Additional Report to the Committe on the Rights of the Child (CRC) on Mental Health and Children's Rights

Vertentes

Ecossistema de saúde mental

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1. INTRODUCTION

The Vertentes Mental Health Ecosystem (Vertentes)[1]—a national network of organizations promoting a culture of mental health care for children and adolescents in Brazil—submits this collective alternative report to the Committee on the Rights of the Child (CRC) to support the Committee's review of Brazil under the Convention on the Rights of the Child while calling for particular attention to the ways in which mental health is addressed throughout the CRC review process.

Mental health is central to children's well-being and is interlinked with their rights to education, protection, development, and participation. The CRC, ratified by the State through Decree No. 99.710/1990,[2] emphasizes the need to include children and adolescents in discussions on public policies aimed at their age group (Article 12). It also advocates for a cross-cutting approach to planning and implementation of governmental mental health guidelines (Article 24), recognizing that mental health is intrinsically linked to other rights, such as:

- The right to education (Articles 28 and 29), leisure (Article 31), and culture;
- The right to a healthy environment (associated with Article 6);
- The right to food and an adequate standard of living (Article 27);
- The right to protection from all forms of violence (Article 19) and discrimination (Article 2).

This submission highlights Brazil's obligations under the aforementioned articles and documents how structural inequalities, service gaps, and underfunding have undermined children's mental health and violated their fundamental rights.

[1] Vertentes was founded in 2021 by the following organizations: Asec, Vita Alere Institute, Ame Sua Mente Institute, RD Saúde, Bem do Estar Institute, and SoulBeeGood.

[2] Available at: https://www.planalto.gov.br/ccivil_03/decreto/1990-1994/d99710.htm. Accessed on: 11 April 2025.

1.2 Methodology

This report was developed through a collaborative and participatory process led by Vertentes, with partners,[3] youth-led groups, and health and legal experts to outline persistent gaps in the protection of mental health rights for children and adolescents in Brazil. It draws on three primary sources of evidence: (i) a review of the latest national data on child and adolescent mental health, access to care, and service disparities; (ii) a national child-led consultation with 30 adolescents aged 12–17 conducted by the Fórum Paraense de Juventudes (FPJ) and Vertentes in April 2025, which collected qualitative insights into adolescents' experiences, needs, and perspectives on mental health, and (iii) a comprehensive legal and policy analysis of Brazil's commitments under the CRC and relevant national and international legislation, and the methodology prioritized a rights-based and equity-centered approach, amplifying the perspectives of traditionally marginalized groups and ensuring that the lived experiences of children and adolescents informed the report's analysis and recommendations.

[3] RD Saúde, Ame sua Mente Institute, Bem do Estar Institute, ASEc+, Vita Alere Institute, SoulBeeGood, Fórum Paraense de Juventudes, Veredas Institute, Vital Strategies, Fórum CCNTs,Billion Minds, Desacelera Institute, Plan International, Child the Mind, Fundação José Luiz Egydio Setúbal.

2. SUBSTANTIVE ANALYSIS ON CHILDREN'S MENTAL HEALTH IN BRAZIL

Mental health must be a foundational pillar in ensuring the comprehensive protection of children and adolescents, as well as their meaningful participation in government decisions that affect them. This agenda should be considered during the CRC review process to foster coordination among governments, financial institutions, civil society, and the private sector on issues related to children's and adolescents' mental health, based on the data and facts provided below:

2.1 Systemic Barriers and Inequalities

Mental health in Brazil is deeply affected by systemic inequalities. Children in poverty, Black children, and those from Indigenous, quilombola, or riverside communities face significant barriers to accessing mental health services.[4] Socioeconomic inequalities, food insecurity, environmental disasters, and structural racism intersect to deepen vulnerabilities. The limited availability of specialized services affects the northern and inland regions, as well as traditional communities, more severely, highlighting the absence of a truly universal mental health policy.

Less than 2% of the national health budget is allocated to mental health, and philanthropic and social impact investments dedicated to mental health account for less than 1%.[5] There is no coordinated interministerial strategy to address mental health holistically, which undermines policy effectiveness.

