

Original Article

Infantile-juvenile mental health in the ABS (Basic Attention to Health): from conception to perspectives for care¹

A saúde mental infantojuvenil na atenção básica à saúde: da concepção às perspectivas para o cuidado

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Abstract

Introduction: The literature points to a recent movement to advance in the understanding of other dimensions that permeate infantile-juvenile mental health care, such as, for example, lack of experience, affinity with the field and professional training and the conception of mental health taken by health professionals. **Objective:** To identify the conceptions of managers and/or members of the Basic Attention to Health team on children and adolescents' mental health, as well as their affinities, experiences and training in this field. **Method:** Exploratory and descriptive research, with a quantitative-qualitative approach. 53 managers and/or team members from Health Units from seven cities in the State of São Paulo participated. For data collection, a Participant Identification and Characterization Form, and a General Questionnaire were used. For the analysis, descriptive statistics were used for quantitative information and qualitative data were analyzed using the categorical analysis technique. **Results:** An expanded conception of children's mental health was observed, so that, in addition to the characteristic aspects of the medical-psychiatric model, the participants recognized the social determinants and contextual variables in the concepts presented. The hypothesis raised is that professional training, affinity with the field and previous experiences can influence the adopted concept of children and adolescents' mental health as well as the care developed in health facilities. **Conclusion:** It is considered essential to better understand infantile-juvenile mental health within the scope of services

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in order to reflect on strategies that favor the approximation of health professionals with this field, contributing and qualifying care.

Keywords: Mental Health, Children, Adolescents, Primary Health Care.

Resumo

Introdução: A literatura aponta para um movimento recente de se avançar na compreensão de outras dimensões que perpassam pelo cuidado à saúde mental infantojuvenil, como, por exemplo, a falta de experiência, afinidade com o campo e formação profissional e a concepção da saúde mental tida pelos profissionais da saúde. **Objetivo:** Identificar as concepções de gestores e/ou membros da equipe da Atenção Básica à Saúde sobre saúde mental infantojuvenil, assim como as suas afinidades, experiências e formação nesse campo. **Método:** Pesquisa exploratória e descritiva, de abordagem quantiqualitativa. Participaram 53 gestores e/ou membros da equipe de Unidades de Saúde de sete municípios do Estado de São Paulo. Para a coleta de dados, foram utilizados um Formulário de Identificação e Caracterização dos Participantes e um Questionário Geral. Para a análise, utilizou-se de estatística descritiva para as informações quantitativas e os dados qualitativos foram analisados pela técnica de análise categorial. **Resultados:** Observou-se uma concepção ampliada sobre a saúde mental infantojuvenil, de forma que, para além dos aspectos característicos do modelo médico-psiquiátrico, os participantes reconheceram os determinantes sociais e as variáveis contextuais nas concepções apresentadas. Levanta-se a hipótese de que a formação profissional, afinidade com o campo e experiências anteriores podem influenciar na concepção de saúde mental infantojuvenil adotada e no cuidado desenvolvido nos equipamentos de saúde. **Conclusão:** Considera-se fundamental compreender melhor a saúde mental infantojuvenil no âmbito dos serviços visando refletir sobre as estratégias que favoreçam a aproximação dos profissionais da saúde com esse campo, contribuindo e qualificando o cuidado.

Palavras-chave: Saúde Mental, Crianças, Adolescentes, Atenção Primária à Saúde.

Introduction

Childhood and adolescence were historically constructed, so that, until the 18th century, there was no commitment in terms of rights and public policies to assist this population (Ayres, 2004), much less with those who presented psychological distress. In the Brazilian scenario, it was only in the 19th century that new ways of understanding children and adolescents came into force, as well as the care offered to them; however, this still took place from a perspective of social control.

The existing proposals in special schools, psychiatric hospitals and shelters were authoritarian, oppressive and aimed at controlling their bodies, aiming to make them subordinate and passive adults (Dias & Passos, 2017). In this way, public policies aimed at ensuring the rights of children and adolescents were destined to State control and building a model of assistance centered on institutionalization with the sole purpose of guaranteeing the protection of social order (Brasil, 2005).

