

# Ethical professional care for adolescents who experience psychic suffering

Cuidados profissionais éticos ao(à) adolescente que vivencia sofrimento psíquico  
Atención profesional ética a adolescentes que experimentan sufrimiento psíquico

## RESUMO

Objetivo: Refletir sobre os cuidados profissionais éticos e/ou estratégias de intervenção frente aos(às) adolescentes em sofrimento psíquico. Método: Revisão integrativa a partir da análise de publicações da Pubmed, IBECs e BVS, de março a maio de 2019. Os critérios de inclusão foram trabalhos na íntegra, idiomas português, inglês e espanhol, sem corte temporal; e excluídos os estudos fora da temática. Resultados: Identificou-se duas categorias: cuidados e estratégias para minimizar o sofrimento psíquico entre adolescentes; e causas e consequências do sofrimento psíquico entre adolescentes. A abordagem sobre os fatores e suas consequências que influenciam no comportamento emocional destes(as) evidenciam esse sofrimento e as terapias alternativas para amenizá-lo, valorizando o cuidado ético profissional e o acolhimento na terapêutica. Conclusão: Evidenciou-se a existência desse cuidado ético, considerado essencial no acolhimento do(a) adolescente em sofrimento psíquico; e necessidade de investir em cuidados preventivos/promocionais, de forma holística e humanizada, contribuindo para a qualidade da assistência.

**DESCRIPTORES:** Ética; Cuidado; Adolescente; Estresse Psicológico.

## ABSTRACT

Objective: To reflect on ethical professional care and/or intervention strategies for adolescents in psychological distress. Method: Integrative review based on the analysis of publications by Pubmed, IBECs and VHL, from March to May 2019. Inclusion criteria were full-text works, Portuguese, English and Spanish, without time cut-off; and studies outside the theme were excluded. Results: Two categories were identified: care and strategies to minimize psychological distress among adolescents; and causes and consequences of psychological distress among adolescents. The approach to the factors and their consequences that influence their emotional behavior highlights this suffering and alternative therapies to alleviate it, valuing professional ethical care and acceptance in therapy. Conclusion: The existence of this ethical care was evidenced, considered essential in the reception of adolescents in psychological distress; and the need to invest in preventive/promotional care, in a holistic and humanized way, contributing to the quality of care.

**DESCRIPTORS:** Ethics; Care; Adolescent; Stress Psychological.

## RESUMEN

Objetivo: Reflexionar sobre la ética del cuidado profesional y/o estrategias de intervención para adolescentes em sufrimiento psíquico. Método: Revisión integradora basada en el análisis de publicaciones de Pubmed, IBECs y BVS, de marzo a mayo de 2019. Los criterios de inclusión fueron trabajos en texto completo, portugués, inglés y español, sin límite de tiempo; y se excluyeron estudios fuera del tema. Resultados: Se identificaron dos categorías: cuidados y estrategias para minimizar el malestar psicológico entre adolescentes; y causas y consecuencias de la angustia psicológica entre los adolescentes. El abordaje de los factores y sus consecuencias que influyen en su comportamiento emocional destaca este sufrimiento y las terapias alternativas para aliviarlo, valorando el cuidado ético profesional y la aceptación en terapia. Conclusión: Se evidenció la existencia de este cuidado ético, considerado esencial en la acogida de adolescentes en sufrimiento psíquico; y la necesidad de invertir en la atención preventiva/promocional, de forma holística y humanizada, contribuyendo a la calidad de la atención.

**DESCRIPTORES:** Ética; Precaución; Adolescente; Estrés psicológico.

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## INTRODUCTION

Currently, thousands of young people around the world have mental health problems, accounting for 16% of the morbidity rate from diseases and injuries among adolescents aged 10 to 19 years. To a large extent, this reality has an incidence in childhood or adolescence, starting around 14 years of age, with several factors triggering the disease that result in behavioral changes that affect health, cognitive and personality.<sup>1</sup>

Depression is considered the main disease causing disability in youth and suicide, the third main reason for death among young people aged 15 to 19 years. These consequences characterize today a public health problem, which has generated stressful events, internal conflicts and even psychological distress that can compromise the future life of individuals.<sup>1</sup>

