

**MENTAL HEALTH AND EDUCATION: THE ETHICS OF CARE AS THE
FOUNDATION OF HEALTH PROMOTION PRACTICES IN SCHOOLS**

***SAÚDE MENTAL E EDUCAÇÃO: A ÉTICA DO CUIDADO COMO FUNDAMENTO
DAS PRÁTICAS DE PROMOÇÃO EM SAÚDE NAS ESCOLAS***

***SALUD MENTAL Y EDUCACIÓN: LA ÉTICA DEL CUIDADO COMO FUNDAMENTO
DE LAS PRÁCTICAS DE PROMOCIÓN DE LA SALUD EN LAS ESCUELAS***



Rosângela da Luz MATOS¹
e-mail: rosangela.matos@uesb.edu.br



Deise Juliana FRANCISCO²
e-mail: deise.francisco@cedu.ufal.br

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Editors: Prof. Dr. Célia Tanajura Machado
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Deputy Executive Editor: Prof. Dr. José Anderson Santos Cruz

¹ State University of Southwestern Bahia (UESB), Vitória da Conquista – BA – Brazil. Professor of Psychology. Department of Philosophy and Human Sciences. Bahia State University (UNEB), Salvador - BA - Brazil. Permanent Professor of the Postgraduate Program in Management and Technologies Applied to Education (GESTEC). Department of Education. Campus I. Psychologist, Master in Social and Institutional Psychology UFRGS, PhD in Sociology (UFC).

² Federal University of Alagoas (UFAL), Maceió – AL – Brazil. Professor at the Education Center. Education Center. Psychologist. PhD in Informatics in Education (UFRGS).

ABSTRACT: The article discusses mental health in education. In the first section, the context is presented, highlighting the COVID-19 pandemic and post-pandemic scenario. From the reflection on the crisis in education and ethics of care, the environment is provided to discuss the concept of health and mental health from Public Health and its relationship with school. Programs and policies for articulation between health and school are presented and intersectorality is highlighted as a principle for promoting mental health in schools. In the second section, the sixteen articles from the dossier “Mental Health and Education: debates and contemporary challenges facing the education sector and its actors” are presented. It promotes reflections on the school context, its conditions of suffering, data on common mental disorders, Burnout Syndrome, academic experience, from early childhood education to postgraduate studies. It ends with an indication of the need to promote public policies on mental health at school.

KEYWORDS: Mental health. Context of Education. Interdisciplinarity. School community. Student.

RESUMO: O artigo reflete sobre saúde mental na educação. Na primeira seção, é apresentado o contexto, destacando-se o cenário de pandemia por COVID-19 e pós-pandemia. A partir da reflexão sobre crise na educação e ética do cuidado, dá-se o entorno para discutir o conceito de saúde e saúde mental desde a Saúde Coletiva e sua relação com escola. São apresentados programas e políticas de articulação entre saúde e escola e aponta-se a intersectorialidade como princípio para promoção da saúde mental nas escolas. Na segunda seção, são apresentados os dezesseis artigos do dossiê “Saúde Mental e Educação: debates e desafios contemporâneos que se impõe ao setor educação e seus atores”. Promove reflexões sobre contexto escolar, seus condicionantes de sofrimento, dados sobre transtornos mentais comuns, Síndrome de Burnout, vivência acadêmica, desde a educação infantil até a pós-graduação. Finaliza com a indicação da necessidade de promoção de políticas públicas sobre saúde mental na escola.

PALAVRAS-CHAVE: Saúde mental. Contexto da Educação. Interdisciplinaridade. Comunidade escolar. Educando.

RESUMEN: El artículo reflexiona sobre la salud mental en la educación. En la primera sección se presenta el contexto, destacando el escenario de pandemia y pospandemia de COVID-19. A partir de la reflexión sobre la crisis en la educación y la ética del cuidado, se brinda el ambiente para discutir el concepto de salud y salud mental desde la Salud Pública y su relación con la escuela. Se presentan programas y políticas de articulación entre salud y escuela y se destaca la intersectorialidad como principio para la promoción de la salud mental en las escuelas. En la segunda sección se presentan los dieciséis artículos del dossier “Salud mental y educación: debates y desafíos contemporáneos que enfrenta el sector educativo y sus actores”. Promueve reflexiones sobre el contexto escolar, sus condiciones de sufrimiento, datos sobre trastornos mentales comunes, Síndrome de Burnout, experiencia académica, desde la educación infantil hasta los estudios de posgrado. Finaliza con una indicación de la necesidad de promover políticas públicas sobre salud mental en la escuela.

PALABRAS CLAVE: Salud mental. Contexto de la Educación. Interdisciplinariedad. Comunidad escolar. Alumno.

This dossier brings to the fore contemporary challenges facing education, but we do so without forgetting what Cury (2002, p. 169, our translation) told us: "one should not demand of the school what is not its own, overcoming the conception of a salvific and redeeming education. There are problems in the school that are not of its making, but that are in it, and there are problems that are of its making and can obviously also be in it".