[4] Batista EC, et al. Saúde mental em adolescentes quilombolas. Rev Saude Publica. 2019;53:18. Silva ANA, et al. Racismo, identidade e saúde mental em comunidades quilombolas. Saude soc. 2021;30(3):e200894.

[5] Financing of Mental Health: the current situation and ways forward - United for Global Mental Health (2023). Available at: https://unitedgmh.org/the-global-advocate/financing-mental-health-current-status-and-future-prospects/ Accessed on: April 1, 2025.

The prevalence of mental disorders is 10.8% among children and 19.9% among adolescents.[6] [7] Suicide is the third cause of death among children and young people between 15 and 19 years old.[8] The Indigenous child population shows an even higher suicide rate than the general population. Among children aged 10–14, the rate is 11 per 100,000.[9] Moreover, 77% of the whole population lacks adequate access to specialized mental health care, as services remain concentrated in the South and Southeast regions of the country.[10]

Addressing the social and economic determinants of children's mental health requires urgent, targeted action. Challenges such as poverty, weakened social ties, educational disruptions, and lack of access to specialized care highlight the need to prioritize investments in community-based mental health promotion and prevention to achieve a wide range of health, social, economic and sustainable development outcomes. (WHO, 2021; United Nations, 2015).

2.2 Access to Mental Health Services

The Psychosocial Care Network (RAPS), created through Ordinance GM/MS No. 3.088/2011[11] under the Psychiatric Reform Law (Law No. 10.216/2001),[12] established Psychosocial Care Centers (CAPS) prioritizing community-based care.

In response to the CRC's inquiry on the availability of mental health services for children and adolescents,[13] particularly trauma-focused therapy for victims of sexual abuse and exploitation, the State cited on paragraph number 60 the reactivation and expansion of its mental health policies in 2023, following a period

[6] Anselmi L, Fleitlich-Bilyk B, Menezes AMB, et al. Prevalence of psychiatric disorders in a Brazilian birth cohort of 11-year-olds. Soc Psychiatry Psychiatr Epidemiol. 2010;45:135–42.

[7] Salum GA, Gadelha A, Pan PM, et al. High risk cohort study for psychiatric disorders in childhood. Int J Methods Psychiatr Res. 2015;24(1):58–73.

[8] BRAZIL. Epidemiological Bulletin – Volume 55, No. 04. 2024. Available at: https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/edicoes/2024/boletim-epidemiologico-volume-55-no-04.pdf/view. Accessed on: April 1, 2025.

[9] Souza MLP de. Mortality from suicide in indigenous children in Brazil. Cad Saude Publica. 2019;35(6):e00019219.Lazzarini TA, et al. Suicide in Brazilian indigenous communities: clustering of cases in children and adolescents by household. Rev Saude Publica. 2018;52:56.

[10] Psychosocial Care Network Coverage Index (iRAPS) as a critical analysis tool of the Brazilian psychiatric reform. Available at: https://www.scielo.br/j/csp/a/G5CXF3LhvksHzcS7j8LHMqH/abstract/?lang=ptchrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.scielo.br/j/csp/a/G5CXF3LhvksHzcS7j8LHMqH/?lang=pt&format=pdf.

[11] Available at: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html

[12] Available at: https://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm

[13] CRC/C/BRA/RQ/5-7. Replies of Brazil to the list of issues in relation to its combined fifth to seventh periodic reports. 7 March 2025.

of stagnation, as well as the establishment of a Working Group on Mental Health for Children, Adolescents, and Youth.

While promising, this response does not address the overall shortage of specialized services or their uneven geographic distribution. The State highlighted that 324 CAPS i, which serve children and adolescents experiencing intense psychological distress resulting from severe and persistent mental health disorders, are accredited across the country, as well as 1,522 CAPS Type 1, which serve people of all age groups. However, CAPS i represent only 10,73% of services specifically dedicated to children and adolescents,[14] with approximately 1 CAPS i for every 164,000 children in Brazil.[15] Moreover, not only is this number clearly insufficient to meet national demand, but most CAPS i centers are also concentrated in the southern and southeastern regions, violating the principle of non-discrimination (Article 2).