Stressful situations and/or violence, trauma and psychological suffering affect the physical and mental well-being of people, triggering excessive levels of emotional overload, and, consequently, the quality of life in the short or long term; compromises academic, professional, social life; and, above all, physical and mental health. Added to a development of severe conditions of different disorders, being considered, Common Mental Disorder (CMD), such as anxiety, depression, stress.<sup>2,3</sup>

CMD is called a state of depression, in which the person has feelings of sadness, accelerated thinking and speech, fatigue, irritability, decreased sleep and other symptoms. This disease arises from several genetic factors, a high level of stress, factors of one's own personality and can also be caused by adverse experiences during childhood or adolescence, by experiencing physical and psychological trauma, and also

by experiencing a socio-environmental disaster.<sup>1,4</sup>

To mitigate the impacts that affect the mental health of children and young people and reduce the high rates of mental illness, it is essential to create strategies for care and attention to the health of this target audience, when considering that the act of caring is expressed in actions and behaviors that involve knowledge, values, skills and attitudes, undertaken in favor of people's potential to maintain and/or improve the human condition in the process of living and dying. The care process involves empathy, respect and receptivity to the other, as a person who receives care responds in the same way when in the initial care.<sup>5</sup>

In this sense, one of the family's coping strategies for the adolescent's psychological distress is to cling to religion or religious issues as a way of renewing family energy until finding resources/

conditions to learn to understand the disease and overcome this difficult situation.<sup>6</sup>

When considering psychic suffering as a public health problem, which affects adolescents today in confrontation with their personal, cultural and social reality, this study aims to reflect on ethical professional care and/or intervention strategies for adolescents in psychological distress.

## METHOD

This is an integrative literature review, which consists of a broad analysis of published studies that allow discussions about research methods and results. Thus, the research instrument: Main Items for Reporting Systematic Reviews and Meta-analyses – PRISMA was used to assess and ensure consistency of the information in this review. Thus, the steps taken in the elaboration of the study were: elaboration of the research question, definition of the sample or search in the literature of the primary studies, categorization of the selected studies, evaluation of the primary studies included, interpretation of the results and presentation of the review.<sup>7</sup>

For the elaboration of the research question, the PICO strategy, an acronym for Patient, Intervention, Comparison, Outcomes, was used. The use of this strategy allows for the construction of research questions of different natures, in addition to enabling the correct definition of what information/evidence is necessary for the resolution of the clinical research question; maximizes retrieval of evidence in databases; focuses on the scope of the research; and avoids performing unnecessary searches.<sup>8</sup>

Thus, the delimited research question was: What are the ethical professional care and/or intervention strategies for adolescents in psychological distress evidenced in the literature? In it, the first element of the strategy (P)

consists of the adolescent in psychological distress; the second (I), ethical professional care and/or intervention strategy; the third (C) the context of

The search for primary studies took place from March to May 2019, in the following databases: National Library of Medicine National Institutes of Health (PubMed), Latin American and Caribbean Literature in Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System Online (Medline), Scientific Electronic Library Online (SciELO) and IBECs, and on the Virtual Health Library (VHL) platform.

To survey the articles in the aforementioned databases, health terminologies consulted in the Health Sciences Descriptors (DECS) were used with the following descriptors and their combinations: Care; Ethics; Psychological stress. The Boolean AND operator and the following search strategy were used: Care AND Adolescent AND Ethics AND Psychological Stress.

The inclusion criteria established for the study were primary articles, research published in Portuguese, English and Spanish, preferably available in full, without time cut, for greater use of the information to be collected, and that addressed ethical professional care and/or intervention strategies with adolescents in psychological distress. Any and all material that did not address the study theme as the central theme of the research, abstracts, publications from dubious data sources and outside the established inclusion criteria were excluded.

From the selected descriptors, 26 (twenty-six) publications were found, and only 6 (six) scientific articles were selected when the inclusion and exclusion criteria were applied. These were carefully analyzed, which were characterized in: Year/Source; Country; Study Authors; Title of Work. The objectives were also highlighted; methodology; and main results. It should be noted that the six selected studies were from the years 2016 to 2018. However, the other 13 (thirteen) publications presented were used to discuss the theme and without a time cut.