It is observed that infantile-juvenile mental health care has changed as some movements have emerged in favor of the rights of the population, such as the 1988 Constitution, the health reform, the psychiatric reform and the Statute of the Child and of Adolescents (ECA) in 1990 (Reis et al., 2010; Amstalden et al., 2010). In addition, in the same way as for mental health care aimed at adults, other factors contributed to the transformation of the care model aimed at children and adolescents. In a recent process, since 2003, the first Children and Youth Psychosocial Care Centers (CAPSij) have been created and, in 2004, the Ministry of Health (MS) established the Children and Youth Mental Health Forum, with the support of various sectors, created with the aim of to build the bases, principles and guidelines of a public mental health policy for this segment (Reis et al., 2010).

In 2011, through Ordinance No. 3.088, the Ministry of Health established the Psychosocial Care Network (RAPS), aimed at people of all ages with mental disorders and/or who experience difficulties arising from the use of alcohol or other drugs. The purpose of RAPS is the creation, expansion and articulation of health care devices in the sphere of SUS (Unified Health System) and, in addition to equipment, it is a set of components and strategies (primary, specialized, urgency and emergency care, strategy of harm reduction, continuing education, deinstitutionalization, among others) (Brasil, 2011). The RAPS consists of a network, with Basic Attention to Health (ABS) together with strategic care, share the role of ordering this network and coordinating care (Brasil, 2011). It is worth mentioning that the implementation of RAPS has as a differential the centrality given to ABS and network operation, expanding the emphasis of deinstitutionalization focused until then only on the specialty.

In line with the RAPS guidelines, in 2014, the Ministry of Health released the document entitled "Psychosocial Care for children and adolescents in the SUS: weaving networks to guarantee care". This document points to the construction of child and adolescent mental health care based on some guidelines, such as, for example, network and intersectoral care, implied referral and reception. In addition, it highlights a series of specific points for this population, such as the guarantee of health as a fundamental right, the constitution of the RAPS, the role of education, among others (Brasil, 2014).

Even considering progress, there are many challenges to be overcome so that it is possible to advance in the psychiatric reform process in Brazil, such as, for example, overcoming the biomedical and hospital-centered model in the field of mental health, which is still present today, and the expansion of users' access to health services, especially within the scope of ABS (Teixeira et al., 2017; Fernandes et al., 2021).

Thus, it is observed that the field of attention and care in infantile-juvenile mental health (SMIJ) in Brazil has gained more visibility in the last 15 years, through public policies and research aimed at this segment. However, it is considered that this was a late investment, so there is much to be done (Taño & Matsukura, 2015; Fernandes et al., 2020). From this perspective, the literature has signaled a series of gaps and weaknesses regarding the care proposed and offered within the scope of psychosocial care, such as networking and intersectoral work, professional training, lack of political direction, among others (Teixeira et al., 2017; Lourenço, 2017; Silva et al., 2018; Lourenço et al., 2020; Fernandes et al., 2020; Taño et al., 2021; Richter & Cid, 2021; Fernandes et al., 2021; Esswein et al., 2021).

Although the strategy adopted for the initial investment of policies and programs in CAPSij is understood – considering its relevance in clinical care and the role it assumes in the network –, there is also an urgent and indisputable need for more studies that consider different points of the psychosocial care network, such as the Basic Attention to Health (ABS), since this is seen as a strategic point in the Brazilian RAPS. The recent and still few studies that address SMIJ in ABS have reaffirmed this need, emphasizing in not only its gaps and weaknesses, but also its strengths. In general, research indicates that ABS professionals lack recognition and/or appreciation of children's mental health and that there is a lack of knowledge about the mode of care, technical difficulties, difficulty of access of this population to this level of health care and articulation with the network. However, when it comes to potencies, they signal the link with families in the territory, reception, qualified listening and health promotion strategies (Teixeira et al., 2017; Lourenço, 2017; Silva et al., 2018; Lourenço et al., 2020; Esswein et al., 2021; Fernandes et al., 2021).

In addition to the aspects most commonly addressed and emphasized in the studies presented above, it is also possible to identify a recent movement of researchers in the direction of advancing in the understanding and discussion of other dimensions that directly permeate care, such as, for example, the possible implications of lack of experience, affinity with the field and professional training and the conception of mental health held by health professionals (Lourenço et al., 2020). It is understood that aspects such as these, are directly involved in care and its management, and may impact the actions developed and offered by the equipment (Campos & Soares, 2003; Vecchia & Martins, 2009; Lourenço et al., 2020; Fernandes et al., 2021).

