



Non-suicidal self-injury and school context: perspectives of adolescents and education professionals*


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Objective: to understand the relation between the school context and Non-Suicidal Self Injury (NSSI) from the perspective of adolescents who self-injured and their education professionals. **Method:** a qualitative research whose participants were 8 adolescents who self-injured, and 15 education professionals from a school in the inland of São Paulo. Data collection with the adolescents was performed through individual interviews using the Drawing-Story with Theme Procedure. The methodological strategy used with the professionals was a Focus Group, using a Field Diary. The data were analyzed by Thematic Analysis; the theoretical framework was Winnicott's psychoanalytic theory. **Results:** the themes "The (non) place of suffering at school" and "Actions to face NSSI at school" emerged. The data demonstrated the existence of an unhealthy environment for adolescent development, unfriendly in the face of bullying and NSSI. The actions taken by the school, although little legitimized by the professionals, were reported as support for coping with NSSI by the adolescents. **Conclusion:** the present study brings important contributions to comprehensive adolescent mental health care, since inter-sectorality is inherent in this aspect. The health-school interface still needs efforts to become effective in practice; this study provides subsidies for this improvement.

Descriptors: Adolescent; Educational Personnel; Qualitative Research; Psychoanalysis; School Health Services; Self-Injurious Behavior.

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Autolesão não suicida e contexto escolar: perspectivas de adolescentes e profissionais da educação

Objetivo: compreender as relações entre o contexto escolar e a Autolesão Não Suicida (ALNS) na perspectiva de adolescentes que se autolesionaram e profissionais da educação. **Métodos:** Pesquisa qualitativa, cujos participantes foram 8 adolescentes e 15 profissionais de educação de uma escola de um município do interior de São Paulo. A coleta de dados com as adolescentes foi com entrevistas individuais utilizando o Desenho-Estória com Tema; com os profissionais foi o grupo focal, com uso de Diário de Campo. Os dados foram analisados pela Análise Temática; o referencial teórico foi a teoria psicanalítica winnicottiana. **Resultados:** Emergiram os temas “O (não) lugar do sofrimento na escola” e “Ações para enfrentamento da ALNS na escola”. Os dados demonstraram a existência de um ambiente pouco saudável ao desenvolvimento adolescente, sendo pouco acolhedor frente ao bullying e a ALNS. As ações realizadas pela escola, apesar de pouco legitimadas pelos profissionais, foram reportadas como suporte para enfrentamento da ALNS pelas adolescentes. **Conclusão:** O estudo traz importantes contribuições para o cuidado integral em saúde mental adolescente, visto que a intersetorialidade é inerente a tal aspecto. A interface saúde-escola ainda precisa de esforços para que se efetive na prática; tal estudo traz subsídios para este aprimoramento.

Descritores: Adolescente; Comportamento Autodestrutivo; Pesquisa Qualitativa; Pessoal de Educação; Psicanálise; Serviços de Saúde Escolar.

Autolesion no suicida y contexto escolar: perspectivas de adolescentes y profesionales de la educación

Objetivo: comprender la relación entre el contexto escolar y la Autolesión No Suicida (ALNS) desde la perspectiva de adolescentes que si autolesionaron y profesionales de la educación. **Métodos:** Es una investigación cualitativa cuyos participantes fueron 8 adolescentes que si autolesionaron y 15 profesionales de la educación de una escuela en el interior de São Paulo. La recopilación de datos con los adolescentes se realizó a través de entrevistas individuales utilizando Dibujos-Histórias con Temática y Grupo Focal con los profesionales, utilizando el Diario de Campo. Los datos fueron analizados por análisis temático; el marco teórico fue la teoría psicoanalítica de Winnicott. **Resultados:** Los datos demostraron la existencia de un entorno poco saludable para el desarrollo de los adolescentes, siendo poco acogedor frente al bullying y la ALNS. Las acciones tomadas por la escuela, aunque poco legitimadas por los profesionales, fueron reportadas como apoyo para hacer frente a ALNS por parte de los adolescentes. **Conclusión:** El presente estudio aporta importantes contribuciones a la atención integral de la salud mental de los adolescentes, ya que la intersectorialidad es inherente a este aspecto. La interfaz salud-escuela aún necesita esfuerzos para ser efectiva en la práctica; este estudio proporciona subsidios para esta mejora.

