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CHILDREN AND ADOLESCENTS PROFILE ASSISTED IN PSYCHOSOCIAL CARE CENTER

PERFIL DE CRIANÇAS E ADOLESCENTES ATENDIDOS EM CENTRO DE ATENÇÃO PSICOSSOCIAL

PERFIL DE NIÑOS Y ADOLESCENTES ATENDIDOS EM CENTRO DE ATENCIÓN PSICOSOCIAL

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ABSTRACT

Objective: to characterize children and adolescents assisted in the Psychosocial Care Center for alcohol and drugs. **Method:** exploratory, descriptive and quantitative approach, collecting documentary data of 563 subjects, descriptive statistics analysis, in a city of the west of Paraná 2004 to 2009. The Research Ethics Committee approved the project, with number 249/2010. **Results:** the abandonment rate was above 50% in every year, there was prevalence of male adolescents assistance in the age group of 15 years old, from 5th to 8th grade, predominantly nuclear families, family income of a minimum wage, sent by the Guardian Council, with already committed some type of crime, most of them consuming marijuana, alcohol and cigarette. **Conclusion:** there is a need to rethink social policies that meet children and adolescents, encouraging the protection, promotion and prevention of drug use. **Descriptors:** Children and Adolescents; Psychosocial Care; Alcohol and Drugs; Prevention.

RESUMO

Objetivo: caracterizar crianças e adolescentes atendidos no Centro de Atenção Psicossocial para álcool e drogas. **Método:** pesquisa exploratória, de caráter descritivo e natureza quantitativa, realizada por meio da coleta de dados documental de 563 sujeitos, em um município do oeste do Paraná de 2004 a 2009. O Comitê de Ética em Pesquisa aprovou o projeto, parecer nº 249/2010. **Resultados:** a taxa de abandono foi superior a 50% em todos os anos, houve prevalência de atendimento de adolescentes do sexo masculino na faixa etária dos 15 anos, escolaridade do 6º ao 9º ano, famílias predominantemente nucleares, renda familiar de um salário mínimo, encaminhados pelo Conselho Tutelar, já haviam cometido algum tipo de delito, a droga mais consumida foi maconha, seguida de álcool e cigarro. **Conclusão:** mostra-se a necessidade de repensar políticas sociais que atendam a população infanto-juvenil, incentivando a proteção, promoção e prevenção do uso de drogas. **Descritores:** Crianças e Adolescentes; Atenção Psicossocial; Álcool e Drogas; Prevenção.

RESUMEN

Objetivo: caracterizar niños y adolescentes atendidos en el Centro de Atención Psicosocial para alcohol y drogas. **Método:** estudio exploratorio, descriptivo, de enfoque cuantitativo, con la recolección de datos documentarios de 563 sujetos, análisis estadística descriptiva, en la ciudad del oeste de Paraná de 2004 a 2009. El Comité de Ética en Investigación aprobó el proyecto, parecer nº 249/2010. **Resultados:** la tasa de abandono fue superior a 50% en todos los años, hubo prevalencia de atención de adolescentes del sexo masculino en la faja de edad de los 15 años, escolaridad de 5ª a 8ª serie, familias predominantemente nucleares, renda familiar de un salario mínimo, enviados por el Consejo Tutelar, ya habían cometido algún tipo de delito, la droga más consumida fue marihuana, seguida de alcohol y cigarro. **Conclusión:** se muestra la necesidad de repensar políticas sociales que atiendan a la población infanto-juvenil, incentivando la protección, promoción y prevención del uso de drogas. **Descriptors:** Niños y Adolescentes; Atención Psicosocial; Alcohol y Drogas; Prevención.