## Depression is considered the main disease causing disability in youth and suicide, the third main reason for death among young people aged 15 to 19 years.

the research evidence available in the electronic databases and the fourth element (O) the care to mitigate psychic suffering.

For the interpretation of the results and presentation of the review, it was decided to discuss the findings from the themes found in the selected articles, creating two categories: ethical care and strategies to minimize psychological distress among adolescents and causes and consequences of psychological distress among adolescents.

This study was conceived by the doctoral student author, who formulated and carried out the search and selection of articles, together with the specialist professional. Subsequently, the research was written by the other authors. The review of the work was carried out by the master's student and undergraduates, and the validation of the information in pairs, by the PhD authors of the study. As this is a qualitative review study, the information was analyzed in detail using Bardin's Content Analysis theory, which were pre-analyzed, explored, treated in categories, inferences and, finally, interpreted.

**RESULTS**

Different materials were found that address the topic of ethical professional care and/or intervention strategies with adolescents in psychological distress.

The table below represents the characterization of the six scientific articles used, considered guiding this study.

**DISCUSSION**

In this review, some of the professional care provided and intervention strategies for adolescents who experience psychological distress were identified. When analyzing the relevance of the problem and the possible consequences that psychic suffering can cause, a gap was noticed in terms of quantitative and qualitative studies on the subject,

which can mean a lack of depth and broader and more complex knowledge about the issues linked to ethical professional care and/or intervention strategies

**Table 1 – Synthesis of primary studies included in the integrative review, by year, country, database and authors of the work, 2019**

Year/Source	Country	Study Authors	Work Title
2018/ Medline	Spain	Estevez E, Jimenez TI, Moreno D	Aggressive behavior in adolescence as a predictor of personal, family, and school adjustment problems.
2017/ SciELO	Portugal	Trinco ME, Santos JC	Adolescents with self-injurious behavior without suicidal intent in the emergency department of a pediatric hospital in the central region. (O adolescente com comportamento autole-sivo sem intenção suicida no internamento do serviço de urgência de um hospital pediátrico da região centro.)
2017/ IBECS	Spain	Llorca A, Malonda E, Amostrador P	Anxiety in adolescence. Can we prevent it?
2016/ Pubmed	United Kingdom	Pearce P, Cooper M, Pybis J	Effectiveness of School-Based Humanistic Counselling (SBHC) for psychological distress in young people: Pilot randomized controlled trial with follow-up in an ethnically diverse sample.
2016/ Lilacs	Brazil	Fernandes ADSA, Matsukura TS	Adolescents Inserted in a CAPSi: Scopes and Limits of this Device in Children's Mental Health. (Adolescentes Inseridos em um CAPSi: Alcances e Limites deste Dispositivo na Saúde Mental Infantojuvenil.)
2016/ Medline	USA	Galla BM	Within-person changes in mindfulness and self-compassion predict enhanced emotional well-being in healthy, but stressed adolescents.

Source: Authors, 2019

for adolescents in psychological distress, in addition to the relationship between the causes and consequences of this suffering in adolescents.

Among the studies found and analyzed, the study by Estevez, Jimenez and Moreno (2018) <sup>9</sup> points out determining factors that cause personal, emotional, school and family maladjustments in adolescents; the study by Trinco and Santos (2017) <sup>10</sup> addresses

the consequences of psychic suffering in the lives of these individuals; while the studies by Pearce, Cooper and Pybis (2016), <sup>11</sup> Galla (2016), <sup>12</sup> Fernandes and Matsukura (2016) <sup>13</sup> and Llorca, Malonda and Amostrador (2017) <sup>14</sup> consisted of testing alternative therapies to alleviate psychological distress among these young people, comparing their effectiveness, evaluating in a given period and analyzing their effect in the



short and long term.

Estevez, Jimenez and Moreno (2018)<sup>9</sup> in a cross-sectional study with a sample of 1,510 Spanish adolescents aged 12 to 17 years, answered self-report questionnaires anonymously and voluntarily with the aim of determining the extent to which aggressive behavior towards peers predicts greater personal, school and family maladjustments in adolescent aggressors of both sexes.