Descriptorios: Adolescente; Conducta Autodestructiva; Investigación Cualitativa; Personal Docente; Psicoanálisis; Servicios de Salud Escolar.

Introduction

It is observed that the practice of Non-Suicidal Self-Injury (NSSI) among adolescents has appeared both in the school and at home⁽¹⁾. NSSI can be defined as a deliberate injury that results in the direct destruction or alteration of the body tissue of those who practiced it. This concept encompasses any intentional behavior that involves direct aggression to the body, with no intention of reaching suicide, not accepted socially⁽²⁾. Some of the manifestations are superficial cuts on the skin, scratches, bites, burns, hitting body parts against the wall, and introducing sharp objects into the body⁽²⁾.

The Ministry of Health's Epidemiological Bulletin indicates the presence of NSSI among adolescents in Brazil⁽³⁾. International statistics indicate that approximately 15% of the adolescents self-harm, showing a slight prevalence among women⁽⁴⁾. The fact that this event is prevalent among adolescents is related to multi-factorial issues. Being an adolescent nowadays is considered as a social category with direct implications for the historical, political, and social moment⁽⁵⁾. NSSI emerges as a way of coping with emotions⁽⁶⁾. Because it needs a supportive context to develop, the phenomenon of NSSI in adolescence is generally associated with negative interpersonal relationships⁽⁷⁾. The literature indicates that this phenomenon is seen as a significant behavior in adolescence and not as a symptom of a disease⁽⁶⁾.

In this process, contagion may be present among groups of adolescents, including due to the characteristics of groupality present at that time. It can also be related to the emotional suffering caused by the lack of attention by family members and friends, and even because of bullying in the classroom or in the school facilities⁽²⁾. The relevance of the school context in this path is noted; it appears as the main environment of socialization in adolescence, where they experience their identities beyond family environment⁽⁸⁾.

Considering the above, the guiding question is: What are the relations between the school context and NSSI? What is the role of this context in facing and preventing this phenomenon? Such questions may collaborate in the response to scientific gaps in the theme, and corroborate policies such as the Health at School Program and, more recently, the National Policy for the Prevention of Self-mutilation and Suicide (Law 13,819, of April 26th, 2019).

For this approach, we rely on D.W. Winnicott's Theory of Maturity⁽⁹⁾. For this author, mental health has the conception that every human individual is endowed with an innate tendency to mature as one

of its foundations. Despite being innate, this tendency does not occur on its own because it does not refer to a determination⁽⁹⁾. For this tendency to be realized and health to be attained in an integral way, the subject fundamentally depends on the presence of a facilitating environment that provides sufficiently good care, and allows for the accomplishment of integration processes⁽⁹⁾. Thus, in the Winnicottian perspective, the environmental conditions (considering everything that influences and is influenced by the subject, such as the physical environment and personal relationships) are decisive for the establishment of the subject's health throughout the development process⁽⁹⁾. In this sense, this framework is consistent with this object, considering the importance of the school setting for the healthy development of adolescents.

Thus, the aim of this study was to understand the relations between the school context and NSSI from the perspectives of adolescents who perform self-injuries and of education professionals.

Method

A research study with a qualitative approach, understood as destined to the study of social relations; it allows for the recognition of the participants' perspectives, directly involved in a certain phenomenon, and the respect for their singularities and diversities. The researcher's reflection in the research is part of the knowledge production process; there is possibility and variety of approaches and techniques. The look at the particular, local, and temporal context is an important aspect for the historical, specific, and concrete description of systems of knowledge, practices, and experiences⁽¹⁰⁾. As already indicated, the theoretical framework used was Winnicott's psychoanalytic theory, which outlined the following methodological path.

The study was carried out in a city in the inland of São Paulo. The city has 221,950 inhabitants according to the 2010 census, with an estimate of 249,415 inhabitants for 2018. The population aged from 10 to 19 years old is of 33,169 individuals, about 15% of the total population⁽¹¹⁾.

The specific field was a public state elementary and high school in a district of the municipality. This choice was due to (i) the existence of a university extension project in this location; (ii) the growing number of situations of self-injury by adolescents reported to the municipality's health services; (iii) the absence of interventions in this field as it is very peripheral.