Campos & Soares (2003) state that the professionals' conception of mental health tends to reflect the unfolding of the operationalization of the Psychiatric Reform guidelines, and it is necessary to retake the concepts and principles that support the Reform process, supported by deinstitutionalization and psychosocial attention, to actually transform the care provided to individuals in psychological suffering.

It is worth recalling the classic essay by Almeida-Filho et al. (1999), in which the concept of mental health was discussed, with the aim of deepening the understanding and care practices developed by health services. The authors pointed to the need to overcome the understanding of the experience of psychic suffering associated with neuropsychiatric pathology, the treatment of the disease and the prevention of risks, in order to enrich the proposal for health promotion. It also discussed the importance of understanding health mental in all its levels, instances and dimensions, overcoming the limits of what was considered normal (Almeida-Filho et al., 1999). This reflection is still necessary and present, as it continues to be pointed out in the literature (Lourenço et al., 2020; Esswein et al., 2021).

Regarding the scenario of childhood and adolescence, studies are recent and have focused on investigating the concept of infantile-juvenile mental health, mainly from the perspective of professionals (Lourenço, 2017; Silva et al., 2018; Ribeiro et al., 2019; Lourenço et al., 2020). Silva et al. (2018), aiming to understand the psychosocial care of children and adolescents based on a qualitative study with professionals from a CAPSij, identified that the results found dialogue with some reflections of researchers in the area and encourage discussions that lead to the advancement of the understanding of mental health. Unlike suffering, health is addressed by the professionals participating

in the research based on the production of care for the self and for the other, through the guarantee of the right to speak and to be heard.

In the study by Lourenço et al. (2020), which aimed to identify the understanding of managers of Family Health Units in municipalities that do not have CAPSij on children's mental health, the authors indicated that professionals relate mental health issues directly to economic and social issues experienced by children and adolescents. In addition, the results identified that care for children and adolescents in psychological distress tends to be centered on the figures of the doctor and nurse, in a complaint-conduct perspective.

In another scenario, Ribeiro et al. (2019) developed a study with the objective of analyzing what is considered the mental health demand of adolescents serving an internment measure in socio-educational units in Rio de Janeiro. To this end, the authors conducted interviews with mental health professionals from the socio-educational system and identified, in the results, four interrelated discourse groups, which were separated for better understanding. In the first, there is a predominance of psychiatric knowledge, in order to associate the demands of mental health with the biochemical changes in the brain during adolescence; the second is associated with psychiatric reform based on overcoming the biomedical model and labeling adolescents; the third is linked to the level of social determinants, in which there is an association between mental health and socioeconomic conditions; and the fourth relates young people's behavioral problems to mental health, in a more individual perspective (Ribeiro et al., 2019).

It is possible to observe that one of the conceptions of mental health adopted by the literature on the infantile-juvenile population is the one proposed by the Organização Mundial de Saúde (2001, p. 1) when referring to the adult population, little corresponding to the specificity of childhood and/or adolescence, namely: “[...] a state of well-being in which the individual realizes their abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute positively to your community”. In addition, it is possible to identify a few definitions that transit through different theories and approaches, often competing (Amstalden et al., 2010; Polanczyk & Lamberte, 2012).

In an attempt to gather elements present in the conception of mental health for the scenario of childhood and adolescence, Cid & Matsukura (2014) elaborated a brief definition based on the works of Amstalden et al., (2010), Marturano (1999) and the WHO itself (2001), understanding infantile-juvenile mental health as a set of adaptive skills, involving emotional, behavioral and social aspects, and some situations present in the environment in which the child lives are directly involved in this process. Although the presence of important elements related to mental health in childhood and adolescence is recognized, the limitation of the definition is understood, especially with regard to the vague way in which “aspects present in the environment” is pointed out.

In another initiative, researchers in the field of mental health of children and adolescents who are part of LaFollia - Laboratory of Occupational Therapy and Mental Health of the Federal University of São Carlos, based on discussions and reflections arising from studies and seminars held on childhood and adolescence, as well as taking as input the results of the research produced (Cid & Matsukura, 2010; Rosa & Matsukura, 2013; Taño & Matsukura, 2014, 2020; Minatel & Matsukura, 2014;

Fernandes & Matsukura, 2015; Taño, 2017; Lins, 2018), formulated the proposition of a concept related to infantile-juvenile mental health in the perspective of contributing to this construction.