And it is precisely on part of this statement "...there are problems in the school that are not its own, but that are in it..." that we base the proposition of this dossier. Strictly speaking, it's not a problem for schools (basic education establishments par excellence) or higher education institutions to respond to the demands of mental health, but the malaise in subjectivities, in the bonds of integration and socio-relational insertion are asking to be dealt with.

An argument that justifies this debate and that affects subjectivities in the present and, consequently, educational experiences, is the unfolding of the emergency triggered by the Covid-19 pandemic. In January 2020, the World Health Organization (WHO) declared a Public Health Emergency of International Concern due to the outbreak of the new coronavirus, SARS-CoV-2, which causes the Covid-19 disease. And on 11 of March, the WHO classified the community spread of Covid-19 as a Pandemic. In Brazil, the first case was recorded in the state of São Paulo on 26 February 2020.

In view of the absence of vaccines and drugs tested and approved specifically for the treatment of Covid-19, on 20 March 2020, the Executive and Legislative branches determined the social distancing approach as an epidemiological surveillance strategy to contain the spread of the virus and the consequent collapse of the health system.³ The education sector is among those whose activities have been affected. The Ministry of Education (MEC), through Ordinances n. 343, 345 and 356/2020, took a position in favor of suspending face-to-face activities and replacing them with digital classes.

This scenario has called on educational institutions to reorganize their educational programs and processes for remote activities. Teaching, research and extension activities have thus been offered in schools and universities, both public and private, remotely, through websites, apps, social networks and other tools that use the internet as the main communication channel.

The events and contingencies resulting from COVID-19 have made mental health a central issue in the daily life of educational institutions and public life in general, echoing some

³ Oliveira, Borges e Bendinelli (2020); Brasil (2020).

questions about: the subjective slippages immanent to social isolation; the intensive virtualization of educational practices; the mutations in social integration that have shifted tensions in capital-labor relations to virtual learning environments; the sudden change in the socio-relational structure of students, workers, their families and communities, marked by the death of more than 700,000 people in Brazil.⁴

Bringing up the subject of Mental Health and Education is an effort to debate the effects of these contingencies on subjectivities, educational environments and school communities. Naming these new ways of feeling and experiencing educational temporalities and practices is important so that, together, we can move towards new ways of existing and experiencing life in collective spaces, such as educational institutions, whose foundation is based on interaction and cooperation.

As Hannah Arendt (1995; 2005) taught us, our relationship with the world, mediated by education, requires us, again and again, to weave meanings into the given world and the world to come. Because what is proper to the educational experience is the unfinished and education needs to be permanently rethought in accordance with the transformations of the world. This is another important argument that has been amplified by the pandemic: the transformations in the world are rekindling the debate on the education crisis.

In her 1957 essay entitled *The Crisis in Education*⁵, published in the book *Between Past and Future*⁶, Hannah Arendt proposes some theses for thinking about the crisis, education and politics in modernity. In the studies by César and Duarte (2010, p. 826-836), the philosopher presents us with the theme of the crisis in education as a constitutive element for the experience of criticism of education. For the philosopher, the instability of our world means that educating becomes a critical task, to the extent that the primary functions of education, preserving and transmitting tradition, are permanently denied by the refusal of authority and, consequently, the responsibility for looking after the world and those who come into this world through birth.

According to Arendt (2005, p. 223, our translation) "the essence of education is birth, the fact that beings are born into the world". That said, it is up to the school and education to mediate, to be a place of passage between the private world (family life) and the public world

⁴ Available: https://infoms.saude.gov.br/extensions/covid-19_html/covid-19_html.html

⁵ The crisis in Education was published in the *Partisan Review*, 25, 4 (1957), pp. 493-513. Published in German in the *Fragwürdige Traditionsbestände im Politischen Denken der Gegenwart*, Frankfurt: Europäische Verlagsanstalt, 1957. Reprinted in *Between Past and Future: Six Exercises in Political Thought*, New York: Viking Press, 1961, pp. 173-196.

⁶ The Brazilian edition has been adopted here: ARENDT, Hannah. *Entre o passado e o futuro*. Tradução Mauro W. Barbosa. 5. ed. São Paulo: Perspectiva, 2005.

(adult life). To do this, according to César and Duarte (2010, p. 830, our translation), presupposes adopting the "educational principle of care and responsibility". This means that it is the responsibility of the school and education to present this world and its traditions to newcomers, which implies that educators know the world and are competent in transmitting this knowledge of the world to students.

education plays a decisive role in preserving the world, since it is a question of introducing young people to the set of rational, scientific, political, historical, linguistic, social and economic structures that make up the world in which they live (César; Duarte, 2010, p. 826, our translation).

