

Psychodiagnosis And Understanding Children's Mental Health

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Abstract:

This article addresses the complexity of child psychodiagnosis and its relationship with children's mental health. The objective is to explore how the medicalization and pathologization of life impacts children, emphasizing the need for a biopsychosocial paradigm. Using a historical and contextual approach, the study examines transformations in the understanding of children's mental health, particularly in Brazil, where the implementation of public policies is recent and still faces challenges. The results indicate that, although diagnosis and medication may be necessary in some cases, they often ignore family and social dynamics, exacerbating problems rather than resolving them. It is concluded that an effective psychodiagnosis should integrate multiple perspectives, valuing the biopsychosocial context and the child's subjectivity to promote a more holistic and less reductionist treatment.

Keywords: Psychological assessment; Children; Psychodiagnosis; Mental Health.

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I. Introduction

We live in an era of productivity, in which the constant need for results is marked by the demand for excellence, efficiency and speed. The contemporary person is obliged to perform in a way capable of guaranteeing his existence (physical and subjective) in this cultural/social/political/economic context. Neoliberalism ends up molding personalities and behaviors that conform to this norm in such a way that those who do not fit this pattern can be considered abnormal, disabled, or even inefficient for the system. Not only adults are measured by this neoliberal yardstick, but children and adolescents are called upon to respond to this standard of performance and adaptation. Globalization and the virtualization of the world have generalized the application of this model. Children and adolescents, continuously subjected to these levels of demand and exposure during their development, can become ill and end up being diagnosed and medicalized unnecessarily. This phenomenon has been named as pathologization of life ^[1].

Of course, children can also get sick, and a correct initial diagnosis is essential to define treatments and minimize damage. To this end, it is necessary to define a health paradigm and a general plan of care. By using only a biomedical paradigm, the symptoms will be treated but the cause of the illness will be ignored. If a collective mental health paradigm is used, the child will be seen as a biopsychosocial being and, as such, will demand a process that involves a network of services, care actors and procedures that will understand them beyond the symptoms. Thus, it is essential to reflect on proposals for the reception and treatment of children and their families to reverse the illness or reduce the damage caused by it ^[2].

Historically, the understanding of children's mental health has undergone several transformations, problems such as childhood depression were less investigated before. Today, there is growing recognition of the importance of mental health from childhood years, as well as the early identification and treatment of diseases. This increase in awareness reflects a shift in how society and healthcare professionals perceive and approach children's mental health. The recognition of the importance of early detection of problems and the definition of timely treatments are corroborated by advances and discoveries that include the construction of a child and adolescent health policy that emphasizes the importance of mental health care.

In developing countries, there is a significant gap between the need for child mental health and a network of services. In Brazil, the mental health of children and adolescents has recently begun to be recognized as a public

health issue through actions aimed at the implementation of mental health policies for children and youth. These efforts include implementing Child and Adolescent Psychosocial Care Centers (CAPSi) and intersectoral articulation of mental health with sectors such as general health, education, social assistance, justice and rights. This articulation is crucial to respond to child and adolescent psychiatric disorders ^[3]. In addition, some legal milestones achieved were the Organic Health Laws (Law No. 8,080 of 09/19/90 and Law No. 8,142 of 12/28/90), the Child and Adolescent Statute (Law No. 8,069 of 07/13/1990) and the Organic Law of Social Assistance (Law No. 8,742 of 12/07/93).

The intersectoral care network was implemented through articulation of community-based and specialized health services, based on an intersectoral basis, in the form of a continuum of responses for the effectiveness of care. Schools with student support actions also play a fundamental role in such care by being, after the family, the second main space for social circulation of young people. General health and social assistance services also play an important role in detecting problems and organizing care support for this population ^[4].

Among the current challenges faced in the promotion of child and adolescent mental health in Brazil, the lack of investment in public policies, inadequate training of health professionals and stigmatization of mental disorders are among the main ones ^[3]. This situation is aggravated by a tendency towards over-medicalization, highlighting the need for more integrated and holistic approaches. The predominant focus on prescription of medications, often observed in medicine practice, neglects to consider important children social ties ^[5], and turns childhood into a terrain of power dispute, where new knowledge and forms of control are established while ignoring the broader and more complex contexts of children's mental health ^[6]. Thus, it is understood that medical-psychiatric knowledge responded to social demands based on the need for a diagnosis in the face of the need to standardize behaviors via medication. The psychiatrist's gaze ended up being limited to directing itself to the symptoms presented by the child, such as failures in brain functioning and its neurochemical mechanisms, sometimes disregarding the parents' narrative about their children ^[5].