This concept has been presented and used as a reference in the research and extension activities of this group of researchers. In this way, it is understood that infantile-juvenile mental health is *dynamic and the result of the complex relationship between resources and personal skills, contextual factors and social determinants, which, in the dimension of daily life, are directly involved in the possibilities of participation, enjoyment, recognition and facing challenges. Among others, it involves the possibility of experiencing pleasure, frustration, affection, motivation and proactivity involved in the discoveries and genuine learning of childhood and adolescence.*

Despite the existence of some studies that focus on this theme, and that point to an expansion of the elements present in the conception of mental health, it is necessary to recognize that, in view of the entire historical path of infantile-juvenile mental health, and due to its recent insertion in the public policy agenda, it is still necessary to advance in terms of understanding children and adolescents' mental health and the possible implications for the care that has been proposed to this population, considering different methodologies, regions and contexts of RAPS implementation.

Objective

This study aimed to identify conceptions about infantile-juvenile mental health, based on the perspective of managers and/or ABS team members. In addition, it aimed to identify their affinities, experiences and training in this field.

Methods

The present study is characterized as a survey research, exploratory and descriptive, with a quantitative-qualitative approach (Minayo et al., 2005), being a part of the doctoral research carried out by the first author. It is pointed out that it was approved by the Committee for Ethics in Research on Human Beings, authorized by the Municipal Health Departments of the services, and the participants signed the Free and Informed Consent Term.

The study included 53 managers and/or team professionals appointed by the firms (47 managers and 6 team professionals), from ABS Health Units, from seven municipalities in the State of São Paulo – Bauru, Campinas, Ribeirão Preto, São Carlos, São José do Rio Preto, São José dos Campos and Sorocaba. The sample of participants was defined by convenience (Flick, 2009) and adopted as a criterion for the selection of municipalities to encompass different regions of the State of São Paulo that had a child and adolescent mental health care network composed at least by CAPSij and ABS, in which 262 family health units were identified and contacted for participation.

When presenting the research to the managers, it was indicated that, if they preferred, they could indicate another member of the team to participate in the study.

For data collection, the following instruments were used:

- Participant identification form: composed of 17 open and closed questions about the participants in terms of general characterization, training and professional performance.
- General Questionnaire: composed of 29 open questions that aimed to identify, map and characterize the conceptions about children's mental health and the care developed by the service to which the participant was linked, with a focus on childhood, adolescence and mental health.

Data collection took place through an on-line platform, and, based on the participants' electronic addresses, an access link and information regarding the title, research and researcher, Free and Informed Consent Term (ICF) and collection instruments accompanied by instructions for completion was disponibilized.

The quantitative data obtained were entered and processed using Excel® spreadsheets and presented descriptively. For the analysis of qualitative data, the technique of categorical analysis by Bardin (2008) was used.

Results and Discussion

In view of the objective of the present study, the participants were asked about their training. Of the 53 participants, 39 are nurses, 4 are dentists, 2 are doctors, 2 are psychologists, 2 are occupational therapists, 1 is a social worker, 1 is a pharmacist, 1 is a nursing assistant and 1 is a community health agent.

There is a concentration of participants with training in nursing, showing that, although the National Policy for Primary Care (PNAB) does not define the category of nurses as coordinators or managers, there is a growing appropriation of this place by these professionals, which is also reaffirmed in other studies (Cotta et al., 2006; Jonas et al., 2011). David et al. (2009) point out that, although management is not an exclusive task of any professional category in the health field, the nursing professional, even with interfaces in other fields, has care management as the central object of intervention and, therefore, has been called upon to assume this role in health facilities, as verified in the present study.

However, the literature points out that nurses, when assuming this role, must have mastery of knowledge and practices from different areas of human knowledge, as well as continuing education that understands macropolitics and micropolitics, considering the importance of interprofessional and collaborative work as a management model that favors the construction of care projects in a more complex and contextual perspective (Peduzzi & Agreli, 2018; Spagnuolo & Pereira, 2007).

