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Innovative Solutions for Mental Health Promotion of Adolescents in Primary Care

Innovative Solutions for the Promotion of Adolescent Mental Health in Primary Care

Soluciones para la Promoción de Innovadoras Mental Health of Adolescents en la Atención Primaria

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Abstract:

OBJECTIVE: The aim of this study was to construct effective alternatives in mental health promotion and prevention of psychosocial disorders for adolescents and their families. **METHODS:** Two modalities of group care were developed in a Basic Health Unit of Brazlândia, in the Federal District. The first was aimed at parents and caregivers, with the aim of giving them guidance on youth education and support to address the challenges of adolescence. The other modality, aimed at both young people and caregivers, consisted in the practice of an innovative body technique called TRE (Tension and Trauma Releasing Exercises) that is very effective in reducing stress and alleviating various symptoms of emotional and behavioral conditions. **RESULTS:** These new activities have helped improve parent-child relationships, lessen family conflict and domestic violence, and reduce many psychosocial symptoms in young people and their caregivers. This has made it possible to improve the quality of life of families, to prevent mental disorders and to reduce the exposure of young people to situations of risk. Moreover, these groups gave greater resolve to the psychosocial demands at the primary care level, avoiding many referrals to specialized services. **CONCLUSION:** It is possible to develop effective and low-cost alternatives to promote adolescent mental health in the primary care setting. Such measures are fundamental to deal with the psychosocial demands of this age group and to prevent the main risk situations observed in this critical phase of development.

Abstract:

OBJECTIVE: The goal of this study was to develop effective alternatives for the promotion of mental health and the prevention of psychosocial disorders in adolescents and their family members. **METHODS:** Two modalities of support groups were developed in a Public Health Unit of Brazlândia, Federal District. The first group was focused on parents and caregivers aiming to help them with the education of their children and give them support to deal with the specific challenges of adolescence. The other group, focused on youngsters as well as caregivers, consisted in the practice of an innovative body-based technique called TRE (Tension and Trauma Releasing Exercises) that is very effective in reducing stress and relieving many symptoms of emotional and behavioral problems. **RESULTS:** These new activities helped to improve family relationships, reduce conflicts and domestic violence and relief many psychosocial symptoms observed in the teenagers as well as in their caregivers. This allowed improving the families' quality of life, preventing mental disorders and reducing teenager's exposure to risk situations. Moreover, these groups brought a better problem-solving capacity to the psychosocial demands in a primary care level, avoiding many referrals to specialized services. **CONCLUSIONS:** It is possible to develop effective and low cost alternatives to promote adolescent mental health in a primary care setting. Such measures are very important in order to deal with the main psychosocial demands of adolescence and to prevent the major risk situations observed in this critical period of development.

Abstract:

OBJECTIVE: El del goal this studio fue build effective alternative promoción en la salud mental y en la prevención of

psicosociales disorders for teenagers y sus family. **METHODS:** Two types of group service were developed in a Basic Health Unit of Brazlândia, in the Federal District. The first was addressed to parents and caregivers with the aim of giving them guidance regarding the education of young people and support to manage the challenges of adolescence. The other modality, aimed at both youth and caregivers, consisted in the practice of an innovative body technique called TRE (*Tension and Trauma Releasing Exercises*) that is very effective in reducing stress and alleviating various symptoms of emotional and behavioral pictures. **RESULTS:** These new activities helped improve parent-child relationships, reduce family conflicts and domestic violence, and reduce many psychosocial symptoms in young people and their caregivers. This improved the quality of life of the families, predict mental disorders and reduce the exposure of young people to situations of risk. In addition, these groups gave greater resolution to the psychosocial demands at the primary care level, avoiding many shipments to specialized services. **CONCLUSIONS:** It is possible to develop effective and low-cost alternatives to promote adolescent mental health in the primary care setting. Such measures are fundamental to manage the psychosocial demands of this age group and to anticipate the main risk situations observed in this critical phase of development.

INTRODUCTION

Adolescent health care represents a challenge in many respects. On the one hand, the teenage phase is a challenge in itself. The young man has the task of leaving his childhood behind and maturing into an adult world. These changes that occur in a body, emotional and social level challenge not only the teenager, but the whole environment in which he lives, including their family members, teachers, health professionals and society as a whole¹. On the other hand, despite the extreme importance of this phase of development, there are in general few professionals sensitized and trained to deal with adolescence. Many health professionals, due to lack of knowledge, cultural prejudice or difficulties experienced as adolescents or parents of adolescents, are afraid of this phase and avoid working with this age group. One of the consequences of this is that there is a lamentable gap in adolescent health care.