To take up Professor Cury's (2002, our translation) reasoning, "there are problems in the school that are not its own, but that are in it". If we take our cue from Hannah Arendt (2005), some of these problems stem from mass society, which imposes challenges on educators and education in the exercise of their responsibilities towards children and young people.

In the words of César and Duarte (2010, p. 826-828), the philosopher argues that mass society, by reducing human experiences to the world of work and consumption, ends up inducing a craving for novelty and the immediate future. This puts into crisis one of the functions of education, which is "to turn to knowledge of the present and the past", and it is up to educators to carry out this procedure of presenting the world to students, when this same world refuses to preserve and learn about tradition.

In the case of the Covid-19 pandemic, these symptoms of novelty and immediacy have taken on an even more radical and threatening expression for individual and collective life. How can we respond in a timely and ethical manner to the responsibilities of education if the world has become uncertain for adults? The forced experiences of social isolation, the virtualization of social practices, the uncertainty of the transmission vector and the outcome of the disease, added to the constant threat and risk of death, have created suspicions about collective living in public spaces.

According to César and Duarte (2010, p. 828, our translation), Hannah Arendt "never tired of affirming in her works that the new only comes into the world through collective political activity, mediated by discussion between adults who accept the demand for persuasion and the exchange of opinions". So, faced with a major transformation in relations with education, brought about by the contingency of COVID-19, educators and researchers cannot avoid scrutinizing the effects of this crisis on the daily lives of children, young people, teachers, parents and the community.

Knowing the social function of education, which is to train and prepare children and young people for public life and the common good, we agree that the school cannot be required to answer the questions that mental health poses to education. However, we believe that it is necessary to take on the responsibility of getting to know the expressions of this phenomenon and building mediation strategies for these occurrences, supporting teachers and managers in fulfilling their role of presenting the world to students.

In the words of Arendt (2005), to educate is to take responsibility for the world until such time as our children and young people can take this responsibility upon themselves as adults, in the exercise of political activity.

If one day, when they are adults, they have to transform and radically change this world through political action, this will presuppose that they have learned to understand the complexity of the world in which they live. Without being political, education has a fundamental political role: it is training for the cultivation and future care of the common world (César; Duarte, 2010, p. 826, our translation).

Education and Health: who is responsible for mental health care at school?

But let's go back to what Professor Cury (2002, p. 169) told us: "[...] you should not demand of the school what is not its [...]". This statement begs the question of whose responsibility it is to deal with mental health in schools. The answer to this question can be found in various ways. We have chosen here to base the answer on the notion of health care.

The word care has its origins in the Latin *cogitare*, which means to think, to consider. So, caring involves thinking, planning. It follows that providing care implies thinking about how to provide care, its procedures, parameters and consequences. In the same way that the educational principle of care, pointed out by Arendt (2005), exposes us to various traditions, health care exposes us to a complex conceptual field influenced by multiple cultural, political and scientific heritages. So the act of caring involves making decisions and, in the case of health care, these choices are made in the confrontation and dispute between the different traditions that have shaped the object of health.

For this reason, the act of caring ends up being situated in an ethical dimension. In the words of Professor Oswaldo Giacóia Júnior (2006) ethics can be defined as the external action of social praxis. This can mean in a broad sense that every act of care implies responsibility and a public justification in the social, political and scientific fields. In this way, talking about health

care from an ethical and public justification perspective consists of outlining principles and guidelines that guide the responsible action of public bodies towards the health needs of children and young people in an educational context.

But, after all, what is the object of health, towards which care should be oriented? Between the 1970s and 1980s, intellectuals, teachers, students and health workers, together with society and organized civil society, took on the difficult task of answering the question What is Health?⁷ In doing so, they triggered a long process of struggles for civil and political rights, intertwining the principles of freedom and participation with the right to health and good living.

In line with Sérgio Arouca⁸ and the Brazilian health reform movement⁹, health cannot be reduced to the absence of disease or something to be achieved. Health must be the expression of social well-being in the home, at work, in education, in the political system, with respect for the freedoms of opinion, organization and self-determination (individual and collective), in access to information, in order to know and transform the world in which we live, so that the environment is conducive to a dignified life, and that we are not systematically subjected to the fear of violence.

Heimann and Mendonça (2005); Teixeira (2006) and Paim (2008) point out that one of the main contributions of the health reform movement in Brazil was the incorporation of the paradigm of the social determination of health as an explanatory model for health-disease processes, as mentioned by Sérgio Arouca. But it was after the 8th National Health Conference in 1986¹⁰ and the 1987-1988 Constituent Assembly process that the principle of comprehensiveness gained a place in the 1988 Constitution¹¹, the Organic Health Law¹² and the SUS Operational Standards¹³.

According to Paim (2003; 2008) and Teixeira (2006), incorporating the paradigm that health-disease processes are the result of social determination, living and working conditions,

⁷ O SUS do Brasil - um projeto para a saúde, 2013.

