

## Child mental health in the school context: the perceptions of educators<sup>1 2</sup>

### *Saúde mental infantil e contexto escolar: as percepções dos educadores*

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**Abstract:** This study sought to identify the perceptions of a school's professionals about the socioemotional difficulties presented by some students and about the strategies utilized to face these problems. Eighteen professionals from a public school located in a city in the countryside of the state of Sao Paulo participated in the study, and semi-structured interviews were conducted. The data was analyzed using content analysis. It was observed that in the participants' perception the problems related to child mental health are expressed through aggressiveness and excessive agitation, isolation, inattention, and difficulties in fulfilling agreements; the participants also perceived the involvement of factors from the family, school, and socio-cultural contexts that are present in children's everyday lives. The results indicate the importance of intersectoral actions promoting child mental health that can encompass the different actors and services directed to this population.

**Keywords:** Child and adolescent mental health, school context, perceptions of educators, promotion of mental health

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**Resumo:** O presente estudo buscou identificar as percepções dos profissionais de uma escola sobre o sofrimento psíquico apresentado por alguns estudantes e sobre as estratégias utilizadas para o enfrentamento dessa problemática. Participaram 18 profissionais de uma escola pública de uma cidade do interior do estado de São Paulo, com os quais foram realizadas entrevistas semiestruturadas. Os dados foram analisados pela técnica de análise de conteúdo. Observou-se, na percepção dos participantes, que a problemática relacionada à saúde mental nas crianças é expressa por meio de agressividade e agitação excessivas, isolamento, desatenção e dificuldade no cumprimento de combinados e que envolve fatores do contexto familiar, escolar e socioculturais presentes no cotidiano das crianças. Os resultados obtidos sinalizam a importância de ações intersetoriais de promoção à saúde mental infantil que possam abarcar os diferentes atores e os serviços direcionados a essa população.

**Palavras-chave:** saúde mental infantojuvenil, contexto escolar, percepções de educadores, promoção à saúde mental

## Introduction

Child mental health is here understood as a complex and multidimensional phenomenon concerning, among others, emotional, behavioral, and social aspects and producing a set of abilities which effectively enable the child to be in and belong to the world considering this child's life context (Amstalden, Hoffmann, & Monteiro, 2010; OMS, 2001).

Moreover, it also important to define children's psychological distress, when children manifest difficulties in their behavior or in the expression of their feelings, harming and interfering in the development of their activities and daily relationships (Brasil, 2014; Cantwell, 1999).

The results of epidemiological investigations indicate that between 10% and 25% of children and adolescents in Brazil and in the world eventually experience psychological distress. This data is relevant because this is a condition which entails losses in the development and the lives of the afflicted children and of the people living with them (Fatori, Brentani, Grisi, Miguel, & Graeff-Martins, 2016; Paula, Miranda, & Bordin, 2010). In this

sense, studies have shown that children and adolescents experiencing psychological distress have a higher chance of presenting difficulties in the school context, which also indicates that academic performance is closely connected to the socioemotional state of the child (D'Abreu & Marturano, 2010; D'Ávila-Bacarji, Marturano, & Elias, 2005; Fleitlich & Goodman, 2000).

Moreover, Rutter, Kim-Cohen, and Maughan (2006), important theorists in the field of risk factors and protection related to child mental health, indicate the existence of a continuity between psychological distress in childhood, adolescence, and adulthood, pointing out that most people diagnosed only as adults already presented early symptoms. This reinforces and justifies the relevance of the epidemiological investigations and interventions aimed at the identification of psychological distress in children, considering that it causes lasting distress in the lives of the individuals and of the other actors in the implicated contexts — family, school, community.

Life context — the factors present in the environment in which a child lives — has been pointed out as determining for child mental health (Cid & Matsukura, 2014; Rutter et al., 2006). Considering that family and school are the most immediate and fully experienced contexts for children, Matsukura and Cid (2008) suggest that such environments must provide children with the conditions/situations which favor a healthy growth regarding motor, emotional, affective, social, and cognitive aspects.

Lipp, Arante, Brito, and Witzig (2002) highlight the current role of schools and of the teacher and indicate the significance of the strengthening of the school-family relationship, considering that school context is increasingly becoming the second environment of experiences for children, and that the teacher, besides the function of teaching, has been responsible for educating these children in spheres reaching beyond the formal curriculum, therefore assuming a higher affective role than in previous years, becoming a reference for the developing child.

The schooling process, hence, has held the attention of mental health professionals and researchers because it entails a potential moment for actions promoting child mental health (Atkins, Hoagwood, Kutash, & Seidman, 2016; Cid & Gasparini, 2016).

