Chapter 73

Care of adolescents with depressive symptoms in a teaching clinic

Dóris Cristina Gedrat
Lutheran University of Brazil

Nádia Teresinha Schröder
Lutheran University of Brazil,

Daniela Souza da Silva
Lutheran University of Brazil

ABSTRACT
One of the spaces of recognized importance for the promotion of health are the clinic-schools, where multidisciplinary teams assist adolescents regarding the development of some psychological disorders, including depression. This study aimed to identify the perception of adolescents with depressive symptoms regarding the benefits of the care received at a teaching clinic that offers psychological services in the city of Manaus-AM. It is a research with a qualitative approach in which 10 adolescents aged 15 to 18 years old participated in 2020 and 2021. The data collected in the semi-structured interviews were analyzed according to thematic content analysis. The identified categories were: increased self-esteem; benefits in family relationships; benefits during the COVID 19 pandemic; decrease/absence of self-injury and other symptoms. These benefits may not mean a total remission of depressive symptoms, but there were positive changes in the quality of life of adolescents.

Keywords: Adolescence, COVID-19, Depression, Psychotherapy, Suicide**.**

1 INTRODUCTION

Adolescence is a stage of human development that begins at age 10 and extends to age 19, according to the World Health Organization (WHO, 2014), and in accordance with the Statute of the Child and Adolescent-ECA (Law n° 8.069, 1990), which deals with the integral protection of Children and Adolescents before the law, adolescence begins at 12 years old, extending to 18 years old. This phase is characterized by biological changes brought about by puberty, in addition to psychological changes, such as the construction of identity and self-esteem, and social changes, such as involvement in groups and the search for autonomy (Henriques, 2018).

The phase of adolescence can be considered troubled, taking into account the changes observed, such as physical, social, consequently reflecting on the psycho-affective sphere of this group (Grolli, 2017). It is understood that adolescents form a vulnerable group to present risk behaviors, such as drug use, and to develop some disorders, such as eating disorders, conduct, depression, among others, recognizing the need to pay attention to their health. of this group (Just & Enumo, 2015).

Regarding depression, the Diagnostic and Statistical Manual of Mental Disorders-DSM-5 (American Psychiatric Association-APA, 2014) identifies it as a mood disorder, with physical symptoms such as changes in sleep, agitation, fatigue and psychological symptoms, such as negative thoughts, apathy,

feelings of guilt. In the case of adolescents, depressive symptoms may appear atypically, such as constant boredom, the search for social isolation, physical and mental fatigue, body dissatisfaction, increased or decreased appetite and/or appetite. sleep, in the presence of fears and anxieties, in suicidal behavior and other symptoms (Müller & Silva, 2017).

The World Health Report of the World Health Organization (WHO, 2002) already warned about suicide as a consequence of depressive symptoms, raising concerns about the increase in cases in the future. And the report on Prevención de la Conducta Suicida by the Pan American Health Organization (PAHO, 2016) highlights an important fact about the suicide of young people aged 15 to 29 worldwide, being the second cause of death of this public, having disorders such as depression as one of the main factors, among others of the psycho-affective scope.

Although depressive symptoms are present in a large part of the population, they are not identified and treated as psychological problems, that is, in many cases, symptoms such as tiredness, sleep and appetite disorders, among other physical symptoms, are investigated as a organic problem only (Brito et al, 2015; Pinto et al, 2018). In addition, studies show that about 70% of adolescents with depressive symptoms do not receive any treatment, reflecting on the quality of life of this public (Bonin & Moreland, 2012; Pinto et al, 2018).

With the creation of the Child and Adolescent Statute (ECA) and the Psychosocial Care Centers (CAPS), at the end of the 20th century, and the Psychosocial Care Centers for Children and Adolescents (CAPSij), aimed at assisting children and adolescents, there was a work aimed at the health and protection of this public, including their mental health (Galhardi & Matsukura, 2018). In this context, mental health professionals are essential in identifying the signs and symptoms of psychological problems in adolescents, as well as in offering appropriate treatment to them (Grolli, 2017; Thapar et al, 2012).

Regarding the treatment of adolescents with depressive symptoms, psychology school clinics, which are part of Higher Education Institutions, play an important role in reaching this public, since a psychotherapy service is offered to the community, benefiting the population, in addition to consolidating the psychologist's social representation (Silvares, 2006). The psychotherapies carried out in the teaching clinics can be based on several psychological approaches, among them the brief psychotherapies, with a limited time, indicated for conflicts or punctual, focal symptoms (Cordiolli et al, 2018). In brief psychotherapies, the number of sessions may vary according to clinical judgment in each case, with evidence of benefits ranging from 7 to 40 sessions (Lemgruber, 2008).