⁸ Public health doctor (Available: <https://portal.fiocruz.br/sergio-arouca>), author of the thesis “O Dilema Preventivista: contribuição para a compreensão e crítica da Medicina Preventiva” (The Preventivist Dilemma: a contribution to understanding and criticizing Preventive Medicine) of 1975 (Available: <https://www.arca.fiocruz.br/handle/icict/37787>) and one of the most important leaders of the public health movement who, together with forces from the progressive camp, took part in the constituent process that made health a right for all.

⁹ See Escorel (1999).

¹⁰ Available: <https://portal.fiocruz.br/linha-do-tempo-conferencias-nacionais-de-saude>
<https://cesrj.org/2023/01/18/a-historia-das-conferencias-nacionais-de-saude/>

¹¹ BRASIL, 1988/2016.

¹² Lei nº 8.080, de 19 de setembro de 1990. e Lei nº 8.142, de 28 de dezembro de 1990.

¹³ Available: <https://conselho.saude.gov.br/legislacao/nobsus96.htm> and
https://bvsmis.saude.gov.br/bvs/publicacoes/cd09_09.pdf

meant that a new health care model was gradually designed. Whereas before, care was predominantly provided by hospital services, centered on spontaneous, individual demand in the form of complaints, signs and symptoms, the new model of care should be guided by the health needs of populations in a given territory, with epidemiology as the organizing intelligence for planning health actions, offered in a regionalized, hierarchical and longitudinal way.

The result of this new design is levels of health care¹⁴ organized into hierarchical care networks in the form of Primary Health Care (PHC) and Specialized Care¹⁵. Considering the levels of care, the system offers health promotion, protection and recovery actions. Strategies to prevent illnesses and diseases, as well as actions to promote health, are developed by professionals linked to PHC services and are of particular interest to us because they are the ones who carry out intersectoral actions between health and education. Therefore, the theme of this subtitle, expressed in the question of who is responsible for mental health care at school, finds its partners here.

Primary Health Care (PHC)¹⁶ works as the gateway to the health system, with its services organized into basic health units and family health units¹⁷. These services primarily provide clinical care, preventive care for illnesses and diseases and health promotion. This care is carried out by medical professionals, health teams and multi-professional teams¹⁸, all specialized in family health. This care can be carried out in health units and in the territory, with home visits, in the public spaces of the community and in schools, when in intersectoral action.

Intersectoral actions in health can be defined as coordination between sectors with a view to tackling a health-related problem, as defined by the World Health Organization (WHO). According to Ferreira and Silva (2005), this proposition has appeared in WHO documents, plans and programs since 1961¹⁹ and, in Brazil, after the creation of the SUS, it appears in countless documents, laws, ordinances and decrees.

¹⁴ Ordinance n. 4,279 of 30 December 2010.

¹⁵ For more, see: <https://www.gov.br/saude/pt-br/assuntos/noticias/2022/marco/atencao-primaria-e-atencao-especializada-conheca-os-niveis-de-assistencia-do-maior-sistema-publico-de-saude-do-mundo>

¹⁶ For more, see: <https://www.gov.br/saude/pt-br/assuntos/novo-pac-saude/unidades-basicas-de-saude>

¹⁷ For more, see: <https://www.gov.br/saude/pt-br/composicao/saps/estrategia-saude-da-familia>

¹⁸ BRASIL, 2023.

¹⁹ official documents and events in which intersectorality appears: "III Special Meeting of Health Ministers of the Americas in 1972, the Alma-Ata meeting in 1978, the Meeting on Intersectoral Actions in Health in 1986, the Ottawa Charter in 1986, the Adelaide Declaration in 1988, the Sundsvall Conference in 1991 and Santa Fe de Bogotá in 1992, the Jakarta Declaration on Health Promotion in the 21st Century in 1997 and the International Conference on Intersectoral Actions for Health in 1997" (p. 103, our translation).

Health actions in schools are not new practices in Brazil or around the world. The theme of health and education gained global expression in the 1980s, due to the repercussions of the First International Conference on Health Promotion held in Ottawa (1986)²⁰. In the Brazilian experience, Fernandes et al. (2022) state that this theme was addressed at the 8th National Health Conference in 1986, in the 1988 Constitution, in the Organic Health Law and in the SUS Operational Standards, in which education is one of the determinants and conditioning factors of the expanded concept of health.

In the context of education, the author mentions that the National Curriculum Parameters (PCN) already pointed to the integration of various themes and, in 1997, cross-cutting themes were highlighted for a series of socio-cultural, political and health issues. As we can see:

This approach prescribed a cross-curricular treatment of themes that considered social problems in relation to ethics, health, the environment, cultural plurality, sexual orientation, work and consumption, in order to take them into account in school in all their complexity. The PCNs ended up establishing the theme of health in schools' political-pedagogical projects and it is still present in textbooks and curricular guidelines to this day (Fernandes *et al.*, 2022, p. 14, our translation).

