

NEW APPROACHES IN PSYCHIATRY IN THE 21ST CENTURY: THE SCHOOL AS A PLACE OF PREVENTION AND PROMOTION IN MENTAL HEALTH

NOVAS ABORDAGENS EM PSIQUIATRIA NO SÉCULO XXI: A ESCOLA COMO LÓCUS DE PREVENÇÃO E PROMOÇÃO EM SAÚDE MENTAL

NUEVOS ENFOQUES EN PSIQUIATRÍA EN EL SIGLO XXI: LA ESCUELA COMO LOCAL DE PREVENCIÓN Y PROMOCIÓN DE LA SALUD MENTAL

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ABSTRACT: This paper analyzed the emergence of a new branch of biological psychiatry in the 21st century in Brazil, called developmental psychiatry, and the strategies to legitimize and disseminate its expertise in society, especially in the educational field. Through a bibliographic and documentary research, it was observed that the discourses and practices of this branch of psychiatry place the school as a privileged place for preventive interventions and the promotion of mental health of children and adolescents. Based on several initiatives, such as the mobilization of artificial intelligence systems for the detection of mental disorders at school, developmental psychiatry guides and instruments educators in the identification and treatment of mental health problems, according to their point of view, guiding them to direct "suspicious" or "at risk" students to be evaluated by the health system. This is a new intervention of psychiatry in the school universe that significantly influences the expansion of the process of medicalization of children in the country.

KEYWORDS: Developmental psychiatry. Medicalization of education. Prevention of mental disorders. Mental health promotion. Government of childhood.

RESUMO: *Este trabalho analisou a emergência de um novo ramo da psiquiatria biológica no Brasil do século XXI, designada psiquiatria do desenvolvimento, e as estratégias para legitimar-se e disseminar seus saberes especializados na sociedade, sobretudo no campo educacional. Por meio de pesquisa bibliográfica e documental, observou-se que os discursos e práticas deste ramo da psiquiatria colocam a escola como locus privilegiado para intervenções preventivas e de promoção de saúde mental de crianças e adolescentes. A partir de diversas iniciativas, tais como a mobilização de sistema de inteligência artificial para rastreamento de transtornos mentais na escola, a psiquiatria do desenvolvimento orienta e instrumentaliza educadores na identificação e manejo de problemas de saúde mental, conforme sua perspectiva, e assim também, no encaminhamento de alunos "suspeitos" ou*

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“em risco” para avaliação em unidades de saúde. Trata-se de uma nova investida da psiquiatria no universo escolar que concorre fortemente para a ampliação do processo de medicalização da infância no país.

PALAVRAS-CHAVE: *Psiquiatria do desenvolvimento. Medicalização da educação. Prevenção de transtornos mentais. Promoção de saúde mental. Governo da infância.*

RESUMEN: *En este trabajo se analizó el surgimiento de una nueva rama de la psiquiatria biológica en el Brasil del siglo XXI, denominada psiquiatria del desarrollo, y las estrategias para legitimar y difundir sus conocimientos especializados en la sociedad, especialmente en el ámbito educativo. A través de una investigación bibliográfica y documental, se observó que los discursos y las prácticas de esta rama de la psiquiatria sitúan a la escuela como un lugar privilegiado para las intervenciones preventivas y la promoción de la salud mental de niños y adolescentes. A partir de varias iniciativas, como la movilización de sistemas de inteligencia artificial para la detección de trastornos mentales en la escuela, la psiquiatria del desarrollo orienta e instrumentaliza a los educadores en la identificación y el tratamiento de los problemas de salud mental, de acuerdo con su punto de vista, orientando para que sean encaminados estudiantes "sospechosos" o "en riesgo" para ser evaluados por el sistema de salud. Se trata de una nueva intervención de la psiquiatria en el universo escolar que influye significativamente en la expansión del proceso de medicalización de la infancia en el país.*

PALABRAS CLAVE: *Psiquiatria del desarrollo. Medicalización de la educación. Prevención de los trastornos mentales. Promoción de la salud mental. Gobierno de los niños.*

Introduction

This article aims to investigate the emergence, legitimation and consolidation of a new approach to psychiatry in Brazil in the 21st century, called developmental psychiatry for children and adolescents. It is proposed to analyze the strategies for disseminating the specialized knowledge produced by this new psychiatric specialization in other social universes, especially in the educational field. Therefore, here, the study of the discourses and practices mobilized by this new branch of biological psychiatry will be privileged to enter the school space and, thus, guide the conduct of education professionals and students, regarding mental health issues, according to their perspective. It will be seen that the approach of psychiatry to the school universe still dates from the 19th century when it was established as a medical science. In this sense, education professionals played a fundamental role in legitimizing psychiatric power in the government of childhood. However, in the current neoliberal context, it is possible to observe, in the light of Foucault (2006; 2008; 2010), that new biopolitical strategies are being mobilized in the same direction, which will be analyzed throughout this work.

