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Mental disorders in children in the context of family health

Transtornos mentais em crianças no contexto de saúde da família

Trastornos mentales en los niños en el contexto de salud familiar

ABSTRACT

Objective: To describe mental disorders of emotional and behavioral types in children aged 2 to 6 years, according to the assessment of parents/guardians. **Method:** Cross-sectional design, in a school in the catchment area of a Family Health team in the municipality of the Extended West Region of Minas Gerais. A sociodemographic questionnaire and the Children's Behavior Inventory (CBCL) were applied. **Results:** There was a predominance of emotional reactivity disorder in males (39.3%) and a lower rate of sleep problems (9%). In females, depression (34.2%) and somatic complications (34.2%) are the most frequent, with shyness/isolation (2.85) being the least frequent. **Conclusion:** The early discovery of mental disorders in children can help design care and policies, and nurses play an important role in this context.

Descriptors: Mental Health; Mental Disorders; Child; Primary Health Care, Family Health Strategy; Nursing.

RESUMO

Objetivo: Descrever os transtornos mentais dos tipos emocionais e comportamentais em crianças de 2 a 6 anos, segundo a avaliação dos pais/responsáveis. **Método:** Delineamento transversal, em uma escola da área de abrangência de uma equipe de Saúde da Família no município da Região Ampliada Oeste de Minas Gerais. Aplicou-se um questionário sociodemográfico e o Inventário dos Comportamentos de Crianças (CBCL). **Resultado:** Observou-se o predomínio no sexo masculino da desordem reatividade emocional (39,3%) e o menor índice em problemas com o sono (9%). No sexo feminino as desordens depressão (34,2%) e complicações somáticas (34,2%) são as mais frequentes, sendo a timidez/isolamento (2,85) a menos frequente. **Conclusão:** A descoberta precoce de transtornos mentais em crianças pode auxiliar no delineamento de cuidados e políticas e o enfermeiro exerce papel importante neste contexto.

Descritores: Saúde Mental; Transtornos mentais; Criança; Atenção primária à saúde; Estratégia de saúde da família; Enfermagem.

RESUMEN

Objetivo: Describir los trastornos mentales de tipo emocional y conductual en niños de 2 a 6 años, según la valoración de los padres / tutores. **Método:** Diseño transversal, en una escuela de la zona de influencia de un equipo de Salud de la Familia en el municipio de la Región Oeste Extendido de Minas Gerais. Se aplicó un cuestionario sociodemográfico y el Inventario de Conducta Infantil (CBCL). **Resultados:** Predominó el trastorno de reactividad emocional en el sexo masculino (39,3%) y una menor tasa de problemas de sueño (9%). En el sexo femenino, la depresión (34,2%) y las complicaciones somáticas (34,2%) son las más frecuentes, siendo la timidez / aislamiento (2,85) las menos frecuentes. **Conclusión:** El descubrimiento temprano de los trastornos mentales en los niños puede ayudar a diseñar cuidados y políticas, y las enfermeras juegan un papel importante en este contexto.

Descriptores: Salud Mental; Trastornos Mentales; Niño; Atención Primaria de Salud; Estrategia de Salud Familiar, Enfermería.

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INTRODUCTION

The Family Health Strategy (FHS) represents the first level of care of the Brazilian Unified Health System (SUS, as per its Portuguese acronym) and is based on the principle of universality, integrality of health care, territorialization and formation of bonds, where the care of the family unit is its strategic point [1]. Among its objectives, there is the expansion of access to health services and the reorientation of the care model, with emphasis on health promotion, as well as on disease prevention and control. It is, therefore, an important instrument in terms of strengthening the mental health care network, as it converges to a care proposal guided by the principles of the psychiatric reform [2].

In this sense, mental health care in Brazil has been marked by changes involving different panoramas of health care, among which FHS is considered the main device for the provision of care. The family is the reference for the socio-educational, affective and well-being development of the beings that make it up. That is why it is seen as an ally in the care process of people with mental disorders and as a resource in the promotion of their recovery [3].

When present in the family context, psychological distress affects its entire structure and organization, which produces incalculable anguishes and requires adaptations from all members. When it occurs in the period of child development and emotional formation, where the child is expected to acquire important physical and mental skills, it is more challenging, as it will require greater family support for treatment and possible recovery. This period is considered decisive for any individual, since everything that affects his/her development can have a negative impact on the formation of the future adult [4].

