

## MENTAL HEALTH IN CHILDHOOD AND ADOLESCENCE: WELCOMING AND CONTINUOUS SUPPORT

### A SAÚDE MENTAL NA INFÂNCIA E ADOLESCÊNCIA: ACOLHIMENTO E ACOMPANHAMENTO CONTÍNUO

### LA SALUD MENTAL EN LA INFANCIA Y ADOLESCENCIA: ACOGIDA Y SEGUIMIENTO CONTINUO



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#### ABSTRACT

The increase in diagnoses of mental disorders in childhood and adolescence, together with the constitutional provision of health as a fundamental right, highlights the social and legal relevance of child and adolescent mental health. This scenario imposes the need to deepen the discussion on care strategies that ensure healthy development and social inclusion. The objective is to analyze the social and individual impacts of mental disorders in children and adolescents, emphasizing the importance of early diagnosis, qualified support, and continuous follow-up, as well as the coordination between family, school, and health services. To this end, a bibliographic research was conducted using a deductive approach, grounded in specialized literature and in legislation relevant to the field of health, covering the period from 2020 to 2026. Thus, it is observed that fragility in early identification and the integration of care networks can intensify vulnerabilities and compromise integral development. It is concluded that the realization of the right to child and adolescent mental health requires intersectoral public policies, humanized care practices, and continuous monitoring, capable of ensuring protection, health promotion, and social inclusion.

**Keywords:** Mental Health. Childhood. Adolescence. Mental Disorders. Support.

#### RESUMO

O aumento dos diagnósticos de transtornos mentais na infância e adolescência, aliado à previsão constitucional da saúde como direito fundamental, evidencia a relevância social e jurídica da saúde mental infantojuvenil. Esse cenário impõe a necessidade de aprofundar a discussão sobre estratégias de cuidado que assegurem desenvolvimento saudável e inclusão social. Objetiva-se analisar os impactos sociais e individuais dos transtornos

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mentais em crianças e adolescentes, ressaltando a importância do diagnóstico precoce, do acolhimento qualificado e do acompanhamento contínuo, bem como da articulação entre família, escola e serviços de saúde. Para tanto, procede-se à pesquisa bibliográfica, com abordagem dedutiva, fundamentada na doutrina especializada e na legislação pertinente à área da saúde, no período de 2020 a 2026. Desse modo, observa-se que a fragilidade na identificação precoce e na integração das redes de cuidado pode intensificar vulnerabilidades e comprometer o desenvolvimento integral. Conclui-se que a efetivação do direito à saúde mental infantojuvenil requer políticas públicas intersetoriais, práticas de acolhimento humanizadas e acompanhamento contínuo, capazes de garantir proteção, promoção da saúde e inclusão social.

**Palavras-chave:** Saúde Mental. Infância. Adolescência. Transtornos Mentais. Acolhimento.

## RESUMEN

El aumento de los diagnósticos de trastornos mentales en la infancia y la adolescencia, junto con la previsión constitucional de la salud como derecho fundamental, evidencia la relevancia social y jurídica de la salud mental infantojuvenil. Este escenario impone la necesidad de profundizar la discusión sobre estrategias de cuidado que aseguren un desarrollo saludable y la inclusión social. Se pretende analizar los impactos sociales e individuales de los trastornos mentales en niños y adolescentes, ressaltando la importancia del diagnóstico temprano, de la atención calificada y del seguimiento continuo, así como de la articulación entre la familia, la escuela y los servicios de salud. Para tal fin, se realizó una investigación bibliográfica con enfoque deductivo, fundamentada en la doctrina especializada y en la legislación pertinente al área de la salud, en el período de 2020 a 2026. De este modo, se observa que la fragilidad en la identificación temprana y en la integración de las redes de cuidado puede intensificar vulnerabilidades y comprometer el desarrollo integral. Se concluye que la efectividad del derecho a la salud mental infantil y juvenil requiere políticas públicas intersectoriales, prácticas de acogida humanizadas y seguimiento continuo, capaces de garantizar protección, promoción de la salud e inclusión social.

