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# Public health policy and guidelines in the socio-educational system of Ceará: from international intervention to institutional consolidation (2016-2024)

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**SUMMARY**

This study analyzes the evolution of public health policies and guidelines implemented by the Superintendence of the State Socio-Educational Care System (SEAS) in Ceará between 2016 and 2024, focusing on health promotion, disease prevention, and comprehensive care for adolescents deprived of liberty and workers in the socio-educational system. Documentary analysis of official SEAS sources highlights three phases of institutional action: (1) structuring and institutionalization; (2) addressing health emergencies, including the COVID-19 pandemic and the emergence of Monkeypox; and (3) consolidation and expansion of health actions. The study highlights SEAS's role as an intersectoral coordinator, integrating public health precepts, national and international regulations, and epidemiological evidence, even without being a public health agency. The results demonstrate significant advances in the institutionalization of preventive practices, mental health promotion, epidemiological surveillance, pharmaceutical assistance, and continuing health education. However, limitations persist, especially in the production of proprietary data and systematic impact assessment. The study contributes to the critical understanding of strategies for implementing public health policies in contexts of deprivation of liberty, offering support for institutional strengthening and replicability of integrated models in other states.

**Keywords:** Public Policies; Public Health; Socio-educational System; Human Rights.

**ABSTRACT**

This study analyzes the evolution of public health policies and guidelines implemented by the Superintendence of the Sistema Estadual de Atendimento Socioeducativo (SEAS) in Ceará between 2016 and 2024, focusing on health promotion, disease prevention, and comprehensive care for adolescents deprived of liberty and workers within the socio-educational system. A documentary analysis of SEAS official sources reveals three phases of institutional action: (1) structuring and institutionalization; (2) response to health emergencies, including the COVID-19 pandemic and the Monkeypox outbreak; and (3) consolidation and expansion of health initiatives. The study highlights SEAS role as an intersectoral coordinator, integrating principles of public health, national and international regulations, and epidemiological evidence, despite not being a public health agency. The findings demonstrate significant progress in institutionalizing preventive practices, promoting mental health, epidemiological surveillance, pharmaceutical assistance, and continuous health education. However, limitations persist, particularly in the production of proprietary data and systematic impact evaluation. This study contributes to a critical understanding of strategies for implementing public health policies in contexts of deprivation of liberty, offering insights for institutional strengthening and replicability of integrated models in other states.

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**ABSTRACT**

This study analyzes the evolution of collective health policies and guidelines implemented by the Superintendency of the State Socio-Educational Assistance System (SEAS) in Ceará between 2016 and 2024, with emphasis on health promotion, disease prevention and comprehensive care for adolescents deprived of freedom and system workers socio-educational. The documentary analysis of the official sources of SEAS highlights three phases of institutional action: (1) structure and institutionalization; (2) coping with health emergencies, including the COVID-19 pandemic and the emergence of the virus virus (Monkeypox); and (3) consolidation and expansion of health actions. The study highlights the role of SEAS as an intersectoral articulator, integrating collective health principles, national and international regulations and epidemiological evidence, despite not being a public health body. The results demonstrate significant advances in the institutionalization of preventive practices, mental health promotion, epidemiological surveillance, pharmaceutical assistance and permanent health education. However, limitations persist, especially in the production of proprietary data and in the systematic evaluation of impact. The study contributes to the critical understanding of strategies for implementing collective health policies in contexts of freedom deprivation, offering inputs for institutional strengthening and the replicability of integrated models in other states.

**Keywords:** Public Policies; Collective Health; Socio-educational System; Human Rights.

## INTRODUCTION

The Brazilian socio-educational system faces persistent structural challenges in guarantee of the fundamental rights of adolescents deprived of liberty, reflecting historical tensions between justice and public security policies and the principle of comprehensive protection of children and adolescents.

In Ceará, this situation worsened between 2014 and 2015, when a crisis institutional marked by rebellions, escapes and deaths of adolescents culminated in international complaint to the Organization of American States (OAS). Given the scenario presented, the Inter-American Commission on Human Rights (IACHR), through the Precautionary Measure No. 60/2015, determined the adoption of immediate measures to protect around a thousand adolescents at risk, highlighting the critical nature of conjuncture and the urgency of a structural transformation.

In response, the Government of the State of Ceará created, in 2016, the Superintendence of the State Socio-Educational Assistance System (SEAS), body linked to the Secretariat of Labor and Social Development of the State of Ceará (STDS), currently the Secretariat of Social Protection of the State of Ceará (SPS)

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SEAS was created with administrative and budgetary autonomy, and with the mission to conduct a comprehensive restructuring of the socio-educational system of Ceará, representing a break with practices historically centered on control and punishment, beginning to seek the articulation between security, human rights and promotion of health as pillars of an integrated and humanized approach.

In this context, public health emerged as a strategic axis of reorganization institutional. This interdisciplinary field, which integrates knowledge about the social determinants of the health-disease process, provides theoretical and fundamental methodological approaches to understanding adolescent vulnerabilities deprived of liberty, identify risk factors and implement preventive and health promoters.

Ensuring the right to health for these adolescents not only meets the national legal devices — such as the Federal Constitution and the Statute of Children and Adolescent (ECA) — but it also constitutes an ethical and strategic imperative for reverse systematic human rights violations, widely documented in reports from SEAS itself and in specialized literature (FRANCO, 2019; FRANCO; FLEET, 2023).