Psychotherapeutic interventions during adolescence are a possibility for the elaboration of the psycho-affective suffering present at that moment, contributing to the understanding of the demands of adolescents and their emotional development (Benetti et al, 2017). And, also, considering the appearance of the Coronavirus (COVID 19), at the end of 2019, declared a pandemic by the World Health Organization (WHO), psychological services began to be in great demand due to the factors that emerged with this reality experienced by the world, such as the issues of the disease itself, losses (family, economic), social isolation,

changes in daily life and other factors (Oliveira, 2020). Thus, with the emergence of the pandemic, adolescents, as well as the population as a whole, were exposed to a greater risk of experiencing depressive symptoms, anxieties, phobias and other psychological issues (Oliveira, 2020).

Thus, this study was aimed at adolescents who have depressive symptoms and who were treated at a school-clinic that offers psychological services in the city of Manaus-AM. Having as a general objective to identify the perception of adolescents regarding the benefits of the care received, referring to welcoming and listening, and as specific objectives: to relate the depressive symptoms of adolescents; to verify the relationship between aspects of improvement in adolescents and care at the Clinic-School; address the benefits of care at the Clinic-School related to the period of the Covid 19 pandemic.

This study is relevant insofar as it brings an insight into the perception of adolescents with depressive symptoms about the psychological care they receive, also considering the current pandemic moment. In addition, the results of the survey may serve to draw attention to the importance of mental health services aimed at the adolescent public, especially the community with less access to this type of care, taking clinic-schools as an example.

2 METHODOLOGY

This study has a qualitative, descriptive approach, which, according to Minayo (2014), works in the particular scope of meanings, motivations and personal aspirations, in addition to working with beliefs, values and attitudes that cannot be quantified. The research took place in a clinic-school linked to a private higher education institution in the city of Manaus-AM, which offers, among other services, psychological care aimed at Brief Focal Psychotherapy.

The study included 10 adolescents aged between 15 and 18 years old, selected through medical records, with the criterion of having been attended or being attended in the years 2020 and 2021 at the teaching clinic, with at least eight sessions of psychotherapy . Since most of the participants continued in psychotherapeutic care after the research was carried out. Exclusion criteria were: adolescents unable to grant the interview during the research period and those whose parents or guardians did not show interest in the adolescents' participation.

Data collection was based on a semi-structured interview, in June 2021, which followed a script with previously prepared questions, which included sociodemographic data, such as age, gender, education and also questions that addressed the reasons for seeking treatment at the teaching clinic, the history of depression symptoms and the perception of the benefits of listening and welcoming at the teaching clinic. Participants had the option of giving the interview in person or online, but all participants opted for the online format, with a previously agreed day and time. Even though the interviews took place online, they were held in a reserved place, in order to ensure the privacy and confidentiality of information, with an average duration of 40 minutes.

The data obtained through the sociodemographic questions were presented in the form of a table and chart. The qualitative data obtained by the other questions were analyzed according to content analysis in thematic modality by Minayo (2014). According to the author, this analysis is subdivided into: ordering (data transcription, material rereading, organization of reports), classification (text reading, interview clipping process) and analysis itself (understanding and interpretation of the material).

Participants were identified in this study through fictitious names accompanied by the number referring to their age, thus preserving their anonymity. The study was approved under the opinion CAAE nº 35620620.9.0000.5349, after being submitted to the evaluation of the Ethics Committee in Research in Human Beings of the Lutheran University of Brazil.

3 RESULTS

In this research, the results related to the sociodemographic questions of the participants were brought, as well as the history of adolescents related to depressive symptoms and the benefits of psychological care at the school clinic. As we can see in what follows.

3.1 PROFILE OF PARTICIPANTS

The interviewed adolescents were on average 16.5 years old, predominantly female (90%) and attending high school (70%). Most adolescents belong to lower-class families (70%), with a family configuration consisting of: mother, father and brothers or not (20%); mother, stepfather and brothers or not (40%); mother and siblings or not (40%). Some adolescents (40%) highlighted that they are or were under psychiatric care and the majority (70%) reported having a family member (parents, siblings, uncles and/o grandparents) diagnosed with depression. The data of the participants are observed in Table 1.

Adolescents with depressive symptoms (n=10)	
Variables	**Participants (%)**
Age	
15 years	30
16 years	20
17 years	20
18 years	30
Gender	
Feminine	90
Masculine	10
Education	
Incomplete high school	70
Complete high school	30
Social class	
Low class	70
Middle class	30

Family configuration	
Mother, father and brothers (or not)	20
Mother, stepfather and siblings (or not)	40
Mother and brothers (or not)	40
Psychiatric follow-up	
Current or previous	40
None	60
Family history of depression	
Parents, siblings, uncles and/or grandparents	70
None	30

Source: Authors (2021).

