

Original Article

Mental health described by adolescents: a creative study

A saúde mental retratada por adolescentes: uma pesquisa criativa

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Abstract

Introduction: Based on a pluralistic conception of adolescence and the need to expand the spaces for listening to people who experience this process, there are indications in the literature about the need for studies to consider the place of speech of the adolescent population regarding mental health and the adoption of methodologies that consider them in the production of knowledge about themselves. Objective: To identify the understandings of high school adolescents about mental health. Method: Qualitative research, conducted with 15 high school adolescents, which used the creative method of graphic elucidation to produce data. The adolescents chose elements present in their lives to represent their perspectives on mental health. Results: The participants approached mental health in a broad way, related to the feeling of well-being, the possibilities of relating and having a support network, as well as the performance of meaningful and pleasurable activities. Conclusion: The results reinforce the need for a broader concept of mental health, contextualized with the needs, desires, experiences, culture and history of the subjects. In addition, they highlight the importance of investing in research strategies that guarantee the place of speech of adolescents.

Keywords: Adolescent, Mental Health, Methodology, Creativity, Data Visualization.

<u>Resumo</u>

Introdução: Partindo de uma concepção plural da adolescência e da necessidade de ampliar os espaços de escuta das pessoas que vivenciam esse processo, observa-se sinalizações da literatura sobre a necessidade de que estudos considerem o lugar de fala da população adolescente a respeito da saúde mental e da adoção de metodologias que a considerem na produção de conhecimento sobre si. **Objetivo:** Identificar as compreensões de adolescentes estudantes de ensino médio sobre saúde mental. **Método:** Pesquisa qualitativa, realizada junto a 15 adolescentes estudantes de ensino médio, que utilizou do método criativo de elucidação gráfica para a produção dos dados. Os adolescentes escolheram elementos presentes em

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suas vidas para representar suas perspectivas sobre saúde mental. **Resultados:** Os participantes abordaram a saúde mental de forma ampla, relacionada à sensação de bem-estar, às possibilidades de se relacionar e ter uma rede de apoio, bem como a realização de atividades significativas e prazerosas. **Conclusão:** Os resultados reforçam a necessidade de um conceito ampliado de saúde mental, contextualizado com as necessidades, desejos, experiências, cultura e história dos sujeitos. Além disso, destacam a importância do investimento em estratégias de pesquisa que garantam o lugar de fala de adolescentes.

Palavras-chave: Adolescente, Saúde Mental, Metodologia, Criatividade, Visualização de Dados.

Introduction

Adolescence is a concept that is continuously evolving. While devices such as the Statute of the Child and Adolescent (ECA) and the World Health Organization (WHO) define age periods to characterize this stage of life (12 to 18 years for the ECA and 10 to 19 years for WHO), aiming to establish legal milestones that guide public policy planning, some authors argue that adolescence should be considered in opposition to normalizing and developmentalist understandings, which end up reinforcing stereotypes as a "transitory phase" (Brasil, 1990; Organización Mundial de La Salud, 2014; Castro, 2021). However, it is through the continuous interaction between the person, with their biological and psychological singularities, and considering the historical and sociocultural context in which they live, that the process of adolescence occurs. Therefore, adolescence is understood as a plurality of ways of being (Gasparini, 2022; Rossi et al., 2019; Coutinho, 2009).

Some data concerning this population have shown an increase in mental healthrelated issues. The 2019 National School Health Survey, which analyzed 125,123 students between 13 and 17 years old from public and private schools across Brazil's major regions, found that 17.7% of these adolescents had a negative self-assessment of their mental health. Additionally, 21.4% felt that life was not worth living, while 40.9% felt nervous, irritated, or in a bad mood, and 31.4% felt sad most of the time (Instituto Brasileiro de Geografia e Estatística, 2021; Antunes et al., 2022).

A recent report from the World Health Organization (2022) indicates that adolescence is a sensitive time for mental health, with 14% of adolescents worldwide (aged 10 to 19 years) suffering from some form of mental disorder, and suicide being one of the leading causes of death in this population. The report also highlights a shortage of professionals, services, and workforce dedicated to adolescent mental health care.

