

Designing a psychosocial intervention protocol for teachers with respect to mental health in adolescence: A pilot study

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Abstract

Teachers need to be equipped to promote adolescent mental health through psychosocial interventions. Above all, they must be included in the list of caregivers to ensure adolescents' health and well-being, since, historically, the predominant focus of mental health care has been diagnosis, symptom reduction and excessive dependence on psychotropic drugs to the detriment of psychosocial interventions. The present study aims to present the stages of developing a psychosocial intervention protocol for adolescent mental health aimed at teachers. To this end, the processes for preparing the preliminary protocol, expert evaluation and pilot study are described. The sample to evaluate the protocol was made up of three professionals who are experts on the topic, and two teachers took part in the pilot study stage. The instruments used were the Mental Health Literacy Questionnaire, Quality of Life Assessment, Work Activity Impact Scale and Usability of the Intervention. The preliminary version of the intervention was inspired by the principles of mental health literacy and the literature on mental health in school. The experts' assessment indicated quality, relevance and functionality. The results of the pilot study regarding the applicability and usefulness of the intervention revealed that there was an increase in knowledge about mental health and skills for solving everyday problems. The proposal aims to serve professionals in the fields of education and psychology and to research the effects of psychosocial interventions on mental health.

Keywords: mental health, psychosocial intervention, protocol, adolescence, teachers

ETAPAS DO PROTOCOLO DE INTERVENÇÃO PSICOSSOCIAL PARA PROFESSORES SOBRE SAÚDE MENTAL NA ADOLESCÊNCIA: UM ESTUDO PILOTO

Resumo.

Os professores necessitam ser instrumentalizados para a promoção e prevenção da saúde mental de adolescentes por meio de intervenções psicossociais. Sobremaneira, incluí-los no rol de cuidados para agência de sua saúde e bem-viver, visto que, historicamente, o foco predominante do cuidado em saúde mental continua sendo o diagnóstico, a redução dos sintomas e a dependência excessiva de drogas psicotrópicas em detrimento de intervenções psicossociais. O presente estudo objetiva apresentar as etapas de elaboração de um protocolo de intervenção psicossocial sobre saúde mental na adolescência direcionada para professores. Para tanto serão descritos os processos: elaboração do protocolo preliminar, avaliação de especialistas e estudo piloto. A amostra foi composta por três profissionais *experts* no tema para avaliação do protocolo e dois professores integraram a etapa do estudo piloto. Os instrumentos utilizados foram Questionário de Literacia em Saúde Mental, Avaliação da Qualidade de vida, Escala de Impacto da Atividade no trabalho e Usabilidade da intervenção. A versão preliminar da intervenção foi inspirada nos princípios do Letramento em saúde mental e na literatura sobre saúde mental na escola. A avaliação dos especialistas indicou qualidade, pertinência e funcionalidade. Os resultados do estudo piloto, no que se referem à aplicabilidade e à utilidade da intervenção, apontaram que houve aumento no conhecimento sobre saúde mental e nas habilidades para resolução de problemas cotidianos. A proposta pretende servir aos profissionais no campo da Educação e da Psicologia, e, também, à pesquisa sobre os efeitos de intervenções psicossociais em saúde mental.

Palavras-chave: saúde mental, intervenção psicossocial, protocolo, adolescência, professores

PASOS DEL PROTOCOLO DE INTERVENCIÓN PSICOSOCIAL PARA DOCENTES EN SALUD MENTAL EN LA ADOLESCENCIA: UN ESTUDIO PILOTO.