Such characterization is consistent with the current Brazilian policy of attention to mental health, especially regarding the population of children and adolescents, because it indicates intersectoral actions as the fundamental direction for the care of this population. This policy suggests that the production of mental health is a condition for the generation of health, since, in the specific case of child and adolescent mental health, if a child or a young person presents some level of psychological distress, this must be observed in context, taking into consideration that a number of physical occurrences can originate from situations of psychological distress triggered by reasons of plural nature, such as their relationship with themselves, with their families, with their schools, or with other social institutions (Brasil, 2014).

Therefore, the recognition of school as one of the main life contexts of children and adolescents nowadays is corroborated. School acquires, thus, a relevant psychosocial character that must be assumed and explored.

Seeking the knowledge of national and international systematized and published experiences focusing on actions promoting mental health in the school environment, Cid and Gasparini (2016) developed a systematic literature review study. Researching in three different data bases — *SciELO*, *Portal de Periódicos da Capes* [Capes's Journals Portal], and *Banco de Teses e Dissertações da Capes* [Capes's Thesis and Dissertations Portal] — from 2003 to 2013, the authors found 17 international and 2 national articles. Overall, these papers dealt with interventions directed at teachers, focusing on training them both to identify matters related to mental health, as well as to use preventive educational practices. Additionally, some papers presented interventions with families and teachers. The interventions developed were, mostly, pre-programed by the proponents, without the participation of the research subjects in the elaboration and definition of the proposals. In any case, Cid and Gasparini (2016) observe that these papers' authors evaluate their own research well, because their objectives were achieved.

Moreover, this research indicates the small number of international and, especially, national works seeking to evaluate and systematize interventions promoting mental health in the school context. It also points out to the need for studies which consider the understanding of the different actors about the aspects related both to mental health and to psychological distress in children and adolescents, and to the reality of the different contexts in the intervention processes, aiming to make these processes more effective, since the demands and

the potentials of each target-population and of each school might be shared and considered in the intervention (Cid & Gasparini, 2016).

On the perception of teachers regarding mental health, the national research of Soares, Estanislau, Brietzke, Lefèvre, and Bressan (2014), performed with 31 teachers from Primary and Secondary Education in a public school in São Paulo, revealed that there is little information available for teachers about this topic, and it demonstrated the necessity to implement new strategies for the promotion of mental health in schools, considering that lack of information causes difficulties in the handling of everyday situations involving students in psychological distress.

Hence, the authors defend the idea that the development of effective actions for the promotion of mental health in schools is conditioned to the evaluation of teachers' perception of mental health and of the means through which these teachers receive information on this matter. Therefore, an increase in the understanding of the daily lives and the demands of these individuals will provide the basis for the elaboration of effective actions in the knowledge construction process (Soares et al., 2014).

Considering what has been discussed so far, the present study proposed to give voice to school professional, seeking both to identify their perception of child mental health and of the factors involved in this condition, and to recognize the strategies used by these professionals when dealing with the difficulties related to the mental health of school-age children. The results of this research might provide information and elements for the planning of interventions directed towards promoting child and adolescent mental health in the school context.

## Objectives

This study aims to identify the perceptions of a school's professionals (teachers, coordinators, principals) about the psychological distress presented by some students, and about the strategies used everyday by these professionals when dealing with this matter.

## Methodology

- a) Participants: The participants were 18 professionals of the first cycle of Primary Education from a municipal public school, 17 of which were women. From the total, 15 were teachers, two were pedagogical coordinators, and one was the principal, with ages ranging from 24 to 54 years old. They had worked at the schools for periods varying from one month to 8 years, and their professional education period varied from 3 to 30 years. Seventeen participants had completed their higher education, 10 of which had two graduation degrees or one graduation and one postgraduation degree.
- b) Place: the study was conducted in a first cycle Primary Education municipal school, located in the working-class suburbs of a city with over 200,000 inhabitants, in the countryside of the state of São Paulo.
- c) Instrument: this study used an interview script designed by the researchers and evaluated by experts who verified the pertinence of the questions in relation to the instrument's objectives. The script was composed of 18 questions encompassing topics such as: the professionals' perception of the emotional, relational, and behavioral problems of the students; the difficulties and the potentials found when dealing with these problems; the interference of these problems in the classroom; the professionals' perception of the students' families and the relationships established with them; and the actions that could exist to help these children in the school and in other environments.

## Procedures

Ethical aspects: the study was approved by UFSCar's *Comitê de Ética em Pesquisa em Seres Humanos* [Human Research Ethics Committee] and by the participating school expressed by the CAAE number 04719612.8.0000.5504. Every participant signed a free and informed consent term before the beginning of the collection of data.