The main results were: 1) aggressive behavior associated with high scores in depressive symptomatology, perceived stress and loneliness, and low scores in self-esteem, life satisfaction and empathy, for both sexes; 2) school environment: aggressive behavior related to low scores on academic engagement, friends in the classroom, perceived teacher support; and 3) family level: significant relationships between aggressive behavior and high scores on offensive communication and conflict in the family, and low scores on open communication with parents, general expressiveness and family cohesion.<sup>9</sup>

Trinco and Santos (2017)<sup>10</sup> in a qualitative and descriptive study, based on a multiple case study, the sample was composed of 38 adolescents aged 13 to 17 years, who had involuntary drug intoxication and/or self-mutilation without suicidal intent. As a source of data, semi-structured interviews were used with the parents who accompanied the child during hospitalization, the adolescent's clinical process and the researcher's field notes, with the aim of characterizing: 1) adolescents with self-injurious behavior; 2) self-injurious behaviors; and 3) identify the reason that led to the self-injurious behavior.

They reached the following results: the adolescent who has a self-injurious behavior without suicidal intention is in psychic suffering and uses this behavior to alleviate this same suffering. Drug intoxications are the most relevant, followed by self-mutilations. Approximately 55% of adolescents report that the reason for the act is the

psychological distress they are in, and 39.5% report family dysfunction. School and peer relationships also appear as a reason for the act.<sup>10</sup>

Pearce, Cooper and Pybis (2016)<sup>11</sup> in a pilot randomized controlled trial for SBHC or Usual Care (UC) with 64 ethnically diverse young people aged between 11 and 18 years, 78.1% of whom were non-white. The objective was to apply a test of the effectiveness of school-based humanistic counseling (SBHC) in a group with follow-up assessments at 6 and 9 months. Its primary outcome was psychological distress at 6 weeks (mid-therapy); 12 weeks (end of treatment); and 6 to 9 months of follow-up. Secondary measures included emotional symptoms, self-esteem, and achievement of personal goals.

Como resultado, foi evidenciado que os participantes da condição de SBHC, comparados com os participantes da condição de UC, mostraram maiores reduções no sofrimento psicológico/sintomas emocionais e maiores melhorias na autoestima ao longo do tempo. No decorrer do tempo, apenas os sintomas emocionais mostraram diferenças significativas entre os grupos; o aconselhamento humanístico baseado na escola, pode ser um meio eficaz de reduzir o sofrimento psicológico experimentado por jovens com sintomas emocionais a curto prazo.<sup>11</sup>

Galla (2016)<sup>12</sup> in a pilot randomized controlled trial for SBHC or Usual Care (UC) with 64 ethnically diverse young people aged between 11 and 18 years, 78.1% of whom were non-white. The objective was to apply a test of the effectiveness of school-based humanistic counseling (SBHC) in a group with follow-up assessments at 6 and 9 months. Its primary outcome was psychological distress at 6 weeks (mid-therapy); 12 weeks (end of treatment); and 6 to 9 months of follow-up. Secondary measures included emotional symptoms, self-esteem, and achievement of personal goals.

Their main results were: adolescents

had increased self-compassion and decreased levels of stress and depression, reflected less frequently in response to difficult experiences, and conversely, had a higher positive effect and were more overall satisfied with their lives. It concluded that intensive forms of meditation training are feasible for teenagers and improve emotional well-being. Cultivating kind-hearted attitudes and a sense of common humanity can help mitigate the stress associated with self-criticism and feelings of severe isolation.<sup>12</sup>

Fernandes and Matsukura (2016)<sup>13</sup> in a qualitative case study with 13 adolescents, aged between 12 and 18 years, inserted in a Psychosocial Care Center for children and adolescents (CAPSi) in a large city in the state of São Paulo, using the field diary and a form to identify the participants as data collection instruments. Its objectives were: 1) to identify the daily life of adolescents in psychological distress inserted in a CAPSi; and 2) understand the scope and limits of this care device in children's mental health.

Its results indicate that the activities carried out at CAPSi are considered to enhance the processes of social inclusion and the establishment of social relationships among adolescents; CAPSi encompass service to the population, clinical follow-up and social inclusion of users, with daily care, reception, clinical care and social insertion as their functions. In these spaces there are affective exchanges, sharing of activities, establishment of bonds, strengthening of their networks; violence and family disruption, among other aspects understood as risk factors, can imply and/or increase the psychological suffering of adolescents.<sup>13</sup>

Llorca, Malonda and Amostrador (2017)<sup>14</sup> in a longitudinal study with 417 adolescents, whose sample consisted of 192 boys and 225 girls, aged between 13 and 17 years. Data collection was performed in the classroom, in 50-minute sessions during school hours

by trained researchers. Annual assessments took place in three consecutive years, during the first quarter of the school year, with the aim of analyzing the psychological processes and emotions that facilitate anxiety symptoms and those that protect adolescents from these symptoms.

