

Mental health of children and adolescents in primary care during the COVID-19 pandemic: an experience report**Saúde mental de crianças e adolescentes na atenção primária durante pandemia de COVID 19: um relato de experiência****Salud mental de niños y adolescentes en atención primaria durante la pandemia de COVID 19: un informe de experiencia****Received: 24/09/2020****Approved: 06/03/2021****Published: 26/08/2021****Thaís Thaler Souza¹****Eliana Maria de Moraes²****Gialile de Sá Lúcio³****Patrícia de Fátima Coelho⁴****Amanda Dourado Souza Akahosi Fernandes⁵****Maria Fernanda Barboza Cid⁶**

This is an experience report with a theoretical basis in Psychosocial Care, developed in a region of Belo Horizonte, in the state of Minas Gerais, from March to July 2020. It aimed to present care strategies for children and adolescents in intense psychological distress and their families during the COVID-19 pandemic. Among the actions developed by the team, users and family members search for different means of access, such as WhatsApp®, video calls, teleservice, home visits and territorial articulations. The strategies used were presented from the tool-concepts: accountability, territory, reception, care project and intersectoral network. Currently, online groups in business version have approximately 90 family members participating. In the four months of using the strategy, it was possible to observe that families have joined and used the group to express doubts, such as: potty-training their children, oral sensitivity to brushing their teeth, agitation and aggressiveness, low attention, compulsive increase in feeding and trouble sleeping. In turn, difficulties in intersectoral articulation and the development of actions aimed at adolescents were observed.

Descriptors: Coronavirus infections; Mental health assistance; Child; Adolescent.

Este é um relato de experiência com base teórica na *Atenção Psicossocial*, desenvolvidas numa região de Belo Horizonte - MG, durante o período de março a julho de 2020, com o objetivo de apresentar as estratégias de cuidado a crianças e adolescentes em sofrimento psíquico intenso e suas famílias, no período da pandemia de COVID-19. Dentre as ações desenvolvidas pela equipe, destaca-se a busca pelos usuários e familiares por diferentes meios de acesso, como WhatsApp®, videochamadas, teletendimento, visitas domiciliares e articulações territoriais. As estratégias utilizadas foram apresentadas a partir dos conceitos-ferramentas: responsabilização, território, acolhimento, projeto de cuidado e rede intersetorial. Atualmente, os grupos *online* em versão *business* conta com a participação de aproximadamente 90 familiares. Nos quatro meses de utilização da estratégia, foi possível observar que as famílias têm aderido e utilizado o grupo para apresentar dúvidas, tais como: desfralde de suas crianças, sensibilidade oral para escovar os dentes, agitação e agressividade, baixa atenção, aumento compulsivo na alimentação e problemas para dormir. Por sua vez, foram observadas dificuldades de articulações intersetoriais e desenvolvimento de ações voltadas para o adolescente.

Descritores: Infecções por coronavírus; Assistência à saúde mental; Criança; Adolescente.

Este es un informe de experiencia con base teórica en *Atención Psicossocial*, desarrollado en una región de Belo Horizonte - MG, durante el período de marzo a julio de 2020, con el objetivo de presentar las estrategias de atención a niños y adolescentes en intenso sufrimiento psíquico y a sus familias, durante el período de la pandemia de COVID-19. Entre las acciones desarrolladas por el equipo está la búsqueda de usuarios y familias a través de diferentes medios de acceso, como WhatsApp®, videollamadas, llamadas telefónicas, visitas a domicilio y articulaciones territoriales. Las estrategias utilizadas se presentaron a partir de los conceptos-herramienta: responsabilización, territorio, acogida, proyecto de cuidado y red intersectorial. Actualmente, los grupos *online* en versión *business*, cuentan con la participación de unos 90 miembros de la familia. En los cuatro meses de uso de la estrategia, se pudo observar que las familias se han adherido y utilizado el grupo para presentar dudas, tales como: la quita de pañales de sus hijos, sensibilidad bucal para cepillarse los dientes, agitación y agresividad, baja capacidad de atención, aumento compulsivo de la alimentación y problemas de sueño. A su vez, se observaron dificultades en las articulaciones intersectoriales y en el desarrollo de acciones dirigidas al adolescente.