Pre-testing the interview script: after the script was designed, three tests were conducted with professors who did not work at the research's participating school. After the assessment of the tests, the script went through modifications to make it easier for teachers to understand the questions, for example: the tests identified the need to replace the terms “*sofrimento psíquico*” [psychological distress] and “*problemas de saúde mental*” [mental health problems] with “*problemas de comportamento, relacionamento e emocionais*”<sup>3</sup> [behavior, relationship, and emotional problems] for participants to understand and be able to talk about mental health, and not only about students' cognitive and intellectual matters.

Participants' location: contact was established with the principal of a first cycle Primary Education municipal school, located in the working-class suburbs of a countryside city in the state of São Paulo. The objectives were presented, and the pertinent clarifications were made. Afterwards, the authorization for the conduction of the research was solicited. Next, the researchers participate in a meeting at the *Hora de Trabalho Pedagógico Coletivo* [Collective Pedagogical Work Hour] (HTPC), in order to present the study proposal to the whole school staff<sup>4</sup>.

Collection of data: the collection of data was performed within the school's premises, at pre-scheduled times with the participants. The interviews lasted about 40 minutes with each participant. It is important to notice that all teachers and coordinators agreed to participate.

Treatment and analysis of data: for the qualitative analysis of the interview, Bardin's (1977) content analysis technique was used, which entails a set of techniques to codify and analyze the apparent content of the interviews through systematized methods. To achieve this, after the content of the interviews is treated and classified, it is analyzed to find what it can offer to the researcher. This analysis aims to understand the oral message beyond what it shows at first glance, inquiring what it entails in its context (Bardin, 1977).

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<sup>3</sup> It is worth noticing that the present research uses the term *sofrimento psíquico* [psychological distress] when referring to difficulties related to mental health in accordance to the current national politics of mental health (Brasil, 2014).

<sup>4</sup> The participating school had required the support of the present article's first author to deal with the problems of children's psychological distress in this school's context. Hence, a partnership was established, and the present study was initially configured to identify, systematically, the understandings and the main necessities of the professionals concerning the mental health of children, so that, later, more concrete actions could be devised and implemented.



Therefore, the interviews were fully transcribed, read, and re-read in an intense process of analysis. Afterwards, the accounts were fragmented in registration units based on the topics and common categorization methods (category elaboration) present in these units. The analysis considered only those categories constituted by answers of at least three participants.

## Results and discussion

The results will be presented and discussed based on four main topics which rose from the process of analysis of the interviews' data, namely:

1. The manifestation of psychological distress in children in the school environment.
2. The possible causes of psychological distress.
3. The influence of the students' psychological distress on classroom dynamics.
4. The strategies used by the school's professionals when dealing with students facing psychological distress.

### Topic 1: The manifestation of psychological distress in children in the school environment.

Based on the results it was possible to observe that the perception of the participants regarding the manifestation of the difficulties related to mental health corresponds to what the area's literature describes in terms of the characteristics presented by children with psychological distress, i.e., the expressions and behaviors presented by these children when facing the relationships and the activities they perform in the school context, as is illustrated in the following accounts:

P4 - *Tristeza, choro, agressividade; a questão da criança muito quieta, que não se expressa com facilidade.* [Sadness, crying, aggressiveness; the issue of the overly quiet children who do not express themselves easily].

P09 - *ele batia em todo mundo, ele roubava de todo mundo, ele chegou a quase me agredir, então assim tinha uma pessoa dentro da escola para ficar exclusivamente com ele, por que dentro do grupo ele não conseguia se estabelecer.* [He would hit everyone, he would rob everyone, he almost assaulted me, so there



was a person inside the school exclusively to follow him, because he could not establish himself in the group].

P06 -*Uma criança retraída, uma criança chorosa, uma criança com medo.* [An introverted, crying child, a fearful child].

P17 -*ou se excluem de um grupo ou fazem o contrário, são muito ativos e acabam querendo dominar o grupo de maneira impositiva, não funcional, quando têm dificuldades relacionadas com as outras crianças ou com o professor.* [Either they exclude themselves from a group or they do the opposite, they are very active and end up wanting to dominate the group in an imposing, non-functional manner, when they have difficulty relating to other children or to the teacher].

Some authors differentiate the manifestations of psychological distress in two broad categories: internalizing, when they refer to behaviors based on depression, anxiety, introversion, and isolation; and externalizing, characterized by hostility, aggressiveness, and antisocial conducts. Although distinct, both categories harm the behavioral progress of the development and impede the children or the adolescents from interacting with their environment and from engaging with their peers. Even with different causes, both can result in rejection and withdrawal (Pacheco, Alvarenga, Reppold, Piccinnini, & Hutz, 2005).

