



Olympics of emotions - a strategy of promoting mental health with adolescents in the school environment
Olimpíadas das emoções – uma estratégia de promoção da saúde mental com adolescentes em ambiente escolar
Olimpiada de las emociones: una estrategia de promoción de la salud mental con adolescentes en el ámbito escolar

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Abstract

Introduction: Psychological suffering among adolescents and strategies for the promotion of mental health exists and is necessary.

Aim: To characterize the emotional demands of school adolescents and describe knowledge about protective factors of mental health.

Methods: Sociopoetic research with 30 adolescents.

Results/Analysis topics: “Questions of interest about emotions and mental health”; “Dealing with stress and anxiety”; “Reflections on conflict resolution and problems faced”; and “Knowledge about protective factors of mental health”.

Conclusions: Recreational and artistic activities are powerful for the promotion of adolescent mental health, and can be implemented through the school-health service partnership.

Keywords: Mental Health, Adolescent, Primary Health Care, Health Promotion.

Resumo

Introdução: O sofrimento psicológico entre adolescentes e estratégias para a promoção da saúde mental existem e são necessários.

Objetivo: Caracterizar as demandas emocionais de adolescentes escolares e descrever o conhecimento sobre fatores protetores da saúde mental.



Métodos: Pesquisa sociopoética com 30 adolescentes.

Resultados: Temas de análise: “Questões de interesse sobre emoções e saúde mental”; “Lidar com o stress e a ansiedade”; “Reflexões sobre resolução de conflitos e problemas enfrentados”; e “Conhecimento sobre fatores de proteção da saúde mental”.

Conclusões: As atividades recreativas e artísticas são potentes para a promoção da saúde mental dos adolescentes e podem ser implementadas através da parceria escola/serviço de saúde.

Palavras-chave: Saúde Mental, Adolescentes, Atenção Primária, Promoção da Saúde.

Resumen

Introducción: El sufrimiento psicológico entre adolescentes y estrategias para la promoción de la salud mental existe y es necesario.

Objetivo: Caracterizar las demandas emocionales de adolescentes escolares y describir conocimientos sobre factores protectores de la salud mental.

Métodos: Investigación sociopoética con 30 adolescentes.

Resultados: Temas de análisis: “Cuestiones de interés sobre emociones y salud mental”; “Cómo afrontar el estrés y la ansiedad”; “Reflexiones sobre la resolución de conflictos y problemas enfrentados”; y “Conocimiento sobre factores protectores de la salud mental”.

Conclusiones: Las actividades recreativas y artísticas son poderosas para la promoción de la salud mental de los adolescentes y pueden implementarse a través de la asociación escuela-servicio de salud.

Palabras clave: Salud Mental, Adolescente, Atención Primaria de Salud, Promoción de la Salud.

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Introduction

Adolescence, between 10 and 19 years old (WHO, 1986), represents a special moment in human development that occurs when individuals go from childhood protected by parents to start the process of social independence. This transition tends to be facilitated by major psychosocial, hormonal and neuronal changes, which allow adolescents to gain the experiences and skills they need to navigate the adult world (Fatori et al., 2018).

However, this plasticity also burdens adolescents with greater vulnerability to mental health problems. Regulatory growth and increased vulnerability are driven in part by an increase in exploratory and risk behavior (Teixeira, Couto & Delgado, 2017).

Due to this increase in exploratory behavior, broader socio-environmental influences, such as the neighborhood, may have stronger effects on adolescents than in children (Evans et al., 2020).

The economic and demographic benefits of health promotion practice for adolescents are evident, increasing school productivity, reducing health costs and ensuring a future with more health for young people (WHO, 2017).



Health promotion programs focused on the school environment have the possibility of offering a large number of actions, from care inherent to primary health care, needs for interventions in acute problems to mental health, sexual health, counseling on substance use, and health promotion (Kitchen, 2017).

In this respect, school health services have the potential to offer easy access to adolescents in their daily environment, and school health nurses are important providers of health services for children and adolescents (Kivimäki et al., 2019; Anttila et al., 2021).