At the international level, normative instruments such as the Standard Minimum Rules United Nations for the Protection of Juveniles Deprived of Liberty, known as Havana Rules (UN, 1990), and the American Convention on Human Rights (OAS, 1969) consolidate the right to health as an essential condition for the effectiveness of socio-educational policies. Despite this, the production of consistent longitudinal studies on public health in this context is still scarce in Brazil, especially in what concerns refers to the generation of reliable epidemiological data. This gap compromises the capacity to evaluate public policies and limits the formulation of strategies evidence-based approaches to preventing physical and mental illness in adolescents and socio-educational workers.

The lack of robust epidemiological data highlights a central obstacle: the implementation of sustainable policies depends not only on the existence of protocols and regulations, but also the systematic production of information that allows understand the real prevalence of psychological distress, the incidence of diseases infectious and chronic diseases and the social determinants that impact health in the context socio-educational.

Thus, this study proposes to integrate theoretical reflections from the field of public health and public policy analysis, articulating evidence from reports SEAS institutions with national and international literature, in order to contribute for the consolidation of safer, more humane and evidence-driven practices scientific in the care of adolescents and workers in the socio-educational system from Ceará.

## 1. RESEARCH STRUCTURE AND FOCUS

This study has the general objective of analyzing the evolution of policies and guidelines public health measures implemented by SEAS since its creation in 2016 until 2024. As specific objectives, we seek to: (1) map the institutional structure of health in SEAS; (2) identify the health dimensions developed and their main actions; (3) analyze institutional responses to health emergencies; (4) systematize health indicators available; (5) discuss challenges and perspectives for the field of public health in socio-educational context.

This study is characterized as descriptive research with a qualitative approach, using documentary analysis as the main method. The choice of documentary analysis is justified by the nature of the object of study (institutional public policies) and by the availability of robust and systematized official documentation.

Official documents produced by SEAS and related bodies were analyzed in the period 2016-2024, available on the institutional website (www.seas.ce.gov.br).

For analytical purposes, the period 2016-2024 was subdivided into three phases:

- **Phase 1 (2016-2019): Structuring and Institutionalization** - Creation of SEAS, initial structuring of health services, establishment of partnerships, basic standardization
- **Phase 2 (2020-2022): Pandemic and Adaptations** - Response to the COVID-19 pandemic 19, development of emergency protocols, adaptation of services, response to Monkeypox
- **Phase 3 (2023-2024): Consolidation and Expansion** - Institutional consolidation, expansion of services, professional qualification, intersectoral integration

## 2. PUBLIC HEALTH IN CONTEXTS OF DEPRIVATION OF FREEDOM

The literature on health in prison settings identifies specific challenges: higher prevalence of communicable diseases (tuberculosis, hepatitis, HIV), disorders mental disorders, problematic use of psychoactive substances, chronic diseases not transmissible, in addition to risks related to institutionalization itself (self-harm, suicide, interpersonal violence).

In the case of institutions for the deprivation of liberty for adolescents, there are specific developmental issues: impacts of institutionalization on the neuropsychological development, interruption of schooling processes, separation from social support networks, need for specific attention to sexual health and reproductive, greater vulnerability to mental disorders.

In this way, public health, as a scientific and practical field, is distinguished of the individual biomedical model by incorporating social, historical, and political dimensions and cultural aspects in understanding health-disease processes as well as measures of prevention and response to injuries. In the context of the socio-educational system, these precepts become particularly relevant when considering the social determinants that affect on the population that constitutes it.

With this, articulate interdisciplinary knowledge about the social determinants of health-disease process offers an essential analytical framework for understanding complex contexts such as prisons. In these environments, adolescents complying with judicially imposed measures and workers of the public service live with potentially critical situations that can worsen health physical and mental.

In this context, when analyzing workers and adolescents together, it is evident that collective health in socio-educational centers must be approached in a integrated, considering interdependencies, shared vulnerabilities and factors institutional contexts. The development of reliable indicators and policies preventive measures based on robust data are essential to reduce risks of illness, promote well-being and strengthen the effectiveness of the socio-educational system as public policy.

However, despite the social and institutional relevance of the topic, studies longitudinal and robust epidemiological data remain scarce in Brazil, limiting evidence-based policymaking. Risk factors are

practically non-existent, making it difficult to develop preventive policies and programs
effective occupational health promotion programs.

As a result, central questions remain unanswered: what is the real prevalence of symptoms of psychological distress? What individual, institutional and social factors influence illness? Which health promotion strategies demonstrate effectiveness in this context?

**2.1 The Youth Population**

Legal and normative instruments, both national and international, consolidate the right to health as a structuring and inseparable element of policies socio-educational. At the national level, the Federal Constitution of 1988, the Statute of Child and Adolescent Education (ECA) and the National Socio-Educational Assistance System (SINASE) establish that assistance to adolescents in conflict with the law must ensure full protection, respect for human dignity and accountability in pedagogical perspective and not merely punitive. Such devices reaffirm the duty of the State to guarantee adequate living conditions, universal access to health, education and family and community life, in line with the principles of priority
absolute and indivisible human rights.

At the international level, the United Nations Standard Minimum Rules for Administration of Juvenile Justice (Beijing Rules, 1990) and the American Convention on Human Rights (OAS, 1969) reinforce the state's duty to ensure health, dignity, physical and moral integrity, as well as institutional environments safe and humanized. These normative instruments, by recognizing adolescence as a peculiar phase of human development, guide States to adopt measures that prioritize rehabilitation and social reintegration, avoiding all forms of cruel, inhuman or degrading treatment.

