

# Exploring the Symbiotic Relationship between Psychiatry and Education: Unveiling Flows of Attention and Care Management beyond the Health Environment Dynamics for Holistic Development

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**Abstract:** *This study aims to report the experience lived in the city of Pedregulho - SP on the matrix training of education professionals regarding their knowledge about mental health and psychic suffering, their ability to recognize students in such a situation and the repercussion that this training will have for municipal management. The objective of this work is to identify the perception of mental suffering and to demonstrate the importance of teachers and pedagogues in identifying gaps in care in the psychosocial care network for children and adolescents. It has been found to be crucial that municipalities recognize the importance of mental health in childhood and youth and work to implement policies and programs that promote well-being.*

**Keywords:** Psychiatry; Education; Management; Flow of attention; Mental Suffering

## 1. Introduction

Walking in the historical context, even before the current Unified Health System - SUS, was consolidated, much was already being discussed about mental health. In the 1970s, the psychiatric reform process began, promoting and promoting the redemocratization of the country (BRASIL, 2011).

In 1978, the Movement of Workers in Mental Health was created, which among the objectives was the security of rights, to this niche of patients through social movements and criticism of the conditions of psychiatric care, listing opinions and formulation of new public policies.

These movements resulted in the formulation of the National Mental Health Policy, already inserted in the SUS, where the user walks in the different lines of care, among them the Mental Health care line, weaving a “web” of assistance, financial and attention flows that we call from 2010 the Psychosocial Care Network, which works on a territorial basis, promoting social reintegration and citizenship and inserting it in the real life contexts of people with experience of psychic suffering (MENDES, 2010).

Such a network has the participation of several actors, assuming one or multiple roles so that care is actually provided. It is up to users or guardians to point out the next paths of this care continuum, being fundamental in this construction, since they will assume the role of protagonist

in the fight for the guarantee and production of rights (MENDES, 2010).

This work is part of child and youth mental health care which, despite having its themes included later in the public agenda, has produced significant advances in the field of practices and knowledge production. Thematics about mental health in children and adolescents are frequent, can profoundly affect the development and autonomy of the future adult, and many of them tend to have a chronic evolution, with negative and serious repercussions at the family, educational and social level (MENDES, 2010).

The attendance of students for cases of psychiatry is increasingly recurrent, the education network uses a single formal resource, Special Education, which presents a historical path with different phases of segregation. It turns out that for health professionals to promote access to these users, several techniques are needed that allow an evaluation that points to psychiatric indications, since the referral error is frequent, very confused with neurology (MENDES, 2010).

It is expected that children and adolescents to be evaluated during the educational process and who are in mental distress will promote fewer failures in referral once the education team is trained.

According to Franco (2007), this evaluation generates moments of tension, as this student is evaluated as “the one

who does not follow the class”, and suspicions are raised about some disorder, often based on this first evaluation.

In this sense, this work is justified by the need to encourage discussions and reflections on school learning problems of children and adolescents with mental suffering. The teacher is the first to notice the signs of this suffering and is sometimes the greatest bond of care. This professional is entrusted with a role of great importance in the lives of students, being the channel of approximation with the family, even helping with omissions and actions that bring consequences, which directly influence the results, so that they are positive.

The education professional must understand the mental illness that is characterized by a combination of abnormal thoughts, perceptions, emotions and behaviors, which can affect the user's interpersonal relationships.

Knowledge about the mental health of teachers, in general, is limited.

In this sense, the growing number of children in mental suffering, aggravated by the pandemic, bring concern to the health sector, education, and other areas of society, including family members.

More recent studies on the subject have shown teachers' misunderstanding of this issue, which causes them to feel insecure when dealing with students' psychological distress (MENDES, 2010).

Education professionals need a more accurate look at these demands since they mistakenly refer this suffering to a neurological demand, because they are unaware, feel more palpable or have difficulty in conducting care. Whether it is health management or education management, it needs support to promote adequate care, whether in healthy living practices, in social interaction or in pedagogical practice (MENDES, 2010).

Improve actions in the process of permanent education aimed at the overall education of students, including those who do not meet the standard student stigma, requires support, which we seek to offer in the analysis of this study (BRASIL, 2005).