In this context, schools constitute environments where mental health can be promoted with the aim of improving well-being and where mental health care can be offered (Bjørnsen et al., 2018). In particular, because about 10 to 20% of young people aged 10 to 24 years suffer from mental health problems, and 63–86% of all mental health problems requiring a diagnosis are generally not detected (Kieling et al., 2011; Evans-Lacko et al., 2018).

Thus, mental health interventions for adolescents can be developed in a school environment, because each adolescent tends to spend the vast majority of their time in this place, where schools can still be considered as facilitating environments of contact with young people (Richter, 2022).

Health promotion activities in the school environment are part of the scope of primary health care assignments, where the promotion of mental health in school adolescents is gaining an increasingly relevant role in which the use of mental health promotion strategies offered in the school environment has been increasingly necessary (Appleton et al., 2022; Richter, 2022).

Study conducted by Souza et al. (2021) identified a gap in the literature regarding adolescent health promotion productions in Latin America. It also found the absence of proposals that take into account local demands and the participation of different actors, including adolescents, in the definition of the proposed strategies.

Considering the increased prevalence of psychological distress among adolescents (WHO, 2017), it is necessary to develop studies and build strategies for promoting the mental health of this population. The objective of this research was to characterize the emotional demands of adolescents from a public school in the city of Niterói, referred to the Family Health Strategy and to describe the knowledge about protective factors of mental health among adolescents.

Materials and methods

It is a qualitative research, of participatory approach, from the Sociopoetic perspective – a research method developed in the 90's by the French pedagogue and philosopher Jacques Gauthier - having as principles that all knowledge is equal in law and that it is possible to make research an event of creation; the importance of the body in the construction of the imaginary; the importance of dominated cultures, their categories and the concepts produced by them; the role of artistic creativity in the construction of knowledge; the importance of the subjects as co-responsible for the knowledge produced; and the importance of the spiritual, human and political sense, forms and contents of knowledge (Tavares, 2016).



A survey of mental health demands was conducted in a public school in the city of Niterói, Rio de Janeiro-Brazil, with a view to developing strategies to promote mental health.

The estimated population of the municipality was 516,981,000 inhabitants in 2021, and in 2020 there were 19,631 enrolled in high school in 95 schools (IBGE, 2021). It should also be noted that the total coverage of primary health care units that could offer support with health promotion activities of schoolchildren in December 2020 was about 80 establishments (Brazil, 2022).

The research was based on the perspective that adolescents are creative, critical and powerful to find ways to resolve their conflicts and that for this they only need support. Thus, this research valued the adolescent's knowledge, their processes of creation and interest for the construction of knowledge in view of the effectiveness of artistic interventions to reduce the stigmas related to problems that affect their mental health and promotion measures based on widely validated scientific evidence (Gaiha et al., 2021).

This study had as theoretical support the Deleuzian aesthetics. It is a theoretical perspective that assumes that models and strategies of health promotion understand health as positivity, power-intensity, as a way of thinking that unfolds about "works" and takes them as testimonies of an issue that refers to the sensitive dimension and the power of thought (Rancière, 2000). In this study, this study also finds its epistemological parameters in the field of Institutional Analysis, in the studies on "The Three Ecologies" (Guattari, 2007) and in the cartographic method (Deleuze & Guattari, 1997), indicating the relevance of an ethical-aesthetic paradigm in which the body is a cross-sectional-directing vector.

The inclusion criteria for the study were: being a school student in adolescence, being enrolled in high school at a public school in the city of Niterói-RJ, which was part of the coverage area of primary health care. Thus, the AT school was defined as the locus of the study. Exclusion criteria were: being over 19 years of age; refusal to participate in the research; inability to communicate verbally in Portuguese.

The data were produced in 2021 through a semi-structured interview in a single meeting planned in advance, in which the workshop through group activity had the participation of 30 adolescent students, aged between 13 and 16 years, invited from two classes of students, who wished to participate by free choice during the period of school activity, in a small court of the school itself where the emotional demands of adolescents were approached through a workshop by a group activity created by the researchers themselves, called the "Olympics of Emotions", considering that in 2021, the same year of data production, the 32nd edition of the Olympic Games was held. The dynamics were applied in three stages and lasted three hours.