2.3 Human Resources and Training

Fewer than 10% of Primary Care professionals are trained in child mental health.[16] Schools are also under-resourced: only 12% of public schools have psychologists.[17] Educators often feel unequipped to identify or respond to emotional difficulties, which contributes to poor school outcomes, repetition, and dropout.

The lack of engagement from families in school life also weakens children's protective networks. Moreover, the absence of safe spaces for emotional expression and youth leadership impairs self-esteem and mental well-being.

[14] Available at: https://agenciagov.ebc.com.br/noticias/202412/expansao-dos-servicos-de-saude-mental-ultrapassa-meta-prevista-para-2024#:~:text=A%20rede%20atualmente%20%C3%A9%20composta,CAPS%20infanto%2Djuvenil%20(CAPSi)

[15] Available at: https://agenciagov.ebc.com.br/noticias/202412/expansao-dos-servicos-de-saude-mental-ultrapassa-meta-prevista-para-2024#:~:text=A%20rede%20atualmente%20%C3%A9%20composta,CAPS%20infanto%2Djuvenil%20(CAPSi)

[16] Available at https://www.scielo.br/j/rbp/a/MwhVn9BBDdZQTH6qxsxLNkf/ and https://doi.org/10.1590/S1516-44462008000400015. Accessed on 11 April 2025.

[17] Available at: https://oglobo.globo.com/brasil/educacao/noticia/2024/03/11/apoios-em-falta-de-cada-dez-escolas-do-pais-so-uma-tem-psicologo-e-duas-contam-com-profissional-de-seguranca.ghtml. Accessed on 11 April 2025.

2.4 Violence, Discrimination, and Digital Risks

More than 20% of adolescents experience domestic violence.[18] Black adolescents are disproportionately affected by lethal violence in peripheral urban areas.[19] Structural racism, together with weak social protection, results in chronic trauma.[20] Transgender and gender-diverse students may experience poorer mental health and school outcomes due to a threatening school environment.[21]

Bullying and cyberbullying are widespread and remain under-addressed.[22] The lack of digital literacy and regulatory frameworks compromises children's right to mental health in digital spaces. Negative online content, hate speech, and online extremism are associated with reduced well-being, lower self-esteem, and increased risk of mental distress among adolescents.[23] Anti-LGBTQIAPN+ rhetoric on social media translates into real-world offline harm.[24]

2.5 Adolescent Voices: National Consultation Findings

The limited participation of children and adolescents in the development of mental health policies contributes to feelings of disconnection and disengagement from support services. This is further compounded by the lack of integration of psychosocial resilience protocols into national climate adaptation plans. Additionally, there are no provisions for supplementary psychosocial support services specifically tailored to children and adolescents who are victims of violence or environmental disasters, nor is there effective coordination between social assistance, education, and mental health sectors to ensure a holistic response.

[18] Ferreira ACM, et al. Risk and protection factors for chronic non-communicable diseases among Brazilian students. REME. 2022;26. Malta DC, de Andrade FMD, Ferreira ACM, et al. Prevalence of the exposure to situations of violence experienced by Brazilian in-school adolescents. REME. 2022;26.

[19] Williams DR, Mohammed SA. Racism and health I: Pathways and scientific evidence. Am Behav Sci. 2013;57(8):1152–73.

[20] Malta DC, de Andrade FMD, Ferreira ACM, et al. Prevalence of the exposure to situations of violence experienced by Brazilian in-school adolescents. REME. 2022;26.

[21] Available at: https://journals.sagepub.com/doi/full/10.1177/23727322211068021

[22] Malta DC, et al. Bullying among Brazilian adolescents: evidence from the National Survey of School Health. Rev Lat Am Enfermagem. 2022;30.