The United Nations (UN) points out that, among the world population, children represent 30% of the total [5]. High rates of mental disorders are found in this population, with an average prevalence among preschoolers of 10.2% worldwide. In Brazil, studies recorded prevalence rates ranging from 7% to 12.7%. Diagnosis is a major challenge in the practice of health professionals, given the diversity of clinical conditions and diagnostic particularities [6].

Authors attribute four main factors to the etiology of mental distress in children, including the biological one, which is related to central nervous system abnormalities, caused by injuries, infections, malnutrition or exposure to toxins; genetic factors related to family history of mental disorder; psychosocial factors, related to dysfunctions in family life and stress-inducing situations; and environmental factors, such as problems in the community (urban violence) and abuse suffered (physical, psychological and sexual) [3,5]. The knowledge of these potential risk factors and an adequate approach in the social environment in which children are inserted, such as the school and the family environments, bring possibilities for the development of interventions focused on preventing the effects of these disorders [6-7].

With regard to the types of mental disorders in children, it is worth underlining that there are three specific categories: 1) – Emotional disorders (described as internalization problems), such as: emotional reactivity, anxiety, depression, somatic complications, shyness, isolation, problems with sleep and stress. 2) – Behavioral disorders (externalization problems), which are behaviors manifested as aggressiveness, psychomotor agitation, irritability, nervousness, rebelliousness, disobedience, dominance and provocation. 3) – Developmental disorders, which involve learning problems, enuresis, encopresis and schizophrenia. This study focused on the assessment of emotional and behavioral disorders, taking into account the damage they can cause to the development of preschool-aged children [4].

In this perspective, it is observed that mental disorders in children can represent an important and valuable risk indicator for conditions that influence this group, particularly in the conduct of adult life. Therefore, knowing internalizing and externalizing disorders becomes an essential and useful tool for planning strategies aimed at early diagnosis and treatment, as well as for prevention and control.

Therefore, this study emerges from the need to establish more effective guidelines for early detection by health professionals, especially for those who work in the context of the Family Health Strategy, such as nurses, as they are closer to the children's life scenario, where they live and interact with their social environment. It is also expected to fill part of the gap, with regard to Brazilian studies on the theme and provide information with a view to improving the practice of health professionals, notably nurses working in mental health and primary care, who are directly involved in the care given to this audience.

Accordingly, the current study had the objective of describing emotional and behavioral mental disorders in children aged 2 to 6 years, as assessed by their parents/guardians, having as scenario a school in the coverage area of a Family Health Strategy.

METHODS

This is a cross-sectional study, with a quantitative and descriptive approach, developed in a school in the coverage area of a FHS team in a large municipality in the Midwest region of Minas Gerais.

This is a municipal school with 142 enrolled children between the ages of 2 and 6. The following inclusion criteria were adopted: living in the area covered by the FHS in question, being enrolled in the study school, having a bond and coexisting with parents or guardians since birth. As for exclusion criteria, the following were considered: children with sensory or neurological deficit and children undergoing psychological and/or psychiatric care.

Data collection occurred in 2017 after presenting the project to parents or guardians at a meeting at the school, who, upon acceptance to participate in the research, signed the Free and Informed Consent Form. Subsequently, the parents or guardians were interviewed by the researchers through the *Inventário dos Comportamentos de Crianças* (ICC) (Brazilian version of the Child Behavior Checklist for ages 1 ½-5) [8]. This is an instrument that allows the assessment of the presence of emotional and behavioral mental disorders in children aged between 2 and 6 years. The version used in this study was made available by the current representative in Brazil of the Achenbach System of Empirically Based Assessment (ASEBA). It consists of an integrated assessment system with a wide range of inventories that help in the process of assessing skills and behavior problems in different age groups, conditions and interactions in a quick and cost-effective way.

CBCL is structured in order to obtain responses from parents or guardians about the last six months prior to the fulfillment date regarding the children's behavior. It is composed of 99 sentences assessed by the respondent as: not true – as far as is known; somewhat true or sometimes true; or very true or often true, which corresponds respectively to 0, 1 and 2 points on the scale. The average time taken to respond to the questionnaires was approximately 20 minutes.

