

Occupational therapy in the promotion of mental health of adolescents in a public school**A terapia ocupacional na promoção da saúde mental de adolescentes de uma escola pública****La terapia ocupacional en la promoción de la salud mental de adolescentes en una escuela pública**

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Objective: to report an experience of actions to promote mental health of adolescents in the school context with the performance of occupational therapy. **Methods:** activity carried out in a public school with high school students, in the interior of the state of São Paulo, Brazil in 2019, in five stages (*Initial dynamics; Risk and protection factors; Psychic distress and coping strategies; Final dynamics; and Reception*). The data obtained were recorded in field diaries and the analysis of speeches. **Results:** 79 adolescents, aged between 15 and 18 years old, from three different classes, participated in three meetings. The students got involved in an interactive way, identifying factors that could be harmful or favorable to their mental health, and listed coping strategies in the face of adverse situations in their daily lives. **Conclusion:** occupational therapy, in the light of psychosocial care, could help to promote adolescent mental health through dialogic and intersectoral strategies.

Descriptors: Occupational therapy; Mental health; Health promotion.

Objetivo: relatar uma experiência de ações de promoção à saúde mental de adolescentes no contexto escolar com a atuação da terapia ocupacional. **Método:** atividade realizada numa escola pública com alunos do ensino médio, no interior paulista em 2019, em cinco etapas (*Dinâmica inicial; Fatores de risco e de proteção; Sofrimento psíquico e estratégias de enfrentamento; Dinâmica final; e, Acolhimento*). Os dados obtidos foram registrados em diários de campo e a análise das falas. **Resultados:** participaram 79 adolescentes, com idades entre 15 a 18 anos, de três turmas diferentes, em três encontros. Os estudantes se envolveram de forma interativa, identificando fatores que podem ser prejudiciais ou favoráveis à sua saúde mental, e elencaram estratégias de enfrentamento diante das situações adversas em seus cotidianos. **Conclusão:** a terapia ocupacional, à luz da atenção psicossocial, pôde auxiliar na promoção de saúde mental de adolescentes, através de estratégias dialógicas e intersectoriais.

Descritores: Terapia ocupacional; Saúde mental; Promoção da saúde.

Objetivo: relatar una experiencia de acciones para promover la salud mental de adolescentes en el contexto escolar con la actuación de la terapia ocupacional. **Método:** actividad realizada en una escuela pública con estudiantes de la escuela secundaria del interior de São Paulo, Brasil en 2019, en cinco etapas (*Dinámica inicial; Factores de riesgo y protección; Sofrimento psíquico y estrategias de afrontamiento; Dinámica final; y Acogida*). Los datos obtenidos se registraron en diarios de campo y en el análisis de los discursos. **Resultados:** Participaron 79 adolescentes, de entre 15 y 18 años, de tres clases diferentes, en tres encuentros. Los estudiantes participaron de forma interactiva, identificando los factores que podían ser perjudiciales o favorables para su salud mental, y enumeraron las estrategias de afrontamiento ante situaciones adversas en su vida cotidiana. **Conclusión:** la terapia ocupacional, a la luz de la atención psicossocial, pudo ayudar a promover la salud mental de los adolescentes mediante estrategias dialógicas e intersectoriales.

Descriptores: Terapia ocupacional; Salud mental; Promoción de la salud.

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INTRODUCTION

Adolescence can be understood as a phase of intense transformations that takes place between childhood and adulthood, and involving physical, psychological and social changes, which are crossed by different individual, cultural and historical contexts, in addition to representing a process of constant changes¹⁻².

Current research indicates that, worldwide, about 20 to 30% of the child and adolescent population have presented psychological distress³, a fact that has raised concern in the field of mental health, insofar as its consequences can be devastating in the lives of children and adolescents, as they are usually linked to low participation and school failure, socio-emotional difficulties, heavy use of alcohol and other drugs, eating disorders (which can persist into adulthood), in addition to suicide attempts⁴.

In this sense, children's mental health can be considered as the result of the complex relationship between resources and personal skills, social determinants and contextual factors that are involved in the possibilities of enjoyment, social participation, as well as in the recognition and facing challenges involved in daily life. Therefore, the mental health of this population is related to the possibility of experiencing pleasure, affection, productivity, frustration, motivation and learning⁵.

In Brazil, with regard to mental health care for children and adolescents, one can highlight how slow the proposal public policies and assistance to this population is, when compared to this scenario for adults⁶. With regard specifically to adolescents, some debates are identified about the junction of "childhood-adolescence", in a way that adolescents are invisibly, insofar as the particularities of childhood are highlighted to the detriment of the specificities of being an adolescent^{1,7}.

In view of this scenario, it is reinforced that new proposals for public policies, as well as the creation and implementation of intervention strategies anchored in the promotion of mental health and prevention of psychological distress in adolescents are necessary and urgent.