According to Ferreira and Silva (2005) and Fernandes *et al.* (2022), the period after the 1988 Constitution inaugurated dialogues for the consolidation of intersectoral actions between the Ministries of Health (MS) and Education (MEC) which, in the 1990s, fostered various experiences that are now considered precursors of a public policy for school health²¹.

This process was widely supported by international organizations such as the World Health Organization (WHO) and the Pan American Health Organization (PAHO), which, in partnership with the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), launched a call in 1995 for institutional policies to promote health and well-being in school environments.

According to Fernandes *et al.* (2022), PAHO called this initiative the Regional Initiative of Health Promoting Schools, in 1995, and the Latin American Network of Health Promoting

²⁰ Available: https://bvsmms.saude.gov.br/bvs/publicacoes/carta_ottawa.pdf

²¹ Ferreira and Silva, 2005. "o Projeto Saúde, Meio Ambiente e luta contra a pobreza, Plano de Ação Intersetorial para melhoria da qualidade de vida em Campinas, a experiência de uma gestão descentralizada intersetorial: o caso de Fortaleza e o Fórum de Combate à Violência do Projeto UNI-BA." (the Health, Environment and Fight against Poverty Project, the Intersectoral Action Plan to improve the quality of life in Campinas, the experience of decentralized intersectoral management: the case of Fortaleza and the Forum to Combat Violence of the UNI-BA Project - p.103)

Schools, in 1996. In the years that followed, it launched guiding documents²² in dialogue with the agency's signatories. In Brazil, several HPS experiences have been documented²³, some of which began as part of the proposal, such as the experience of the city of Sobral, in the state of Ceará²⁴, which is still active today.

The WHO's Health Promoting Schools proposal and its initiatives helped to reflect on the school health model adopted by Brazil and to value the existing practices in each locality, later reflected in new partnerships, such as the 'Schools Project' between 1994-1999, the 'Leap to the Future' from 1999 to 2000, the 'Health and Prevention in Schools' from 2003 to 2006, and the 'More Education Program' from 2007 to 2016. (Fernandes *et al.*, 2022, p. 14, our translation).

Mental Health and the School Health Program

Having made these journeys with the HPS, Brazil, in the 2000s, designed a public policy for school health, in accordance with the organization of the health and education system, and it is in this context that the School Health Program (PSE, Portuguese initials) was born in 2007.

Therefore, the Health at School Program (PSE), established in 2007 by Presidential Decree n. 6,286, was formulated and structured in an intersectoral manner as a response by the federal government to an international demand for health promotion and disease prevention for children, adolescents and young people of school age, and with the aim of contributing to the comprehensive education of students in the public basic education network (Fernandes *et al.*, 2022, p. 16, our translation).

The PSE is the Brazilian experience for school health and is linked to Primary Health Care (PHC), where it is up to health and multi-professional teams to execute and articulate the integration of policies and actions from the education and health sectors. This is because the Program's guideline is "territorialization, and its attribution is to carry out intersectoral health education actions, according to the population's needs" (Fernandes *et al.*, 2022, p. 15, our translation).

The Program was created in 2007²⁵ to address the health vulnerabilities of students in the public basic education network²⁶, adopting the notion of full development, advocated in Alma Ata, and community participation and empowerment, advocated in the Ottawa Charter.

²² ORGANIZACIÓN PANAMERICANA DE LA SALUD, 2003; 1996.

²³ BRASIL, 2022a.

²⁴ BRASIL, 2006.

²⁵ BRASIL, 2007.

²⁶ For background and history of the experiment, see: BRASIL, 2022a.

These two dimensions of the program's action are referred to by Fernandes *et al.* (2022, p. 15, our translation): "the PSE looks at the public school as a social space capable of moving actors in the territory towards a common goal: the full development of the student."

In 2017, a new Interministerial Ordinance²⁷ regulated the PSE, n. 1,055, of 25 April. It had seven objectives and twelve planned actions, plus the Covid-19 prevention action, included in the Program by Ordinance n. 564/Saes/MS, of 8 July 2020, as a result of the new coronavirus pandemic. It is important to note that the Program's actions must be carried out at the local level, based on a health diagnosis of the territory, the school and social contexts and the capacity for action of schools and multiprofessional primary care teams.

Considering the responsibility for mental health care carried out in the PSE Fernandes *et al.* (2022, p. 23-24, our translation) states that mental health approaches are still restricted to the themes of "promoting a culture of peace and human rights, preventing accidents and violence, and preventing alcohol, tobacco and other drugs". Of the seven objectives set out in the Ordinance, five are directly related to mental health promotion work:

- I - To promote health and a culture of peace, reinforcing the prevention of health problems, as well as strengthening the relationship between the public health and education networks.
- II - Contribute to the creation of conditions for the comprehensive education of students.
- III - Strengthen the fight against vulnerabilities in the field of health that could compromise full school development.
- IV - Promote communication between schools and health units, ensuring the exchange of information on students' health conditions.
- V - Strengthen community participation in basic education and health policies at all three levels of government (our translation).

