

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v15.12111

EDUCATIONAL ACTIONS AS A POSSIBILITY IN THE EMPOWERMENT OF ADOLESCENTS ABOUT DEPRESSION

Ações educativas como possibilidade no empoderamento de adolescentes acerca da depressão

Las acciones educativas como posibilidad en el empoderamiento de los adolescentes sobre la depresión

Bruna Alves¹ 

Isabela Lunara Alves Barbalho¹ 

Alwsca Layane Gonçalves Rolim² 

Izabel Patrício Bezerra² 

Joyce Wadna Rodrigues de Souza¹ 

Marcelo Costa Fernandes¹ 

ABSTRACT

Objective: to understand how health education proposals can contribute to adolescents' knowledge and attitudes towards depression.

Method: this is the conclusion cut of a course of study of a field of work in nursing at the Federal University of Grande, carried out in 2018, based on the research and scientific method through the Collective Subject Discourse. **Results:** after carrying out the situational diagnosis, it was possible to carry out the planning and execution of three meetings to carry out educational actions using dynamics and methodologies that will provide a participation of dynamics and methodologies that will provide a participation of young people, as well as the group dialogue and the construction of knowledge related to depression. **Final considerations:** the studies proved to be positive as an opportunity for autonomy to deepen the resolution of these acts, how significant the use of this type of methodology can be for the transformation of reality and the capacity for social problems.

DESCRIPTORS: Population education; Adolescents; Depression; Health education.

¹ Universidade Federal de Campina Grande, Cajazeiras, Paraíba, Brazil

² Universidade Federal de Pernambuco, Recife, Pernambuco, Brazil

Received: 09/06/2022; Accepted: 06/05/2023; Published online: 08/14/2023

Corresponding Author: Isabela Lunara Alves Barbalho, E-mail: isabelarblh@hotmail.com

How cited: Alves B, Barbalho ILA, Rolim ALG, Bezerra IP, Souza JVR, Fernandes MC. Educational actions as a possibility in the empowerment of adolescents about depression. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];15:e12111. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v15.12111>



RESUMO

Objetivo: compreender como propostas de educação em saúde podem contribuir para o conhecimento e atitudes dos adolescentes frente a depressão. **Método:** trata-se do recorte de um trabalho de conclusão de curso de graduação em enfermagem da Universidade Federal de Campina Grande, realizado no ano de 2018, fundamentado no método da pesquisa-ação e analisado por meio do Discurso do Sujeito Coletivo. **Resultados:** após realização do diagnóstico situacional foi possível realizar o planejamento e execução de três encontros para realização de ações educativas com uso de dinâmicas e metodologias que proporcionaram a participação dos jovens, bem como o diálogo do grupo e a construção de conhecimentos relacionados a depressão. **Considerações finais:** os atos educativos apresentaram-se positivos como oportunidade para a autonomia de adolescentes acerca da depressão, mostrando o quão significativo pode ser o uso deste tipo de metodologia para a transformação de realidade e resolubilidade de problemas sociais.

DESCRITORES: Educação da população; Adolescentes; Depressão; Educação em saúde.

RESUMEN

Objetivo: comprender cómo las propuestas de educación para la salud pueden contribuir al conocimiento y las actitudes de los adolescentes frente a la depresión. **Método:** este es el recorte de un trabajo de conclusión de curso de graduación en enfermería de la Universidad Federal de Campina Grande, realizado en 2018, basado en el método de investigación acción y analizado a través del Discurso del Sujeto Colectivo. **Resultados:** luego de realizar el diagnóstico situacional, se logró planificar y ejecutar tres encuentros para realizar acciones educativas utilizando dinámicas y metodologías que propiciaron la participación de los jóvenes, así como el diálogo grupal y la construcción de saberes relacionados con la depresión. **Consideraciones finales:** los actos educativos fueron positivos como oportunidad para la autonomía de los adolescentes sobre la depresión, mostrando cuán significativo puede ser el uso de este tipo de metodología para la transformación de la realidad y la resolución de problemas sociales.