Still according to Scivoletto and Tarelho (2002), psychological distress in children and adolescents can often manifest in a “disguised” manner, different from how it manifests in adults, which is one of the reasons why it is difficult to identify such problems. Moreover, one of the main hindrances in the identification of mental health problems in children and adolescents is the difficulty of the family in noticing these problems in their children, especially when involving shyness. Thus, these children arrive at the health care service, usually a doctor, when they are already regarded as “problem-children” in the family and school environments — contexts that frequently have difficulties in considering the inadequate and conflicting behaviors of children as the result of a distress process.

This result elicits a reflection regarding the attention given to the behavior and the expressions of children by education professionals acting in the school context. When deriving from knowledge about child development and the consideration regarding the child’s life context, as well as other variables — intensity, duration, and frequency of the behaviors and emotions —, this attention can favor the early identification of the distress probably experienced by the student, and it can indicate the necessity to refer the child to more effective and preventive intersectoral actions.

Some studies have dealt with the ongoing education of teachers to support and potentialize the protective actions performed by these professionals, emphasizing the importance of the school environment as a context for development and as a potential space for health promotion actions.

Lourenço and Cid (2010) indicate possibilities, in the context of Early Childhood Education, of an intervention mostly directed towards primary prevention in health and towards the promotion of child development; they also discuss whether this practice is in accord with the principles of inclusive education. The authors elicit studies and practical experiments evidencing the importance of and the need for the qualification of teachers, not only to promote child development, but also to enable these teachers to identify problems and perform the necessary communications to the other sectors of the community, in order to accelerate the solution process of situations harming the growth and the lives of children.

On the other hand, this result about the perception of the school's professionals regarding the manifestation of psychological distress reflects, also, a current critical discussion present in the specialized literature: the criteria used by health and education professionals to identify "problem-students" who do not fit in to the school's rules and norms and, therefore, are indiscriminately seen as hyperactive, among other qualifications, thus simplifying and reducing children to their conditions, not taking into consideration broader aspects that might be involved.

According to Constantino and Luengo (2009), a substantial number of teachers' complaints regarding their work is related to the undisciplined attitudes of students, such as speaking too loudly and not staying seated long enough to perform classroom activities — common behaviors at this moment of life that end up deemed as "behavioral disorders". This perception, as stated by the authors, causes the requirement of specialized services (psychologist, neurologist, psychiatrists, among others) by the teachers, in order to solve the problem outside of the school.

This occurrence is understood by the authors under the supposition that school, having children's literacy as its objective, has always placed itself as an environment ruled by discipline and obedience, which comes from an education based on reward and punishment, leading education professionals to misunderstand what represents the "normal" and the

“pathological”, without considering children as active subjects who produce, desire, need, and must express themselves (Constantino & Luengo, 2009):

As the authors point out, this configures a process denominated “medicalization”, defined by Collares and Moyses (2009, p. 25) as the process of transforming non-medical questions, eminently of social and political origins, into medical questions, i.e., trying to find in the medical field solutions for such questions. According to these authors, medicalization occurs following a medical science concept that addresses the health-disease process centered on the individual, favoring a biological, organicist approach. Hence, medicalized issues are presented as individual problems, losing their collective determination. The social insertion of the individual — the simultaneous expression of the individual and the collective — is omitted from the health-disease process.

From these reflections, it is understood that the school, being among the main spaces of child development, puts itself as one of the social actors responsible for children, therefore falling under its responsibilities also the monitoring of the processes of growth and of the biopsychosocial well-being of these individuals. However, it is necessary to consider the structural and social-political conditions in which school has played its role in contemporary society, in order to better understand the strategies adopted by this institution when facing problems related to the manifestation of students’ and their families’ physical, mental, or social singularities.

## **Topic 2: The possible causes of psychological distress**

On the possible causes of psychological distress in children, 14 participants indicated the problem originates in the family. From these participants, some focused on the difficulties of family members in providing children with rules, limits, affection, and attention, while other attributed the problems to “dysfunctional families”, characterized by the adoption of violent conducts and by the consumption of drugs within the familial context, as is exemplified in the following statements:

P08- *É falta realmente de carinho, de afeto, de amor, e também da segurança. Porque a criança precisa, nos primeiros anos de vida, sentir-se segura e ter uma conduta que ela aprende e que ela sabe que é rotineira.* [It is really a lack of care, affection, love, and also of safety. Because children need, in the first years of life, to feel safe and to have a conduct that they will learn and that they know is routine.]