Additionally, the COVID-19 pandemic must be considered, as it required social distancing measures, impacted schools, public spaces, and adolescent care services, leading to negative repercussions for the mental health of this population (Oliveira et al., 2020), especially during that period, but the effects are still perceptible. Several pieces of literature on the topic reinforce that adolescents are more likely to develop mental health-related issues. Therefore, an approach that takes into account the cultural, social, and temporal phenomena surrounding this life stage is necessary, as individualizing

analyses that try to frame the processes of adolescence within normalizing conceptions can reinforce stereotypes and prejudices, presenting it as a "problematic phase".

In this sense, investigations are needed that seek to explore the diversity of experiences lived by adolescents, from their own perspective, contextualized in terms of cultural, economic, social, and temporal aspects, in order to produce work that does not silence these individuals' processes and needs (Lourenço, 2017; Jucá et al., 2021; Rossi et al., 2019; Silva et al., 2019).

A relevant and exemplary study in this perspective is that of Persson et al. (2017), who investigated Swedish adolescents' opinions on mental health care provided by a specific service. The participants pointed to the need to be seen and heard, and reported negative experiences with healthcare professionals, who frequently did not pay attention to their demands nor considered them as serious issues. Furthermore, the participants shared those professionals limited themselves to addressing only the problems presented, showing a lack of understanding of their broader experiences. Additionally, they stated that healthcare professionals gave more attention to the reports of parents or guardians, rather than what the adolescents expressed, which made them feel inferior and dehumanized, as third parties could, if asked, talk about personal feelings that were ultimately private and insurmountable.

Fernandes et al. (2022), referring to the concepts of mental health in the field of care for the child and adolescent population, point out that few approaches address the specificity of adolescence, and there is a need to expand its elements. This could be the result of the recent incorporation of child and adolescent mental health into public policy agendas. The authors also suggest a possible definition, based on studies from the field, classifying child and adolescent mental health as:

[...] dynamics and result of the complex relationship between personal resources and skills, contextual factors and social determinants that, in the everyday dimension, are directly involved in the possibility of participation, enjoyment, recognition and facing challenges. Among others, it involves the possibility of experiencing pleasure, frustration, affection, motivation and proactivity implied in the genuine discoveries and learning of childhood and adolescence (Fernandes et al., 2022, p. 4).

In the search for strategies that ensure listening spaces for the adolescent population in knowledge production, the research methodologies that are traditionally used seem to run counter to the goal of including and considering them in a deeper and more respectful way. The life experiences of these individuals are different from those of adults, who are, in the overwhelming majority of cases, the ones who produce knowledge – even about adolescents themselves, who are never invited to be interlocutors. Thus, it is necessary to rethink methodological approaches that are interesting and favorable to the participation of adolescents, especially in academic research, but not exclusively (Johansson et al., 2007).

A review study on participatory research with adolescents in the field of mental health reveals that studies considering the direct participation of these subjects still seem to be in their infancy, both nationally and globally (Táparo et al., 2023). It also highlights that ensuring the participation of these individuals will require "[...] other

listening strategies to be made available and invented, taking into account the specificities and potentialities of adolescents", which calls on researchers to reconsider whether the way they are approaching this population is truly effective and inclusive (Táparo et al., 2023, p. 10).

Therefore, the use of more participatory and creative data production methods can be a strategy that allows greater focus on elements that resonate with the perceptions, contexts, daily lives, and experiences of the participants. These creative tools can include images, photos, music, graphic elements, or any other creative base that prioritizes intuition and imagination as resources that facilitate the participant's expression regarding the investigated theme. In this way, their narratives will be more expanded and representative (Liebenberg, 2009; Kara, 2015).

The observations highlighted here underscore the need for future studies to develop the theme of mental health from the perspective and experience of adolescents themselves, using methodologies that consider and engage with the singularities and varied contexts in which they find themselves, involving them in the construction of knowledge about themselves and their conceptions of mental health. Thus, the aim of this research was to identify the understandings of high school students regarding mental health.

Methodological Approach

The study was approved by the Ethics Committee for Research with Human Beings at a federal public university (CAAE:39705420.7.0000.5504) and adhered to all ethical and legal standards. Participants under the age of 18 were submitted to the Informed Assent Term, and their legal guardians signed the Informed Consent Term. The adult participant, in turn, signed the Informed Consent Term directly.

This is a qualitative, exploratory research that used the Graphic Elucidation technique for data production. This technique involves the use of photographs, videos, music, and other creative non-verbal communication devices freely chosen by the research participants to trigger their narratives and enrich the investigation data. Each participant presents, creates, or interprets representations related to the research theme during their interaction with the researcher (Prodanov & Freitas, 2013; Cortés, 2017).