Through bibliographic and documentary research (INPD, 2019), it was observed that the concern with prevention and promotion in mental health in psychiatric discourse has acquired enormous strength in recent decades, especially since the approach of psychiatry to the so-called neurosciences. Since the beginning of this century, with the improvement of neuroimaging techniques, it has been stated that there is evidence that most mental disorders originate in childhood, specifically in brain development, and in this sense, it is argued that it is possible not only to identify early individuals at risk of developing different pathologies, but also producing technologies that can act in prevention, including during the uterine period, interrupting the development and evolution of so-called pathological processes. Based on the hypothesis about the existence of a set of subclinical markers - genetic, neurobiological, behavioral, environmental - that indicate a predisposition to mental disorders, developmental psychiatry began to invest over the last decade in new diagnostic methods and therapeutic technologies, including types of psychotropic drugs - so-called neuroprotectors - that would be able to act before the disease even manifested.

It should be noted, in this sense, that the pharmaceutical industry's market interest in these surveys is undeniable. Bristol, Novartis, Eli-Lilly, Janssen-Cilag, Abott, Shire, Artes Médicas and Roche figure as their main private funders, and in addition to research, they provide subsidies for continuing medical education programs, speaker fees and consultancy services. With institutional credibility and ample public and private funding for research and programs, the emergence, consolidation and dissemination of this new paradigm in psychiatry contributes to a dizzying expansion of the process of medicalization of life - of human feelings and behavior, especially in the field childhood - and, likewise, education in Brazil.

First approaches in childhood and adolescence psychiatry

Many of the childhood behaviors that are now considered deviant or pathological have been defined as normal and conventional in other historical periods. This does not mean that deviations, according to a given rule, were not condemned or punished. Children have always, to some extent, exhibited “bad behavior” and social groups have always sought to control them. However, until the 19th century this control was mostly informal: families, the local community and the church were responsible for dealing with the typical problems of childhood. Only in very serious cases that another type of civil or state authority was called (CONRAD; SCHNEIDER, 1992).

Throughout the 19th century, changes occurred in the way of raising and disciplining children. The expansion of school education has weakened the church and the family in the responsibility for forming habits and morals. In its place, new agents appeared that supported the family, such as teachers, pediatricians and advisors (MARTINHAGO, 2017). The concern with health and hygiene became, from the middle of the 19th century, one of the tasks of the school. It is worth mentioning, for example, the school's participation in campaigns to combat epidemics through the vaccination of children, and in the dissemination of means of prevention and health preservation. Thus, it was from the hygienist movement that the school opened the way for health professionals to enter the school institution and stay there, allowing, a little later, the identification and referral of children with behavioral and learning problems to the doctor (BRZOZOWSKI; CAPONI, 2013).

According to Foucault (2006; 2010), child psychiatry is not born as a subspecialty within psychiatry, as we might think. On the contrary, it is from its invasion in the field of childhood in the 19th century that psychiatry will be able to expand and sustain its knowledge-power in the government of society. In this sense, there are two different paths that the author considers important to be analyzed in this process: the discovery of the crazy child on the one hand (which will happen only at the end of the 19th century), and on the other hand, childhood as the origin of the mental disease.

It shows that this last discourse that defends the early detection of states that could turn into diseases in the future is very old, having been based precisely on the idea that the anomalies originate in childhood, more specifically in the blood transmitted by the generations, that is, through heredity. In the text *Abnormal*, Foucault analyzes the consequences of attributing mental problems to a morbid and diffuse heredity, which, for psychiatrists in the second half of the 19th century, would lead to a multiplication of mental degenerations that would worsen from generation to generation, even reaching the disappearance of a family line (FOUCAULT, 2010).

