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ADHD, ALL AND THE INTERSECTIONALITY BETWEEN PSYCHIATRY AND THE RIGHTS OF CHILDREN AND ADOLESCENTS: A CASE REPORT

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Abstract: Historically, actions to promote the health of children and adolescents in the country were delegated to EDUCATIONAL and SOCIAL ASSISTANCE sectors. The integration of this policy within the SUS occurred with the creation of CAPS IJ (Center for Psychosocial Care for Children and Youth) to expand obligations in education and justice. In 2007, in Brazil there were only 86 CAPS IJ and with the advent of the policy to promote the mental health of children and adolescents, this number increased by 54 units (2002-2007), a number still insufficient due to the country's socio-cultural dimensions. The objective of this case report is to describe the longitudinal follow-up over approximately 12 months of follow-up of a comorbid case of ADHD and ODD, describing clinical assessment, approach methods, treatment and management, taking into account not only the therapeutic centered doctor, but also the importance of extra-hospital support in the treatment of this patient, but specifically of multidisciplinary, pedagogical teams, social service actors and protection of the rights of children and adolescents, represented here by the role of guardianship counselors and as the articulation between these agents and caregivers resulted in a positive outcome.
Keywords: adhd, all, children's rights, intersectionality

INTRODUCTION

Communication is a process that involves the exchange of information between two or more interlocutors through mutually understandable signs and semiotic rules. It is a primary social process, which allows the creation and interpretation of messages that provoke a response. The concept of "interview" is a dialogue between two or more people: interviewer(s) and interviewee(s). The main objective is to extract statements and information about a given subject. The initial clinical interview is a preliminary assessment and aims to collect data through vocal and non-vocal tools, being applied in schools, clinics and other possible activities, with the objective of collecting data to investigate life history and behaviors /problems of the client(s), providing possible interpretations and preliminary hypotheses.

According to Augras (2002), in the situation of the encounter in clinical psychology, the aspect of information for diagnostic purposes is specifically the client's speech, that is, the speech situation points to two vectors: speaking and listening. It can be said that the object of the psychological interview is the relationship between the interviewer (who is asked for help) and the interviewee (the one who asks for help). Pinel inaugurated a new vision of psychopathology (PESSOTI,1996:66), innovating the diagnostic method, by preaching methodological observation. Psychopathology, which for Dalgalarrondo (2019) is defined as a set of knowledge relating to mental illness in humans, a basic scope in neuropsychology, which investigates the relationships between psychological functions and brain activity, with the study of the functions of the brain being of particular interest. cognitive skills such as memory, language, reasoning, visuospatial skills.

Attention can be defined as the direction of consciousness, the state of concentration of mental activity on a given object (Cuvillier, 1937). This therefore refers to the set of psychological processes that make human beings capable of selecting, filtering and organizing information into controllable and meaningful units. The terms "consciousness" and "attention" are closely related. Determining the level of consciousness is essential for assessing attention (Cohen; Salloway; Zawacki, 2006). The most frequent changes in attention are found in the following conditions: Attention Deficit/

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Hyperactivity Disorder (ADHD), mood disorders (depression and mania), obsessive-compulsive disorder (OCD), schizophrenia, among others.

Reduced attentional capacity, impulsivity and psychomotor agitation are behavioral manifestations expected in the early stages of development and can occur transiently in reaction to environmental stressors. In a significant number of children, adolescents and adults, these behavioral manifestations are persistent, intense and incompatible with the stage of development and generate functional impairments. Recognized in the 19th century, *Der Struwwelpeter (Lustige Geschichten und drollige Bilder)* is a German children's book written by psychiatrist Heinrich Hoffmann, filled with illustrations and moral lessons. It is notable not only for its form, a predecessor of comic books, but also for its content that immerses us in children's behavior, making its archetypes popular in German society. Published in October 1845, the book was called "Funny Stories and Fun Drawings" in Portuguese, in free translation, divided into ten short stories, organized into poems. The content of each of the ten stories can be read as tragic through comic and education through disturbance, but with different plots and archetypes of misbehaving children. The set of stories forms a kind of code of conduct for children, so that they know how to avoid the dangers of urban life. ``*In Die Geschichte vom Zappel-Philipp*``, (The Story of the Restless Philipp, in free translation), Heinrich Hoffmann describes an agitated child during dinner, irritating his parents until he spills the entire dinner on the floor. Even though it was not the most macabre, the story became popular, being frequently referred to as one of the first historical "case reports" about Attention Deficit Hyperactivity Disorder (ADHD). Today, Zappelphilipp syndrome is a synonym in Germany for signs and symptoms related to hyperactivity – typically, the triad of inattention, hyperactivity and impulsivity.