With the current increase in childhood diagnoses, there is also an increase in medicalization of school-age children. Although the use of medications is not synonymous with medicalization, it is one of its practices. Considering that the discomfort caused by the child, which is not recognized by pediatric, pedagogical knowledge or by their parents, ends up being diagnosed by medical-psychiatric knowledge. Thus, it is considered that the act of medicalizing, in fact, consists of modifying undesirable health behaviors to adapt to social, moral or acceptable conduct ^[5]. Medicalization in mental health is linked to the attribution of diagnoses and the use of drugs. The use of psychotropic drugs in the twentieth century was the discovery of the solution, or cure, of all the problems presented ^[5]. This thought persists to this day because, with the use of medications, medicine intervenes with its "healing power", sometimes disregarding human behavior, its freedom of expression and developmental phases.

II. Child And The Symptoms From A Psychiatric Diagnosis Perspective

The current trivialization of diagnosis by reducing it to a list of symptoms grouped together in the form of a disorder, helps to further stigmatize those who receive it ^[7]. This reductionist phenomenon, despite valuing scientific objectivity and reliability, produces the erasure of subjective experiences of the sufferer. In this way, symptoms are taken as signs of "deviation from the norm", invariably detached from the personal and relational dynamics of the person and are automatically taken as psychopathological manifestations. This criticism of overdiagnosis of mental illness is not to deny that there is human suffering, but to warn of risks that drugs can cause ^[8]. It is known that medical interference can change situations that could be solved without the need of medicine, as many may feel pressured by health companies that sell such medications labeled as cures.

It is observed that overdiagnosis and intense use of medication can pathologize behaviors that are normal. In addition, early diagnosis can give the child justifications for some behaviors ^[8]. The fact that the family only considers the child's ability to perform certain activities when medicated leads it to grow dependent on their diagnosis. Finally, the risk of medicalization and commodification of health generates the search for medication and the diagnosis of a disease to relieve suffering while concealing the social relations responsible for said suffering.

III. An Understanding Of Psychodiagnostics In Mental Health

The comprehension of continuity between the normal and pathological phenomena of the psyche arose after a change in understanding of the nature of disease in medicine, influenced by the works of the physician Claude Bernard on the relations of continuity between physiology and diseases ^[9]. The hypothesis that representations and ideas could exert an etiological factor in mental illnesses allowed the development of clinical psychology, which is defined in opposition to psychiatry based on the subtraction of organic causality, remaining exclusively in study and treatment of representational causality of mental pathologies.

In the field of child psychology, the assessment of personality and behavior of children within their living environments is essential for accurate diagnosis and referral to appropriate treatments. This process requires the

application of a variety of techniques and consideration of multiple aspects of the child's life. The evaluation of the child's personality, its interaction with the environment in which it lives, in addition to the identification of possible pathologies for an effective referral to treatment are fundamental and, for this, the use of various techniques, including family drawing, House-Three-Person (HTP) projective test and the fables test is indispensable in the collection of crucial information about the child's personality ^[10].

In addition, it is necessary to give due relevance to the child's life history, encompassing their family dynamics and previous experiences as key elements to understand their personality and behavior ^[10]. The interaction between the child and his/her parents, based on trust and emotional support, is pointed out as a pillar for healthy development, emphasizing the vital role of parental relationship in the emotional and psychological growth of the child. Finally, the need for attentive and careful observation by the psychologist during child psychodiagnosis is underlined, ensuring efficacy and accuracy in diagnosis and treatment. This set of considerations outlines a comprehensive framework on child psychological assessment, highlighting the complexity and importance of a holistic approach to understanding the child's personality and behavior, as well as their well-being and development ^[10].

Structural projective tests, such as Rorschach, represent a significant approach in the study of personality and are not limited to capturing only superficial manifestations of personality ^[11]. They provide a comprehensive overview, reaching a representative section of the personality system, including its balance, perception of the world (Weltanschauung), and interrelationships between the psychic instances of id, ego, and superego. This ability to grasp the complexity of personality in its entirety offers valuable insights into the individual's psychological functioning. On the other hand, when analyzing the conceptions of normality underlying the most common instruments of psychodiagnosis, structural contradictions emerge. These instruments are often based on standardized conceptions of normality, which may not adequately capture the diversity of individual psychological experiences. This suggests the need for a more solid epistemological foundation that contemplates different instruments.

In the child psychodiagnosis context, playing is a fundamental resource, so the use of this modality ends up becoming a tool for communication and expression. Play not only serves as a means of communication for the child, but also offers a valuable window into the observation of constituent elements of their relational world ^[12]. This approach opposes the traditional methodology of psychodiagnosis, which prioritizes objectivity and the use of standardized tests. Interventional psychodiagnosis, on the other hand, adopts a more subjective approach, focusing on play as the primary form of communication during the evaluation process. In addition, the relevance of creativity and play in psychodiagnosis reflects the need to understand children's creativity and provide spaces for the development of such impulses ^[13]. The interpretation of play, in this context, is considered as an essential means for the child to reconnect with reality, facilitating progress in initial consultations and offering a holistic perspective on both their emotional and cognitive development.