Initially, the students were welcomed, in a court with chairs arranged in circles. Some students have made themselves available to help organize the environment. Some tables were placed with creative materials, snacks and flowers. We distributed some posters on the walls, implementing an "environment" of Olympiad with scores and orientations of the activities.

In the first stage of the group activity, the participants were offered the composition of three teams with 10 participants each. They split in space forming 3 circles. Each group was asked to choose a name for their team. Then offered a card to write the name of each team and then we pasted them on a poster made by us - "Olympic Scoreboard".



Team I, with 10 participants, chose the name “Fire Fox”, team II, formed by nine students, was called “Cead Group”, and team III, composed of 11 participants - “Inside Out”.

In the second stage, blank post sticks are distributed to each participant, asking them to ask questions related to the doubts they have about their emotions and mental health. The questions were placed in a box, later some were drawn and discussed with the adolescents. The answering groups earned points in the game to allow a situational diagnosis regarding questions of interest about emotions and mental health.

In the third stage, we present to the group a set of five themes, initially proposed by two adolescents taken as research consultants. The groups were instructed to choose three of the proposed themes, since time would not allow all issues to be addressed. The following themes were suggested: a) female empowerment; b) family conflict and toxic relationships; c) suicide prevention; d) bullying; e) control of stress and anxiety. The themes chosen were in order of priority: e, b, c. For each theme, an activity was proposed. For “e” activity - music, performance and dance; “b” - theater; “c” - poster and cut-out collage.

Regarding the production of the data, participants were asked to express their ideas about emotions and mental health from the proposed playful activities.

Ethical aspects, the research is approved in the Ethics Committee, opinion CAAE 42569921.5.0000.5243. Participation was authorized by those responsible for education. At the beginning of the activity we explained the objectives of the workshop to the participants and authorization was requested to perform records through image, video and sound (guaranteeing the right to anonymity). None of the participants objected.

Results

The presentation of the results was performed based on the systematization of the results found in each of the stages of the Olympics of Emotions.

In the first stage of the activity, the school adolescents were welcomed where arrangements were made for the organization and the appropriate explanations, where the participants were proposed the composition of 3 teams forming 3 circles, choosing a name for their team.

The second stage sought to make a situational diagnosis regarding the identification of topics of interest to adolescents about mental health and emotions.

To facilitate its execution, the third stage was divided into three phases:

- The first phase of the third stage allowed identifying how school adolescents have been dealing with stress and anxiety and for this was chosen the activity “e” - music, performance and dance;
- The second phase of the third stage concerns the process of resolving conflicts of the problems faced among adolescents for activity “b” - theater;
- The third phase of the third stage brought the possibility of bringing to light the knowledge about protective factors of mental health among adolescents for activity “c” - poster and cut-collage.

Emotional demands of school adolescents:



In the group activity “Olympics of Emotions” a situational diagnosis was made, in the second stage of the activity, identifying topics of interest to adolescents about mental health and emotions.

Based on the generating themes that the students chose: family conflict and toxic relationships; suicide prevention; and control of stress and anxiety (table 1), it was evidenced that anxiety is the main topic of interest related to mental health.

Table 1 - Arts and tables with notes

THEME	QUESTIONS
EMPATHIC PAIN	Is it a mental health issue to feel empathic pain?
ANXIETY	What to do when I have an anxiety attack? (9 occurrences)
DEPRESSION	How to deal with depression?
STRESS	How to be patient? Anything stresses me out.
EMOTIONAL DEPENDENCE	How to deal with emotional dependence? I depend on people to be happy.
MOURNING	What to do when you want to stop thinking about the person who is gone and can't?
ISOLATION	Where to go when I want to disappear?
IMPATIENCE	What to do when I'm anxious to go somewhere?
SHYNESS	What to do to fit in with your classmates, being too shy, thinking that no one will like you?
INSECURITY	How to deal with insecurity and emotional blockage?
DISILLUSIONMENT	Why do we feel so empty inside after a heartbreak?
FAULT	What can I do to not feel guilty about things I'm not guilty of?
LONELINESS	Who to talk to when you feel lonely?

