

CLINICAL INTERVENTIONS FOR CHILDREN AND ADOLESCENTS IN PUBLIC MENTAL HEALTH SERVICES IN BRAZIL

Luziane Zacché Avellar

Professor in the Department of Social and Developmental Psychology (DPSD) and in the Psychology Graduate Program (PPGP) at the Federal University of Espírito Santo (UFES) (Brazil)

Abstract

In recent decades, Brazilian legislation relating to public mental health care for children and adolescents has changed radically and resulted in the establishment of Child and Adolescent Psychosocial Care Centers. This is one of the possible devices for offering care to children and young people. It must be part of a broad care network with intersectoral actions linked to other services and also including the school, assistance, legal, cultural sectors, etc. The logic of psychosocial care is what subsidizes the work, privileging actions in the territory. Actions must be expanded, involving caring, welcoming, listening, enabling emancipatory actions and enhancing the quality of life of users who must be considered in their singularity. Which is opposed to the strict meaning of “treatment”. As these services are relatively new, there is a need to provide theoretical support that could contribute to their establishment. Which justifies carrying out this study. The present work aims to present D. W. Winnicott's theory that can be useful for thinking about care in mental health services aimed at this public. It is noteworthy that the author built his theoretical framework based on his experiences in pediatric, psychoanalytic and social assistance clinics. The theory of the maturational process developed by Winnicott is based on the idea that there is a tendency towards development that is innate and inherited. This conception opens up the possibility of understanding development advances and possible problems in this process. Environmental provision provides the conditions for the course of the maturational process to continue. The mental health service can function as a place (placement), an environment capable of producing transformations in the subjects' experience of self through sophisticated forms of care, such as holding, handling, presentation of objects, potential space, the conception of play, when provided by a team of professionals. Such concepts will support the way of planning clinical interventions in services, which are closer to non-verbal communication and articulated with the time of subjectivity. They take place in potential space, so that there can be a symbolization of psychic needs. The intervention is built in the encounter, in the interplay of the subjectivity of the professional and the child and young person. It allows the professional to use different means of expression, not only to understand the patient's communication, but also to transmit it, using the same expressive and plastic language.

Keywords: *Child mental health, mental health services, child, adolescent.*

1. Introduction

Child and adolescent mental health is a crucial area of public health concern and research around the world. The growing understanding of the interconnection between mental health and other social determinants of health, such as poverty, inequality, discrimination and access to basic services, is extremely important. Addressing children and adolescent mental health issues involves promoting public policies that address the social and structural roots of these problems, aiming to create environments favorable to healthy development.

Legislation on the rights of children and adolescents in Brazil has undergone several changes over time to ensure more effective and comprehensive protection for this vulnerable population. Some of the main changes and legal frameworks related to the rights of children and adolescents in Brazil are:

1. Federal Constitution of 1988: The Federal Constitution of 1988 was an important milestone in guaranteeing the rights of children and adolescents in Brazil. It attributed fundamental principles, such as full protection, absolute priority, the right to life, health, education, family and community coexistence, among others.

2. Child and Adolescent Statute, enacted in 1990, is one of the most important pieces of legislation related to the rights of this public in Brazil, Federal Law No. 8.069, of July 13, 1990, which regulates article 227 of the Constitution Federal, defines children and adolescents as subjects of rights, in a peculiar condition of development, who demand full and priority protection from the family, society and the State. It establishes guidelines for the full protection and promotion of the rights of this population, including issues such as health, education, social assistance, protection against violence, exploitation and abuse, among others.
3. Brazilian legislation relating to public attention to the mental health of children and adolescents has changed radically in recent years and has been improved in the creation of Child and Youth Psychosocial Care Centers. This is one of the possible devices for the care of children and young people. It must be part of a broad care network, the Psychosocial Care Network – RAPS (Brasil, 2011), is a strategy that aims to articulate all mental health services into an integrated and hierarchical network, ensuring full access and continuous mental health care. RAPS includes everything from Basic Care to highly complex services. One of the services of this network are the Psychosocial Care Centers and among the modalities the Child and Youth Psychosocial Care Centers.

The logic of Psychosocial Care that underpins Mental Health assistance in Brazil is based on a humanized, integral and subject centered approach. Some of the fundamentals of this logic: 1. Deinstitutionalization: Psychosocial Care seeks to overcome the asylum model, which confined people with mental disorders in psychiatric hospitals isolated from society. Instead, it promotes deinstitutionalization, aiming to reintegrate users into the community and enhance their social and family support networks. 2. Harm reduction: Psychosocial Care adopts a harm reduction approach, recognizing that some situations of mental suffering can be chronic or recurrent. Instead of seeking a quick and definitive cure, it prioritizes the relief of suffering, continuous care and respect for users' autonomy and choices. 3. Intersectorality: Recognizing that social determinants have a major impact on mental health, Psychosocial Care seeks integration with other sectors, such as social assistance, education, housing, work and culture. This allows for a broader and more comprehensive approach to dealing with user demands and needs. 4. Participation and social control: Psychosocial Care values the active participation of users, family members and the community in the planning, execution and evaluation of mental health policies and practices. This strengthens social control over services and promotes greater accountability of public and private institutions. 5. Territorialization: Psychosocial Care promotes the development of mental health services in the territory, that is, close to the communities where users live. This facilitates access to services, strengthens community ties and promotes a more comprehensive and contextualized approach to dealing with mental health demands. 6. Valuing local resources: Instead of focusing only on specialized and institutional resources, Psychosocial Care values existing resources in communities, such as mutual support groups, cultural, religious and community initiatives, which can contribute to care and support to users. These foundations of the logic of Psychosocial Care reflect a more democratic, participatory and humanized approach to dealing with mental health issues, promoting social inclusion, respect for human rights and the dignity of people who experience mental disorders, whether children, adolescents or adults.