**Palabras clave:** Salud Mental. Infancia. Adolescencia. Trastornos Mentales. Acogida.

## 1 INTRODUCTION

Child and adolescent mental health has been consolidated as one of the main contemporary priorities in public health, considering its epidemiological magnitude and its impacts throughout the life course (LEITÃO, 2025). Childhood and adolescence represent critical periods of human development. As described by Mastorci et al. (2024, p. 1), "the transition from childhood to adolescence is an extraordinary time in life, associated with major physical, emotional, cognitive, and social changes". Within this quadrant, international evidence indicates that a significant portion of mental disorders begin before the age of 14, which reinforces the centrality of early detection and intervention actions (LIMA, 2025).

In the Brazilian scenario, there has been a significant increase in manifestations related to anxiety, depression, and other forms of psychological distress among adolescents (LOPES, 2020). This phenomenon cannot be understood in isolation, as it is intrinsically linked to recent social transformations and the persistent structural inequalities that mark the country. Factors such as poverty, exposure to violence, weakening of family ties, and difficulties in accessing health services are social determinants that directly impact mental health outcomes (ALEGRÍA, 2023). Thus, mental illness in adolescence should be analyzed in the light of the material, social and symbolic conditions that shape the life experiences of this population.

The literature points out that mental disorders not diagnosed in childhood tend to persist or worsen in adulthood, expanding educational, occupational, and relational impacts (COPELAND, 2023). In this sense, early diagnosis, associated with evidence-based psychosocial interventions, is an essential strategy to modify trajectories of suffering and promote a higher quality of life. However, structural gaps persist with regard to the organization of care networks articulated between health, education and social assistance, which compromises the comprehensiveness of care.

The guarantee of the right to mental health, as a duty of the State, is based on the Constitution of the Federative Republic of Brazil of 1988 (articles 6 and 196), which ensures health as a right of all and a State duty, to be implemented through public policies. In the specific scope of mental health, Law No. 10,216 establishes the protection and rights of people with mental disorders and guides the community care model, in line with the principles of the SUS provided for in Law No. 8,080. However, in view of the insufficiency of supply or the fragmentation of services, there is a growing judicialization of health as a mechanism for access to specialized treatments and services. Such a scenario highlights tensions between legal normativity and the concrete operationalization of public policies (RODRIGUES, 2026).

In this context, there is a need to increase awareness about mental health from the

first years of life, articulating intersectoral actions and strengthening preventive initiatives in school and community spaces. The consolidation of integrated support networks, involving family, school, health services and the community, is a central strategy for coping with child and adolescent psychological suffering, contributing to the reduction of stigmas and the promotion of more welcoming, protective and favorable environments for integral development.

The present study aims to analyze the relevance of child and adolescent mental health in the contemporary Brazilian scenario, with emphasis on the promotion of early diagnosis and the articulation of intersectoral care networks. The specific objectives are: (i) to identify, based on the national scientific literature, the main risk and protective factors associated with psychological distress in children and adolescents; (ii) to analyze the impact of child and adolescent mental disorders in school, family and social contexts; (iii) to examine the strategies for prevention and promotion of mental health described in public policies and government programs; and (iv) to discuss the importance of integrating health, education and social assistance in the consolidation of support networks capable of ensuring comprehensive and continuous care. These objectives are structured in such a way as to clearly delimit the scope of the investigation, allowing the systematic evaluation of the available evidence and the proposition of feasible strategies for the strengthening of public policies aimed at child and adolescent mental health.

## **2 THEORETICAL FRAMEWORK**

The contemporary debate on child and adolescent mental health has been marked by the recognition of its centrality in the public health agenda, both due to its epidemiological magnitude and the cumulative impacts throughout the life course. International evidence indicates that a significant portion of mental disorders begin in childhood and, above all, in adolescence, a period in which neurobiological, emotional, and social transformations are intensified. According to the World Health Organization (2025), it is estimated that approximately one in seven children and adolescents (10–19 years old) has a mental disorder, which reinforces the need for early identification, continuous care, and disease prevention strategies. This scenario supports the understanding that child and adolescent mental health cannot be treated as a peripheral issue, but as a structuring dimension of human development, education and social protection policies.