DESCRIPTORES: Educación de la población; Adolescentes; Depresión; Educación en salud.

INTRODUCTION

Adolescence is a particularly important and peculiar period due to the various transformations and demands that are currently taking place. It is a phase in which the young person is confronted with various situations that are conducive to mood swings and significant changes in behavior. These intense changes, when combined with other conditions that the adolescent is unable to cope with, can lead to depression, an affective disorder characterized by feelings of sadness, pessimism and low self-esteem.

Depression is understood as a multifactorial pathological condition, consisting of mental, biological and social aspects. This disorder is distinguished by the presence of feelings of sadness, loss of mood balance, complete lack of interest in daily activities, changes in sleep and eating habits, anxiety, excessive guilt, feelings of worthlessness, constant thoughts of death and suicide, among other signs and symptoms, which have negative consequences in the formation process of the individual during adolescence.¹

Young people are constantly experiencing new aspects of behavior, emotions and relationships, including feelings of sadness and hopelessness. In recent years, research has shown that an increasing number of adolescents, with an average age of 16 years, have depressive symptoms, which are considered to be the most common illness at this stage of life. This worrying finding makes depression, exceptionally in adolescence, a public health problem, as it is increasingly recurrent and has consequences that can accompany young people throughout their lives.²

Promoting mental health in adolescents is crucial to creating healthy adults. Thus, health education is seen as a health promotion tactic when it goes beyond simple information and can empower young people, making them the protagonists of their care, instructed to adopt better attitudes towards their lives through the knowledge constructed.³

Thus, there is a need to work on depression in adolescents as a possibility for health promotion. Based on the above, the following question arises: are educational actions a way of empowering young people in the prevention of depression? Therefore, the aim of this research is to understand how proposals for health education can contribute to the knowledge and attitudes of adolescents towards depression.

METHODS

A descriptive study was conducted using a qualitative approach based on action research. This is an excerpt from the final paper of a nursing course at the Federal University of Campina Grande (UFCG), Cajazeiras campus, Paraíba, Brazil. The methodology approaches social research in the context of actions aimed at collective problems solving.⁴

Action research is defined as a type of social research that is designed and carried out directly in solving a collective problem, so that participants and researchers are involved in a collaborative or participatory way. It doesn't have an exact form to be performed, but it generally refers to the exploratory phase and to disseminating the results, respectively, and among them there are a variety of paths to be followed.⁴

The research was conducted between March and June 2018 at the Technical School of Health of Cajazeiras (ETSC), located in the city of Cajazeiras. The choice of this school was made because it is a reference in high school institution, which has a high rate of acceptance in the college entrance exams, but consequently generates a certain psychological pressure in the students to perform well. As an inclusion criterion, students who were regularly enrolled in the third year of secondary school were chosen. The exclusion criteria were young people who had not participated in school activities, to be accompanied by the campus psychologist, for this is a sensitive issue that could trigger new psychological suffering.

Three actions were conducted in the educational institution, in a reserved room, the day being set beforehand, and at the end the positive and negative points were discussed to improve the next action. The first action was based on "The experience of depression by the adolescent", the second and third were on "The difficulties experienced in the daily life of the adolescent: sparks that ignite the emergence of mental suffering", in which themes such as misstructure in family relationships, obstacles in the experience of the school environment as a generator of anxiety in adolescents and bullying disguised in games were worked on.

The evaluation took place through semi-structured interviews of about eight to ten minutes, conducted individually and recorded with the permission of the participants. The interviews were listened to, transcribed and later analyzed using the CSD technique.