Adolescents inserted in the socio-educational context constitute a group highly vulnerable, whose trajectories are often marked by multiple forms of violence — practiced and suffered —, poverty, discrimination, ruptures family members and school dropouts. Many experience domestic violence, recruitment by criminal groups, use and trafficking of psychoactive substances, in addition to persistent social stigmatization. The deprivation of liberty, although provided for as a measure of a socio-educational nature, can introduce new factors of vulnerability: the

removal from community life, exposure to environments of institutional violence or between peers, and the interruption of life projects and emotional ties, which reinforces the need for comprehensive care policies.

In this sense, collective health assumes a central role in proposing an approach expanded that transcends individual medical care and encompasses the promotion, prevention and health surveillance within socio-educational units. This perspective recognizes that the production of health is conditioned by social determinants — such as housing, education, food, family relationships and contexts of violence — and that, therefore, care must be intersectoral, participatory and emancipatory. The organization of services must be guided by the principles of universality, comprehensiveness, equity and humanization, guiding institutional practices that strengthen the autonomy of adolescents and the State's co-responsibility in promoting their rights.

The consolidation of health policies within the scope of the National Health System Socio-educational Assistance (SINASE) requires an integrated and intersectoral approach, in which care is understood as a collective practice, articulated between systems health, education, social assistance, justice and public safety. Article 7 of Law No. 12,594/2012 establishes that the implementation of socio-educational measures must observe the principle of operational integration of public policies, in order to guarantee attention integral to the physical and mental health of adolescents.

This guideline converges with the Unified Health System (SUS), which advocates universality, integrality and equity as organizational principles. In the context socio-educational, such principles translate into the creation of intersectoral protocols between the SEAS and the State and Municipal Secretariats of Health, Education and Social Assistance, ensuring that adolescents deprived of liberty have continuous access to actions of prevention, treatment, rehabilitation and health promotion, including after dismissal of the system.

The National Policy for Comprehensive Health Care for Adolescents in Conflict with the Law (PNAISARI) reinforces the need to build territorial care networks, capable of articulating basic, specialized and hospital care. This articulation requires joint planning, referral and counter-referral flow and mechanisms permanent health surveillance, especially aimed at preventing diseases related to confinement conditions, such as respiratory diseases, infections sexually transmitted diseases, mental disorders and institutional violence.

For such policies to be effective, it is essential to create performance indicators.
health and well-being that allow monitoring the implementation of actions and evaluating their
impacts, such as:

- Percentage of adolescents with access to medical, dental and psychological;
- Prevalence rates of infectious and chronic diseases;
- Vaccination coverage;
- Indicators of mental health and use of psychoactive substances;
- Frequency of episodes of institutional violence and self-harm;
- Rate of school and community reintegration after the measure.

The production and use of epidemiological data enables policy formulation
based on evidence, strengthening public management and democratic control of
institutions.

Furthermore, the implementation of collective health in the socio-educational system demands the continuing education of professionals and the institutionalization of governance practices and participatory management, with the inclusion of adolescents and family members in decision-making processes. The actions of workers must be guided by the principles of ethics of care,
qualified listening, non-discrimination and respect for uniqueness, as per
advocate the Beijing Rules (1990) and the American Convention on Human Rights
(OAS, 1969).

Thus, public health, when incorporated as a cross-cutting policy of
SINASE, transcends the biomedical dimension and consolidates itself as a strategy to guarantee
human rights, promotion of citizenship and historical reparation of inequalities.
By recognizing the adolescent as a subject of rights and protagonist of his/her development process,
development, the State reaffirms its ethical, political and social responsibility to
build protective, educational and healthy institutions that contribute to the effective
social reintegration and the reduction of vulnerabilities that historically mark the system
Brazilian socio-educational system.

**2.2 What about Workers' Health?**

Work in the socio-educational system has unique characteristics that
distinguish them from other spheres of public service, requiring professionals to combine

of technical, ethical, relational and emotional skills in contexts marked by high institutional complexity.

The organization of health care in this environment faces structural tensions persistent, expressed in the need to reconcile the logic of security with the logic of care, balance disciplinary and socio-educational approaches and harmonize the promotion of the adolescent's autonomy with the restrictions inherent to the deprivation of liberty.

In this dynamic, professionals are constantly called upon to perform potentially contradictory functions: ensuring security and physical containment without break educational bonds; exercise authority, while encouraging autonomy and co-responsibility of adolescents; intervene in situations of crisis, conflict or aggressiveness without losing the ethical, welcoming and respectful posture. This set of demands configure an emotionally dense field of action, in which the worker is challenged to deal simultaneously with risk, suffering and care.

The complexity of everyday life is aggravated by frequent exposure to situations of violence and vulnerability, including threats, physical and verbal aggression, riots, self-harm and suicide attempts — events that constitute critical stressors emotional and occupational stress. The lack of adequate working conditions — such as staff shortages, poor infrastructure, insufficient materials, overload of working hours and remuneration incompatible with responsibilities — intensifies the wear and tear and compromises the quality of socio-educational intervention.

Added to these factors are symbolic and social elements: the historical stigma that falls on the socio-educational system and on those who work in it, often associated with the idea of repression or social failure. Such stigmatization weakens identity professional and reduces social and institutional recognition, generating direct impacts on the psychological suffering, motivation and sense of belonging of workers.

In this scenario, attention to the mental health of professionals in the system socio-educational assumes a strategic and structuring character of public policies. Art. 227 of the Federal Constitution and the SINASE guidelines establish that full protection should reach not only teenagers, but also professionals responsible for its implementation, recognizing that the quality of socio-educational care depends on healthy, safe and humanized work environments.

Occupational health, in this context, is inseparable from the effectiveness of policies socio-educational. Negligence in caring for the worker has repercussions directly on the quality of service, weakening bonds, compromising the

institutional security and hindering the implementation of educational practices consistent. On the other hand, institutional care and prevention policies, which include qualified listening, psychosocial support, technical supervision, ongoing training and participatory management, strengthen engagement, resilience and capacity transforming teams.