The general objective of this work is to analyze the perception of teachers in relation to mental suffering, specifically understanding how health care management and continuing education practices contribute to the training process. However, we also seek to know if the teachers' knowledge about mental health contributes to the strengthening of pedagogical knowledge and its functions and consolidate teaching/learning through teaching, training and pedagogy that stimulate the subject, always acting as a mediator in this process. It also seeks to identify the formative processes and gaps in care in the health care network; verify the education strategies used by educators in the teaching - learning process; to identify in the scientific literature what are the consequences of lack of assistance in approaching this individual and what consequences may result in adulthood.

From this perspective, the performance of teachers in non - school environments emphasizes the importance of educators in mental health, an area of well - being. Pedagogues are assigned several functions, one of which is of paramount importance in non - school spaces, such as mental health, especially in Psychosocial Care Centers (CAPS). The CAPS, an open community mental health care service defined by the mental health policy, put non - sheltered treatment on the agenda, as its proposal demonstrated the eradication of the hospital - centered isolation model (BRAGA, 2015).

## **2. Mental Health and inclusive education policy in Brazil**

With the development and the entire socio - political battle, instruments of paramount importance were created for the development of Mental Health in Brazil, its central pillar being the Psychosocial Care Center (CAPS), which are health services of an open and community nature, being multidisciplinary and interdisciplinary. The main objective of these services is to provide priority care to people facing suffering or mental disorders, including those with needs related to the use of alcohol and other drugs. They are triggered both in crisis situations and in psychosocial rehabilitation processes and are intended to replace the asylum model. For this, they provide humanized and integrated care to the community, seeking to promote the recovery and social reintegration of the individuals served (LUZIO, 2006).

The CAPS proposes a model of humanized care called the Singular Therapeutic Project, the service is responsible for covering care in a broad and multidimensional way, with the objective of exploring the strengths and weaknesses of the individual through social support networks and territorial resources, deepening in the appropriate intervention for their reality of life, color making the patient responsible and maintaining care longitudinally. Such practices are developed in "open door" environments, which are welcoming and fully integrated into the territories of cities and neighborhoods (LUZIO, 2006).

In the context of the child and adolescent population, the Center for Psychosocial Care for Children and Adolescents (CAPSi) was developed, with the objective of offering the aforementioned care to children and adolescents who face intense psychic suffering, adopting a territorial community approach.

According to the thesis presented, there are instruments for evaluating children's mental health with the objective of identifying children who may require a more detailed investigation.

The Child Behavior Checklist (CBCL) is the most widely used instrument worldwide to detect mental health problems in children and adolescents, based on information provided by parents. In Brazil, this tool is known as "Childhood and Adolescence Behavior Inventory" and already has preliminary validation data. In addition, there are two other instruments to track mental health problems in children and adolescents: the Teacher Report Form (TRF), to collect

information from teachers, and the Youth Self - Report Form (YSR), to obtain data directly from young people (BRASIL, 1993).

Another important instrument available in Brazil is the Capabilities and Difficulties Questionnaire (SDQ), which has adequate psychometric properties comparable to the CBCL. Its main advantage is the composition of only 20 questions, which makes its application easy and aimed at evaluating the general population. Unlike the CBCL, the SDQ was conceptually defined based on the DSM - IV and subsequently underwent empirical testing.

These instruments are extremely valuable to identify possible mental health problems in children and adolescents, allowing referrals to more specialized assessments, when necessary. They play an essential role in the early detection of emotional and behavioral issues, contributing to the appropriate treatment and care for the mental well - being of children and young people.

As for inclusive education, we have a policy instituted in this scenario, named: National Policy for Special Education Perspective of Inclusive Education (PNEEPEI) (BRIZOLLA, 2009).

The PNEEPEI represents a policy instituted in the context of inclusive education that has its bases in the paradigm of human rights and in the transformation of educational systems for the inclusion of all students, regardless of their differences and educational needs. This policy is the result of extensive international movements that took place in previous decades, which sought to establish an inclusive and welcoming educational system. (BRIZOLLA, 2009).

Two main factors motivated the development of PNEEPEI. First, the international movement for Inclusive Education, which gained strength and recognition in various parts of the world, defending equal educational opportunities for all children, regardless of their conditions or disabilities. Second, the need to transform teaching - learning processes in order to recognize and value students' individual differences and offer them a more inclusive and appropriate educational environment. (BRIZOLLA, 2009).