Regarding psychiatric classifications in childhood, it should be noted that children in the first three quarters of the 19th century were not considered crazy, but rather: abnormal, idiotic, imbecile and retarded. These classifications occurred in primary education, and teachers indicated students who did not adequately follow the content, those who were more agitated, and those who were not even able to attend school. Idiocy was linked to non-development and thus had a stable and definitive classification, acquired by the organic constitution. It represents an interruption of children's physiological and psychological

development. The retarded child, in turn, was one in which development occurred slowly, which did not follow the progress of children of the same age (MARTINHAGO, 2017).

In this sense, the development that culminates in the healthy adult is considered by Foucault (2006) to be a type of norm from the moment a chronological succession is established with an ideal objective to be achieved (MARTINHAGO, 2017). Then, in the second half of the 19th century, there was a colonization of psychiatry in childhood, marked by a considerable increase in the creation of specialized centers (asylums) for these abnormal children, supported by medical-pedagogical treatment. At that time, therefore, there is a central importance of the school in the function of filtering abnormal children, and in favoring the constitution of child psychiatry. According to Kamers (2013):

While conjugality has become increasingly private and discreet, parenting has come into the public domain, transforming the child into an object of dispute for different knowledge and powers, instituting childhood in a borderline area between the public and the private, making the child and his family privileged objects of surveillance and control by the State (KAMERS, 2013, p. 159, our translation).

According to Foucault (2006; 2010), therefore, it is through the double function - of controlling madness (of the adult) and of the anomaly (of the child) - that Psychiatry will be able to dramatically expand its power. With this cut of the abnormal child, it is able to link itself to a series of already existing disciplinary regimes, such as the school, the army, the family, etc. Thus, it was able to universalize and disseminate psychiatric knowledge-power in society. According to the theory of degeneration, it is the child's anomaly that will trigger the madness of the adult:

Degeneration is, therefore, in a way, the effect of anomaly produced in the child by the parents. And, at the same time, the degenerate child is an abnormal child, whose anomaly is such that it can produce, in a few determined circumstances and after a few accidents, madness. Degeneration is, therefore, the predisposition to the anomaly that, in the child, will make the madness of the adult possible, it is in the child the mark in the form of anomaly of the madness of his ancestors (FOUCAULT, 2006, p. 282, our translation).

The biological determinism of the beginning of the 20th century, therefore, insisted on the organic and hereditary character of the behaviors considered undesirable. But these explanations, far from disappearing, seem to have acquired even greater power at the end of the last century. From the 1980s, studies reappearing with unexpected force that, starting from neurosciences, genetics or sociobiology, resumed the old concerns related to “unwanted

behaviors”, creating new explanatory strategies that reiterate many of the theses of the classic biological determinism (CAPONI, 2007, p. 344).

Nowadays, the so-called developmental psychiatry has been consolidating its knowledge-power in the field of mental health in Brazil, especially since 2009, with the foundation of the National Institute of Developmental Psychiatry for Children and Adolescents (INPD). With an essentially biological approach, it presents itself as a new paradigm in psychiatry and is taken as a reference to the diagnostic changes of the DSM-V (APA, 2013), inaugurating neurodevelopmental disorders. Its foundations, however, are based on what authors like Moncrieff (2008), Whitaker (2015), or Nikolas Rose (2019) have denounced as neuro-explanatory reductionism for behaviors and mental disorders, which here seems to take the form of a neurodevelopmental explanation. Without, therefore, disappearing the old hereditary explanations - now presented as genetic problems - nor the explanations associated with pre-established evolutionary parameters of human development. These ideas, as noted, are quite old. In this sense, it is observed that psychiatry presents new clothes from time to time. It approaches, at different times, this or that field of knowledge (Neurology, Psychoanalysis, nowadays Neurosciences) creating new diagnoses and therapies, but its foundations and discourses present much more continuity than ruptures over time.

Emergence and consolidation of the field of developmental psychiatry

Even before developmental psychiatry announced its task force in Brazil, in 2009, the concern with strengthening the field of childhood and adolescence psychiatry was already present in specialized journals. In 2008, in a publication entitled: “*Força-tarefa brasileira de psiquiatras da infância e adolescência*” (Brazilian Task Force of Child and Adolescent Psychiatrists) (MORAES *et al.*, 2008), it is stated that the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) suggested that each country implement a high-level specialization and postgraduate curriculum in childhood and adolescence psychiatry, with the aim of ensuring a sufficient number of professionals trained in the prevention, intervention and treatment of this specific public.