[23] Available at: https://www.gov.br/secom/pt-br/assuntos/uso-de-telas-por-criancas-e-adolescentes/guia/guia-de-telas_sobre-usos-de-dispositivos-digitais_versaoweb.pdf

[24] Available at: veredas.org/wordpveredas/wp-content/uploads/2024/10/OK-VOL-5_Veredas_Respostas-Rapidas_Final1.pdf

A national consultation conducted by FPJ and Vertentes reinforces the urgency of addressing mental health. Despite the small sample size, meaningful information was obtained. Over 75% of respondents stated that children and adolescents generally do not feel comfortable discussing their emotional struggles. Violence, discrimination, and school performance pressure emerged as the main factors causing distress. Although schools offer some support, 60% of respondents said it "could be improved," with specific demands for school psychologists and "classes about emotions."

Echoing the sentiment of 60% who feel "rarely or never" heard, their proposals include accessible and free psychological care "in places they usually go," and initiatives like Healthy Connections featuring listening spaces and workshops.

3. LEGAL AND POLICY FRAMEWORK

3.1 International Commitments

Brazil has ratified key international instruments that frame children's right to mental health:

- **Convention on the Rights of the Child** (CRC – UN, 1989).
- **Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography** (2000).
- The **Alma-Ata Declaration** (WHO, 1978).
- **UN Convention on the Rights of Persons with Disabilities** (2006).
- **2030 Agenda for Sustainable Development** (UN, 2015).
- **Global Strategy for Women's, Children's and Adolescents' Health** (PAHO/WHO, 2016–2030).

3.2 National Legislation

Several national laws and regulations relate to mental health and child protection:

- In 1990, the **Statute of the Child and Adolescent (Law No. 8.069/1990)**[25] was enacted, guaranteeing comprehensive protection, including health, though it initially lacked specific mental health guidelines.

[25] Available at: https://www.planalto.gov.br/ccivil_03/leis/l8069.htm. Accessed on 11 April 2025.

· In 2001, **Law No. 10.216/2001**[26] was enacted, establishing cross-cutting actions to ensure rights to housing, education, culture, work, and justice for people with mental disorders.

· In 2002, **Ministerial Ordinance GM/MS No. 336**[27] officially created the **Child and Youth Psychosocial Care Centers (CAPS i)** to care for children and adolescents with severe mental disorders.

· In 2008, **Decree No. 6.481** defined the **List of the Worst Forms of Child Labor**,[28] aimed at protecting children and adolescents from conditions harmful to mental health.

· In 2011, **Ministerial Ordinance GM/MS No. 3.088** established the **Psychosocial Care Network (RAPS)**[29] within the Unified Health System (SUS), with actions focused on mental health care and the use of alcohol and other drugs.

· In 2012, **Law No. 12.764/2012**[30] created the **National Policy for the Protection of the Rights of Persons with Autism Spectrum Disorder (ASD)**.

· In 2013, **Law No. 12.852/2013**[31] established the **National Youth System (Sinajuve)** to coordinate public youth policies among federal, state, and local governments and civil society.

· In 2015, **Ordinance No. 1.130** launched the **National Policy for Comprehensive Child Health Care (PNAISC)**.[32]

[26] Available at: https://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm. Accessed on 11 April 2025.

[27] Available at: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2002/prt0336_19_02_2002.html. Accessed on 11 April 2025.

[28] Available at: https://www.planalto.gov.br/ccivil_03/_ato2007-2010/2008/decreto/d6481.htm. Accessed on 11 April 2025.

[29] Available at: https://www.gov.br/saude/pt-br/composicao/saes/desmad/raps. Accessed on 11 April 2025.

[30] Available at: https://www.planalto.gov.br/ccivil_03/_ato2011-2014/2012/lei/l12764.htm. Accessed on 11 April 2025.

[31] Available at: https://www.planalto.gov.br/ccivil_03/_ato2011-2014/2013/lei/l12852.htm. Accessed on 11 April 2025.

[32] Available at: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130_05_08_2015.html#:~:text=Institui%20a%20Pol%C3%ADtica%20Nacional%20de,%C3%9Anico%20de%20Sa%C3%BAde%20(SUS).&text=Considerando%20a%20pactua%C3%A7%C3%A3o%20ocorrida%20na,Art. Accessed on 11 April 2025.