Main doubts related to mental health, presented by adolescent students. Source - Data produced in the survey in 2021.

Of the 30 students participating, nine students asked directly about anxiety, and the other students also expressed interest in how to deal with the emotions that come when they are anxious. In addition, other topics of interest to adolescents on mental health and emotions were identified, highlighting the related issues.

Dealing with stress and anxiety: Knowledge about protective factors of mental health among adolescents:

Through the reports extracted from the discussions about the guide question “What is the best way to deal with stress and anxiety?” it was possible to identify the themes and questions of interest of adolescents about mental health and emotions inherent to the activity “e” – music, performance and dance.

The table below highlights the protective factors of mental health perceived by the students.

Table 2 Protective factors of mental health

Protective factors of mental health

<i>Who to talk to when you feel lonely?</i>	- With a person I trust, with whom I can open up (friend, family);
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**Things you do alone to distract yourself?**

- A person who understands me;
- Psychologist;
- Father, mother, uncle;
- And when the person does not believe in anything;
- I seek medical help;
- I don't have anyone to talk to.

Things they do when they are very sad and without anyone?

- Listen to music;
- To write;
- Art;
- To dance;
- Go to the church.
- Sit and cry;
- Rest;
- To sleep;
- Eat;
- Meditation.

Knowledge of school adolescents about protective factors of mental health. Source - Data produced in the survey in 2021.

It is observed in the table above that the students know some factors and resources to deal with the main problems that affect them - such as stress and anxiety. They highlighted listening to music as the main means of protection used.

Thus, in order to understand a little better their need for emotional support and mental health, we seek to implement a group activity. They were challenged by us, facilitators of research, to choose a song to sing together. After much agitation and drive in the groups they chose the music. In the same way, Groups I and III chose the song "A prova de balas".

Below were highlighted the excerpts of the chosen songs that demonstrate ease with the protective factors of mental health perceived by the school adolescents.

Table 3 - Chosen songs

SONG	LYRICS
SONG 1 FUNK: "A PROVA DE BALAS" (VMZ)	- Cês são tudo que eu preciso; - Tô resolvendo um pá de coisa... Relaxa que isso é coisa minha; - Se vocês soubessem que já faz uns dias... Que eu ando sentindo tanta solidão... - Eu lembro de tantos amigos que estavam comigo, E hoje já não mais estão - Que eu dei errado no amor, - E sabe a culpa é só minha - Por mais que muitos me odeiem... Ouvindo "a culpa é sua" Pessoas estragaram tudo; - Eu vejo todos se afastando; - E querem que só eu assuma Mas não precisam ficar preocupados - Que às vezes eu choro à noite pelos meus problemas Mas nunca incomodo ninguém, - Pois eu sou a prova de balas; - Mesmo não entendendo muito; - Eu quero te desarmar; - Eu sou a prova de balas A prova de tudo;



SONG 2

MPB:

“TREM-
BALA”(ANA
VILELA)

- É sobre *saber que em algum lugar* - *A gente não pode ter tudo*
- alguém zela por ti;* *Qual seria a graça do mundo se*
- *É saber sonhar;* *fosse assim?*
- *E então fazer valer a pena;* - *Por isso, eu prefiro sorrisos*
- *Cada verso daquele poema sobre* *E os presentes que a vida trouxe pra*
- acreditar;* *perto de mim;*
- *É sobre escalar e sentir que o* - *Segura teu filho no colo*
- caminho te fortaleceu;* *Sorria e abraça seus pais enquanto*
- *É sobre ser abrigo e também ter* *estão aqui;*
- morada em outros corações;*
- *E assim ter amigos contigo em todas*
- as situações;*

Songs performed by adolescent students. Source - Data produced in the survey in 2021.

The lyrics of the song “*A prova de balas*”, chosen by group I and III, portray the need for the young person to feel strong to face the challenges of the hard life he leads and who often feels guilty towards his parents for not being able to meet their expectations and, on the contrary, generates disgust to the parents. They feel lonely, wandering, but they want to set the pace, life.