Resumen

Los docentes deben estar preparados para promover y prevenir la salud mental de los adolescentes mediante intervenciones psicossociales. Sobre todo, incluirlos en la lista de cuidados para su salud y bienestar, ya que el enfoque predominante de la atención en salud mental sigue siendo el diagnóstico, la reducción de los síntomas y la dependencia excesiva de psicofármacos. El estudio objetiva presentar las etapas de elaboración de un protocolo de intervención psicossocial en salud mental en la adolescencia dirigido a docentes. Para ello se describirán los procesos para la elaboración del protocolo preliminar; evaluación de expertos y estudio piloto. La muestra estuvo conformada por tres profesionales expertos en el tema para

evaluar el protocolo y dos docentes formaron parte de la etapa de estudio piloto. Los instrumentos utilizados fueron el Cuestionario de Alfabetización en Salud Mental, Evaluación de la Calidad de Vida, Escala de Impacto de la Actividad Laboral y Usabilidad de la intervención. La versión preliminar de la intervención se inspiró en los principios de Alfabetización en Salud Mental y la literatura sobre Salud Mental en la Escuela. Los expertos indicaron calidad, relevancia y funcionalidad. Los resultados del estudio piloto, en cuanto a la aplicabilidad y utilidad de la intervención, mostraron que hubo un aumento en el conocimiento sobre salud mental y habilidades para la resolución de problemas cotidianos. La propuesta pretende atender a los profesionales del campo de la Educación y la Psicología, y también a la investigación de los efectos de las intervenciones psicosociales en la salud mental.

Palabras-clave: salud mental. intervención psicosocial. protocolo. adolescencia. docentes

Psychosocial interventions in mental health aim to strengthen care, develop skills and increase autonomy to intervene in case of an unusual event with the subject herself or himself or the people around her or him. It is a means of increasing the knowledge and empowerment of the community, as proposed in one of the seven principles for health promotion by the World Health Organization [WHO], (1998). Anxiety and depression represent approximately 40% of the mental disorders diagnosed among boys and girls aged 10 to 19 (Sebastian et al., 2021). One in three individuals experiences a mental disorder during their lifetime. Furthermore, suicide is considered the fourth leading cause of mortality among people aged 15–29 and the third among girls aged 15– to 19 years. Notably, 77% of suicide deaths occur in low- and middle-income countries (United Nations Children's Fund [UNICEF], 2021). Therefore, improving the mental health and well-being of young people is a global priority (UNICEF, 2021). Since 2014, the WHO has been warning of the risk of losing important advances achieved with maternal and child health programs if there is no equal investment in the health of adolescents (WHO, 2014).

Given this reality, efforts to understand the development and health path of adolescents is critical to achieve the Sustainable Development Goals by 2030, as foreseen in international agendas (WHO, 2019; Organización Panamericana de la salud [OPAS], 2023). Importantly, these findings contribute to the context of planetary health transversal to health, humanitarian and climate crises, in which the school becomes a space for prevention and planning for the recovery of mental health (Racine et al., 2021; Zangerl et al., 2024). Therefore, teachers, as health agents and disseminators in the school community, have the role of supporting the development of healthy spaces for human development and good living. Through psychosocial interventions, stigmatizing attitudes can be replaced with accurate representations of mental health. Providing facts and dispelling myths about mental health can better prepare people to understand and support others in distress (American Psychiatric Association [APA], 2022).

In the school context, teachers must be equipped and sensitized to promote empowerment and the ability to make decisions, in addition to the autonomy of individuals and communities through skills in promoting and defending health and life. According to Ní Chorcora & Swords (2021), the support provided can range from being welcoming to recognizing significant symptoms that require referral for professional intervention. A systematic review with meta-analysis aimed to identify controlled trials that evaluated the effects of teacher-led interventions on improving mental health knowledge, reducing stigma, and increasing help-seeking behavior. The main results, including 14 experiments with 7,873 subjects, revealed a significant effect of the interventions in promoting students' knowledge about mental health and stigma. Therefore, the findings revealed that teachers can effectively participate in projects to improve and promote students' mental health in terms of knowledge, attitudes and strategies for dealing with emotional problems (Liao et al., 2023). For years of life potentially saved, Duagi and colleagues (2024) highlight population-level preventive effects if such psychosocial interventions are widely implemented in accessible settings such as schools. Similarly, it is recommended that teachers also be included in the care list. The implementation of appropriate interventions in

schools is necessary to improve teachers' ability to cope with stress, reduce their likelihood of burnout, and improve their overall well-being (Agyapong et al., 2023).