It should be underlined that CBCL is capable of detecting internalizing problems, that is, emotional disorders, such as: emotional reactivity; anxiety; depression; somatic complications; shyness/isolation; sleep problems and stress. Similarly, it can detect externalizing problems, that is, behavioral disorders, such as: attentional problems; aggressive behavior; affective problems; anxiety problems; autism; attention deficit/hyperactivity and challenging/oppositional behavior. Through the identification and analysis of these problems, it also enables a characterization of the child regarding his/her overall functioning with results in three dimensions: normal, bordering and clinical [8]. This instrument has good internal consistency and allows for easy application and correction, which favors its insertion into the routine of health services.

The responses to the CBCL items were analyzed using the ASEBA WEB software, a program developed for the analysis of the ASEBA instruments. Such program, when correcting the responses given to the CBCL items/problems, classified the scores obtained in the clinical, bordering and normal categories. For this study, the bordering and clinical categories of the results were grouped together as they showed little significant variation in the results. Accordingly, two categories are presented: normal (without obvious problems) and clinical (with obvious problems).

In order to perform the statistical analysis of the data, the IBM SPSS 24 software (Statistical Package for the Social Sciences) was used. For this purpose, the descriptive statistical analysis was performed, from which the percentages of the response categories of the variables were sought, which were explored through univariate, bivariate and multivariate techniques, considering average, standard deviation, 95% confidence interval, minimum and maximum.

The study complied with all the standards set out in Resolution CNS 466/2012, being approved by the Ethics Committee for Research Involving Human Beings from the Federal University of São João Del Rei, Centro Oeste Dona Lindu Campus (UFSJ/CCO), under the Opinion number 1.809.485.

RESULTS

Of the 142 children enrolled in the municipal school, 68 (47.8%) met the criteria and participated in the study, 35 (51.5%) females and 33 (47.5%) males. The prevalent age was 4 years (23 - 33.8%), followed by 5 years (21 - 31%). The CBCL results regarding internalizing problems (emotional disorders) are displayed in Table 1.

The results presented in relation to internalizing problems (emotional disorders) showed a greater predominance of emotional reactivity disorder in males (16 - 48.5%), followed by anxiety (14 - 42.4%). In turn, in females, depression (18 - 51.4%) and somatic complications (12 - 34.2%) were more prevalent.

The CBCL results regarding externalizing problems (behavioral disorders) are displayed in Table 2. In the externalizing problems (Table 2), with regard to behavioral disorders, it can be coincidentally noted that anxiety problems were more prevalent in males than in females.

Table 1. Prevalence of internalizing problems in children aged 2 to 6 years, according to gender. Extended West Region of Minas Gerais, Brazil, 2017.

Internalizing Problems (Emotional Disorders)	Male (n=33)				Female (n=35)			
	Normal		Clinical		Normal		Clinical	
	N	%	n	%	n	%	n	%
Emotional Reactivity	20	60.6	13	39.3	28	80.0	07	20.0
Anxiety	22	66.6	11	33.3	28	80	07	20.0
Depression	22	66.6	11	33.3	23	65.7	12	34.2
Somatic Complications	22	66.6	11	33.3	23	65.7	12	34.2
Shyness /Isolation	28	84.8	05	15.1	34	97.1	01	2.85
Sleep Problems	30	90.9	03	9.0	33	94.2	02	5.71
Stress	24	72.7	09	27.2	28	80.0	07	20.0

Source: Research data

Table 2. Prevalence of externalizing problems in children aged 2 to 6 years, according to gender. Extended West Region of Minas Gerais, Brazil, 2017.

Internalizing Problems (Emotional Disorders)	Male (n=33)				Female (n=35)			
	Normal		Clinical		Normal		Clinical	
	n	%	n	%	n	%	n	%
Attentional Problems	27	81.8	06	18.1	32	91.4	03	8.5
Aggressive Behavior	24	72.2	09	27.2	31	88.5	04	11.4
Affective Problems	27	81.8	06	18.1	29	82.8	06	17.1
Anxiety Problems	22	66.6	11	33.3	26	74.2	09	25.7
Invasive/Autism	23	69.9	10	30.3	32	91.4	03	8.57
Attention Deficit	27	81.8	06	18.1	31	88.5	04	11.4
Challenging/Oppositional Behavior	25	75.7	08	24.2	30	85.7	05	14.2

Source: Research data.

In relation to externalizing problems (behavioral disorders), there is a higher prevalence of aggressive behavior (19 - 57.5%) in boys, followed by challenging/oppositional behavior (12 - 36.3%). In turn, in girls, affective problems (11 - 35.4%) and anxiety problems (09 - 25.7%) prevailed.

The CBCL results regarding the total problems (internalizing and externalizing) are displayed in Table 3.