On the conceptual level, the literature distinguishes psychic suffering from mental disorders themselves, even though both are interconnected. In Chapter 2 – Psychiatric Reform and Psychosocial Paradigm, in *Mental Health and Psychosocial Care*, by Paulo

Amarante (2007), he argues that psychic suffering should not be automatically reduced to a psychiatric diagnosis, as it involves social, cultural and historical dimensions. This perspective is widely used in Brazilian public health to differentiate subjective suffering from mental disorders structured in classification systems.

According to recent studies, psychological distress, often referred to as *psychological distress* in the literature, refers to a set of subjective manifestations of emotional distress, including symptoms of sadness, anxiety, nervousness, irritability, and other negative psychological reactions in the face of adverse situations or psychic stressors, without necessarily corresponding to a diagnosable mental disorder. On the other hand, mental disorders are conditions that can be diagnosed with specific clinical criteria, differing from transient emotional distress because they involve functional impairment and the need for systematic follow-up. (CURELARU, 2025; GERAGHTY, 2024). This differentiation is essential to avoid both underdiagnosis and excessive pathologization of developmental experiences. Childhood and adolescence are critical phases of the life cycle, in which environmental, family and school factors exert a decisive influence on the constitution of mental health, which demands context-sensitive approaches based on multiprofessional assessment.

The perspective of the social determinants of health has broadened the understanding of the factors that influence psychological distress in childhood and adolescence. Evidence indicates that poverty, food insecurity, violence, discrimination, weakening of family ties and barriers in accessing services increase mental vulnerability. On the other hand, stable affective bonds, community support, a protective school environment, and timely access to psychosocial care act as protective factors (OBERLE et al., 2025). The Pan American Health Organization (n.d.) emphasizes that many cases remain undiagnosed and without adequate treatment, increasing the risks of school dropout, social isolation and future losses. This situation highlights the need for interventions that articulate clinical, educational and social assistance actions.

In the Brazilian context, the organization of mental health care is structured in the Psychosocial Care Network (RAPS), established within the scope of the Unified Health System with the objective of promoting comprehensive, territorialized and networked care. RAPS proposes the articulation between Primary Care, specialized services, community devices and intersectoral strategies, recognizing that child and adolescent mental health care is not restricted to the clinical space. This model reinforces the importance of continuity of care and co-responsibility between different points of the network. However, the literature also identifies challenges related to unequal coverage, fragmentation of care flows, and insufficient integration between sectors.

In this sense, intersectoriality emerges as a central theoretical and operational axis for the consolidation of support networks capable of guaranteeing comprehensive and continuous care. The articulation between health, education and social assistance is pointed out as an indispensable strategy for the early identification of signs of suffering, the construction of unique therapeutic projects and longitudinal follow-up. The school, for example, is often a privileged space for observation and referral, while social assistance services contribute to coping with structural vulnerabilities that have a direct impact on mental health. However, although widely defended in normative frameworks and public policies, intersectoriality still faces practical obstacles, still fragmented communication between services, weaknesses in shared protocols, and limitations of resources allocated to child and adolescent care (LEITÃO; AVELLAR, 2025).

Thus, the theoretical framework that underlies the present study is based on the convergence between three main axes: the approach to the social determinants of health, the perspective of human development throughout the life course, and the model of integrated care networks. By analyzing the relevance of child and adolescent mental health in the contemporary Brazilian scenario, with an emphasis on early diagnosis and intersectoral articulation, the study dialogues with consensus established in the literature, such as the need for timely and territorial interventions, and with persistent gaps, especially with regard to the effectiveness of public policies and the consolidation of integrated care networks. Thus, the theoretical framework not only contextualizes the phenomenon, but also guides the critical analysis of the evidence and the proposition of feasible strategies for strengthening policies aimed at the mental health of children and adolescents.