The use of these representations, chosen by the participants themselves, is a strategy designed to access their realities in a more in-depth way, as they can offer alternative ways of understanding the theme being studied, different from conventional research techniques (such as interviews, for example). It privileges the creativity of the participants in the research process. It is important to emphasize that an interpretive analysis is not done on the photo (or any other creative non-verbal communication device) itself, but rather on the narratives that emerge from them and the reasons behind their selection (Cortés, 2017; Liebenberg, 2009). Thus, this non-verbal device operates, in a way, as a trigger for the discourse, which will then be analyzed.

Specifically regarding the methodological procedures of the research presented here, it is worth noting that data production took place in a municipality in the interior of São Paulo. In this sense, it is important to highlight that, according to the National School Health Survey (Instituto Brasileiro de Geografia e Estatística, 2021), the Southeast region concentrates the highest estimated percentage of students between 13 and 17 years old. In the state of São Paulo, more specifically, we find the adolescent

population that is most privileged in terms of economic aspects, access to education, and possession of goods and services, compared to the realities of other Brazilian states (Instituto Brasileiro de Geografia e Estatística, 2021; Corti, 2015).

Data collection for this research took place between March and June 2021, a period when the COVID-19 pandemic and containment measures were intensified in Brazil. Therefore, the initial contact and invitation to adolescents (as well as their guardians in the case of those under 18) was made via an instant messaging application.

The impossibility of in-person contact also justified the use of the "snowball" sampling technique to identify the adolescents who would become participants. This method uses key informants to locate participants with the required profile for the research, and then these participants are asked to refer new participants from their own social circles (Vinuto, 2014). The identification of participants began through people in the researcher's social circle, who referred adolescents who met the study's inclusion criteria: those attending high school in schools located in the municipality targeted by the research. Adolescents who, even though referred, were not attending high school were excluded from the study. The identification of the first participants was done with the help of five key informants. During data production, four more adolescents were referred by previously identified participants.

The study considered adolescents who were attending high school, from both public and private schools. The participant selection process ended when no new referrals were received and when theoretical saturation was reached, i.e., the point at which no new information emerged during data analysis (Fontanella et al., 2008).

After the invitation, authorization, and acceptance by each adolescent and their guardians (when necessary), it was explained that data production would take place during a future meeting with the researcher via an online video call. During this future meeting, the adolescents were also invited to share their conceptions about the research theme. The request was made based on the following statement:

I ask that you bring something to our meeting that represents what mental health means to you. It can be something that is 'ready-made', or something that you want to produce, or have already produced. For example: a song that you think represents mental health to you, or a drawing that you have made, an object from your home, a book that you have read, an image from the internet, a photo from your cell phone, among others.

On the day of the remote meeting, the adolescent presented what they had chosen to represent mental health and explained the reasons for this choice. The meetings lasted approximately 60 minutes and were all recorded. Subsequently, the narratives of each participant were transcribed and analyzed by the researcher and the study supervisor using Bardin's Thematic Analysis, which occurs through the exploration of meanings of certain themes, thus allowing the discovery of possible cores of meaning that make up the data. It is organized based on the following steps: (i) Pre-analysis, in which the initial ideas for planning the conduct of the study are organized; (ii) exploration of the material, carried out based on the objectives of the work, in which the units are chosen through possible thematic categories; and, finally, (iii) the treatment and interpretation of the results (Bardin, 2016).

Results

Fifteen high school students participated in the study. Of these, four identified as male and eleven identified as female. Eight adolescents studied in public schools and seven in private schools. The participants' ages ranged from 15 to 18 years old: eight adolescents were 15 years old, six were between 16 and 17 years old and one adolescent was 18 years old. Regarding the school year, eight were in the first year of high school, two were in the second year and five were in the third year. Table 1 lists the characteristics of the participants highlighted here:

Participant	Gender	Age	School	High School Series
Participant 1	Male	16	Public	3 rd
Participant 2	Female	17	Public	3 rd
Participant 3	Female	15	Private	2^{nd}
Participant 4	Male	15	Public	1 st
Participant 5	Male	15	Private	1 st
Participant 6	Female	16	Private	2^{nd}
Participant 7	Female	15	Public	1 st
Participant 8	Male	15	Private	1 st
Participant 9	Female	15	Public	1 st
Participant 10	Female	15	Private	1 st
Participant 11	Female	17	Private	3 rd
Participant 12	Female	15	Private	1 st
Participant 13	Female	16	Public	1 st
Participant 14	Female	17	Public	3 rd
Participant 15	Female	18	Public	3 rd

Table 1. Characterization of participants.