Just in order to fill this gap, in 2004, the Health Center 01 of Brazlândia, in the Federal District, created a specific program for the care of adolescents. Initially, it only counted on office visits for patients between 10 and 19 years old. With the growth of the service and the systematic survey of statistical data on the attendance, it was possible to observe that most of the demands of adolescents and their families involved psychosocial issues². Many of these were related precisely to the difficult process of adjusting the adolescent and his family to the rapid changes that occur at this stage, especially with regard to the dynamics of family relationships. Complaints addressed included issues such as lack of parental authority, family conflicts, violence, parental overprotection, neglect and parents' difficulty in dealing with the main themes of adolescence (sexuality, autonomy, responsibility and independence). On rare occasions, patients and their families had more serious behavioral problems, either due to the difficulty of adjusting to this stage of development, or because of the presence of factors such as stress, violence and trauma in the family. Several youth and family members presented stress-related issues, depression, anxiety attacks, aggression, antisocial behaviors, self-mutilation, suicide attempts, eating disorders, abusive use of alcohol and other drugs, among others. These psychosocial problems and their consequences, when left unattended, represented serious difficulties and risks in adolescents' lives.

From these observations, it became evident that for adequate follow-up of the adolescents users of the service it would be necessary to attend to their mental health demands, besides including their parents and caregivers in the accompaniment. However, the supply of psychological and psychiatric care is scarce in the public health system, both in Brazlândia and in the Federal District in general. And when you get a consultation of this type, almost always in the center of Brasília, 50 km away from Brazlândia, the local population does not attend or does not keep track due to the distance and the cost of transportation.

GOAL

The objective of the program developed in Brazlândia was to find alternatives of mental health promotion and prevention of mental disorders that are effective and accessible to the local population. The solution found needed not to depend on specialized consultations in psychology and psychiatry, to have application on a large scale to meet the great demand and be able to be applied by primary care professionals.

In addition, it was necessary that the adopted model be able to deal with two important issues: to include parents and caregivers in the adolescent follow-up process and to offer an effective methodology to alleviate the impact of psychosocial problems such as stress, anxiety, depression, violence and trauma, so common among this population.

METHODS

In 2005, a group was implemented for parents and caregivers of adolescents in the service of adolescents in Brazlândia, with weekly frequency and duration of two and a half hours (Figure 1). In this group was used the methodology developed by Ana Carolina Bessa Linhares and Valdi Craveiros Bezerra in the Adolescentro, a reference center for adolescents in the Federal District³. The focus of the group was to instrumentalize parents and caregivers to develop a healthy authority, to learn new ways of dealing with children, to promote dialogue, to be more present in the lives of young people, and to strengthen affective bonds^{4,5,6}.



Figure 1. Parent Group meeting held in the present study.

In addition to the parent group, it was also necessary to offer more punctual help to adolescents and caregivers who had specific psychosocial problems (eg anxiety, depression, stress, sleep disorders, panic disorder and phobias, among others). For this purpose, the TRE (*Tension, and Trauma Releasing Exercises*). This innovative methodology consists of a simple body exercise technique that helps to decrease the level of activation of the autonomic nervous system (Figure 2). The TRE was developed by PhD David Berceli, social worker and international expert in the area of conflict resolution, in order to serve populations victims of extreme situations such as wars and natural disasters, situations in which there is often no availability of psychological or social assistance^{7,8}. The ERT exercises induce spontaneous tremors in some muscle groups allowing a neuromuscular discharge and the consequent release of tensions in the body as well as a deep relaxation, both physical and mental. These exercises, when practiced regularly, allow the progressive reduction of levels of hyperexcitability of the autonomic nervous system, with the consequent relief of many emotional and behavioral symptoms, especially in situations related to stress and physical and psychological violence^{9,10,11,12}.



Figure 2. TRE (Tension and Trauma Releasing Exercises) practice in a group performed in the present study.

In 2012, a training of facilitators in TRE was developed in Brazlândia, which allowed the formation of six facilitators (community health agents, administrative technician, physiotherapist and social worker). Since then, it has been possible to maintain regular weekly TRE practice groups, serving not only the adolescents and their caregivers, but also the local community.

RESULTS

The parent group became a complementary activity to the biopsychosocial care of adolescents without which it would be very difficult to deal with most of the complaints presented by adolescents and their families. In 2016, 47 parent group meetings were held with the participation of 888 parents and guardians. The participation of the parents in the

group has been fundamental for the biopsychosocial care of the adolescent in the office. The group offers help, emotional support and guidance to caregivers, allowing them to set rules and limits, use non-violent parental authority, strengthen the emotional bond with children, and build a dialogue in relationships, thus rescuing the ability for parents to solve the difficulties faced. Parents learn new ways to deal with their children, being agents of the process of change and the building of healthier bonds. The main gains observed during the 11 years of activity of the parents group were the improvement in family relationships, reduction and prevention of domestic violence, prevention of youth involvement in situations of risk and improvement of the quality of family life as a whole.