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INTRODUCTION

The care model for mental health based on the exclusion of the subject’s social life with hospitalization in psychiatric hospitals has showed signs of exhaustion since the 70s. The Psychiatric Reform emerged as a critical move to that model.¹

In Brazil, the Law 10,216 of April 6 2001, also known as the Law of the Brazilian Psychiatric Reform, “provides for the protection and rights of people with mental disorders and redirects the mental health care model”.²

In this way, in accordance with the Psychiatric Reform, the Centers for Psychosocial Care (CAPS), regulated by Ordinance number 336/GM on February 19 2002, emerge as institutions designed to accommodate patients with mental disorders replacing psychiatric hospitals.³

According to the Ministry of Health, there are five types of CAPS: CAPS I, II and III that are about the care of people with severe and persistent mental disorders; the CAPSi integrating actions aimed at children and young people; and the CAPSad that assists users of alcohol and other drugs.³

Among the CAPS, the psychosocial care center for alcohol and other drug users (CAPSad) is highlighted, responsible for the specialized care of people who make harmful use of these substances, monitoring and clinical treatment, reinserting the individual in society and encouraging their autonomy. In addition of having as care strategy to reduce individual and social harm caused by substance abuse, it considers the user as the protagonist of his treatment.⁴

The consumption of these substances among youth people is gaining greater extent in contemporary society, since it is earlier and, therefore, its consequences and losses are also anticipated.⁵

One of the main challenges of the Brazilian Psychiatric Reform is the care focused on the mental health of children and adolescents and its recognition as a public health issue of actions in the Unified Health System (SUS).⁶ This care occurs through various intervention strategies, however the literature shows that adherence to treatment has been a challenge in different contexts, especially for this population.⁵

Therefore, this study emerges from professional anxiety against the abandonment and non-adherence to treatment by

adolescents and children of CAPSad in a city of the west of Paraná. Thus, the study aimed to characterize children and adolescents who attended the Psychosocial Care Center for alcohol and drug users in the city in the west of Paraná, from 2004 to 2009, which may help in understanding the low adherence and early abandonment of treatment.

METHODOLOGY

Article elaborated from the monography presented to the Graduate Course in Mental Health and Psychosocial Care of Children and Adolescents, of the Public Health School of Paraná and the National Pubic Health School Sergio Arouca.

It is an exploratory, descriptive and quantitative research. Data were obtained through documentary research, with data collection by interviews and the records of children and adolescents who were treated at CAPSad between 2004 and 2009. The number of records corresponding to the total demand during the study period was 611. After applying the inclusion criteria, having the full initial interview and the records located and available on the service, only 563 were eligible and were included in the research sample.

Based on the documents and records of the initial interviews, it was sought to identify: the number of assistance per year, as well as the prevalent age group, the number of cases of abandonment, gender, education, family composition, family income, religion, type of forwarding, history of behavior (criminal or not), history of drug use and family history.

Data were analyzed quantitatively in the form of descriptive statistics distribution of absolute and relative frequencies and presented in tables for later comparison with the available literature on the subject.

The study had the project approved by the Ethics Committee in Research of the Ministry of Health of Paraná - CEP-SESA/HT Worker Hospital, under Opinion number 249/2010.

RESULTS

Regarding the number of visits per year, it was realized a homogeneous distribution, with 89 (15.81%) assistance in 2004, 93 (16.52%) in 2006 and 2007, 80 (14.21%) in 2008 and 87 (15.45%) in 2009, with the exception of 2005, where there was a high number of assistance, with 121 (21.49%).

Table 1 below shows the distribution of abandonment cases in service per years.

Table 1. Distribution of treatment abandonment cases of children and adolescents assisted in CAPSad per year. Cascavel, PR, 2012.

Year	Yes	No	Absence of data	TOTAL
2004	75 (84.27%)	5 (5.62%)	9 (10.11%)	89 (15.81%)
2005	80 (66.12%)	17 (14.05%)	24 (19.83%)	121 (21.49%)
2006	54 (58.06%)	23 (24.73%)	16 (17.20%)	93 (16.52%)
2007	53 (56.99%)	27 (29.03%)	13 (13.98%)	93 (16.52%)
2008	28 (35%)	33 (41.25%)	19 (23.75%)	80 (14.21%)
2009	48 (55.17%)	25 (28.74%)	14 (16.09%)	87 (15.45%)
TOTAL	338 (60.04%)	130 (23.09%)	95 (16.87%)	563 (100%)

Source: Records and initial interviews of CAPSad, PR, 2012.