Source: Own elaboration.

All of them presented a representation of the research theme. Some used objects of various types, such as a soccer championship medal, a letter from a psychologist, a notebook given as a gift by friends, a pair of roller skates, a record player, a Bible, and a book. Other adolescents used music to represent mental health, whether it was a song or a specific singer. On the other hand, there were those who mentioned phrases and even movies to express what they understood by mental health. Table 2, below, presents the representations brought by each participant, illustrated by excerpts from their narratives.

From the analysis of the adolescents' narratives about their representations, three themes emerged: what mental health represents for adolescents; the importance of friends; and carrying out meaningful activities to promote one's own mental health. These will be detailed.

Participant	Graphic Elucidation			
Participant 1	[] I brought a medal from when I played football.			
Participant 2	[] there's a song that I really like and that [] is a song by Shawn Mendes, who is my favorite artist, and it's called "In my blood", in which he talks about anxiety.			
Participant 3	It's a song , called "Experience", by Ludovico.			
Participant 4	I brought a phrase that I think represents it well, which is like "the important thing is to always be at peace with yourself".			
Participant 5	[] normally, to feel good, right, I usually listen to some music . Normally it Adele [that] I listen to a lot, and Billie Eilish too.			
Participant 6	So, like, I took an example of each thing. [] Yeah from books , there's one works for both books and movies , which for me is my favorite on this topic, we is "The Perks of Being a Wallflower." And from movies, there are several. "T Minimum to Live For", which is more focused on anorexia, "Girl, Interrupte has everything. "The Virgin Suicides", is more, I don't know, I think just depression. And "Silver Linings Playbook", is [about] bipolarity. And then fr series, there's "Euphoria", which is the series that deals with this the most an deals with it in a good way. And "Skins", which doesn't deal with it in a ve good way, but it does and is my favorite on this topic. And from music , only E Elish deals with these topics for teenagers, and I took a song of hers that talks a about it, called "Listen Before I Go". But there are also other songs, but they made by adults, so I don't know if you think they're relevant or not.			
Participant 7	[], but I already underwent treatment with a psychologist and [] she gave n a letter and I took that letter.			
Participant 8	[] it's something that really marked my childhood, you know that song from "Toy Story", "You've got a friend in me".			
Participant 9	I brought a notebook , which is this one I got last year from three of my friend. [] These friends got together and made this notebook full of stuff, full of messa like to give me strength, to you know, as if it were support.			
Participant 10	[] I took a record player that I have here at home. [] And then also, which you can't take, they are types of songs. Because it's not a specific song. [It's] Any song.			
Participant 11	These are photos of me and my friends.			
Participant 12	I brought my skates .			
Participant 13	[] I brought the bible here.			
Participant 14	Ah, I brought this photo here [] because I never had friends like I had with this group here [in the photo].			
Participant 15	One sentence : [] Mental health means happiness. A happy life is a balanced life a life that has some meaning, according to Aristotle.			

Table 2. Representations of mental health brought by adolescents.

Source: Own elaboration.

"Mental health means happiness, being good about yourself" - What mental health means to teenagers

As requested, the adolescents used representations to address elements of what they understood mental health to be. Part of the group explored aspects that represented mental health in a broad sense, such as the process of feeling good about oneself and the sensation of fulfillment and well-being. One adolescent even used a phrase to represent the feeling of wholeness and the fact of being able to deal with all of life's events. Another adolescent used a phrase related mental health to a state of happiness and balance, emphasizing that it is not the absence of any illness, whether physical or mental.

I used a phrase that I think represents it well, which is like, in quotes: the important thing is to always be at peace with yourself [...] For you to have mental health, you must have it, even with your problems and everything else. Sometimes you don't even need to know how to deal with it, but you need to know how to understand and know that you are not partly to blame for it. So then you have to feel at peace with your thoughts, with what you have, with what you sometimes think could be harmful, and other times having something that helps you means knowing how to manage it, knowing how to have control, peace about it (Participant 4).

Mental health means happiness. A happy life is a balanced life, a life that has some meaning, according to Aristotle. That's what I studied in philosophy. Oh, I think health doesn't just mean the absence of disease. It means our internal well-being. Our feelings, our attitudes, our lifestyle, things like that. It's not just about illness or the absence of illness (Participant 15).