Descriptor: Infecciones por coronavirus; Atención a la salud mental; Niño; Adolescente.

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INTRODUCTION

In 2020, the world was affected by a virus (coronavirus) that causes the disease called COVID-19, with a high fatality rate. Its first appearance is believed to have been in Wuhan, China, in late 2019. However, due to rapid transmission in March 2020, COVID-19 was classified as a pandemic by the World Organization for Health¹.

COVID-19 shows variability in the manifestation of symptoms, which can range from asymptomatic infections to severe conditions related to the respiratory system¹. As a result, some prevention and protection measures are now being implemented by government officials at different levels: municipal, state, federal and global; such as closing non-essential services, social distancing, recommendation of frequent hand hygiene, cleaning and disinfection of environments, the use of face masks and compliance with respiratory etiquette¹.

In addition to the biological, psychological and emotional impacts in this period are also evident, and may emerge as a result of the uncertainties of the moment, fear, inaccurate information regarding the numbers of infected people, the scarcity of tests and protection resources and the need for isolation^{2,3}. Among the most common situations of psychological distress, the following stand out: anxiety, stress, sleep impairment, fatigue and anger, which can intensify and become chronic in depressive and anxiety disorders, causing panic attacks or post-traumatic stress disorder^{2,3}.

In addition, it is considered that some groups, such as children and adolescents, are more exposed to situations of violence, abandonment and exclusion due to contexts of greater social vulnerability, and may be considered at greater risk for developing mental health problems⁴, yet that the possibility of contagion in this age group is lower than in other groups⁵.

Children and adolescents who already had demands related to mental health before the pandemic may experience an intensification of suffering during this period. This is due to sudden changes in routine, rupture with important contexts for the child, such as school, family, friends and health care, in addition to situations of oppression and inequality^{5,6}.

In view of this scenario and emerging demands, it is essential to restructure health practices, as there is no predictability regarding the impacts on mental health or population behavior, and there are still no directions for action in care in situations of this type. Therefore, the need for investment in research and identification of mental health strategies during periods of infectious outbreaks is evident². Specifically when it comes to child-juvenile mental health care, it is essential to rethink it in the context of the COVID-19 pandemic, based on the policies that guide practices in this field.

The Psychosocial Care Network in Mental Health (*Rede de Atenção Psicossocial em Saúde Mental* - RAPS) in Brazil is based on the principles of Psychosocial Care (PC), which appears as a paradigmatic proposal to break the asylum model of care for madness, enabling a new look and understanding of the human experience in psychic suffering, removing the focus restricted to the pathology for an encompassing of possibilities and complexities related to the process of life itself⁷.

From the perspective of different theoretical contributions, influences and investments, PC was constituted in Brazil and guided the public policy on mental health of the Ministry of Health. PC is considered as “[...] a field of knowledge and practices crossed by a ethical-political ideology that substitutes that of hospital-centered psychiatry and centered physician, ideologically subordinated, but still dominant in everyday practices”⁸.

In the context of childhood and adolescence, the mental health policies that govern the care for this audience have been proposals established through an institutional model based on the principles and guidelines of the SUS, operationalized mainly through RAPS, based on proposals designed for adults. In addition, it is worth reflecting that, in addition to points of care, RAPS advocates dimensions that relate to access, bonding and articulation of the care network. In this sense, spaces and equipment need to be producers of social relations, based on principles and values that have social transformation as their horizon⁹.

Implementing a model of care for children, based on the PC principles and guidelines, still has several weaknesses, since the investment and efforts that respond to all the necessary specificities are recent. It is considered that it is through this transformation (enable access, linkage, network articulation and co-responsibility for care) that it will begin to be possible to envision a care model, so that the pillars of support of this transformation such as - the exercise of citizenship rights and social inclusion - can really be experienced by children and adolescents⁹.

In 2014, the Ministry of Health released a document entitled "Psychosocial care for children and adolescents in the SUS: weaving networks to ensure care". This indicates a series of guidelines for the construction of mental health care for children and adolescents. It also highlights specific aspects regarding the care of this population, such as the guarantee of health as a fundamental right, the constitution of RAPS, the role of education, the problem of the use of alcohol and other drugs, integral social protection, among others¹⁰.