The literature reveals that teachers are often seen as the first support when a student has a mental health problem; however, they feel inadequately qualified to address these problems in the classroom, highlighting the urgent need for training in the area (Gunawardena et al., 2024). In other findings on mental health training for teachers in schools conducted by Yamaguchi et al. (2020), it is possible to perceive the growth and global importance of this topic. The vast majority of psychosocial interventions are concentrated in high-income countries, highlighting the need to promote them in middle- and low-income countries. Studies have generally reported significant improvements in knowledge, helping behavior, and confidence in helping students and reduction in stigma, but there is insufficient evidence to determine which type of program is most effective or promising (Yamaguchi et al., 2020). The effects of training teachers on mental health in a randomized clinical trial conducted by Jorm et al. (2010) resulted in increased knowledge, changes in beliefs regarding the treatment of mental disorders, reduced stigma and an indirect effect on students, who reported receiving more information on the topic at school. O'Reilly et al. (2018) note that the above-mentioned ideas have spread and warn of a need for partnership between the health and education sectors so that engagement and change can actually occur.

This perspective of bringing together the aspects of education and health aligns with the theoretical basis proposed by the stages of the protocol in the present study: the mental health literacy of Jorm and collaborators (1997). The concept of mental health literacy focuses on the following components: knowledge of how to prevent mental disorders, recognition of when a disorder is developing, knowledge of options for seeking help and available treatments, knowledge of effective self-care strategies for milder problems, and first aid skills to support others who are developing a mental disorder or are in a mental health crisis (Jorm, 2012). Over time, the concept has also meant seeking to understand how to develop and maintain positive mental health, which more closely aligns with the definition of mental health proposed by the WHO (Kutcher & Coniglio, 2016). To improve literacy, efforts are aimed at changing personal lifestyles and the way people use health services, as well as promoting individual and collective actions to modify the social, economic and environmental determinants of health. Therefore, when health benefits are considered, literacy contributes to the development of social and human capital. As a means of teaching and communication, it is established through interaction, participation and critical analysis (Loureiro et al., 2020). It is therefore part of a community development model aimed at empowering the population.

Historically, the predominant focus of mental health care has been diagnosis, medication and symptom reduction rather than the use of psychosocial interventions (Lindsley, 2012; Moore & Mattison, 2017; Patel et al., 2023). In addition, the literature indicates a gap in knowledge on the part of educators, highlighting the need for debate on the topic of and psychosocial intervention in adolescent mental health (Yamaguchi et al., 2021; Pratiwi et al., 2022). Importantly,

mental disorders have different etiologies, are more common in women and tend to affect people with accumulated social and family disadvantages who live mainly in low- and middle-income territories (Allen et al., 2014). Finally, reducing the growing social disparity in Brazil is already an urgent need, and this political and social task can also be achieved through access to school and quality education. The school therefore assumes, through interventions, a central role in mental health care and, in turn, enables equity and the improvement of conditions and ways of living. This increases the potential for individual and collective health, reducing vulnerabilities and health risks arising from social, economic, political, cultural and environmental determinants. In view of its humanitarian, socioeconomic and political relevance, the study in question aims to present the stages of developing a psychosocial intervention protocol for adolescent mental health aimed at teachers. To this end, the processes for preparing the preliminary protocol are described: expert assessment and a pilot study.

Method

Step 1: Preparing the Intervention Protocol

The first stage of the process consisted of a narrative literature review that identified the characteristics and main results of psychosocial interventions in mental health aimed at teachers. It aimed to map and analyze the knowledge produced, prioritizing the most current literature, with the exception of seminal reference articles. The search strategies were performed in the databases ERIC, Scopus, PubMed, PsycInfo and Google Scholar, and the other procedures are described in the narrative review published in 2022 by Trindade and collaborators.