Taking care of the mental health of professionals, therefore, is not limited to an action assistance, but constitutes a strategy of governance and institutional humanization. By recognizing the worker as a subject of rights and care, the State reaffirms the principles of human dignity, the appreciation of public service and the ethics of care, indispensable pillars for the construction of an effectively socio-educational system protective, educational and emancipatory.

Furthermore, the consolidation of a healthy and safe work environment in socio-educational system requires integrated institutional mental health policies and professional development, conceived as structural components of the policy socio-educational, and not as specific or assistance actions.

The National Policy on Workers' Health (BRAZIL, 2012) and the SINASE guidelines (Law No. 12,594/2012) recognize that worker health is intrinsically linked to the organization of work, institutional relations and material and symbolic conditions in which public office is exercised.

By recognizing the socio-educational worker as a subject of rights, and not just as an executor of tasks, the State reaffirms the constitutional values of the dignity of human person, the valorization of work and the promotion of the good of all (art. 1, III and IV; art. 3, IV; art. 6 of the Federal Constitution).

Investing in mental health, safety and professional development means investing in the quality of socio-educational policy, in the effectiveness of the measures applied to adolescents and in the construction of more ethical, humane and resilient public institutions.

**3. Policies, guidelines and action plans in public health**

The implementation of collective health policies in the context of the system socio-educational system of Ceará, through SEAS, presents singularities derived from its institutional nature. SEAS is not a health agency, but a socio-educational management agency; thus, the application of collective health precepts occurs in conjunction with bodies municipal, state and federal healthcare institutions. This characteristic shapes the way

protocols, contingency plans and preventive programs are structured, requiring capacity for intersectoral governance, political mediation and technical coordination between different folders.

In this tripartite correlation of co-responsibilities, SEAS's trajectory between 2016 and 2024 allows us to interpret the implementation of public health policies in contexts of deprivation of liberty in light of the concepts of Campos *et al.* (2012), Mattos & Baptista (2015) and Medronho *et al.* (2009). Reading official documents highlights advances significant in the organization and institutionalization of care, but also limitations relevant methodological and conceptual aspects.

### 3.1. Phase 1 (2016-2019): Structuring and Institutionalization

The initial phase of SEAS focused on creating institutional foundations and structural measures that would allow the implementation of collective health practices, in accordance with national and international legal provisions. The Technical Document – Socio-educational System: Perspectives and Possibilities for a New Management Model, delivered to the IACHR in December 2016, is emblematic of this strategy. It highlights a critical diagnosis: absence of regular health teams, precariousness of sanitary conditions, lack of assistance protocols, lack of coordination with the state health network and lack of mental health policies.

From the perspective of Campos *et al.* (2012), this phase can be understood as the creation of an organizational structure capable of integrating collective health principles a system not originally linked to health, a process that required adaptation and coordination with SESA and other municipal and federal agencies. SEAS, therefore, assumes objective responsibility for the health of the socio-educational population, but always mediated by intersectoral pacts, technical cooperation contracts and protocols forwarding.

The institutionalization of health services involved the creation of teams multidisciplinary teams, care protocols, information systems and mechanisms of supervision, establishing a minimum basis for governance in public health. Despite Furthermore, epidemiological data remained limited, preventing quantitative analysis detailed assessment of the effectiveness of interventions. From the perspective of program evaluation and services (Campos *et al.,* 2012, chap. 23), this stage corresponds to the implementation phase initial, where the priority was structural: ensuring the functioning of the system, training

teams and define health care routines, even if indirectly and dependent on public health agencies.

Critical analysis indicates that this phase was strategic to prepare SEAS as articulator of collective health policies, creating normative instruments and intersectoral governance mechanisms that would serve as a basis for responding to crises future. However, the reliance on secondary data and the lack of surveillance own epidemiological limited the capacity for continuous impact assessment, a gap that would be progressively addressed in the following phases.

### 3.2. Phase 2 (2020-2022): Pandemic and Protocol Adaptations

Phase 2 of the SEAS trajectory was marked by unprecedented challenges imposed by the COVID-19 pandemic, a situation that clearly revealed the complexity of articulate collective health policies in an organization that does not belong to the formal health network. Socio-educational centers, characterized by high population density, turnover of professionals, ventilation limitations and the impossibility of complete isolation, configured a context of high epidemiological vulnerability, requiring responses fast, systematized and intersectoral.

SEAS responded by developing robust operational protocols, such as Ordinance No. 50/2020 and the Contingency Plan for COVID-19, which included routines testing, quarantine for new arrivals, protocols for employees and visitors, control of personal protective equipment and distancing procedures for groups risk. In addition, measures such as the suspension and subsequent gradual resumption of visits family members and the implementation of emergency teleworking demonstrate the capacity of SEAS to adapt its institutional governance to the demands of collective health, even without being a formal health agency.

From the perspective of Campos *et al.* (2012, chap. 20), these actions reflect principles classics of prevention in public health, including epidemiological surveillance, barriers sanitary measures, promotion of protective behaviors and intersectoral coordination. In However, the absence of historical series of epidemiological data specific to SEAS imposed significant limitations for quantitative assessment of the impact of measures, highlighting the dependence on information from health partners municipal and state. In this sense, the experience illustrates a central point of analysis criticism in public health: the effectiveness of policies depends not only on the elaboration

of protocols, but also of the capacity for institutional articulation and integration, especially when it comes to organs whose primary function is not health.

