



Suicide Prevention: Mental Health Intervention In A State School In Aracaju / SE

Prevenção Ao Suicídio: Intervenção Em Saúde Mental Em Uma Em Uma
Escola Estadual De Aracaju/SE

Prevención Del Suicidio: Intervención De Salud Mental En Una Escuela
Estatal De Aracaju / SE

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RESUME: *The present study discusses an action carried out in a public school in the state of Sergipe, in Aracaju. Conducted by a multidisciplinary team of mental health residents and aimed at health education, raising awareness of the importance of mental health care for adolescents in school, stimulating the discussion about suicide and trying to take forms of prevention of mental suffering to school and suicide among young people. The intervention was carried out in 2019, through an invitation made by the college to discuss the subject. The intervention participants were 30 students from the first, second and third years of high school and the age group between 15 and 20 years, already pre-selected by the school. This work brought significant contributions, from the point of view of the exchange of information between residents, students and teachers, about the theme, psychosocial care services and training, for the latter.*

ADOLESCENCE. MENTAL BEALTH. SUICIDE.

RESUMO: *O presente estudo discorre sobre uma ação realizada em um colégio público do estado de Sergipe, em Aracaju. Realizada por uma equipe multiprofissional de residentes em saúde mental e teve como objetivo educação em saúde, sensibilização quanto a importância do cuidado em saúde mental dos adolescentes em fase escolar, estimulação da discussão sobre suicídio e tentar levar para escola formas de prevenção ao sofrimento mental e suicídio no público jovem. A intervenção foi realizada no ano de 2019, através de um convite feito pelo colégio para discussão do assunto. Os participantes da intervenção foram 30 estudantes do primeiro, segundo e terceiro anos do ensino médio e a faixa etária entre 15 e 20 anos, já pré-selecionados pela escola. Este trabalho trouxe contribuições significativas, do ponto de vista da troca de informações entre residentes, alunos e professores, acerca da temática, dos serviços de atenção psicossocial e capacitações, para os últimos.*

ADOLESCÊNCIA. SAÚDE MENTAL. SUICÍDIO.

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CURRÍCULO: El presente estudio analiza una acción realizada en una escuela pública del estado de Sergipe, en Aracaju. Realizado por un equipo multidisciplinario de residentes de salud mental y dirigido a la educación para la salud, sensibilizando sobre la importancia de la atención de la salud mental para los adolescentes en la escuela, estimulando la discusión sobre el suicidio e intentando llevar formas de prevención del sufrimiento mental a la escuela y suicidio entre los jóvenes. La intervención se llevó a cabo en 2019, a través de una invitación realizada por el colegio para discutir el tema. Los participantes de la intervención fueron 30 estudiantes de primero, segundo y tercer año de bachillerato y el grupo de edad entre 15 y 20 años, ya preseleccionados por la escuela. Este trabajo trajo contribuciones significativas, desde el punto de vista del intercambio de información entre residentes, estudiantes y docentes, sobre el tema, servicios de atención psicosocial y formación, para estos últimos.

ADOLESCENCIA. SALUD MENTAL. SUICIDIO.

Introduction

The present study discusses about and an action of Suicide Prevention carried out by a team of multiprofessional residents in mental health from the Federal University of Sergipe, UFS, in partnership with the University Hospital, in a public school, from the state, of high school, in the city of Aracaju, Sergipe.

The reported action occurred by the school's demand to residents' team, for a discussion about the theme suicide in the adolescence, on the period of Suicide Prevention Campaign - Yellow September. Seeking to answer the institution's request, the team developed a strategy of attention, considering the public that would participate in the action, related to age range and context.

According to the fact sheet of the Pan American Health Organization (PAHO) and the World Health Organization (WHO), around 800,000 people die from suicide every year in the world, with an even greater number of suicide attempts. In 2016, it was the second leading cause of death in young people aged between 15 and 29 years. Although its occurrence is registered all over the world, 79% of suicides, in that same year, occurred in low and middle income countries.

Given the importance of these figures, WHO entered in 2013, the suicide prevention as one of the goals of the Mental Health Action Plan. The goal was to reduce the suicide rate in countries by 10% by the year 2020 (WHO, 2014).

Although suicide is a complex issue, its occurrence can be prevented through prevention strategies, which take into account its risk factors and the different needs that each population group has.

Thus, it identifies three to suicide prevention strategies, these being the universal, selective and indicated. Universal focuses on the population as a whole, seeking to avoid the onset of suicidal behavior. The selective is aimed at people and populations at low risk, in order to reduce risk factors, through active search, reception and information. On the other hand on the indicated, the target audience is those who are at imminent risk of committing suicide (MRAKEZ; HAGGERTY, 1994 apud BOTEGA et al, 2006).

