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RESEARCH

Mental health as a dimension for the care of teenagers

Saúde mental como dimensão para o cuidado de adolescentes

La salud mental como dimensión para el cuidado de adolescentes

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ABSTRACT

Objective: To analyze the demands in the field of mental health from the perspective of teenagers. **Method:** A descriptive study with a qualitative approach, having comprehensiveness as an analytical category. It was carried out with 21 teenagers of both genders, students of two public schools of a municipality of the countryside of Bahia state. The empirical material was produced through reflection workshops and analyzed through the technique of Discourse Analysis. **Results:** Teenagers value the indissociability between body and mind, recognize lack of attention to the psychological dimension in the health network, and point to mental disorders as resulting from contexts of life and lack of Health Care. **Conclusion:** Health services need to be structured to attract teenagers, to recognize singularities through professionals trained in welcoming, listening and accountability. It is urgent to fulfill what is defined in public policies and in specific programs, and that comprehensiveness has a centrality as a perspective to be realized.

Descriptors: Teenager's Health; Health; Mental Health; Nursing; Comprehensive Health Care.

RESUMO

Objetivo: Analisar demandas no âmbito da saúde mental na perspectiva de adolescentes. **Método:** Estudo descritivo, com abordagem qualitativa, tendo integralidade como categoria analítica. Foi realizado com 21 adolescentes de ambos os sexos, estudantes de duas escolas públicas de um município do interior baiano. O material empírico foi produzido por meio de oficinas de reflexão e analisado por meio da técnica de Análise de Discurso. **Resultados:** Adolescentes valorizam a indissociabilidade entre corpo e mente, reconhecem carência de atenção à dimensão psicológica na rede de saúde, e apontam transtornos psíquicos como resultantes de contextos de vida e de falta de Atenção à Saúde. **Conclusão:** Os serviços de saúde necessitam estruturar-se para atrair adolescentes, reconhecer singularidades por meio de profissionais capacitadas/os para o acolhimento, a escuta e a responsabilização. Urge cumprir o que está definido em políticas públicas e em programas específicos, e que a integralidade tenha centralidade como perspectiva a se concretizar.

Descritores: Saúde do Adolescente; Saúde; Saúde Mental; Enfermagem; Assistência Integral à Saúde.

RESUMEN

Objetivo: Analizar las demandas en el ámbito de la salud mental según la perspectiva de los adolescentes. **Método:** Estudio descriptivo, con abordaje cualitativo, teniendo integralidad como categoría analítica. Realizado con 21 adolescentes de ambos sexos, estudiantes de dos escuelas públicas de un municipio del interior bahiano. El material empírico fue producido por medio de talleres de reflexión y analizado por medio de la técnica del análisis de discurso. **Resultados:** Los adolescentes valoran la directa asociación entre cuerpo y mente, reconocen carencia de atención a la dimensión psicológica en la red de salud y apuntan trastornos psíquicos como resultado de contextos de vida y de falta de atención a la salud. **Conclusión:** Los servicios de salud necesitan estructurarse para atraer a los adolescentes, reconocer singularidades a través de profesionales capacitados para

la acogida, la escucha y la rendición de cuentas. Es urgente cumplir lo que está definido en políticas públicas y en programas específicos y garantizar que la integralidad tenga centralidad como perspectiva a concretarse.
Descriptores: Salud del Adolescente; La Salud; Salud mental; Enfermería; Asistencia Integral a la Salud.

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INTRODUCTION

Adolescence is a period of transition between childhood and adulthood, it consists of an evolutionary phase with its own specific characteristics and problems. Despite being considered a time of life with low rates of physical sickness, it presents a great deal of mental fragility, which can compromise the entire development process if the family and the health network are not supported[1].

Adolescence is recognized as a period of emotional instability, with physical and psychosocial changes, which can be aggravated by the global change of values, since it is a phase sensitive to factors that influence its transformation into adults. Those that can affect mental health, such as the physical, psychological and sexual violence suffered in the intrafamily environment, school and neighborhood, social exclusion and educational disadvantage, family in which father and/or mother presents mental disorder, drug abuse, exposure to social changes, which can lead to psychopathologies, especially in early adolescence[2-3].

According to the World Health Organization (WHO), about 10 to 20% of children and teenagers have mental disorders worldwide, with half of them starting around age 14, and three-quarters to mid-20s years. In addition, drug abuse, depression, schizophrenia and bipolar disorder are the main causes of disability in teenagers in all regions of Brazil. If left untreated, they may influence development, educational achievements, and their potential for living a full and productive life[4].