As these services are relatively new, there is a need to provide theoretical support that can contribute to their establishment. Therefore, this work seeks to deepen knowledge about clinical interventions with children and adolescents in public mental health services in Brazil, highlighting the theoretical contributions of the English psychoanalyst D.W. Winnicott, a theory that can be useful in thinking about care in mental health services aimed at this public. It is noteworthy that the author built his theoretical framework based on his experiences in pediatric, psychoanalytic and social assistance clinics.

2. Objective

Deepen knowledge about clinical interventions with children and adolescents in public mental health services in Brazil.

3. Method

This is theoretical research, its purpose is to deepen knowledge and discussions, seeking to understand and provide space for discussion about clinical interventions with children and adolescents in public mental health services, based on the theoretical contributions of the english psychoanalyst D.W. Winnicott.

3.1. Data collection procedure

As a data collection procedure, texts from the Public Policy on Child and Adolescent Mental Health in Brazil and texts by D. W. Winnicott were selected.

3.2. Data analysis procedure

To carry out data analysis, the following steps were followed: I) Selection of texts from the Public Policy on SMIJ in Brazil, II. Selection of texts for subsequent identification of concepts from D. W. Winnicott's theory, III. Pre-Analysis, first reading of the material, in order to define, within the possibilities of texts, those that could contribute to the discussion of the proposed theme to achieve the objective of this research. Next, IV) Material Exploration was carried out, which consisted of readings of the selected texts, and finally V) Treatment of results and interpretation, in which, based on the reading of the texts, the aim is to propose inferences and interpretations, thus building knowledge that makes it possible to deepen knowledge about clinical interventions with children and adolescents in public mental health services in Brazil.

4. Results and discussion

To understand the proposal for the Mental Health Policy for Children and Adolescents in Brazil, two texts were selected:

1. Psychosocial Care for Children and Adolescents in the Unified Health System (SUS) - Weaving Networks to Guarantee Rights, 2014. The document establishes that with regard to policies aimed at children and adolescents, the principle of full protection must be observed and the need for all services and points of care available in the network to meet the needs and appropriate interventions to promote, protect and recover the health of this population (Ministério da Saúde - Brazil, 2014).

2. Ordinance 3.088, of 12/23/2011, which establishes the Psychosocial Care Network, provides for the creation, expansion and articulation of health care points for people with suffering or mental disorders and with concomitant needs, use of crack, alcohol and other drugs within the scope of the Unified Health System (SUS) (Brazil, 2011). It aims to promote an integrated and hierarchical network of mental health services, ranging from Primary Care to highly complex services, ensuring full access and continuous mental health care for the Brazilian population.

One of the points of this Network is the Child and Youth Psychosocial Care Center (CAPSi), a public health service that serves children and adolescents who present intense psychological suffering resulting from serious and persistent mental disorders or psychological suffering resulting from the use of psychoactive substances. The document states that mental health can be seen, then, as a condition resulting from the provision of quality care and attention, as long as it is under the principles of humanization and integral protection (Ministério da Saúde - Brazil, 2014, p. 48).

In the context of CAPSi, the entry of the child or adolescent takes place through embracement, consists of the assessment of the user's situation by a team of professionals from different areas, its objective is to understand the situation of psychological suffering and assess whether this would be a demand for the service. If the demand is considered to be for CAPSi, the interdisciplinary team will carry out a case study with the aim of developing a Individual Therapeutic Project (PTS), which must be carried out together with the family and/or main caregivers and user. To this end, the territory's resources must be considered, as the activities will be carried out jointly: CAPSi and other points in the Network. At CAPSi, the user will be involved in various activities to encourage the building of bonds with the team and with other users. They will also be attended to by psychologists and/or psychiatrists individually, when appropriate, but collective interventions are prioritized, thus, the user is invited to participate in different workshops, with different themes.

These actions must be expanded, involving care, embracement, listening, enabling emancipatory actions and improving the quality of life of users who must be considered in their uniqueness. Which is opposed to the strict meaning of treatment. It is these concepts that we intend to substantiate with concepts from Winnicott's theory.