3.2 HISTORY OF DEPRESSIVE SYMPTOMS

The adolescents brought the history related to their depressive symptoms, reporting which symptoms they presented, the situations they experienced that influenced these symptoms and how the search for care at the school-clinic was. Below are the history and statements of the adolescents.

The symptoms brought by the adolescents were sleep disorders (insomnia or hypersomnia), changes in appetite (increase or decrease in appetite), irritability, anxiety, social isolation, suicidal ideation and suicide attempts, all of which reported self-injurious behaviors. As ISA15 says: *"I sleep late, I wake up late. In fact, I don't sleep much, even if I sleep, I still wake up badly [...]. I'm not very hungry. I've always been skinny, but then it seems I've gotten worse." And other lines:*

> *"For some reason, I felt a lot of anguish when I was younger, and at the age of nine I mutilated myself a lot [...] I was alone in the room a lot, I didn't do well at school and I was afraid that something bad would happen, so I I took a cutter blade, a needle and hurt myself". (SOL17)*

> *"It was the second time I fell in the hospital at the time. I stayed in 2019, in 2020. I had tried (suicide) other times. She (mother) did not imagine that I would get her medicine [...] and I would take the hidden razor and then I ended up doing it (self-mutilation) [...] I have insomnia since I was little and mood instability [...] I had a lot of anxiety [...] lack of appetite". (EVA18)*

Some situations experienced, such as family conflicts, separation from parents, responsibilities after high school, identity issues, sexual abuse, pregnancy and family members who use drugs, were cited by adolescents as factors that motivated or motivated the anguish, sadness and anxiety felt by they.

> *"[...] from time to time I started to have different thoughts [...], I started to ask myself 'wow, I'm finishing high school then I'm going to start college, it's going to be a new phase for me, what am I going to do?". (MEL18)*

> *"I think it's worth mentioning that my biggest problem in terms of symptoms was my sexuality. When my family found out, at the moment itself, I had these (suicidal) thoughts [...] But then, over time, it developed into other areas [...]. I was like [...], I don't know how to explain more or less, but it was like a symptom of derealization, you know?". (TOM18)*

> *"When my mother found out (the pregnancy), she didn't talk to me for weeks, you know? [...] I stayed away for a few days [...] and she threatens to call the police, because I'm underage. So I had to go back, right? [...] But before the pregnancy, I lived with my father for a year or so with him [...] because of problems with my mother". (ANA17)*

Regarding the search for psychological care at the teaching clinic, some adolescents interviewed reported that they already had psychological counseling in early adolescence, but most sought or were referred to the teaching clinic for the first time, some due to the worsening of symptoms during the coronavirus pandemic. COVID 19, others for having already attempted suicide.

> *"My mother, she who started chasing this for me, she started to worry too much [...] if something bad happened in my head, I wanted to do it (self-mutilation) [...] and they (parents) too they didn't trust leaving me alone at home [...] from the doctor it went to the CAPS and from the CAPS it went to the clinic". (ISA15)*

> *"During this period (of the pandemic), I just exploded, I cried a lot, my mood was very unregulated, I felt angry and at the same time I was no longer able to control it, I was taking it out on people [...] I had never been followed up psychological, so I thought it was necessary". (MEL18)*

> *"The first time I went to the psychologist I was around 12, 13 years old. I already had depression [...]. I ended up getting it (consultation at the clinic) after I tried to commit suicide [...] I don't remember who recommended it, but we went there and got a place". (EVA18)*

3.3 BENEFITS OF PSYCHOLOGICAL CARE

Regarding the benefits of psychological care, four categories were identified in the interviews, according to the adolescents' reports and based on the thematic content analysis: increased self-esteem; benefits in family relationships; benefits during the COVID 19 pandemic; decrease/absence of self-injury and other symptoms.

In the increased self-esteem category, the adolescents reported that before psychological care they felt more insecure about some issues, such as social relationships, physical appearance, and began to accept themselves, feeling better about themselves. As in SOL17's speech: "I improved a lot with the psychological treatment. Before I was sad, I was very insecure about my body and it helped me to accept myself [...] after I had the treatment I was very happy". And as in the speeches of GAL16 and LIS15:

> *"But that's really it, I've been able to like my body, like what I like to do... I really have been feeling very good and my friends say that they really wanted to have my self-esteem [...] my relationship with other people have gotten better". (GAL16)*

> *"Now I'm in my course (pre-university entrance exam), I made some friends there, and now I have a group with my friends, with my friends there, that we are super open [...]. And I even talk to some of my friends and I really recommend going to therapy." (LIS15)*

In the category of benefits in family relationships, the adolescents highlighted a positive change, citing better communication with the family and an approach that was not common before.