Today, prevalence studies on ADHD commonly detect rates that show significant variability between them. For example, studies conducted in Brazil found prevalence rates of 0.9, 13 and 26.8% in Rio de Janeiro, 1.8% in São Paulo and 17.9% in Porto Alegre. This work brings a semi-structured interview with a patient with symptoms of inattention, previously diagnosed with the disorder, where we can observe in more detail the signs, symptoms and manifestations of the illness.

MATERIALS AND METHODS

The information contained in this work was obtained through a review of the medical records, interviews with the patient, photographic records of the diagnostic methods to which the patient was subjected and a brief review of the literature.

DEVELOPMENT

ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)

ADHD is characterized by symptoms of inattention, hyperactivity and impulsivity that can present alone or in combination. Symptoms appear from childhood, being recognized on average at 4 and 5 years of age and must be inappropriate from a developmental point of view. The manifestation of symptoms is influenced by different factors, such as motivation to carry out a task and structuring of the environment. The manifestation of symptoms is also influenced by the individual's maturational level, that is, the same symptom can be expressed in different ways according to each stage of development.

The diagnosis is clinical, based on clear and well-defined operational criteria, generated by classification systems such as the Diagnostic and Statistical Manual of Mental Disorders

(DSM-V) and the International Classification of Diseases (ICD-11). It must take into consideration, the stage of development the individual is in, the environment they are in, the intensity, duration and pervasiveness of symptoms, as well as the presence of other psychiatric disorders.

Treatment is multimodal, that is, it includes multiple approaches, each with particular objectives and focused on specific aspects of the disorder and clinical picture, such as family situations and comorbidities. The approaches must be implemented following an individualized treatment plan, drawn up by the doctor based on the diagnosis and with a longitudinal perspective, taking into consideration, the chronicity of the disorder. Behavioral and cognitive-behavioral therapy and drug treatment are the treatment modalities that have proven to be effective for treating the core symptoms of the disease. Cognitive interventions can be associated with behavioral techniques, mainly targeting symptoms of impulsivity and organization and planning strategies. Stimulant medications have been used for many decades to treat ADHD and have been licensed in many countries for this purpose. Among the stimulants, methylphenidate (in different formulations) and lisdexamfetamine are available in Brazil. As a pharmacological alternative, non-stimulant medications, such as tricyclic antidepressants, atomoxetine, bupropion and clonidine are also effective for treatment, although with a smaller effect size than stimulants.

ODD (OPPOSITIONAL DEFIANT DISORDER)

Only in the 19th century did problems related to conduct, emotions and personality begin to be recognized from a medical point of view and only in recent decades have they been studied systematically. In 1980, the term "conduct disorder" began to be used and since then epidemiological studies have shown that this diagnostic group (oppositional-defiant disorder + conduct disorder) would be the most prevalent in child psychiatry in the most diverse cultures and despite its relevance social, epidemiological and medical, even among health professionals, such cases are rarely treated appropriately, either due to lack of knowledge and/or adequate conditions. The complexity of its presentation, added to the pessimism that still hovers over the chances of improvement, has kept professionals away from patients with this profile for now.

A set of data from the literature has indicated that conduct and oppositional-defiant disorders are the result of several factors, which, combined over time, contribute to the development of aggressive and antisocial interaction patterns. Most of the risk factors studied are considered correlated, that is, characteristics usually found in these young people, in their families or in the social environment but without a safely established causal role. Moffit and Scott (2008) suggest three distinct areas in which the etiological factors of ODD and TC disorders are grouped: (a) individual characteristics (more aggressive and impulsive temperament, dysfunction in the monoamine systems, low sympathetic autonomic reactivity, neuropsychological deficits), (b) family characteristics (dysfunctional parental practices, erratic discipline, hostility directed towards the child, lack of affection and general supervision, parents with a more coercive, critical and punitive stance) and (c) extra-

family characteristics (poor quality schools, neighborhoods with high level of crime, early exposure to drugs), which combine in a complex way over time.