It also emphasizes the alert sent by the World Health Organization (WHO) which, based on new epidemiological data, declared the need for a child psychiatrist working full time for every 30,000 children and adolescents. According to the authors, however, “Brazilian child psychiatrists serve a population 20 times larger than this number (one for 621,504 individuals)” (MORAES *et al.*, 2008, p. 295, our translation). Therefore, a task force for child

psychiatry in Brazil is called for: the development of strategies for the rapid and wide dissemination of specialized knowledge in childhood and adolescence psychiatry, a process that will culminate in the creation of INPD (Portuguese initials) - National Institute of Developmental Psychiatry for Children and Adolescents in 2009.

According to Polanczyk, (2009), an important representative of this paradigm, “developmental psychopathology” is a discipline in psychiatry that integrates epidemiological, social, genetic, developmental, and psychopathological perspectives to understand the origins and course of mental disorders. According to the developmental hypothesis:

[...] mental disorders arise from complex, dimensional interrelationships, on multiple levels, between specific characteristics of the individual (biological, genetic, and psychological factors), environmental characteristics (parental care, interpersonal relationships, exposure to stressful events) and social (social support network, neighborhood, socioeconomic level) (POLANCZYCK, 2009, p. 7, our translation).

The affiliation of Brazilian psychiatric researchers to the aforementioned referential, notably those from the Federal University of the State of São Paulo (UNIFESP), University of São Paulo (USP) and Federal University of Rio Grande do Sul (UFRGS), begins to happen from the advances in the studies in neuroscience in Brazil and the possibility, through imaging techniques, of visualizing the brain, an organ understood as responsible for orchestrating human development processes: cognitive, intellectual, emotional and social.

Considered by these professionals as a necessary paradigmatic turn for a better understanding of the origin of mental disorders, the developmental psychiatry project is not only to rapidly increase the number of childhood and adolescent psychiatrists in Brazil, as was intended at the beginning 2000. With the creation of the INPD in 2009 and the resources approved for its initiatives (around 7 million for the first three years of research), the objective becomes, among other things, to qualify all professionals in the field of psychiatry - clinical and academic, childhood and adolescence and adult - under the bias of the neurodevelopmental hypothesis. Based on the development of brain imaging technologies, among which the functional magnetic resonance imaging (fMRI) stands out, psychiatry takes its new paradigmatic leap in the incessant search for biological markers of mental disorders, for a substantiated biologically psychiatric etiology, but never conclusively proven.

Brain development begins a few weeks after conception. So, the great challenge now facing psychiatry is to discover where begins an atypical (neuro)developmental trajectory that, in the future, may trigger the manifestation of psychiatric symptoms. After centuries of

failures in locating the biological markers of mental disorders that could effectively bring psychiatry to medicine and give it more credibility, it now postulates the existence of atypical neurodevelopmental trajectories whose foundations are not clearly explained, but which have as reference the assumption of the existence of a typical or “normal” form of brain development, with all the difficulties implicit in that definition. However, it is no longer a matter of necessarily finding the disease. Evidences only, “risk markers” are sufficient. And psychiatry thus finds the opportunity to renew its strength and legitimacy with the population.

It should also be noted that although environmental factors are considered in research in developmental psychiatry, they are restricted to individual contextual aspects in a microsocial sense, that is, that involve the interrelationships of children and adolescents with their families, with the community school and neighborhood, and socioeconomic data are analyzed only as risk or protection factors and in a depoliticized way. There is, therefore, no questioning in a sociological sense regarding the structural, social and cultural conditions related to psychological suffering in these approaches. Its epistemological bases continue to be reductionist and are tied to physicalist and biological concepts that explicitly tend to exclude the diverse social contexts in which a child's psychological suffering appears.

The recruitment of students for research and the dissemination of knowledge in developmental psychiatry in the school universe

The new research agenda in psychiatry established by INPD specialists involved the recruitment of children and adolescents, carried out, in large part, directly in selected public schools, like the PRISMA - Program for Recognition and Intervention for Individuals in Risk Mental States (UNIFESP), created in 2010. This study created an outpatient service that aimed to recruit 100 children and accompany them for two years to identify which ones would be at risk of developing a psychotic disorder. It is about:

[...] a multiprofessional clinic focused on the identification and approach of children and adolescents considered at risk for psychosis. It serves children, adolescents and young adults referred by parents, teachers or health professionals or *recruited from public schools*. [...] those considered at risk for psychosis start the PRISMA follow-up protocol, which includes a family history investigation of psychosis, premorbid functioning, social adjustment and stressful life events, detailed psychiatric evaluation, blood collection, cytogenetics, neuroimaging, neuropsychological assessment and quarterly to semiannual reapplications of CAARMS (TOLEDO, 2015, authors' highlights, our translation).