### **3 METHODOLOGY**

This is a qualitative study, developed through bibliographic research, with a deductive approach, whose relevance lies in the complexity of the object investigated, which involves social, legal, political and subjective dimensions in the field of health. The qualitative nature is fundamental because it enables interpretive, critical and contextualized analysis of the phenomena, allowing the understanding of meanings, normative foundations and practical implications. In addition, Lakatos and Marconi (2021) base bibliographic research as a method based on the systematic analysis of scientific productions already published, allowing the theoretical construction of the object of study through a deductive approach.

Data collection was carried out through a systematic search in national and international scientific databases, covering journals in the areas of public health, psychiatry, psychology and social sciences, as well as through consultation of official documents, current

legislation and technical reports of national and international organizations. The research used descriptors articulated in Portuguese and English, including terms such as "mental health", "infantojuvenil", "mental disorder", "acolhimento", "Brasil", *mental health, child and adolescent, mental disorder, welcoming and Brazil*, in order to increase the sensitivity of the search and ensure greater coverage of the survey.

The following inclusion criteria were adopted: publications in Portuguese or English; studies that directly addressed the conceptual, normative, epidemiological or social aspects related to the object of the research; and publications within the previously defined time frame: 2020 to 2026. Duplicate studies, texts without thematic relevance or that did not present a consistent analytical contribution to the problem investigated were excluded, ensuring the reliability of the information compiled.

After the selection, the material was submitted to exploratory and analytical reading, proceeding to the organization of the references in thematic axes: Risk factors and protection for psychic suffering, Impacts of mental disorders in life contexts, Public policies, prevention and promotion of mental health and Intersectoriality and care networks, according to their theoretical and normative contribution. The analysis was guided by the deductive method, starting from general principles, especially constitutional and legal, for the interpretation of specific situations and for the construction of critical argumentation developed throughout the study.

The ethical principles that guide scientific production were observed throughout the study, through the due attribution of credit to the works consulted, ensuring respect for intellectual property and the originality of the academic productions used. As this is a bibliographic research, without direct involvement of human beings, there was no need to submit it to the Research Ethics Committee, in accordance with current regulations. Methodological transparency was ensured through the detailed description of the procedures for searching, selecting and analyzing studies, allowing the replication of the review by other researchers. The main limitation of this study is the dependence on the quality and availability of scientific publications, which may not fully reflect knowledge about child and adolescent mental health in Brazil, especially in view of underreporting, underdiagnosis, and barriers to access to mental health services.

**Table 1**

*Academic References and Their Contributions to Research*

Author	Title	Year	Contributions
LOPES, C.	How is the mental health of Brazilians? The importance	2020	It highlights the high burden of mental disorders in Brazil, their early onset and relationship with social inequalities,

