



### WELCOMING SPACE, LISTENING AND DIALOGUE: MENTAL HEALTH ACTIONS IN THE PRACTICE OF EDUCATIONAL GUIDANCE TEACHERS

### ACOLHIMENTO, ESCUTA E DIÁLOGO: AÇÕES DE SAÚDE MENTAL NA PRÁTICA DO ORIENTADOR EDUCACIONAL

## ACOGIDA, ESCUCHA Y DIÁLOGO: ACCIONES DE SALUD MENTAL EN LA PRÁCTICA DE LOS DOCENTES DE ORIENTACIÓN EDUCATIVA



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ABSTRACT: The in-person return to school post-pandemic brought to light a problem beyond the curriculum: issues of mental suffering in students materialized in a concrete way in the educational sphere. In a federal school in Rio de Janeiro, the Educational Guidance Sector (SOE), responsible for being close to students and families, was faced with greater demand for listening and welcoming spaces. Most complaints covered aspects of socialization, coexistence, depression, and anxiety. The objective of this work is to analyze the process of building actions for mental health in the school sphere with students, families, and educators. The methodology, with a qualitative approach, is an experience report from educational guidance teachers in the final years of Elementary and High School. The work highlights the importance of partnerships between education and health to meet the demands that cross the context of student learning.

**KEYWORDS**: Education and health. Welcoming space. Partnership.

RESUMO: O retorno presencial às escolas pós-pandemia trouxe à tona uma problemática para além dos currículos: as questões de sofrimento mental nos estudantes se materializaram de forma concreta no âmbito educativo. Em uma escola federal do Rio de Janeiro, o Setor de Orientação Educacional (SOE), responsável por estar próximo dos estudantes e familiares, se deparou com maior procura por espaços de escuta e acolhimento. Em sua grande maioria, as queixas atravessaram os aspectos da socialização, convivência, depressão e ansiedade. O objetivo deste trabalho é analisar o processo de construção de ações para a saúde mental na esfera escolar com estudantes, familiares e educadores. A metodologia, de abordagem qualitativa, trata-se de um relato de experiência de professoras orientadoras educacionais do Ensino Fundamental — anos finais e do Ensino Médio. O trabalho aponta a importância de parcerias entre educação e saúde para atender as demandas que atravessam o contexto da aprendizagem dos estudantes.

PALAVRAS-CHAVE: Educação e saúde. Acolhimento. Parceria.

RESUMEN: El regreso presencial a las escuelas después de la pandemia sacó a la luz un problema más allá del currículo: cuestiones de sufrimiento mental en los estudiantes se materializaron de manera concreta en el ámbito educativo. En una escuela federal de Río de Janeiro, el Sector de Orientación Educativa (SOE), responsable de estar cerca de los estudiantes y las familias, enfrentó una mayor demanda de espacios de escucha y acogida. La gran mayoría de las denuncias abarcaban aspectos de socialización, convivencia, depresión y ansiedad. El objetivo de este trabajo es analizar el proceso de construcción de acciones para la salud mental en el ámbito escolar con estudiantes, familias y educadores. La metodología, con un enfoque cualitativo, es un relato de la experiencia de docentes de orientación educativa de los últimos años de Educación Primaria y Secundaria. El trabajo destaca la importancia de las alianzas entre educación y salud para satisfacer las demandas que atraviesan el contexto del aprendizaje de los estudiantes.

PALABRAS CLAVE: Educación y salud. Acogida. Alianzas.

#### Introduction

Mental health is an area that has received prominence in discussions about health and its relevance has been widely recognized. According to the World Health Organization (WHO), it can be defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (OMS, 2022).

The COVID-19 pandemic has unleashed a global public health crisis with repercussions in political, economic, social, and cultural realms, directly impacting aspects related to mental health. According to Faraj *et al.* (2022), data from the World Health Organization for 2020 indicated that the pandemic period:

[...] contributed to an increase of over 25% in psychiatric illnesses worldwide, such as depression. Under this context, Brazil emerged as the country with the highest prevalence of the disease throughout Latin America (Ministry of Health, 2022), leading the Federal Nursing Council (2022) to recognize it as a second crisis period, this time in Mental Health (Faraj *et al.*, 2022, p. 4, our translation).