From the implementation of mental health care policies for children and adolescents in different Brazilian contexts, it is possible to outline particularities related to the historical and cultural characteristics of each region in the mental health care process¹¹.

The state of Minas Gerais stands out for its political constructions engaged by social movements. Specifically in the state capital, Belo Horizonte, it is possible to identify movements, determinations of local actions and services that occur only in there. These structures arise from important movements of resistance and constant criticism for human rights, developed by professionals, family members and users, thus promoting an emancipatory and politically involved practice¹¹.

In this context, the Complementary Team (CT) was created in Belo Horizonte, which is named for its complementary role in the Family Health Team in Primary Care. Thus, each regional in the capital of Minas Gerais has a CT headquarters, totaling 9 teams that assist children and adolescents in intense psychological distress, based on group or individual strategies, as well as interventions in conjunction with the family health team of children from 0 to 3 years with signs of psychological distress and their families. The CT are composed of psychiatrists, occupational therapists and speech therapists.

During the pandemic period, the CTs of Belo Horizonte, following municipal determinations No. 009/2020¹², suspended face-to-face care for children and adolescents who had some type of intense psychological distress, being authorized only in specific cases such as: risk of life or self-injury by children and adolescents and/or the other, intra-family violence, harmful use of alcohol and other drugs, discharges from the emergency department, severe depression and persistence of symptoms of psychological distress with a significant impact on daily life and timely intervention (modality of care who care for children up to 3 years old with signs of psychological distress).

It was also established that mothers, fathers and/or guardians must be accompanied by professionals, preferably by telephone, in addition to favoring the supply of adequate medication, being available to families and reviewing conduct, whenever necessary. As a result, there was a need for a complete reorganization of the teams' work dynamics.

Therefore, this study aims to present care strategies for children and adolescents in intense psychological distress and their families during the COVID-19 pandemic period.

METHODS

This is a report on the experience of mental health care for children and adolescents with a theoretical basis in Psychosocial Care (PC)^{5,7}, developed in CT in a region of Belo Horizonte, from March to July 2020.

The data for this experience report were obtained through discussions and construction of alternatives in the team, feedback from users and family members, through online messaging applications, video calls, teleservices, and discussions with other RAPS points.

RESULTS

Currently, the CT focus of this report is a reference in 17 Basic Health Units, consisting of two speech therapists and two occupational therapists. It presents a work dynamic that contemplated, before the pandemic, individual multi-professional, group and family follow-up care, as well as intersectoral articulations of children and adolescents in intense psychological distress. In the current context of the pandemic, the team reformulated its care strategies to continue providing assistance during this atypical period.

Children and adolescents accompanied by CT present situations of intense psychological distress, mostly cases of autism, psychosis, depression, anxiety, but also unspecified disorders. In addition, the team also promotes care for the families of these users. Currently, CT is a reference for around 200 families of children and adolescents.