	of birth cohorts for a better understanding of the problem.		emphasizing the importance of birth cohorts to guide public policies.
OLIVEIRA, P.; SANTANA, F.; JÚNIOR, J.; SANTOS, K.; ARAUJO, P.; FORTUNA, C.	Matrix support in child and adolescent mental health in Primary Health Care: institutional socioclinical intervention research	2021	It analyzes matrix support in child and adolescent mental health, demonstrating its contribution to expanding the co-responsibility between ESF and CAPS, transforming institutional practices and qualifying the organization of care.
RICHTER, R. H.; MATSUKURA, T. S.; TAÑO, B. L.; CID, M. F	Portraits of the discharge process in mental health care for children and adolescents from the perspective of occupational therapists.	2022	It examines the process of discharge in CAPSij, showing that its effectiveness depends on gradual planning, intra and intersectoral articulation and co-responsibility of the network, strengthening the psychosocial perspective and the Psychiatric Reform.
ALEGRÍA, M.; ALVAREZ, K.; CHENG, M.; FALGAS-BAGUE, I.	Recent Advances on Social Determinants of MentalHealth: Looking Fast Forward.	2023	It synthesizes recent advances on the social determinants that influence mental health, evidencing their impact on the occurrence and evolution of mental disorders.
COPELAND, W. E.; HALVORSON-PHELAN, J.; MCGINNIS, E.; SHANAHAN, L.	Adult mental health, substance use disorders, and functional outcomes of children resilient to early adversity	2023	It demonstrates that resilience to adversity in childhood is uncommon and that children considered resilient have, in adulthood, a higher risk of anxiety and depressive disorders and worse functional outcomes, indicating that reducing early exposure to adversity should be a public health priority.
GERAGHTY, A. W. A. et al	Distinguishing emotional distress from mental disorder in primary care.	2024	It shows that the distinction between emotional distress and mental disorder, through the 4DSQ, is perceived as clear and useful by primary care patients, favoring self-understanding, qualification of clinical dialogue and greater therapeutic direction.
MASTORCI, F.; LAZZERI, M. F. L.; VASSALLE, C.; PINGITORE, A.	The Transition from Childhood to Adolescence: Between Health and Vulnerability	2024	It analyzes the transition from childhood to adolescence as a period of intense vulnerability and developmental potential, evidencing the interaction between biological, psychosocial and environmental factors in the construction of resilience, well-being and health throughout the life course.
CURELARU, M.; CURELARU, V	Academic Difficulties: Development and Validation of Scale to Measure Students' Mental Health Problems in Online Learning	2025	They propose and validate a concise instrument to assess mental health problems in online teaching, evidencing a hierarchical structure composed of psychological suffering and academic difficulties, with good psychometric indicators.
LEITÃO, I. B. et al.	Child and adolescent mental health: analysis of therapeutic itineraries in a city in the interior and without Child and Adolescent Psychosocial Care Centers.	2025	It points out that, in a municipality without CAPSij, child and adolescent mental health care is organized by fragmented itineraries, with the centrality of the school, predominance of specialized referrals and barriers to the continuity of care, evidencing weaknesses in the local network.
LEITÃO, I.; AVELLAR, L.	Overview of child and adolescent mental health policies in Latin America: insufficiencies and needs for intersectoral articulation.	2025	It presents an overview of child and adolescent mental health policies in Latin America, evidencing normative advances coexisting with low investment, precariousness of services and fragmented implementation, and defending the need to strengthen the network and greater prioritization of the SMIJ in the public agenda.
LIMA, R. F. et al.	Epidemiological scenario of mental disorders reported	2025	It describes the epidemiological profile of mental disorders in children and adolescents

	in children and adolescents in the state of Bahia between the years 2020 and 2024.		in Bahia, showing a predominance in adolescence, an increase in notifications and a high hospital impact.
OBERLE, E. et al.	Mental well-being trends and school-based protective factors among adolescents in British Columbia (2015–2022): A population-based study.	2025	It shows a decline in the mental well-being of adolescents, demonstrating that school factors such as adult support and a sense of belonging act as important protective elements.
WORLD HEALTH ORGANIZATION (WHO).	Adolescent mental health	2025	It presents updated data on mental health in adolescence (10-19 years), showing a high prevalence of disorders, impact on the global burden of diseases and the need for intervention and specific public policies.
RODRIGUES, E	Judicialization of mental health: challenges and solutions in the Brazilian justice system.	2026	It analyzes the phenomenon of judicialization of mental health in Brazil, discussing its impacts on public management, the structural challenges of the SUS and the need to improve policies and the articulation between the health system and the justice system to ensure effective access to care.

Source: Elaborated by the authors.

The systematization presented allows us to visualize, in chronological order, evidence that demonstrates how child and adolescent mental health guides more qualified decisions in the formulation of policies and in the organization of care networks. By bringing together studies on social determinants, early onset of disorders, organization of Primary Care and specialized services, intersectoral articulation and protective factors, the possibility of identifying vulnerabilities, reducing care fragmentation and subsidizing prevention and promotion strategies is evident. In addition, by integrating discussions on the distinction between emotional distress and mental disorder, therapeutic itineraries, structural weaknesses of the network, and challenges related to judicialization, the framework reinforces that promoting mental health is not limited to diagnosis or punctual treatment, but involves strengthening the governance of the system, qualifying professional practices, reducing inequalities, and protecting development processes that sustain well-being and resilience throughout the course of the year. life course.