> *"I always had this conversation problem [...], but until now my parents have already said that they saw this difference, I am much more communicative, we are much closer. Before, she (the mother) would simply come home, say hello and go to the bedroom, not now, we go out more [...], so we are in a much better relationship". (MEL18)*

> *"Certainly, my mother helps me a lot, we talk a lot after I had the treatment, [...] we didn't talk [...], we talk a lot, we have fun, we always watch movies together, books what I read I always tell her, she likes to see me reading, to see me painting". (SOL17)*

In the category benefits during the COVID 19 pandemic, adolescents stated that there was an improvement in motivation to perform new activities in their routines, or even activities that they no longer performed, in addition to motivation to return to school. As in GAL16's speech: “And since I went back (to school), and I study all day, so I spend the whole day with people and it's been nice. I thought it wouldn't be nice to see people again, but it's been really nice to see them again”. And as in the speeches of MEL18 and LIS15:

> *“With the arrival of COVID, social isolation, there were many changes for me, but after therapy, I started to be more active instead of just lying in bed [...] I started to do something like this: the photograph; to draw; to paint; cook, to do more productive things”. (MEL18)*

> *“I started reading, because I wanted to have a hobby, then I said: 'I want to start reading Harry Potter', because I had it here at home for a long time [...] and I also did exercises (physical) and when classes returned, I was already in therapy for a while, [...] when I returned, I was already excited, you know?”. (LIS15)*

In the category decrease/absence of self-injury and other symptoms, the adolescents reported an improvement in some symptoms such as insomnia, anxiety, irritability and feelings of sadness. As in the speech of GAL16: “[...] because sometimes I get very aggressive because of my relationship with my family [...] and I really tend to be very aggressive [...] and I'm improving, training breathe and control myself”. And in the speech of MEL18:

> *“[...] after I talked about it with the psychologist, then everything I carried on my back was leaving that weight, that sadness, that pain, so, like, the conversation did me a lot of good, seeing that someone really could help me. [...] Regarding sleep and appetite, I started to get back to normal after these consultations, that's when I started to let go of the medicine more”. (MEL18)*

And about self-mutilation, the adolescents brought greater self-control over this behavior. As reported by BIA16 and LUA15:

> *“[...] but before, I didn't do anything to change that. I usually cut myself, but when I started the service, he suggested that I write and I started to write [...] it got a little better [...] usually things keep turning over in my head, there to organize, I write". (BIA16)*

> *“[...] because at that time I didn't care; if at that time I had to die, I didn't care [...] Then the first time I did it (cuts), he (father) found out and wanted to take me (clinic-school), you know? Since then, I never wanted to do it again [...] And thank God I only felt the symptoms improve. I never felt again”. (MOON15)*

4 DISCUSSION

Regarding the predominance of females, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)7 points to a relevant disparity in the depressive disorder of female adolescents in relation to males. Among adolescents who were in high school, a predominance of depressive symptoms and anxiety was identified in females, which makes it important to consider this variable (Germain & Marcotte, 2016; Grolli et al, 2017). In addition, there may also be greater male resistance to intervention or the search for psychological help (Gonçalves, 2016).

A family history of depression is considered a risk factor for the presence of depressive symptoms in adolescents, in addition to the influence of biopsychosocial issues (Müller & Silva, 2017). And in this research, the participants brought up issues such as family conflicts, responsibilities, search for identity, sexual abuse and pregnancy as some of the reasons for their suffering. Therefore, it is necessary to understand that the variables alone do not portray risk or protection factors for depression in adolescence, but a broad view should be sought regarding the constitution of these as individuals (Grolli et al, 2017).

In addition, adverse situations such as the COVID 19 pandemic, which brought a change of routine with social isolation, affect the population in various ways, both physically and psychologically (Oliveira et al, 2020). Adolescents, who are in a phase of greater social interaction with groups outside the family, also feel emotionally affected by these changes (Oliveira et al, 2020). It can be mentioned as risk factors for the illness of adolescents in this pandemic situation: increased sedentary lifestyle, changes in eating and sleeping routine, practices such as smoking and alcohol intake (Miliauskas & Faus, 2020; Stanton et al, 2020) .