Recognizing the problems faced by teenagers, in 1989 the Ministry of Health implemented the Adolescent Health Program, based on the principle of comprehensiveness of health, reinforcing the multidisciplinary and intersectoral perspective in the operationalization of actions, with a focus on the monitoring of growth and development, sexuality, oral health, mental health, reproductive health, school health and accident prevention[5].

However, even with the recognition of national and international organizations, public policies have not yet been implemented with strategies that seek to encourage teenagers to seek the health care network. Paradoxically, complementary initiatives to health in the educational network have also failed to promote significant changes in this reality, compromising the comprehensiveness of care.

Integrity is intended to value the multiple human dimensions, distancing oneself from the use of technology as a model and caring for the restoration of the vitality of people or population groups. It seeks to respond to singularities, to broaden perceptions of people's needs and to examine the best response to those needs[6-7].

Policies oriented by the comprehensiveness of the care should offer welcoming and sensitive listening, with respect to singularities, giving the teenager voice and space to expose their demands. Thus, knowing care demands constitutes a way to enable more resolute actions of the multiprofessional teams that work in the health and teaching network.

This understanding of comprehensiveness guided a broader research, in which health demands of teenagers were studied in order to build subsidies for the care of this population group.

OBJECTIVE

To analyze care demands in the field of mental health from the perspective of teenagers.

METHOD

Ethical aspects

All the ethical precepts established in Resolution 466 of December 12, 2012 of the National Health Council, which regulate norms and guidelines for the development of research involving human beings[8] were met. Therefore, the research project was submitted to the Research Ethics Committee of the Nursing School of the *Universidade Federal da Bahia*.

Participants and legal guardians of children under 18 signed the Informed Consent Form. However, the minors also consented to participate through the Assent Form. All speeches were recorded for later transcription and analysis. To ensure anonymity and secrecy, the letter "A" was assigned to the teenager followed by the ordinal numeral.

Type of study

It is a descriptive research, with a qualitative approach, having comprehensiveness as an analytical category. Integrity as a legal and institutional definition is perceived as an articulated set of actions and health services, preventive or curative, individual or collective, in the different levels of complexity of the system. When it manifests itself as a health act in the daily lives of people in health services, it promotes experiences that transform lives[9].

It presupposes the perspective of expanded care, focusing on the person, family and community, considering access to services, organization and control of public policies, and the user/professional relationship, translated into respect for life with dignified treatment, Health System with the quality of care provided[10].

Place of study

The research was conducted in two state public schools in a city in the countryside of Bahia state. The schools were chosen because they constitute a field of practice for the health courses that exist in a Public University, in which part of the research team is linked. School 1 offers regular high school and was established 14 years ago. School 2 offers elementary and high school education and was created 44 years ago. Both are large schools, with more than 1200 students, each.

Research participants

Twenty-one teenagers from the two public schools selected participated in this study. In order to choose the participants, we have the support of the teachers of the educational institutions selected for the study.

The inclusion criteria were: to be enrolled in the public schools selected for the study and to be between 10 and 19 years of age. The students who were not attending classes during the collection period were excluded from the research.

Empirical material production

The empirical material was produced through two reflection workshops at each school. The workshops are spaces of collective construction of knowledge, favoring the approximation with the objective and subjective reality of the research subjects, provoking reflection and discussion about their life experiences[11].

The meetings were followed by the following steps: presentation and integration; development of the theme; socialization of experiences; synthesis; evaluation and informality/ relaxation[12]. The autonomy and creativity of the participants were encouraged and respected.

The workshops were named: We teenagers and health needs. At the first meeting, a coexistence agreement was made: respect the other's speech, keep secrecy, avoid leaving the room and silence the cell phone. After a dynamic of relaxation, the development of the theme began with the formation of small groups that were asked to converse with each other about *what is health*, *what favors or harms health,* and *what are the health needs of teenagers*. After a few minutes, the group was asked to look in different magazines for figures to portray what they had discussed. In the stage of socializing their experiences, they were encouraged to talk about their choices.

The second workshop aimed to rescue and expand the work developed in the previous meeting. After completing the initial stages, the systematized responses of the first meeting were presented to the group. Then they were asked to reflect and talk to the next colleague about possible health needs that had not come up in the previous meeting. They were asked to add the answers to the previous synthesis. The themes that emerged in both workshops focused on mental health, sexuality, and lifestyle as caregivers.