The importance of play in child psychodiagnosis contrasts with traditional approaches through more innovative and child-centered methodologies ^{[12],[13]}. In the sphere of child psychodiagnosis, an interdisciplinary approach is essential ^[14]. This perspective is crucial to the treatment of diagnoses related to cognitive immaturity and developmental delays. The articulation of teaching clinics with the public health care network is fundamental in this context, emphasizing the need for a broad and diversified education for psychologists. The complexity of the family context in which the child is inserted is often reflected in its behavior ^[14]. Family dysfunction is often manifested by the child and requires an intervention that involves the family as the center of the therapeutic process. This approach highlights the importance of considering not only the individual, but also their family environment in child psychodiagnosis.

In addition, a psychosocial approach to child psychodiagnosis is fundamental ^[15]. This perspective goes beyond an orthopedic view and emphasizes the uniqueness of each child. Ethics and the valorization of otherness are proposed as fundamental pillars in psychological assessment, respecting the individuality of each subject and avoiding rigid clinical practices. This ethical approach is corroborated by the need to pay attention to the principles and provisions of the Code of Professional Ethics and Resolution 04/2019 of the Brazilian Federal Council of Psychology.

The practice of child psychodiagnosis requires a holistic approach that transcends mere behavioral observation ^[15]. This practice implies a deepening of the theoretical and conceptual repertoire on the part of psychologists, thus allowing the inclusion of other variables in the diagnostic process. Essentially, this approach reinforces the need to consider the child in its integral context, encompassing both the family and school environments and respecting their uniqueness. The integral understanding of the child and the attendance to their specific needs are, therefore, the core of child psychodiagnosis, configuring it as a holistic practice.

In this context, the involvement of parents in the process of psychological guidance is essential ^[13]. The mental condition of parents is a major factor in the emotional well-being of children. Thus, including them as an integral part of the psychological assessment process, with an in-depth focus on the family environment, promotes a more comprehensive understanding of both the child and the parents. This collaborative and

inclusive approach is crucial for the effectiveness of psychodiagnosis and for the formulation of truly beneficial therapeutic strategies.

IV. Specific Complexities In Diagnosing Mental Health In Children

Child mental health diagnosis is a field of study and practice that faces complex and multifaceted challenges. The variation in the prevalence of disorders, the influence of the family environment, the controversy surrounding the diagnosis, the lack of consensus, and the need for a comprehensive approach are interconnected aspects that demand constant reflection and continuous improvement on the part of mental health professionals who work with children and adolescents.

Addressing the challenges in diagnosing children's mental health requires an in-depth analysis of the specific complexities involved in identifying and assessing psychiatric disorders in children. These complexities are amply evidenced by epidemiological studies that demonstrate a variation in the prevalence disorders in this age group, with numbers ranging from 1% to 51%. The most common disorders include anxiety, depression, autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and eating disorders ^[16].

The controversy that permeates psychiatric diagnosis in childhood is intrinsically linked to the particularities of child development. These particularities include variations in manifestation of symptoms throughout the different stages of growth, the complexity in distinguishing between normal behaviors and indicators of mental health problems, and the pressing need to validate specific diagnostic criteria for children ^{[13],[17]}. However, the resistance and concern on part of professionals to make a psychiatric diagnosis in childhood can be justified by the lack of consensus in definition, method, integration and use of data, as well as by the urgent demand for a coherent classification system that not only guides theory, research and practice, but also promotes ethics and effectiveness in this field ^[17].

It is also necessary to consider the risks and limitations of psychiatric diagnosis in childhood, since the hegemonic biomedical model adopted has been the classification manuals that reduce the diagnosis to a simple conference and classification of signs, present or not in each child's behavior, disregarding the subjective experience of the subject ^[7]. Child psychiatric diagnosis can prevent children from reframing their parents and their environment, especially in very young children ^[7]. However, early intervention should not be confused with early diagnosis, based exclusively on a nosological classification, thus generating a corresponding psychopathology, because what should guide clinical intervention is the understanding of subjectivation processes, starting from listening to the child and its family, understanding the environment in which they live and how they relate to it ^[7], since each child is unique ^[18].