It was noticed a high number of abandonment in 2004, with 75 cases (84.27%), and 2005, with 80 cases (66.12%), while in other years the numbers are also significant. Among the reasons may be listed for abandonment of treatment there are cases in which the family made the request of discharge, cases referred to different services such as: Children’s Psychosocial Care Center (CAPSi) Mental Health Care Center (CASM), Specialized Center of Child Health Care (CEACRI), Regional Center of Specialties (CRE)

and the discharge. There were also cases that were for inpatient detoxification and did not return, some were out of town, others did the initial interview and did not return for treatment. Another important aspect to be considered is that the abandonment, with the exception of 2008, always exceeded 50% of cases, which leads us to reflect on the effectiveness and efficiency of treatment.

Table 2 below shows the annual distribution of children and adolescents in service by age group.

Table 2. Annual distribution by age group of children and adolescents assisted in CAPSad. Cascavel, PR, 2012.

Years	2004	2005	2006	2007	2008	2009	TOTAL
Age	n/%	n/%	n/%	n/%	n/%	n/%	n/%
< 10	-	4 3.31	4 4.30	-	1 1.25	-	9 1.60
11	1 1.12	6 4.96	3 3.23	1 1.08	1 1.25	-	12 2.13
12	2 2.25	7 5.79	6 6.45	4 4.30	4 5.00	9 10.34	32 5.68
13	3 3.37	13 10.74	5 5.38	10 10.75	6 7.50	9 10.34	46 8.17
14	18 20.22	21 17.36	16 17.20	18 19.35	13 16.25	17 19.54	103 18.29
15	26 29.21	15 12.40	26 27.96	20 21.51	23 28.75	16 18.39	126 22.38
16	19 21.35	25 20.66	17 18.28	21 22.58	13 16.25	16 18.39	111 19.72
17	14 15.73	26 21.49	12 12.90	18 19.35	16 20.00	17 19.54	103 18.29
18	3 3.37	2 1.65	1 1.08	1 1.08	2 2.50	3 3.45	12 2.13
> 18	3 3.37	1 0.83	3 3.23	-	1 1.25	-	8 1.42
Abse nce of data	-	1 0.83	-	-	-	-	1 0.18
Total	89	121	93	93	80	87	563

Source: Records and initial interviews of CAPSad, PR, 2012.

The age group with the highest demand for care was 15 years old with 126 (22.38%) cases, followed by the age group of 16 years old with 111 (19.72%) cases, and 14 and 17 years old with 103 (18.29%) cases of service. Faced with the presentation of data, it is evident the late seeking of treatment, and many of the children and adolescents have consumed drugs by an average of one to two years. This hampers the recovery of children and adolescents, because they had some losses related to the use/abuse such as school abandonment or excessive absences, problems

with family and with the law, living only with drug users, among others.

Regarding the gender of children and adolescents in the service, there were a greater number of male, with an average between the surveyed years of 69 (73.36%) of the total assisted, against an average of 25 (26.64%) females assistance. With this data, it is suggested that male adolescents are more vulnerable to alcohol and other drugs.

Regarding the education of children and adolescents whose records were evaluated, 338 (60.03%) were studying or had stopped to

study in the period of 5th to 9th grade of elementary school, which denotes that this period may be an indicator of the need to carry out prevention work to use/abuse of alcohol and drugs at this stage of life of children. The second most significant group was in high school, with 113 (20.07%) cases.

Other data analyzed was the school failure of children and adolescents, showing a high rate of failures, with 275 (48.85%) cases, indicating that drug use is one of the processing components in the lives of children and youth who abuse chemical substances, resulting in the immediate consequences is the interference with academic achievement. Another aspect analyzed was the high rate of incomplete forms with this information, corresponding to 287 (50.97%) cases. This finding demonstrates a service failure in conducting the interviews by the professionals.