In Brazil, in 2017 the Ministry of Health presented the Strategic Actions Agenda for Suicide Surveillance and Prevention and Health Promotion in Brazil, with the aim of organizing suicide surveillance and prevention actions in the country among the various agencies and promoting the discussion on the topic with the whole society (BRASIL, 2017). Among its specific objectives, there is an expansion of its awareness and mobilization actions aimed at social determinants related to suicide, among the various government sectors, among them education, as well as the whole of civil society.

In this perspective, some schools and health services have sought to ally themselves by initiating projects that seek to clarify doubts, through dialogues, lectures and dynamics, aimed at teenagers, a public impacted by the phenomenon of suicide, as shown by the numbers. This movement is made in order to reduce risk factors, as well as to identify those at greater risk or imminent suicide and to welcome them at this time in their lives, in a more caring and multidisciplinary approach.

Among the possible pedagogical approaches, there are those who seek to demonstrate and teach how to deal with unnecessary and unpleasant feelings, which end up echoing in school learning and social-emotional development. These strategies are geared towards learning, motivation and should demonstrate to the student their ability to perform well in their activities (ANTONIO et al, 2019). In this direction, the objective of this study is to report the experience of the multidisciplinary team in mental health residents of an action Prevention in Mental Health and Suicide in public, state, high school in Aracaju, Sergipe.

1 Influences on Adolescent Mental Health

The definition of the concept of the word adolescence is based on two interrelated roots: from the Latin *ad* (a, para) and *olescer* (to grow), as well as *adolescere*, originating from the word get sick. Only in the 19th century did adolescence come to be seen as a distinct step in development and for a long time adolescence had the perspective associated with turmoil, conflict and tension for the adolescent individual and all those who lived with him (TOLSTÓI, 2018).

In view of the multiplicity and complexity of factors involved in each human life cycle, adolescence stands out as an ambivalent phase. In Brazil, according to Article 2 of Law No. 8.069 / 1990 child is a person up to twelve years of age incomplete, and adolescents are the ones between twelve and eighteen years of age (ECA, 2017).

However, saved the appropriate legal importance of this definition, one must take into account that the concept of adolescence is changeable and accompanies corporate transformations, having a direct overlap with the way each individual understands and lives their social context and their requirements and maturity of their thoughts and perceptions, as highlighted by Rossi and Cid (2019).

The biopsychosocial nature of processes that take place during the life of a human being come up as a two-way process: people affect and are affected by the social and historical context in which they live. The biological changes that occur in adolescence are called puberty. These characteristics change noticeably the children, who will have height, shape and adult sexuality (BERNACHI; KRAUSE; ESPRENDOR, 2018).

The physical and biological changes alone does not make the adult. Other characteristics are needed to reach maturity. These are related to cognitive, social and perspective changes, adaptations and changes in life, which corroborates the construction of your identity and the choice of your life project. Despite the biological aspect of this phenomenon, the psychological changes are highly influenced by the social and cultural environment (BEZERRA, 2018).

It is believed that the transition from childhood to adolescence causes numerous behavioral, relational and value changes. The changes in this phase of life cause adolescents to be considered, by adults, as strange or incomprehensible people, which contributes to conflicts between generations (DIAS et al., 2019).

Cognitive changes involve the awakening of more abstract and hypothetical ideas, the formation of personality, identity construction and the search for autonomy and independence. The thought becomes more multidimensional and relativist. Soon the adolescent begins to challenge and to wonder the reason for certain values and rules imposed by society. The adolescent will have to learn to deal with and impose himself with the psychosocial identity, which implies going through experiences related to different statutes and social roles, promoting a compilation with new identity elements with which they have already been acquired, promoting a diffusion of identity. (DIAS et al., 2019).

There are events that are considered breaking points by interfering in the healthy development process, causing deep traumas, crises and generating changes in the course of development. Thus, adolescence can be characterized as a phase in which the subjects are more likely to develop problems that directly impact on mental health, causing this disruption in their development. Although society is more sensitive to the understanding that adolescents may experience psychological suffering and that

they should receive appropriate health care, avoiding harmful impacts on their lives and that of their families, there are still few studies that address these issues. There is also a feeling of unpreparedness that is shared by several educational institutions, such as the family and the school (ROSSI et al., 2019).

In contemporary times, health is understood as a type of harmony of aspects of physical, mental and social well-being, that is, it is not only presenting a disease (WHO, 1946), therefore, several factors are considered to consider whether a subject is or isn't healthy. In the Federal Constitution of 1988, health was recognized as a duty of the State and the right of the people, which must be implemented through access to numerous social and economic policies to promote, protect and restore people's health and create a single health system throughout national territory, and this perspective was ratified and extended to the Organic Health Law in 1990, both national laws in line with the World Health Organization. The system created to enable Brazilians to access the right to health considers the promotion and prevention of major health problems and should receive special attention from the government.