In this context, actions aimed at mental health care are important in the care of adolescents with some type of psychological disorder, such as depression, and these services become even more necessary in preventing the worsening of pre-existing symptoms or illness in the period pandemic (Miliauskas & Faus, 2020). This is because the individual with depressive symptoms does not consider himself important, attractive, believing he has little or no chance of a good future, whether professional or personal, and makes negative interpretations about different events, feeding on bad thoughts and feelings (Beck, 2013, Grolli et al, 2017). Psychological monitoring carried out by a professional in the field of psychology is one of the important ways to meet this demand. As in LUA15's speech: *"If I hadn't had them accompanying me directly, I think something worse would have happened to me. My symptoms could have increased [...] so I believe it is important to have this partnership with them".*

There are also, in this research, reports of anxiety attacks along with symptoms of depression, as in the speech of ANA17: "I have an anxiety attack and I had a very serious condition of depression before having my pregnancy. I think I have these situations like depression and anxiety since I was 14, I think". People with depression can also be affected by pathological anxiety, with the presence of anxiety attacks in some situations, with the characteristics of both disorders being taken into account in the patient's medical diagnosis (Rós et al, 2020; Tiller, 2013).

With psychological follow-up, many participants reported a decrease in behaviors such as self-mutilation or even suicide attempts as a result of understanding their anguish and the search for new meanings in their lives. The suicidal ideation brought in the adolescents' reports are thoughts of death, an idealization of an existence without suffering, but adolescents can go beyond these ideas and attempt suicide by taking medication, self-mutilation, putting themselves in a situation of danger, and may reach death (Braga & Dell'Aglio, 2013; Müller & Silva, 2017). As SOL17 says: *"I felt a lot of pain, I felt alone [...] I*

couldn't explain it, I didn't really know that it was self-mutilation and that I was bad for some reason, but something I did helped, so I continued".

About the psychotherapeutic work, the psychologist Vera Vital Brasil states that: "[...] the recognition of the sources of production of anguish, fear and suffering may allow the creation of new meanings [...] give rise to new modes of operation psychic" (Happiness, Fear and Depression, 2017, p. 23). And yet, according to psychologist Maria Thereza dos Santos, "the psychological clinic is not only characterized by the space where it is carried out, but rather by the listening and reception offered to the subject" (Felicidade, Medo e Depressão, 2017, p. 22). Here is what MEL18 says about psychotherapeutic care: "*[...] when I sought her out, it was simply like opening a door for me and starting a new path. I started talking about all my problems [...] I brought out my more secret side and told her".*

In psychotherapy, the professional seeks to understand the patient broadly and without judgment, acting as an intermediary for the patient so that he has another look at his own experiences, thus moving towards changing the state of suffering (Perches, 2021). As in this statement by BIA16: "After I started going there, I started to see things from another angle. So it was much better".

In addition, it was noticed in the speeches of some participants in this research motivation to seek help, having a commitment to psychological treatment, which may have contributed to the benefits reported by them. As in TOM18's speech: *"I already had an idea of how psychology worked and everything else. I had already researched a lot about what I was really wanting. I went back. I didn't have, for example, family putting me there*".

Also noteworthy in this study are the participants' reports about the improvement in family life in this search for help with their problems. In this way, crisis situations in adolescence, such as suicide attempts and self-injury, can bring about changes in family relationships, with family members getting closer to the teenager, greater understanding, empathy, concern and care. (Ferigato, et al, 2007; Rossi & Cid, 2019). These transformations bring benefits to the adolescent, which demonstrates the essential role of the family in the process of mental health care for adolescents, contributing to strengthening and coping with the situation (Moura, 2018; Rossi & Cid, 2019). In addition, when intra-family relationships bring security and reliability among its members, it can be said that they provide protection to mental health, especially when it comes to children and adolescents, which makes it important to look after and care for families (Oliveira et al. al, 2020; Rossi et al, 2019).

The treatment for those with depressive symptoms is broad, and all aspects that influence this state should be considered, involving social, biological and psychological issues in the individuality of these people, which may include both the clinical-medical and the clinical- psychological (Rocha et al, 2016). In this sense, the World Health Organization recommends reconciling drug and psychotherapeutic interventions (Rocha et al, 2016; WHO, 2012).

In relation to the area of social and health care, taking the teaching clinic as an example in this research, the World Health Organization highlights the importance of these services in the treatment and

prevention of depressive symptoms in the population. (Pinto et al, 2018; WHO, 2013). The teaching clinic is a gateway that allows users to be welcomed and understood in their needs (Rocha et al, 2016; Santeiro et al, 2013). In addition, it is known that teaching clinics benefit the population through the accessible services offered to the community (Fam & Neto, 2019; Honda & Yoshida, 2012).