The lyrics of the song “*Trem Bala*”, chosen by group I and III, portray the need for the young person to feel strong to face the challenges of the hard life he leads and who often feels guilty towards his parents for not being able to meet their expectations and, on the contrary, generates disgust to the parents. They feel lonely, wandering, but they want to set the pace, life.

It is observed that the groups choose music as a way to relieve stress, but the family theme persists as a mobilizer of emotions, expectations, suffering and hope. It is interesting to note that the word “*bala*” appears in both songs, in group I and III to express a negative emotion and in group II a positive emotion.

Emotional problems experienced: Reflections on conflict resolution and problems faced among adolescents:

The second phase of the third stage of the group activity “Olympics of Emotions”, concerns the process of conflict resolution of the problems faced by adolescents for activity “b” – theater.

From the reports extracted from the discussions surrounding the nothing question - “How do you feel when your mother won’t let you leave the house or do something?” We propose to the groups that they staged through short dramatizations – emotions experienced concerning the proposed fundamental issue, envisioning the process of conflict resolution of the problems faced. Table 4 presents the scenes and accounts of the dramatizations presented by adolescent schoolchildren.

Table 4 - Scenes and accounts of the dramatizations

SCENES	DRAMATIZATION REPORTS
SCENE 1	Daughter – Mom, I'm going to hang out there with some colleagues...



CHARACTERS: DAUGHTER AND MOTHER	Mother – What did you say? (And she slapped her daughter across the face without trying to talk) Daughter – I hate you! Mother – Give her daughter another slap in the face and she falls to the ground.
SCENE 2 CHARACTERS: DAUGHTER AND MOTHER	Daughter – Oh Mother! Mother – What is it? (Answers, but continues sweeping without looking at her daughter) Daughter – Can I go to Alice's party? Mother – No, because you did not wash the dishes or tidy your room (she still answers, sweeping) Daughter – So I'm not going! (and throws the phone on the floor)
SCENE 3 CHARACTERS: DAUGHTER AND FATHER	Daughter – Dad, can I go out with my friends? Father – No. You don't have any friends. I know you're going out with your boyfriend (daughter cries and father slaps daughter)

Scenes and reports of dramatizations presented by adolescent students. Source - Data produced in the survey in 2021.

In the table below were reproduced the statements of the spectators of the scenes from the question negotiated and chosen by the group.

Table 5 - Statements of the spectators of the scenes

TESTIMONY FROM THE SPECT- ACTORS	– The father is conservative and does not trust his daughter because he has a closed mind; – He's just an asshole; – To deal with it you have to breathe; – Great, funny, wretch; – My mother doesn't speak, she already knocks; – My mother calls me a chicken; – My mother says I'm never satisfied with anything, before I used to fight and get upset, but now I understand that you can't change your mother; – When I lived with my father my mother gave me a broom; – The relationship depends on the father and the son; – My father is closed-minded. I like rap and my father doesn't accept it. The relationship with my mother is wonderful; – My father beat my mother; – Parents look at our Instagram (social networks) and ask who is who (teenagers feel that parents invade their children's privacy); – My mother asks to look at her cell phone, but she doesn't invade directly; – Boys have more freedom, parents are sexist; – Machismo in the street; – You have to be responsible, parents are afraid of rape or some kind of violence with their daughters;
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– My grandmother is afraid that I will get a boyfriend and leave her.

Testimonies presented by adolescent students. Source - Data produced in the survey in 2021.

The testimony of the students, after the theatrical staging, reveals the violence experienced by almost all adolescents in the family context, resulting in trauma and a great sense of worthlessness, injustice and sadness. During the staging, we could observe that intrafamily violence was portrayed in a comical but cruel way, being expressed in the form of physical and psychological violence. We understand that such a serious problem, it is too sad to be represented in a way that is not jumble, since it weakens the adolescent a lot before his group and himself – laugh not to cry! On the other hand, the fact that everyone reports the same problem contributes to the naturalization of intrafamily violence, which further aggravates the situation. The naturalization of intrafamilial violence was also discussed and the modes of relationship healthier in the family context, flagged.