P17 - *Mas às vezes, por exemplo, a mãe não consegue organizar a rotina da criança, não consegue impor regras, fazer combinados, limites, noções básicas de higiene.* [But sometimes, for example, the mother can't organize the child's routine, can't set rules, make agreements, set limits, basic notions of hygiene.]

P06 - *O que causa? Eu acho que é a família. É o meio onde eles vivem. Geralmente aqui as famílias são todas desestruturadas, pais separados, uso de drogas. Abuso, não só sexual, mas do trabalho, desencadeiam um monte de coisa aí. Mas geralmente vem da família, mais social.* [What causes it? I think it's the Family. It is the environment they live in. Usually the families here are all dysfunctional, divorced parents, drug use. Abuse, not only sexual, but also of work — a lot of things sprung from there.]

P08- *E também se ela não nasceu com essa dificuldade às vezes de alguma forma já prejudicada pela droga, ela tem depois no convívio familiar, porque são famílias extremamente desestruturadas.* [And also, if she wasn't born with this difficulty, sometimes, somehow already damaged by the drug, she gets it later from the family life, because they are extremely dysfunctional families]

Some participants also indicated neighborhood context (drug trafficking, street life) as causes for psychological distress.

P09 - *muitos aprendem na rua, e a gente sabe que na rua coisa boa não se ensina.* [Many learn from the streets, and we know the streets don't teach anything good]

P12 - *e o comportamento é por conta da sociedade mesmo, por muitos serem chefes de tráfico ou traficantes.* [And the behavior is society's fault, really, because many are drug dealers or drug bosses]

From these participants' perspective, therefore, children's psychological distress is caused by the characteristics of the context they live in. Such results are confirmed by other studies focusing on factors related to the manifestation of psychological distress in children and adolescents. These studies identified as important factors in the occurrence or in the increase of the probability of occurrence of mental health problems those related to the family environment and context, such as: family income, parents' level of education, family structure, parents' marital status, parental practices, parents' history of psychological distress, resources present in the family context, the existence of intrafamilial violence, among others (Cid & Matsukura, 2014; Ferrioli, Marturano, & Puntel, 2007; Paula et al., 2010; Sá, Bordin, Martin, & Paula, 2010).

Matsukura and Cid's (2014) study, which identified the predominance of socioemotional problems in children and the risk and protection factors related to this condition, verified that children belonging to families which reported having rules and shared responsibilities presented higher levels of prosocial behavior (considered a positive ability indicating mental health)

Ferreira and Marturano (2002), comparing children with learning difficulties who presented and who did not present behavior problems, observed that those who did not have behavior problems lived in family environments with greater monitoring of routine and of daily life, with more supervision of the activities.

The authors of both studies point out that these results must be taken into consideration by professionals, by health and education policies, and by interventions for the promotion of child mental health, when planning and implementing strategies which allow children to have an organized and respected activity routine in the places they inhabit, especially in the school and in the family (Ferreira & Marturano, 2002; Matsukura & Cid, 2008).

In this sense, focusing on the possible actions for the promotion of child mental health and considering that from all the places they inhabit children most immediately and intensely experience the contexts of family and school, Matsukura and Cid (2008) indicate the need of both environments to have the conditions to provide situations which favor a healthy growth regarding motor, emotional, affective, social, and cognitive aspects. However, it is known that Brazil has an elevated level of concentration of income, with great inequities in social and economic inclusion.

Studies have pointed out an association between poverty and the elements which promote social exclusion and distress, such as: increased levels of illiteracy, violence, poor basic sanitation, difficulty in accessing health services, unemployment, among others (Cotta et al., 2007; Novara, 2003; Siqueira-Batista & Schramm, 2003). This reality makes a significant part of the population have minimum survival conditions, placing families in situations considered at risk, which impact the daily lives of every family member, and many times does not allow families to provide favorable conditions for the development of the children (Amstalden et al., 2010; Lordelo, Carvalho, & Koller, 2002; Matsukura & Cid, 2008).

According to Amstalden and collaborators (2010), this context presents a high potential for the production of psychological distress, since consumer society expects highly productive individuals who are well adapted to the system and, at the same time, the same society segregates, because it denies, to a large part of the population, access to basic human rights, generating contexts of great vulnerability.

Therefore, these studies corroborate the understanding of child mental health as an immensely complex phenomenon involving a plurality of factors beyond the expression of difficulties by the child, a fact that must be taken into consideration by the actors who think and execute public policies of assistance to the mental health of this population — policies that, according to Vicentin (2006), must spring from a necessarily expanded and intersectoral health practice.