Health education can be considered as a strategy to promote and prevent health problems that positively impacts mental health care for the population in general, and for adolescents, in a more particular way. The understanding of health education must permeate all spheres of management of the single health system and be accessible to society, since "[...] it is inherent to all practices developed within the scope of SUS. [...] an essential device both for the formulation of health policy in a shared way, as well as for the actions that take place in the direct relationship between services and users." (BRAZIL, 2007), i.e. such educational practices must be appropriate for the company and developed in various areas of sociability, as sharing information and health care actions and providing critical framework for people, we can intervene in causes of psychological distress for specific social groups.

Thus, in view of these changes presented, especially the psychosocial, it is necessary to understand that mental health is one of the points that should be monitored closely during adolescence. It is understood by mental health, according to the World Health Organization, as a welfare state in which the subject explains its capabilities, faces the stressful aspects of life, contribute productively towards the population, understanding that it is entirely linked to physical / physiological health and the way of being and existing (GAINO et al., 2018).

There are many factors that influence the mental health of a teenager. The more exposed to existing risk factors, the greater consequences for mental health can be observed. In view of the aspects that corroborate stress, there is a desire for autonomy and independence, pressure to identify and be accepted by peers, recognition of sexual identity and greater access to technologies and media (LUZ et al., 2018).

The influence of the media, and gender norms may accentuate the disparity between the current reality of the life of an adolescent and their optical for the future. Other determinants influence the mental health of adolescents, such as access to education, quality of life at home and their relationships with their peers. If one has already suffered some type of violence, whether at home, at school or in the community, and socioeconomic factors can increase the damage to mental health (BITTAR et al., 2020).

Adolescents who are already experiencing impairments in their mental health are even more vulnerable to discrimination and social exclusion, difficulties in accessing education and in their own learning, risk behaviors, such as the use of alcohol and other drugs, unprotected sex, chronic diseases and rights violation. Some situations are considered chronic or acute risk factors for the development of suffering, such as violence, socioeconomic problems, disruption of family bonds, loss of important people, social non-acceptance, deaths and chronic diseases (SOUZA et al., 2019).

Worldwide, approximately 20% of adolescents experience some psychological distress. Many have diagnosis and inadequate treatment, which corroborates to greater questioning. Adolescents usually emit signs of suffering, however, most of them are neglected for a number of reasons, either because of incipient knowledge or awareness of mental health among health professionals or because of the stigma that makes it impossible to seek help (LARISSA, 2018).

Mental disorders most often arise amid the period of adolescence. In most cases, they are diagnosed with depression and / or anxiety. In addition, they may develop other feelings concomitantly, such as irritability, frustration, excessive anger, rapid and unexpected changes in mood and emotional outbursts (BORBA; MARIN, 2018).

It is known that, in general, the most observed diagnosis in the world is depression, which is the 9th cause of pathology and disability among all adolescents. Anxiety is the 8th leading cause, usually being justified by society's impositions. These sufferings can lead to incapacity in the adolescent's development, offering losses in the productivity of work and school. The worst consequence that suffering, mostly depression, can cause is suicide (ERSE et al., 2016).

Data from the Pan American Health Organization - PAHO and the World Health Organization and - WHO (2016) point out suicide as one of the leading causes of death among 15 to 19 in the world, following from intense mental suffering. Each year, about one million people die due to suicide, which is one death every 40 seconds. Every 45 seconds, an individual commits suicide somewhere in the world. There is a contingent of 1,920 people who put an end to life daily. Today, this overrides statistics, at the end of the year, the sum of all deaths caused by homicides, traffic accidents, wars and civil strife (WHO, 2014; BOTEGA, 2014).

Suicide is related to the conscious desire to die, with the withdrawal of life itself. There are 3 categories of suicidal behavior, which present themselves as suicidal ideation (thoughts, ideas, planning and desire to kill yourself), attempted suicide (when there was a planning, but for some reason did not execute) and consummated suicide. Suicidal ideation is the first "step" for its effectiveness, as the adolescent views death as the only solution to their problems (FREIRE, 2017).

However, the choice of running the suicide does not occur quickly. In general, the adolescent seeks other alternatives and shows behavioral signs of suicidal ideation, a kind of warning, a cry for help. After the first suicide attempt, it is considered easier to carry out the act, as it is believed that there was a break in fear, making the adolescent more courageous. Therefore, the space between suicidal ideation, attempts and the realization of death can be considered short, however enough to intervene (RIBEIRO; MOREIRA, 2018).

For Alves (2019), the high incidence of numbers and prevalence of suicide in adolescence can be justified, mostly because of the difficulty in addressing the social and psychological demands imposed by society. Thus, these numbers may have risk factors related to vulnerability related to mental illness, depression being the most associated, disorders related to the harmful use of alcohol and other drugs, abuse, violence, losses, history of attempted suicide and family members who have committed suicide. Therefore, the health professional must remain attentive to these factors, as a warning sign for suicide, requiring multiprofessional planning in relation to coping strategies, as it is known that suicide prevention exists.