Psychology brings a look beyond the disease, seeking an approach focused on the subjectivity of the individual (Pinto et al, 2018; Seligman & Csikszentmihalyi, 2014). In this sense, psychology turns to a change of view of the subject's experiences and which may be generating psychic suffering, causing the individual to walk in the direction of his well-being in the context in which he lives (Pinto et al, 2018 ; Seligman & Csikszentmihalyi, 2014). Regarding the importance of treating depressive symptoms, GAL16 says: *"I think it is very important because, especially now that I am in my transition from young to adult, it is important because if I had not sought help, I would have ended up dragging this into my adult life*".

This research, which was not only aimed at patients diagnosed with depression, but also at those who had psychological distress with depressive symptoms, presents relevant results regarding the benefits of psychotherapeutic care. These reported subjective benefits may be more focused on external situations, such as family relationships, school and day-to-day activities. Even with these advances, they do not mean the complete elimination of depressive symptoms. However, many participants demonstrated in their reports a significant change in habits that improved their style and quality of life with the minimization of symptoms.

5 FINAL CONSIDERATIONS

It is known that depressive symptoms can have negative consequences for the population in general and, with regard to adolescents, this becomes more worrying due to the biopsychosocial changes related to this phase. This fact demonstrates the importance of mental health services that meet the demand of this specific public. In addition, these services become even more relevant in situations of extreme change, such as the context experienced during the Covid-19 pandemic, which had an impact on the lives of the world's population in various aspects, including psychological.

Thus, with this research, it was possible to identify the benefits of psychological care in the view of adolescents who sought care at a teaching clinic, thus achieving the objective proposed in this study. The benefits could be evidenced through the participants' reports about their own perception of improvements in some aspects of everyday life, in social and family relationships and in the improvement of some symptoms such as irritability, anxiety, changes in appetite and sleep. In this sense, the results recorded by this study may contribute to a discussion about the importance of supporting this public with its own characteristics and which brings a significant demand with regard to mental health, involving a growing number of mental disorders and suicide in this phase of life.

Also, with the results obtained in this research, it was possible to perceive the need to investigate more broadly the context in which adolescents are inserted, with the inclusion of other participants in the

studies, such as the family, the school and the professional who carried out the work adolescent care, with the aim of understanding the factors that influence their psychological distress and the improvements perceived by different perspectives, not just the adolescent's perception. And, also, there was a need to accommodate male adolescents, since there is a reduced number of them looking for mental health services, making it difficult to identify psychological distress and treat this public.

REFERENCES

American Psychiatric Association. (2014). *Manual Diagnóstico e Estatístico de Transtornos Mentais.* 5ª ed. Porto Alegre: Artmed.

Beck, J.S. (2013). *Terapia cognitiva: teoria e prática*. Porto Alegre: Artmed. https://oitavaturmadepsicofm.files.wordpress.com/2019/03/terapia-cognitiva-teoria-e-prc3a1tica.-judith-beck.pdf.

Benetti, S. P. C., Mattos, C. V., Silva, N. B., & Bittencourt, A. (2017). A. Avaliação de processo em psicoterapia psicanalítica na adolescência. *Psico*, *48*(2), 130-139. https://doi.org/10.15448/1980-8623.2017.2.24820

Bonin, L., & Moreland, C. S. (2012). Overview of prevention and treatment for pediatric depression. Uptodate. https://www.uptodate.com/contents/overview-of-preventionand-treatment-for-pediatric-depression?search=Overview%20of%20treatment%20for%20adolescent%20depression&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Braga, L. L., & Dell'Aglio, D. D. (2013). Suicídio na adolescência: fatores de risco, depressão e gênero. Contextos Clínicos, 6(1), 2-14. http://dx.doi.org/10.4013/ctc.2013.61.01

Brito, C. N. O., Alves, S. V., Ludermir, A. B., & Araújo, T. V. B. (2015). Depressão pós-parto entre mulheres com gravidez não pretendida. *Revista de Saúde Pública*, *49*(33), 1-9. https://doi.org/10.1590/S0034-8910.2015049005257

Cordioli, A. V., Alves, L. P. C., Valdivia, L., & Rocha, N. S. (2018). As principais psicoterapias: fundamentos teóricos, técnicas, indicações
e contraindicações. In A. V. Cordioli, & E. H. Grevet, (Colab.) *n/a et al*. *Psicoterapias: Abordagens atuais.* (4. ed., pp. 64-95). Porto Alegre: Artmed.