The Collective Subject Discourse (CSD) was used as a methodological process for analyzing and organizing the data presented in the situational diagnosis interviews and for assessing the actions of the participants. This method allows the expression of collective thought by combining opinions with similar sentiments present in different discourses, and it is possible to form a summary statement composed of the collective idea.⁵

It should be noted that the research phases complied with the ethical principles recommended by Resolution 510/2016 of the National Health Council, which deals with research in the human and social sciences. The project was submitted to and approved by the Ethics and Research Committee (CEP) of the Teacher Training Centre (CFP) of the Federal University of Campina Grande (UFCG), with opinion number 2,606,394.

The participation of adolescents in this research was based on the prior approval of the project by the Ethics and Research Committee (CEP) of the Federal University of Campina Grande (UFCG). The confidentiality and anonymity of the information collected and analyzed, as well as of all the actions carried out, were guaranteed. Recruitment was done individually, in a reserved place in the classrooms.

After reading the conditions, data collection began. The Informed Consent Form (TCLE) was signed by the adolescent's guardian, and the Informed Consent Form was signed by the researcher and the adolescent.

RESULTS

The themes for the educational actions were taken from the previous action research phase, which were: the adolescent's experience of depression, the difficulties experienced in the adolescent's daily life and coping with bullying. Three educational actions were planned with the aim of intervening in the vulnerabilities identified.

The first action took place on March 21st 2018, with the participation of the 17 adolescents and lasted about one hour. Following the script of the activities and with the help of a nursing student, together with the mediator. During the welcoming dynamic, the participants were given post-it notes and asked to write down their expectations regarding the development of the activities. These notes were reused in the last activity.

The Verbalization Group – Observation Group (VG-OG) method was then used, which allowed most of the participants to participate in the activity by talking a little about what they knew. At the time of the culture circle, it was possible to clarify doubts and build knowledge from everyone's participation. The moment of the fixation exercise was very enriching, because the game "Health Roulette", developed by the Laboratory of Information and Communication Technologies in Health (LATICS), allowed everyone to interact with each other. The dynamics of the game consisted of dividing the participants into two groups and using the roulette to give several points to the team that answered the question on the different categories of depression.

The second action took place on June 7th 2018, with an average duration of one hour and 30 minutes, this time with 13 participants. The methodology of the circuit was used, in which they were exposed to situations that cause discomfort in their daily school and family life and in their interpersonal relationships, on wooden paper, which the adolescents identified as possible circumstances that contribute to the onset of depression.

In addition, the research participants were given small jigsaw puzzles, with pieces that could not be fully assembled, to help them understand that some difficulties in daily life cannot be solved alone, but can and must be faced together. During the cultural circle, it was possible to observe a greater participation of those who were inhibited in the previous action. The video chosen for the presentation was an excerpt from the film "Inside Out", which shows the importance of difficulties in people's lives for their own personal and unique growth.

The third and final action took place on June 13th 2018, with an average duration of one hour and the participation of 16 adolescents. The methodology chosen to begin the treatment of this topic was the staging of bullying situations. This was followed by a discussion of knowledge on the subject in the cultural circle and, as some participants were already very involved in the action, there were even moments of venting and sharing their own experiences, concluding with examples of how to deal with bullying. The final dynamic consisted in the distribution of post-it notes to write down their opinions about the actions, which were added to a table together with the ones used in the

first educational action and the opinions of the expectations and the reality after the actions were compared.

Individual meetings to conduct the evaluation interview were initiated after the implementation of the actions. These were recorded, listened to, transcribed and analyzed from the construction of the CSD, resulting in two themes, according to the Central Ideas (CI) presented below. The CI01 deals with the changes that occurred in terms of knowledge acquired through participation in the actions. For the construction of the CSD of this category, 11 young people participated.

CI01 – The use of participatory educational actions as a positive strategy in the resignification of depression.