Estanislau and Bressan (2014, p. 14) argue that the paradigm of mental health has evolved in recent decades by expanding beyond purely biological concepts to include "phenomena resulting from the complex interaction of genetic, biological, psychological, social, and cultural factors." The school, as an environment that promotes socialization experiences within diverse groups, plays a crucial role in fostering and contributing to this debate.

Within the educational context, the COVID-19 pandemic underscored the need to address mental health in schools. Social isolation, beginning in March 2020, significantly altered the daily dynamics of students, families, and educators. As a result of this period, following the gradual return to in-person education, there has been a notable increase in mental health issues, particularly anxiety, depression, and difficulties in student socialization.

This article sheds light on the experiences of educators who closely observed the emergence of mental health issues among adolescents and young people during the pandemic. The narrative unfolds through these educators in a federal public school in Rio de Janeiro/RJ, serving students from diverse socioeconomic backgrounds, locations, genders, and races/ethnicities.

The educational guidance department (SOE), specifically focused on supporting children and adolescents in their educational development process, faced an increase in students

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seeking spaces for dialogue and support, with frequent requests for mental health assistance. These demands drew the attention of the Pedagogy graduates working in the department, prompting them to consider various support possibilities within the school environment.

This article aims to analyze the process of developing actions for mental health within the school environment involving students, families, and educators, based on the experiential accounts of educational guidance counselors working in the upper years of elementary school and high school. The text is organized into five sections, including this introduction. The first section presents the methodology adopted in the article, contextualizing it within the specific educational institution discussed in this study. The second section reflects on adolescence and youth, focusing on the role of educational guidance counselors during this developmental stage. In the following section, we discuss the process of crafting actions for students' mental health from the perspective of educational guidance counselors. The fourth section explores the challenges and limitations encountered by educational guidance in the realm of adolescent and youth mental health. Finally, the concluding remarks draw from the discussions and practices presented, proposing pathways further to address mental health within the Brazilian educational setting.

### Methodology

The methodology employed in this study is qualitative and centers on the experiential accounts of educational guidance counselors working with upper years of elementary school and high school students. The narrative encompasses experiences with approximately 450 students aged 14 to 18 years, spanning from 2021 to 2023, at a federal education institution located in Rio de Janeiro.

The experiential account (EA) is a type of knowledge production that describes academic and professional experiences within one of the pillars of university education (teaching, research, and extension), with its main characteristic being the description of intervention (Mussi; Flores; Almeida, 2021, p. 65). The authors further emphasize:

> In an academic context, the EA intends not only to describe lived experiences (proximal experience) but also to valorize them through academic-scientific explanatory efforts, employing critical-reflexive application supported by theoretical-methodological frameworks (distant experience) (Mussi; Flores; Almeida, 2021, p. 64, our translation).

While Mussi, Flores, and Almeida (2021) refer to EA in the context of higher education, we understand its applicability to basic education, which is the focus of this study. The actions developed to compose this report encompass three fronts of operation. The first involves individual consultations conducted with students themselves, their families, teachers, and healthcare professionals responsible for their care. The second encompasses classroom activities with each of the involved grade levels. The third focuses on case studies conducted by educational counselors and strengthening partnerships established with research projects, spaces, and healthcare professionals.

In constructing these actions, the relational aspects of adolescents and young people within the school and family context were considered. As cited by Alves (2019), the theory of significant relationships developed by Grinspun (1992) helps us to conceptualize the intricacies of being and living with others. This theory consists of five basic points: valuation, understanding, knowledge, confrontation, and production, which manifest in five moments: 1. I wish I (conditions of structuring the self in a dialectical framework of creating one's history-making history, and becoming historical); 2. I with YOU (assigning meaning to the other's action and recognizing the dynamic, continuous, and permanent process of mutual integration); 3. I with WE (corresponding to the environment, a broader relationship of plurality and value of social dialectics); 4. YOU with WE (the other with the environment); 5. WE with WE (environment with environment) (Grinspun, 1992 apud Alves, 2019, p. 41).