The school as a health promoter:

The third phase of the third stage of the group activity “Olympics of Emotions” allowed to address the knowledge about protective factors of mental health among adolescents - activity “c” - poster and cut-collage.

Through the reports extracted from the discussions about the phrase “A poster for suicide prevention” - participants were asked to give scope to factors that could serve as protection of their mental health and prevention of potential problems related to the mental health of adolescents.

School adolescents chose to build group posters and developed the works from titles they choose – (i) Keep your mind occupied by performing pleasurable activities and seek professional help; (ii) Self-care, look for help!; and (iii) Welcoming and the importance of seeking help.

Table 6 - Themes and reports of posters

POSTER THEME	POSTER REPORTS
KEEP YOUR MIND BUSY BY DOING PLEASURABLE ACTIVITIES AND SEEK PROFESSIONAL HELP	Try to distract yourself;
	Exercise outdoors;
	Draw;
	Seek God
	Don't kill yourself because you are special to your family, friends, Pets and etc.;
SELF-CARE, SEEK HELP!	If you have symptoms of depression, look for a psychologist;
	You will get out of this phase, just have strength.
	Love yourself first!
	Your pain can be overcome, seek help!
	Keep in mind that difficult times pass too!
	Always remember this: You are strong!
	You are your most valuable asset.
	I am here to embrace, even if I can't solve it!
	Talking is the best option!



EMBRACEMENT AND THE IMPORTANCE OF SEEKING HELP	Judge less! Love more!
	Together we will be stronger!
	Ask for help!
	Call!
	You are not alone!
	Do not give up! Smile;

Themes and reports of posters presented by adolescent students. Source - Data produced in the survey in 2021.

It is observed that, in the artistic interference performed with the students to discuss the theme of suicide through the free creation of posters, the valorization of life and counseling for non-suicide were highlighted. They pointed out as reasons for suicide among young people – depression, having no one to talk to, impaired self-concept, lack of social acceptance, family problems, conflicting relationship with parents, personal dissatisfaction and with the body itself. As a suggestion of measures to face this problem by the young person himself: ask for help, keep the mind occupied through pleasurable activities, seek to talk about their problems, adopt positive thoughts, consider personal strength, among others.

Discussion

The school environment has represented, through its mechanisms of operation, a device of social participation and development of citizenship processes. Understood as a space that is a health promoter due to its potential to arouse healthier and more creative forms of existence in the world and sociability. Because they are more accessible and natural than health services, the school provides adolescents with interventions that are less stigmatizing (Vieira et al., 2020).

Denny et al. (2019) corroborates this argument, stating that the development of actions in contexts that adolescents are already and attend can facilitate the development of actions directed to them, including those of mental health promotion.

Understanding the doubts of school adolescents about mental health issues can serve as support to health professionals, especially those of primary care, to identify potential needs of this public. From the analysis of questions of interest about adolescents' emotions and mental health (table 1), it is possible to identify anxiety as the main topic of interest related to mental health.

Adolescence is a phase associated with high reactivity and emotional instability. Depressive and anxiety symptoms are quite frequent in our society, also focusing on adolescence. Anxiety in adolescence is usually associated with the development of other psychopathologies in adulthood, such as depression, anxiety disorders, substance use and school or social maladjustment (Grolli, Wagner & Dalbosco, 2017).

By identifying the needs of information/knowledge of adolescents' mental health, it is possible to design potential health education actions and socioemotional learning programs at school and in health units, which can improve the adolescent's understanding of their emotions and sufferings. In this regard, it is increasingly necessary that primary health care professionals guide adolescents about the causes of the development of anxiety disorders, and that these may involve complex interactions between biological, environmental and individual factors, as well as individual



characteristics, such as genetic influence and temperament (Fusar-Poli et al., 2021; Rentala et al., 2019).