[...] For me it meant more learning, so it was a very interesting experience! It was good academically because we had more of a sense of what depression is, because before I didn't really know, some things were added like demographics about women and adolescents that I wasn't aware of. It has been a very positive contribution because it has given me a lot of knowledge that I can give to other people about what it is, how to treat it and how much I can help. Before it was uncomfortable to talk about depression, people even felt bad about it, but these conversations have done a lot to reduce people's ignorance. The method, as it was set up, was very productive because it was not an exhausting or tiring thing, it managed to keep our attention and, in addition to having several dynamics that addressed the issue of depression, it meant greater interaction, knowing better the feelings of my colleagues, knowing how to help people grow, encouraging them to seek help from a professional. (CSD01)

The second theme was related to the building and strengthening of interpersonal relationships, which occurred through the progress of the educational activities, as a result of meetings that promoted dialogue with others. Seven young people participated in the construction of this CSD.

CI02 – Renewal of interpersonal relationships through group educational activities.

[...] It was an experience of making connections with the people here, because of our conversations, the games, we got very close. I got to know people as they really are and what they really think about important issues like this. Anyway, it was very important because in none of the schools I went to I had something, a conversation like that, and that was something very good to take away some tension, you know?! Because I always think that one lives under tension of tests, vestibular, these things, and it was good to learn, you know?! To get things out, to talk about things that we hadn't talked about and to have that dialogue that we hadn't had before. (CSD02)

DISCUSSION

In the CSD01 it is observed how productive was the realization of educational actions with the use of active dynamics and methodologies, provoking the construction of knowledge and opening spaces for reflection, providing changes and feelings of multiplicity with the possibility of taking this to different audiences. It is essential that these actions are planned with this pedagogical approach in order to make the young person the main protagonist and to allow him/her to develop reflections, in addition to the possibility of promoting dialogue within the group and, consequently, the construction of new knowledge in an interactive way.

Health education should be practiced with methodologies that seek to provide dialogue through orientations with different approaches, clarifying strategies that stimulate the expansion and sustainability of knowledge. The development of educational actions with the reintegration of themes already addressed is relevant for the construction of knowledge as well as its applicability, because they should be moments in which the professional has the role of guiding in a playful way.⁶

Educational activities, developed using active methodologies, encourage reflection and understanding of the issues raised. They form a basis for the creation of social exchange networks that maintain and change the social and cultural reality of the young person. Reflecting on the well-being, self-esteem, quality of family and interpersonal relationships. In addition, it is through interpersonal relationships and communication that individuals perceive themselves as subjects with their values and limitations.⁷

In relation to the reality in which the majority of young people find themselves, most educational actions are carried out in a verticalized way, in which the educator presents himself as a holder of knowledge and distant from the context of this public's life. It is therefore necessary that the mediator of these activities knows the whole and can stimulate the formation of critical-reflective thinking from the exchange of knowledge.⁸

Within the various educational institutions, educators are the people who spend the most time with the welcomed. It is therefore essential that their perceptions are focused on activities that allow interaction and development between all those involved. It is understood that recreation and play can contribute to the development of social skills, as these moments offer numerous opportunities for intervention by the participants themselves.⁹

The relevance of the use of games in health education activities is therefore highlighted, as they stimulate participation, communication, expression and emotional satisfaction among the participants, and help to consolidate the themes addressed. In this conception, educational games are effective tools because they stimulate learning, because they establish a link between playing and reality, facilitating the awareness of adolescents.¹⁰

It is also perceived as the practice of educational actions based on the transmission of knowledge, instead of activities with the effect of stimulating the participation of people, involving the whole problem, taking into account cultures and beliefs, so that

the individual can be stimulated to express himself and build knowledge from the other subjects involved, becoming social actors.¹¹

In view of what is presented in this research, it is noticeable that the educational actions developed have obtained satisfactory results. In their speeches, the participants expressed their satisfaction with the way in which the actions were integrated in a playful way, with games and dynamics that made the moments pleasant and less tiring. In addition, all the moments for discussing the problem took place in a circle, in a conversation circle, to promote dialogue among the young people and to break the idea that only the mediator is the holder of knowledge.

Together with the benefits reported for the construction of collective knowledge through playful activities, the CSD02 highlights the importance of the educational actions for the improvement of interpersonal relations among the young people themselves, as they created a bond between them and reduced the tensions experienced in everyday life.