Therefore, it is understood that the fact that the person has a mental disorder is considered an important risk factor. Even understanding that phenomenon encompasses sociocultural, genetic, psychodynamic, existential and environmental issues, in most cases, mental disorder is the main factor that exposes the individual to suicide, which, when associated with other aspects, results in suicide (BOTEGA, 2014).

The demands for specialized policies and services for these users, in order to make it possible to approach and qualify early intervention in the triggering factors of mental suffering, as well as to support the family institution that has difficulties in dealing with such problems, are concrete strategies of mental health care for this population segment, according to the publication of the Brazilian Association of Psychiatry -ABP in 2019, since there is interference in family and social dynamics as for the adolescents who are going through suffering as for family members and close friends.

According to Rossi and Cid (2011), it is necessary to be careful with the risk of individualizing the suffering of each adolescent and not understanding it within a macro and complex context within this life cycle and which is still part of a society with diversified contexts that overlap constantly.

Given all the discussion already exposed about suicidal or suicidal behavior, it is worth ratifying that according to WHO (2006), although suicide is an act of the individual, its motivation is complex and multifactorial, involving environmental, social, physiological and even causes genetics, therefore, it cannot be expected that there is a simple solution that involves only one sector of society, such as socialization institutions that all humans are inserted since its conception, such as family, friends, community or school groups .

The initiatives need to encompass governments and civil society, seeking to raise people's awareness of the importance of preventing suicidal behavior and involving the health, education and social assistance sectors, among others.

It is necessary for society to start talking about this issue openly, aimed at breaking taboos and sharing information about suicidal behavior, taking it out of invisibility and enabling adolescents to seek help or support, giving them the opportunity to identify other alternatives or modification of the decision. The school institution is thus characterized as a strategic place for such an approach, but it is necessary that the professionals who work there are trained to identify possible warning signs - whether through behaviors or verbalizations - and enable access to qualified emotional support in due time, avoiding the consummation of the act of suicide. However, this task does not lie exclusively to school.

The Guide for Parents and Educators, published in 2019 by the Centro de Valorização da Vida - CVV considers that the promotion of mental health is of paramount importance to fight suicides. Joint and articulated actions by society (family, friends, community groups and social policies) should aim at neutralizing risk factors and increasing protective factors, that is, the creation and maintenance of healthy, inclusive and tolerant social environments, helping the teenager to develop ways to deal with their frustrations. In this sense, through the help of the family, the school and society as a whole, adolescents build a framework that can allow them a better reaction to the crises inherent in that period of life, when the maturation of the being's brain is taking place as a whole. (CCV, 2019).

It is recognized that in Brazil there is a scarcity of public policies that are configured as adequate to work with the subject of suicide, leaving the responsibility to the Ministry of Health, however, due to all the complexity that has already been widely discussed, a single sector is not able to handle such a demand.

When it comes to suicide prevention, we should avoid using labels. The appropriate thing to do is the conscious and sensitive dialogue, in addition to using the knowledge we have about it, even seeking specialized help from health professionals, making it possible to envision ways out of the problem faced by the adolescent.

It is noteworthy that it is in the family and school environments that the identification of suicidal behavior can occur, since the signs are not evident, being variable for each person. Warning signs can be characterized by behavioral changes, if the adolescent is in crisis, it is difficult for him to hide in both environments mentioned at the same time. (CVV, 2019).

In identifying the warning signs, a preventive stance should involve sincere conversation from the perspective of help and without judgment. Having openness on the part of the adolescent, there are differences in the referrals to be adopted, whether it is suicidal ideation or concrete and frequent desire or even the proximity of the consummation of the act of suicide, which vary from referral to psychologists, psychiatrists or emergency room intervention. (CVV, 2019).

2 Methodological Procedures

This paper reports the experience of a suicide prevention action with high school students that took place during the Yellow September Campaign, in the year 2019. It was carried out by a team composed of residents who are part of the multiprofessional residency program in mental health of the Federal University of Sergipe. This team of residents have in their composition a nurse, a psychologist, a professional of Physical Education, a social worker and a pharmacist.

It is worth mentioning that the action occurred after the invitation of the School due to the adhesion that the students had to another action on STIs (Sexually Transmitted Infections), carried out by the same team, in this same place.

The action took place in the afternoon, comprising two hours in duration. Participants in the intervention were 30 students in the first, second and third years of high school to a state college, located in the municipality of Aracaju, Sergipe. Thus, the age range of students who participated in the activity ranged from 15 to 20 years of age. These were pre-selected by the school, following as a criterion the presence of some history related to depression or suicidal behavior. The criterion in question was defined by the school itself, and this took into account students who had suicidal ideation or who had already attempted suicide or even who presented the practice of self-mutilation.