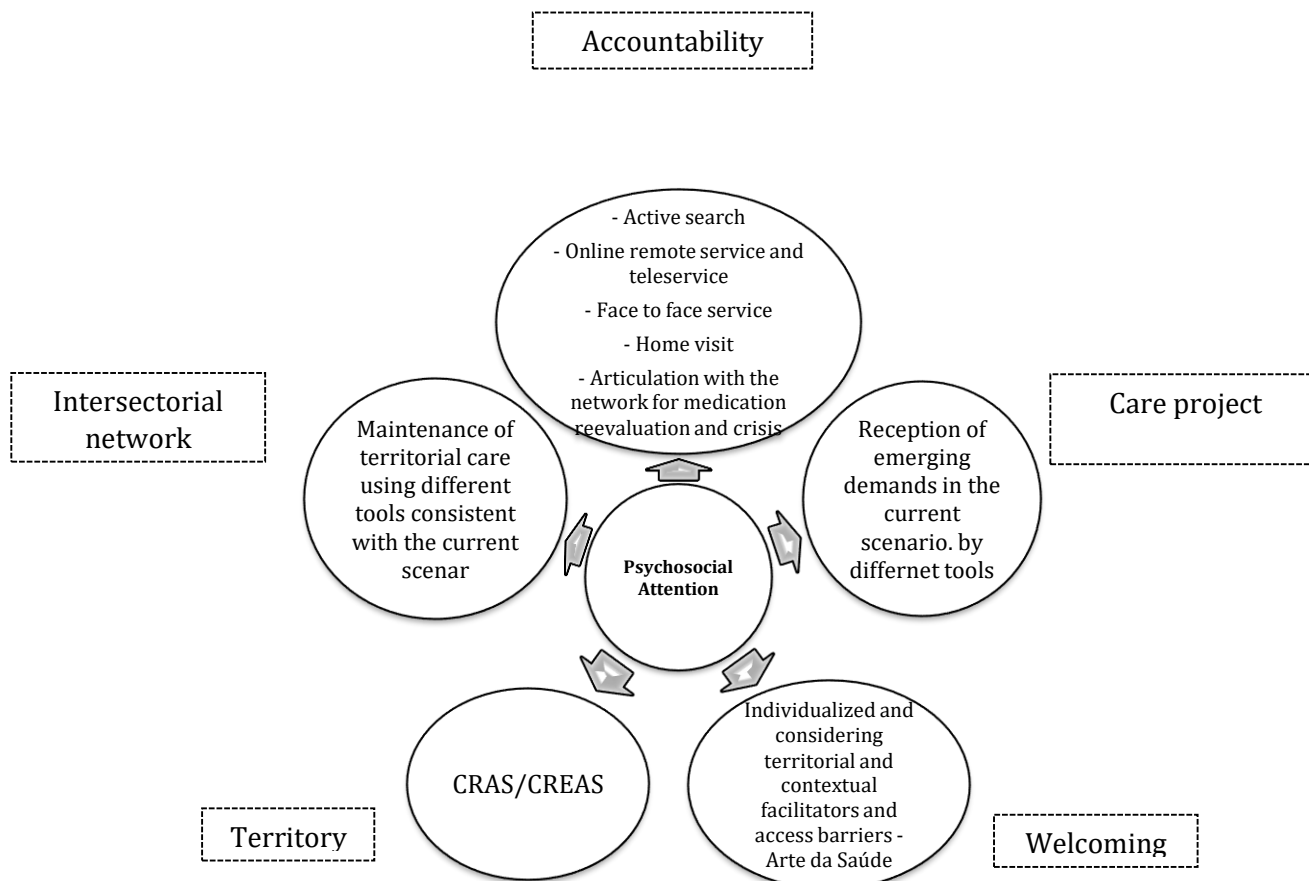
Among the actions carried out by the CT during the pandemic period, the following stand out: 1) online articulations through the virtual message exchange application WhatsApp® in its business version, video calls, and teleservices, as new possibilities for follow-up; 2) Promotion of online meetings between family members in collective virtual territories, such as the day of the Anti-Asylum Fight Day; 3) Home visits with delivery of stimulation kits, promoting care and health guidance; 4) Links with other RAPS points such as the Health Centers, psychiatric emergency services and Arte da Saúde; 5) Meetings in virtual mode between the team, other services and sectors.

DISCUSSION

The actions will be presented and articulated with the PC tool-concepts, namely: accountability, territory, reception, care project and the diversity of strategies and intersectoral network, but it is emphasized that these concepts, in practice, often presented if simultaneously and overlapped in terms of development time (Figure 1).

At first, the professionals had difficulty with the planning of actions due to the unpredictability of suspensions of care. With this, the team organized itself, based on the demands considered the most urgent in the territory, whether due to greater social vulnerability, pandemic situation or seriousness, aiming at the survey of priority cases and the development of care strategies for the public¹³.

With this, contacts and an active search for the families of children and adolescents in the territory were made. At first, search attempts were made by telephone and by making the service contact available to families in the form of teleservice. However, the search for those responsible was lower than expected. During this same period, an unsuccessful attempt was also made to contact and send materials by e-mail, which presented possibilities of activities to be carried out with children and adolescents in the home environment at a low cost and/or even that could be carried out in restricted environments, but many emails returned and family members did not seem to access this feature often.