Currently, it is understood that mental health care for these individuals is based on the theoretical-practical perspective of psychosocial care, in view of some care guidelines, such as: guaranteeing authentic places of speech, understanding the subject from the perspective of singularity, universal reception, involved and co-responsible referral, assessment of demands and shared construction of mental health needs, work in permanent construction of the network and intersectoriality^{6,8}.

Regarding specifically the work and construction of the network and intersectoriality, the fundamental role of the school in psychosocial care is highlighted⁶, insofar as it is configured as

a privileged environment for the development of children and adolescents both in the sense of promoting protective factors as well as detecting risks and reducing psychosocial damage, enabling inclusion, social participation, autonomy and the right to citizenship⁸⁻¹⁰.

Despite the understanding of the school as a strategic context for enhancing mental health care, there is a scarcity of Brazilian productions that emphasize disease prevention interventions and mental health promotion in the school context⁹. In addition, the few studies that cover this dimension point to some weaknesses, the difficulty in establishing effective partnerships and integration between health and education¹¹.

In this direction, it is pointed out that within the perspective of psychosocial care, the articulation of different knowledge and practices is fundamental, so that in recent decades, the marked presence of Occupational Therapy has been evidenced as one of the elementary disciplines of this new paradigm of care opposed to the asylum mode, which has enabled and favored real individual possibilities and active collective participation in society with a focus on autonomy and independence¹².

It is noteworthy that Occupational Therapy has a flexible interface with different sectors and, considering mental health in the school context, it can act in inclusion activities, being able to mediate the subject's interaction with their guardians, teachers, monitors and colleagues or even offering specialized care with a view to offering more effective and comprehensive care, favoring emotional well-being¹⁰. There are also actions of a collaborative nature to be developed in partnership with educators, family members, students and other people who make up the school community, aiming to guarantee the right of access and inclusion⁹. Thus, the present study aimed to report an experience of actions to promote the mental health of adolescents in the school context with the performance of Occupational Therapy.

METHODS

This is an experience report of one of the actions developed within an Extension Project linked to the Universidade Federal de São Carlos, under Opinion No.: 23112.0017661/2019-35. This action was developed from a request made by the principal and teachers of a state school located in the interior of the state of São Paulo to the professor responsible for the extension project, demanding support to address the issue of mental health with adolescents who were attending high school.

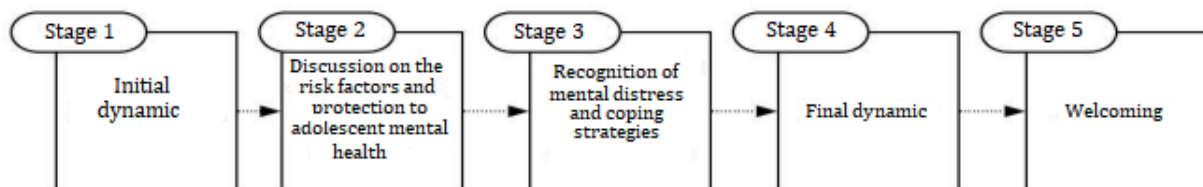
It was then created the extension project entitled "*Promotion of children's mental health in focus: offering theoretical-practical support with teams that assist children and adolescents in*

different sectors", linked to the Mental Health Research Laboratory of the Department of Therapy Occupational Health at the Universidade Federal de São Carlos.

This request occurred for two main reasons, the first being the fact that the period coincides with the month in which the actions of "Yellow September" are made visible, a campaign launched by the Brazilian Association of Psychiatry and the Brazilian Federal Council of Medicine, which has taken place since 2014 and aimed at preventing suicide. The second reason refers to the particularity of the high school phase being identified by the school team as one of the most complex for adolescents, full of discoveries, anxieties, fears and anxieties, factors that can trigger psychological distress.

The activities were previously discussed and planned under supervision with the responsible teacher, seeking to treat the topic in a light, dynamic and participatory way with the adolescents. In addition, there was an intention to present the various individual, contextual and occupational possibilities that can contribute to or cause harm to mental health, structured in five stages (Figure 1), namely:

Figure 1: Flowchart of the steps performed with high school students. San Carlos, 2019.



The place used for the development of the action was the school's multimedia room, using the projector with slide shows whose content, predominantly elaborated with images, triggered the discussions. This action took place from September to October 2019, being replicated in three different classes.

The information, observations and reflections collected were recorded in field diaries by the professionals at each meeting and, in view of this, it was possible to synthesize all the aspects listed. The analysis was based on the content of the speeches, behaviors and questions asked by the adolescents at each stage, guaranteeing confidentiality by not identifying the participants.