The emergence of Monkeypox (2022) constituted a second test for the institutional maturity acquired during the pandemic. SEAS developed the Action Plan Contingency for Monkeypox, anticipating surveillance, prevention, detection measures early detection, isolation of suspected cases, treatment and risk communication. The development this plan demonstrates institutional learning and feedback capacity of policies, consistent with the concept of public policy cycle described by Mattos & Baptista (2015, chap. 5), in which the constant evaluation and adaptation of actions allow more agile responses to new threats to public health.

### 3.3. Phase 3 (2023-2024): Consolidation and Expansion of Actions

The third phase marks the **institutional maturation of SEAS,** characterized for the consolidation of protocols, territorial expansion, continuous qualification of teams and integration with other public policies, especially in health. The phase highlights the transition from emergency responses to **structured and sustainable actions,** with consolidated governance mechanisms, capable of coordinating service socio-educational with the state and municipal health network.

From the perspective of Campos *et al.* (2012), this stage demonstrates progression in health promotion, epidemiological surveillance and comprehensive care, with SEAS acting as coordinator and articulator of collective health policies, even though it does not have full autonomy in relation to public health management. The consolidation of protocols and information systems reflects the importance of **data interoperability and intersectoral integration,** reinforcing that the effectiveness of the policy depends both on execution of actions and institutional articulation.

From a critical analysis point of view, this phase highlights significant advances: strengthening preventive practices, expanding territorial reach and consolidation of continuing education programs for teams. However, the reliance on data produced by health partners remains a limitation, which highlights the need for integrated and systematic evaluation mechanisms to support policies long-term public health, according to the principles of evaluating programs Campos *et al.* (2012, chap. 23) and the public policy cycle logic of Mattos & Baptista (2015, chap. 5).

Another important aspect of this phase was the institutional recognition of the new model in national and international instances, which contributed to expanding the political and social legitimacy of the project. This recognition was reflected in the participation in strategic forums, in the signing of technical cooperation agreements and in the dissemination of practices innovative for other states and municipalities.

Internally, an organizational culture focused on co-responsibility, networking and team appreciation. This change cultural was fundamental to sustain the transformations achieved and avoid setbacks, allowing the actions developed to no longer depend exclusively on individual leaders and began to organically integrate the functioning institutional.

**4. Dimensions of service**

The trajectory of SEAS between 2016 and 2024, organized in three phases — structuring and institutionalization (2016-2019), tackling health emergencies (2020-2022) and consolidation and expansion of shares (2023-2024) — provides the backdrop for understand the different dimensions of health care in the context socio-educational. Each phase highlighted specific challenges and adaptive strategies that directly impacted the way in which public health services were operationalized, articulating legal principles, international recommendations and technical precepts of epidemiological surveillance and health promotion.

The dimensions of care detailed in the following subsections reflect the progressive and coordinated implementation of mental health actions, disease prevention transmissible diseases, sexual and reproductive health, pharmaceutical assistance, workers' health and continuing health education. Each of these dimensions could only be effectively operationalized thanks to the articulating and structuring context provided by the three phases previously discussed, highlighting how planning, protocols and intersectoral articulation are prerequisites for the consolidation of policies collective health in complex environments such as socio-educational centers.

### 4.1. Mental Health

Mental health is a priority axis of health care in SEAS, recognizing the specificities of the population served and the psychosocial risks associated with institutionalization.

Psychological care: In 2023, 849 services were provided psychiatric services, in addition to the regular psychological care provided by the teams techniques of socio-educational centers. Psychologists play a fundamental role in promoting mental health, offering qualified listening, emotional support and guidance that contribute to processes of reflection, self-knowledge and personal transformation.

Psychology's role goes beyond individual care, translating into practices that strengthen bonds, encourage social interaction and support the development of life projects. The work of psychologists also extends to supporting teams multidisciplinary teams and dialogue with families, strengthening the protection network and Careful.

Suicide prevention: Ordinance No. 23/2019 represents a regulatory framework specific, providing for the standardization of terms, norms, routines and procedures aimed at suicide prevention in socio-educational centers. The ordinance mentions including post-vention needs, ensuring care by the team multidisciplinary, in conjunction with PNAISARI, with completion of information sheets notification for inclusion in the National System of Notifiable Diseases (SINAN).

In addition to the ordinance, SEAS has a specific Manual that regulates actions continuous to prevent and detect the problem of suicide in the socio-educational context. Every year, especially during the Yellow September campaign, lectures and awareness-raising activities in all socio-educational centers, in partnership with institutions such as the Bia Dote Institute.

Articulation with CAPS: Articulation with Psychosocial Care Centers (CAPS) of the municipal network guarantees specialized care for cases of greater complexity, especially related to problematic substance use psychoactive substances and severe mental disorders.

### 4.2. Prevention and Control of Communicable Diseases

In 2023, 1,799 tests were carried out for Sexually Transmitted Infections Transmissible Infections (STIs) within the socio-educational system. The actions included rapid testing, pre- and post-test counseling, treatment of diagnosed cases and preventive activities aimed at promoting sexual and reproductive health. Among the prevention strategies, educational actions and the distribution of male and female condoms, reinforcing the commitment to the guidelines of National Policy for the Prevention of STIs/HIV/AIDS and the principles of access universal and comprehensive care recommended by the SUS.

In addition to assistance actions, SEAS promoted specific technical training aimed at health professionals and unit staff, with an emphasis on advice on STIs, care and biosafety in the execution of rapid tests and in the clinical management of people living with HIV/AIDS. These trainings represent continuous investment in the technical qualification of teams and in the consolidation of a network comprehensive health care for adolescents and workers in the socio-educational system.