### **Topic 3: The influence of the students' psychological distress on classroom dynamics.**

When questioned about the implications of psychological distress in the school context, every participant reported that it alters classroom dynamics, incurring in academic losses for the children themselves, as is illustrated in the following excerpts:

P08 - *Com toda certeza. Elas não conseguem se concentrar.* [Definitely. They can't focus.]

P09 - *totalmente, uma criança desestruturada tem uma dificuldade imensa para aprender, principalmente para acumular informação.* [Surely, a malnourished child has an immense difficulty in learning, mainly in retaining information]

P02 - *prejudica sim, por que tudo que eles veem em casa eles trazem pra cá, então não tem regra em casa, aqui não vai ter. Não tem limite, não tem nem educação, não tem respeito.* [It does harm, because everything they see at home they bring here, so if they have no rules at home, they won't have them here. They have no limits, no education, no respect.]

Some participants indicate, also, that besides harming the children who manifest psychological distress themselves, it also hampers the activities of the other children in the classroom:

P04 - *É absurdo, absurdo. Faz com que o outro se distraia, o outro não fica tão interessado. Eles se distraem muito com isso, prejudica o andamento todo, o aprendizado todo.* [It is absurd, absurd. It distracts other children, makes them less interested. They get distracted a lot by it, it holds back the whole functioning, the whole learning]

P15 - *Podem interferir. Porque a desatenção de um acaba influenciando a desatenção de outros. Então a classe pode ser prejudicada em relação a uma criança que não se comporta bem.* [It can interfere. Because one's absent-mindedness ends up influencing the others' attention. So, the class can be disrupted by a child who does not behave well.]

P12 - *eles são muito agressivos e agitados. Isso acaba impedindo as outras crianças de evoluírem também, então isso acaba contribuindo para o não desenvolvimento das outras crianças.* [They are very aggressive and agitated. This ends up impeding other children to grow too, so this contributes to the non-development of the other children.]

And, finally, the child under psychological distress also hinders the progression of the activities proposed by the teacher:

P11 - *por exemplo, preparo cinco atividades e às vezes estou dando duas ou três no dia, por conta disso mesmo, de parar várias vezes para conversar da indisciplina; solicitei ajuda da coordenadora, ela veio fazer a conversa.* [For example, I prepare five activities and sometimes I end up using two or three in a day, because of this, of having to stop many times to talk about indiscipline; I solicited help from the coordinator, and she came to have a talk.]

P14 - *Tem que trocar a atividade, fazer outra coisa; me virar do avesso, ali, pra tentar arranjar um jeito de fazer alguma coisa que pra eles, no momento, seja cabível.* [You have to change the activity, do something else; turn myself inside-out, right there, to try to find a way to do something that for them, at that moment, works.]

P17 - *Então às vezes eu tenho que organizar alguma estratégia, alguma coisa que seja de interesse dele, alguma coisa para chamar a atenção. Se eu usar recursos comuns não dá.* [So, sometimes I have to organize some strategy, something that interests them, something to hold their attention. If I use regular resources, it doesn't work.]

The result displayed indicates an intense presence of psychological distress experienced by the children and perceived by the school's professionals, which harms the development and the mental health of the different actors involved (children, families, teachers) and causes distresses that need to be observed by the different sectors of society.

Literature has discussed comparable results in relation to the role of school in the process that guarantees the right to education, in light of the paradigm of school and social inclusion. Studies indicate that school must be able to welcome students and their realities, despite their differences, despite this institution having configured itself more as a space of exclusion, since educators are not prepared to handle children and adolescents with difficulties/singularities beyond the norm, be them of any order (Arone, 2006; Dias, 2011).



Therefore, it is of pressing need to produce knowledge about this debate that can focus on the universal right to education, the right to be in school and to learn, and on policies guaranteeing the education of all people and of each person as a social subject who is the bearer of rights (São Paulo, 2016).

The effort to establish the universal right to education is made evident, for example, in a publication produced by the City of São Paulo's Secretary of Education:

A escola pública, laica e gratuita PARA TODOS precisa, além de inserir todos formalmente no processo de escolarização, reconhecer TODAS as diferenças como fazendo parte da pluralidade social e assumir sua responsabilidade com TODOS os alunos, independentemente de seus problemas intelectuais, psíquicos e sexuais, familiares ou socioeconômicos. A busca de superação de seus padrões de comportamento que desconsideram a vivacidade infantil e as necessidades de movimento próprias da infância inclui-se nessa luta, bem como a estigmatização de crianças e jovens em dificuldades. [The public school, secular, and free of charge FOR EVERYONE, must, besides including everyone in the schooling process, recognize EVERY difference as part of the social plurality and take over its responsibility with EVERY student, regardless of intellectual, psychological, sexual, familial, and socioeconomical problems. This struggle also includes the effort to overcome, on the one hand, school's behavior patterns which ignore children's vivacity and childhood's own movement needs and, on the other hand, the stigmatization of children and adolescents with difficulties.] (Cadernos de Debates do NAAPA, p. 20, emphasis in the original)

This inclusion movement — not only the responsibility of school and of its professionals — is necessary and is only possible based on a dialogue and a construction between the different sectors and society itself, so effective actions and stances can be undertaken for the promotion of the understanding and the welcoming of plural modes of existence and diversity.