Of the twelve actions proposed for the PSE, four are related to the need for mental health promotion actions in schools and communities:

- I - Promoting a culture of peace, citizenship and human rights.
- II - Prevention of the use of alcohol, tobacco, crack and other drugs.
- III - Sexual and reproductive rights and STD/AIDS prevention.
- IV - Prevention of violence and accidents.

On the other hand, it is important to note that in 2017 the Ministry of Education also published the National Common Curricular Base (BNCC)²⁸. When the document is scrutinized, it is possible to identify points of convergence between the actions planned for the PSE and the set of expected learning outcomes for our students in basic education. According to Fernandes

²⁷ BRASIL, 2017b. Portaria Interministerial nº 1.055, de 25 de abril de 2017.

²⁸ BRASIL, 2017a.

et al. (2022, p. 25, our translation) "the theme of health is present in the eighth competence of the BNCC, in which the student, at the end of the educational process, must know, appreciate and take care of their physical and emotional health."

As you can see, the conditions are in place for mental health care to be carried out in an intersectoral way, following the parameters of health promotion, as recommended by the Ottawa Charter and the Alma Ata Conference. At the same time, the primary care setting is powerful for mental health care to be implemented, as it has professionals qualified for interdisciplinary work, a necessary condition for the implementation of an intersectoral public policy.

In December 2019, Law n. 13,935²⁹ was passed, the result of widespread mobilization by civil society, professionals and professional associations³⁰. The law approved the provision of psychology and social work services in public basic education networks, through multi-professional teams, in accordance with the needs and priorities defined by education policies.

In January 2024, Law n. 14,819³¹ instituted the National Policy for Psychosocial Care in School Communities, according to Art. 1, § 1, in the form of a "strategy for the integration and permanent articulation of the areas of education, social assistance and health in the development of actions for promotion, prevention and psychosocial care within schools". Article 4 of this law states that this policy will be implemented in conjunction with the PSE, the SUS psychosocial care network and the Unified Social Assistance System (SUAS, Portuguese initials).

At the moment, public and government policy operators, in partnership with trade associations and other segments of civil society, are discussing how to finance these actions so that they can be effectively implemented. It is worth remembering that the health promotion proposed in the Ottawa Charter (1986) requires continuous action and the active social participation of beneficiaries. In this sense, the emergence of this legislation indicates that the structuring of mental health promotion and prevention actions for students and school communities in basic education is on the horizon.

In higher education, the debate has been raised as a topic for university management, whether through student assistance and permanence policies, or institutional policies for the

²⁹ Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/lei/l13935.htm

³⁰ Para conhecer os dez anos de luta pela Lei nº 13.935/2019 ver: <https://psicologianaeducacao.cfp.org.br/videos/>

³¹ Disponível em: https://www.planalto.gov.br/ccivil_03/_Ato2023-2026/2024/Lei/L14819.htm

prevention and promotion of mental health, both for undergraduates and for graduate students. It will be possible to reflect a little on this segment with the articles in this dossier.

But what does an ethic of care consist of? And how does it differ from established ways of doing things? Following Jurandir Freire Costa (1996), the ethic of care is one that resists the appeals of the specialisms of knowledge-power in the relationship with users and also does not house the solutions to human existences in the fetish of interlocution or psychotherapies, be they of children, young people, educators or parents. Caring is a delicate work in progress. Doing so requires a willingness to listen to knowledge from other areas of knowledge that intersect in the health sector, such as collective health, popular education, social psychology and other health professions.

To conclude, we would like to take up the last question selected from Professor Cury's thoughts (2002, p. 169): "There are problems at school ... that are of it and obviously can also be in it". After this problematizing exercise between mental health and education, it can be said that mental health today is a problem that is gaining expression in schools and in the education sector. The responsibility lies with parents and educators, but also with the health system and its professionals, who today in Brazil have a public policy in the making and successful experiences that could point the way to caring for our children, young people and school communities.

Presentation of articles

The dossier is made up of sixteen articles written by researchers from institutions in all regions of the country, as well as international articles. In this way, we have a panorama of reflections and actions developed around mental health in the educational sphere. There are some questions guiding the course of these productions, such as: what is the relationship between mental health and education? Should schools be concerned about this? How does mental health manifest itself in school environments? What actions can we take in school environments?

The issue of mental health in education encompasses a range of possible questions and interventions, and this dossier presents different theoretical perspectives on how to approach the problem, as well as ways of listening and intervening in school contexts. This overview can help to make this issue visible in everyday school life, and the discussion of promoting mental health in schools, based on intersectoral interventions.

We have organized the dossier into sections, according to the level of education and its actors, focusing on the thoughts of teachers, educational advisors, parents and students.