They arrived at the following results: 1) adolescents show more symptoms of anxiety and more empathic concern throughout adolescence, while boys show more emotional instability and more aggressive behavior; 2) in adolescence, effective problem-solving strategies decline; 3) the development of coping mechanisms aimed at problem solving and emotional self-control are processes that need to be taught and developed during adolescence; and 4) programs for the prevention or treatment of anxiety in adolescence should include the recognition and acceptance of emotions, emotional self-regulation, as well as the acquisition of coping mechanisms.<sup>14</sup>

#### 4.1 Ethical care and strategies to minimize psychological distress among adolescents

Regarding the care and/or strategies proposed to minimize the psychological suffering of adolescents, the study by Pearce, Cooper and Pybis (2016)<sup>11</sup> proposes school-based humanistic counseling – SBHC, and claims that this can be an effective means of reducing the psychological distress experienced by young people with emotional symptoms in the short term, as young people are up to ten times more likely to access a school-based mental health service compared to a non-school-based service. Participants in the SBHC condition, compared with participants in the UC condition, showed greater reductions in psychological distress and emotional symptoms, and greater improvements in self-esteem, over time.

The assumption underlying SBHC is that young people have the ability to successfully face difficulties in their

lives if given the opportunity to talk through these problems with an empathetic and supportive adult. School-based humanistic counseling uses a variety of techniques to facilitate this process, including active listening, empathic reflection, and helping clients reflect on their emotions and behaviors.<sup>11</sup>

In the study by Galla (2016),<sup>12</sup> a more popular approach to promoting emotional well-being in adolescents has been proposed, through meditation training, who tend to take a deeper look at the habits of mind that aggravate psychological suffering, and aim to cultivate positive habits of mind to alleviate this suffering.

The focus of each retreat is on cultivating mindfulness, loving-kindness, and other positive mental abilities such as self-awareness and gratitude. Adolescents are taught methods designed to cultivate concentration and non-reactive acceptance of present-moment experience, self-esteem and loving-kindness, as well as methods for dealing with difficult emotions. The basic meditation instructions are taken from Buddhist insight meditation practices, but are presented using secular language that does not assume (or require) any particular religious affiliation.<sup>12</sup>

In this study by Galla (2016),<sup>12</sup> adolescents have increased their self-compassion, are less stressed, less depressed, reflect less often in response to difficult experiences, and, conversely, they had a higher positive effect and were more globally satisfied with their lives.

It is noteworthy that such approaches considered the bioethical principles of beneficence, autonomy, respecting the freedom of individuals to make decisions and consent,

in which the preventive and therapeutic intervention was only carried out with the prior, free and informed consent of the individual involved, based on adequate information.<sup>12</sup>

Such strategies are characterized as beneficial because they focused on helping others, recognizing the moral value

of adolescents, and taking into account that by maximizing the good of the other, it is possible to reduce problems, seeking maximum benefits, reducing damage and risks to a minimum.<sup>15</sup>

In the meantime, healthcare professionals need to do what is beneficial from a health perspective and for human beings in general. In order to use this principle of beneficence, it is necessary to develop professional skills, because only then will it be possible to decide what the risks and benefits will be to which clients will be exposed, and when to decide for certain attitudes, practices and procedures.<sup>15</sup>

The moral right of the human being to autonomy generates a duty of others to respect it. Thus, health professionals also need to establish relationships with clients in which both parties respect each other. Respecting autonomy is recognizing that the individual must have certain points of view and that it is he who must deliberate and make decisions following his own plan of life and action based on beliefs, own aspirations and values, even when they are in disagreement with those dominant in society, or when the client is a child, a mentally handicapped person or a psychic sufferer.<sup>15</sup>

Another care approach was proposed in the study by Fernandes and Matsukura (2016)<sup>13</sup> as for monitoring at CAPSi, which has helped to improve symptoms, social inclusion and act as an important source of social support in serving the population. The clinical follow-up and social insertion of users have daily care, reception, clinical care and social insertion as their functions.