From this, Grinspun (1992 apud Alves, 2019) highlights three fundamental points in the role of the educational counselor: observing (general and constant observation of phenomena with the aim of working with interconnected data), understanding (detecting causes and origins of phenomena), and acting (action on the facts). This tripod, allied with the theory of significant relationships, is also presented in Alves' study (2019) regarding the promotion of practices developed by educational counselors within the established relationships at school. This study supports and aligns with the actions proposed by educational counselors across the three operational fronts of this report, contributing to the practices of educational counselors.

The writing of this text is used as a data source for the records produced by the educational counselors themselves, including meeting minutes, reflections on consultations or collective interventions with classes, as well as records produced in the classroom with students. We understand these records from the perspective of Freire (1996), who sees observation, recording, and reflection as a systematic methodological exercise in teaching practice. According to his studies, observation involves breaking the crystallized gaze that paralyzes us.

It requires attention and presence in the movement of stepping out of oneself to see the other. Recording is the act of writing about one's pedagogical process, expanding memory capable of generating the exercise of actions and reflections on the object of study. In his words:

This learning from recording is the most powerful instrument in building the pedagogical and political consciousness of the educator [...]. The act of writing obliges us to formulate questions, raise hypotheses, where we learn more and more, both to formulate them and to answer them. This vital ability to question drives us to be vital in thinking, researching, and learning, and every educator must educate. Thus, recording one's daily reflection means opening oneself to one's learning process (Freire, 1996, p. 6, our translation).

The records, combined with the field of observation and reflection on practice, guide the possible paths in the construction and systematization of actions experimenting with languages. To explicate the discussion of results, images, and diagrams were developed based on the counselors' records and the records constructed in the classroom with students, aiming to highlight predominant aspects of the counselors' roles in individual consultations, classroom activities, and referrals to healthcare professionals.

### Adolescence, Youth, and Educational Counseling: Mental Health in Focus

The transition from childhood to adulthood is a period filled with changes across various aspects of life. In this article, we use as a reference, in terms of age group, the definition of the Statute of Children and Adolescents (ECA) (Brasil, 1990), which defines adolescence as the stage between 12 and 18 years old. In the study's context, most students in upper elementary and high school are between 12 and 18 years old, although there are exceptions to young adults above 18 who remain in the school setting without having completed their basic education.

We understand adolescence and youth in a non-univocal manner, based on the sociohistorical perspective discussed by Bock (2007). The author's discussion runs counter to various studies in Developmental Psychology, which understand these stages universally, without considering the cultural, social, and economic intersections that permeate them:

Our culture values the productive adult. It devalues all other phases of life: childhood, old age, and adolescence, seen as unproductive phases for society, hence undervalued. The naturalizing view reinforces these values by taking development as a reference point (Bock, 2007, p. 73, our translation).

Similarly, Novaes (2009) criticizes the understanding of these life periods as universal:

Childhood, adolescence, youth, maturity, and old age: each of these words designates a different period of life. They are terms that originated in the fields of science—particularly biology, medicine, and psychology—but today inhabit the common vocabulary of everyday life. The distinction between each of these phases has come to be seen as natural, as if there were a general, official chronology defining "human nature." In this context, "youth" is treated as if it were a well-defined population segment, assumed to be universal (Novaes, 2009, p. 10, our translation).

In this sense, we can say that the school institution is the meeting place for adolescents and youths in an increasingly plural context due to the recent democratization of access to the school in question, which adopted a lottery system for admission in the last decade, thus increasing the arrival of students from minority groups and making this space more heterogeneous.