Table 3. Prevalence of total, internalizing and externalizing problems in children aged 2 to 6 years, according to gender. Extended West Region of Minas Gerais, Brazil, 2017.

Overall Functioning	Male (n=33)				Female (n=35)			
	Normal		Clinical		Normal		Clinical	
	n	%	n	%	n	%	n	%
Internalizing Problems	14	42.4	19	57.5	22	62.8	13	37.1
Externalizing Problems	20	60.6	13	39.3	30	85.7	05	14.2
Total Problems	21	63.6	12	36.3	25	71.4	10	28.5

Source: Research data.

When analyzing the total problems (internalizing and externalizing), it was found that the internalizing problems both for boys (19 – 57.5%) and for girls (13 – 37.1%) were the ones with the highest relationship with the overall malfunctioning of children.

DISCUSSION

Preschool age is considered a very significant transition period for children, where they move from a world in which fantasy and reality are often confused to a more concrete world with new rules. It is a period in which children are inserted in new environments, breaking with their conception of the world that was previously restricted to the family context [7].

The confrontation of the experiences learned with the family with the new experiences triggers several changes, at psychic, physical, motor, linguistic, behavioral and emotional levels in children. Similarly, it can generate adaptive disorders, negative behaviors or even aggressive attitudes [9].

This process in childhood plays an important role in the individual's future behavior and, therefore, deserves special attention from parents or guardians and health professionals. Accordingly, it is clear that it is through family interactions that children learn the different ways of being and seeing the world, as well as constructing their relationships with school and society [5].

In turn, parents are directly responsible for the social formation of their children, so that all their attitudes are naturally absorbed by children. In fact, it is in family life that the child not only learns to resolve conflicts, but also to manage emotional issues and the different feelings generated by personal and interpersonal relationships [7].

Therefore, the social, affective and cultural ties that the child constructs within the family or environment in which he/she is inserted must strengthen them as a person and help him/her to resolve conflicts, coexist with and adapt to different environments and situations he/she may experience throughout his/her life. It is through family interactions that children develop their self-esteem, construct their identity and knowledge that will guide them for most of their lives [10].

The family constitutes the active unit of affective, social and cognitive evidence relationships. It is the womb of human learning, which generates models of interpersonal relationships and individual/collective construction. The family experience allows the child to create repertoires of behaviors, actions and problem-solving skills with universal (respect and affection) and particular (personal and cultural differences) meanings. These experiences unify the collective and individual knowledge that organizes, interferes and makes it a dynamic unit, structuring its forms of subjectivation and social interaction [4].

According to studies, family structure and support can prevent possible negative behaviors in a child, but it is necessary to take into account his/her capacity for resilience and the unique conditions of each one [2,5-6,11-12]. Researchers have associated family stability with low levels of internalizing symptoms (emotional disorders) in children and have stated that a healthy family environment in which relationships are harmonious is configured as a protective factor for children's mental health [13].

The maternal figure is identified as the one that most influences the child's psychic development, whether in conscious or unconscious attitudes, actions, reactions and emotions [5,8]. Authors also mention that aspects inherent to this relationship and responsive attitudes, such as empathy and emotional availability, should be considered essential for the establishment of a healthy mental functioning of the child, besides the fact of being protective for his/her psychic integrity [3,11,14].

This study revealed a greater predominance of internalizing problems (emotional disorders), typified as emotional reactivity, and externalizing problems (behavior disorders), typified as aggressive, in boys. Studies show that reactive children act according to the way they are treated. It is an attitude that is almost never assertive, since it is always characterized by reactions (and not by actions), especially the child who is always at the mercy of the other [5,9].

A reactive child is more easily influenced and tends to act in an impulsive and extreme way. Over

time, the habit is installed and ends up becoming an instinctive reaction that acts in the primitive part of the brain. Thus, decompensated emotional reactions become more frequent and justifications are always associated with something external and never with the individual [3,9,11].

Reactive children have the impression that they are always being wronged, getting into the habit of victimization and reacting impulsively. This behavior can last into adulthood and cause several damages to personal and professional life, since it generates feelings like anxiety, anger, guilt and bitterness [4].

The greater presence of emotional reactivity and aggressive behavior in boys may reflect the social construction of machismo from an early age, which often encourages boys to react more violently, sometimes even physically, to prove their strength and courage and, consequently, face their frustrations and try to solve their problems. During the course of their development into adulthood, this can lead them to adopt behaviors that are harmful to their health, such as drug consumption and social/domestic violence.