Nevertheless, even if the aim is to respond to the National Primary Care Policy (PNAB), it appears that, in daily work, there is a double movement in terms of management, often in opposite directions. There are, on the one hand, actions related to management that imply the organization of the service and tasks; on the other hand, there is a demand for this professional to be involved in assisting users (Vanderlei & Almeida, 2007).

Although little is known about the influence of the manager's field of affinity in the actions taken, it is understood the possibility that this implication has an effect on what is proposed and developed by the Health Units, regardless of the profession assumed by the same.

Regarding mental health, participants were asked about their affinity with this field, and the results are shown in Table 1, below.

Table 1. What is the participant’s affinity with the field of mental health.

Category	Examples	Citations(n)
Little affinity/dislikes	<i>· Due to lack of knowledge, we are a little afraid of the mental health area, so I did not have much contact [with it] to have affinity</i>	23
	<i>· Little</i>	
	<i>· I have no affinity</i>	
Likes/a lot of affinity	<i>· I really like working in the area, I was a reference nurse in mental health.</i>	14
	<i>· I think it is importante and I like to act for their treatment</i>	
Recent approach to the field	<i>· I have some knowledge due to the demand in our unit</i>	13
	<i>· Recent, with the implementation of RAPS in Primary Care</i>	
	<i>· Now we are demystifying it a little</i>	

Source: Elaborated by the authors.

Although 23 (46%) participants mentioned the lack or absence of affinity with mental health or that they did not like to work in the field, it was found that 13 (26%) participants have minimally approached the field either due to demand, political or management:

I can, through the reception, have qualified listening and forward what is necessary to the professional services in the area.

Now that we are in the management process, we are becoming more aware and demystifying it a little.

I like mental health, but we work more in the referral sector, making sick leave... it is more the referral sector...

Aiming to understand the influence and importance of having an affinity to work with a certain population, there is the study by Silva et al. (2013), developed with 19 managers of Psychosocial Care Centers (CAPS) in the interior of the State of Goiás, which aimed to identify aspects related to the education and training of professionals working in mental health services. Despite the participants being from CAPS, it was identified that the development of skills and attitudes to work in mental health are essential, such as, for example, the ability to form bonds, affinity with the area, knowing how to work in a team, among others. In the same direction, Oliveira et al. (2009), aiming to investigate the conceptions about the specificities of mental health work, stated that one of the fundamental aspects is having an affinity with the field.

However, it is necessary to consider the possible variables that have weakened the affinity with the field of mental health, as the participants of the present study pointed out in Table 1. Based on the cited examples, it is identified that the lack of knowledge about the field seems to be a factor that influences the development or not of affinity.

Lucchese et al. (2009) point out that the field of mental health in ABS has the challenge of working with users in psychological distress and their real world, so this care is complex, as there is a crossing between the geographic territory and the existential territory, being necessary to inhabit worlds created by people who have different experiences. Due to the lack of foundation and theoretical-technical-assistance references that support the practice, the actions are permeated by fanciful conceptions, based on common sense and stereotyped about psychic suffering. Thus, when faced with situations in which it is necessary to get involved, approach and have other light care technologies under their responsibility, professionals feel unprepared, with fear and strangeness prevailing in the face of the unknown, due to the lack of affinity with the field, so far distant from their practices and professional training (Lucchese et al., 2009).

Koda & Fernandes (2007, p. 1455) point out that workers are shocked to see their own professional identity being called into question. The new experiences force them to have to re-signify their own knowledge, breaking with a practice traditionally instituted during their training. The authors emphasize that, in the process of transforming practices in the field of mental health,

[...] the aim is not only to establish new practices in the field of mental health care, but also to produce transformations with regard to the social place given to madness, to the different, questioning a culture that stigmatizes and marginalizes certain social groups.

Based on this scenario, it is understood that it is necessary to reflect on strategies that contribute to the affinity and greater approximation of professionals with the field of mental health, aiming to qualify the care offered. In this way, investing in continuing education, from graduation to continuing education, and providing opportunities for discussion and reflection on mental health by monitoring cases with the Family Health Support Center (NASF), as well as prioritizing the matrix support as a work methodology in AB, would be actions that would expand care strategies and practices with this public.