The Health, Mental Health and Subjectivity in Basic Education and Vocational Education section featured seven articles.

We opened the conversation about work in early childhood education by bringing up mental health actions that can be developed in educational environments with the article " THE LISTENING CIRCLES DEVICE IN EARLY CHILDHOOD EDUCATION WORK ". In this literature review, listening circles are presented as a device for building work that promotes subjectivities with children by listening to their teachers. Psychoanalysis is one of the drivers of the narrative, and is pointed out as an important reference for work in educational establishments for children, with the power to circulate the word and listen to otherness.

Still in the context of early childhood education, the issue of diversity is present and the article entitled " WHAT DIVERSITY ARE WE TALKING ABOUT? INTERSEX BABIES, THEIR FAMILIES, AND THE CHALLENGES OF EARLY CHILDHOOD EDUCATION ", presents an analysis of the narratives of families who have babies with intersexual conditions (congenital adrenal hyperplasia) about their inclusion in early childhood education. The legal framework is brought in to show one of the ways in which the presence of babies in institutions is made visible, and is cited in various works that aim to give care and visibility to diversity in education.

Entering school environments in order to understand how teachers name the mental health of their students, the article " BASIC PSYCHOLOGICAL NEEDS: PERFORMANCE OF ELEMENTARY SCHOOL STUDENTS AND PERCEPTION OF TEACHER SUPPORT" and the basic psychological needs of students, as perceived by their teachers. This research took place against the backdrop of the return to school after the COVID-19 pandemic, bringing elements to think about how important the discussion on basic psychological needs is for students' learning and performance, in view of the support provided by teachers.

With regard to completing secondary school and building life projects, the article entitled " CAREER GUIDANCE IN THE CONSTRUCTION OF LIFE PROJECTS: AN EXPERIENCE REPORT IN PUBLIC SCHOOL ", reflects on the relevance of interventions to build life projects with third-year public school students. The result of an experience report, the socio-historical perspective was the foundation for promoting the project.

In the post-pandemic context, the article " WELCOMING SPACE, LISTENING AND DIALOGUE: MENTAL HEALTH ACTIONS IN THE PRACTICE OF EDUCATIONAL

GUIDANCE TEACHERS " presents an experience report on the practice of educational advisors who worked to build listening and welcoming strategies for students, involving aspects of socialization, coexistence, depression and anxiety. The actions for mental health involved students, family members and educators, in order to encompass the participants in the process and promote mental health. The work does not shy away from pointing out how relevant such actions in the relationship between mental health and education are to promoting student learning.

Regarding the type of suffering manifested by students in professional technological education, the article entitled "STUDENT STRESS IN PROFESSIONAL AND TECHNOLOGICAL EDUCATION", entered the school and asked the students, via a questionnaire, about the type of stress that afflicted them, specifically in everyday school life. The data showed that there is stress and that it manifests itself more strongly at certain periods of schooling.

Still within school establishments, article " ENGAGEMENT CINEMA, NEOLIBERALISM AND FORMAL EDUCATION: TOWARDS A POLITIZATION OF THE LOOK " brings an intervention proposal to problematize self-entrepreneurship, present in neoliberal practices and regimes. This entrepreneurship generates psychological suffering and cinema is brought in as a resource for reflecting on the movements present in society that depoliticize and promote suffering. Here, post-structuralism is called upon to dialog with the school and with the politics of subjectivity production.

In the second section of the dossier, Mental Health and Higher Education: a commitment from University Management", we present two articles that deal specifically with the issue of higher education. The questions focus on the concept of mental health and the role that higher education institutions have to play in this context, in terms of student support policies.

The section opens with a literature review on " SCIENTIFIC PRODUCTION ON MENTAL HEALTH AND HIGHER EDUCATION: A BIBLIOGRAPHICAL REVIEW ". In view of the increase in cases of mental suffering in the university context. The review aimed to understand how the papers portray mental health and also the mental health policies offered by the Federal University. From articles and theses and dissertations, it was possible to verify the conceptual dispersion that exists in the field, as well as the diversity of objects of study. These results are related to the incipient production in the field.

As a second work, we have " MENTAL HEALTH AND PSYCHIC ILLNESS: THE ROLE OF HIGHER EDUCATION INSTITUTIONS IN PREVENTION, GUIDANCE AND

CARE FOR THE MENTAL HEALTH OF THEIR STUDENTS " a review of the literature which, in due course, questions the role of managers in higher education institutions in promoting mental health care for students. Based on the hypothesis that the academic and personal performance of students depends on access to quality services, the construction of services involved in welcoming and caring for students is relevant in everyday academic life.

The third section Mental Health of Students in Higher Education includes five articles whose main participants are students and which focus on the dimension of the mental health experience, identifying subjective malaise, pleasure and suffering or verifying the prevalence of common mental disorders. The theoretical diversity is perceived in this section as a contribution to the diversity of perspectives on the issue.