Fam, B. M, Neto, J. L. F. (2019). Análise das Práticas de uma Clínica-Escola de Psicologia: Potências e Desafios Contemporâneos. *Psicologia: Ciência e Profissão*, *39*, e178561, 1-16. http://dx.doi.org/10.1590/1982-3703003178561

Felicidade, Medo e Depressão: O Brasil em tempos sombrios: o que a psicologia tem a dizer sobre isso? (2017, outubro). *Jornal do Conselho Regional de psicologia do Rio de Janeiro*, *12* (44)18-23. http://www.crprj.org.br/site/wp-content/uploads/2017/10/jornal44.pdf.

Ferigato, S. H., Campos, R. O., & Ballarin, M. L. (2007). O atendimento à crise em saúde mental: ampliando conceitos. *Revista de Psicologia da UESP, 6*(1), 31-44. https://www.fcm.unicamp.br/fcm/sites/default/files/paganex/sabrinaferigato2007oatendimentoacrise.pdf. (SAI)?

Galhardi, C.C., & Matsukura, T.S. (2018). O cotidiano de adolescentes em um Centro de Atenção Psicossocial de Álcool e outras drogas: realidades e desafios. *Cadernos de Saúde Pública*, *34*(3), 1-12. https://doi.org/10.1590/0102-311X00150816

Germain, F., & Marcotte, D. (2016). Sintomas de depressão e ansiedade na transição do ensino secundário ao ensino médio: evolução e fatores influentes. *Revista adolescência & saúde*, *13*(1), 19-28. https://pesquisa.bvsalud.org/portal/resource/pt/abr-593

Gonçalves, L. O., Farinha, M. G., & Goto, T. A. (2016). Plantão psicológico em unidade básica de saúde: atendimento em abordagem humanista-fenomenológica. *Revista* da *Abordagem Gestáltica*, *22*(2), 225-

232. pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-68672016000200015&lng=pt&nrm=isso

Grolli, V., Wagner, M., & Dalbosco, S. P. (2017). Sintomas de depressão e de ansiedade em adolescentes do ensino médio. *Revista* de *Psicologia* da *IMED*, *9* (1), 87-103. http://dx.doi.org/10.18256/2175-5027.2017.v9i1.2123

Henriques, A. A. C. (2018). *Clima familiar e sintomatologia ansiosa e depressiva em adolescentes: Qual o papel da resiliência?* [Dissertação de Mestrado, Universidade Lusófona de Humanidades e Tecnologias]. http://recil.grupolusofona.pt/handle/10437/8812

Honda, G., & Yoshida, E. (2012). Mudança em pacientes de clínica-escola: Avaliação de resultados e processos. *Paidéia*, *22*(51):73-82. https://doi.org/10.1590/S0103-863X2012000100009.

Just, A. P., & Enumo, S. R. F. (2015). Problemas emocionais e de comportamento na adolescência: o papel do estresse. *Boletim Academia Paulista de Psicologia*, *35*(89), 350-370. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1415-711X2015000200007

Lei n° 8.069 de 13 de julho de 1990. (1990, 16 julho). Dispõe sobre o Estatuto da Criança e do Adolescente (ECA) e dá outras providências. Diário Oficial da União, Brasília, DF.

Lemgruber, V. B. Terapia Focal: psicoterapia breve psicodinâmica. (2008). In A. V. Cordioli, (Colab.). *n/a et al*. *Psicoterapias: Abordagens atuais*. (3. ed., pp. 167-187). Porto Alegre: Artmed.

Miliauskas, C. R., & Faus, D. P. (2020). Saúde mental de adolescentes em tempos de COVID-19: desafios e possibilidades de enfrentamento. *Physis: Revista de Saúde Coletiva*, *30*(4), e300402. http://dx.doi.org/10.1590/S0103-73312020300402

Minayo, M. C. S. (2014). *O desafio do conhecimento: Pesquisa qualitativa em saúde.* 14ª. ed. São Paulo: Hucitec-Abrasco.

Moura, B. R. (2018). *A atenção à crise nos centros de atenção psicossocial infantojuvenis*. [dissertação, Universidade Federal de São Carlos]. https://repositorio.ufscar.br/bitstream/handle/ufscar/10081/CARTA%20REPOSIT%c3%93RIO.pdf?sequence=2&isAllowed=y

Müller, R. M., & Silva, J. (2017). Depressão e suicídio no adolescente na clínica psicanalítica: um estudo de caso. *Boletim Entre SIS*, *2*(2), 55-69. https://online.unisc.br/acadnet/anais/index.php/boletimsis//article/view/17676/4551

Oliveira, W. A., Silva, J.L., Andrade, A. L. M., Micheli, D., Carlos, D. M., & Silva, M. A. I. (2020). A saúde do adolescente em tempos da COVID-19: scoping review. *Caderno de Saúde Pública*, *36*(8), e00150020. https://doi.org/10.1590/0102-311X00150020

Organización Mundial de la Saúde (2002). *Saúde mental: nova concepção, nova esperança.* Relatório Mundial da Saúde da OMS. 1. Ed., Lisboa. https://www.who.int/whr/2001/en/whr01_djmessage_po.pdf.