Regarding the field of infantile-juvenile mental health, Figure 1 illustrates whether the participant has had experience in caring for children and adolescents in psychological distress:

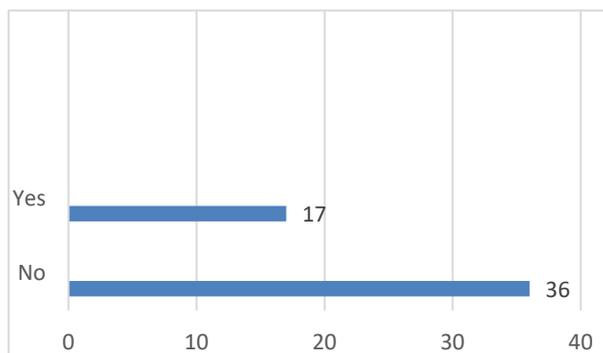


Figure 1. Participants' experience in child and adolescent mental health care.

Most participants (36) stated that they had never had experiences in the field of infantile-juvenile mental health. This result, together with the lack of affinity indicated by the participants, are important factors that may have implications for the conception of the field and, possibly, for the care with the mental health of children and adolescents. Such aspects reinforce the need for policies for continuing education, professional training, approximation with this population via matrix support, among others, as already pointed out.

In addition, considering the high prevalence of children and adolescents in situations of social vulnerability and also those with mild mental disorders (Thiengo et al., 2014), it is questionable where these children and adolescents are, since most of the participants reported never having had experiences with this population, and they are subject to care by the ABS.

In view of this perspective, participants were asked what they understand about infantile-juvenile mental health (Table 2).

Table 2. Participants' understanding of infantile-juvenile mental health.

Category	Examples	Citations(n)
They approach based on a broad perspective that encompasses development, social determinants, quality of life	<i>·Psychich health, transition from the childhood world to the adolescent world, new discoveries</i>	20
	<i>·Psychosocial aspects that may harm the health of individuals</i>	
	<i>·A way of quality of life, in which there is a balance between the person and the sociocultural environment, in their labor, intellectual and social participation to guarantee their well-being</i>	
Approach based on services and/or care and intervention actions	<i>·Specific services for these age groups, covering mental health in general</i>	16
	<i>·Promotion of works/actions aimed at reaching this audience</i>	
	<i>·Prevention, promotion and mental health care actions</i>	
Adress based on mental illness/disorder	<i>·Cases of disorder or psychic suffering and also the use of alcohol and other drugs can be adressed</i>	15
	<i>·Schizophrenia, depression, self-harm</i>	

Source: Elaborated by the authors.

The participants' understanding of infantile-juvenile mental health varied, and was grouped into three categories, namely: (1) that which permeates an expanded dimension of development, social determinants and quality of life; (2) one that addresses understanding based on care and intervention; and (3) those referring to mental disorders or illnesses. As an example, here are some responses that illustrate the three categories.

This is a subjective and broad question. It is a cognitive or emotional condition that allows people to have a good quality of life. It is related to the living conditions of people and family members (1).

Care for children and adolescents who have psychich suffering that interferes with their development, relationships, learning, and daily life (1).

A challenging issue to take care of children and adolescents as subjects with rights and responsibilities, needs space for discussion in the ESF, needs reception (2).

Infantile-juvenile mental health would be more focused on promotion, prevention and care for children and adolescents. Includes group psychotherapy (2).

Any change in mental health, may be mild or severe, such as schizophrenia, depression, self-harm (3).

Children and adolescents with any type of psychiatric disorder (3).

In the reports that illustrate a broader understanding of the concept, there seems to be an association between mental health and coping with adverse contextual situations, whether linked to development, social contexts, among others:

Psychosocial aspects that may harm the health of individuals aged 0 to 19 years, such as the disorganized environment in which they live, incoherent habits of family members, absence of the effective participation of the caregiver, etc. (1).

These would be situations with the child, due to stressors arising from the family, school or social environment in which they are inserted (1).

Thus, based on the results, it is possible to signal an advance, in view of the old understanding of infantile-juvenile mental health, supported by an expanded perspective and also associated with care and intervention, which is possibly the result of the constant investment and effort of public policies in the last years.