Empirical material analysis

The empirical material was analyzed through the Discourse Analysis technique, according to Fiorin[13]. This author considers discourse as the combinations of linguistic elements used by people for the purpose of expressing their thoughts, and ideological representations materialized in language. Speech expresses a social position, and reveals the world view of who produces it, so that the text is not a manifestation of individuality.

For the analysis of the empirical material, it was initially carried out the reading of all material produced, seeking to locate concrete and abstract elements; then it was grouped the significant themes and organized by convergence into plans of meaning. It is considered that, under each concrete element or figurative text, it underlies a theme, which reveals the meaning of the discourse and, when reaching the degree of greater abstraction, the central empirical categories are constructed that are submitted to the analysis and discussion[13].

RESULTS

This study had the participation of 21 teenagers. Of these, 7 were male and 14 were female; 15 teenagers were 18 years old, 4 were 17 years old and 2, 16 years old; 12 were in the 3rd year of high school and 9 were in the 2nd year; 17 self-declared blacks and 4 reported ethnicity/white color; 8 reported being Evangelical, 8 were Catholic, and 5 had no religion.

The view of teenagers from schools that have participated in the study on demands for health care exceeds conventional standards and reaches criticism of the reductionist view, still hegemonic in health. When discussing about health, what favors or harms it and what demands for care, those from the psychological dimension overlap with those of the biological dimension, which is expressed in the subcategories that follow and make up the core empirical category that gives title to this article.

Health as intersection between mind and body and requiring care

Teenagers refer to health as an expression of the relationship between mind and body, and of relationship with one another. In the speeches under analysis, it is revealed the concern with individualism and selfishness that can be expressed by the isolation between people, generating demands of health.

> *My opinion, nowadays people talk more about health in terms of body, they don1t talk about the mind and the question of individualism of not worrying about on another.* (A1-M)

In addition, A2 states that:

> *The human being is increasingly distant from himself and the other.* (A2-M)

In the testimonies that follow, teenagers also express the lack of attention to the psychological dimension of the human being and the denial of their multidimensionality:

> *I think the mind should be treated with more care.* (A4-F)

> *Talking about health is to remember the person with physical, emotional, mental and spiritual body.* (A5-F)

In the speech to follow, it is evident a vision of care to the psychological dimension separated from the Basic Attention:

> *I think nowadays everyone has psychological problems, now the condition doesn't allow everyone to have follow-up they need to have, right? Today psychology is the profession of the future.* (A6-F)

The teenager refers to this need for attention from the identification of problems, which need specialists, while at the same time underlining the incorporation that care of this dimension integrates the private system.

Commitment of mental health as an outcome of teenager demands

When they performed the collage technique in the reflection workshop, they expressed situations that indicated mental disorders, and used the image of an anorexic young woman affirming:

> *I find it interesting because we think that health is linked to the body, right? If our body doesn't go well, health is not going well, but there is also the psychological problem as anorexia, health is not only linked to the body itself, but also to the mind. If the mind doesn't go well, the body will not work right.* (A7-M)

> *Here's a person with anorexia, she's already thin, but she looks fat when she looks in the mirror.* (A2-M)

> *I think the mind is the beginning of everything. If the mind doesn't go well nothing corresponds, when there is a food disorder, there is mental disorder too; she has anxiety, so I think psychological health is the main, because it influences the health of the whole body.* (A8-F)

Other teenagers have pointed out that psychological problems lead people to think of death as a way to solve them, and to suicide as an outlet for those who classify without solution. Thus, they consider death and suicide as possibilities of outcome for psychological problems or frustrations, as follows:

> *There are psychological problems that make the person think about death, so thinking about the problem and not trying to solve it can cause disruption in the person's mind, because, for example, when the person has nothing to do, what to think, think about death, what can lead the person to commit suicide, because the lack of what to do, than to think, to think much of the problems, if not try to solve it can cause some disorder, or even doing some stupid thing.* (A1-M)

> *The human being today values material goods a lot, makes crazy things to have, when human being cannot have it, death arises as a solution to solve problems.* (A9-F)

> *People seek to fill a gap that has been provoked by separating themselves from their essence, from what is intimate to them.* (A3-F)

DISCUSSION

In recognizing the link between physical health and mental health, teenagers who participated in our study assumed that for the body to function well it is necessary that the mind is also well and vice versa.

There is agreement that there is a relationship between cognitive, emotional and somatic manifestations, excluding the possibility of a complete functional separation between mind and body. There is unanimity in the recognition that emotional processes are followed by physiological changes, confirming this interconnection[14].

