

# MENTAL HEALTH OF CHILDREN AND ADOLESCENTS – AN INTERSECTORAL APPROACH IN THE MUNICIPALITY OF ANÁPOLIS: EXPERIENCE OF THE MEDICAL PROGRAM

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### ABSTRACT

Depression and self-harm in children and adolescents are part of the statistics of growing demand for mental health problems worldwide. This study aims to report the experience of the Family and Community Medicine module of the Medicine course at UniEVANGÉLICA in the intersectoral approach to mental health conditions in children and adolescents in the municipality of Anápolis, in 2023 and 2024. Screening for depression and self-harm was carried out among elementary school students, mental health promotion activities were implemented for children and adolescents, and continuing education activities were provided for primary health care teams. As a result, 403 children participated in the screening for depression and self-harm, 11 mental health promotion actions were carried out in schools, and 8 Basic Health Units received continuing education in mental health. It is observed that intersectoral actions between education, health, and social integration become enablers in organizing the absorption of this demand, and the university can contribute with updated scientific references and generate a positive impact on the community in which it is inserted.

Keywords: mental health, suicide, depression, health promotion.

### INTRODUCTION

Mental health problems have become significant worldwide, especially in the second decade of life (DELFINO, M. *et al*, 2022). The mental health of children and adolescents has been significantly impacted, especially in the context of COVID-19. The report by the 1<sup>st</sup> Latin American Forum on Mental

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Health in the Pandemic: challenges, current outlook, and future prospects (2021), highlights a decline in social interactions, an increase in feelings of loneliness, symptoms of depression, and emotional imbalance. Given this scenario of impacts on mental health, the World Health Organization (WHO) points to an increase in the prevalence of suicide, which has emerged worldwide as the third leading cause of death among adolescents, and depression, the leading cause of morbidity and disability in this population (DELFINO, M. et al, 2022). Suicide rates increased by 33% between 2017 and 2020 (NUGENT, N.R. et al, 2022).

The Brazilian Unified Health System (SUS) establishes the responsibility of the State in providing health actions and services to the population, but does not exclude the duty of individuals, families, society, and companies to promote health (BRASIL, 1990). This system also considers the concept of expanded health, which necessarily requires, in order to fulfill the principle of comprehensiveness, support with the provision of care at the individual and collective levels, as well as promotion, prevention, recovery, and rehabilitation measures. Contemporary to the regulation of the SUS is the Statute of the Child and Adolescent (ECA), which guarantees children and adolescents, through Article 3, adequate physical, mental, spiritual, and social development (BRAZIL, 1991).

Although the prevalence and expression of mental health problems in children and adolescents are evident, Brazilian studies point to limited use of specialized care services for children and adolescents with mental health problems. Among the causes for this restricted use are the lack of training of Primary Care (APS) professionals to adequately assess cases, difficulty in recognizing symptoms by parents, and the scarcity of specialized mental health services for children and adolescents (FATORI, 2018).

The Family Health Strategy (ESF), together with schools through the Health in Schools Program (PSE), stand out as places that favor the identification of these signs and constitute spaces for the prevention of suicidal behavior. Teachers occupy a strategic position in suicide prevention, both because of their daily proximity and ability to identify these signs, and because of their potential to represent a connection with health services. They can also participate in promoting a culture of peace and intervene in social ills (BRITO, M.D.L.S et al, 2020).

This paper aims to present the experience of the Family and Community Medicine module of the Medicine Course at UniEVANGÉLICA, through the actions planned for the extension of the curriculum, in the intersectoral approach to the mental health conditions of children and adolescents in the municipality of Anápolis.

## **EXPERIENCE REPORT**

The Family and Community Medicine module is crosscutting in the curriculum of the Medicine course at UniEVANGÉLICA. In this module, students have the opportunity to carry out intervention projects in the community of Anápolis, which are considered extension activities. In the 6th and 8th periods of this module, students had the opportunity to participate in an intersectoral project called Pequeno Príncipe.