In a school context with a diverse audience, situations of conflict can be even more intensified in encounters with differences and inequalities in their multiple facets, whether between adolescents and young people with their peers or between them and educators. Bock (2007) explains the parents' sense of ownership over their children and the difficulty in recognizing the existence of youth cultures. According to the author, adolescents are held responsible for tense and conflictual relationships with adults; in turn, it is up to parents to "save" these relationships. Furthermore, parents do not see adolescent children as partners.

In dialogue with Bock (2007), we argue that adolescents and young people need to be recognized as social partners with whom dialogue should be established, not just tolerance. Thus, it is also necessary to understand adolescents and youths "in their diversities, vulnerabilities, and potentials" (Novaes, 2009, p. 19, our translation). We choose to use both terms—"adolescents" and "youths"—to refer to students, not restricting them to age markers and understanding the complexity of this discussion.

Educational counseling can play a supportive role in interacting with adolescents and young people in daily school life. It is understood as the area focused on the comprehensive development of students (Giacaglia; Penteado, 2010) and their citizenship education from a critical perspective, taking into account their desires, utopias, and passions (Grinspun, 2011). Thus, by making themselves available to understand the encounters of diverse adolescents and youths in the school space, educational counseling builds dialogues with students, their peers, their families, and other educators.

As the gateway for listening to and welcoming students, on many occasions, it is through the Educational Counseling Service (ECS) that narratives of suffering and conflicts of adolescents and young people arrive. Whether in classroom activities with classes or in

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individual and/or small group conversations, many students perceive the ECS as a space for listening and dialogue.

## Actions of educational counselors for students' mental health: welcoming, listening, dialogue, and bond

In October 2021, the federal public school in question resumed face-to-face teaching. However, due to the ongoing distancing measures in the pandemic, classes were divided into two groups to avoid student overcrowding in classrooms and throughout the school. It was only in 2022 that classes returned to attending school in their original compositions, with mandatory mask usage. Below, we present the record produced by high school students on the first day of hybrid return.

FELICIDADE

FELICIDADE

FELICIDADE

FELICIDADE

TO STALGIANIMOÇÃO

NOSTALGIANIMOÇÃO

SABEDORIA

TO COMPETENCIA

TO COMPONIVO

Figure 1 - Activity on the first day of hybrid return in 2021

Source: Authors' elaboration.

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From the outset, various difficulties in student interaction were observed, manifested in behaviors of isolation, such as preferring to use their cell phones instead of engaging with peers. Additionally, during every meeting with students and/or their families, cases of psychological distress that arose during confinement were identified. Teachers working in the Student Counseling Service (SOE) with both the Upper Elementary and High School grades also began receiving an increased number of reports of suicidal ideation among students. They were also called upon to support young people in various cases of self-inflicted injuries, both within the school and in their homes. Some students shared with the educational counselors their efforts to seek help from psychologists and psychiatrists, requesting referrals to these professionals and understanding their need for assistance.

These described situations, which became a routine within the SOE, mobilized the teachers to act in different ways to address the emerging issues in their daily work. Oliveira (2021) identifies schools as privileged spaces for promoting mental health actions, emphasizing the relevance of early intervention in development stages. This study aims to underscore the importance of ensuring spaces for reception and listening in schools as strong allies in identifying and mapping cases of psychological distress, self-inflicted violence, appropriate referral to specialized healthcare professionals, and proposing interventions and actions within the school environment itself.

Individual counseling sessions constitute one of the main fronts of action for educational counselors. It is important to emphasize that educational counseling does not provide therapeutic interventions, but aims to address students' demands as educators rather than as clinical mental health professionals. We understand that our actions take place within the institutional school environment, and discussions and proposals during counseling sessions always aim to provide support for adolescents and young people in their roles as students.

Counseling sessions are conducted based on requests from students themselves, their families, teachers, and healthcare professionals who work with them outside the school context. It is worth noting that many of these sessions are initiated by the counselors themselves and serve as the initial point of contact for welcoming and listening to the student's life story. Listening has become a central element of our actions. As Freire (1996, p. 10) emphasizes, "seeing and hearing demand involvement, dedication to the other, being open to seeing and hearing as it is [...] it is seeking harmony with the other's rhythm."