Regarding family composition of children and adolescents whose records were analyzed, it was found that 177 (31.45%) cases were from families composed by father, mother and children. However, there were also case of single parent families, represented by father and children; mother and children; mother and other relatives with a total of 183 (32.50%) cases.

As for family income of children and adolescents in CAPSad, it was found that 245 (43.52%) families lived with an income of up

to one minimum wage (R\$ 620.00 at the time of data collection), showing that most of the families were of low socioeconomic status. In 250 (44.40%) records this information was not filled, demonstrating failure in collecting information in the initial evaluation.

With regard to religion of children and adolescents, there was a predominance of individuals who declared Catholics in 148 (26.30%) cases, followed by evangelicals with 60 (10.66%) cases. It is highlighted again the lack of data in 306 (54.35%) medical records.

It was also analyzed the type of forwarding of children and adolescents in CAPSad, where it was observed that 231 (41.03%) were referred by the Child Protection Council. Adding the Child Protection Council referrals along with referral by the judge and only referrals by the court, there were a total of 25 cases, being 4.44% of 563 assistance made in CAPSad. Other referrals were 150 (26.64%) cases.

There were 335 (58.46%) children and adolescents who were treated at CAPSad and committed some kind of crime, predominantly anti-social behavior. In addition, 66 (11.72%) committed theft, 58 (10.30%) acts of violence. Adding to the trafficking crimes; trafficking and assault; trafficking and theft; trafficking and violence; totaling 42 cases (7.46%).

Table 3 below identify the types of drugs consumed by children and adolescents treated at CAPSad.

Table 3. Type of drug consumed by children and adolescents assisted in CAPSad. Cascavel, PR, 2012.

Type	Alcohol	Cigarette	Remover	Crack	Marijuana	Cocaine	Mix	Other
Yes	327	324	104	180	367	89	63	36
No	236	239	459	383	196	474	500	527
Total	563	563	563	563	563	563	563	563
%	58.08	57.55	18.47	31.97	65.19	15.81	11.19	6.39

Source: Records and initial interviews of CAPSad, PR, 2012.

It is observed that marijuana (65.19%), considered as an illicit drug, is the most commonly used, followed by legal drugs such as alcohol (58.08%) and cigarettes (57.54%).

We also observed a high number of crack users (31.97%).

Table 4 below shows the distribution of gender, the use of chemicals by children and adolescents monitored by CAPSad.

Table 4. Distribution of gender, according to the use of chemical substances by the children and adolescents in CAPSad. Cascavel, PR, 2012.

Gende r	Alcohol	Cigaret te	Remov er	Crack	Mariju ana	Cocain e	Mix	Other
Female	101	94	32	42	91	28	16	9
Male	218	224	70	132	263	60	45	27
Total	327	324	104	180	367	89	63	36

Source: Records and initial interviews of CAPSad, PR, 2012.

It is shown that there is a prevalence of males in the use/abuse of all drugs. Other data evaluated is the prevalence of marijuana use among boys, followed by the consumption of legal drugs (alcohol and cigarettes). In the case of girls, the most commonly used drug is

alcohol, followed by cigarettes and, finally, marijuana. We also observed the worrisome consumption of crack prevalent in males (132 cases).

Table 5 below shows the distribution of drug use by family members of children and

Table 5. Distribution of drug use of Family members of children and adolescents assisted in CAPSad.

Family member	2004	2005	2006	2007	2008	2209	Total	%
Father	21	26	13	16	15	13	104	18.47
Parents and relatives	16	21	14	19	12	22	104	18.47
Mother	3	3	2	-	2	6	16	2.84
Parents and siblings	7	5	6	2	4	2	26	4.62
Siblings	13	13	7	4	1	3	41	7.28
Other relatives	1	8	11	11	14	15	60	10.66
With mental disorders	4	1	3	2	1	3	14	2.49
Without records	13	9	3	11	6	7	49	8.70
Absence of data	11	35	34	28	25	16	149	26.47
Total	89	121	93	93	80	87	563	100%

Source: Records and initial interviews of CAPSad, PR, 2012.