In the field of environmental surveillance, SEAS has established a partnership with the Center for Vector Control (NUVET) of the Ceará State Health Department (SESA), with focus on the training and mobilization of multiplier agents to face diseases caused by the Aedes aegypti mosquito.

The training sessions carried out in the socio-educational centers of Fortaleza addressed biological and epidemiological aspects of the vector, including its evolutionary cycle, forms of reproduction and prevention measures, training professionals to identify and elimination of breeding grounds in the units and in their homes.

This initiative strengthens the integration between health, education and environmental management, promoting the protagonism of professionals in the adoption of sustainable practices and in construction of healthy institutional environments free from arboviruses such as dengue, *Zika* and *chikungunya.*

### 4.3. Sexual and Reproductive Health

Care for sexual and reproductive health within the scope of the Superintendence of The State Socio-Educational Assistance System (SEAS) is structured in protocols technical and assistance that begins with the initial reception of the adolescent, prior to

compliance with the socio-educational measure. This approach is in line with the principles of integrality, universality and equity provided for in the Federal Constitution of 1988 and in the National Policy for Comprehensive Health Care for Adolescents in Conflict with the Law (PNAISARI), established in 2014 (BRAZIL, 1988; BRAZIL, 2014).

At the Luís Barros Montenegro Reception Unit, responsible for reception of adolescents apprehended for committing an infraction, a service is provided initial nursing, which includes rapid testing for Sexually Transmitted Infections Transmissible Infections (STIs) and anamnesis focused on sexual and reproductive health. This stage has with the purpose of identifying health problems early and supporting technical teams of Socio-Educational Centers in the continuity of care during the fulfillment of the measure.

The initial health protocol fulfills a strategic function by ensuring the therapeutic continuity, timely treatment of diagnoses and articulation intersectoral approach between the health and socio-educational systems. This practice embodies the principles of the Unified Health System (SUS), which guides comprehensive and humanized, and the National Socio-Educational Assistance System (SINASE), which advocates full protection and state co-responsibility in promoting the rights of teenagers.

Actions developed by SEAS in the field of sexual and reproductive health include:

- Health education, focused on preventing STIs and promoting sexuality healthy and responsible exercise of fatherhood and motherhood;
- Access to contraceptive methods and distribution of male and female condoms feminine;
- Pre- and post-test counseling and treatment of diagnosed cases of STI/HIV/AIDS;
- Prenatal, childbirth and postpartum monitoring of pregnant adolescents, ensuring comprehensive care for maternal and child health.

Educational practices play a central role in this process, by promoting critical reflection on sexuality, gender and reproductive rights, fundamental aspects for the integral development of the adolescent (MATTOS; BAPTISTA, 2015). Example of this was the lecture “Sexually Transmitted Infection and Paternity”, held at the

Crateús Semi-Freedom Center in partnership with the Health Department, which stimulated debate on masculinities and social responsibility.

Regarding women's health, especially in women's units, such as the Aldaci Barbosa Mota Socio-Educational Center, SEAS adopts specific protocols gynecological and reproductive care, including regular consultations, exams oncotic cytopathological tests (preventive), guidance on intimate hygiene, planning family and menstrual health, and attention to the psychosocial dimensions of the menstrual cycle and female incarceration.

Such actions are in line with international regulatory frameworks — such as the Beijing Rules (UN, 1990) and the American Convention on Human Rights (OAS, 1969) —, which establish the obligation of States to guarantee decent conditions health, well-being and social reintegration for adolescents deprived of liberty. In this In this sense, the work developed by SEAS exemplifies a public policy oriented by the principles of collective health, which recognizes sexuality as an essential dimension of human life and sexual and reproductive health as a fundamental right.

Thus, integrated action between primary care, health education and specialized monitoring contributes to the construction of a policy socio-educational centered on dignity, autonomy and integral protection of adolescent, reaffirming the State's commitment to human rights and promotion of healthy, safe and humanized institutional environments.

**4.4 Pharmaceutical Assistance**

The structuring of Pharmaceutical Assistance within the scope of the Superintendence of The State Socio-Educational Assistance System (SEAS) represents an advance significant in consolidating health policy aimed at adolescents and workers of socio-educational units. In accordance with the guidelines of the National Policy Pharmaceutical Assistance (PNAF), the Supply Center was created Pharmacist at SEAS, in 2017, unit responsible for storage, control and distribution of medicines received from Municipal Health Departments, for all Socio-Educational Centers in the State.

The implementation of this structure made it possible to standardize the logistics flow of medicines, improve the traceability of inputs and ensure regular supply,

contributing to therapeutic safety and strengthening comprehensive care for health in the socio-educational system.

Among the innovative experiences, the Farmácia Viva project also stands out, implemented in partnership with the Phytotherapeutics Center (NUFITO) of the Coordination Pharmaceutical Assistance of the Ceará State Health Department (SESA). The initiative, reported in January 2020, was implemented at the Dom Socioeducational Center Bosco and symbolizes the institutional openness of SEAS to the incorporation of PICS, in in line with the National Policy on Integrative and Complementary Practices (PNPIC).

Farmácia Viva's experience is based on the production and rational use of phytotherapeutics and medicinal plants, combining traditional knowledge and scientific practices for health promotion and disease prevention. In addition to expanding access to therapies safe and culturally appropriate, the project contributes to health education, the use rational use of medicines and institutional sustainability, strengthening the dimension pedagogical and community care in the socio-educational system.

**4.5. Worker Health**

The recognition of the health of workers in the socio-educational system as strategic dimension of SEAS health policies represents an institutional advance significant and a qualitative difference in the consolidation of humanized management and sustainable. In line with the principles of the National Health Policy of Workers (PNSTT) and the National Humanization Policy (PNH), SEAS understands that the promotion of occupational health is an indispensable condition for the quality of socio-educational services and the effectiveness of the measures applied to teenagers.