It is also worth noting the relevance of PHC professionals to bring school adolescents knowledge about how selective physical exercises can reduce the incidence of anxiety disorders. Furthermore, that universal psychological/psychoeducational interventions can improve anxiety symptoms, but do not prevent depressive/anxiety disorders, while universal physical exercise can reduce the incidence of anxiety disorders (Huang et al., 2021; Campos et al., 2019).

Regarding the discussions about dealing with stress and anxiety, it was possible to identify the music as the main means used by school adolescents to deal with these situations and at the moment they were instructed to choose a song to sing together, both Group I and Group III, choose the same song, which is from the musical genre “Funk”. The music of group II was of the musical genre “*Música Popular Brasileira*”.

The songs chosen represent the soundtrack of the journey of adolescents to adulthood. By identifying with a specific body of music, as well as with the creators of these songs and other fans, teenagers define and fine-tune their ideas about who they are, who they want to be and who they want to socialize with. In adolescence, musical preferences “show who you are” and are referred to as a “badge”, and are also related as a factor of mental well-being for this audience (Bogt, Hale & Becht, 2021).

The perception of adequate social or emotional support can be an important factor for protecting mental health in adolescents. Protective factors encompass personal, family and environmental factors. By fostering them, we strengthen the promotion of the adolescent’s mental health, reducing the impact of an emotional disturbance in his/her life. Personal factors include: the promotion of self-esteem, self-concept and self-efficacy, autonomy, responsibility, conflict resolution, social skills and assertiveness development. Regarding family factors: good communication and family affection, cohesion among its members, development of healthy habits, education in values and setting limits while favoring autonomy. Socio-environmental factors are support networks, friends, healthy models, identification and strategies for controlling environmental pressure for unhealthy conducts and integration and school success (Hildebrand et al., 2019).

As a potential scenario for health promotion, especially mental health, the school environment has several benefits. Thus, health promotion activities, following the approach of life skills, including stress prevention and mental health promotion, should be present in schools where interventions (predominantly face-to-face) tend to be promising (Eschenbeck et al., 2019).

It is also necessary that school adolescents be accompanied by PHC professionals and be aware of the importance of selective screening and that psychological/psychoeducational interventions in vulnerable subgroups can improve anxiety/depression symptoms, but their effectiveness in reducing the incidence of psychotic/bipolar/common mental disorders is not proven (Davide, 2022; Rosa, Loureiro & Sequeira, 2019).

When a reflection is made on the resolution of conflicts and problems faced among adolescents, according to table 4 of this study, which brings the scenes and reports of the dramatizations presented by the students, and the reports resulting from the discussion around the fundamental issue “How do you feel when your mother won’t let you leave home or do something?”, and also considering the data presented in table 5



– it is possible to show that the main problems and conflicts experienced by adolescents occur in the intrafamily environment, substantially in the relationships between parents and children.

The theatricalization of the lived allowed the students to outsource a latent cruelty in family relationships. Confirming what Artaud teaches us (2006, p. 24) about the power of theater - *it is a formidable call for forces that lead the spirit, by example, to the origin of their conflicts... explaining conflicts, releases forces, triggers possibilities... the theater exists to leak abscesses collectively.*

Intrafamilial violence against children and adolescents is a world reality that consists of any violent act committed by any family member against another member under 18 years of age. This phenomenon is manifested through physical, sexual, psychological and neglect forms (WHO, 2014).

The prevention of the phenomenon of violence and the development of measures to care for adolescents is fundamental for them to enjoy a healthier life (Hugh-Jones et al., 2022).

Study conducted by Magalhães et al. (2020) revealed that adolescents with a history of intrafamily violence have impaired school performance and are vulnerable to the onset of depressive symptoms - manifested by deep sadness, self-injury behavior, as well as suicidal ideation.

In addition to explicit physical and psychological violence, students complain about the invasion of their privacy, lack of trust and dialogue with parents.

It is important to highlight the suffering caused by the aggressions experienced by adolescents inside their home, where it should be a space of protection, expressed in the speech of one of the students - *“To deal with this has to breathe!”* This phrase, although subtle and mature, expresses well the impact of violence on the lives of adolescents.