#### 4 RESULTS AND DISCUSSIONS

The analysis of the selected studies shows that child and adolescent mental health has been understood as a multifactorial phenomenon, crossed by social determinants, organization of care networks and impacts throughout the life course. In the axis referring to risk and protective factors for psychological suffering, from an epidemiological perspective, a high burden of mental disorders is observed in Brazil, with often early onset and a strong association with socioeconomic inequalities (Lopes, 2020). Recent international data

reinforce this magnitude by indicating a high prevalence of disorders among adolescents aged 10 to 19 years and a relevant participation in the global burden of diseases (WHO, 2025). In the state context, the growth in notifications and the hospital impact on children and adolescents point to a worsening trend and greater visibility of cases (Lima et al., 2025).

With regard to social determinants, the literature shows that structural factors, such as poverty, social exclusion, and exposure to violence, exert a significant influence on mental health throughout the life course (Alegría et al., 2023). Similarly, when analyzing the effects of adversity accumulated throughout childhood, Copeland et al. (2023, p. 911) highlight that "resilient children who experienced multiple forms of adversity in childhood had the highest risk of exposure to trauma in adulthood", showing that early resilience does not eliminate the cumulative impacts of adverse experiences. In addition, the authors state that "thus, exposure to adversity in childhood appears to have a significant long-term effect, the impact of which is delayed among individuals who initially appeared to be resilient," indicating that the effects of adversity may manifest late, which reinforces the importance of preventive strategies and continuous monitoring throughout development.

In the axis of the impacts of mental disorders in life contexts, studies demonstrate that, in the clinical and evaluative field, the distinction between emotional distress and mental disorder is fundamental to qualify the dialogue in Primary Health Care and direct more appropriate interventions. In this sense, as highlighted by Geraghty et al. (2024, p. 440), "Differentiating suffering from disorder was perceived as useful, both to support self-understanding and to potentially improve conversations with clinicians", showing that such differentiation favors both the patient's subjective understanding and communication in the care context.

Regarding public policies and the organization of mental health care networks, the findings indicate that matrix support in child and adolescent mental health strengthens the co-responsibility between Family Health Strategy and CAPS teams, qualifying practices and expanding the comprehensiveness of care (OLIVEIRA et al., 2021). However, the discharge process at CAPSij requires gradual planning, intra- and intersectoral articulation, and co-responsibility of the network to avoid care discontinuity (RICHETER et al., 2022). In municipalities without CAPSij, fragmented therapeutic itineraries, centrality of the school, and predominance of specialized referrals are observed, evidencing structural weaknesses in the local network (LEITÃO, I. B. et al. 2025). At the Latin American regional level, normative advances are identified coexisting with low investment and fragmented implementation of policies (LEITÃO; AVELLAR, 2025).

Finally, the judicialization of mental health reveals tensions between social demand and the structural capacity of the public system, impacting management and highlighting gaps in the supply of specialized services (RODRIGUES, 2026). In an integrated way, the findings corroborate the understanding of child and adolescent mental health as a multifactorial phenomenon, socially determined and crossed by structural and institutional dynamics. The high epidemiological burden and the early onset of disorders reinforce the need for early detection and intervention strategies, especially in contexts marked by socioeconomic inequalities. The association between accumulated childhood adversities and late outcomes, even in individuals initially considered resilient, demonstrates that the impacts of adverse experiences can manifest themselves in a deferred manner, requiring longitudinal follow-up and sustainable public policies throughout the life course.

From the perspective of the school, family and social contexts, the findings explain that mental disorders are not restricted to the clinical field, but have a structuring impact on educational development and interpersonal relationships. The distinction between emotional distress and mental disorder is shown to be strategic to qualify interventions in Primary Care, avoiding both excessive medicalization and neglect of conditions that require systematic care. This differentiation contributes to improving clinical dialogue and strengthening the autonomy of subjects in the care process.