Other participants approached mental health by relating it to the experience of psychological suffering. In this case, representations were used to exemplify the situations experienced in this process. One participant presented a song by her favorite singer that, in her perception, portrayed a more realistic and non-romanticized situation about the suffering caused by anxiety. Another indicated several films that addressed situations such as anorexia, depression and bipolarity, and explained that she wanted to present them because she liked the way these situations were portrayed in a more realistic way:

[...] it's a song by Shawn Mendes, who is my favorite artist, and it's called "In My Blood", in which he talks about anxiety. It was a song, in fact it's one of his bestknown songs because he portrays it well, right... it's not in a way... he doesn't romanticize it, right, like sometimes happens and I think it shows a very real side of what it is (Participant 2).

And there are several movies. "The Least to Live For", which is more focused on anorexia, "Girl, Interrupted", has everything. "The Virgin Suicides", is more, I don't know, I think just depression. And "Silver Linings Playbook", is [about] bipolarity. And then in terms of series, there's "Euphoria", which is the series that deals with this the most and deals with it in a good way. And "Skins", which doesn't deal with it in a very good way, but it does and is my favorite on this topic. [...] I think what they have in common is the main approach to this topic. [...] I like the way it is portrayed (Participant 6).

"When I'm with these people I feel better" - The importance of relationships for mental health

Participants also expressed their views on the importance of relationships for maintaining mental health. One participant spoke about the support she received during her therapy with her psychologist, bringing a letter she had received from this professional on a given occasion to the meeting. Another presented a notebook she had received as a gift from some friends to demonstrate how much support they had offered her during a difficult phase in her life:

I don't know if this was exactly what you were looking for, but I've already been through treatment with a psychologist. [...] And then, as we were trying to solve these problems, she gave me a letter and I took that letter! [...] She said that every time I needed it, I should read it, that it would help me (Participant 7).

I brought a notebook, which is this one that I got last year from three of my friends. Last year I was going through a really bad phase. Like, really bad. And then these friends got together and made this notebook full of stuff, full of messages, like... to give me strength, to... you know, like support? And then when I was feeling bad, whenever I was, like, down, I would take that notebook and it helped a lot, like, thinking that they were there next to me (Participant 9).

In the narratives, it is possible to observe that the adolescents emphasize the importance of these relationships for their mental health, as they perceive them as a form of support. Other issues were highlighted, such as living with these people, the different exchanges of moments in life, as well as support in difficult situations. Two adolescents used photos to represent these issues, while another participant brought a song:

Oh, I thought about the photos of my friends because, for me, that's what mental health is all about. [...] It's just that, like, when I'm with them, I feel really good and that's good for me. [...]. When I'm with them, I feel better, you know? (Participant 11).

So, I took this photo especially [...], because of the mental health thing. Because I've never had friends like I had with this group here [in the photo], which is the same group I play RPG with. [...] I think it was a moment when, like, I thought "wow, I have a really good group of friends!" (Participant 14).

[...] I thought that, for me, the most important thing for me to stay well, I think both at school and in other aspects, was my friends. I think that's what brought me mental health, because many times I was having trouble at school and some friend would ask "oh, do you want to do homework with me?", and I would say "oh, I'm up for it!". And it helped me a lot at the time. [...] so I brought something very simple. You know that song, that... it's something that really marked my childhood, you know that little song from "Toy Story", "You've got a friend in me"? [...] It's a simple song, but it represents it well (Participant 8).

"To feel good, I do something I like" - Mental health and carrying out meaningful activities

Other adolescents brought representations associated with the activities they usually do to promote their own mental health. These were activities that had a particular meaning and, for this reason, were good for them. One adolescent brought a medal from a championship to represent how much he enjoyed playing soccer. Another participant brought the skates he used to use at his grandfather's house as a way to deal with difficult situations. Another adolescent brought the bible to express how much living his religion helped his mental health:

It's because I think that: it's... mental health is [...] kind of doing the things you like to do. [...] So I brought a medal from when I played [...] soccer (Participant 1).

Because, ah, I've been skating since I was little, but whenever I... I skate every weekend [...] with my grandfather, he lives in a condominium, and I go on the weekends. And... it does me a lot of good. Like, when I'm really bad it's the only thing, it's my way of escaping (Participant 12).