However, the vision of health introduced by society, still suffers influence of the Cartesian paradigm that configures the biomedical model. This considers the human body as a machine that can be analyzed in terms of its parts, the disease being seen as a malfunction of the biological mechanisms, and it is up to health professionals to intervene, physically or chemically, to repair the defect in the functioning of a specific broken engine[15].

Deny of human multidimensionality, present in the social imaginary, as explicit in the discourses, constitutes an obstacle to comprehensiveness. In the fragmentation of the indivisible, the comprehensiveness does not materialize, and the way in which teenagers express their demands imposes to the health system reorganization of policies and practices.

To think about the comprehensiveness of care in a perspective of guaranteeing the right to health requires the practice of caregiving practices capable of considering action as a source of living theory, re-creating experiences capable of renewing realities and breaking with historical processes of fragmentation and reductionism present in policies public health services[16].

In this study, when considering eating disorders as a health demand, and as a problem that expresses the aforementioned indissociability between body and mind, teenagers emphasize anorexia, one of the eating disorders of higher incidence in this phase, deserving clinical and social emphasis.

Severe anorexia is a serious disease associated with high mortality. The incidence is higher in females and prevalence studies highlight an unmet need for treatment. Although there is evidence that early-onset anorexia has relatively high rates of recovery, the disease is often prolonged, and even after recovery from eating disorder, there is an ongoing vulnerability to future psychosocial problems[17-18].

At present, being thin is a seductive and desired body reference, fueling expectations of a macho society that turns the woman's body into a consumer object. Thus, gender issues permeate health problems presented by teenage girls in this context, and the way they perceive themselves before the mirror produces changes in self-image and self-esteem according to internalized beauty standards. The media is the great shaper of public opinion and does not meet the body model labeled in the last decades as ideal can cause psychological disorders in teenagers.

In addition, there is currently a time when transience and fragmentation are present in family relationships, love partnerships, friendship bonds, work bonds, serving as an empty and alienating model for the social insertion of the teenager[19]. The society marked by consumerism allows people to choose consumption as an essential element for their life. This creates a culture based on image, immediacy and shallow depth[1].

The girls, more charged according to the model that defines moral codes loaded with gender stereotypes, cross adolescence in conflicts. These involve the search for identity, in the coexistence with values conveyed by institutions and with social appeals that contradict the instituted.

With regard to suicide, highlighted by teenagers in this study when valuing mental health and its demands, it is considered one of the most serious complications associated with depressive symptoms in relation to mortality. Psychoanalytic studies have long drawn attention to the question of the pattern of unstable functioning of teenagers with suicidal behavior. This is due to the ego's lower capacity to withstand the oscillations of its states of humor and self-esteem[20].

Overall, suicide in teenagers remains a major and serious public health problem. Thus, more research on suicide among teenagers in all countries and cultures is needed to understand more about what leads them to that outcome and whether it is related to their childhood. In addition, gender issues and ethnic variations in suicide are embedded in cultural, historical, psychological, relational and socioeconomic domains. Throughout the world, the absence of specific mental health policies for this group can delay the development of care and the prevention of suicide. Thus, it is vital that professionals

adopt an comprehensive approach to caring and incorporate the influence of gender in adolescence[21].

The health system, which defends comprehensiveness as a qualifier of care, permeated by listening and welcoming, has the duty to interact with the educational system, considering that such demands will not reach the health service. The school is considered a potent space of care, a reference for the first listening of demands and needs, allowing itself to meet conflicting teenagers.

Health policy should ensure access to services, through the flow and articulation of the care network, where the Psychosocial Care Centers (CAPS I and II, children, alcohol and other drugs) can dialogue with Primary Care, schools and others consolidating intersectoral care that is shared and held accountable in the perspective of comprehensiveness. Increasing access, it is possible to achieve care according to the needs demanded, extrapolating the geographical barriers, covering economic, cultural and functional aspects in the offer of services, with the production of effective care for teenager[22].

Comprehensiveness allows openness to the development of multiple possibilities of care, being used as guiding principle of the practices, either in the organization of work or health policies. It opposes the reductionism and objectivity of people, building a possibility for dialogue[23].

A research that sought to analyze the democratic process of construction, implantation and applicability of the *Lei Municipal de Saúde Mental de Alegrete* (freely translated as Municipal Mental Health Law of Alegrete), Rio Grande do Sul, showed that this is necessary for legal guarantee of rights, but only makes sense if added to the history of psychiatric reform in order to bring new health workers closer to the meaning of social movements such as psychiatric reform[24].