Vecchia & Martins (2009), in a study that aimed to analyze the personal meanings and social meanings of mental health care developed by professionals who are part of the Family Health Strategy (ESF), identified that the participants consider it relevant to determine the living conditions in the health-disease process of the population served and the need to use diversified strategies in care, in addition to consultation. Although already presenting an advance to the results of Campos & Soares (2003), the authors reaffirm the importance of overcoming the exclusivity of the biomedical nucleus in determining the health-disease process, pointed out in the operational principles of the ESF, through the use of tools and strategies such as reception, bonding, accountability and continuity of care.

Contributing to and advancing this discussion, and specifically with regard to infantile-juvenile mental health, is the study by Lourenço et al. (2020), which revealed that ABS professionals understand children and adolescents' mental health based on family and environmental experiences, considered relevant factors and involved in the emotional difficulties of children and adolescents. According to the authors, both family and environmental experiences and socioeconomic conditions are close to the concepts of vulnerability and resilience in the perspective of the approach to risk and protection for infantile-juvenile development and mental health, as proposed by Rutter (1987). However, researchers interviewed mental health professionals from the socio-educational system and identified that the conception of infantile-juvenile mental health still permeates a perspective based on psychiatric and individualistic knowledge, also

associated with an attempt to overcome this model, considering social determinants (Ribeiro et al., 2019).

Similar to the results of the present study, Ribeiro et al. (2019) conclude that conceptions are different among professionals. The discourses intersect and connect especially in the problematization of social determinants. The challenge for professionals is to approach the phenomenon of suffering without it being limited to predetermined categories, in such a way that there is flexibility and diversity in the understanding and definition of intervention strategies.

It is possible to verify based on the results of the present study, also verified by Campos & Soares (2003), Vecchia & Martins (2009), Lourenço et al. (2020) and Ribeiro et al. (2019), a movement to transform and expand the concept of mental health. There is then the hypothesis that such transformations should bring repercussions in the care offered, even if in the future. Nevertheless, it is also verified that, over time, the concepts supported by the biomedical model remain present, although no longer centrally.

In this direction, it is identified that the results of the present research approach and dialogue with what the literature has developed on the understanding and definition of children's mental health, if we consider the set of mentioned categories (extended dimension of development, social determinants and quality of life; care and intervention; mental disorder or illness). It is observed that these three categories, although presenting weaknesses and limitations, include aspects that transit through the scenario of infantile-juvenile mental health, in general.

It is noteworthy that, despite the reflection presented and the expansion of the conception of children's mental health, studies indicate that the care actions offered to this population are at variance with these advances, remaining rooted in the biomedical perspective (Fernandes, 2019; Fernandes et al., 2018; Silva et al., 2018). Thus, this finding reinforces the hypothesis that these care practices aimed at disease and healing are perpetuated not only by the difficulty of understanding mental health and all the complexity involved, but also by the lack of affinity with the field, experience and professional training, which tend to restrict the actions taken, among other numerous challenges.

Final Considerations

It is considered that the objectives of the present study were achieved to the extent that it was possible to identify and discuss the conception of children's mental health from the perspective of ABS professionals.

In this direction, the results showed that, even in the presence of remnants of the biomedical and psychiatric model, there is an expansion in the professionals' conception, so that the social determinants have been considered. In addition, it was hypothesized that some aspects, such as professional training, affinity with the field and previous care experiences, may be correlated not only with the professionals' conception of mental health, but also with the care offered (and not offered) in health equipment.

In this study, a conceptual proposition about children's mental health was presented, understanding, consequently, the relevance of this definition for reflections and practices in this field. Thus, it is essential that future studies contribute to a better understanding of this reality, aiming to reflect and advance on strategies that favor the

approximation of health professionals with this field. This approach aims to contribute to their formation and affinity, thus qualifying the care for this segment.

It is important to point out the need to expand knowledge and scope on the theme focused here, both for primary care itself and for other points in the psychosocial care network.

Among the limits of the present study, it is considered that the approach of the theme mainly based on the managers of the units, although strategic for the involvement of a greater number of equipment, does not reach the reality of the members that make up the professional team. Future studies may contribute in this direction.

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Author's Contributions

Amanda Dourado Souza Akahosi Fernandes contributed in all stages of this work, from research, conception, collection and data analysis, writing of results and discussion, text writing, review. Bruna Lidia Táno and Maria Fernanda Barboza Cid contributed to the writing, analysis and revision of the text. Thelma Simões Matsukura contributed to the research design, data analysis, text writing, and review. All authors approved the final version of the text.

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