Educational counselors have been following specific classes and grades since the beginning of the year. They delve into the history of each student in these classes, reviewing previous records regarding family, community, social contexts, and learning and socialization issues. By accessing the history of adolescents and young people, counselors can shed light on the needs and specificities that will be important throughout the academic year. In the case of adolescents and young people, we observe that seeking Student Counseling Services (SOE) is quite common.

The fact that counselor educators appropriate their students' stories and make themselves available to listen can be crucial in establishing a bond between counselor and student, a bond that encourages the sharing of dreams, projects, doubts, concerns, and also suffering. Students' search for this space also reveals the creation of an environment conducive to free expression, capable of providing support in situations of great stress and frustration.

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In this post-pandemic context, we have observed an increase in students seeking individual counseling. It has become common to ask students to wait or schedule a specific time, as demands arise simultaneously. In individual conversations with students, issues related to difficulties reconnecting with peers have emerged frequently, primarily because they perceive themselves as "different" from before, with different interests and preferences. Consequently, common concerns include losing friends and struggling to build new relationships due to fear of rejection. Students also shared challenges related to expressing their feelings to those with whom they have connections.

Furthermore, on assessment days, it has become common for us to be contacted by students who demonstrate nervousness, anxiety, and fear of performing poorly. In daily life, it has become routine to encounter students exhibiting symptoms of anxiety such as rapid heartbeat, tremors, crying, and shortness of breath due to conflicts with peers, other educators at the school, family disputes, and frustration over academic outcomes. It was also during individual conversations that students shared suicidal ideation and showed self-inflicted injuries, prompting us to take actions that will be discussed further.

In these sessions, suffering was not always verbalized with words - at times, students expressed themselves through written texts and/or drawings. These resources were used as strategies to offer a dialogue channel beyond verbalization, especially in introspective scenarios. Individual sessions, particularly in urgent situations brought by students, served as necessary pauses capable of providing tranquility and comfort during high stress and frustration, enabling the processing and elaboration of emotions per the school day context.

The increase noticed by counselors in the mental health demands of adolescents and young people was also observed by families, who reported symptoms consistent with anxiety, depression, and other issues. During sessions, teachers sought to understand whether families noticed at home the suffering of students we observed in the school environment, aligning these perspectives on adolescents and young people in their different spaces. With healthcare professionals, sessions had the same purpose, also seeking guidance on interventions we could implement at school to support adolescents and young people.

The role of the Student Counseling Service (SOE) also includes conducting activities in the classroom, which we consider fundamental to our practice. In collective actions, we understand observation as a tool that helps us understand the context and map situations at the individual, relational, and socialization levels. As Freire (1996, p. 7) states, observation is an essential tool in learning to see, requiring attention and presence to listen to noises and silences

in communication. It is not about invading others' space without agenda, planning, or feedback, but about gathering records of meaningful and non-idealized reality.

These activities are geared towards self-assessment, evaluation of the school process and teaching staff, moments of observation, data collection, and identifying student demands, as well as meetings designed to discuss specific age-related themes and each school segment. Regarding social interaction, meetings with groups enable the counselor to understand and "operate in the field of significant relationships, providing a collaborative space that facilitates the perception of these relationships" (Alves, 2019, p. 42, our translation) and consequently, their impact on emotional issues affecting their learning. We present an image produced from reports of 90 high school students on the challenges of returning to face-to-face classes in 2022. The record elucidates the prevalence of socialization and coexistence issues.

INTERAGIR COM CONCENTRAÇÃO AS PESSOAS APRENDER DE REAPRENDER A NOVO **DESAFIOS** FAZER DO RETORNO FORMAR GRUPOS AVALIAÇÕES PRESENCIAL FAZER NOVOS ROTINA **AMIGOS** CONVIVER COM OPINIÕES DIFERENTES

Figure 2 – Students' reports on the challenges of returning to in-person classes in 2022

Source: Authors' elaboration.