The SUS has the Family Health Strategy as reference for the exercise of comprehensiveness in Primary Care. Through this strategy, it is hoped to exercise the reception, bonding, listening, and accountability, rescuing the humanized relationship between professionals/users[25]. Thus, it plays an important role in strengthening the Mental Health Care Network, which is particularized in this study for the comprehensive attention to the health of the teenager, which requires a dialogue between multidisciplinary teams and development of a set of actions, based on their specific needs.

International conventions ratified by all member states, including Brazil, signatories to the United Nations to ensure teenagers their health rights reaffirm the need for political and social commitments. Overcoming the barriers depends on the dissemination of information and the pressures of civil society, including parents, educators and health care professionals[26].

Thus, there are specific challenges in the attention to youth mental health that indicate that it is necessary to have a thorough knowledge of the particularities of the different contexts, of the concrete actions carried out by the Basic and specialized Care and of the distribution of services in the various sectors throughout the national territory. Thus, it will be possible to guide the construction of a public policy that provides effective improvement of care and care for children and adolescents[27].

To do so, services should promote actions that facilitate the engagement of teenagers in their own care in the preventive and health promotion dimensions. Guarantees of access and reception in health services will help build relationships with health professionals and thus will gain autonomy to share decision-making about the possibilities of preserving health[28].

A study carried out with 23 students from three public secondary schools in Portugal on teenagers' knowledge about depression, anxiety and alcohol abuse showed difficulties in recognizing these disorders, devaluing professional help and preference for help from friends and family. In view of this, it shows the need for implementation and implementation of mental health programs, in order to increase knowledge about symptoms and concepts associated with mental health[29].

Another research carried out with 1070 students from three secondary schools in a Norwegian city developed intervention and control for mental health training, showing that with the intervention, teenagers started to suggest the primary health network as a place to seek help. Older teenagers and girls have better recognized student profiles regarding mental health and revealed less prejudiced beliefs. Thus, this is a low-cost school program that can improve mental health training for teenagers and recognize the interface of gender issues according to the maturity of the students[30].

Another tested program in Australia with training of 988 teenagers on first-aid techniques in mental health in secondary schools showed statistically significant improvements. It has increased confidence in the provision of first aid and the intentions to seek help for mental health of students[31].

Actions aimed at teenagers can not be dissociated from global actions nor can they disregard the political, social and economic aspects that involve health, since it is a question of citizenship to recognize the right to health in adolescence and to make efforts for its promotion, protection and recovery[32].

It should also be considered that, in Mental Health Care, it is necessary to construct strategies and devices that seek to rescue the protagonist's place of the person and create a routine in the services and in the health network that considers the process of illness as an comprehensive part of life[33].

In Brazil, mental health is considered one of the priority areas of attention since the Adolescent Health Program. However, there is a lack of service provision. The current programs and policies created in an attempt to meet the health needs of this group have not been able to be implemented in most Brazilian states, thus not meeting the proposed objectives.

Promotion and protection of mental health emerges strongly from the voices of the participants in this study, which poses challenges for the health system. Thus, this research contributes to the redirection of public policies by evidencing that the demands of teenagers do not fit into the homogenization with which the health system treats the population groups, under biomedical referent and service organization far from listening to the psychological dimension that teenagers value for its attention.

CONCLUSION

In the study, the teenagers were avid for physical and psychological well-being, and engaged with their peers. This position imposes changes in the practices and professional qualification to meet the demands in the mental health field, revealing that, among the specifics of the phase, there is the search for a Health Care neglected by the current model.

In view of the demands prioritized by the group of teenagers who participated in the research, moving towards the comprehensiveness requires that the teaching and health networks that deal with the attention to teenagers as well as the family, are attentive to the multiplicity of demands, the so that they can protect the mental health of this population group.

In this sense, as a recommendation, health services need to be structured in order to attract teenagers, to recognize singularities through professionals trained in welcoming, listening and accountability. For this, it is necessary that such a problem be discussed in institutional and shared planning between managers and multiprofessional teams, making it possible to establish priorities and plan actions that meet the demands of this group, in a school-service partnership.

Thus, it is urgent that what is defined in public policies and specific programs is fulfilled, and that comprehensiveness has a centrality as a perspective to be realized, with appreciation of singularities. The limitations of this research lie in the restriction of the field, since it was developed with teenagers from only two schools in a municipality in the countryside of Bahia state. However, the results point to the necessary interaction between educational and health systems in a city where the public system and its students have similar social, economic and cultural profiles, which reduces such limitation.

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