It is important to highlight, still in the context of PRISMA, a note made in 2015 by Bressan, coordinator of the INPD research axis and director of the Clinical Neuroscience Laboratory at UNIFESP (LiNC), for the FAPESP agency - São Paulo State Research Support Foundation:

Today, approximately 20% of individuals at risk accompanied by Prisma convert to the disease, that is, they effectively develop a psychotic episode. Perhaps we can reduce this rate if we treat with neuroprotective substances at the right time. Neuroprotectors would act in the same way as statins in cardiovascular disease, which have no impact after the disease is installed, but can work in prevention. [...] To develop new drugs capable of preventing schizophrenia, we need to work in the early stages of the development of the disease (TOLEDO, 2015, our translation).

It is worth noting, with the statement above, that there is a strong relationship between the studies conducted by INPD and the interests of the pharmaceutical industry, which results in the possibility of developing new psychotropic drugs, now preventive: neuroprotective agents. In this quote, as well as in other speeches of developmental psychiatry specialists, there is an explicit search for approximation with other medical areas, both in relation to their diagnostic methods and in relation to the proposed therapies, a characteristic that defines psychiatric knowledge throughout its history (FOUCAULT, 2006).

The *Conexão – Mentis do Futuro* (Connection - Minds of the Future) (INPD, 2019) project, in turn, is still ongoing and was the largest and most costly survey conducted by INPD. A longitudinal study, *Conexão* performed the first collection in 2010 and involved the recruitment of 9,937 children and adolescents and their families in schools in the cities of São Paulo and Porto Alegre. Its objective is to identify and monitor the trajectory of psychopathological processes from early childhood to adult life of the participants. All of these subjects were evaluated with screening instruments for mental disorders. Of this total, just over 1,500 children and adolescents were classified as “at risk for mental disorder”, and underwent batteries of laboratory, genetic, psychological and neuroimaging (RMf) tests - in this case, only a subsample of 780 cases - for identification of “risk markers”. As a strategy to maintain the participants' link to research, which must carry out new exams every three years, a website was created - www.conexaomentesdofuturo.com.br - that informs them and guides them towards the importance of the continuity of their participation.

It is also important to mention other initiatives of developmental psychiatry involving the educational field (INPD, 2019). The *Saúde Mental na Escola* (Mental Health at School) website (www.saudementalnaescola.com) and the book *Saúde Mental na Escola: o que os*

educadores devem saber (Mental Health at School: what educators should know) (ESTANISLAU; BRESSAN, 2014) were created with the aim of translating the specialized knowledge in developmental psychiatry to a language accessible to the lay public and, thus, to be able to disseminate it, especially among education professionals. The families, in turn, are informed and guided by the schools, whose professionals are already equipped with this knowledge, about possible mental health problems of the students. Once again, psychiatry mobilizes the school universe, a privileged space for socializing and interacting with children and adolescents, to assert themselves and disseminate their knowledge-power.

As we saw earlier with the studies by Foucault (2010), the influence of psychiatry in the school institution is quite old. It is worth noting, however, in the current context, the appearance of the term “promotion in mental health” strongly related to the role of the school. It is noted that, in this case, promotion in mental health implies acting preventively both in the sense of strengthening the so-called resilience, that is, by teaching children and adolescents about socioemotional competences³ - considered protective factors -, in charge of parents teachers, but also and, above all, qualifying education professionals for the early identification of risk behaviors or conditions for mental disorders in students, in order to manage and address them, when necessary, to the other public entities involved in the network of attention to children's mental health which is, by the way, markedly medicalized in Brazil.

With regard to resilience, a concept that has important political and subjective effects, it is worth noting that this word originated in the religious field, but started to be incorporated by the scientific field in the second half of the 20th century, including psychiatry. According to Oliveira (2012), resilience is now better understood as the opposite of vulnerability, that is, as invulnerability, and has been used by developmental psychiatry to characterize tolerance to adverse conditions, supportability in the face of so-called risk factors. Resilience, therefore, qualifies the child or young person who endures all the adversities of life, whether biological, genetic, environmental and social factors, and even under the worst circumstances of vulnerability, manages to be successful, to have excellent school performance, and yet, to be psychic and emotionally healthy and happy (OLIVEIRA, 2012).