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Activities are still carried out in the classroom that integrate different age groups and segments, aiming to discuss topics that permeate the entire school community. Examples include students creating crossword puzzles upon returning to hybrid learning in October 2021 (Figure 1) and group discussions about the challenges of returning to face-to-face classes throughout the 2022 school year (Figure 2). During the same period, discussions on coexistence, empathy, and respect for differences were also held using various materials such as videos, images, cartoons, and texts to stimulate discussions. In these activities, students were divided into groups and then presented their reflections to the class, which counselors documented. These moments created opportunities for students themselves to articulate their collective and individual processes, enabling the development of actions together with young people and adolescents. Next, we illustrate one of the activities developed at the Annual Meeting of Class Representatives - ENREP, based on the question: what welcomes you? In this proposal,

students individually wrote a word to answer the question and displayed it on the school representation board for everyone to reflect upon.



Figure 3 – Activity record produced at ENREP (2022)

Source: Authors' elaboration.

In these collective activities, especially in group discussions and debates, adolescents and young people brought forth various reports of fatigue, sleep deprivation, exhaustion, and discouragement with their daily routines. It is important to contextualize that classes for students in the Upper Elementary and High School levels take place in the morning, with some activities in the afternoon, and some students do not live near the school. Thus, during the group discussions and debates, complaints arose about critical social issues, such as the need to wake up before 5 a.m. to go to school and arriving home only around 8 p.m. due to living in distant locations. While psychological distress can be understood through these reports, the context helps us understand that it is linked to high-impact social variables in the daily lives of a portion of our students and cannot be disregarded or minimized.

Case studies have proven to be a fundamental tool for the Educational Guidance sector, especially given the similarity of issues among Upper Elementary and High School students. They consisted of a moment during the SOE team meetings where one of the teachers presented a case of a student from one of the monitored classes, outlining the actions taken and planned at the time, as well as the theoretical-legal references that underpinned these actions. By discussing these cases with the team, teachers could exchange experiences and possibilities for dealing with students. Additionally, these studies allowed the department to focus during team meetings on developing approaches to similar cases.

We can exemplify the discussion regarding students with self-inflicted injuries, based on Law No. 13,819 of April 2019, which addresses the National Policy for the Prevention of Self-Mutilation and Suicide (Brasil, 2019). The text stipulates mandatory reporting to the Guardianship Council when the school identifies self-inflicted violence. In such cases, we would prepare a report on the student, and the school administration would submit it to the Guardianship Council.

In Souza's study (2018), educational counselors from the metropolitan region of Rio de Janeiro highlighted the need to work collaboratively with other school stakeholders and with other agencies and sectors to enable joint actions. Similarly, our experience has indicated a similar path.

The referral of students to the Psychosocial Care Network (RAPS) is a prominent aspect of our daily work at the SOE. One of the team's responsibilities is to refer adolescents and young people who require professional support in various health areas. Upon identifying the need for such support, teachers engage in conversations with students' families to recommend the type of specialty required by adolescents and young people. In this regard, we observe that educational counselors exercise their discretion, a concept extensively discussed in Lotta's research (2012), meaning they make decisions about directing students to specific forms of care. This decision-making process may involve a blend of the teachers' personal values and the institutional norms and procedures of the school, defining their approach to each case.

What we have noticed post-pandemic is an increase in students themselves requesting access to mental health services. Previously, it was more common for adults dealing with young people—whether educators or family members—to request referrals to the sector. It is important to reflect that students now often initiate conversations seeking referrals, naming the diagnosis they believe they have. We hypothesize that this type of diagnostic information stems from their exposure to social media, where there is a plethora of information, including misinformation and biases, about mental disorders. It has become common for students to assert they have a disorder because they took a test on a particular social network. Teachers use these assertions as opportunities to discuss these themes with the student body.

The SOE has intensified efforts to strengthen partnerships with university extension projects in response to the increased demand for referrals, especially to psychologists and psychiatrists. Some of these projects offer assessment and neuropsychological and neurological care slots for students recommended by the team. For cases requiring psychotherapy, speech therapy, and other specialized services of this nature, counselors have been reaching out to facilities that provide social value-based care to refer students.