Figure 1. Action fronts based on Psychosocial Care. Belo Horizonte, 2020.

The active search and the need to build new possibilities for listening to the demands of users, other than the usual ones, represent one of the drivers of Psychosocial Care, and are based on the principle of accountability of professionals. According to this principle, it is up to the mental health professional to play an active role in the promotion and creation of resources that allow them to assume the entire social reach of that territory and the demand of a region^{13,14}.

When professionals were able to contact the families, through these different types of contact, it was possible to carry out specific guidelines aimed at the child or adolescent, in addition to welcoming the suffering of children, adolescents and the family itself, promoting qualified and contextualized listening to the moment. Thus, the hypothesis constructed based on the family members' "not looking for" the service would not be correlated with the lack of demands, but mainly with difficulty of access and lack of understanding that it would be possible to maintain care even during the pandemic.

In addition, the pandemic presented itself as a new context for everyone, professionals and users, as well as the use of technology for health interventions, especially for this public, who live in a context marked by different types of vulnerabilities and lack of access. With this, the team was faced with the need to take ownership of other ways of approaching and caring for users and also to foster information and instrumentalization of families on new modalities of search and care.

From a first mapping and contact with the family members responsible for the children and adolescents, it was identified that they had access to an application for exchanging messages and online communication, WhatsApp®. Therefore, the professionals carried out a group of online messages through the application in its "business" version. As a team, the best form of this way of accessing users was discussed, such as the rules and organization of the

group via the app, considering the preservation of personal data and working hours and rest of professionals¹³.

The suggestion of video, both for presentation of rules and answering questions of family members, was the speech therapy professionals who suggested that they had other elements of communication present to reduce losses in interpretation of information, in addition to providing continuity of the bond, considering that there were new professionals in the team. The "bond" is an important variable in the construction of clinical practice, as it allows, in addition to a better effectiveness of health interventions, the instrumentation of the user, enabling greater social control over the care provided¹⁴.

However, a pragmatic problem with this attempt soon became apparent as the internet data of some family members is limited and it is not possible to download the videos. With this, the team started to transform the videos into MP3 audio format in order to be the most accessible and democratic access to information.

In the context of PC, the user must always be the center of attention, the Individual Therapeutic Project (ITP) is always singularized and considers the context in this calculation. Thus, it is up to the team to consider the specifics of each user and context and promote subjectivation in an autonomous way, providing "places" of articulation of this particular and unique and, therefore, enabling therapeutic possibilities and care projects that are consistent with local realities¹⁴.

The phone calls did not stop happening, they happened along with the offer of the possibility of online groups, in addition to the direct correspondence itself through the application, being also another possibility of contact.

The way in which a service is organized to cater to a demand and articulate the possibilities in a network can be a facilitator, hindering or impeding the user's access¹⁴. This gap between demand and team's caregiver potential can be permeated by numerous bureaucratic and access barriers. Therefore, there is an intertwining between the concepts of territory, accountability and the quality of the service itself, which necessarily cross the users' access possibilities to the mental health service¹⁴. Thus, offering different forms of contact between the team and users allows for welcoming and care in its diversity.

Another action that remained within the scope of reception, but had its practice reformulated, was the "timely interventions", which are aimed at children aged 0 to 3 years who showed early signs of psychological distress, such as low mother-infant interaction, language delays and little exploration of the environment. At this time of pandemic, the initial interviews with the families of these children, which were previously carried out only in person, are now also carried out via teleservice and/or video calls and, in order to speed up the monitoring of development, in addition to reducing the risk of exposure to the virus during this period. Parents were asked to send videos of the child to complement assessment and help with guidance.

Welcoming is governed by the logic of light technology, which is characterized by relationships of the type of bonding, empowerment or even management that go through an appreciation of subjectivity and humanized care and takes place in the meeting of these two individuals, user and health professional, in this "intercessory space", and it is based on the dimension of relations and territory and speaks of a possibility of access. The team assesses that some of these resources used in times of pandemic should be extended after this period, as they have directly contributed to the practice¹⁴.