In this sense, it is observed that developmental psychiatry, when entering the school environment, advocates precisely for the formation of resilient children, that is, invulnerable. Based on the teaching of socioemotional skills, it idealizes the formation of subjects who

³ With regard to emotional competences, already included in the country's National Common Curricular Base, five processes are highlighted: self-knowledge, social awareness, responsible decision-making, relationship skills and self-control.

must, through a “responsible choice”, accept the current social, political and medical norms and tolerate everything. The promotion of mental health, therefore, is directly related to formation for invulnerability, for self-responsibility and self-management (self-control) in facing life's adversities. It encourages the construction of subjectivities inclined to conformism, hiding and silencing social conflicts and power relations.

It is observed the existence of a discourse that emphasizes the promotion of mental health in schools, avoiding the overvaluation of the disease, and that is available to the lay public in general and educators on websites, booklets and in the aforementioned book. However, the scientific articles published from these same experiences of inserting developmental psychiatry in the school environment produce a different discourse, with a focus on intervention and diagnosis, as in the excerpt below:

In Brazil, as in many countries, there has been a failure to identify mental health problems (MHP) in children and young people and to refer them to appropriate care and support. The school environment provides an ideal setting for this. Therefore, effective programs need to be developed to grant formation to teachers to properly identify and refer children with possible MHP. Our objective was to assess the ability of teachers to properly identify and refer students with a possible MHP and the effectiveness of a psychoeducational strategy to increase the capacity of teachers in this area (VIEIRA *et al.*, 2014, p. 1, our translation).

In another reference site, related to the *Cuca Legal* program - www.cucalegal.org (INPD, 2019) - which encompasses the various initiatives mentioned above, there is the offer of various types of services contractable to the population, such as consultancy, lectures, courses etc., according to the specific public, mainly parents and educators, and according to different themes in mental health or related to mental disorders that are believed to be the most common among schoolchildren and preschoolers.

Furthermore, an artificial intelligence system in the mental health area, called *CleverCare* (INPD, 2019), is being developed. Through a pilot study in two public schools in the municipality of Jaboticabal (SP), this activity aims at the development and evaluation of an interactive electronic support system via cell phone for educators, in partnership with the company *Kidopi - Soluções em Informática Médica*. According to report INPD II (2019), extensively analyzed in this investigation, this system allows the exchange of messages and information via SMS or Whatsapp about situations related to mental health experienced by educators in the school environment, serving as a tool for expanding knowledge and decision making more assertive in coping with mental health problems at school (INPD, 2019).

It is reinforced, therefore, that these various initiatives of developmental psychiatry in Brazil involving the school universe express a current expansion of the processes of medicalization of childhood and education in contemporary society, that is, there is a new attempt to legitimize and strengthening of psychiatric power - combined with the foundations of neoliberalism and the interests of the pharmaceutical industry - in the government of the feelings and conduct of children and adolescents, and this is especially important at school.

Final considerations

The analysis of the research and programs carried out by the INPD presented here shows that the obsession to detect mental disorders early in childhood seems to be the central axis around which developmental psychiatry is articulated. It is a matter of intervening before a supposed mental problem appears, that is, before any symptoms appear. There is talk of subclinical, that is, unobservable signs. We have also seen that the target of attention in developmental psychiatry is not only the school, but also and fundamentally the child and in the first years of life. It is also proposed to prevent the occurrence of mental health problems even before birth. We see that the risk identification strategy is present in the approach of practically all mental disorders of childhood defined in the DSM-5 (APA, 2013). Because early identification, according to researchers in developmental psychiatry, would allow to identify and anticipate risks, both medical and legal.

This centrality of the insurance device (FOUCAULT, 2008) has two faces. On the one hand, early detection presents itself, albeit unsuccessfully, as an answer to avoid the chronicity of pathologies that are supposed to be irreversible in adulthood. On the other hand, this early detection fulfills a function of social protection, and it is here that it finds its legitimacy. For example, the task of detecting Disruptive Disorders in early childhood presents itself as a solution to anticipate the most feared problems in liberal and neoliberal societies: delinquency, criminality, homicides, suicide.