These care centers propose a range of activities aimed at the insertion of users. These permeate, from coexistence, individual care, groups and workshops within the CAPSi, to external interventions that occur in public places in the municipality or in the residence of some users.<sup>13</sup>

However, this study by Fernandes and Matsukura (2016)<sup>13</sup> contrasts with

the research by Freitas, Moura and Monteiro (2016)<sup>16</sup> which states that the subject with a mental disorder is poorly welcomed and mistreated within the institutions, characterizing the institutional violence that takes place at school, health units, Psychosocial Care Centers (CAPS) and psychiatric institutions.

This last study states that, in these services, the person in psychological distress is not seen as a subject, having little or no recognition and acceptance of their complaints, and, therefore, there is a loss of identity, family ties and deprivation of liberty, for example. Added to this, there are drug overdoses with the aim of reducing the autonomy of these people.<sup>16</sup>

Thus, the new approach by Fernandes and Matsukura (2016)<sup>13</sup> it is distinguished by the proposed therapy, in which moments are provided in which adolescents, no matter how hard they are experiencing, are welcomed, heard, respected and proximal processes are established. In addition, there are affective exchanges, sharing of activities, establishment of bonds and strengthening of their networks, aiming to minimize the suffering in which they find themselves. Therefore, respect for the autonomy of the adolescent becomes visible as an interpersonal relationship of mutual trust is established.

It is common for health professionals to have a paternalistic attitude towards clients, that is, to decide what is best for them, without taking into account their thoughts, emotions or feelings. In this way, even with the intention of doing good, they are reducing adults to the condition of children and interfering with their freedom of action.<sup>15</sup>

And even when dealing with children and adolescents, it is necessary to understand that, although parents are responsible for their children, they are not their owners. Children and adolescents have their own wills and personalities, for this reason, they have rights to different degrees of autonomy. The

principle of autonomy teaches that, apart from the risk of death, it is up to the patient to decide on the diagnostic and therapeutic practices to which he

**Among the professional ethical care for adolescents in psychological distress, respect for the bioethical principle of autonomy in therapy was highlighted and, regarding strategies, the educational actions developed mainly in school environments, being of a preventive nature with counseling and care in the area of social assistance and health in the host institutions.**

wants to undergo. And, as this ability of children and adolescents to face problems is diversified and subjective, varying with maturity and degree of un-

derstanding, they must have the right to autonomy within the limits of their discernment. But the assessment of the pediatric patient's ability to judge is always subjective and, therefore, may be unfair.<sup>17</sup>

Finally, the study by Llorca, Malonda and Amostrador (2017)<sup>14</sup> states that the development of coping mechanisms aimed at problem solving and emotional self-control in the face of situations that generate tension or conflicts that require a solution from the individual and control of impulsivity are processes that need to be taught and developed during adolescence to contribute to the reduction of anxiety, for a good emotional balance related to a more adapted behavior.

In summary, the results of this study indicate that programs for the prevention or treatment of anxiety in adolescence should include the recognition and acceptance of emotions, emotional self-regulation, as well as the acquisition of coping mechanisms for situations that result in tension or are perceived as a threat to the adolescent.<sup>14</sup>

#### 4.2 Causes and consequences of psychological distress among adolescents

Adolescents are at greater risk of psychosocial problems, such as social isolation, greater absenteeism from school, reduced quality of life, anxiety and depression, which are common comorbidities at this stage of life.<sup>18</sup> In this path of vulnerability and changes, with which the adolescent still does not know how to live harmoniously, it may facilitate the adoption of risk behaviors among them, aggressive or self-injurious behaviors.<sup>10</sup>

It was identified in the emergency department of a pediatric hospital in the central region, which the sample consisted of 38 adolescents, from the districts of Coimbra, Aveiro, Leiria and Guarda, that family dysfunction, characterized by family conflicts, is a triggering fac-



tor for the act of drug intoxication and self-mutilation, consequently leading to psychological distress, with no differentiation in relation to sex. The results of this study showed not only the presence of family conflicts and relationship difficulties, but also a family structure, often disorganized and troubled, marked by violence, fragmentation and conflicts.<sup>10</sup> Therefore, there is a lack of social support to be offered by family members, which ends up influencing the development of these adolescents, implying and/or increasing their mental suffering.<sup>11</sup>