The participants were adolescents with a history of NSSI, as well as education professionals. The adolescents

were included according to the following criteria: (1) being a student enrolled in the aforementioned school; (2) aged between 10 and 19 years old; (3) being appointed by the principals or teachers for experiencing self-mutilation situations. Adolescents not attending classes for any reason were excluded. The school administration appointed eight female adolescents who had reported self-injury; this report came from the teenagers themselves or from family members. Before the start of data collection, the administration contacted the parents to consent to the participation of the adolescents. The researchers held a first conversation with the teenagers, in order to invite them to participate in the study, and all of them accepted.

The education professionals were included according to the following criteria: (1) being a professional from the aforementioned school; (2) having past or present direct contact with self-harming teenagers; (3) working in the services for at least six months. The professionals who were not active in the services during the data collection period were excluded.

The data collection strategy adopted with the adolescents was the use of an individual Therapeutic Consultation, mediated by the Drawing-Story with Theme dialogical procedure, and the theme presented was self-mutilation.

Therapeutic consultation is a technique developed by Winnicott that consists of few meetings (one to three), relies on the use of a dialogical mediator for expression, and privileges the reception of emerging content⁽¹²⁾. The therapeutic consultation is based on a meaningful communication between therapist and patient (in this case, researcher and participant, respectively), being used as a diagnosis and as a research tool for the contents that are afflicting the participant.

Winnicott indicates that meaningful communication must be achieved so that health promotion is possible, and that it appears relatively easily during sessions through games and drawings. Using dialogic mediators creates an environment that favors the individual's approach to distressing and difficult-to-access issues⁽⁹⁾. Considering such notes, in this study the choice was to use the Drawing-Story with Theme Procedure, by AielloVaisber⁽¹³⁾. This procedure consists of asking the participants to make a drawing with a theme predetermined by the researcher. At the end of the drawing, they must tell the story of the graphic production. The researcher performs the same steps as the participant. At the end of this phase, both show their drawings and tell their stories. The choice of this procedure is due to its characteristic of facilitating the immersion of content of difficult oral expression⁽¹³⁾, considering that, as mentioned in the introduction,

the literature relates self-mutilation to the difficulty of expressiveness and communication. Before the start of the Drawing-Story with Theme procedure, the researcher conducted a brief interview with a sociodemographic character.

Data collection from the education professionals was carried out through a focus group, moderated by the last author and observed by the first and second author, using the field diary. The participants were previously invited in the school by means of a pedagogical planning meeting. Three professionals refused to participate.

Data collection was carried out from July 30th to October 6th, 2019, in a private room at the school. The speeches were recorded on a Samsung cellphone, with its own voice recording application. The drawing and consultation process with the adolescents lasted between 30 and 55 minutes. The focus group with the professionals lasted 1 hour and 49 minutes.

After recording, the audios were transcribed in full, with the names present in this article being fictitious, chosen by the adolescents; in the speeches of the professionals, the PE (for Education Professionals, *Profissionais de Educação* in Portuguese) code was used, being listed in the order in which they appeared in the group. This study sought to saturate meaning; this corresponds to a deeper discussion, rich in details and complex with the data to ensure the understanding of a phenomenon of interest⁽¹⁴⁾. Data collection ended when this saturation was reached.

Data was analyzed using the thematic analysis technique⁽¹⁵⁾. Essentially, thematic analysis is a method for identifying and analyzing qualitative data patterns. The following steps were followed for the analysis: (I) familiarization with the data: after transcribing the audios, exhaustive readings and re-readings of the data set were carried out, linked to the data present in the drawings; (II) coding: it was sought to reference and code the relevant information according to the research questions, by means of codes that capture the semantic and conceptual reading of the data; (III) search for themes: the codes from the previous phase were grouped into themes; (IV) theme review: checking if the themes work according to the extracted data codes and their relation with the general data set to be representative; (V) definition and naming of the themes: a detailed analysis of each theme was conducted, identifying the essence of each one; (VI) final writing: integral element of the thematic analysis, which involves the joint construction of the analytical narrative, as well as its contextualization

with relevant literature of the area, legal provisions, and articulation with theoretical concepts.