To define when a pattern of social behavior becomes considered pathological is a complex task as there is no clear demarcation line. A comprehensive assessment is the safest way to define which cases require the help of a mental health team. Factors such as frequency, duration, intensity, nature of the acts, age group and context of occurrence are fundamental to help distinguish normal aggressiveness from pathological or maladaptive aggression.

Oppositional defiant disorder (ODD) is defined as a pattern of negative, hostile and defiant behavior lasting at least six months, during which at least four of eight characteristics (such as frequent manifestations of anger, resentment, irritability, provocation, insubordination) accountability for their mistakes) are present.

Due to the complexity of the factors associated with oppositional defiant disorder, it is recommended that treatment through the joint action of several professionals such as doctors, psychologists, social workers, pedagogues and others be used. After mapping the etiological factors at play in each case individually, treatment must be based on the approach to each of them - including therapeutic activities aimed at caregivers that aim to recognize and modify inadequate parental practices and enable them to act appropriately in situations of the day-to-day. The judicious use of medications according to the patient's profile can help in the treatment. Among the most studied psychotropic drugs are methylphenidate, some antidepressants (such as fluoxetine and sertraline), antipsychotics (such as risperidone) and mood stabilizers (such as lithium). The same goes for the appropriate treatment of associated comorbidities. Many young people benefit from pedagogical approaches to help with school performance, just as some benefit from psychotherapy.

NETWORKED CARE IN CHILDHOOD AND ADOLESCENCE

The understanding of the Rights of Children and Adolescents in Brazil is recent and its effective standardization took place after the approval of the 1988 Constitution. Inspired by the international scenario and more specifically, the UN International Convention on the Rights of the Child of 1989, it included boys and girls the recognition of their peculiar condition of development and their status as subjects of rights, in the direction of integral and special protection. This historical process broke conservative conceptions of reducing children to the condition of "minor", authoritarianism and contradictions that marked the history of childhood in Brazil.

As a way of highlighting the relevance that Child and Adolescent Law currently has, it is essential to recognize that until the end of the 20th century in Brazil, there was a lack of adequate public policies for this population. By not investing in emancipatory social policies, the Brazilian State followed the path of repression and exclusion, maintaining and promoting social inequalities that are still present. The state's disregard and negligence towards children are represented in the 1927 and 1979 Minors Codes.

> *The Doctrine of irregular status was characterized by the imposition of a model that subjected the child to the condition of an object, stigmatizing them as being in an irregular situation, violating and restricting their most basic rights, generally reducing them to the status of incapable, and where it was in force a non-participatory, authoritarian and repressive practice represented by the centralization of public policies (CUSTÓDIO, 2009, pg. 22).*

The 1988 Constitution in the area of childhood and adolescence included the doctrine of full protection and the understanding that children and adolescents are the responsibility of the State, the family and civil society, as provided for in article 227.

> *It is the duty of the family, society and the State to guarantee children, adolescents and young people, with absolute priority, the right to life, health, food, education, leisure, professionalization, culture, dignity, respect, freedom and family and community coexistence, in addition to keeping them safe from all forms of negligence, discrimination, exploitation, violence, cruelty and oppression.*

Almost two years after the promulgation of the 1988 Constitution, Law No. 8,069, of July 13, 1990, was approved, the Statute of Children and Adolescents - ECA, a modern legal-political instrument for the protection and promotion of the rights of children and adolescence in Brazil.6 Full protection is also supported by the triad of freedom, respect and dignity, as provided in article 15 of the Child and Adolescent Statute: "Children and adolescents have the right to freedom, respect and dignity as persons human rights in the process of development and as subjects of civil, human and social rights guaranteed in the Constitution and laws". The Statute cannot be considered a mere legislative evolution of the previous Minors Codes, from 1927 and 1979, because it brings a new methodological, legal and political proposal for childhood in the country.