Furthermore, it has been necessary to engage with family clinics, Child and Adolescent Psychosocial Care Centers (CAPSi), and Psychosocial Care Centers (CAPS), the latter for students over 18 years old. These meetings with the teams, coupled with the study of guiding documents, have enabled us to understand the system for accessing these supports through the Unified Health System (SUS), which operates in a territorialized manner. In the case of a school institution serving students from various locations in the metropolitan region of Rio de Janeiro, contacting health teams for referrals becomes more complex, as a single educational counselor may need to liaise with multiple family clinics, CAPS, and CAPSi centers.

We have observed that educational counselors in the upper elementary and high school's three main fronts of action—individual consultations, class activities, and referrals to health professionals—have proven valuable in addressing the suffering reported by students, families, healthcare professionals, and teachers.

The listening and support actions carried out by educational counselors enable the observation of signs that allow for early interventions, signs that could have easily been misinterpreted as disinterest and neglect. In an environment still dominated by outcomes and performance, focusing on students' mental health can be a distinguishing factor in understanding adolescents and young people's relationships with school, peers, adults, and life itself. Below, we present a figure that explicitly illustrates these fundamental aspects of the role of educational counselors in promoting the mental health of adolescents and young people:

ESCUTA

DIÁLOGO

VÍNCULO

ACOLHIMENTO

INTERVENÇÃO

ENCAMINHAMENTO

**Figure 4** - Guiding elements for the role of educational counselors in the mental health promotion of adolescents and young people<sup>3</sup>

Source: Authors' elaboration.

# Challenges and Limits of educational counseling in promoting mental health in Adolescents and youth

Experiences over the past three years highlight the challenges faced by schools in ensuring necessary care and interventions for students experiencing psychological distress.

Several key aspects need to be considered, including socioeconomic challenges that hinder access to appropriate interventions. In the context experienced by adolescents and young people, especially those from minority groups, socioeconomic difficulties impact the mental health of these students. We understand that precarious conditions of access to school, inadequate housing infrastructure, and issues of food insecurity are elements related to physical and mental fatigue, feelings of exhaustion, sleep deprivation, and insufficient nutrition reported by students during individual consultations and collective activities. In a context of resource scarcity, it falls upon schools to direct families of students to seek student assistance and participate in social programs, but we acknowledge that this is insufficient in the face of inequalities exacerbated by the current mode of production.

Furthermore, some adolescents, while minors, depend on their legal guardians to access healthcare services. Often, these adults do not have the time to accompany them, which hinders continuity of care. For many families, taking their child to a psychologist, for example, means having to leave work early weekly, which is not feasible.

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<sup>&</sup>lt;sup>3</sup> Translation of the words in the figure: In the center - Reception; In the circle around - Listening, Dialogue, Intervention, Referral, Bonding.

Another aspect observed was the high demand for free and socially priced healthcare services compared to the number of available slots. Our analysis of available slots in the students' home territory revealed fewer openings in the peripheral areas of the city and the Rio de Janeiro metropolitan region, which are areas with more students needing free or socially priced care. Adolescents and young people experiencing psychological distress who require care can more easily access these services because they can afford the costs.

Linked to this factor, we noted a distinction in waiting times for public healthcare appointments. Upon contacting family clinics, CAPS, and CAPSi in higher-income regions, we observed more comprehensive multidisciplinary teams with diverse professionals, which was not the case in clinics located in the outskirts of the city and metropolitan area of Rio de Janeiro. Consequently, waiting times for appointments in the Brazilian Unified Health System (SUS) for students from lower socioeconomic backgrounds have been longer compared to those residing in more affluent areas.

Given this scenario, we emphasize that the actions of the Educational Counseling Service (SOE) to establish partnerships with university extension projects and healthcare professionals offering socially priced services have facilitated access to care, especially for socially vulnerable students. Considering the waiting times and shortage of slots, these partnerships can enable quicker access to diverse and quality healthcare services.