[...] the first thing that came to my mind was this, because you wouldn't talk to this person if it weren't for God and all that, you know? [...] Mental health has already come to my mind that, if I'm here today it's the bible, because of God, the word of God and that's why I brought the bible here (Participant 13).

As shown in the narrative excerpts, in this theme, the adolescents brought objects that directly represented the meaningful activities - the medal, the skates, the bible. Others, in turn, indicated the name of a song or mentioned a favorite singer. The activities reported have, for each one, a particular meaning and reveal a feeling of pleasure, well-being and tranquility:

[...] usually, to feel good, I usually listen to some music. It's usually Adele, I listen to it a lot, yeah... Billie Eilish too. It depends on my mood. When I'm sad, I listen to Adele more. When I'm more excited, I listen to Billie Eilish (Participant 5).

It's a song called "Experience" by Ludovico. [...] Oh, because whenever I'm really agitated about something or feeling down, I listen to it, mainly to clear my head. That's why I listen to it a lot. It helps me with basically everything (Participant 3).

[...] I got a record player that I have here at home. [...] Because, for example, when I listen to music on the record player, it's a moment when I feel calmer, when I stop to listen. When I'm not doing other things, just doing this and, like, to calm down, things like that (Participant 10).

Discussion

The graphic elucidation strategy with the research participants allowed them to address their perspectives in greater detail regarding the theme of mental health. Through the analysis presented here, it was observed that mental health was approached in a broader sense, relating to how individuals feel and cope with their own lives, not just limited to the absence of a disorder. Even those who connected the theme to the phenomenon of psychological suffering brought a comprehensive conception, focusing on people's experiences and exploring the elements involved in this process.

This understanding is related to personal and contextual factors, with the recognition and facing of challenges, as well as possibilities for experimentation, addressed in the concept proposed by Fernandes et al. (2022). It is, therefore, an understanding that seems to align with concepts that consider mental health as a complex and plural phenomenon, involving issues related to individuals, but also their experiences, histories, relationships, and contexts (Amarante, 2007).

Fernandes et al. (2022) also emphasize that it is necessary to advance our understanding of mental health, considering different methodologies and adolescent contexts. Literature signals also highlight the gap in studies regarding access to adolescents' perspectives on the theme and care actions (Persson et al., 2017; Rossi et al., 2019).

In this direction, the results of the study reinforce that considering adolescents' conceptions on this theme can offer elements that help deepen studies in a more contextualized way, reflecting their different experiences. Therefore, it is essential to invest in actions and research with adolescents, but that also consider their different places of speech (Ribeiro, 2019). As Ribeiro points out, adopting this perspective is about analyzing discourses, which are diverse, through the social positioning of the individual. This place, which each subject occupies socially according to their social, economic, racial, etc., conditions, brings with it experiences and biases inherent to that position. Thus, promoting the multiplicity of voices could be a strategic inversion of the hegemonic discourse (Ribeiro, 2019, p. 53-54).

Considering the different places of speech for the adolescent population can, thus, be a way to strengthen and expand concepts, such as mental health, as well as contribute to breaking away from individualizing, biomedical, medicalizing perspectives, and those solely focused on and based on adult experiences.

When participants address the importance of relationships for mental health and how they can promote it, these findings are also related to studies that highlight how social support networks provide encouragement and offer support to deal with a variety of challenges (Poletto & Koller, 2008). In the specific case of adolescents, the need to feel part of a friend group is crucial in their life experience, as friendships influence how adolescents build their own identity. These groups also enable the creation of a support network, providing people to rely on, share experiences and difficult situations with, establish relationships of trust, and feel respected and understood (Carvalho et al., 2017; Longaretti, 2020).

In the ways of life and molds of contemporary society, marked by individualizing processes that centralize the trajectories of individuals as the exclusive result of their choices, the adolescents' indications about the importance of relationships in the constitution of mental health reinforce the need to consider this phenomenon from a social perspective (Mitjavila & Jesus, 2004). Mental health is a plural field, which concerns not only the mental state of individuals but also of their collectives, which calls for a plurality of actors and knowledge for its debate, as it is constituted "[...] in the

complex web of intersecting knowledge" - histories, subjects, societies, and cultures (Amarante, 2007, p. 14).

Thus, the results of this research strengthen the demand not to restrict discussions in this field to issues that address only individualized elements. In the direction of deepening conceptions of mental health, it is necessary to consider that the analysis of socio-collective contexts is essential.