Two themes emerged from data analysis: "The (non) place of suffering at school" and "Actions to face NSSI at school". In order to guarantee greater validity and reliability of the data, the following strategies were carried out: returning the data to the participants in a later meeting to "check" content coherence; peer analysis, that is, the construction of codes and themes took place by two independent researchers and validated by a third party when necessary; use of the field diary, ensuring greater transparency of the entire research process.

The research met the ethical aspects involving human beings, being approved by the Ethics Committee of the Federal University of São Carlos (CAAE: 17176219.6.0000.5504), and authorized by the researched school. It is reiterated that the information was collected only after the signing of the Free and Informed Consent Form by the professionals and by the individuals responsible for the adolescents, and of the Free and Informed Assent Form by the adolescents.

Results

In terms of characterization, all the participants in the study were female, two were 12 years old, four were 13 years old, and two were 14 years old. Five of the adolescents were in the seventh grade of elementary school and three in the eighth grade of elementary school. Regarding religion, half of the participants said they were Catholic, two said they were evangelical, and two declared they had no religion. The number of people living in the same house varied between three and six individuals. All of them lived with their mother, and the other members varied among father, stepfather, brothers, and different family members. As for the schooling of the guardians, the lowest level was illiterate (responsible individual for one participant) and the highest was complete high school (the mothers of two participants and the father of one).

The education professionals were 15 elementary and high school teachers of the aforementioned school. Among them, two were male and the others, female. Two professionals were between 21 and 30 years old; five were between 31 and 40 years old; four, between 41 and 50 years old, and another four, between 51 and 60. Their professional training consisted of Geography, History, Arts, Pedagogy, Letters, Portuguese, Mathematics, Physical Education, and Chemistry. One professional had the theme of NSSI in his professional training, and none of the teachers

participated in updates on the theme during their professional performance.

The themes identified in the study are explored next.

Theme 1 – The (non) place of suffering at school

In this theme, we present statements that refer to dysfunctional relationships within the school context and their possible consequences, from the perspective of both adolescents and education professionals. When asked about school coexistence, the adolescents brought reports of unhealthy relationships among peers, in which they appear as victims of school violence: *And even in the classroom, people sometimes make fun of me, they say that I am strange because I write with the other hand. And there is a boy who before the holidays even said that I was garbage, things like that. Then I started to feel bad about it. Even my friends, there are days that they say it to me too, they try to make fun of it, but I absorb it... They do what they want, as if you were an object. They speak some words to you, even if they are kidding, they hurt. Ah, they even told me that I am really replaceable for everyone. A boy already said that I am garbage, and there are times when I pass by people in the classroom, and they make that face as if they were disgusted of the person, you know? Then I start to feel bad. In the classroom I just stay in my place, I don't talk much to anyone, I keep quiet, thinking.* (Marina); *I used to cry a lot before, when I was sad, then they started to call me whiny, saying that I was a whiny (here in the school)* (Amanda).

As a consequence, the adolescents reported negative feelings, sadness, exclusion. The direct relationship between bullying and the occurrence of NSSI was pointed out, as shown in Figure 1.

I drew people playing soccer, on a court. Then they bully one of the girls. It's like, she's strong, a little bit strong, and she's playing ball and one of them says that nobody knows which the ball is. That kind of bad joke. (...) I was at recreation, a place we go to play. There is a teacher, but the teacher didn't see it. I was quiet, but then I cried, and I felt bad. (...) Many girls are bullied and then cut themselves (Renata); *This (non-suicidal self-injury) started when I was in the third year, I started to suffer bullying. They started making fun of me* (Dafne).

The teachers recognized the existence of unhealthy relationships, in particular bullying; however, their statements showed no recognition of the suffering that this context generates for the adolescents: *And he doesn't know how to defend himself because everything is bullying, if you don't defend him in the classroom he will freak out, he will kill, he will die, he will use drugs, drink* (Fabiana); *At our school there was that thing of calling others fat, skinny, white and that was not bullying, today it is. Nowadays if you say "you are yellow" God forbid, the guy calls the police, that is, nowadays everything is exaggerated, nowadays all feelings are exaggerated* (Carlos).