Study carried out with 1,510 adolescents enrolled in nine high schools in the geographical areas of Valencia and Andalusia, showed that participation in acts of aggression at school and intense academic and social pressures increase rates of psychological distress, depression, and negative attitudes toward school.<sup>9</sup>

It should be noted that the mental health of children and adolescents is strongly related to the school context, and it is essential to reflect on the possibilities of care that exist for this population, because the limitations observed move towards an excluding educational and social system.<sup>11</sup>

It is clear then that this situation ends up contradicting the principle of justice, which requires acting with equity, recognition of differences, needs and rights of each one. Socioeconomic inequalities end up causing a marked gap in individual treatment and, in order to level the differences, it is necessary to treat differently what is different, that is, from an unequal assistance, in which more is offered to those who need it most, and less to those who need it least, thus achieving equality of assistance, as provided for by the Unified Health System (SUS).

Another factor identified as causing suffering was the relationship between peers, verified as an expressive connection between the presence of self-injurious behavior and the existence of

conflict between peers, especially in the rupture of dating and difficulties in the socialization process.<sup>10</sup>

Hence the importance of the role of the health professional in an attempt to minimize this suffering. The guarantee of Non-Discrimination and Non-Stigmatization, in which no individual or group should be discriminated against or stigmatized for any reason, constitutes a violation of human dignity, human rights and fundamental freedoms,<sup>14</sup> and, therefore, it should be a guiding factor for multiprofessional conduct.

In this context, it is observed that emotional and mood changes are related to what happens to the individual and their experiences, and, therefore, certain situations can lead to depression and anxiety.<sup>11</sup>

Regarding the consequences of the state of psychic suffering, it was noticed in the study by Estevez, Jimenez and Moreno (2018)<sup>9</sup> that stress, depressive symptoms, anxiety and antisocial personality disorders and low self-esteem are related to aggressive behavior, especially in the school environment. The results showed, for example, that aggressive behavior in boys is more closely related to emotional distress (symptomology and perceived stress) than in girls. These, however, worsen their attitude towards school and teachers more than boys.<sup>9</sup> Self-injurious behavior also appears as a consequence of the adolescent's psychic suffering, which is seen in this behavior of escape from their pain.<sup>19,10</sup>

With regard to anxiety disorders, it can be seen in the analysis that there is a high prevalence in adolescence, negatively influencing the way adolescents act,

in their academic performance in acceptance by their peers, in aggressive behavior and depression, in agreement with studies such as Vieira, Pires and Pires (2016)<sup>20</sup> and Trinco and Santos (2017),<sup>10</sup> that conclude the relationship between depression and uncontrolled emotions and behaviors such as aggres-

sive behavior, anxiety, anger, emotional instability or personal discomfort.<sup>10</sup>

The analysis of the results of the selected studies corroborates the affirmation that there is a correlation between bullying, anguish, anxiety, low self-esteem and the loss of confidence of the teenager, possible school dropout and/or self-injurious behavior and in extreme cases, suicide.<sup>10</sup>

## CONCLUSION

Among the professional ethical care for adolescents in psychological distress, respect for the bioethical principle of autonomy in therapy was highlighted and, regarding strategies, the educational actions developed mainly in school environments, being of a preventive nature with counseling and care in the area of social assistance and health in the host institutions.

However, a gap was observed in relation to quantitative and qualitative studies regarding this theme, which may explain one of the reasons that punctuate the psychic suffering of this target audience as a major public health problem in the country. Investment in research helps in the early identification of the triggering factors of suffering, considered as causes of the disease, for an even earlier intervention in order to mitigate the serious consequences, such as suicide. The studies analyzed identified predisposing factors of a personal, emotional, school and family nature; depressive and suicidal consequences; and attempts through alternative therapies to reduce this suffering among adolescents.

In this way, the study presents itself as another contribution to alert health and social care professionals about investing in scientific research on ethical professional care provided to adolescents in psychological distress, in addition to intervention strategies to reduce this suffering, given the relevance of this problem.



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