The second stage was the preliminary elaboration of a protocol proposal for psychosocial intervention. The theoretical basis of the intervention is the principles of mental health literacy proposed by Jorm and collaborators in 1997. Mental health literacy helps empower people so that they can make better decisions for their health. Furthermore, it helps increase knowledge about health and reduce stigma, deconstructing stereotypes about mental illness that prevent people from seeking and offering help to those in need (Loureiro et al., 2020). The protocol proposal was organized on the basis of the three central factors in the measurement instrument LSMq – Mental Health Literacy Questionnaire by Campos et al. (2016): self-help strategies that include self-care for a better quality of life, knowledge and stereotypes about mental vulnerabilities, and knowledge and behaviors related to providing help. It was also inspired by the investigation of national and international literature on health psychology and mental health literacy in school.

Step 2: Expert Assessment

The next step was to have the protocol evaluated by three professional experts on the topic. The following individuals were invited to participate: a psychologist specializing in human development, an education professional, a health professional, and a lifestyle and quality of life specialist. In addition to having specific knowledge in the area, the experts had to be linked to an assistance, teaching or research institution; have work experience of at least five years; have a master's degree or doctorate in the proposed area of knowledge; and be a member of the panel

of judges. The planned modules were evaluated via an evaluation form on which the judges evaluated the relevance and adequacy of the subjects covered in each module as well as the resources used. The suggestions by the experts were incorporated into the protocol. The questions on the evaluation form referred to the programming, topics covered during the meetings, group techniques, videos and suggestions for complementary materials, in addition to the quiz on the knowledge acquired during the module. Finally, operational aspects related to workload, general organization and usability for daily teaching practice were also evaluated.

Step 3: Pilot Study

Two teachers were invited to participate in the pilot study. The measurement instruments were applied, and the intervention consisted of five weekly modules lasting one and a half hours. The evaluation of the pilot study carried out by teachers demonstrated the understanding, applicability and functionality of both the intervention and the use of the measurement instruments in a real context.

Participants

The process of evaluating the intervention protocol included the participation of three experts who assessed the relevance and adequacy of the meetings' structure and programming. One of the professionals on the team of judges earned a degree in psychology in 1979 and a PhD in psychology and works as a professor of undergraduate and postgraduate courses in the area and as a coordinator of the Research Group on Assessment and Intervention in the Life Cycle. The second professional has been a nutritionist since 1998, with a PhD in biological sciences (biochemistry), and works as a full professor at the School of Health Sciences, teaching undergraduate and postgraduate courses in nutrition and coordinating the Lifestyle Modification and Cardiovascular Risk and the Eating Behavior research groups. The third professional who joined the team of experts earned a degree in psychology in 1995 and a PhD in sociology, teaches in the postgraduate programs in education and social sciences and in an undergraduate course in pedagogy and coordinates the Center for Studies and Research in Childhood and Early Childhood Education and the "Social Issues at School" and "Psychology and Education" research groups.

Two teachers from the basic education network with experience in educating adolescents participated in the pilot evaluation. The participants were between 35 and 45 years old, one male and one female. Both worked at schools in urban areas. After participating in the intervention, they completed the measurement instruments and monitored the quality of the intervention protocol.

Instruments

The choice of instruments described below meets the principles of mental health literacy, which prioritize health education actions. These actions are based on promoting health, quality of life and the active, participatory and expanded exercise of citizenship by both individuals and communities (Jorm et al., 2012; Jafari et al., 2021). On the basis of these premises, the following instruments were used in the evaluation and measurement process. First, the Mental Health Literacy Questionnaire (LSMq) by Campos et al. (2016) consists of 33 items distributed into 3

factors. Factor 1 is related to knowledge and stereotypes about mental health problems and has 18 items; Factor 2, with 10 items, refers to seeking help and related behaviors; and Factor 3 is related to self-help strategies and comprises 5 items.

Next, the Quality of Life Assessment Instrument – The World Health Organization Quality of Life (WHOQOL)–bref was used. The WHOQOL–bref was developed as an abbreviated version of the WHOQOL–100 due to the need for short and quickly applied instruments; its final version consists of 26 questions (Fleck et al., 2000). The first question refers to quality of life in general, and the second refers to satisfaction with one's own health. The other 24 instruments are divided into physical, psychological, social and environmental domains and can be used for both healthy populations and populations affected by illnesses and chronic diseases (Fleck et al., 2000). In addition to its transcultural nature, the instrument values individual perception and can assess quality of life in different groups and situations. The Portuguese version was carried out according to the methodology recommended by the WHOQOL Center for Brazil and presented satisfactory psychometric characteristics (Fleck et al., 2000).