Subjectivity is engendered in a unique way and marked by the singular existence that each subject goes through in their existence. In this way, diversity is the rule and not the deviation, hence the need for a broader look at the process of subjectivation so that it is not captured in psychopathological reductionism. A complementary approach is to carry out a thorough investigation of the child's psychosocial condition by experienced professionals. This research can bring significant improvements to the child's health and well-being, offering guidance to parents, insights into prognosis, suggestions for the implementation of public policies aimed at children's mental health, and a solid foundation for effective prevention and treatment efforts ^{[15],[17]}.

V. Differences Between Child And Adult Symptoms And Complexity Of Interpretation

Diagnosing mental health problems in children is a complex and challenging task that involves pediatricians and mental health professionals such as psychiatrists and psychologists. The challenges associated with this practice are rooted in several factors, ranging from the difficulty in defining the magnitude of the problems encountered in the daily work of professionals to the lack of consensus in the definition and delimitation of these problems. This lack of consensus makes it challenging to distinguish between normal developmental phenomena and issues that may indicate abnormal conditions ^[19]. In addition, the organization of doctors' work process, which often includes short consultations and the absence of specialized professionals to offer support, makes it even more difficult to detect mental health problems in children. The issue of referrals to specialized services also emerges as problematic, with low reliability and limited feedback in many cases ^[19].

To address these challenges, it is essential to adopt a multidisciplinary approach that engages health, education, and social care professionals in identifying and treating mental health problems in children. Strategies such as psychological assessment, clinical care, early intervention, professional training, and the development of support networks play a key role in identifying and addressing these problems ^[20]. However, a lack of adequate knowledge among healthcare professionals often leads to minimization of explicit mental health-related complaints and a reluctance to address mental health issues during consultations. In addition, the current organization of physicians' work in primary care is identified as a barrier to the detection of non-urgent health problems ^{[19],[20]}. Considering the opportunities for improvement, it is imperative to reorganize services to support primary care professionals in the early detection of mental health problems in children. This may

involve the presence of professionals from other disciplines in primary care, allowing for a more effective multidisciplinary approach ^[19].

The understanding and identification of symptoms in children and adults is crucial both for promotion of children's mental health and the therapeutic approach of psychology. In the field of child mental health, it is essential to understand the risk factors, since this allows the implementation of preventive measures and early interventions, contributing to the emotional and psychological well-being of children and adolescents ^[20]. On the other hand, when examining the therapeutic approach to symptoms, there are significant differences between children and adults. Children develop symptoms because of their own fantasies and internal conflicts, while in adults, identification with the symptom itself plays a central role ^[21].

Psychoanalysis reveals that infantile symptoms have an intrinsic relationship with the construction of fantasy in the child, while in adults, identification with the symptom prevails. Freud emphasized the importance of sexuality in psychopathology and in the formation of symptoms, showing that these are produced from formal conditions that prescribe the possibility of their varied modes of presentation ^[22]. In addition, the influence of a family narrative and identification are considered necessary conditions for affiliation and intergenerationality, adding complexity to the understanding of symptoms ^[22]. In school contexts, psychopathological symptoms related to eating, body perception, anxiety, attention difficulties and agitation are identified in children aged 6 to 12 years ^[23].

It is crucial to recognize that childhood symptoms can be varied and manifested in different ways, depending on the family and social context in which the child is inserted ^[21]. These symptoms can include anxiety, fear, aggression, learning disabilities, sleep problems, bedwetting, among others. However, it is important to emphasize that, from the psychoanalytic perspective, the symptom should not be seen as a simple disorder or disease, but rather as an expression of the child's subjectivity and a resource its constitution ^[21].

Early identification of psychopathological symptoms in children plays a key role in promoting children's mental health. This makes it possible to prevent and treat mental disorders in childhood, reduce risk factors related to mental health, and encourage the development of protective factors and socio-emotional skills ^[23].

VI. Influence Of Factors Such As Cognitive And Emotional Development, Family Environment And School

The field of children's mental health presents several complex challenges that involve a comprehensive understanding of influences over children's psychological well-being. These challenges are intrinsically linked to the interaction of several factors, which include cognitive and emotional development, family and school environments, as well as cultural and social issues ^[24]. Attention to children's mental health demands an approach that recognizes the multiplicity of contexts in which children and adolescents are inserted and how this influences their psychological and emotional developments. The active participation of young people in various areas of their own lives, such as education, work and leisure, is necessary to understand how these contexts directly impact the mental health of children and adolescents ^[24]. This perspective highlights the complexity of social and environmental factors in the formation of mental health, indicating the need for a broader view that contemplates the experiences lived by young people in different spheres of social life.