Thus, we can conclude that one of the indispensable strategies to guarantee the indefinite expansion of diagnoses and psychiatric categories at school age is the obsession to identify small anomalies, daily suffering, small misconduct as indicators of a serious psychiatric pathology to come. The risk, as it appears as a way of anticipating a possible danger (real or imagined) on life and health, constitutes the strategy that legitimizes the expansion and multiplication of psychiatric diagnoses typical of childhood. We thus see that the head of the DSM-IV task group (APA, 1994), Allen Frances, states:

Psychiatrists hope to identify patients earlier and create effective treatments to reduce the chronicity of pathologies. Unfortunately, Task Group members usually make the mistake of forgetting that any effort to reduce false negative rates must inevitably raise false positive rates (often dramatically and with fatal consequences). If it is ever possible to achieve the expected advantage of early case detection, we must have specific diagnostic tests and safe treatments. On the contrary, the DSM V proposals lead to a particularly dangerous combination of non-specific and inadequate diagnoses, and to unproven and harmful treatments. (FRANCES, 2010, p. 6, our translation).

The risk issue is the most used strategy to legitimize the expansion of mental illnesses. Within this framework, we can place Frances's statement that the Psychosis Risk Syndrome (later called Attenuated Psychosis Syndrome) would cause an alarming rate of false positives, between 70 to 75%, leading hundreds of thousands of adolescents and young people to receive, unnecessarily, the prescription of atypical antipsychotics that cause serious side effects, such as weight gain, sexual impotence and reduced life expectancy, hyperprolactin, among others. So: "The prevention of psychosis would be a great idea, if it were really possible to do it, but there is no reason to think that it is possible" (FRANCES, 2013, p. 6, our translation).

As we try to show here, the pharmaceutical industry occupies only a part of this complex fabric of childhood psychiatry. For the use of psychotropic drugs with serious adverse effects to become acceptable and legitimate, as is the case with atypical antipsychotics, it was necessary to expand the field of research on childhood, creating a powerful network of researchers working directly in the school space, which has financial resources, academic respectability, acceptance and recognition as a legitimate scientific discourse. That is, it was necessary that psychiatric interventions at school and at preschool age be presented by analogy to any other medical intervention concerned with anticipating the risks of a biological disease: according to the disease-centered model (MONCRIEFF, 2008). An alleged disease defined according to ambiguous diagnostic criteria established by the DSM-5 (APA, 2013), such as attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD), which are more linked to unwanted behaviors than defined psychiatric pathologies.

What is certain is that, even if the validation of diagnoses does not occur, as in general medicine, by biological or neurobiological markers, but by references to undefined neurochemical deficits or changes or by reference to dubious genetic or brain imaging studies, the recommended treatment will be fundamentally pharmacological. In the same way, the use of psychotropic drugs will be expanded to anticipate the possible richness of the occurrence of

a pathology in the future through the prescription of the so-called "neuroprotectors". An explanatory reductionism is observed in these studies, whereby only the early intervention of developmental psychiatry in children and adolescents can avoid an alleged pathological trajectory by which certain children would be destined to live a life of failure, delinquency or madness as adults if the recommended therapy is not accepted.

If we think that the explanation centered on the neurodevelopmental hypothesis excludes research and sociological analysis of structural situations, social and family conflicts, parental unemployment, physical violence, bullying, racism, competition between peers, school failure, among many other social facts that can be at the origin of the feelings of anguish, fear, frustration or helplessness, which caused the psychological distress in a child, we must question the epistemological weakness and fragility of the arguments presented by the INPD researchers that were analyzed here.

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REFERENCES

APA. **Diagnostic and Statistical Manual of Mental Disorders**. 5. ed. Arlington: American Psychiatric Association, 2013. (DSM-5)

APA. **Diagnostic and Statistical Manual of Mental Disorders**. 4. ed. Arlington, VA: American Psychiatric Association, 1994. (DSM-IV-TR)

BRZOWSKI, F. S.; CAPONI, S. Medicalização de los desvíos de comportamiento en la infancia: aspectos positivos y negativos. **Psicol. cienc. prof.**, Brasília, v. 33, n. 1, p. 208-221, 2013. DOI: <http://dx.doi.org/10.1590/S1414-98932013000100016>

CAPONI, S. Da herança biológica à localização cerebral: sobre o determinismo biológico de condutas indesejadas. **Physis**, Rio de Janeiro, v. 17, n. 2, p. 343-352, 2007. DOI: <http://dx.doi.org/10.1590/S0103-73312007000200008>

CONRAD, P.; SCHNEIDER, J. W. **Deviance and medicalization: from badness to sickness** (Exp. ed.). Temple University Press, 1992.