Conversely, in girls, there was a greater occurrence of internalizing problems (emotional disorders), such as depression, and externalizing problems (behavior disorders), such as affective problems. Studies show that the greater propensity of girls to have affective problems may be related to cultural and social factors [2,6,11]. In other words, because they are socially considered more fragile, girls are placed in a protective position, which naturally leads them to avoid risky situations and to react more emotionally/affectively to problems. Accordingly, boys tend to be socially formed as more dominant (strong and aggressive) while girls tend to be more sensitive, less selfish (considerate of others) and more apprehensive.

In this study, when analyzing the total problems (emotional and behavioral), it appears that emotional problems for both boys and girls were the ones that were most closely related to overall malfunctioning. In other words, they are related to their way of living and interacting with the world (family, school and society). This may be due to the fact that emotional states are more complex, as they depend on the child's ability to interpret his/her own experience and understand his/her behavior and that of others. Thus, the ability to control feelings becomes one of the most challenging tasks for children and, if misguided, can affect their behavior and development [5,13].

Scientific studies have shown that emotional development is a critical aspect in the development of brain architecture as a whole and that, if poorly performed, entails enormous negative consequences throughout the child's life [4,9,12]. Accordingly, it is essential that children's feelings receive the same attention as the development of their intelligence throughout their growth.

In this sense, it should be understood that the basis of emotional skills is developed in the first 5 years of life and that the brain circuits involved in the regulation of emotions are the same that interact with areas associated with rational execution functions, such as planning, judgment and decision-making. In other words, in terms of basic brain function, emotions help execution functions when they are well regulated, but interfere with attention and decision-making abilities when they are not controlled. Accordingly, when a child does not learn to manage his/her feelings well, his/her reasoning and intelligence will be damaged [7,13].

Accordingly, children must be encouraged to get a strong emotional base, as this will show a greater ability to deal with frustrations, talk about their feelings, solve their problems and have better social interaction. As a result, their emotional repertoire will be expanded and they will be increasingly able to use language to communicate their feelings and to receive help, as well as being able to inhibit the expression of feelings when the time is not appropriate [6].

In this sense, the educational training of children must also be considered as a priority for the promotion of their mental health. It is essential to prioritize access, permanence in school and the promotion of a more effective and equitable education with respect to gender issues, domestic violence and sexuality, in order to reduce cases of bullying involving children, whether perpetrators or victims of aggressions. In addition, it is necessary to think about the development of social-emotional learning for children with a focus on the formation of life skills that reinforce norms and values capable of promoting non-violent, respectful, welcoming and gender-equitable relationships.

Another recommendation points out that it is necessary to ensure children's safety in the school environment, on the streets and other environments where they gather and interact with each other or with society. Thus, it will be possible to ensure their protection against the urban violence, the stimulation of delinquency and the use/abuse of alcohol and other drugs.

CONCLUSION

Mental disorders have great repercussions on children's development because, in addition to causing damages to their overall functioning, they can persist if they are not properly diagnosed and treated and progress to more severe and chronic cases in adulthood. Therefore, there is an urgent

need to establish more effective guidelines for early detection by health professionals, especially nurses, who work in the context of the Family Health Strategy, as they are often closer to the children's life scenario, where they live and interact with their social environment.

It is believed that the results of this study may enable reflection about the development of public policies aimed at diagnosis and treatment, as well as the measurement of their effects, in terms of prevention and promotion of children's mental health. In this sense, it also contributes to the field of nursing in the sense of envisioning improvements in the safety and economic stability of assisted families, in order to strengthen and preserve the family structure and prevent conflicts that could affect the emotional development of children who are cared for in the context of primary health care. This can be done through cash transfer measures combined with training programs for parents on how to educate/discipline, preventing physical and/or humiliating punishment, in order to create positive relationships and establish conditions regarding the children's school attendance.

The CBCL questionnaire proved to be effective in terms of screening for emotional and behavioral mental disorders in children by the Family Health Strategy team. In order to obtain a quick and reliable diagnosis to guide the necessary interventions for each child.

Finally, it is opportune to mention that one of the limitations of this study is related to the non-testing of the association among the mentioned variables, which makes a more detailed analysis on the theme impossible. Nevertheless, the design responded well the guiding questions of the study in an in-depth manner, serving as a basis for further studies to test hypotheses that may arise from the results of this work.

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