In addition, there is a need to evaluate and describe the transformations in practices and documents related to child and adolescent mental health ^[24]. The scarcity of records on the institutionalization of children and adolescents in psychological distress and their permanence in care institutions maintained by philanthropic entities points to the urgency of discussions and public policies that harden this issue. On the other hand, the process of child psychodiagnosis is a critical instrument in clinical psychology for the integral understanding of the child in its developmental context ^[10]. Psychodiagnosis not only maps the dynamics that influence children's behavior, but also serves as a guide for psychological interventions that respond to each child's specific needs ^[10]. The analysis of life history, including family dynamics and past experiences, is emphasized as essential for an accurate assessment of social behavior, learning disabilities, and potential development of pathologies. The integration of these two approaches highlights the complexity and interdisciplinarity necessary for the study of child and adolescent mental health. The active participation of young people in their life contexts, combined with the deep understanding provided by child psychodiagnosis, forms the basis for the development of personalized and effective intervention strategies. These strategies should aim not only to mitigate symptoms, but also to promote an environment that supports children's emotional, cognitive, and social growth in a healthy way. Thus, collaboration between the various fields of knowledge and the implementation of public policies sensitive to the specificities of child and adolescent mental health are essential to ensure the psychological well-being and full development of children and adolescents.

These weaknesses in ensuring child and adolescent mental health care highlights the need to strengthen continuity in the follow-up of children, reflecting the complexity and challenges faced in this field in Brazil ^[24]. The influence of factors such as cognitive and emotional development, the family and school environments, as well as cultural and social issues, is undeniable in determining children's mental health ^[25]. Environmental

factors such as poverty, violence, and family dysfunction can increase the likelihood of emotional problems in children, underscoring the importance of a holistic approach.

In this context, early intervention plays a crucial role in promoting positive mental health in children. This can include home visits, training for caregivers, and community-based programs. Pediatricians, in turn, play a critical role in identifying and treating mental health problems in children, utilizing screening tools, and referring children to mental health specialists when necessary ^[25]. Therefore, interventions should be tailored to specific needs of child and family, emphasizing collaboration between health professionals, educators, and social service agencies.

Overall, the children's mental health approach highlights the importance of considering environmental factors that affect mental health and seeks to provide recommendations for effective interventions that promote positive outcomes for children ^[25]. It is of paramount importance to highlight the interconnection between the influence of the family, cultural and social factors in the context of children's mental health. While the family environment plays a significant role in the genesis of mental disorders in children and adolescents, cultural and social factors also play a crucial role in the development of this mental health. Regarding family environment, neglect, abuse, domestic violence, parental divorce, family conflicts and lack of emotional support are factors that considerably increase the risk of mental disorders in vulnerable children ^[16]. These adverse elements can create an environment conducive to the emergence of mental health problems in children, highlighting the importance of considering family dynamics when assessing and addressing these issues.

On the other hand, the influence of cultural and social factors on the development of children's mental health cannot be overlooked ^[26]. When examining problem behavior in children, it is critical to consider variables such as frequency, intensity, duration and context of problems, as well as the history of previous treatments. Additionally, it is crucial to assess how these symptoms affect not only the child in question, but also their family, school environment and interpersonal relationships. Thus, it is important to recognize that medicalization is a latent reality in contemporary society, where the interpretation and treatment of issues related to child development from the perspective of diseases is often observed. This is evidently manifested, especially when analyzing the problem of school difficulties, which often result in referrals to the mental health field. Instead of being a space dedicated to the exploration of pedagogical alternatives, the school sometimes assumes the role of a diagnostic entity. In this context, behaviors such as shyness, agitation and sadness are commonly interpreted as symptoms of disorders, such as attention deficit hyperactivity disorder (ADHD) ^[27].

In this context, it is essential to establish a solid therapeutic relationship and to understand the reasons that led to the referral, as well as the expectations and concerns of the child and parents. This should be done considering the child's functioning in the family and social context. The integration of complex information aims to clarify the focus of treatment and guide appropriate interventions ^[26]. Valuing people's autonomy in the care of their lives and health without losing the ability to face challenges is an essential principle. This implies recognizing people's ability to actively participate in their therapeutic plans, negotiated together with health professionals to avoid excessive dependence on specialists and indiscriminate consumption of health services. Challenges for health professionals include managing the complex issue of medicalization in the daily routine of health services ^[27]. Here, we can point out the need for primary care teams, the vast majority of which are medical and nursing professionals, who are the most frequent performing the longitudinal treatment of children, especially in the first years of life, for permanent education processes that allow the biomedical view (growth, vaccination schedule, anthropometric data, etc.) to also be expanded to more subjective mental health issues.

The assessment of children's mental health comprises multiple aspects, including the analysis of elements such as thinking, speech and language, general cognitive functioning, attention, memory, orientation, critical judgment and introspection, in addition to risk assessment ^[26]. Therefore, this assessment is a comprehensive practice that extends beyond the merely symptomatic scope, encompassing a thorough analysis of the child's psychological and emotional functioning.