The team also identified that with these different attempts to approach it, a better reception and care was possible, both for children and teenagers and for guardians. Care is precisely in this encounter between the user's demand and a prepared worker¹⁴. Welcoming takes place in the micropolitics of work and is linked to the possibilities of access and the plasticity of the care model. This flexibility in relation to changes, technical adaptation and the association of different activities, as well as the uncertainties of resources and socioeconomic

and cultural inconstances, is what makes it possible to reinvent oneself to care for the diversity of health problems.

As for the proposition of online groups in a business version, developed by CT, it currently has approximately 90 family members participating. During the four months of this strategy, it was possible to observe that families have joined and used the group to present doubts, such as those related to their children's debauchery, oral sensitivity to brushing teeth, agitation and aggressiveness, low attention, compulsive increase in feeding and sleeping problems had constant appearances, results similar to the material developed by the Fundação Oswaldo Cruz by the Center for Studies and Research in Emergencies and Disasters in Health (CEPEDES/FIOCRUZ)⁵.

With this, the CT presented as a guiding axis in the online group guidelines to sensitize those responsible for the importance of communication and the appreciation of the subjectivity and desire of these children and adolescents, in addition to suggesting practical strategies for stimulation and management. In other words, CT directed its practice by valuing subjectivity with the objective of promoting autonomy and citizenship, the guiding pillars of the PC¹⁴.

However, around 10 guardians chose not to continue in the online messaging group for various reasons, such as not being able to keep up with the messages, not having time for social networks, mobile phone incompatibilities, such as little memory space and mobile phone incompatibility for downloading applications. In these cases, other forms of care were maintained, such as phone calls and home visits, in addition to other types of articulation in the network, such as activation and monitoring by the Family Health Team at the Basic Health Unit (UBS).

Regarding guardians and patients who still remained inaccessible for the service, they were divided into two groups, a) those who did not have updated contact in the city hall management system, preventing communication from professionals, and b) those who experience a context of greater vulnerability, without resources to follow the guidelines.

Then, following the principle of accountability and care in a network, the CT drew up a list of children and adolescents who were in the first situation and started to contact the UBS to check the possibility of other professionals from the Health Team of the Family carry out the active search and get a new contact.

For the second case, it was thought with other complementary teams, from other regions of Belo Horizonte, the construction of kits with more "ludic" resources, such as paint, colored pencils, crayons, clay, puzzles, among others. These kits would be purchased with the amount made available monthly by the city for the purchase of local resources. Associated with the Kits, the team made available a booklet in photos, with little written content, with possibilities for exploring resources and other possibilities for activities at low cost.

The identification of families to receive the Kits was carried out through team meetings and through the reports of those responsible when they were in attendance, in addition to information provided by the Family Health Team. It was also proposed as a team, the use of transport from the Health Center for the delivery of these materials in person by the professionals in order to qualify the delivery, in addition to being able to provide guidance. punctual and face-to-face responses to the demands found in the territory.

This action, in particular, was very positive in the assessment of the team, which realized that welcoming and listening during the visit to the family context had an effect on these families, who were sometimes as benefited as the children and adolescents themselves. Also according to the team's assessment, it was possible to recognize through the visits the barriers and facilitators of the territory and, in view of this, it was decided to keep these visits with the transport of the Health Center, even without Kits to be delivered, just for the purpose welcoming and listening to families, children and adolescents.

It is observed that care in this inventive clinic goes beyond therapeutic isolation, constituting a living territory with dynamic borders and producing citizenship: "*There is no way*

*to think about the construction of mental health care without thinking about time and place where this care is constituted, woven as a network strategy. In other words, care is done in a network and in one place"*⁷.

Another action that could be built remotely was the celebration of Anti-Asylum Fight Day, on May 18th. Political constructions aimed at political emancipation are part of the development of actions in Mental Health. Among these, there are the social movements that allowed in an unequalled way the discussions and construction of public health policies focused on mental health and PC^{7,14}.