Regarding the perspective of school's professionals on how psychological distress in children impacts the school context, the results of the present study point out to the necessity of more research and of more practices addressing this matter, looking for ways to improve the concerned actors' comprehension of the processes of production of mental health and of psychological distress, and for ways to promote educational participative processes which allow for more resolute actions for the promotion of mental health not only of children, but also of everyone involved, including the teachers.

#### **Topic 4: Strategies used when dealing with students facing psychological distress.**

The results produced concerning this topic evidence that the school's professionals face psychological distress in children in a solitary manner, looking for solutions restricted to the school environment, using personal strategies, establishing contact with the families, and

referring children to other professionals. Such results indicate a demand related to the lack of training and of information when dealing with this type of situation and, especially, when dealing with children presenting psychological distress.

Hence, the participants declared having developed connection strategies with the children, the families, and the pedagogical coordination of the school, and having sought to refer students to health professionals specialized in mental health, as the following excerpts exemplify:

P14 - *estou tentando puxar para perto de mim e mostrar que eles são importantes para mim, que eu quero que eles melhorem, que eu gosto deles. Tentar ver se pelo carinho eu consigo um retorno que eu preciso.* [I am trying to bring them closer to me and to show them they are important to me, that I want them to get better, that I like them. Trying to see if through care I can have the return I need.]

P18 - *não sei se eu estou certa ou se estou errada, mas eu sempre tento conversar com a criança pra saber o que está acontecendo com ela. Eu faço com ela o que eu gostaria que fizesse comigo ou o que fizeram quando eu era criança. Entender o porquê daquele comportamento, vê se ela se abre, vê se a gente acha qual é o foco e tentar conversar, o meu modo de resolver as coisas é conversar.* [I don't know if I am right or wrong, but I always try to talk with the children to know what is happening to them. I do to them what I would like people to do to me or what people did when I was a child. Understanding the reason for that behavior, seeing if they open themselves up, seeing if we find what the focus is, and trying to talk; my way of solving things is talking.]

P01- *ai eu peço apoio dos pais e do pessoal da coordenação, então é...ou eu peço para o pai vir no horário de recreio, de educação física conversar comigo, ou após o término das aulas; ai a gente senta junto com a diretora, eu coloco o problema; ai o pai pode conversar, relatar se tem algum problema em casa ou não.* [Then I ask for the support of parents and of the coordinators, then... or I ask the parent to come and talk to me during break time, physical education class, or after the classes are over; then we sit down with the principal and I present the problem; then the parent can talk, tell whether there are any problems at home or not.]

P08- *às vezes pedimos encaminhamento para um médico, um psicólogo.* [Sometimes we ask to refer the child to a doctor, to a psychologist.]

P02- *Aqui a gente conversa com a coordenadora e ai a gente tenta traçar uma meta, assim, pra tentar superar a dificuldade da criança. É mais ou menos assim, a gente tem que trabalhar em conjunto.* [Here we talk with the coordinator and then we try to set a goal, like this, to try to overcome the difficulty with the child. It is more or less like this, we have to work together.]

When discussing strategies to adopt in their daily work, participants point out a very affective involvement with the children, showing concern, empathy, and motivation to help and to face the situation. This result calls back to and reinforces what the literature has indicated regarding the importance of the teacher for the development of the children, since the teacher offers a significant source of social support to children by welcoming, encouraging, and directing them and by participating in their development and education process (Marturano, Linhares, & Loureiro, 2004).

Regarding the contact with the families, Jesus (2006) affirms that the school institution must strengthen families' credibility and bring them closer to the school environment, since any responsible educative project depends on the participation of the family as a partner, active in the discussions, exposing their opinions and perceptions, thus aiming at the full education of the child. The author also indicates that it is fundamental for the school to welcome and consider the family's culture and to be willing to deal with the differences between various family structures that go beyond the traditional model.

The present research's results indicate that the development of actions to promote effective connections — characterized by the sharing of ideas, by the egalitarian exchange of values and modes of functioning between these two environments — can strengthen the development of children and adolescents, especially of those belonging to families in adverse socioeconomic situations, which is the reality of the children from the participating school.