> *[...] the ECA was born in response to the historical, legal and social exhaustion of the 1979 Minors Code. In this sense, the Statute is a process and a result because it is a historical construction of social struggles of childhood movements, of the progressive sectors of Brazilian political and civil society, of the "global bankruptcy" of minorist law and justice, but it is also an expression of global international relations that were being reconfigured in the face of the new management pattern of flexible capital accumulation. It is within the framework of neoliberalism that children's rights are no longer considered a "minor", "small" right of a child to become a "major" right, equivalent to that of an adult. (BOBBIO, 2005, pg. 36).*

The methodological innovation proposed by the ECA is presented in article 86: "The policy for meeting the rights of children and adolescents will be carried out through an articulated set of governmental and non-governmental actions, from the Union, the states, the District Federal and municipalities."

In article 88, where the child care policy guidelines are set out:

a) municipalization of service;

b) the creation of child and adolescent rights councils at the three levels of government – federal, state and municipal, with a deliberative nature and control of actions at all levels, involving the participation of civil society through representative organizations;

c) the creation and maintenance of specific programs to assist children and adolescents and their families considering the principle of political-administrative decentralization;

d) the creation of childhood and adolescence funds (FIA), at the three levels of government and controlled by the rights councils, essential to finance social policies;

e) the operational integration of the Judiciary, Public Prosecutor's Office, Public Defender's Office, Public Security and Social Assistance bodies that make up the justice system, with the purpose of streamlining assistance to children and adolescents;

f) mobilization of public opinion for the indispensable participation of the different segments of society;

g) specialization and continued training of professionals who work in different areas of early childhood care, including

knowledge about the rights of children and adolescents and their integral development and that favor intersectorality.

h) carrying out and disseminating research on child development and violence prevention.

Based on the guidelines listed in the ECA, the service policy materializes through the creation of a Rights Guarantee System to be implemented at local, state and national levels, with the capacity to mobilize and act in the promotion and realization of the rights of children and adolescents.

The Guarantee System is made up of three strategic axes defined in CONANDA Resolution no. 113/2006: 1) promotion of the rights of children and adolescents; 2) defense of these rights; and 3) social control of its implementation. The Doctrine of Comprehensive Protection requires co-responsibility of the rights guarantee system, with a view to meeting the best interests of children and adolescents. According to Custódio (2006), the system of guaranteeing rights is an important instrument that transforms the social reality of many children and adolescents and for this it is essential to become aware and exercise new emancipatory practices, to the detriment of those of a repressive nature. -punitive. The transformation of Child and Adolescent Law is also embodied in the field of action and articulation of change strategies arising from a broad system of guaranteeing rights, composed of an articulated and differentiated network of actors capable of sustaining and organizing themselves politically for implement the provisions of law. Thus, comprehensive protection, as the name implies, has its perfect legal-political functionality in the functionality of service networks. (CUSTÓDIO, 2009, p. 30-31)

The guidelines that follow the operationalization of the rights guarantee system are guided by the municipalization of care and political-administrative decentralization. This implies enabling the formulation and execution of public policies to be considered at a local level, allowing actions to be planned considering the local reality and the real needs of children and adolescents. This way, the bodies of the rights guarantee system must commit themselves to the promotion and realization of children's rights and for this, it is essential that their action is operationalized in a shared and integrated way, from the perspective of networking and of multiple cooperation between the various social actors involved.

> *[...] Network structuring helps overcome fragmentation and overlapping of actions, immediacy and personalism. In a broader sense, the protection network presupposes the existence of collectively constructed programs and projects, linked to public authorities and/or civil society with a view to promoting the construction of citizenship which, as a collective achievement of social and political rights, promotes the overcoming vulnerabilities. (ARAGÃO, 2011, p. 79).*

Among all the operational mechanisms of integrated work, the recognition of the territory is of central importance, that is, the delimitation of the geographic area, its population and other elements that make up the territory under the responsibility of the services is among the first measures taken by the technical and management teams to the organization of the network.