RESULTS

79 adolescents, aged between 15 and 18 years old, from three high school classes participated in three meetings. The action was replicated on different days, according to the

availability of the institution, with each meeting lasting 1 hour and 30 minutes and accompanied by a teacher from the school in question.

The action followed the same structure for all three groups, with regard to the topics addressed and proposed dynamics. A dialogic approach was adopted, which allowed for shared participation with adolescents, envisioning a more reflective posture and not just exposing content, advocating greater involvement, raising ideas and also respecting their willingness to participate in relation to the proposed dynamics and action. In the three meetings, the students' desks were arranged in a semi-open circle, to favor dialogue and group interaction. In the five proposed stages, the following stood out:

- *Stage 1 - Initial dynamics*: the adolescents were invited to individually list as many difficulties as they had on a paper and then list as many qualities as possible, this in one minute. Adolescents expressed difficulty in thinking about their qualities and difficulties, varying the number from one list to another. Of the three groups, two reported greater difficulty in listing their qualities. When writing about their difficulties, some adolescents pointed out (*ironically*) that there were so many difficulties to the point that more papers were needed for writing;

- *Stage 2 - Risk and protective factors*: discussions related to factors that favor mental health (social support network, performing pleasurable activities and recognition of one's own abilities) and also factors that could harm it (violence, bullying, cyberbullying, social isolation and low self-esteem), trying to talk with adolescents and seek their perceptions and reflections. Through mediation, the adolescents were able to list factors that they considered to contribute to their own mental health, such as: *listening to music, attending a religious environment, trying tasty foods, playing sports, having leisure time with friends and/or family, and riding bicycles*. And, the harmful ones: *troubled social relationships, not being understood, receiving a lot of criticism, stressful family relationships, negative emotional overload through the media and social networks, tiredness and demand in relation to life projects and the moment, especially in the classes of third years, to take the National High School Exam (ENEM)*.

Also, several students reported that they perceived and classified themselves as individuals with difficulties in learning, paying attention, and understanding the content of school subjects, in addition to feeling tired due to the activities and demands of this context. For them, these difficulties/factors produced suffering and anxiety, although others perceived the school as both a place of positive and protective experiences and negative experiences that harm mental health. Most of the students talked about the fact that they did not feel that they belonged to the school space, and that they would rather not have to attend it, due to difficulties in the physical space, in the lack of a more colorful environment, with more plants, less closed

and that could have a more welcoming appearance. They also signaled how important it would be to have access to other school spaces, such as the vegetable garden, and to participate in activities such as gardening in their daily lives.

- *Stage 3 - Psychic suffering and coping strategies*: it was found that, at times, suffering is part of life, however, when it persists for a long time and causes damage in everyday life (activities and relationships) both for adolescents and people around them, care for this situation is necessary. Based on this, some situations that adolescents identified as difficult in everyday life were listed, such as: *recurring fights with their families, bullying situations at school and troubled relationships with peers*.

In general, some students pointed out the perception that when an individual is in psychological distress, they remain without motivation to perform simple activities, such as: daily life, leisure, productive, and social activities, resulting in social isolation. In addition, the professionals addressed the issue that a person in intense psychological distress may also present self-harm, suicide ideation and suicide attempts.

In the coping strategies, the following were scored: *individual strategies*, based on the identification of the suffering itself; *support networks and contexts specific to each adolescent*, contributing to the identification of psychic suffering in other people present in their daily lives.

It was brought up for debate that in situations of intense suffering it is necessary to ask for help, activating support networks, alternatives in the community and health services. Some adolescents said that they usually write about what they feel, others that when they perceive intense suffering, they seek to open up to a trusted person, such as a teacher, a parent or a friend. However, many of them said they kept that feeling to themselves.

- *Stage 4 - Final dynamic*: they were invited to write a compliment to the colleague next to them and give it to them, with a subsequent suggestion that they think about the qualities they listed for themselves in the first dynamic and relate them to the quality listed by the colleague. The intention was to work on issues related to self-esteem, self-image, self-knowledge in the sense of valuing individual powers as a possibility of self-care and mental health. It was observed that, in the three rooms, the adolescents proactively and affectively received this activity. Many hugged each other when giving or receiving compliments and were moved. Some teenagers were surprised by the praise, others already recognized in themselves the quality mentioned by their colleague. Satisfaction and experience in a space of exchanges and reflections regarding mental health and psychological suffering were evident, as well as the possibility of greater instrumentation to deal with daily challenges.

- *Stage 5 - Reception*: punctual and individual of the demands and doubts in the field of mental health - at the end of the collective action, the leading professionals made themselves available in case any teenager felt the need to talk, or ask for help, so that some adolescents brought up issues such as: *domestic violence, psychological violence, difficulties in dealing with the pressures characteristic of this age group, self-management and construction of life projects*. These demands were accepted and indicated for care by the territory's mental health care network.