The critique of social medicalization is a topic of substantial relevance, as it leads to the suppression of society's autonomy of choice in the face of the technical knowledge of health professionals. Medicalization involves assigning problems to a medical perspective, using medical terminology to describe them, and applying medical interventions as responses, often excluding the population from the decision-making process and making them passive in relation to decisions about their own health. It is essential to recognize the complexity of this phenomenon since individuals undergoing medicalization can also play an active role in this process ^[27].

The theoretical perspective of psychoanalysis offers a solid basis for understanding child development, based on the premise that childhood experiences play as a crucial role both in the formation of human individuality and in the configuration of personality structure. This psychoanalytic theory conceives of personality as a composition of three distinct elements: the id, the ego, and the superego. The id, representing the most primary part of the personality, seeks the immediate satisfaction of needs and desires. In turn, the ego acts as a mediator, seeking to reconcile the conflicting demands of the id and superego, the latter representing morality and social values. In addition, psychoanalytic theory emphasizes the relevance of psychosexual stages

in the process of child development, each associated with a specific erogenous zone and with implications for identity formation. The deep understanding of these psychoanalytic stages and concepts offers parents a framework for an appropriate response to the needs of their children at different stages of development, while highlighting the importance of resolving childhood traumas and conflicts in adult life, often through therapy ^[28].

Additionally, an ethological perspective is incorporated into the analysis, along with the psychoanalytic approach, in the context of child development. This approach underlines the significant importance of the primary bond between the child and its mother in human development. In addition, concepts such as sensitive periods, stamping, and attachment behavior, draws parallels between human development and behavior patterns observed in animal species. Communication and language are also explored, emphasizing their roots in attachment relationships established in the early stages of life. The theory of attachment behavior is highlighted as an essential tool for understanding child development, highlighting the relevance of affective-sensory contact in the formation of healthy attachment relationships ^[29].

Thus, the understanding of child development is extremely important, since it has a direct influence on the formation of personality, development of social, emotional and cognitive skills, as well as mental health throughout life. Such an understanding empowers parents and guardians to provide the necessary emotional support, create a conducive environment, and offer appropriate experiences that favor a healthy development in their children. In addition, it makes it possible to identify and effectively address the specific challenges that arise at each stage, thereby promoting children's emotional and social well-being and laying the foundation for their future development. Thus, understanding child development not only benefits children in their growth trajectory, but also enables parents and guardians to play an active and positive role in promoting the healthy and balanced development of their children ^[28]. It should be noted that qualified professionals in both health services and education can help and support parents to monitor the safe development of their children, supporting them, creating spaces for reflection, exchange of experiences and even identifying possible problems in development that can be circumvented and extinguished with adequate monitoring.

VII. Common Mental Disorders In Childhood

Childhood and adolescence represent fundamental stages of human development, marked by a significant vulnerability to the manifestation of mental disorders that can profoundly affect the life trajectory of individuals. These disorders can be divided into two main categories: psychological developmental disorders and behavioral and emotional disorders ^[30]. This categorization is crucial for a more refined understanding of the various mental pathologies that affect the child and adolescent population, offering a more precise direction for the implementation of treatment and intervention strategies.

In line with the need for an appropriate approach to the challenges presented by these disorders, continued investments in research, especially focused on prevention, are of paramount importance ^[31]. Such investments are identified as essential pillars in the fight against psychiatric disorders in childhood, with particular attention to the autism spectrum disorder (ASD). The emphasis on preventive research is defended as fundamental for the development and implementation of effective interventions that can mitigate the effects of said disorders in early stages of development, reiterating the need for a solid and continuous engagement in research applied to child and adolescent mental health.

This integrated perspective, which combines the accurate identification and classification of mental disorders with a commitment to research and prevention, highlights the complexity of the challenge faced by mental health professionals. This approach suggests a multidisciplinary strategy, which not only aims to treat the disorders already manifested, but also anticipates the identification of risks and the application of preventive measures, which are fundamental to mitigate the emergence and evolution of mental disorders in the child and adolescent population ^[31].

Additionally, the inherent complexity of conditions such as attention deficit hyperactivity disorder (ADHD) demands the implementation of multifaceted therapeutic approaches that integrate both behavioral and pharmacological interventions. Thus, a comprehensive treatment model that encompasses the various dimensions affected by ADHD is needed to promote a more holistic and effective response to the disorder ^[31].