Within the scope of the laws and principles that guide the PNEEPEI, the constitutional principle of everyone's right to education stands out, as well as the international convention on the rights of people with disabilities and the Optional Protocol. These instruments aim to guarantee the access and permanence of all students in school, as well as the inclusion of students with disabilities and special needs at all educational levels.

PNEEPEI's main focus is enrollment, participation and learning of students who are considered a target audience for special education in regular schools. To achieve this objective, several guidelines are established, such as the transversality of special education from early childhood to higher education, guaranteeing the continuity of education at higher levels. In addition, training teachers for specialized services in inclusive education and other professionals in the area is essential to effectively promote school inclusion.

PNEEPEI emphasizes the importance of family and community involvement in the educational process and highlights the need to ensure urban and architectural accessibility, adequate furniture and equipment, transportation, communication and information accessible to all students. (BRIZOLLA, 2009).

Special education is integrated into the instructional proposal of general schools, identifying, developing and organizing accessible instructional resources that eliminate barriers to the full participation of students. Teachers play a fundamental role in this process and must have general knowledge acquired in their initial and/or continuing training, as well as specific knowledge related to disabilities and other characteristics of the target audience, in order to offer an inclusive and quality education.

In short, PNEEPEI represents an important milestone in the search for an inclusive and egalitarian education, where diversity is valued and all children have the opportunity to learn and fully develop in a welcoming and inclusive educational environment. (BRIZOLLA, 2009).

### **3. Methodological Theory**

The present investigation is part of the line of qualitative descriptive research. Given the nature of the object, it was decided to develop an applied and exploratory experience report.

This is a literature review, whose method allows the synthesis of several published studies, based on the findings presented by the research, resulting in an expanded analysis and visualization of existing gaps. It presents bibliographical and historical perspectives (MARCONI; LAKATOS, 1996).

The qualitative focus of this work, the researcher is the key instrument, the environment is the direct source of data, it does not require the use of statistical techniques and methods, they are descriptive, the result is not the focus of the approach, but the process and its meaning, that is, the main objective is the interpretation of the phenomenon under study (CHIZZOTTI, 2011). With a holistic approach, only the global nature of psychiatry and education is examined.

Therefore, the objective of this work is evident, which seeks to analyze the perception of teachers in relation to mental suffering, specifically understanding how health care management and continuing education practices contribute to the training process.

To collect the analyzed data, the researcher used real - life observation, at the Municipal Health Department of Pedregulho, state of São Paulo, during the matrix support promoted between education and health in the year 2022.

In the first stage, the question for the review was delimited: seeking only the correlation between education and mental health. Guided by the question: What is the understanding of the education team about mental health processes?

In the second stage, the Portuguese and English languages were used as filters or, in the time frame from 2005 to 2022.

Original articles available in full in the online format were included. Experience reports, reflection studies, literature reviews, editorial management reports, letters, opinion articles, comments, summaries of annals, essays, duplicate publications, dossiers, official documents, theses, dissertations, books and articles that did not meet the scope of this study were excluded.

### 31 Experience Report

The late inclusion of child and youth mental health in the mental health policy agenda in the municipalities can be attributed to several factors, the extensive and varied range of problems related to childhood and adolescent mental health, which range from global developmental disorders to others linked to phenomena of externalization, internalization, substance abuse, among others. But one factor in the identification of disorders must be considered, the education network must be an ally in the early identification of the pathology, in Pedregulho, in the interior of the state of São Paulo, it was observed that the referral of patients to the health service departed, for the most part, from education, which attentive to development, and sometimes through comparative analysis of students,

The symptomatology and the considerable indicator of incidence of cases were related to social and educational losses, adding to the complexity of the assessment, leading the management team in partnership with mental health collaborators to develop a diagnosis of this care network and offer the necessary matrix support.

When carrying out the Situational Analysis, a health management tool, it was observed that education professionals did not understand the pathological aspects related to mental health, in addition to duplicity of referrals to health services. It was also identified the need to clarify the flow for care and full follow - up of the patient and his family.

Mental health matrix support was carried out with all teachers and staff and municipal management. Five training meetings were offered where there was a valuable moment of constituting intersectoral dialogue and even with the members of the team itself. The meetings made it possible to identify the care gaps in the mental health network in the educational process and, above all, the opportunity for collective change.