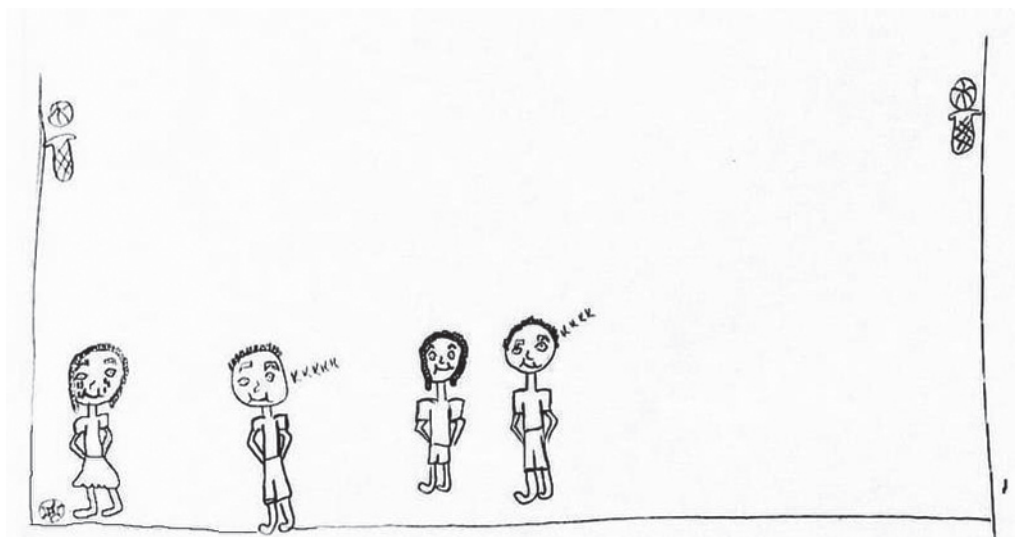


Figure 1 - Renata's Drawing-Story with Theme. Inland of São Paulo, SP, Brazil, 2019

They explained differences perceived between their generation and the current generation, supporting their understandings and perceptions on these personal experiences. Still in this sense and reinforcing the stereotype previously mentioned, they explained that the NSSI phenomenon is related to the lack of preparation to deal with frustrations: *And that continuous teaching of frustration, that today the child cannot be frustrated, and when they grow up, they will obviously get frustrated and they do not know how to deal with this feeling, because they did not learn how to cope with that, to overcome frustration, my mother and father did not allow me to suffer* (Sueli); *I am also from the 70's generation and I never heard of it, none of my friends cut themselves, killed themselves, but it must have happened, one or two cases, but not like these days* (Fabiana).

Theme 2 - Actions to face NSSI at school

In this theme, the actions taken by the education professionals were present in the speeches of the adolescents, both for cases of bullying and for cases of NSSI, and how much they impacted on coping with them. In some situations, the school is signaled as the only space for protection and reception: *I had a little pot full of blades, but then the lady took it. I think that if Eudóxia hadn't removed the blades I would already have done something. Because each day that passed I increased the depth of the cuts...* (Marina); *People made me feel more and more down. Until I did a schoolwork on depression with teacher João. It was a free theme work, and I chose to do it on depression and self-injury. Everyone said that this was me being silly, that this is a phase that will pass, that it is just sadness, and these were the comments... I think the teacher talked to them because the next day I missed the class, and he talked to them and said that this was serious, that it was no joke. From then on, they started*

to improve their behavior with me, got closer, asked if I was fine... (Letícia)

The importance of this context for adolescents is noted, as well as relevant actions for better coping with NSSI: reception, harm reduction by removing the blades, and promoting knowledge about mental health. There were still situations in the school where articulation with the family took place: *There was a day when I cut myself here in the school, and teacher João saw it. He referred me here to Emilia for me to talk to her. Then Emilia told my mother that I was cutting myself* (Letícia).

In this sense, the professionals also brought the implication in building healthier environments and carrying out actions to promote students' mental health: *First thing that comes to my mind is to notify parents, I have to do something, don't I? I have to seek where I at least believe there can be some space for help, support for that person...* (Janete). *But sometimes only hearing it, letting her speak and you hearing it, you don't even need to talk, let her be heard, it helps a lot* (Eliane); *You have to talk, understand what's going on* (Adriana).

Some professionals reported that such management is not within their governability, essentially due to the lack of knowledge in the area: *When a child has a headache, can the school medicate them? We can't! So, if the school doesn't have this role in medicating them in certain situations, I can't be aware of the situation... the only thing I can do is send them to intermediation and to the Guardianship Council. In the same way that I cannot medicate the guy I cannot be advising* (Roberto).