When participants were invited to find ways to represent the theme, they indicated that mental health is having the opportunity to engage in meaningful activities, something that brings good feelings, pleasure, sensations, and positive experiences, which, according to them, would promote good mental health.

Brazilian occupational therapy, in its historical trajectory, has become increasingly involved with activities in its professional practice. The use of activities in care processes within the profession has advanced alongside changes and expansions in the definitions of health. When this concept is understood comprehensively, beyond the absence of a diagnosis or illness, not merely as the reduction of harm, but as the production of life, it demands a variety of actions both in its care and promotion (Castro et al., 2001).

Lima, based on Winnicott's indications (1975 *apud* Lima, 2006, p. 119), presents that an expanded conception of health relates to ways of living and "[...] the possibility of experiencing creativity and the ability to have cultural experiences". In this way, health processes - and mental health processes - should not be separated from pleasurable experiences, social exchanges, and circulation in the world. Starting from the practice of occupational therapy, it is possible to consider that engaging in activities can be a way to broaden horizons and create possibilities.

Activities are highly complex constructions. They are "unsettling clues" because "[...] they are socio-historical, relational, and cultural constructions, expressions of ways of life; they involve everyday life and its desires, knowledges-doings, and their own transformative potential; they are the production of life and worlds" (Cardinalli & Silva, 2021, p. 12). At this point of life production, performing activities is related to daily life and enables the creation of spaces for health. This happens because, by engaging in these activities, individuals have the opportunity to make choices, recognize themselves, and claim what is theirs (Marcolino & Fantinatti, 2014).

Souza (2022) indicates that experiencing artistic and cultural spaces can be a powerful path for promoting the mental health of the adolescent population. In a study that involved six adolescents participating in art/culture projects, they viewed these spaces as fostering participation and cultural expression, offering opportunities for citizenship development, critical processes, creating opportunities, and the possibility of existence. This could be a relevant indication for future investigations and the development of practices aimed at the mental health field of adolescence.

By analyzing the narratives of the adolescents who participated in this investigation, it is clear that when they talk about engaging in different activities of various possible natures, they are, in fact, stating that they are creating spaces of mental health in their lives. This fact can contribute to conceptions of mental health that encompass various opportunities for experiences, which are plural due to the multiplicity of ways of being/in the world, perhaps a reflection that emerges from the vast range of sociocultural contexts. The opportunity to engage in pleasurable activities and experience spaces that allow for an expansion of this repertoire can then be a path to consider in care and mental health promotion actions, which also correlates with the necessity of again understanding the theme comprehensively.

Finally, it is important to emphasize that this study was conducted during the COVID-19 pandemic, a context that brought significant challenges to the experiences of adolescents, their social relationships, and daily activities, mainly due to the deprivation of face-to-face interactions with peers in their social spaces (Costa et al., 2021). Therefore, it is considered that social distancing and the restrictions imposed may have influenced the perspectives on mental health presented by the participants, especially regarding the importance attributed to well-being, support networks, and engaging in meaningful activities.

This situation highlights how limitations on social interaction and access to leisure and cultural spaces (not only in adverse situations like the pandemic) can negatively impact adolescents' lives. Such a scenario reinforces the need for strategies that promote strengthening bonds, spaces for expression, and listening for this population.

Conclusion

The research reported aimed to identify the understanding of mental health by adolescent high school students. Through the results, it was possible to observe that the participants understood mental health in a broad way, related to the feeling of wellbeing, the possibilities of relating to others, and engaging in meaningful activities. The adolescents' responses reinforce that mental health should be understood and contextualized not only in relation to the biological conditions of individuals but also based on their needs, desires, experiences, contexts, and relationships.

It is important to note that the study had limitations, such as the snowball sampling strategy, which resulted in participants with very similar profiles and contexts, making it impossible to consider the plural contexts of adolescence. Even so, it is considered that the objective was achieved and that the results contribute valuable insights from the experiences of individuals who live through adolescence, which can aid in the development of more democratic and participatory practices in the care and promotion of mental health for this population.

It is also considered that the graphic elucidation technique proved to be a feasible and powerful strategy in accessing adolescents' perspectives on mental health. Through this technique, it was possible to access other experiences and perceptions that went beyond verbal discourses on the topic. Therefore, it is believed that this research can contribute to the development of care and mental health promotion actions for adolescents, as well as in identifying ways to effectively engage this population, considering their particularities and perspectives in a contextualized manner.

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