Finally, adolescents and teachers demanded more actions as reported in the school context, pointing out the experience as positive. Still, other demands emerged, such as: request by teachers for more meetings related to this theme not only with students, but also with parents and guardians, and on how to deal with the psychological suffering of adolescents at school and, still, motivational lectures, focusing on the subject of entrance exams and ENEM for students.

DISCUSSION

Occupational Therapy in the field of mental health is limited to the theoretical-methodological framework of psychosocial care¹³, in order to promote the guarantee of rights, autonomy, social participation and the subject's subjectivity¹². Some essential guidelines for child and adolescent mental health care, such as intersectoriality and work in the territory⁶⁻⁸, supported the actions developed in this work, through the articulation between health and education, it was possible to produce care.

Intersectoral strategies contribute to the co-responsibility of different actors in the territory, favoring the construction of comprehensive care for the child and adolescent population, making it possible to produce more lively and participatory territories in which social policies aimed at children and adolescents gain strength⁷.

The school has a fundamental and strategic role in the intersectoral network, since it contributes to the identification and recognition of the difficulties of children and adolescents, which can often remain invisible in other contexts. The difficulties presented by adolescents in accessing health services, even more so when it comes to mental health⁵, makes it relevant to develop care strategies that enable welcoming and qualified listening for the visibility of these subjects, in different contexts.

From this perspective, Occupational Therapy, in the school context, can create spaces that favor listening, sociability, participation and the development of didactic-pedagogical strategies that meet the real needs and educational demands of students.

During the action, this participatory model of interaction was adopted, through which the students were invited to think about their own mental health care strategies, which speaks of a relationship of valuing subjectivities, the instrumentalization of subjects aiming at greater autonomy and empowerment, and advocating active involvement in their care process⁸.

Social relationships in the school context happen in a positive way between adolescents and their peers, teachers and school staff, and enable feelings of belonging, security, confidence and self-efficacy of students, which can favor well-being in this space, academic performance, satisfaction with school and the development of self-esteem¹⁴. This could be observed in some speeches, when they mentioned the teacher as a support and listening figure, or even in the relationship established with friends, in which the exchange of praise proved to be potent to promote mental health and self-esteem. On the other hand, they also pointed out the school as a space for psychic suffering, such as anxiety for not meeting pedagogical expectations and a lack of feeling of belonging in this context.

In the potential of the school institution, there is the possibility of strengthening it through partnerships with other sectors, in order to not only generate a movement of forwarding the demands of mental health to specialized services, but also the responsibility for care. Due to the undiscussed and reflected weaknesses, mental health problems, disorders and diseases are amplified, nullifying the understanding of the experience of suffering in an expanded and complex perspective of health needs.

Occupational Therapy, in partnership with the school, can, in addition to developing activities/actions aimed at adolescents, as well as continuing education processes for the school team and the family, aiming to collaborate with a greater understanding of adolescence and issues within the scope of mental health. Despite this, the school employees in the present study (teachers and coordinators) asked for help in this regard, reinforcing how unprepared they feel to deal with issues that permeate mental health, such as relationship problems, self-esteem, and psychological distress.

The profession presents a broader view, understanding health beyond the processes of illness, in addition, it takes into account political, social and community factors, of the individual and their activities, using equality and social justice as a backdrop to favoring the processes of inclusion, quality of life and autonomy, which consequently promotes mental health¹⁵.

The reported experience contributes to support and advance the reflections about the possibilities of Occupational Therapy regarding the promotion of mental health of adolescents in the school context, seeking to effect the interface between the fields of health and education.

The profession with its specificity brings important contributions in the care processes of people who are in situations of greater vulnerability, such as the process of adolescence itself.

CONCLUSION

Despite the difficulties that still exist in this intersectoral network, more strongly related to health and education, it was possible to advance in the propositions through this extensionist action and, to identify the strong potential in participatory constructions, in collaboration with the school team, above all, in a horizontal way between the different actors.

It is believed that Occupational Therapy, in the light of the principles of psychosocial care, contributed to this practice aiming at autonomy, instrumentalization and respect for the subjectivities of these adolescents, allowing reflections on mental health care in different dimensions, both individual and contextual, social and occupational.

As limitations of this work, it is emphasized that this was a punctual action, in a single school, so there is a need for continuation and investment in more practices like this, as well as its documentation, aiming at greater dissemination of knowledge on the subject. In turn, both the insertion of the profession in school health, through the intersectoral perspective, proved to be powerful, so that the experience can be replicated in other realities.

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Thaís Thaler Souza, Mayara Soler Ramos Mazak and Marina Speranza collaborated in the design, collection and analysis of data and writing. **Amanda Dourado Souza Akahosi Fernandes** contributed to the design, writing and revision. **Maria Fernanda Barboza Cid** acted in data analysis and revision.

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