The data demonstrate that the use/abuse of alcohol and other drugs by family members of adolescents treated at CAPSad also occurs, and if adding the data of father´s; parents and relatives; mother; father and siblings; siblings and other relatives, who are people who have greater contact with children and adolescents, they are a total of 351 cases (62.34%). Another aspect analyzed worth noting is the number of family members with mental disorders, with 14 cases (2.49%), and this can be considered a risk factor for substance abuse of children and adolescents.

DISCUSSION

The research shows that 2005 was the year with greater demand for care in CAPSad with 21.49% of cases. This search may be related to the recent inauguration of CAPSad at the time because there was referral of children and adolescents who were treated at the Mental Health Clinic and Psychosocial Assistance Center - NAPS, in addition to referrals made by Basic Health Units - UBS and Family Health Units - USF, Guardian Council, Juvenile Court, among others.

Even with the existence of a Psychosocial Care Center specialized for alcohol and other drug users (CAPSad) in the city and its impact on policies and support actions aimed at the child population with psychological distress and considering the high rate of alcohol users and other drugs in the city, we found that there is a low demand for the service during the study period. This aspect can be explained by the population unaware of the service, as well as some family reports alleging that adolescents think that the demand for the service is related to their hospitalization.

In addition, most patients who sought treatment has not continued the treatment. The data analyzed bring a rate of over 50% of cases of abandonment in all investigated years, except for 2008. These data lead us to a concern directed to aspects associated with non-adherence and abandonment of service.

Significantly, the first aspect that we considered was the distance from the treatment place, which is initially in rural areas. Only in 2011 the new headquarters in the center of the city were inaugurated. The second aspect is the adolescent characteristics that need to be further evaluated. The administration of the service has always been concerned to provide therapeutic workshops geared to the interest of adolescents such as: playground, computer, tutoring, crafts, music, among others. The third aspect is related to the professional training of staff to provide a good reception and meet the demands of adolescents. There is also the aspect related to the user´s denial in the need for treatment and help.

Another research shows that 69.3% of cases of adolescents who did not adhere to treatment were in pre-contemplation stage of the initial assessment time, demonstrating that most adolescents do not believe having a problem with drug use.⁷

The same authors shows that males (96.1%) with an average age of 16.3 years old are the ones who seek treatment for the use/abuse of psychoactive substances. These data corroborate this research, where there is a prevalence of answering adolescent males (73.36%), aged from 15 years old (22.38%) to 16 years (19.72%).

The deficit on learning issue was also relevant to characterize the sample. Most of

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the subjects were at elementary school or had abandoned their studies during this period (60.03%).

Among the risk factors related to drug use by children and young people, there are the consumption by the parents, the school abandonment, family lack of structure, domestic violence, the influence of peers, the search for self-esteem and the family independence.⁸⁻⁹ In addition, study results showed that drug use was higher in young people in early adolescence than late, including reduction of heavy alcohol consumption when becoming older.¹⁰

Regarding family composition, the research shows that 31.45% of the subjects lived with biological nuclear family, composed of father, mother and the presence or absence of siblings. Out of these families, 62.34% also had problems with alcohol and other drugs. On this point, it is considered that the mode of interaction and operation of a family can influence the involvement with drugs. The male, adolescence, low job prospects and family with lack of structure have relationship with increased contact and drug use.¹¹

The family appears as protagonist both for the development of drug use/abuse and for preventing such use, pointing to the need to treat the entire family system.¹² In addition, the study indicated preliminary results, suggesting that genetic factors play a key role in the development phases for the consumption of alcohol and other drugs.¹³ For that, it is important the family structure in care and monitoring of young people to prevent the use of chemical substances.