ESTANISLAU, G. M.; BRESSAN, R. A. (Org.). **Saúde mental na escola: o que os educadores devem saber**. Porto Alegre: Artmed, 2014.

FOUCAULT, M. **O poder psiquiátrico: curso no Collège de France (1973-1974)**. São Paulo: Martins Fontes, 2006.

FOUCAULT, M. **Os anormais**. São Paulo: Editora WMF Martins Fontes, 2010.

FOUCAULT, M. **Segurança, território e população**. São Paulo: Martin Fontes, 2008.

FRANCES, A. Opening Pandoras Box: The 19 Worst Suggestions For DSM5.

Rev.Psychiatric Times, v. 1, n. 1, 2010. Available:

<https://pdfs.semanticscholar.org/5178/fabd81da7ff4528cb65e2b93c9a91648f719.pdf>. Access: 18 Oct. 2015.

FRANCES, A. **Saving normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-V, Big pharma, and the medicalization of ordinary life**. New York: Harper Collins Publisher, 2013.

INSTITUTO Nacional de Ciência e Tecnologia de Psiquiatria do Desenvolvimento para a Infância e Adolescência. **Relatório FAPESP ano II**. Jun 2019. Available:

http://inpd.org.br/wpcontent/uploads/2019/07/Relatorio_INPD_FAPESP2019.pdf. Access: 5 July 2019.

KAMERS, M. A fabricação da loucura na infância: psiquiatrização do discurso e medicalização da criança. **Estilos Clín**, v. 18, n. 1, p. 153-165, 2013. Available:

http://pepsic.bvsalud.org/scielo.php?pid=S141571282013000100010&script=sci_abstract&tlng=es. Access: 6 June 2019.

MARTINHAGO, F. **Contágio social de transtornos mentais: análise das estratégias biopolíticas de medicalização da infância**. Orientadores: Sandra Noemi Cucurulo Caponi e Àngel Martínez Hernáez. 2017. 300 f. Tese (Doutorado em Ciências humanas) - Centro de Filosofia e Ciências Humanas, Universidade Federal de Santa Catarina, Florianópolis, 2017.

MONCRIEFF, J. **The myth of the chemical cure**. London: Palgrave MacMillan, 2008.

MORAES, C. *et al.* Força-tarefa brasileira de psiquiatras da infância e adolescência. **Rev.**

Bras. Psiquiatr, São Paulo, v. 30, n. 3, p. 294-295, 2008. DOI:

<http://dx.doi.org/10.1590/S1516-44462008000300021>

OLIVEIRA, S. Política, psiquiatria do desenvolvimento e resiliência: novos arranjos epidemiológicos primeiras anotações. *In*: ENCONTRO ESTADUAL DE HISTÓRIA, 21., 2012, Campinas. **Anais [...]**. Campinas, SP: ANPUH SP, set. 2012. Available:

http://encontro2012.sp.anpuh.org/resources/anais/17/1342405101_ARQUIVO_SaleteOliveiraANPUH2012.pdf. Access: 13 Jan. 2019.

POLANCZYCK, G. Em busca das origens desenvolvimentais dos transtornos mentais. **Rev.**

Psiqu. RS., v. 31, p. 1, p. 6-12, 2009. DOI: [https://doi.org/10.1590/S0101-](https://doi.org/10.1590/S0101-81082009000100005)

[81082009000100005](https://doi.org/10.1590/S0101-81082009000100005)

TOLEDO, K. Consórcio busca avançar na prevenção da esquizofrenia. **Agência Fapesp**, 22 maio 2015. Available:

http://agencia.fapesp.br/consorcio_busca_avancar_na_prevencao_da_esquizofrenia/21201/.

Access: 6 Oct. 2018.

VIEIRA, M. A.; GADELHA, A. A; MORIYAMA, T. S; BRESSAN, R. A; BORDIN, I. A. Evaluating the effectiveness of a training program that builds teachers' capability to identify and appropriately refer middle and high school students with mental health problems in Brazil: an exploratory study. **BMC Public Health**, 2014; 14:210. Available: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-210>. Access: 28 Oct. 2019

WHITAKER, R. **Anatomia de uma epidemia**. Medicamentos psiquiátricos y el asombroso aumento de las enfermedades mentales. Madrid: Ed. Capitan Swing, 2015.

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