· In 2016, **Law No. 13.257/2016** (Early Childhood Legal Framework)[33] reinforced the right to holistic development, including mental health care from the earliest years of life.

· In 2017, **Law No. 13.431/2017** established a system to guarantee the rights of children and adolescents and prevent and respond to violence against them.[34]

· In 2019, **Law No. 13.819/2019**[35] established the **National Policy for the Prevention of Self-Harm and Suicide**, focusing on children and adolescents.

Despite this robust legal framework, Brazil lacks effective implementation due to insufficient regulation, funding, and intersectoral coordination.

[33] Available at: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2016/lei/l13257.htm. Accessed on 11 April 2025.

[34] Available at: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/l13431.htm Accessed on: 11 April 2025.

[35] Available at: https://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/lei/l13819.htm. Accessed on: 11 April 2025.

4. RECOMMENDATIONS

Considering the above, we respectfully urge the Committee to recommend that the State of Brazil adopt concrete actions to strengthen the protection and promotion of children's and adolescents' mental health and rights. These actions should include legal, administrative, and intersectoral coordination measures, the development of specific policies, and recognition that comprehensive health cannot be achieved without substantial and sustained investment in mental health, as described below:

4.1 Strengthen Policies and Legal Frameworks (General Measures of Implementation)

· Develop a National Intersectoral Plan on Child and Adolescent Mental Health, integrating multiple ministries (Articles 4, 24, 3)

· Regulate Law 14.819/2024 on psychosocial care in all schools and promote school policies that reduce performance pressure and actively combat bullying and other forms of violence (Articles 4, 24, 28, 19).

· Approve PL 1883/2024, creating a Psychosocial Resilience Policy (Articles 4, 24, 39).

· Ensure interministerial implementation of Laws No. 13.819/2019 and No. 14.811/2024 for suicide and violence prevention (Articles 4, 6, 19, 24).

· Expand Child-Lens Investing in all social policies (Articles 4, 3, 2).

· Increase investment in programs like Pé de Meia, Bolsa Família, and housing initiatives (Articles 26, 27, 24).

· Develop and implement intersectoral policies that recognize and address the social determinants of mental health conditions, including the fight against violence, racism, and poverty, while promoting access to leisure, culture, and future opportunities. Mental health must also be integrated into climate adaptation policies through a psychosocial lens (Articles 6, 27).

4.2 Inclusion and Participation (General Principles)

· Ensure meaningful child participation at all stages of policymaking by strengthening consultative and decision-making mechanisms that guarantee the real and influential participation of children and adolescents in the formulation, monitoring, and evaluation of mental health and education policies, valuing their proposals and lived experiences (Articles 12, 13, 17), and by developing specific quality and impact indicators for child and adolescent participation (Articles 12, 3, 4).

· Strengthen youth councils, student unions, school assemblies, and youth conferences (Articles 12, 15).

· Scale up conditional cash transfer programs (e.g., Pé de Meia, Bolsa Família) and fund supplemental support services to provide families with stable income, reducing financial stress that negatively impacts children's mental health.

· Ensure resources are distributed equitably, with priority given to underserved regions (such as the North, Northeast, and traditional communities).

4.3 Workforce Development (Education, Leisure and Cultural Activities)

· Provide targeted training for basic education professionals, parents and overall staff to identify and handle mental health issues among children and adolescents (Articles 28, 29, 24).

· Introduce curricula on resilience and psychosocial care and integrate mental health support within school and community vocational training programs, also investing in health literacy initiatives. (Articles 29, 24, 6).

· Provide incentives to retain community mental health professionals and non- professional workforce, including by ensuring facilitated access to psychologists as part of school and community-based care pathways (Articles 28, 29, 4).

4.4 Safe and Supportive Environments (Civil Rights and Freedoms)

· Guarantee inclusive, safe school spaces with proper infrastructure, contributing to children's physical and mental health (Articles 19, 24, 28, 29).

· Implement evidence-based programs to prevent substance abuse and violence (Articles 33, 19, 24).