The discussion deepens by considering the significant impact that psychiatric disorders, including ADHD and Separation Anxiety, have on children's emotional and cognitive development. In the context of ADHD, characterized by impulsivity, hyperactivity and concentration difficulties, there is a direct interference in the child's ability to maintain attention and control impulses. This condition can significantly compromise the individual's academic performance and social interactions. At the same time, Separation Anxiety, with its manifestation of disproportionate distress in the face of separation from caregivers, can cause symptoms such as persistent crying and school refusal, adversely affecting the child's emotional well-being and social development.

Understanding the complexity of mental disorders in childhood and adolescence highlights the multiplicity of impacts resulting from these conditions ^{[30],[31]}. These disorders affect not only children's academic

performance and interpersonal relationships, but also their self-esteem and ability to develop effective emotional coping strategies ^[31]. This analysis reiterates the importance of integrated therapeutic approaches, which encompass both early diagnosis and treatment and continuous support for children and their families, aiming not only at mitigating symptoms, but also at fostering an integral and healthy development.

It is also important to emphasize the prevalence and potential disability associated with common mental disorders among children, including depression, anxiety disorders, ADHD, substance use disorders, and conduct disorders ^[30]. This reality signals the need for specialized and focused attention in this population segment, highlighting the importance of considering the influence of biological, genetic and environmental factors on the development of these conditions. Recognition of these factors is critical for the formulation of more effective prevention and treatment strategies that can address the underlying causes and not just the presenting symptoms. These perspectives provide a comprehensive overview of the need for a multidimensional approach to the treatment of childhood mental disorders ^{[30],[31]}. The emphasis on early identification and continued support, coupled with consideration of the various etiological factors involved, highlights the importance of a holistic care model. This model should be able to respond to the specific needs of each child and their family, promoting not only recovery but also the development of life skills that contribute to long-term well-being. Therefore, interdisciplinary collaboration between health professionals, educators, and families emerges as a key element in building a supportive environment that favors the mental health and full development of children affected by these conditions.

In addition, a comprehensive literature review on mental disorders in children and adolescents, focusing specifically on three psychopathologies: Attention-Deficit/Hyperactivity Disorder, Anxiety Disorders, and Disruptive, Impulse Control, and Conduct Disorders, demonstrated that each of these disorders has unique characteristics and challenges regarding diagnosis and treatment ^[32].

ADHD is characterized by inattention, hyperactivity, and impulsivity, with the existence of three subtypes: predominantly inattentive, predominantly hyperactive-impulsive, and combined ^[32]. Understanding these subtypes is crucial for developing effective and personalized treatment plans. Regarding anxiety disorders, fear and anxiety are central characteristics and, although treatment options include pharmacological approaches, psychological treatment is indispensable for the progress of these patients ^[32]. This underscores the need for an integrated therapeutic approach. Finally, Disruptive, Impulse Control, and Conduct Disorders, which manifest through aggressive, defiant, and disobedient behaviors, require a diverse set of therapeutic approaches, including behavioral therapy, family therapy, and medication, as indicated.

The analysis and understanding of mental disorders prevalent during childhood and adolescence, together with associated factors and available intervention strategies constitute fundamental elements to promote the mental health and well-being of young people. This approach is imperative in face of the incidence of disorders such as depression, whose impact transcends age boundaries, affecting individuals at various stages of human development. This panorama reinforces the need for integrated mental health care, standing out not only for its clinical relevance, but also for its role in promoting a higher quality of life.

Depression, characterized by a profound psychic malaise and significant variations in mood, exemplifies the universality and severity of mental disorders, manifesting itself throughout all phases of the human life cycle. There is an evolution in the global perception of health needs, signaling an increase in the prevalence of conditions such as heart disease and depression in contemporary society ^[33]. Such change signals an emerging challenge for health systems, requiring a review of strategies for the prevention, diagnosis, and treatment of these conditions, with a particular focus on the mental health of the young population.

Therefore, the need for a broader understanding and adequate response to mental disorders in childhood and adolescence is an indisputable priority for health professionals. The review and restructuring of intervention programs, as well as the implementation of prevention strategies and cultural changes in public policies, emerge as imperatives to recognize and value children's agency in their own development processes. Thus, it is crucial to overcome the perspective that sees children merely as passive recipients of adult actions, advocating for an approach that positions them as active and central participants in their growth and well-being trajectories ^[34]. This orientation suggests an urgent need to rethink current practices, encouraging the adoption of measures that foster children's autonomy and their recognition as subjects of their own rights and interests.

At the same time, ethnographic research that emphasizes interviews with health and education professionals is an effective method to unveil the meanings attributed to mental disorders in childhood, from the "native model" or from the perspective of the individuals involved. This approach allows for a deeper and more contextualized understanding of children's mental problems, underlining the importance of considering perceptions and experiences of communities in the formulation of intervention policies and practices ^[34]. In addition, the importance of building interdisciplinary practices, integrated into child mental health policies, is highlighted as essential to face the complexity of the challenges associated with mental disorders in childhood. Collaboration between different areas of knowledge is key to developing more effective interventions, which not

only address clinical aspects of disorders, but also consider the social, cultural and educational dimensions that influence children's mental health^[34].