Organização Mundial de Saúde (2014). *Saúde para os adolescentes do mundo. Uma segunda chance na segunda década*. http://apps.who.int/adolescent/second-decade/

Organización Mundial de la Saúde (2016). *Prevención de la conducta suicida. Washington: Organización Panamericana de la Salud.*

http://iris.paho.org/xmlui/bitstream/handle/123456789/31167/9789275319192-spa.pdf?sequence=1&isAllowed=y

Perches, T. H. P., & Antunez, A. E. A. (2021). Estudo psicológico do processo diagnóstico e da psicoterapia na depressão e na ansiedade por meio da análise fenômeno-estrutural: estudos de caso. *Boletim Academia Paulista de Psicologia*, *41*(100):1-15. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1415-711X2021000100002

Pinto, A. V. L., Cavalcanti, J. G., Araújo, L. S., Coutinho, M. L., & Coutinho, M. P. L. (2018). Depressão e adolescência: relação com qualidade de vida e bem-estar subjetivo. *Revista de Psicologia da IMED*, 10(2):6-21. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2175-50272018000200002&lng=pt&nrm=iso

Rocha, M. A. G., Bunge, M., Strauss, V., Honda, G. C. H., Peixoto, E., Santeiro, T. V., & Espinosa, M. L. (2016). Psicoterapia breve psicodinâmica de caso grave de depressão em serviço-escola: limites e alcance. *Contextos Clínicos*, *9*(1), 86-97. http://dx.doi.org/10.4013/ctc.2016.91.07

Rós, I. A., Ferreira, C. A. C., & Garcia, C. S. (2020). Avaliação da Psicoterapia de Grupo em Pacientes com Ansiedade e Depressão. *Revista Psicologia e Saúde, 129*(1), 75-86. http://dx.doi.org/10.20435/pssa.v12i1.830

Rossi, L. M., & Cid, M. F. B. (2019). Adolescências, saúde mental e crise: a história contada por familiares. *Cadernos Brasileiros de Terapia Ocupacional*, *27*(4), 734-742. http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2526-89102019000400734&lng=en&nrm=iso&tlng=pt

Rossi L. M., Marcolino, T. Q., Speranza M., & Cid M.F.B. (2019). Crise e saúde mental na adolescência: a história sob a ótica de quem vive. Caderno de Saúde Pública, 35(3), e00125018. https://doi.org/10.1590/0102-311X00125018

Santeiro, T. V., Rocha, G. M. A., & Araujo, D. S. A. (2013). Implantação de um serviço-escola de Psicologia no centro-oeste brasileiro: usuários e atendimentos. *Perspectivas em Psicologia*, *7*(2), 65-82. http://www.seer.ufu.br/index.php/perspectivasempsicologia/article/view/28556

Seligman, M. E. P., & Csikszentmihalyi, M. (2014). Positive Psychology: An Introduction. *American Psychologist*, *55*(1);5-14. https://www.scielo.br/j/pcp/a/6NkyXJ9sY4xWvdDRVgBQr3f/abstract/?lang=pt

Silvares, E. F. M. (Org.) (2006). *Atendimento psicológico em clínicas-escola*. Campinas: Átomo.

Stanton, R., To, Q.G., Khalesi, S., Williams, S. L., Alley, S. J., Thwaite, T. L., Fenning, A. S., & Vandelanotte, C. (2020). Depression, Anxiety and Stress during COVID-19: Associations with Changes in Physical Activity, Sleep, Tobacco and Alcohol Use in Australian Adults. *International Journal of Environmental Research and Public Health*, *17*(11), 4065. https://doi.org/10.3390/ijerph17114065

Thapar, A., Collishaw, S., Pine, D. S., & Thapar, A. K. (2012). Depression in adolescence. *The Lancet*, *379*(9820),1056-67. 10.1016/S0140-6736(11)60871-4

Tiller, J. W. G. (2013). Depression and anxiety. *The Medical Journal of Australia*, *199*(6), 10-29. https://www.mja.com.au/journal/2013/199/6/depression-and-anxiety

World Health Organization. (2012). *Depression.* A Global Public Health Concern Developed by MarinaMarcus, M. Taghi Yasamy, Mark van Ommeren, and Dan Chisholm, Shekhar Saxena. WHO

Department of MentalHealth and Substance em:http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf?ua=1

World Health Organization (2013). *Comprehensive mental health action plan 2013-2020.* World Health Assembly. http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1