In this context, the SEAS Health Center develops specific actions focused on the promotion and protection of worker health, offering individual and collective psychosocial care, qualified listening, guidance on self-care, in addition to structured referrals to the public health network. This approach expands the traditional notion of occupational health, incorporating dimensions emotional, relational and institutional aspects of socio-educational work.

Among the main actions developed, the following stand out:

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- Lectures and health education campaigns, with an emphasis on preventing suicide and promoting mental health at work;
- Seasonal awareness campaigns, such as Pink October (prevention of breast cancer) and Blue November (prostate cancer prevention);
- Monitoring and evaluation of work absences related to COVID-19, with symptom monitoring, care flows and reintegration gradual of servers;
- Clinical and institutional supervision for technical teams, encouraging reflection about work, conflict management and strengthening relationships interpersonal;
- Attendance control and medical leave management, focusing on prevention recurring illnesses and improving working conditions.

During the COVID-19 pandemic, the Health Center developed and implemented specific biosafety protocols, in line with the guidelines of State Health Department (SESA) and the Ministry of Health. The measures included:

- Preventive removal of employees belonging to risk groups;
- Testing of symptomatic professionals and contact tracing;
- Definition of flows for releasing and returning servers;
- Provision and mandatory use of Personal Protective Equipment (PPE);
- Adoption of distancing and environmental hygiene measures.

These actions ensured the continuity of essential socio-educational services during the pandemic period, preserving the health of workers and adolescents served. Furthermore, they reinforced the importance of a permanent institutional policy of care for public servants, based on prevention, listening, and appreciation professional and institutional co-responsibility — fundamental principles for a ethical, safe and humanized socio-educational system.

**4.6. Continuing Education in Health**



Continuing health education constitutes a central strategy for qualifying professionals and consolidation of practices. Over the period 2016-2024, training courses were held on:

- Completion of forms for the National System of Notifiable Injuries (SINAN)
- STI counseling
- Care when performing rapid tests
- Clinical management of HIV/AIDS
- Surveillance of work-related mental disorders
- Basic life support
- Reporting of interpersonal and self-inflicted violence
- Prevention and control of vector-borne diseases
- COVID-19 and Monkeypox Protocols

In 2021, 155 professionals were trained to participate in a course on basic life support, in partnership with the Ceará School of Public Health. The partnership with ESP-CE represents a strategic element for the sustainability of actions continuing education.

**5. Discussion**

The analysis of the SEAS trajectory reveals a process of institutionalization of singular collective health policies, marked by the complexity of operating in an organization whose main function is not health, but which has assumed objective responsibilities in coordination with municipal, state and federal health departments. It is observed that the SEAS has progressively incorporated principles of health promotion, disease prevention, diseases and program evaluation, linking them with regulatory protocols, team training and intersectoral governance.

In the initial phase (2016-2019), SEAS focused its efforts on structuring services, formalize protocols and integrate health care into socio-educational management. This step was essential for creating normative instruments, establishing technical partnerships and organizing multidisciplinary teams, even without their own epidemiological data. This reality highlights a critical point: the implementation of collective health policies in environments complexes depend on the capacity for institutional mediation and articulation with formally constituted health systems.

The pandemic period (2020-2022) revealed emergency challenges and tested the institutional maturity achieved. The response to COVID-19 and, subsequently, Monkeypox has demonstrated the ability to adapt quickly and develop protocols

operationally consistent with the classical principles of prevention in collective health, including epidemiological surveillance, sanitary barriers and health education. However, the absence of historical series of epidemiological data limited the evaluation quantitative impact, reinforcing the dependence on information from public health partners. In this sense, the SEAS experience highlights a lesson central to public health: the effectiveness of policies depends both on the construction of protocols and standards regarding intersectoral coordination and institutional learning continuous.

In the consolidation phase (2023-2024), SEAS achieved greater robustness in governance, intersectoral integration, expansion of programs and continuing education in health. The consolidation of information systems, service protocols and continuous training of professionals reinforces the importance of interoperability and evidence-based management, even though the data itself remains limited. The political and social legitimization of the new institutional model, combined with the valorization of teams and the culture of co-responsibility, was crucial to sustaining the advances achieved and prevent setbacks.

Critically, the SEAS journey illustrates central dilemmas in implementing public health policies in non-traditional contexts: the need to coordinate actions preventive and promotional measures in highly vulnerable environments, balancing security and care; the dependence on data from external partners; and the importance of building institutional capacity capable of responding quickly to health emergencies and new demands. Based on the analysis of the assumptions of Campos *et al.* (2012), Mattos & Baptista (2015) and Medronho *et al.* (2009), we can identify significant gaps in the collective health actions developed by SEAS between 2016 and 2024. Despite the advances institutional and intersectoral coordination efforts, some dimensions provided for in the public health literature have not been fully operationalized.

Firstly, proper and systematic epidemiological surveillance configures a central gap. Although SEAS has demonstrated responsiveness to emergencies like the COVID-19 pandemic and the Monkeypox emergency, do not developed its own systems for continuous monitoring of disease frequency and grievances. The dependence on information provided by external partners compromised the possibility of generating consistent time series and reliable impact indicators, limiting the assessment of internal epidemiological trends and the ability to anticipate risks. Critically, the lack of proper surveillance shows that health management

collective, even if well structured, remains fragile when the independent production of quantitative and qualitative evidence.