The Pequeno Príncipe Project arose from a demand from the municipality of Anápolis, through the Juvenile Court, the Regional Education Coordination of Anápolis, and the Municipal Department of Education, regarding the increase in cases of depression, self-harm, and suicide attempts among schoolchildren. The Evangelical University of Goiás was invited to participate as a partner in this project through its Medicine and Psychology programs. Other partners also took part in the project, namely the Municipal Health Department of Anápolis, the Eurípedes Barsanulfo Institute of Behavioral Medicine (INMCEB), and the Municipal Department of Social Integration, Sports, and Culture. The project's overall objective was to identify individual and social risk factors related to suicide among elementary school students in the municipal and state public school system in the municipality of Anápolis, Goiás, as well as to refer those eligible to the municipal health care system. Among the specific objectives, we sought to identify the prevalence of depressive symptoms and self-harm behaviors in elementary school students in the municipality of Anápolis. The project was submitted to the Ethics Committee with a substantiated opinion CAAE 68082023.2.0000.5076.

The Medicine Course participated, together with the Psychology Course, in meetings involving all partners in the Juvenile Court. It also involved faculty and students in the 6th and 8th periods to collect data for screening depression and self-harm in schools in Anápolis.

To carry out the screening, schools that were part of the practice field of the Family and Community Medicine module of the Medicine Course at UniEVANGÉLICA in 2023 were approached. Students in grades 4 to 9 of elementary schools were invited to participate in the study. Data collection took place after the signing of the Free and Informed Consent Form by their legal guardians, as well as the Minor Consent Form by the children and adolescents. The partner institutions signed the Co-participating Institution Agreement. Children with cognitive impairments that prevented them from completing the data collection instrument were excluded from the study. Participants received guidance on how to complete the data collection instruments. The instruments used were the Children's Depression Inventory (CDI) and the Functional Assessment of Self-Mutilation (FASM). As direct and indirect benefits, the medical students offered an intervention through mental health education activities using a problem-solving methodology.

The data were collected in 2023/1 and 2023/2. In addition to data collection, the students carried out interventions in schools with a focus on mental health promotion. The actions carried out in 2023 by the Medicine Course are listed below (Table 1).

Table 1 – Actions carried out by the Family and Community Medicine module in contribution to the Pequeno Príncipe project in 2023. UniEVANGÉLICA Medicine Course, 2023.

Reference Period	State Schools (n)	Municipal Schools (n)	Children and adolescents participating in data collection (n)	Health promotion actions at school
2	4	4	1	7
2023/2	3	3	226	4
Total	7	7	403	1

Source: Medicine Course – UniEVANGÉLICA (2024).

The reports on the approaches taken by the Medicine Course in 2023 were shared with the Juvenile Court and other project partners. Currently, the project is in the phase of referring children and adolescents to the mental health care network in the municipality of Anápolis and the Psychology Clinic at the Evangelical University of Goiás for proper assessment and assistance.

It is believed that intersectoral action between health, education, and the judiciary offers potential for addressing the mental health problem in the municipality of Anápolis and can promote the organization of the mental health care network. The challenges were also experienced and are similar to those pointed out in the literature, such as the need to train professionals in the care network, including primary care, as well as the limited capacity of existing services to meet the increased demand.

Regarding the inclusion of these activities as part of the process of curricularization of extension in higher education, effective involvement of academics was observed. By contributing to the resolution of the real health needs of the community, students experienced meaningful learning. During data collection, it was necessary to mobilize knowledge, attitudinal skills, and techniques. In addition, the fact that they knew the approach would be continued by various actors involved also served as a motivating factor.

Based on Charles Maguerez's Arc methodology, after Observing Reality, Theorizing, and Raising Hypotheses for Solutions, the academics carried out mental health promotion interventions in schools, targeting children and adolescents.

Figure 1 – Approach to mental health promotion in schoolchildren in the municipality of Anápolis, 2023.



Source: Medicine Course – UniEVANGÉLICA (2023).