With regard to the aforementioned school, it serves an average of 331 students, 135 of whom are from middle school and 196 from high school. For this service to be possible, the school has an infrastructure composed of 18 classrooms, computer lab, science lab, library, indoor sports court, covered patio, green area, kitchen, dining room, office and bathroom.

In the case of the target audience, due to the fact that they have a young age group, which usually shows greater interest in more interactive and playful activities (FIALHO; MATOS, 2010), the team designed an action that used a methodology based on dialogue strategies, with use and recognition of the student's own knowledge to mediate the discussions, in order to allow a dynamism and fluidity in the execution of the proposed activities (ROMERO; VÓVIO, 2011). The sequence of the topics discussed was designed to enable a better organization in the discussion of the theme.

After performing a presentation activity, an introductory dynamic was developed to discuss the expanded concept of health. Young people were encouraged to speak, individually, a word that represented their concept of health. The answers were written down and shown to the students to mediate the group's discussion, and then the concept of health, according to the World Health Organization, was added to the debate, so that the ideas of the young people and the conception of the organization would communicate through the facilitating of the residents.

Following up, a reflection on the perceptions and understanding of young people about their own mental health in recent months was triggered by the team psychologist. They were encouraged to talk about how it has been constituted, about its different nuances, oscillations and patterns. This discussion was combined with the ideas of sharing on ways to assist in the daily strengthening of their mental health.

Soon after this moment, another dynamic was developed, using balloons, so that terms about suicide and factors that could be related to its triggering could be discussed. The balloons were divided into colors, white, yellow and red, each of which contained papers with different themes in order to deepen the theme. The white balloons addressed issues such as pain, sadness, suffering and depression. The yellow balloons talked about risk factors for suicide and the red balloons about warning signs for suicide.

The dynamics consisted in the delivery of empty balloons to the teenagers, who were filled by them and then popped, one at a time, considering the sequence of colors and deepening of the themes. As they were popped, the papers with the themes were read and the adolescents were encouraged to talk about their perceptions and knowledge about them. Finally, the residents discussed each of the themes contained in the balloons with the adolescents.

At the end of the action, markers that contained reflective and fun messages for psychological support were distributed. Therefore, students could choose another marker if they did not identify themselves with the message or give the same to another person, for whom the message made sense.

To conclude, the residents spoke with some teachers of the school, who were closer to the activity, about the impressions they had of the action developed and about the level of interest of the students in the core of the theme addressed. In addition, questions about the theme were clarified and the functioning of mental health services available in the Psychosocial Care Network of Aracaju were explained.

3 Results and Discussion

Starting from the contents raised here in the theoretical basis of the project and in dialogue with the experience of the applied action and exposed in the work method, it was possible to consolidate significant results about the prevention action in mental health and suicide in adolescents in a state school in Aracaju, SE.

In the first instance, it is worth emphasizing the importance of this space having been built among the triad: Multiprofessional Residence in Mental Health, adolescent students and the pedagogical space itself, composed of the school itself and its respective faculty. This link was built from other joint actions between the school and the team of the multidisciplinary mental health residency.

As previously pointed out by Dias (2019), the transition from childhood to adolescence causes numerous behavioral, relational and value transformations. Biological, social and psychological aspects interfere in all these changes and, because of that, it is necessary that the look in relation to adolescence is constructed in a multidimensional way. Thus, it is important to value actions that are concerned and that reach this stage of the life cycle, especially with regard to their health, in its broader sense.

More specifically about the theme worked on, prevention in mental health and, especially, suicide, it is worth noting that schools are paying attention to this issue and providing a space for this discussion. This opening may be a consequence of suicide prevention actions that have been promoted in recent years in the country, such as the “Yellow September”, a campaign that takes place due to the 10th of September, the World Suicide Prevention Day.

It is observed that the action developed led to several reflections and perceptions about knowledge and views on the theme, both by students and teachers. From this, it was possible to verify some weaknesses in the management of the school team to deal with the theme of suicide prevention. At this point, it is worth noting that the statement has no end of criticism, since it is unaware of the reasons that triggered this incipient in the dispute. In addition, it should be noted that, although the importance of the education and health interface is known, actions that relate these two fields do not always occur, creating gaps that result in conduct that is often harmful.

In addition to the specific class, there was a selection by the school of other students who would participate in the action, considered “at greater risk for suicide”, thus being one of the aspects that generated reflections in the resident team. In this case, at the time of action, as the students entered the space activity, they were being singled out by professionals as having “a problem”. This selection of students was not known to the resident team, which prepared itself considering universal prevention actions. Thus, it was observed that the school team's expectations were towards therapeutic interventions or selective or indicated prevention actions.