Participation generates interaction and knowledge sharing. Health technologies in educational settings are characterized by their ability to address situations experienced by young people. Their interest in educational activities is linked to the need to expose their ideas, taking into account what they know at that moment. This strengthens health technologies, as adolescents' health care permeates the way they live and act.¹²

In the course of the activities, the young people gradually became more communicative with each other, and the way in which each one actively participated, with an opinion or a personal experience, was at the same time a venting without fear of judgement, which allowed the colleagues to get to know a side not yet seen in the classroom, because it is made up of other obstacles, such as worries about work and evidence, which make it impossible for them to really relate.

The school environment is where pupils spend most of their time. Educational programs carried out in this space can improve decision-making and skills, as well as being a place to meet, express behavior, exchange information and clarify doubts without fear of being judged or cautioned. It is essential that educational and health professionals work together with the aim of minimizing adolescents' vulnerability by promoting, protecting and restoring their health, thus giving them a better quality of life.¹³

Another benefit of the development of stronger interpersonal relationships is the creation of higher quality socio-affective relationships. The adolescents' evaluation discourse reveals the improvement of these relationships, since they transformed the environment of the common classroom into a space where they could openly dialogue about such an important issue, with fragilities and factors that are so intimate in their daily lives and that are often left aside by the fear of the subject.

Young people are interested in activities that help to improve dialogue between those involved. The use of activities developed in groups and mediated through dialogue between health professionals and individuals allows the traditional vertical relationship between them to be broken and allows the

construction of collective knowledge and the opportunity for a reflective moment of action.¹⁴

The space made available for health education activities allowed a break from the usual routine and from important subjects at the level of academic performance, making the young people reflect on the subject in question, generating empathy through listening to the other, which consequently improved interpersonal relations between the pupils, not only during the activities but also in the classroom.

CONCLUSION

The development of the research made it possible to analyze and discuss the experiences of adolescents and educational actions to promote empowerment in the face of depression. It also provided an opportunity to share knowledge, lived experiences and discussions on other issues related to this illness, showing that educational actions are a possibility to transform reality and, consequently, a space to promote the autonomy of adolescents in the prevention of depression.

The educational actions, carried out using dynamic and playful methods, were able to encourage the participation and dialogue of those involved, making the meetings enriching for the construction of collective knowledge. These meetings provided discourses of positive evaluation, not only in terms of theoretical knowledge, but also as facilitators for improving relations between the group.

For the development of future work, it is proposed to evaluate these actions in the long term, as well as new research and the development of educational activities on this and other relevant topics, capable of empowering adolescents, since they are a public that is forgotten countless times within the health promotion actions of the health care network, in addition to not being understood in their living environment.

The development of health promotion activities and the provision of good care for adolescents are actions of paramount importance because, with this support, this population group can learn to manage their emotions and relationships better. In addition to raising awareness of diversity, the relevance of sharing what has been learned with others, and the fact that depression is an illness that requires attention, it is also important to raise awareness of the significance of prevention.

REFERENCES

1. Bento AAC, Higinio MHPC, Fernandes AGO, Raminelli da Silva TC. Factors related to depressive symptoms in university students. *Aquichan*. 2021 [acesso em 19 dezembro 2021];21(3):e2135. Available from: <https://doi.org/10.5294/aqui.2021.21.3.5>.
2. Melo, AK, Siebra, AJM, Virginia. Depressão em Adolescentes: Revisão da Literatura e o Lugar da Pesquisa Fenomenológica. *Psicol. ciênc. prof.* [online]. [Internet].