Next, an instrument to evaluate the usability and suitability of the intervention, developed by the researchers, had 12 sociodemographic and labor questions on different aspects related to the activity carried out for continuous improvement. Indicators were evaluated with respect to programming, including workload, quality of programmatic content, knowledge of the topics covered and security in the transmission of content. With respect to the applicability and usefulness of the activity, knowledge and skills for solving work problems and the possibility of applying, in the short term, the knowledge acquired in the execution of tasks at work, assimilation of the knowledge transmitted, and probability of improving performance at work, among other aspects, are important.

Finally, the Activity Impact Scale at Work (Abbad, 1999) was used. This instrument combines reactions, learning and the impact of training via a single approach, investigating the relationships among variables related to individuals, training, the environment, and the results, and impacts of training. It is important to collect information regarding the tangible return from training and make necessary adjustments and adaptations. For Abbad (1999), training is an important topic in applied psychology, and it is increasingly relevant owing to the rapid technological, economic and social changes that characterize the world in recent decades.

Procedures

To increase awareness and equip teachers on the topic of mental health in adolescence, five one-and-a-half-hour modules were programmed weekly and applied in person during the pilot study. The teachers invited to participate at the end of each meeting assessed the quality and relevance of the content, methodology, group techniques, instruments, audiovisual resources and time allocated for the activities.

In the first meeting, the participants were welcomed, signed the coexistence contract and received information about the scope of the psychosocial intervention; the free and informed consent form (TCLE) was also read and delivered. The pilot intervention was carried out by the

researcher, who was trained in the management of possible risk situations. This study was approved by the PUCRS Research Ethics Committee, under number CAAE 67045022.8.0000.5336. After the study was carried out, referrals to school clinic services in the region were available if necessary. In the last meeting, there was a dialogical moment with the participants to explain the impacts of the training on the knowledge constructed and learning for the life path and health of teachers and their students.

Results

Preparation of the preliminary proposal

After the three stages were completed, the preliminary protocol preparation process, expert evaluation and pilot study structured the intervention design.

Table 1

Psychosocial Intervention Design

Module I- Let's talk about mental health and stigma?	Module II- When things don't go well...	Module III - Depression, Self-Injurious Behavior and Suicide
Concepts of Health and Mental Health; Social determinants of health Stigma and implications; Adolescence; Protective factors	Warning signs and risk factors; Mental disorders in adolescence: characteristics and implications. Burnout Syndrome Acceptance.	Difference between sadness and depression; Self-injury; Suicide: warning signs, myths, and truths.
Module IV - Anxiety	Module V- Self-care: to take care of yourself and others	
Leading Symptoms Warning signs First aid in case of crisis.	Healthy diet Sleep hygiene Regular physical activity Mindfulness	

Source: Created by authors

The intervention was configured in person and consisted of five modules. With respect to time organization, meetings were weekly, lasting an hour and a half. Held in a space provided by the Department of Education and Culture of a municipality in the state of Rio Grande do Sul, they sought to promote learning, debate and reflection on responsive actions and behaviors in mental health. The return to face-to-face attendance in schools after the COVID-19 pandemic was a factor in considering the face-to-face approach as a means of welcoming and providing interaction and connection among participants.

The program followed a learning path with expository/dialog classes and the use of audiovisual resources. It also included case studies, group techniques and complementary learning retention activities. This pedagogical strategy of teaching also enabled the development of technological innovations to disseminate health knowledge and reflected the effectiveness, functionality and understanding of the intervention on the part of teachers, as proposed by Vieira et al. (2014).