It is imperative to adopt a holistic and integrative view in policies and interventions aimed at children's mental health^[34]. This perspective underlines the importance of the inclusion of children as active agents in their development, as well as the need to value the perceptions of the community and foster cooperation between the various disciplines. These pillars are key to promoting comprehensive mental well-being from the earliest stages of life, ensuring effective support for children's psychological needs.

In line with this view, there is an increasing prevalence and precocity in the emergence of depression among children and adolescents, challenging the previously accepted notion that childhood depression was a rare or non-existent phenomenon until the 1970s^[35]. This belated recognition of childhood depression as a legitimate and significant mental health problem highlights the critical need for in-depth investigations into the symptoms and behaviors characteristic of different developmental stages. This effort aims at a more elaborate understanding of the manifestations of psychopathological processes in childhood and adolescence, allowing the implementation of more effective and contextualized intervention strategies.

Thus, the intersection of these scholarly discourses reinforces the urgency of an interdisciplinary paradigm in child mental health, which not only recognizes the inherent complexities of psychological disorders in youth, but also strives to develop a support system. By integrating knowledge from different fields and considering the lived experiences of children and their communities, it seeks to establish a solid foundation for the treatment and prevention of mental health challenges, thus ensuring an adequate response to the needs of this vulnerable population^[34]. Always paying attention to the fact that offering support, support from public policies and services directed to the field of children and adolescents does not mean pathologizing, massifying conducts and behaviors based on a diagnosis, imposing a single way to describe the experience of mental suffering experienced by children and/or adolescents and their families^[36], but on the contrary, it means to support what is unique, what is proper to the subject's experience in their life contexts.

During childhood, it is difficult to identify depression, as it can be seen as just withdrawal or a somewhat difficult temperament^[37]. When the child is criticized and receives certain punishments, oppositional behaviors, hostility, mood instability and anger crises become common and, sometimes, the main behavioral manifestations that are confused with depression. In the most severe cases, there is a lack of interest in games, difficulties in school activities, changes in routine, isolation, compromised communication, impairment in school performance with impairment in concentration and reasoning. In many cases, a simple classification of symptoms and exaggerated use of diagnoses of school problems can indicate conduct disorders, as described in international medical manuals, which can have a significant impact on the production of children psychopathologized by the practices that occur in the school environment^[38].

The process of pathologization of children manifests itself in different contexts, among them the school environment, which has as its central focus of intervention the use of medication, being debated and questioned, especially in relation to child psychopathologies. The increase in the social movement of pathologization and medicalization of children's demands is notorious, justified by the school difficulties presented by children, associated with behaviors considered inappropriate or irregular, distancing attention from the school and social context, focusing only on children and their families. As a result, there is a growing sale of medications that promise to treat behaviors, learning, concentration and intelligence as if they were solely biological, innate and generic processes^[39].

It is worth mentioning that the symptoms presented in the depressed child can reinforce a psychiatric medical diagnosis, but the understanding of a psychological diagnosis goes beyond the clinical symptoms to an understanding of the psychic dynamics, the family relationship and the adaptation to various contexts that are determinant to explain the psychic suffering^[40]. In this sense, this study may question the psychiatric diagnosis, considering that the pathologization of mental suffering often tends to medicalize.

This medicalization of childhood, as it has been named by different authors^{[41],[42],[43]} is based on the idea of a supposed production that a student must demonstrate in the classroom, as well as the adoption of a given behavior considered appropriate in the school environment. The school, as well as other institutions, does not escape the hegemonic logic that permeates the social bond. Any behavior or attitude that escapes this desired model can be classified as psychopathology.

Thus, we can conclude that the field of mental health and its complexity of understandings intersects with the field of childhood, also approached and treated by different epistemes, when associated with the mental health system. To pay attention to the plural and diverse character that the human experience can produce, to the need for multiprofessional and intersectoral work to offer support for healthy development, and to the inseparable character of clinical practice and politics, understood here in its etymological context, that is, poly (polys) from the Greek meaning very, diverse. The human experience cannot be reduced to a list of signs, nor can it be explained by a diagnosis of disorder. Childhood, as an initial stage of human development and its wide possibility of meaning the world from the constitution of a relational process of the child with himself, with

others and with the environment, opens a wide range of possibilities for the constitution of subjectivity. It is up to the adults who make up this social environment (parents, school, society in general) to support, encourage and create opportunities for so-called healthy development, and not to abandon, reduce or give up on investing in the human.

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