In the field of public policies, the coexistence between normative advances and fragmented implementation shows a mismatch between the formulation and effectiveness of actions. Judicialization emerges as an expression of structural gaps and the insufficiency of the regular supply of specialized services, signaling the need for greater investment and systemic planning. Strategies for prevention and promotion of mental health must assume a structuring character, incorporating intersectoral actions and expanding the centrality of Primary Care.

Finally, the consolidation of integrated intersectoral networks is a fundamental condition to ensure comprehensive and continuous care. The strengthening of matrix support, the articulation between health, education and social assistance, and the adequate planning of the discharge process in specialized services are central elements to reduce the fragmentation of therapeutic itineraries. In an articulated way, the results indicate that the guarantee of mental health care in childhood and adolescence requires not only the treatment of already established cases, but also investment in developmental protection, promotion of protective factors and reduction of structural inequalities that affect psychological suffering.

## 5 FINAL CONSIDERATIONS

This study aimed to analyze the relevance of child and adolescent mental health in the contemporary Brazilian scenario, with emphasis on the promotion of early diagnosis and the articulation of intersectoral care networks. The investigation showed that mental health in childhood and adolescence is a multifactorial phenomenon, resulting from the confluence of social, structural, institutional and relational determinants that affect the course of life. The findings indicate that psychological distress and mental disorders in children and adolescents cannot be understood from an exclusively clinical perspective, requiring a broader approach that considers socioeconomic inequalities, exposure to early adversities and weaknesses in the organization of care networks.

The interpretation of the findings indicates that strengthening child and adolescent mental health in Brazil requires structuring strategies that integrate prevention, early diagnosis, and continuous care in a network. This presupposes investment in Primary Health Care, qualification of the Psychosocial Care Network and effective articulation between health, education and social assistance. The strengthening of family bonds, school support and qualified access to PHC are central protective factors. In addition, it is essential to address socioeconomic inequalities as structural determinants of psychological suffering, ensuring sustainable public policies oriented to full protection throughout the life course.

The contributions of this work lie in the critical synthesis of evidence on child and adolescent mental health in Brazil, offering an integrated view of risk and protective factors, impacts on school, family and social contexts, and challenges related to the organization of public policies and care networks. The analysis made it possible to identify contexts of greater vulnerability and reinforces the need for strategies aimed at early diagnosis, prevention, and equitable allocation of resources. It was also evidenced that the promotion of mental health in childhood and adolescence requires intersectoral actions that go beyond the health sector, involving education, social assistance and other protection policies, an essential perspective to ensure comprehensive and continuous care throughout the life course.

Among the limitations of the study, its bibliographic nature stands out, depending on the productions available in the consulted databases, which may not fully contemplate the Brazilian regional diversity. Underreporting of cases, underdiagnosis in Primary Care, and inequalities in access to specialized services also restrict the accuracy of estimates. In addition, there is a concentration of research in urban and institutional contexts, with less attention to children and adolescents in greater social vulnerability, such as those living in peripheral territories, traditional communities or situations of extreme exclusion, which limits the generalization of the findings to the country as a whole

Future studies should prioritize longitudinal investigations that follow the development of children and adolescents over time, allowing the identification of risk trajectories and protective factors, as well as evaluating the effectiveness of preventive interventions and intersectoral care strategies in the Brazilian context. Investigations that integrate quantitative and qualitative approaches can broaden the understanding of lived experiences, family and school dynamics, and institutional barriers to care. Systematic evaluations of the effectiveness of public policies, prevention programs, and matrix support strategies in the Brazilian context are a priority to support evidence-based practices that are culturally sensitive to local specificities.

The final reflection of this research highlights the urgency of recognizing child and adolescent mental health as a fundamental right and collective responsibility, which requires continuous political commitment and sustainable public policies aimed at prevention, early identification and networked care. Although the country has regulatory frameworks and the Psychosocial Care Network, weaknesses persist in implementation, financing and intersectoral articulation. Thus, strengthening Primary Care, qualifying specialized services, and addressing socioeconomic inequalities are central measures to ensure comprehensive care and promote healthy development throughout the life course.

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