



**FAMILY CONTEXT OF CHILDREN WITH MENTAL AND
NEURODEVELOPMENTAL DISORDERS USING PSYCHOTROPIC
MEDICATIONS**

**CONTEXTO FAMILIAR DE CRIANÇAS COM TRANSTORNOS MENTAIS E DO
NEURODESENVOLVIMENTO EM USO DE PSICOFÁRMACOS**

**CONTEXTO FAMILIAR DE NIÑOS CON TRASTORNOS MENTALES Y DEL
NEURODESARROLLO EN USO DE PSICOFÁRMACOS**



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ABSTRACT

The study evaluated the family context of children and adolescents using psychotropic medications who were treated at Health Units located in the northern region of Ribeirão Preto (SP), Brazil. This is a cross-sectional and descriptive study including 337 child–caregiver dyads. Among the children evaluated, 15 were using psychotropic drugs for disorders such as ADHD, anxiety, depression, and autism. Most were receiving psychological follow-up, and vulnerability factors such as low income, alcohol consumption, smoking, and drug use in certain households were also observed. In this context, the use of psychotropic medications is often associated with vulnerable family environments, highlighting the importance of multidisciplinary care and continuous psychosocial support.

Keywords: Mental Health. Childhood. Psychotropic Medications. Social Vulnerability. Family.

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RESUMO

O estudo avaliou o contexto familiar de crianças e adolescentes em uso de psicofármacos atendidos em Unidades de Saúde localizadas na zona Norte de Ribeirão Preto (SP). Trata-se de uma pesquisa transversal e descritiva com 337 binômios filho/responsável. Dentre as crianças avaliadas, 15 faziam uso de psicofármacos para transtornos como TDAH, ansiedade, depressão e autismo. A maioria estava em acompanhamento psicológico, e também pode-se notar fatores de vulnerabilidade como baixa renda, consumo de álcool, tabagismo e uso de drogas em determinados domicílios. Diante disso, o uso de psicofármacos está frequentemente relacionado a contextos familiares vulneráveis, evidenciando a relevância do cuidado multiprofissional e do apoio psicossocial contínuo.

Palavras-chave: Saúde Mental. Infância. Psicofármacos. Vulnerabilidade Social. Família.

RESUMEN

El estudio evaluó el contexto familiar de niños y adolescentes en uso de psicofármacos atendidos en Unidades de Salud ubicadas en la zona norte de Ribeirão Preto (SP), Brasil. Se trata de una investigación transversal y descriptiva con 337 binomios hijo-responsable. Entre los niños evaluados, 15 utilizaban psicofármacos para trastornos como TDAH, ansiedad, depresión y autismo. La mayoría se encontraba en seguimiento psicológico, y también se identificaron factores de vulnerabilidad como bajos ingresos, consumo de alcohol, tabaquismo y uso de drogas en determinados hogares. En este sentido, el uso de psicofármacos está frecuentemente relacionado con contextos familiares vulnerables, lo que evidencia la relevancia del cuidado multiprofesional y del apoyo psicosocial continuo.

Palabras clave: Salud Mental. Infancia. Psicofármacos. Vulnerabilidad Social. Familia.



1 INTRODUCTION

Mental and neurodevelopmental disorders in childhood and adolescence represent an important challenge for health systems, both because of the impact on the child's global development and because of the need for continuous monitoring and, in many cases, pharmacological treatment. The use of psychotropic drugs in the pediatric population has increased in recent decades, reflecting greater diagnostic recognition, but also raising concerns about therapeutic adequacy, drug safety, and the psychosocial conditions in which these children are inserted.

The family context plays a decisive role in the management and evolution of childhood mental and neurodevelopmental disorders, influencing both treatment adherence and clinical outcomes. Aspects such as socioeconomic vulnerability, presence of mental illnesses among caregivers, use of psychoactive substances and psychosocial support are factors known to be associated with the complexity of care.

In this sense, the present study aimed to characterize the family context of children and adolescents using psychotropic drugs for the treatment of mental and neurodevelopmental disorders, as well as to describe the clinical and sociodemographic profile of these individuals and their guardians.

2 METHODOLOGY

Study population

The study was carried out in Health Units located in the northern part of the city of Ribeirão Preto (SP), namely: UBS Jardim Aeroporto, USF Heitor Rigon, USF Valentina Figueiredo, USF Estação do Alto, UBS Vila Mariana, UBS Simioni, UBS Dutra and UBS Ribeirão Verde. These services offer medical care to the population through agreements established between the Barão de Mauá University Center and the Municipal Health Department of Ribeirão Preto.

Ethical aspects

As this is a study involving human beings in a primary care environment, the ethical principles provided for in Resolution No. 510/2016 of the National Health Council (Brasil, 2016) were observed. The researchers ensured that participation did not interfere with the routine of care and that there was no form of coercion or link between care and adherence to the research.

Participation was voluntary, upon signing the Informed Consent Form (ICF), ensuring anonymity, confidentiality of information and exclusive use of data for scientific purposes. The project was approved by the Research Ethics Committee of the Barão de Mauá University



Center (CAAE: 46888021.8.0000.5378; Opinion No. 6,747,724), with the consent of the Municipality of Ribeirão Preto.