The topics covered followed the recommendation for universal interventions in health-promoting schools (UNICEF, 2021). They were also based on the three axes of the LSMq measurement instrument: self-help strategies that include self-care for better quality of life, knowledge and stereotypes about mental vulnerabilities, and knowledge and behaviors related to providing help. In general, the modules sought to promote mental health, as they prevented suicidal behavior, mental disorders (such as depression and anxiety) and related stigma.

Table 2

Activities proposed in the intervention protocol

Section	Goals	Main activities
I- Presentation of the program Mental health and stigma	Present the meanings of mental health and stigma, identifying the main protective factors on the expected path to a healthy adolescence and life based on the social determinants of health.	Carry out the "stuffed animal" dynamic in which participants exchange affection and other feelings, establishing relationships with good mental health. Present slideshow on the content and debate based on a case about the stigma associated with mental vulnerabilities during adolescence that delay the search for professional help and adherence to treatment. End with a reflective video about the effect of the film <i>Joker</i> (2019) on the public in terms of stereotypes and prejudice based on the study by Scarf et al., 2020.
II- Main warning signs and risk factors for identifying mental illness	Identify the main characteristics of burnout and implications of mental disorders with higher incidence in adolescence and the possibility of reception/referral.	Carry out the "resilience" dynamic in which participants crumple a sheet of paper into a ball and, after uncrumpling it, reflect on new possibilities and ends for the paper, giving new meaning to its use. Expository and dialoged presentation of the topic. End with a group role-play of the reception process.
III- Depression, self-injurious behavior and suicide	Inform about the main characteristics of depression, self-injurious behavior and suicide as a complex phenomenon; demystifying taboos and raising awareness about helping behavior.	Present the video "Voice to the Verb" to introduce the topic and the importance of spaces for listening and dialog. Explain content in an expository/dialoged way. Critical analysis of the film "Incredible Places." End with a quiz on the topic covered.
IV- Anxiety	Identify the main symptoms of anxiety and ways to provide psychological first aid in the event of a crisis in the classroom.	Perform the "robot, tower, rag doll" dynamic to teach body awareness of tension and relaxation. Present content based on a case study and then in a group format as a puzzle in which each piece contains the main anxiety disorders and their respective symptoms and referral possibilities. End with first aid role play.
V- Take care of yourself and others	Raise awareness of the main protective factors for a healthy lifestyle for both adolescents and caregivers.	Open with the affectionate sharing of family recipes and a communal snack with healthy and fresh foods. Dialog and expository presentation of habits related to healthy eating, sleep hygiene, mindfulness and regular physical activity. Finish with a relaxation and breathing activity. Final evaluation.

Source: Created by the authors

Expert Assessment

In the expert evaluation process, the relevance and contextualization of the intervention, as well as the quality of the content and methodological resources used, were highlighted. As a caveat, several more up-to-date bibliographies were suggested, in addition to the classic literature on development in adolescence. With respect to programming, the inclusion of the theme of burnout was suggested to compose the theoretical part of the intervention as a means

of alerting teachers to take care of their mental health. The production of an informative booklet to be given to teachers at the end of the intervention was also recommended.

Pilot Study

With respect to the pilot, the need to increase the application time of measurement instruments and to include more reports of true cases that occur in the school environment during moments of analysis and debate was highlighted. In-person as a form of approach was considered positive, as it enabled meetings and exchanges between the participants. During the pilot evaluation, it was apparent that participants had difficulty differentiating between physical and mental pathologies presented in the LSMq instrument. With respect to the applicability and usefulness of the intervention, the teachers noted that there was an increase in knowledge about mental health and skills for solving everyday problems, in addition to the possibility of applying the knowledge acquired in the short term.

There were five weekly meetings lasting an hour and a half; this format was considered appropriate among the participants. As with the experts as noted above, there was consensus regarding the clarity and relevance of the topics covered in addressing the legacy of the COVID-19 pandemic and for improving mental health in schools. Dynamicity during meetings through group techniques and moments of group analysis and debate was considered a facilitator of reflection, learning and action in everyday school life.