Promoting event organizations such as May 18th or any other type of celebration, enabling exhibitions, cultural interventions, presentation of all kinds of art represent the potential existing in this "scenery of meetings" that is the territory¹⁴, although at this time it is virtual. The service, by provoking local, digital actions and encounters, produces acts of care and contributes to breaking the logic of rationality and promoting another social place for madness and its suffering¹⁴.

Throughout the history of mental health, family participation has changed significantly in relation to the level of participation in treatment plans. Once ignored and kept away, the family of people with psychological distress is currently seen as the protagonist and important character in achievements, and should be included in the strategies of mental health workers. The involvement of family members should also focus on listening and welcoming¹⁴.

It can be said that there was a reinvention of the PC network meetings in the online modality of every regional mental health that includes the UBS, emergency services, complementary team, Art of Health, Community Center, Therapeutic Residential Services and discussions micro, which are meetings organized from the location of the Health Center to discuss cases and referrals.

Governmental bodies play an important role in directing actions at this time and discussions of this type favor aligned actions. Among the responsibilities provided for the services that provide mental health care at this time, there is also the reception of the professional providing support and supervision that can be performed in a group way².

Other services that make up the mental health network, such as the Arte da Saúde project, another Belo Horizonte invention, also started to contribute online and send videos with activities and games to be performed by children and adolescents. Arte da Saúde welcomes children and adolescents who, in general, carry the stigma of "problem children". There, spaces for expressiveness, socialization and exchange are offered, using for this a resource as primitive as it is current, art¹⁵.

With the pandemic, the Arte da Saúde service, a great partner of primary care in Belo Horizonte, also underwent reinventions of the practice and scaled its face-to-face workshops to videos of games, music, capoeira, drawing, among others, which were sent to specific users and in the general group.

The creation of an intersectorial care network aims precisely at this active creation of propositions for solutions and production of answers to complex problems, trying to transcend fragmentations and actions of isolated natures. Uniting powers with a focus on improving the user's quality of life, inclusion and citizenship¹⁴. However, given the difficulty with the Social Assistance and Education sectors, it is considered that the production of care during this period was limited to the health sector.

During the entire period of existence of the Unified Health System (SUS), health professionals were never stressed by a pandemic of this magnitude, especially in the recent policy of mental health care, which had to be reflected and rethought. Although the long-term impacts of this historic crossing are not known, one of the best alternatives is under construction.

The team considers it clear that the dissemination of these actions can contribute to other services beyond this pandemic period, and may become work optimization strategies even after this moment.

CONCLUSION

The lack of scientific materials that support mental health care in the context of a pandemic provoked a need for reinvention in professionals, which has been possible based on the theoretical-practical support of psychosocial care and its tool-concepts.

With the territory, accountability, welcoming, the care project and the intersectorial network as a practice guideline, the actions developed by the team reinforced the importance of users and family members searching for different means of communication, such as WhatsApp® in its version business, video calls, teleservices and search for these families in the territory, through articulations within the Psychosocial Care Network and home visits.

The CT considered the lack of articulation with the Reference Centers for Social Assistance (CRAS) and the Specialized Reference Centers for Social Assistance (CREAS) as a hindrance, as these provisions were initially closed. As a result of this non-partnership, families accompanied by CT had greater difficulty in accessing rights.

Still as a weakness of the actions, it is considered that the articulations with the education sector proved to be incipient. In addition, the team thinks about the difficulties of producing actions that would provoke the participation of adolescents in this period in a more active way.

The need for articulations closer to coordination and professional meetings during this period was evidenced, both for more aligned practice articulations and for welcoming and listening to difficulties in care. The services remain in this period of adaptation, which also lead to new forms of work after the pandemic period. As a limitation, difficulties were identified in articulation with the social and education sector, and in the development of actions aimed at the adolescent public.

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CONTRIBUTIONS

Thaís Thaler Souza, Eliana Maria de Moraes and **Gialile de Sá Lúcio** contributed to the design, collection and analysis of data and writing. **Patrícia de Fátima Coelho** participated in the design and writing. **Amanda Dourado Souza Akahosi Fernandes** collaborated in the writing and revision. **Maria Fernanda Barboza Cid** contributed to the review.

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