> *The intervention of public policies must be attentive not only to people's individual living conditions, but also to the constructions of relationships accumulated in the community. It means a new look at the population and territory. The relational aspect is intrinsic to people's living conditions. (KOGA, 2002, p. 41)*

A technical basis is already available, especially in the areas of health and social

assistance, sufficient to support local teams to develop their own territorialization process in an integrated manner, establishing the basis for effective coverage of the population to be served according to the levels of complexity of the services. required for the social, epidemiological and educational risk and vulnerability situations encountered. The territorialization process can be an element of mobilization and recognition of the teams themselves, crucial for the construction of a network that enables concrete responses to the social problems experienced by populations in territorialized spaces. Equally fundamental to the development of integrated network work and social policies is the activity of the sectoral social control councils of the respective segments represented. Mainly, taking a step forward, implementing an integrated action agenda, with minimum objectives and targets for each year of activity, seeking the adhesion of municipal departments and overcoming the isolated action of management and social control bodies.

> *Sector or segment representation councils need to make a commitment to share decisions, in tune with the vision of the whole and the needs of citizens. Likewise, municipal departments and other government agencies must submit to a strategic plan that abandons the isolationist and sectoral perspective of traditional management (CARVALHO, pg 107).*

Society's participation in the process of building public policies for children does not exempt the State and all its bodies from being direct actors in this process. It is not up to the State to remain on the sidelines or in the shadow of its responsibilities regarding the implementation of public policies for childhood and adolescence.

The institutional reordering proposed in the system of guarantees adopted by the Law of Children and Adolescents is responsible for definitively replacing the centralizing, bureaucratic and compensatory social policies that further aggravated the process of exclusion of children and adolescents, with social policies of an emancipatory nature. Regarding this, Custódio and Veronese (2009, p. 145) emphasize that building a service policy implies integration into one of the actors that make up the rights guarantee system in an articulated way in "[...] a network of service organizations, governments and non-governmental, which collaborate to produce diagnoses, controls, monitoring and evaluations, with a view to a qualitative improvement in the services provided." With the expansion of local power and municipalization as a guideline for service policy, the Municipal Council for the Rights of Children and Adolescents assumes relevance, as it is responsible for formulating and controlling the execution of public policies, programs, projects and services that meet the demands of reality at the local level.

It is important to highlight that it is "in this instance that the situation of children and adolescents in the municipality is diagnosed, proposing coping solutions by offering a service policy suited to their needs." (CUSTÓDIO, 2009, p. 53).

In this direction, it is necessary to build a political agenda that enables and materializes the integrated public budget for children and adolescents, the intersectoral management of public policies, the construction of macro and micro networks in territories and the collective elaboration of flows and protocols providing for integrated and articulated actions from the perspective of full protection of children and adolescents.

CLINICAL CASE

G. S. male, 11 years old, presenting persistent disruptive behavior, dysfunctional family context (inadequate behavioral management), with a predominance of inattention, impulsivity, aggressiveness, emotional dysregulation, learning difficulties. Absence of clinical comorbidities, risk of significant social exposure. In relation to neurodevelopment, according to the mother, there were no delays or complications, despite the use of tobacco during pregnancy, in early childhood she presented disruptive behaviors and inattention with a predominance of hyperactivity, from pre-adolescence onwards difficulties in learning, maintaining good interpersonal relationships and self-regulation were more evident, leading to the demand for psychiatric care. On psychic examination: adequate presentation, preserved self-care, easy and even cordial contact, active and collaborative attitude, conscious, oriented in time and space, hypervigilance, hypotenazic (dispersed with significant distraction), anxious mood, affect congruent with mood, hyporesonant, thought form and flow without changes, predominant content about oneself and complications, without alteration of sensorial perception, there are no delusions or hallucinations, increased psychomotricity (restlessness), absence of criticism of the morbid state, without suicidal ideation. Although the initiation of therapy with Lisdexamfetamine 50mg/day and Haloperidol 10mg/day showed good response and tolerability during 1 year of longitudinal follow-up, we took into account not only the focused medical therapy, but also the importance of extra-hospital support in the treatment of this patient, more specifically the multidisciplinary, pedagogical, social service care teams and protection of the rights of children and adolescents, represented here by the role of the guardianship council and as the articulation between these agents and the actors, there was finally a positive outcome. The interventions carried out included: Meetings between the institutions presented in the case and the HCRP clinical team (assistant physician, resident, social worker), with the aim of identifying the positive points and points for improvement within the case and promoting the articulation and optimization of communication between spheres of care (reports).

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