Teachers were offered recognition of their role in public policy as a fundamental actor, being able to identify mood swings throughout the day, the possibility of referencing through report qualification workshops was instituted.

There was an unreal projection in the students' medicalization, evidencing a therapeutic obstinacy and often the fascination for the clinic arising from ethical conflicts.

At the end of the meetings, there was a change in the reception of students and the importance of dialogue in intersectoral operations, the need to professionalize mental health and education processes, the theoretical foundation in case discussions, awareness of the clinical dimension of

child psychiatry and the importance of transforming the space of practices into teaching and service.

#### 3.1.1 Discussion and analysis of results

Mental health aimed at children and youth in the municipalities varied widely due to several factors, such as available resources, government policies, access to mental health services and population awareness.

In some municipalities, there is greater awareness of the importance of mental health, as well as adequate investment in these services, including the presence of mental health clinics, trained professionals, prevention, promotion and treatment programs, in addition to a formal and informal support network in this line of care.

In contrast, in some municipalities, child mental health is neglected due to lack of knowledge, stigma associated with mental health and scarcity of resources, which results in limited access to these services, long waiting lines and a lack of awareness about the importance of taking care of mental health.

It is necessary for the mental health team to offer the education team the matrix support necessary to identify disorders aimed at childhood and youth and also the perspective of territorial - based devices, mental health outpatient clinics and Psychosocial Care Centers (CAPS), even those not specifically aimed at children and adolescents receive policy guidance so that, in places where there are no other mental health resources, they are responsible for covering this population when they need treatment.

In case specific care for students who involve mental disorders with severe and persistent damage the establishment of guidelines for intersectoral articulation of mental health with other public sectors, seeking to cover the most frequent problems currently constitute the pillars of public mental health for children and adolescents. The notion that underlies the assembly of resources is that of an expanded public network of child and youth mental health care, where services from different sectors must be articulated, with different degrees of complexity and different levels of intervention, capable of responding to the different problems involved in the mental health of children and young people.

It is crucial that municipalities recognize the importance of mental health in childhood and youth and work to implement policies and programs that promote well - being. This space goes beyond sectoral boundaries and can include creating partnerships with local organizations, establishing accessible support services and educating the population about mental health.

### 4. Final Considerations

From the above, it can be concluded that the perception of teachers in relation to mental suffering, especially in the understanding of health care management and education practices, are important in the training process, even though there are still many obstacles to this integration, such as stigma, lack of professional qualifications and the awareness

that health care models result from the different contexts and management situations that determine them. Contrary to what is assumed, there is no health model that supplants, in isolation, all the needs and health problems of a given population, especially those related to children's mental health, which are, in many aspects, subjective.

It is also identified that the formulation, implementation and execution of public policies are increasingly fragile. In this sense, circumventing the moment of financial and social crisis is becoming increasingly difficult.

Based on work practice, managing the health service is a challenge that must be faced with the collective support of the various actors involved in the work.

Some municipalities are reorganizing their health services, based on the proposal of Care Networks, with significantly different results from previous models. This new logic requires the positioning of managers, restructuring the provision of services, including a regionalized view of their territories, for the creation of an agenda and management planning, with investments in results and adding value to users and, above all, requires new professional practices in health care, valuing the multiple views of workers in the various services, even those that go beyond the classic network, such as the advancement of the look at the educational network.

Pedregulho's project allows the identification of some important questions. First, the importance of intersectoral communication, especially between primary care and education, with the need for clear and organized patient flows with appropriate referrals for diagnostic investigation.

Another important aspect is the application of matrix support, which allows understanding of psychopathologies, time to consolidate diagnoses and safety in conduct, avoiding hyper - medicalization of patients, in addition to directing a view devoid of prejudice and pejorative statements by education professionals.

These findings show the importance of implementing changes and improvements in the mental health system aimed at children and youth.

This work also aims to elucidate the importance of effective intersectoral communication, in order to promote a more comprehensive and balanced approach in the diagnosis and treatment of patients.

This investigation is not intended to exhaust this theme, but to encourage discussion on these aspects in educational policies that are in fact more inclusive, since it is believed that, by identifying the gaps in care, it is possible to list public problems and promote better health care, guaranteeing a more integrated, respectful and effective approach for the population, providing access and realizing rights.

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