They comment on the impact of machismo on violence against girls who end up experiencing more restrictions, more hostilities and more exposure to violence. In addition to the violence they suffer in the street space and the community in which they live, a fact that can be proven by other research (Palacio et al., 2021; Miliuskas & Faus, 2020).

In addition to the problems already reported by adolescents, the condition of poverty and scarcity of resources affects a large part of the population and produces and reproduces even more violence within the family itself. Thus, it is necessary to consider the very adverse socioeconomic conditions that afflict families, making adolescents more likely to present emotional problems (Reiss et al., 2019).

The intervention on the socio-emotional and environmental risk factors that influence the adolescent's mental health goes beyond the health area, and should be faced intersectorally, involving the areas of health, education, social assistance and economic, with generation of employment and income for families, environmental infrastructure and leisure (Marques-Feixa et al., 2021).

Based on the theatrical activity performed with the students, Baremblytt (2002) said about the power of this resource for experimentation and re-creation of themselves, allowing the group to deal with a set of events that take place in time and space through an attitude of openness to the new, to the different, to the unknown, to the flows and potentialities of chance, the needs and demands of the participating group.



Through the reports extracted from the activity “poster and cut-collage”, contained in table 6 of this study - referring to the themes and reports presented by the students from the discussions around the sentence “A poster for suicide prevention”, we identified the centrality in the experiences experienced in the form of advice, with motivational phrases, in order to trigger attitudes of modification of daily habits as a way to develop protective factors of mental health of school adolescents.

The students’ interest in the theme of suicide may be related to the fact that this is the second leading cause of death among adolescents aged 10 to 24 years worldwide. In countries such as the United States, suicide accounts for 17.7% of all deaths among 15- to 24-year-olds (Murphy et al., 2017).

Therefore, it is recommended that PHC professionals provide school adolescents with information about the protective factors of their mental health and prevention of potential mental health problems. In particular, it is necessary to consider, the risk factors for suicide of adolescents - individual internal factors and external environmental factors. While individual internal factors include sex, sleep deprivation, previous suicidal behaviors, genetic factors, history of mental illness, and physical disorders; external environmental factors include relationships with colleagues, family relationships, school bullying, and stressful life events. (Lee, Lee & Kim, 2021; Vieira et al., 2020).

We realized that the development of cooperative and solidarity activities among young people as a strategy of health education allowed to expand sensitivity and inventive capacity, empowering them to want to meet a better future sharing dreams and utopias, taking care of themselves, the other and the environment, as pointed out in Guattari’s aesthetic perspective (2007).

The methodology of health education applied with students demonstrates that programs carried out in schools can influence and promote mental health, reducing risk factors and emotional and conduct problems through socioemotional learning (Lawrence et al., 2021). And that adolescents seem to benefit from suicide prevention narratives with personal stories from colleagues about how to deal with suicidal ideation and the search for help (Exner-Cortens et al., 2021).

Conclusion

The data show that the cultural knowledge of adolescents, considered by many as superficial and secondary, proved to be potent in this study. In addition, the students showed great interest in topics related to mental health, demanding discussion of specific topics such as anxiety, depression, stress, guilt, grief, isolation, among others.

The students showed joy and curiosity when participating in mental health promotion activities at school on a recreational and creative basis, showing that this is a good way to promote the mental health of the school.

The proposed dynamic contributed to promote the empowerment of adolescents, bringing elements for reflection of school agents, PHC professionals and the students themselves, because even those who did not participate in the activity were achieved by the unfolding of the experience within the school.

Thus, we can affirm that health promotion - being related to a set of values such as democracy, participation, partnership, development, social justice and citizenship – is a perspective that evokes intersectoral action to face the problems experienced by adolescents.



The partnership between PHC and school proved to be a field to be explored with the development of creative actions to promote the mental health of adolescents, in view of their healthy and sustainable development, reaffirming the social commitment to the health of vulnerable populations.

Contributions of the study: the themes of interest pointed out by the adolescents themselves can guide health education proposals at school participating in the research. This study created a methodology for promoting mental health with adolescents that, upon validation, can be replicated with other groups of students and educational and health institutions.

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