While it is important to elucidate the debate about suicide, it is believed that when it comes to people in mental distress and, especially, who already have a history of suicidal ideation or suicide attempt, it is necessary care, ethics, empathy and parsimony with this other. Because of this, although the dynamics were organized and adapted for the adolescent, with an interactive, playful methodology, easy to understand, but at the same time touching on a delicate topic, there was a consequent perception that, for some students, the intervention was deep and equally distressing. Considering this response, the team sought to provide a more solicitous and reserved reception for such cases, as well as making referrals for these students.

In addition, at the time of sharing with the teachers, at the end, the residents sought to point out what happened and placed, in a friendly and welcoming manner, the concern with the way that the professionals selected the students, as well as the exposure and restraint to which they were placed there. Finally, the importance of a more attentive, sensitive look was also reported, and measures were suggested, such as a more comprehensive and private dialogue, articulation with the family and indication of specialized services or professionals. This experience caused the residents to reflect on the importance of prioritizing awareness-raising and training of professionals in the school team.

In “Mental Health at School: What Educators Should Know”, by authors Estanislau and Bressan (2014), there is a discussion on this topic. The purpose of this work is to offer strategies on how educators and students' families can act to prevent and promote mental health in the school context. They bring about the lack of knowledge about mental health in Brazilian schools, resulting in both trends in the overvaluation of diseases, as well as discrimination and medicalization. This is one of the reasons why the approximation of different sectors and areas of knowledge is important. Still in this work, the authors place the school as a place of life expression and situate the role of parents and teachers as essential to obtain an early diagnosis and even to build the treatment, thinking about the application of new habits for the individual, in order to mitigate the effects of the disorder and with drug treatment, if necessary. With this, they build what they call “socio-emotional learning”, which is composed of five processes: self-knowledge, social awareness, responsible decision-making, relationship skills and self-control.

This type of work goes in the direction of the Agenda for Strategic Actions for Suicide Surveillance and Prevention and Health Promotion in Brazil, as described in one of its strategic actions:

Strengthen and disseminate, in conjunction with the Ministry of Education (MEC), the actions, content, materials for health promotion component of the School Health Program (PSE) and existing initiatives to prevent violence and promote a culture of peace, prevention of harmful use of alcohol and other drugs, prevention of suicide and development of emotional and social skills for students, teachers, other school professionals, family members and the community (BRASIL, 2017, p. 17).

Therefore, it is important that education and public health can dialogue and open up to each other. Therefore, it is considered whether it would also be beneficial for more actions on mental health to be developed, not only with students but also with other members of the school community. Here, it is emphasized that in the feedback of sharing between residents and teachers, the latter verbalized and assumed a place of lack of guidance and impotence on the subject. This exposed data, irrefutably, deserves to be highlighted. Dealing with the death taboo itself involves dealing with feelings such as helplessness, frustration, denial, lack of control and even guilt. Herewith, talking about suicide requires a solid structure, united, cared for and supported also of the faculty.

The authors Diehl and Marin (2016) debate the issue of illness among teachers and make a bibliographic review on the theme during the years 2010 and 2015. It is reported that some of the factors that lead to illness among teachers “are related to the organization of work, lack of recognition, students' behavioral problems, little family support and deficiencies in the physical environment” (p.16). The most detected form of mental illness was the burnout syndrome and stress, anxiety, exhaustion, as well as sleep-related problems are the symptoms that most appeared in studies with teachers.

Therefore, we consider the hypothesis that such a lack of management discussed earlier may represent not only the still fledgling educators to contact with the topic, but their own desires, blocking and defense. The personal demands of teachers need to be adjusted in terms of mental health, as it is not possible to demand pedagogical and social competence without an appropriate emotional structure (DIEHL; MARIN, 2016).

Therefore, the relevance of this intersectoral space to be articulated and made available is removed from this experience, especially when it comes to relevant topics such as prevention in mental health and suicide. However, more important than making this moment exist and scheduling interventions, is getting acquainted and preparing for the subject, seeking help and guidance, having clear and transparent communication between sectors, having planning and setting goals, in addition to realizing the moment of sharing among the professionals involved. In addition, these actions need to be part of broader projects, involving several sectors and promoting specific actions aimed at different audiences and their own needs.

To conclude this reasoning, it is good to ratify an idea already raised in the theoretical foundation, by Rossi (2019), and to offer another line of guidance, since it coincides with data also identified in the action. It was noticed that some students brought persistent difficulties with their families and a

significant lack of cohesion in this field. It is known that the family is a fundamental part in the educational process, imposing itself as a decisive variable in the development of being. Because of this, the interaction between school and family must be based on a reciprocal relationship so that favorable conditions for growth are formed.

The family and the school are together in a relationship of constitution of the human being, a relationship, in turn, established in affection, in mutual cooperation and in the awareness of the role that each one must play in the construction process. It is not possible to say that healthy development is an exclusive task of the school, but also of parents and even other professionals. This is a process of educating and educating yourself that belongs to everyone. Because of this, one must think about the essential articulation between these two institutions so that their roles are exercised reciprocally and favorably for the adolescent.