Secondly, there is a deficit in tertiary prevention measures and longitudinal monitoring, especially in relation to mental illness of workers. The literature emphasizes the importance of strategies that ensure monitoring of complex cases, readmissions or disease complications chronic and severe mental disorders. Although SEAS has implemented protocols testing, isolation and educational campaigns, structured actions aimed at prevention of psychological distress and the promotion of occupational well-being are still insufficient.

The field of Workers' Health, consolidated in Brazil from the 1980s onwards and institutionalized in the Unified Health System by the National Health Policy of Worker (Brazil, 2012), is based on principles that include: the understanding of work as a social determinant of health; the recognition of workers' knowledge about their own work and its risks; the participation of workers in decisions about working conditions and health; and the articulation between surveillance, assistance, promotion and prevention.

Epidemiological research is a fundamental tool for the field of Workers' Health, allowing the identification of magnitude, distribution and determinants of work-related injuries. Cross-sectional studies that estimate the prevalence of injuries and investigate associated factors through statistical analysis, contributing to characterize the health situation of specific working populations, subsidizing policies and actions. The use of validated instruments to assess outcomes related to mental health ensures comparability with other studies and reliability of measures, allowing the accumulation of scientific evidence.

The formulation of public policies on workers' health must be based on in principles of health promotion and disease prevention, understanding these strategies as complementary and articulated. Prevention, in its different dimensions — primary, secondary and tertiary —, is linked to promotional actions that strengthen healthy work environments and enhance individual resources and collectives.

In the specific field of mental health and work, primary prevention involves actions that aim to prevent the emergence of mental disorders, acting on factors of modifiable risks related to work organization. Secondary prevention

involves early identification of symptoms and timely interventions to prevent worsening. Tertiary prevention involves actions aimed at workers already affected for mental disorders, aiming at rehabilitation and prevention of disabilities.

Health promotion, in turn, transcends the logic of disease prevention, acting on social determinants of health and strengthening individual capacities and collectives. In the context of work, health promotion involves transformations in concrete working conditions, professional development, strengthening of networks support, participation of workers in decisions about their work and construction of work environments that enhance human development.

Another relevant point refers to the structured assessment of the impact of actions., highlighting that the effectiveness of collective health programs depends on the ability to measure results, identify critical points and promote adjustments based on evidence. In the case of SEAS, despite the consolidation of protocols, activity reports and continuous training of teams, there was no consistent implementation of performance indicators performance and impact that would allow for the assessment of the real effectiveness of policies on mental health, communicable disease prevention, or worker health. Such a gap compromises the capacity for feedback and institutional learning, which are fundamental for the sustainability of public health policies.

Although Matos & Batista (2015, p. 256) defend the idea that a cycle of policy with delimited phases - Problem recognition, Agenda formation, Policy formulation, Decision making, Implementation, Evaluation, Recognition of the problem - it seems to work much more as a device for control and definition of policies that support decision-making rather than for critical analysis of processes ongoing political policies, it is necessary to consider that, from a critical perspective, the context and arrangement specific to each policy are fundamental. This means that the analysis should not be limiting it to the reproduction of rational and universal models, but rather reflecting the political debate in its complexity.

Additionally, there is a limitation in the integration of individual data and institutional for epidemiological analysis, a nodal issue for policies based on evidence since the analysis of social determinants of illness requires the articulation of clinical, psychosocial and epidemiological information. In SEAS's experience, data collected are predominantly administrative or come from protocols punctual, without systematic consolidation that allows robust analyses of association between risk factors, institutional conditions, and health outcomes. This gap prevents

identification of vulnerability patterns and weakens policy formulation evidence-based preventive measures, limiting the capacity for proactive intervention.

In this sense, even though, in the case of SEAS, the actions have achieved progress important the evaluation and feedback stage of policy formulation remains limited. This restriction in the area of worker health is largely due to the lack of statistical diagnoses on the prevalence and incidence of diseases, as well as as the lack of consolidated indicators. This gap highlights the importance of the phase of evaluation as an essential component of the public policy cycle, not only for continuous adjustments and strengthening of governance, but also to enable analysis criticisms that consider the specificities of the contexts and contribute to the improvement of collective health strategies.

The SEAS experience therefore shows that institutional consolidation and intersectoral articulation, although essential, needs to be complemented by structured mechanisms for monitoring, critical analysis and continuous feedback to overcome epidemiological and operational risk situations.

**Final considerations**

The trajectory of SEAS between 2016 and 2024 shows that the implementation of collective health policies in socio-educational contexts require strategies adaptive governance, intersectoral coordination and gradual capacity building institutional. Experience shows that, even without full autonomy in health, socio-educational management bodies can coordinate preventive, promotional and surveillance, promoting comprehensive health for adolescents and workers.

The advances achieved include the structuring of multidisciplinary teams, the implementation of regulatory protocols, strengthening pharmaceutical assistance, expansion of actions in mental, sexual and reproductive health, and the consolidation of education permanent health care. The response to health emergencies, such as COVID-19 and Monkeypox revealed the capacity for adaptation and institutional learning, reinforcing the relevance of coordination with the health network and the importance of information systems integrated.

However, limitations persist, especially related to data scarcity own epidemiological data and the difficulty of continuous impact assessment. These challenges indicate that, to consolidate sustainable and evidence-based policies, it is

necessary to strengthen monitoring mechanisms, analysis of indicators and feedback of institutional practices.

In summary, the SEAS experience contributes to the debate on public health in contexts of deprivation of liberty, offering an articulated intervention model, progressive and adaptive, capable of integrating legal, normative and technical principles into a highly vulnerable scenario. This trajectory provides support for improvement of public policies, expansion of replicable experiences and promotion of comprehensive health in historically invisible populations.

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