4.1. Theoretical aspects of D. W. Winnicott's work

Donald Winnicott, an important British psychoanalyst, contributed significantly to the understanding of human development. The theory of human maturation, also known as the theory of emotional development, emphasizes several central assumptions, which we briefly present: 1. Facilitating environment: Winnicott emphasizes the importance of a facilitating environment for healthy development. He introduced the concept of a "good enough mother," which refers to a mother (or caregiver) who is able to provide consistent care, genuine affection, and a safe environment for her baby

to explore and develop. 2. **Transitionality:** Winnicott introduced the concept of "transitional object", which refers to an object that a child uses to transition between the internal world and the external world. These objects have a symbolic meaning and play an important role in the child's emotional development. 3. **Transitional phenomena:** In addition to transitional objects, Winnicott also talked about "transitional spaces", which are areas of experience that exist between the internal world and the external world. These spaces, such as creative play and imagination, are crucial for the development of creativity, autonomy and symbolization capacity. 4. **True Self and False Self:** Winnicott distinguishes between the "True Self" and the "False Self". The True Self is the authentic and genuine part of the personality, while the False Self is an adapted persona that develops as a defense against traumatic or maladaptive environmental experiences. He believes that the goal of psychotherapy is to help the individual reconnect with their True Self. 5. **The importance of playing:** Winnicott considered playing as a fundamental activity for a child's emotional development. He saw play as a form of creative expression and a way in which children can explore and understand the world around them.

To meet the objectives of this work, we selected the concepts of environment, setting, holding, reliability, process of mutuality, play and potential space anchored in the theory of the maturation process developed by Winnicott. It is based on the idea that there is a tendency towards development that is innate and inherited, emphasizing the environment as a facilitator for growth towards health. Thinking about human development as a continuum is fundamental to thinking about clinical interventions in mental health services for children and adolescents, as they are based on models that seek to encapsulate the different ways of existing, in all their complexity, within a psychopathological classification.

Environmental provision provides the conditions for the course of the maturation process to continue. Here we find a first possibility of thinking about clinical interventions in CAPSi based on the concept of environment. An environmental provision, as defined by Winnicott (1962), can encourage patients to relive primitive needs that were previously unsatisfied, now being welcomed and cared for. Such a conception would underpin the process of embracing the child or adolescent into the service, as previously described.

In his 1954 work, *Metapsychological and Clinical Aspects of Regression within the Psychoanalytical Setting*, Winnicott begins to establish a division of the techniques of interpretation and setting. Here we are interested in the idea that the setting can be transformed into a holding environment. In our opinion, the mental health service can function as an environment capable of producing transformations in the subjects' self-experience through sophisticated forms of care, such as holding, handling, presenting objects and playing, when provided by a team of professionals.

In another text, *Accommodation for Children in Time of War and in Time of Peace* (Winnicott, 1948) states that children need environmental stability, individual care and continuity of that care. And to ensure the possibility of providing individual care to children, the service must have staff who: can be able to withstand the emotional strain involved in caring for any child, but especially children whose own homes cannot withstand such strain (p. 78).

It is about enabling the establishment of trust, as a result of the care provided. This requires engagement from the professional as a real person, who uses their feelings, their empathy, their intuition to play in spaces and in different encounters inside and outside the service, since such services are territorially based. The concept of mutuality, developed by Winnicott (1969), underpins clinical interventions in the context of the service, as they must take place in a climate of reliable communication, in which the professional protects the setting from the invasions of external reality.

In this sense Avellar (2009), states that the care of children and adolescents in mental health services involves attentive and complex listening, made up of different elements and requires an analytical attitude that involves the possibility of the analyst playing with his patient. In the terms proposed by Winnicott, in his perspective, playing is an acquisition of the process of emotional development, it is a bridge between the internal and external world, it would be the space of between a third area, which is neither inside nor outside, where potential space is constituted. We turn again to Winnicott, who defines it as follows: here there is trust and reliability there is also a potential space, a space that can become an infinite area of separation. The baby, child, adolescent and adult can creatively fill it. With play and time, it became the enjoyment of cultural heritage (1971, p. 150).

The clinical intervention carried out within the potential space is subject to symbolization. Adequate holding for the service is essential in this process. Professionals take care that the patient can make meaningful communication. Just like a mother who is adapted to her baby's needs and places the object in the place of the baby's needs, the professional also makes a similar movement, as they are faced with anxieties that the patient cannot elaborate on during their development process. This is why clinical intervention must meet the patient needs.

5. Final considerations

The objective of this work was to deepen knowledge about clinical interventions with children and adolescents in public mental health services, based on some concepts from Winnicott's theory. Texts from the Public Mental Health Policy in Brazil were used to present the design of how the Assistance Network for this public is configured in Brazil. The Psychosocial Care Center, a territorial based service that has Psychosocial Care as its foundation, was briefly described. Some concepts from Winnicott's theory of human maturation were selected so that, in conjunction with policy texts, the objectives proposed in this work could be achieved.

It is believed that the main objective proposed here has been achieved, as it was possible to present some articulations of the concepts of Winnicottian theory to create foundations for clinical interventions in public mental health services. For future work, it is recommended to present practical cases that can bring greater clarity and depth to the topic proposed in this work.

With this, it is believed that a contribution has been made towards the implementation of public mental health policies in Brazil, so that the constitutional principles guaranteeing the right to comprehensive care for children and adolescents can be enforced.

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