Discussion

The psychosocial intervention protocol for mental health in adolescents sought to cover the main steps for developing and evaluating the knowledge necessary to promote the health of the school community. In this sense, the intervention included knowledge of how to prevent mental disorders, recognizing when a disorder is developing, the options for seeking help and treatments available, effective self-care strategies for milder problems, and first aid skills to support others in a mental health crisis (Jorm, 2012), in addition to knowledge about how prejudice, stereotypes and stigma prevent people from seeking and offering help.

From this perspective, the proposed intervention differs from others in the studies compiled in the narrative review stage by proposing an approach to identifying psychopathologies with greater incidence in adolescents, such as anxiety, depression, self-injurious behaviors and suicide, from the perspective of social determinants of health. The literature recognizes that amid the epidemic of mental suffering among children and adolescents, as the health care network is not sufficient to promote recognition and meet the demand for services, it is important to plan interventions that expand self-care and health rights and reduce inequities (Lopes, Nogueira & Rocha, 2018). According to Lopes et al. (2018), interventions that help identify symptoms, provide information on managing mental health problems and provide guidance on how to adopt healthy lifestyles are extremely relevant for the development and applicability of scientific research (Lopes, Nogueira & Rocha, 2018).

Integrating health and education is already an international goal, although it is less explored in Latin American countries (Sandoval et al., 2019). It is an important initiative, according to the WHO (2019), to face a reality in which over 75% of people with mental disorders lack adequate treatment in low- and middle-income countries, which, over time, results in lost productivity, mainly from depression and anxiety, and a loss of US\$1 trillion to the global economy each year (WHO, 2019). The same applies among Brazilian adolescents; there is also a high prevalence of depression and anxiety disorders rarely identified by school managers or even health services (Thiengo et al., 2014).

When targeting adolescents' mental and behavioral health, prevention efforts must be deployed in places that are easily accessible and in important developmental stages in life, from childhood to adolescence; in this case, this is the school space. In low- and middle-income countries, school health is also cost-effective and improves the effectiveness of adolescents' overall education (Petersen et al., 2016). Importantly, the majority of children and adolescents worldwide live in low- and middle-income countries, where they typically constitute approximately half of the total population (Clark et al., 2020).

In this context, teachers and school management assume a strategic role in welcoming and referring adolescents to health services when necessary, as long as they feel safe and properly equipped through psychosocial interventions. To do this, they need to learn to identify the main mental health warning signs, risk factors, and problems and the principles of mental health care, according to the gap identified in the pilot stage. This reinforces the recommendation by Vieira and collaborators (2014) to develop appropriate and effective training for this audience (Vieira et al., 2014). As clearly noted in the expert evaluation stage, it is important that training is contextualized to the reality and needs of teachers as well as the community in which the school is located.

A suggestion presented by the teachers in the pilot intervention is that the teacher training policy is linked to the school calendar, which is planned at the beginning of the school year and during working hours. On the other hand, training takes place after working hours and during the weekend, burdening teachers' professional and personal lives. This shows the importance of including teachers in the care list, providing them with tools for self-care and responsive health actions. This may be addressed, among the duties of psychology professionals, according to Law no. 13,935 (2019). This law provides for the inclusion of psychologists and social workers in the basic public education network to meet the needs and priorities foreseen by the school community and education policies. It is a means of making schools spaces for listening, speaking and assertive guidance and proposing collective solutions in the face of contemporary complexities such as health inequities and mental vulnerability transversal to the planetary health crisis.

Final Considerations

The elaboration of the stages of the psychosocial intervention protocol aims at accessibility, knowledge and training on how to act in the face of vulnerabilities and mental suffering in adolescence in the school environment. The purpose is also to enable individuals to have agency over their own health through self-care and healthy practices. The proposal aims to serve professionals in the fields of education and psychology and to research the effects of psychosocial interventions on mental health. For future work, hybrid interventions that aim to democratize access and serve greater numbers of participants should be proposed. As a caveat, the pilot study stage should include participants from both urban and rural areas with a view to representation as a means of expressing the interests of a collective and to generate inclusive knowledge.

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