- 2017 [acesso em 19 dezembro 2021];37(1). Disponível em: <https://doi.org/10.1590/1982-37030001712014>.
3. Strehlow BR, Dahmer L, de Oliveira TB, Fontana RT. Percepção dos usuários sobre os grupos de educação em saúde do pet – vigilância em saúde Patients. *Rev. Pesqui. (Univ. Fed. Estado Rio J., Online)*. [Internet]. 2016 [acesso em de dezembro 2021];8(2). Disponível em: <https://doi.org/10.9789/2175-5361.2016.v8i2.4243-4254>.
 4. Thiollent, M. *Metodologia da Pesquisa-Ação*. 18a.ed. Porto Alegre: Editora Cortez, 2011
 5. Lefevre F, Cavalcanti AM. Discourse of the collective subject: social representations and communication interventions. *Texto & contexto*. [Internet]. 2014 [cited 2022 dez 22];23(2). Available from: <https://doi.org/10.1590/0104-07072014000000014>
 6. Silva FB, Gondim EC, Henrique NC, Fonseca LM, Mello DF. Intervenção educativa com mães jovens: aquisição de saberes sobre cuidados da criança. *Acta Paul. Enferm. (Online)*. [Internet]. 2018 [acesso em 23 de dezembro 2022];31(1). Disponível em: <https://doi.org/10.1590/1982-0194201800006>.
 7. Santos LKP, Santana CCS, de Oliveira MV. Ações para o fortalecimento da resiliência em adolescentes. *Cien Saude Colet. [online]*. 2020 [acesso em 27 de dezembro 2022];25(10). Disponível em: <https://doi.org/10.1590/1413-812320202510.22312018>.
 8. Oliveira RNG, Gessner R, Souza V, Fonseca, RMGS. Limites e possibilidades de um jogo online para a construção de conhecimento de adolescentes sobre a sexualidade. *Cien Saude Colet. [Internet]*. 2016 [acesso em 21 de dezembro 2021];21(08). Disponível em: <https://doi.org/10.1590/1413-81232015218.04572016>.
 9. Silva A, Lellis I. Atividades lúdicas em instituição de acolhimento: o olhar do educador / cuidador. *Revista pedagógica. [Internet]*. 2020 [acesso em 05 de junho 2023];20. Disponível em: <http://dx.doi.org/10.22196/rp.v22i0.4986>.
 10. Ferreira M, Leandro G, Fernandes M, Rolim A, Andrade M. Tecnologias educacionais no empoderamento do adolescente acerca da depressão. *Rev. enferm. UFPE on line. [Internet]*. 2019 [acesso em 27 de dezembro 2021];13(1). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237881>.
 11. Bomfim E, de-Araújo I, Santos A, Silva A, Vilela A, Yarid S. Atuação do enfermeiro acerca das práticas educativas na estratégia de saúde da família. *Rev. enferm. UFPE on line. [Internet]*. 2017 [acesso em 27 de dezembro 2021];11(3). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/13982>.
 12. Gonçalves GAA, Silva KVLG, Santos RL, Machado MFAS, Rebouças CBA, Silva VM. Percepções de facilitadores sobre as tecnologias em saúde utilizadas em oficinas educativas com adolescentes. *REME rev. min. enferm. [Internet]*. 2020 [acesso em 27 de dezembro 2021];24:e-1273. Disponível em: <http://dx.doi.org/10.5935/1415-2762.20200002>.
 13. Melo MRS, Rodrigues FA, Pinheiro BV, da Silva BCO, dos Santos NKK, Aquino ARG. Ações educativas sobre prevenção de HIV / AIDS entre adolescentes em escolas. *Enferm. actual Costa Rica (Online)*. [Internet]. 2019 [acesso em 18 de dezembro 2021];(37). Disponível em: <http://dx.doi.org/10.15517/revenf.v0ino.37.36749>.
 14. Lacerda, Adriana Bender Moreira de et al. Oficinas educativas como estratégia de promoção da saúde auditiva do adolescente: estudo exploratório. *Audiol., Commun. res. [Internet. [Internet]*. 2013 [acesso em 05 de junho 2023];18(2). Disponível em: <https://www.scielo.br/j/acr/a/3q3GgGPvbH6kLT6z5XWjdZB/?lang=pt#>.