The section opens with the article " BURNOUT SYNDROME AMONG MEDICAL STUDENTS IN THE SOUTHWEST REGION OF BAHIA AND ITS ASSOCIATION WITH EMOTIONAL REGULATION STRATEGIES ", which enters the daily lives of medical students. This audience has been the subject of several studies on formation and the care to be taken during the formative period in order to promote mental health. In this particular study, there was a relationship between Burnout Syndrome and emotional regulation strategies. A specific feature of the sample is that the students are women who live far from their families of origin. The results indicate high rates of emotional exhaustion and seeking psychological and/or psychiatric attention throughout the course. In addition, it was found that the higher the Burnout Syndrome scores, the lower the rates of emotional regulation strategies, which demonstrates the relevance of university attention in this area.

The study " AND THIS IS WHAT I STUDIED FOR?: SUBJECTIVE DISCOMFORT IN NURSING STUDENTS WHO ARE UNDER A LEARNING CONTRACT MODALITY " presents the results of a study carried out in Colombia. From Dejours' perspective, the subjective discomfort experienced by students during their internship was analyzed. The subjective discomfort had physical, psychological and relational crossings, which were verified in the formation and in the mismatch between formation and practice at the time of the internship, which generated changes in the formation and personal projects. The article leads us to think about the relationship between education and the internship fields, bearing in mind that the impossibility of putting what has been learned into action has negative effects on professionalization.

The second article, still from a Dejourian perspective, analyzes " PLEASURE AND SUFFERING IN THE UNIVERSITY LIFE OF STUDENTS FROM A PUBLIC

UNIVERSITY OF TOCANTINS". Management students responded to what brings pleasure and suffering during their formation, as well as the presence or absence of mental illness. The elements of collectivity and cooperation in training were listed as a source of pleasure, while unproductivity and demotivation were identified as a source of suffering. In addition, feelings of illness were expressed by the research sample. Thus, in line with other studies presented in this dossier, the conclusions of this study point to the need for the university to take a close look at the specific nature of academic work and the doses of suffering that are present there and fostered by institutional structures.

Still looking at everyday university life and the lives of students, the article "PREVALENCE OF COMMON MENTAL DISORDER (CMD) AND FACTORS ASSOCIATED WITH THE HEALTH OF UNIVERSITY STUDENTS AFTER SOCIAL DISTANCING IN THE COVID-19 PANDEMIC" verified whether there was CMD among students in the post-pandemic period of COVID-19. In view of the concerns that arose during the pandemic and the precautions taken when returning to face-to-face classes, a quantitative survey was carried out at universities in the state of Ceará. The results show that there is a high prevalence of CMD, which is associated with multiple health-related factors.

In the context of university experience, now in the field of psychology education, the article "MENTAL HEALTH AND DIMENSIONS OF THE ACADEMIC EXPERIENCE OF UNIVERSITY STUDENTS AT THE FEDERAL UNIVERSITY OF BAHIA, BRAZIL ", analyzes the set of experiences and socio-emotional aspects present in academic life. In addition to sociodemographic data, the short version of the Questionnaire of Academic Experiences (QVA-r) was used. The paper discusses the five dimensions of experience, with Career standing out in the quantitative analysis of the sample of courses in Bahia.

The fourth section, Mental Health of Teachers - Secondary, Technical and Higher Education, focuses on the experience of teachers in terms of mental health, highlighting that the work process itself can be an element that promotes illness. In this sense, it is important to delve into institutional dynamics and promote meetings to build collective actions to promote mental health in teachers' work.

The first article "OCCUPATIONAL STRESS OF TEACHERS AT A FEDERAL INSTITUTE DURING THE PANDEMIC" opens the section by presenting a survey carried out during the pandemic, during remote classes. The data showed intermediate to high levels of occupational stress, related to the dimensions that stood out: Autonomy and Control, Roles and Work Environment. It was also found that the Relationship with the Boss was not more

compromised during the pandemic, as the sudden changes in work affected everyone involved in the teaching work process.

We conclude the section and the dossier with the literature review article " THE MENTAL HEALTH OF TEACHERS IN STRICTO SENSU POSTGRADUATE COURSES: A LITERATURE REVIEW ". This highlighted how the mental health of teachers can be affected when working in postgraduate studies. There are some specificities in the day-to-day life of post-graduate students that differentiate their work from teaching classes and supervising research at master's and/or doctoral level. The literature shows that the dimensions of work that cause the most suffering are the degradation and undervaluation of the profession, precarious working conditions, lack of recognition for the activities performed, intensification of work, bureaucratization and pressure for productivity.

In this way, the dossier takes a journey through mental health from early childhood education to postgraduate studies, showing the relevance of studies on the subject, as well as the concern after the COVID-19 pandemic for the promotion of public policies to care for and meet demands. The creation of local measures is also relevant, and the indications are based on various theoretical references.

We wish you a great read and good reflections on the articles in this issue.

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