Continuing with this reflection, some of the participants' accounts indicate that one of the most significant obstacles when facing the matter of children experiencing psychological distress is the inefficacy of the articulation of the school with other public services directed towards childhood and youth, marked by referrals of little efficacy and by the lack of support continuity.

Couto, Duarte, and Delgado (2008), analyzed the situation of the development of Brazilian public policies related to child and adolescent mental health focusing on the *Centros de Atenção Psicossocial Infantojuvenil* [Child and Adolescent Psychosocial Attention Centers] and on the potential intersectoral support network of child mental health. The authors indicate, among others, the existence of a challenge related to the urgent necessity of expansion of the different services composing the child and adolescent mental health care network.

Facing this problem depends on a higher awareness of the local managers and of society as a whole regarding: the psychological distress of this population and the burden associated with it; the expansion of the offer of professional training; the increase and the regularity of financial resources; and the expansion of the basis of defense of human rights for the concerned population. Discussing intersectoral actions, the authors affirm that, in relation to child and adolescents mental health care, the main problem in Brazil seems to be located in the disarticulation of the public services directed towards childhood and adolescence, and not

in the lack of resources, since the services apparently exist in the different public spheres, while the network, however, remains invisible (Couto et al., 2008).

Hence, intersectoral actions aim to establish partnerships between the different sectors and institutions, for them to work together to reach common goals and objectives. Therefore, despite differences in the areas of activity of the involved sectors (health, education, social services, sports, culture) a certain unity is sought with the establishment of relationships overcoming fragmentation and specialization (Azevedo, Pelicioni, & Westphal, 2012). On this issue, although intersectoral actions are predicted in child and adolescent mental health policies (Brasil, 2014), implementing them is still a challenge.

## **Final remarks**

The present study indicates several aspects and reflections to be considered by future research or intervention plans focusing on the promotion of child and adolescent mental health, especially when related to the school context. However, an important limitation must be addressed: this research is based on a single school located in the countryside of the state of São Paulo, thus the data collected is restricted to this investigated reality and might not be generalized.

Moreover, another aspect to be considered are the interview scripts designed for this research based on careful procedures of adequation (specialist evaluation and test application), which indicated the necessity for a revision of the terms related to mental health and to psychological distress in children, in order to make them more understandable for the participants, which indeed happened, benefiting the collection of data, considering the proposed objectives.

Conversely, this fact indicates the hypothesis that what is understood as mental health today in the health sector, expressed by mental health policies, is not reaching the school professionals who, in turn, seem to attribute such matters to difficulties related to intellectual performance/deficit. Hence, further studies focusing on the reach of mental health policies and directives on other sectors of child and adolescent assistance would be interesting to contribute with the identification of how, and whether, the information about what has been

thought regarding child and adolescent mental health and its attention processes is being transmitted.

This understanding, potentially supported by these future investigations, would benefit the advancement and the application of health policies, as far as it would allow for the setting of more resolute training processes and practices, considering especially the fact that the work in an intersectoral network is placed as a directive of the care.

The objectives of the research were achieved, and the results contribute to strengthen the understanding of child and adolescent mental health as a field of knowledge and intervention that goes beyond the sphere of health, demanding broad interdisciplinary and intersectoral interventions.

In relation to the school context, this study allowed for the better understanding of the perceptions and the realities of the professionals of a school located in the working-class suburbs regarding the matter of mental health and the contextual factors involved in determining this matter. The study also indicated important questions to be considered by actions for the promotion of child mental health, related to the different actors of the school context (children, families, teachers).

Due to its importance, school, like family, can be understood as a space with characteristics which might benefit or affect child development, with potentials that need to be strengthened seeking to provide children and the community with growth, development, and education conditions.

This study's results also elicit a reflection on teacher's mental health, especially of those working with more economically vulnerable populations, because they live daily with adverse situations in the school environment — which are often related to the students' experiences — and have to manage academic demands and the personal demands of the students. Additionally, teachers face the precarious work conditions of the country's public schools. Therefore, it is important to consider, in intervention policies directed at child mental health, actions focusing on teachers, both regarding their mental health, as well as regarding the work conditions they experience in the schools, taking into consideration, also, matters related to the ongoing education of these actors who play a fundamental role in children and adolescents' development and education.

Hence, the possible actions for the promotion of mental health in the school context which involve different sectors in their proposition and take into consideration the demands of the context of insertion of the target-school, as well as the active participation of the different actors who constitute such context (school professionals, families, children, the external community) in the planning and the proposition of such actions, are potentially more transformative and can be conducted from the real demands of and from what is viable for that singular reality, promoting, also, social emancipation processes.

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