The following are some testimonials from parents and caregivers who attended the parent group:

"From the moment I started participating in the parenting group, I am treating my family relationship more peacefully. I am having more dialogue, I am looking for to understand more about my son's situation and the phase that he is going through as a teenager. And I am having more courage to reach him, to hug, to talk, to praise, to say what I feel for him and what I expect from him too, for his life, for him to improve. I have improved a lot in this relationship" (Father of a teenager).

"I'm a good mother, I was a very good mother, and I had a lot of work in the beginning, and through the accompaniment I saw a very big change in him." He was not sleeping alone, now he sleeps alone, did not sleep with the light off, now he sleeps. and he's helping me more in the house, because he did not help me at all. Just messed up, now he's messing up and he's messing with me. helping me clean up" (Stepmom of a teenager).

Despite the extreme importance of the parent group and the excellent results observed in improving family relationships, the group could not fully resolve many of the psychosocial problems observed among youth and caregivers, nor was this proposed. Many of these emotional and behavioral problems needed to be addressed more directly to achieve greater resilience and more effective follow-up of families. This was the proposal of the TRE groups that also became a parallel activity to the biopsychosocial care of the adolescents, allowing to fill a gap existing in the area of attention in mental health. The main psychosocial demands came to be met without restriction of vacancies,

queues, waiting list or cost for the population¹³. Only the most serious cases required psychiatric care or psychological counseling.

In 2016, 121 regular group meetings were offered for the practice of TRE in Brazilândia, with the participation of 1263 people, between young people and adults. With regular practice of exercise, participants reported clinical benefits in insomnia, muscle pain, anxiety, stress, fibromyalgia, depression, panic syndrome and posttraumatic stress disorder, resulting in a significant improvement in the quality of life community.

Case Report of a mother who attended the ERT group:

The mother of a teenager was 42 years old in 2012 when she brought her son to accompany the service. At the time, this mother complained of depression and fibromyalgia six years ago. He had felt a lot of anguish, sadness, a desire to cry, a tightness in his chest and he always had the feeling that a tragedy was about to happen. She did not feel like going out or seeing anyone. He had pain in his body, especially in his legs, he had chronic headache and tiredness that did not improve or sleep. It seemed that when he slept, nothing rested. And she had a lot of insomnia, lay down on the bed and rolled back and forth without being able to sleep.

This mother had a difficult life history. The first husband died shortly after the birth of her first daughter, more than 20 years ago. It was a trauma. She was depressed, without a job, she had to take care of her deceased husband's children. At times they did not even have anything to eat. Even marrying again after a few years, and slowly regaining her life, she has never fully improved from the picture. He even used medication for depression, but the condition improved and returned.

She was referred to the ERT group, which she attended regularly for the following six months and slowly improved symptoms. She had been using muscle relaxant and antidepressant regularly, but she had only mildly improved her symptoms. With the regular practice of ERT, the change was significant: he went to sleep better, became less tense, fears diminished, he improved from fatigue, he began to control his nervousness more, he stopped having depressive symptoms, improved his body aches and improved a lot family relationships.

With the favorable evolution she was able to suspend the medications and continued to practice the ERT The improvement of her quality of life was significant, as well as that of her family.

CONCLUSION

According to the World Health Organization (WHO)^{14,15,16} despite the potential for treating mental disorders, only a minority of people receive the most basic treatment. This reveals the need to integrate mental health services into primary care, which becomes even more imperative when we talk about the mental health of children and adolescents.

Due to the characteristics of childhood and adolescence, it is difficult to conceive children and adolescents without the family context in which they live. Many of the demands of adolescents are related to problems of family relationships and many of the behavioral problems that they present and that disturb both parents are usually directly or indirectly

related to the dynamics of intra-family relationships¹⁷. This becomes clear when we observe the difficulty that many parents have to deal with issues of authority, affective bonding, expression of affection, communication, and support for the child to overcome his developmental challenges. The innovative point of the parent group is to provide a systemic approach to the approach of adolescents including parents and caregivers in monitoring and treatment and helping them to play an active role in building a better relationship with their children and a better environment family.

TRE groups have made it possible to meet a pent-up demand for mental health care. The innovative nature of this technique is related to the application of an easy-to-implement and low cost methodology to deal with psychosocial

issues and to solve a chronic problem in the area of mental health, which is the difficulty of access to services for the population, as well as the shortage prevention policies. The TRE is also innovative in that it proposes care not only for the adolescent but also for their caregivers who often present psychosocial problems that directly interfere with the mental health and quality of life of the adolescent.

Because they are easy to apply in a group and can be conducted by non-specialist professionals, the parent group and the ERT group have great potential for use in basic health care, especially in settings where access to specialized treatment is difficult. Both can be used successfully as health promotion activities or in targeted prevention programs that help prevent and alleviate many of the emotional and behavioral problems of adolescents, their families and the community as a whole.

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