Finally, it is concluded that this action is of inestimable importance and that its implementation has triggered profound reflections for the residence team in mental health. It is estimated that the concerns came from the delicacy in dealing with a complex content, as well as the repercussion on this theme among adolescents. Even though some difficulties have been encountered, we consider important to share this experience, in order to raise awareness and promote actions in the direction of prevention in mental health and suicide. In addition, it is considered that the creation of this space constituted an aggrandizing experience and provoked concerns that can potentiate transformations.

Final Considerations

Given the above, it can be concluded that adolescence is composed of a series of changes, due to the approach to the context of adult life, being often permeated by delicate situations, such as depression and suicide, which require careful management. In this sense, and starting from the perception of the difficulty presented by the school and the family to deal with these cases and given the potential that these two figures have in the construction of these subjects, it is necessary to create spaces, which allow more discussions about the theme, for that it can be better discussed and reflected.

In addition, it was observed that given the situations involving mental suffering that some adolescents exposed in their speech moments, it would be valid in these cases, a longitudinal therapeutic follow-up, with professionals, who, within their individualities and the multidisciplinary team, can generate significant contributions in the face of these treatments.

Finally, it is worth mentioning that this work brought significant contributions, from the point of view of the exchange of information between residents, students and teachers, about the theme, psychosocial care services and ways of handling these situations, for the latter. Besides the possibility to reflect on the Yellow September, its weaknesses and limitations. Linked to this, the proposed activities enabled the creation of an interactive and dynamic environment and a speech space, in which the participants could place themselves. Furthermore, it is important to emphasize the importance of carrying out new activities in this perspective, to further deepen these issues.

References

Associação Brasileira de Psiquiatria, A. B. P. (15 de julho de 2020). *Suicídio: informando para prevenir*. Recuperado de https://cdnflip3d.sflip.com.br/temp_site/edicao0e4a2c65bdadd66a53422d93dae-be68.pdf.

Alves, A. C. (2019). Fatores de risco para suicídio na adolescência. *Revisão Integrativa*, 3(1), 235-269.

- Antonio, D. G. M. et al. (2019). A depressão na adolescência e suas influências no processo de ensino e aprendizagem. *Feol*, 1(2), 54-82.
- Benincasa, M., & Rezende, M. M. (2020). Tristeza e Suicídio entre Adolescentes: fatores de risco e proteção. *Boletim de Psicologia*, 56(12), 93-110.
- Bernachi, F., Krause, R. Y., & Esprendor, D. P. (2018). Adolescência e puberdade na escola. *Terapia Ocupacional*, 1(1), 23-78.
- Bezerra, P. (2018). Um adolescente à procura de seu eu. *Literatura e Sociedade*, 23(28), 102-122.
- Bittar, C. et al. (2020). Mídia e comportamento alimentar na adolescência. *Cadernos Brasileiros de Terapia Ocupacional*, 28(1), 291-308.
- Borba, B. M. R., & Marin, A. H. (2018). Problemas emocionais e de comportamento e rendimento escolar em adolescentes. *Psicologia*, 49(4), 348-357.
- Botega, N. J. (2014). Comportamento suicida: epidemiologia. *Psicologia*, 25(3), 231-236.
- Brasil, Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Caderno de educação popular e saúde. (2 de setembro de 2020). *Caderno de Educação Popular e Saúde*. Recuperado de http://bvsmms.saude.gov.br/bvs/publicacoes/caderno_educacao_popular_saude_p1.pdf.
- BRASIL, Congresso Nacional. (2 de setembro de 2020). *Constituição da República Federativa do Brasil de 1988*. Recuperado de https://www.planalto.gov.br/ccivil_03/Constituicao/Constituicao-Compilado.htm.
- BRASIL, Congresso Nacional. (2 de setembro de 2020). *Lei 8080, de 19 de setembro de 1990*. Recuperado de http://www.planalto.gov.br/ccivil_03/Leis/L8080.htm.
- Cardoso, H. F., Borsa, J. C., & Segabinazi, J. D. (2018) Indicadores de saúde mental em jovens: fatores de risco e de proteção. *Estudos Interdisciplinares em Psicologia*, 9(3), 3-25.
- Centro de Valorização da Vida. (17 de junho de 2020). *Guia para Pais e Educadores*. Recuperado de https://www.cvv.org.br/wpcontent/uploads/2017/05/guia_CVV_pais_educadores_DIGITAL.pdf.
- Dias, V. C. et al. (2019). Teens in the Network: Risks or Rites of Passage? *Psicologia: Ciência e Profissão*, 39(3), 315-380.
- Diehl, L., & Marin, A.H. (2016). Adoecimento Mental em Professores Brasileiros: Revisão Sistemática da Literatura. *Estudos Interdisciplinares em Psicologia*, 7(2), 64-85.
- Erse, M. P. Q. et al. (2016). Depressão em adolescentes em meio escolar: Projeto + Contigo. *Revista de Enfermagem Referência*, 4(9), 37-45.
- Estanilau, G.M., & Bressan, R. A. (2014). *Saúde mental na escola: o que os educadores devem saber*. Porto Alegre: Artmed.
- Freire, V. C. R. (2017). Suicídio na adolescência: reflexões sobre o mal-estar na atualidade. *Psicologia*, 3(1), 17-49.