Gomes and Grinspun (2018) understand that educational counseling serves as a link between family, school, and community. This directs us to another challenging aspect as educators in the Educational Counseling Service (SOE): gaining acceptance from families to seek specialized care. When dealing with adolescents and young people, it is common for them to express this need, as previously discussed. However, the work of educational counseling is built on a process of dialogue with families, and it is not always that there is acceptance for mental health issues. In many situations, families do not comprehend the suffering of adolescents and young people and attribute it to their age group, as if it were something that can always be resolved naturally, without interventions. Thus, some families perceive psychological distress as fussiness or weakness, in a stereotypical manner, further hindering adolescents and young people's access to the care they need. In this context, it falls upon the educational counselor to engage families in discussions about mental health and its relevance, so as not to neglect crucial issues that need attention.

In actions involving student groups, we emphasize the need for the lead educational counselor of each class to handle classroom topics carefully, considering potential triggers for students. Having prior knowledge of each student's life history, it is crucial to subtly incorporate essential issues into activities without risking exposing students and their personal circumstances. Collective work during adolescence and youth prove highly potent for promoting leadership and constructing youth cultures, enhancing their experiences and reflections as rights holders and authors of their stories. We engage with Grinspun (2011) on the necessity for various school actors to focus on building a collective project advocated by the school and constructed collectively and daily through educational action, including that of students.

Regarding the school environment, another challenge is integrating mental health into the curriculum. As educators, we have the opportunity to address it during classroom introductions with students, but this effort is still nascent, given the significance of this theme in today's daily life. However, we still contend with a somewhat inflexible curriculum that covers various important educational contents but remains disconnected from the realities experienced by adolescents and young people. Addressing mental health allows for demystifying several misconceptions and breaking paradigms that hinder individuals from seeking practices that promote health.

It is also essential to highlight the challenges faced by the teaching staff in dealing with mental health issues in the school routine. Increasingly, educators are confronted with unprecedented scenarios requiring immediate interventions. In many instances, the SOE is called upon to provide support and assistance; however, the simultaneous nature of cases underscores the limitations in addressing all situations. Recognizing the need to incorporate mental health studies into teacher training is crucial. As noted by Estanislau and Bressan (2014, p.20, our translation), "There is no expectation to hold educators accountable but rather to offer selected knowledge in mental health, primarily focusing on promotion and prevention in educational practice." As educational counselors, we also stress the need to promote and ensure these spaces are integral parts of the educational counseling curriculum.

### Final considerations

This work aimed to present the process of developing actions for mental health within the school environment involving students, families, and educators. Employing experiential reports as methodology and focusing on the final years of Elementary School and High School at a federal school in Rio de Janeiro, it was possible to unveil pertinent aspects in the discussion on mental health at the interface of health, education, adolescence, and youth.

Context became a pivotal element in this analysis. Understanding the specificities of adolescents and young people attending a federal public school in the capital of Rio de Janeiro highlights the inequalities and heterogeneity among them. Therefore, addressing mental health issues cannot be detached from the context of resource deprivation that many students face. It is within this diverse space that students with varied experiences of adolescence and youth coexist, and it is within this same space that numerous situations of psychological distress emerge.

As educators and educational counselors, we recognize the need to ensure and expand training opportunities for the entire school community. By providing access to information and spaces for dialogue, we are fostering a community sensitive to a topic so urgent and necessary that it permeates our daily lives. Regarding families, we facilitate opportunities for exchanging experiences among health and education professionals, as well as among caregivers experiencing similar situations in the development of young people and adolescents.

We emphasize the need to deepen the debate on mental health in schools, especially after the period of social isolation. While acknowledging that much remains to be built, revisiting our practices can shed light on initiatives that inaugurate a long journey in this direction. Spaces for support, listening, and building relationships have enabled the identification and mapping of severe cases of psychological distress, ensuring proper referral and early intervention. Proposing new actions also entails understanding the necessity of ongoing dialogue with our teaching practices to construct alternative scenarios of autonomy and education.

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