Inclusion and exclusion criteria

Binomials containing fathers, mothers or legal guardians of children and adolescents up to 18 years of age, in their own care or as companions in health units, were included. Participants who withdrew consent at any stage of the process were excluded.

Recruitment and data collection

Recruitment took place between 2021 and 2025, through direct approach in health units. After clarification about the objectives of the study and signing the ICF, the participants answered a structured form with open and closed questions, applied by previously trained interviewers.

The interviews were conducted individually, in a reserved place, with the aim of preserving the comfort and privacy of the participants, minimizing discomfort and avoiding situations of embarrassment. The study used non-probabilistic convenience sampling, resulting in 337 valid interviews.

Study design

This is a cross-sectional and descriptive study, in which each child or adolescent was included only once. The study aimed to portray the family and social context at the time of collection, analyzing biological, socioeconomic and behavioral factors, with emphasis on the use of psychotropic drugs and the presence of family vulnerabilities.

Statistical analysis

The data were tabulated in an electronic spreadsheet (Microsoft Excel 2000®) and submitted to descriptive and inferential statistical analysis.

In the analysis of qualitative variables, the chi-square test and Fisher's exact test (Fleiss, 1981) were applied, according to the adequacy of the data.

The level of significance adopted was $p \leq 0.05$.

3 RESULTS

A total of 337 binomials (children/guardians) were studied, with a median age of 6 years (minimum age: 2 days and maximum age: 18 years) and a median age of 33 years (minimum age: 16 and maximum age: 74 years). Among the children/adolescents evaluated, 26 used prescription drugs (drugs whose acquisition requires a medical prescription). Among these, 15 (median age: 10 years; median age of guardians: 30 years) used medications intended for the treatment of mental or neurodevelopmental disorders, namely: anxiety ($n=4$),

attention deficit hyperactivity disorder (n=4), depression (n=2), oppositional defiant disorder (n=1), autism spectrum disorder (n=3), dyslexia (n=1) and cerebral palsy and epilepsy (n=3).

The most commonly used drugs in this pediatric sample were ritalin (3), sertraline (2), valproic acid (2), pericyazine (1), clobazam (1), and fluoxetine (1).

Among these 15 children/adolescents, 11 were undergoing psychological counseling, 8 families received financial assistance from the government and, in one of the households, the mother used risperidone and haloperidol daily. In addition, there were reports of excessive alcohol consumption in 2 households, active smoking in two households, and one family (father and mother) with cocaine use (Table 1).

Table 1

Association between the use of psychotropic drugs by children and adolescents and family and psychosocial variables

Variable	Children using psychotropic drugs		p
	YES	NO	
Psychological support			
YES	11	24	< 0.00001
NO	4	298	
Government financial aid			
YES	8	120	0,28
NO	7	202	
Use of psychotropic drugs by the mother			
YES	1	33	1,00
NO	14	289	
Alcoholism in the home			
YES	2	33	0,66
NO	13	289	
Smoking in the household			
YES	3	80	1,00
NO	12	242	
Drug use in the home			
YES	1	17	0,57
NO	14	305	



Source: Survey data (2021–2025).

4 DISCUSSION

Among the 337 child/guardian binomials evaluated, it was observed that 26 children used prescription medications, 15 of which were intended for the treatment of mental or neurodevelopmental disorders.

The use of psychotropic drugs such as sertraline, fluoxetine, valproic acid, and methylphenidate (ritalin) reflects the therapeutic pattern commonly observed in pediatric outpatient settings. The presence of multiple diagnoses, including anxiety disorders, ADHD, ASD, and epilepsy, highlights the diversity of conditions that require early pharmacological intervention and multidisciplinary follow-up. The median age of these children was 10 years, a value compatible with the age group in which diagnoses and treatments such as ADHD, ASD and anxiety intensify.

73% of the children who used psychotropic drugs were in psychological follow-up ($p < 0.00001$), indicating that most of the children using medication were inserted in formal therapeutic processes of mental health follow-up. This result is in line with contemporary recommendations for the management of mental and neurodevelopmental disorders in childhood, which emphasize the need for psychotherapeutic interventions concomitant with the use of drugs.

Although no statistically significant associations were observed between the use of psychotropic drugs and the other variables analyzed, the high proportion of families that received financial assistance from the government (53%) and the presence of vulnerability factors such as alcoholism (2 households), smoking (2 households) and cocaine use (1 family), indicate a fragile socioeconomic and family context, it may interfere with the continuity and effectiveness of the treatment.

5 CONCLUSION

The results show that a significant portion of children and adolescents using psychotropic drugs are inserted in family contexts marked by socioeconomic vulnerability and psychosocial risk factors. The predominance of disorders such as ADHD, ASD, and anxiety, associated with the use of antidepressant and stimulant medications, reflects the current profile of demands in pediatric mental health.

The presence of vulnerability factors such as the consumption of alcohol, tobacco and drugs in some homes, as well as the use of psychotropic drugs by caregivers, reinforces the importance of continuous psychological monitoring and the articulation between mental



health, social assistance and education services, in order to offer comprehensive support to the child-family binomial, with expanded family assessment and a family-centered approach. Capable of identifying and intervening early in environmental and emotional risk factors, contributing to better therapeutic results and reducing risks associated with the prolonged use of psychotropic drugs in childhood.

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