Regarding to socioeconomic factors, the data show that 43.52% of individuals live with a monthly income of up to one minimum wage, or were low-income. The low level of family income are associated with use of drugs of abuse and to high community indicators of violence.¹⁴

The socioeconomic status is a risk factor for drug use and the development of antisocial behavior. Thus, we should think about including these families in federal government income programs and create opportunities for professionalization programs to the families of risk and social vulnerability.

As for the religion of children and adolescents assisted in the service, 54.26% of the records had no record of this data, demonstrating a failure in collecting information. Only 36.96% reported having religion. Factors favorable to treatment adherence, according to adolescents, refer to the creation of a new network of relationships

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without the presence of drug users, the will power of each one, good relationships with professional service, family support, recreational practices and religiosity.⁵

The data show that 41.03% of the subjects treated at CAPSad were referred by the Guardian Council and 58.46% had committed some type of crime, being predominantly associated with antisocial behavior. Referral to treatment of children and adolescents users of alcohol and drugs was also associated with illegal acts and monitoring by the Guardian Council.⁵

The Brazilian reality has shown that besides the increase of adolescents and young users of psychoactive substances and the difficulties related to their treatment, there is a widespread recognition that drug can induce young people to delinquency.⁷

Therefore, affective ties in the family are marked by conflicts of ideas and interests, while the family surveillance and impose of limits, especially in adolescence, given the major behavioral changes and new discoveries. It is during this phase that the distance from the family relationship and identification with other groups occur, allowing the adolescent, because of their vulnerability and need for acceptance, they adopt attitudes and behaviors that direct them to the risk of drug use/abuse, as is the case of infractions.¹⁵

In this study, marijuana was the most used illicit drug (65.19%), followed by legal drugs such as alcohol (58.08%) and cigarettes (57.54%). The data show a large number of crack users (31.97%). In all cases there is a prevalence of male users. Corroborating the data presented, a research about drug use by adolescents showed marihuana as the drug most commonly used by adolescents.⁵ Another research of adolescents of a CAPSad in Cuiabá/MT, showed that the drug most commonly used by them in monitoring CAPSad is marijuana (84%), tobacco (62.5%), cocaine paste (46.4%) and alcohol (44.6%).¹² However, in a study on the consumption of alcohol and marijuana by young women, there was frequent use of marijuana after alcohol consumption.¹⁶

The high consumption of licit and illicit drugs by children and adolescents of the present study was compatible with the data of the V National Survey about the consumption of psychotropic drugs among students in primary and secondary education from public schools in 27 Brazilian capitals. The Survey states that Brazil was in front of the South American countries with adolescents who had

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already made use of illicit drugs, with 22% of cases.¹⁷

The global trend of consumption of psychoactive substances is increasingly and early, especially alcohol. Adolescents with personality development, seek new sensations and experiences becoming susceptible to trial by external influences. These influences may be related by contact with groups of friends or the media, but also through the practice of consumption within the family.

CONCLUSION

With the study of medical records for the profile of the assisted children and youth, it was noticed: abandonment in more than 50% of cases, predominantly aged 15 to 16 years old, mostly male, loss of education still in elementary school, nuclear family composition, low-income families, referred to the service by community councils, with antisocial behavior, marijuana, crack, alcohol and cigarettes users.

This profile leads us to point out the need to rethink social policies that are effective and problem-solving to children and adolescents, encouraging the protection, promotion and prevention of children and adolescents as it is guaranteed by the Constitution, in the school age at the beginning of puberty with intersectionality between health sectors, school, policy of income and employment generation, among others. In addition, the service studied because of the high treatment abandonment rate in each year need to rethink the way is organized and provide services to this population.

The use of psychoactive drugs has always existed in human history, so the drug use/abuse pervades the complex issues of individual and social life, and is related to the historical, economic, social and cultural context of each society, influencing the way how drugs are seen and consumed. Therefore, the use/abuse of drugs needs to be analyzed in all its complexity and magnitude, especially when it comes to children and adolescents. The most effective way to minimize this problem is to create specific prevention strategies for each segment and age, with the objective of valuing health and respect for life and the integral care provided by an interdisciplinary team.

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