population served, and the clinical practices



adopted. First, it is observed that a significant number of people have been discharged or continue to be in psychological counseling. This suggests that psychological intervention was considered beneficial for most individuals attended, either providing sufficient improvements for treatment completion or indicating the need for continued follow-up.

Finally, the 19 cases that were discharged may indicate that these people have achieved the established therapeutic goals, demonstrating sufficient progress to address the emotional and behavioral challenges without the need for ongoing professional intervention. This can be seen as a positive indicator of the effectiveness of the treatment and the role of the psychologist in promoting the well-being and mental health of patients. On the other hand, the 17 individuals who remain in psychological counseling may be facing more complex or persistent issues that require a more prolonged therapeutic approach. The importance of continuity of care and psychological support for those who are still in the process of recovery or facing continuous emotional and psychological difficulties is emphasized. In addition, it reinforces the relevance of continuous psychological follow-up as a valuable tool in the management of emotional and psychological issues, even after the completion of a successful initial treatment.

FINAL CONSIDERATIONS

The study in question describes relevant information about the profile and demands of children and adolescents cared for in a USF, in a limited period of time. The main reason for referral to the psychology sector was anxiety for both females and males, which highlights the importance of preventive approaches and early intervention in this regard. In addition, the differences in demands between girls and boys highlight the need for personalized intervention strategies, considering the particularities of each age group and sexual orientation.

It is relevant to highlight that a significant number of patients were undergoing psychological follow-up during the data collection period, with an average of 14 sessions per patient. This demonstrates the commitment and continuity of the treatment offered by the Outpatient Clinic, contributing to the well-being and improvement of the quality of life of this population.

In view of this, it is noteworthy that studies such as this one are of paramount importance to understand and assess the mental health needs of children and adolescents in different contexts. They provide valuable indicators that can guide public policies, clinical practices, and intervention programs, aiming to improve access, quality, and effectiveness of mental health services offered to the child and adolescent population.

Finally, it is recommended that new studies be carried out that can converge the analysis of the effectiveness of prevention and early intervention programs for mental health disorders in children and adolescents, also longitudinal research that follows the development and well-being of



children and adolescents over time can help identify risk factors, growth patterns and long-term outcomes of interventions. Also, studies that evaluate the involvement of the family in the treatment and support of the mental health of children and adolescents, given the relevance of this care.



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