The responsibility placed by the education professionals, as they are often the gateway to the different situations that occur with the adolescents, was a topic discussed; they brought the emerging need for permanent education on the theme: *The school is the*

main place where these things end up triggering and what do we end up being? The recipients of this whole situation and having to mediate, having to talk to the family that the child is self-mutilating, then there are the values, the attitudes that people are taking, but the main thing is that this person is self-mutilating, what could I do with her? Where are we going to look for an argument to talk to this individual who is mutilating herself because we don't know what has already happened in her experiences, we are not prepared for this range of transformations that we have to be prepared for. We have to be prepared and we are not prepared (Emilia).

Discussion

The perspectives of self-injuring adolescents and education professionals about the school-NSSI interface point to the relevance of the school setting in the health of the adolescents, and to the uncertainty of the role that the school must take in cases of NSSI. Both adolescents and professionals recognized the existence of bullying at school, which was pointed out by adolescents as an important factor for self-injury. Despite being cited by both groups, the perceptions about the suffering that bullying may cause differed. In addition, the absence of a reception place for NSSI, despite some specific actions and desires, was unveiled.

When talking about the importance of the school setting, it is necessary to understand the importance of the environment as a whole. Winnicott brings the idea that, in order to achieve healthy maturation, it is necessary to have a sufficiently good environment that facilitates development processes⁽⁹⁾. It is necessary that there is an environment (physical, relational, social) that provides care and support to enable an innate tendency to maturity and for psychic health to take place⁽⁹⁾. It is worth mentioning that the environment in Winnicott's theory is a rich and complex concept, composed of everything that surrounds the subject⁽⁹⁾.

The first environment that surrounds us, even as babies, is the mother (when using the term mother we are referring to anyone who is primarily responsible for the baby's care). We were born in a state of absolute dependence, and we depend on maternal care to survive. According to the psychoanalyst, after birth, the baby absolutely depends on the environment that supports him and, with his development, he becomes able to know new environments and mature towards relative independence⁽⁹⁾. Admission to early childhood education institutions provides an opportunity to extend family life to social life. The school represents an intermediation between absolute dependence and maturation towards independence⁽¹⁶⁾.

Thus, the school setting proves to be fundamental in the maturation of children and adolescents, essential both in mental health and in the introduction to the social groups and to the culture. The school setting can therefore offer an opportunity for healthy development for adolescents on the way to be independent adults. Likewise, a school setting that does not support and does not embrace may cause psychological distress⁽¹⁶⁾.

The adolescents in this study reported NSSI situations involved in bullying at school. Bullying, as part of the school setting, presents itself to adolescents as a source of anguish, sadness, and isolation. A study developed in a sample of Belgian and Dutch schools with 785 adolescents investigated the association of NSSI and bullying, among other variables; being bullied increased the risk of NSSI⁽¹⁷⁾. Faced with an unhealthy environment, which provides negative feelings and does not embrace, the adolescents resorted to NSSI as a way of dealing with suffering; this aspect is reinforced by a study developed with 856 adolescents, of whom 103 reported episodes of NSSI motivated mostly by the relief of a bad feeling⁽⁶⁾. An English study in an ethnically diverse urban population found that NSSI is a unique expression of emotional distress, with fragility for seeking help⁽¹⁸⁾.

Therefore, it demonstrates the importance of the school context and interpersonal relationships for the design of an environment that embraces adolescent anxieties. A study conducted with 11,110 students from 168 European schools sought to analyze the relationship between victims of bullying and NSSI; concluded that relational and verbal victimization is related to a greater likelihood of depressive symptoms and non-suicidal self-injury⁽¹⁹⁾. Considering the importance of the school context, a study analyzed the supportive relationships of parents, friends, and school in the ideation and suicide attempts in the United States. The perceptions of parental and school support were more relevant than support from friends⁽²⁰⁾.

Adolescents live the variation between child dependence and adult maturity, coming and going multiple times between the two positions. Therefore, they are still dependent on significant people who facilitate their development⁽²¹⁾. It is observed, then, that the education professionals have a relevant role in the healthy or unhealthy development of the adolescents. Consequently, the power of these professionals to prevent and face NSSI cases is observed; as they are longitudinally close to the adolescents, and have a greater possibility of interaction and access to the function, motivation, and meanings of NSSI for adolescents, which are crucial aspects for a singular and effective care⁽⁶⁾.