Continuing its partnership with the Pequeno Príncipe project and considering the challenges already outlined, the Medicine Course proposed to support the training of health teams in mental health care. To this end, it involved the 6th semester of the course in continuing education with primary care health teams. The approach also followed Charles Maguerez's Arco methodology.

Table 2 – Actions carried out by the Family and Community Medicine module in contribution to the Pequeno Príncipe project in 2024. UniEVANGÉLICA Medicine Course, 2024.

Reference Period	Basic Units (n)	Meetings with the team (n)	Topics covered
2	4	3	Diagnosis of the territory, Scaling up mental health care, Formation of mental health promotion groups
2024	4	1	Most prevalent mental health conditions for primary care.

Source: Medicine Course – UniEVANGÉLICA (2024).

The approaches taken in 2024 reveal the need for technical and organizational support for Primary Care teams so that this level of care can participate in the mental health network in a decisive manner. As for the students of the Medicine Course, insecurity was observed in the approach as ongoing training, as they considered the fact that the team had prior training in health, requiring greater theoretical preparation by the students, guided by the teaching staff.

## DISCUSSION

Suicide is not a random phenomenon but rather intertwined with risk and vulnerability factors and has a multifactorial origin (DELFINO, M. et al, 2022; NUGENT, N.R. et al, 2022). Among the risk factors

for suicide is depression. The combination of depressive symptoms and antisocial behavior has been described as the most common antecedents of suicide in adolescents (BRITO, M.D.L.S et al, 2020; DELFINO, M. et al, 2022; NUGENT, N.R. et al, 2022).

Self-harm as a predictor of suicide has also been reported in scientific evidence and has been considered a public health problem, which reinforces the need for identification and prevention of these conditions (ASARRNOW, J.R. et al, 2011; BRITO, M.D.L.S et al, 2020; ARAGÃO, F.B.G et al, 2021). Self-harm is considered a complex and multi-causal phenomenon, which aims to minimize feelings of suffering (ARAGÃO, F.B.G, et al, 2021). Non-suicidal self-injury (NSSI) among adolescents has a lifelong prevalence, generally beginning in adolescence, around the age of 13-14, and can continue for a long time, around 10-15 years (ARAGÃO, F.B.G, et al, 2021).

Adolescents who attempt or commit suicide show warning signs in advance. Problems with sleep and eating, withdrawal from friends, giving away valued possessions, loss of interest in their appearance, alcohol and drug use, and engaging in unnecessary risks are identified as warning signs (BRITO, M.D.L.S et al, 2020). For this reason, schools play a crucial role in identifying these signs and act as a space for prevention, especially through intersectoral action between health and education, promoted by the Health in Schools Program (PSE) (BRITO, M.D.L.S et al, 2020).

In addition to the combined efforts of education and health in schools, primary care also plays a central role in combating suicide in its own context of the UBS, as it has the possibility of identifying warning signs in its patients and thus implementing actions aimed at preventing adverse outcomes (ETTER et al, 2018).

Even when identification occurs, the healthcare network also represents a challenge. A cross-sectional population study interviewed the guardians of 825 children in São Paulo. In general, in the sample studied, there was limited use of psychological (7.9%) and psychiatric (1.1%) services, as well as restricted access to specialized treatment for children with internalizing and externalizing problems. The results also showed that the doctors most sought after by this sample were pediatricians (56.7%), followed by family doctors (47.6%). The author suggests the need for training for primary care professionals in assessing demand, as well as a greater number of professionals in specialized care to provide appropriate assistance (FATORI, 2018).

## **CONCLUSION**

Children and adolescents are part of the growing demand for mental health care in Brazil. In this context, depression and self-harming behavior emerge as risk factors for suicide. The state, society, and the family share the responsibility of promoting the overall health of this group. Intersectoral efforts involving education, health, and social integration are essential to address this demand, taking into

account the multifactorial causes of these diagnoses. Universities can be integrated into the curriculum, promoting links and generating a positive impact on the community in which they are located.

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