Fialho, N. N., & Matos, E. L. M. (2010). A arte de envolver o aluno na aprendizagem de ciências utilizando softwares educacionais. *Educar em Revista*, (SPE2), 121-136.

Gaino, L. V. et al. (2018). O conceito de saúde mental para profissionais de saúde. *Estudos Interdisciplinares em Psicologia*, 1(9), 95- 130.

Luz, R. T. et al. (2018). Mental health as a dimension for the care of teenagers. *Revista Brasileira de Enfermagem*, 71(5), 2087–2093.

Oliveira, C.M.R., Amaral, I.P.A., & Carvalho, I.E.B.B. (2017). Saúde Mental e Educação: construindo diálogos. *Cad. Bras. Ter. Ocup.*, 29(10), 826-980.

OPAS/OMS Brasil, F. I. (30 de julho de 2020). *Saúde mental dos adolescentes*. Recuperado de https://www.paho.org/bra/index.php?option=com_content&view=article&id=5779:folha-informativa-saude-mental-dos-adolescentes&Itemid=839.

Organização Mundial de Saúde, O. M. S. (2 de julho de 2020). *Prevenção do Comportamento Suicida. Organização Pan-Americana de Saúde*. Recuperado de https://www.paho.org/bra/index.php?option=com_content&view=article&id=5779:folha-informativa-saude-mental-dos-adolescentes&Itemid=839.

Organização Mundial de Saúde, O. M. S. (2 de julho de 2020). *Relatórios e gráficos*. Recuperado de: https://cdnflip3d.sflip.com.br/temp_site/edicao0e4a2c65bdadd66a53422d93daebe68.pdf.

Organização Mundial de Saúde, O. M. S. (2 de junho de 2020). *Prevenção do suicídio: um recurso para conselheiros*. Recuperado de https://www.paho.org/bra/index.php?option=com_content&view=article&id=5779:folha-informativa-saude-mental-dos-adolescentes&Itemid=839.

Organização Mundial de Saúde, O. M. S. (2 de setembro de 2020). *Constituição da Organização Mundial da Saúde (OMS/WHO) – 1946*. Recuperado de <http://www.direitoshumanos.usp.-br/index.php/OMS-Organiza%C3%A7%C3%A3o-Mundial-da-Sa%C3%BAde/constituicao-da-organizacao-mundial-da-saude-omswho.html>.

Pereira, A. S., Willhelm, A. R., Koler, S. H., Almeida, R. M. M. (2018). Fatores de risco e proteção para tentativa de suicídio na adultez emergente. *Ciência & Saúde Coletiva*, 23(11): 3767-3777.

Ribeiro, J. M., & Moreira, M. R. (2018). Uma abordagem sobre o suicídio de adolescentes e jovens no Brasil. *Ciência & Saúde Coletiva*, 23(1), 2821–2834.

Romero, M., & Vóvio, C. (2011). Da criatividade do falar do jovem às práticas pedagógicas criadoras. *Revista Interações*, 72p-95p.

Rossi, L. M. et al. (2019). Crise e saúde mental na adolescência: a história sob a ótica de quem vive. *Cadernos de Saúde Pública*, 35(3), 28- 54.

Rossi, L. M., & Cid, M. F. B. (2011). Adolescências, saúde mental e crise: a história contada por familiares. *Cad. Bras. Ter. Ocup.*, 27(4), 734-742.

Santos, W. S., Ulisses, S. M., Costa, T. M. da; Farias, M. G., & Moura, D. P. F. (2016). A Influência de Fatores de Risco e Proteção Frente à Ideação Suicida. *Psicologia, Saúde & Doenças*, 17(3), 515-526.

Silva, J. F. et al. (2019). Adolescência e saúde mental: a perspectiva de profissionais da Atenção Básica em Saúde. *Interface - Comunicação, Saúde, Educação*, 23(1), 18-63.

Souza, L. B. et al. (2019). Crianças e adolescentes em vulnerabilidade social: bem-estar, saúde mental e participação em educação. *Cadernos Brasileiros de Terapia Ocupacional*, 27(2), 251–269.

Tolstói, L. (2018). *Infância, adolescência, juventude*. Editora: Todavia SA.

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