In the theme "Actions to face NSSI", when they spoke about the school's performance in the face of NSSI cases, we observed that there is insecurity and doubt on the part of the professionals, who feel unprepared and under-qualified. Even so, in cases where the school positioned itself, either by notifying the parents or discussing the topic in the classroom, the adolescents reported relief and improvement, pointing to the importance of care and embracement in the school context. These actions are referred to in the literature as important for the satisfaction of adolescents and young people who receive care – not judging, active listening, and the adolescent's involvement in the planning of their care are reinforced^(6,22).

Although these professionals present themselves as important figures in the achievement of adolescents' maturity, there is a difficulty in managing issues related to NSSI in their speeches. They declared that it was neither within their functions, nor did they have the training to deal with self-injuring adolescents. Winnicott brings contributions of great interest regarding the limits of the performance of the education professionals. He argues that the role of the teacher, in fact, should not be to treat his students. The potential of their work goes beyond this idea of treating, "advising"⁽²³⁾. A professional with an understanding of human development and who favors the existence of a healthy and welcoming environment at school can help prevent psychological illness⁽¹⁷⁾. In addition to prevention, within the limits of the education professional, it is also possible to visualize the existence of a problem, to identify when students are in psychological distress, to be able to understand and embrace cases of NSSI.

The speech - *Then Emilia told my mother that I was cutting myself* (Letícia) leads us to discuss even more possibilities of action for these education professionals facing NSSI. First, by recognizing the adolescents' request for help; moreover, it can also represent an environment of great importance for parents and is often their only contact with professional and scientific guidance regarding human development. In addition to offering guidance, the meetings between parents and staff can be opportunities for the parents to be heard, and to share and reflect on their children, on their relationship with them, and on themselves⁽¹⁷⁾.

For the work of education professionals to be responsible and welcoming in the face of NSSI cases, it is essential that the working conditions allow so. Such a professional in an environment that neither supports nor welcomes him, when faced with the new, the unexpected, the painful, is paralyzed, apathetic, and unable to provide care⁽¹⁷⁾. Often, from the contact with the suffering of their students, the professional is

called to relive their own adolescent and child conflicts, and to face the difference between their generations. Generational difference related to what it is to be an adolescent, what it is to be a teacher, what psychological suffering is, what health and education are.

The limitations of the study are directed to the restricted number of adolescents, as well as to a strategy for data collection through focus groups with professionals; some issues could be better explored individually. It is also reinforced that looking from Winnicott's theory constitutes a possibility of looking at the phenomenon. In the Brazilian context, it is urgent to carry out new studies that address NSSI by the actors directly involved in it: adolescents and young people, their families, and health and education professionals.

Despite the limitations, the present study makes important contributions to comprehensive adolescent mental health care, since inter-sectorality is inherent in this aspect. The look at school, an institution of such relevance for the lives of the adolescents, brings action strategies, both in reinforcing existing practices and in facing the challenges encountered in promoting mental health. Despite being legitimized by a specific program in Brazil, the health-school interface still needs efforts to become effective in practice; such a study provides subsidies for this improvement.

Conclusion

The themes "The (non) place of suffering at school" and "Actions to face NSSI at school" made it possible to answer the initial objective, which revealed the school setting as little welcoming to adolescent suffering. NSSI is a complex and difficult to solve phenomenon, which is linked to several situations, including bullying. Thus, there is an unhealthy environment for adolescent development. The actions carried out, even if not systematic, are reported as support for coping with NSSI by the adolescents, although little legitimized by the education professionals.

The school setting needs to be mobilized, with interdisciplinary and inter-sectoral support, so that it becomes effective as a promoter of healthy development for adolescents. It is reiterated that this context has the necessary and powerful technologies for establishing bonds and networks, preventing and coping with the suffering of adolescents. Considering the current prevalence, aspects of interpersonal relationships, emotional intelligence, and self-care need to be inserted longitudinally in school curricula. Notwithstanding, the education professionals also need care; whether due to continuing education needs or to the construction of a healthy occupational space.

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