· Create integrated school-community-family support systems (Articles 18, 24, 27).

4.5 Mental Health Access and Awareness (Disability, Basic Health and Welfare)

· Expand CAPS i coverage, especially in underserved regions, ensuring free and easy access with special attention to barriers faced by specific groups and active efforts to combat stigma within services (Articles 24, 2).

· Destigmatize emotional struggles in children and adolescents, understanding them as responses to adverse environments rather than solely individual clinical problems (Articles 24, 39, 12).

· Launch nationwide children mental health awareness campaigns using the language and platforms most suited to children and adolescents (Articles 13, 17, 24).

4.6 Combat Discrimination (General Principles)

· Enforce anti-discrimination policies addressing race, gender, and sexuality, in particular, in schools (Articles 2, 28, 29).

· Embed mental health promotion in inclusive and non-discriminatory school settings (Articles 2, 24, 29).

4.7 Digital Safety and Innovation (Civil Rights and Freedoms)

· Establish national guidelines for digital mental health, with personalized interventions for children and adolescents (Articles 24, 17).

· Foster strategic partnerships among government, ANVISA, Fiocruz, research centers, and civil society to create an integrated system for certifying digital mental health technologies, ensuring interoperability with e-SUS and alignment with a Value-Based Healthcare model (Articles 24, 17, 4).

· Create public-private funds for digital mental health solutions (Articles 4, 24).

4.8 Research and Data (General Measures of Implementation)

· Conduct large-scale epidemiological studies representative of all Brazilian regions to build a robust database to inform public policies for children and adolescents (Articles 4, 24).

· Increase public funding for child mental health research and participatory methods (Articles 4, 24), working alongside knowledge intermediaries to foster evidence use in policy-making and mental health interventions, as well as feed decision-makers' needs into the research agenda on this topic.

4.9 Financing (General Measures of Implementation)

· Transition from short-term, program-based funding to multi-year grants and flexible financial arrangements that ensure continuity, scalability, and genuine community impact, allocating at least 5% of the health budget to mental health, in line with WHO guidance (Articles 4, 24) and ensuring transparency in child-related spending in PNAD, PNS, and the Census (Articles 4, 3).

· Develop innovative funding mechanisms, including social impact bonds to attract capital for child-centered projects (Articles 4, 24, 45), and strengthen community economy, through microcredit schemes, cooperative savings, and conditional cash transfer programs.

· Seek technical and financial support through cooperation with international organizations (World Bank, PAHO, UNICEF, UN), incorporating Child-Lens Investing principles to scale impact with clear impact indicators and active child participation (Articles 4, 45).

4.10 Justice and Regulation (Special Protection Measures)

· Strengthen child-friendly justice in cases of rights violations, with humanized support (Articles 3, 40, 39).

· Require corporate due diligence on child rights impacts (Articles 3, 19, 32).

4.11 Intersectoral and Community Action (General Measures of Implementation)

· Acknowledge and fund the central role of NGOs, grassroots groups, and community leaders in defending children's rights and developing locally appropriate solutions (Articles 5, 12, 15, 24, 4).

· Establish national frameworks and dedicated funding to support coordinated, community-led, place-based initiatives—integrating and foster Multi-Stakeholder Partnerships and collaboration between government, private sector, NGOs, and academia to build a resilient ecosystem that supports children's rights.

5. FINAL CONSIDERATIONS

Despite progress in legal and policy frameworks, Brazil still faces major challenges in ensuring the mental health rights of children and adolescents. Without cross-sector collaboration, adequate funding, and meaningful child participation, these frameworks risk remaining symbolic. The urgent need is not for new laws, but for effective implementation of existing ones through sustainable, community-based mechanisms.

Adopting a Child Lens Investing approach is essential—not only to improve mental health outcomes, but also to unlock economic potential. Strategic, evidence-based investments focused on promotion, prevention, innovative financing, and multisectoral collaboration can strengthen resilience and care, contributing to global growth and social development.

We urge the Committee to recommend that Brazil implement these actions and allocate resources to en sure children's mental health rights are realized in practice.