

ORIGINAL ARTICLE

NURSING ASSESSMENT OF THE MENTAL HEALTH OF CHILDREN AND ADOLESCENTS IN THE LIGHT OF CALLISTA ROY

HIGHLIGHTS

1. Most children and adolescents have mental health problems.
2. The most prevalent symptoms were hyperactivity and lack of attention.
3. Adaptive modes remained integrated.
4. Nursing can strengthen protective factors and promote well-being.

Thaiane Santana Santos¹ 

Amanda Silva Chagas¹ 

Cleidiane Lima de Oliveira¹ 

Anny Giselly Milhome da Costa Farre¹ 

Maria do Socorro Claudino Barreiro² 

Rosemar Barbosa Mendes² 

Carla Kalline Alves Cartaxo Freitas¹ 

ABSTRACT

Objective: To evaluate the mental health of children and adolescents according to Calista Roy's theory. **Method:** Quantitative research was carried out with caregivers or guardians of children and adolescents in Lagarto/SE - BR from November 2022 to March 2023. Data was collected using sociodemographic and clinical characterization of the child/adolescent and Goodman's Capabilities and Difficulties Questionnaire, analyzed by relative and absolute frequency and association. **Results:** Of the 102 children and adolescents, 59% had a clinical profile suggesting mental health problems, with the hyperactivity and inattention domain standing out. The adaptive modes were found to be integrated, the physiological with greater cohesion and the self-concept with more remarkable alteration. **Conclusion:** The results suggest the presence of mental health problems, with the maintenance of adaptive processes, in which Roy's modes respond in a coordinated way to external stimuli. Nursing can act to strengthen protective factors, promoting mental well-being in children and adolescents.

KEYWORDS: Nursing Assessment; Nursing Theory; Mental Health; Comprehensive Health Care.

HOW TO REFERENCE THIS ARTICLE:

Santos TS, Chagas AS, Oliveira CL de, Farre AGM da C, Barreiro M do SC, Mendes RB, et al. Nursing assessment of the mental health of children and adolescents in the light of Callista Roy. *Cogitare Enferm.* [Internet]. 2024 [cited "insert year, month and day"]; 29. Available from: <https://doi.org/10.1590/ce.v29i0.96679>.

¹Universidade Federal de Sergipe, Lagarto, SE, Brasil.

²Universidade Federal de Sergipe, São Cristóvão, SE, Brasil.

INTRODUCTION

The study of mental health in childhood and adolescence is very recent, as children and adolescents were seen as beings in formation, without a developed psyche, so they could not be affected by mental disorders such as depression¹.

For a long time, the mental health of children and adolescents went on without specific attention, and their particularities went unattended. The late search for the implementation of services for children and adolescents' mental health came after a period of abandonment since, from the 20th century to the present day, the issues associated with these segments of the population were more linked to social control than to their rights as such².

Years later, this demand is still relevant to the child and adolescent mental health care scenario. In a documentary analysis of the medical records of adolescents in psychological distress, researchers identified common complaints reported, including school difficulties, behavioral difficulties, emotional problems, and others such as aggression, anxiety, and family conflicts. Faced with signs that showed the process of mental health problems, health professionals showed limited behavior, most of which consisted of returning, using medication and psychotherapy³.

Given this, the importance of involving nursing professionals in the mental health of minors is evident. Nurses have the autonomy to promote children and adolescents' emotional, physical, and general well-being through psychoeducational interventions such as counseling, encouraging the adoption of healthy behaviors, and clarifying doubts. This action by nurses makes it possible to detect problems, intervene in negative development, and improve the social inclusion of these groups⁴.

Problems related to mental health in childhood and adolescence can seriously impair the functional performance of these children and adolescents. Structuring a care network provides better psychosocial components, such as self-confidence and conflict resolution⁵.

Therefore, when nurses apply Callista Roy's Adaptation Theory, they are not just practitioners but also scientists. Their role is to enhance adaptive capacities, seek transformations, develop strategies, and promote care in a humanized way. This underscores the indispensable role of nurses in mental health⁷.

In this context, according to Calista Roy's theory, this study aims to assess the mental health of children and adolescents.

METHOD

This is an exploratory and descriptive study with a quantitative approach and cross-sectional design, carried out in the municipality of Lagarto, Sergipe - Brazil, in three Basic Health Units (BHU) and outpatient waiting rooms at the Federal University of Sergipe (UFS), Campus Prof. Antônio Garcia Filho.

The research population was made up of caregivers and/or guardians of children and adolescents treated by the municipality's primary and secondary care services. Family members or those responsible for children and/or adolescents aged between 4 and 16 were included in the study (due to the specific nature of the questionnaire). Caregivers

under the age of 18 and children/adolescents who did not live with their main caregivers were excluded.

Participants were recruited at their convenience in the UBS waiting rooms. Data collection took place between November 2022 and March 2023 through interviews with family members of children and/or adolescents. The sociodemographic and clinical profile was built by asking questions to determine name, age, gender, schooling, class attendance, and behavior at school, as well as to find out if the child/adolescent is frequently monitored by a health professional, if they use any medication regularly and if they have any medical diagnosis.

The child/adolescent's mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ), validated in Brazil⁸. The SDQ is specific for screening mental health problems in children and adolescents aged between 4 and 16; it can be administered to parents, teachers, and the children themselves when they are over 11 years old⁹⁻¹⁰.

The questionnaire is divided into five scales referring to different aspects that may be related to the mental health of minors: emotional symptoms scale, conduct problems scale, hyperactivity scale, peer relationship problems scale, and pro-social behavior scale. There are 25 questions, 10 about abilities, 14 about difficulties, and one neutral item¹¹.

The data collected was tabulated in the Statistical Package for the Social Science software, version 23.0 (SPSS Statistics 23), developed by IBM®. The socio-economic data was analyzed descriptively alongside the analysis of each specific instrument using the mean, raw values, and relative values, considering the cut-off value specified by the questionnaire's authors.

The score on each scale can vary from 0 to 10. The overall score of the questionnaire is generated by the sum of each scale, except for pro-social behavior, which ranges from 0 to 40. The cut-off value adopted by the guardians for analyzing the answers is 17 points for clinical profile, 14 to 16 for borderline, and 0 to 13 for typical¹¹.

The data was also analyzed using the chi-square and linear regression tests based on relative and absolute frequency and the association between variables. Associations where $p < 0.05$ were considered statistically significant.

To analyze the subjective aspects of the data, the participants' answers were categorized according to the adaptive modes determined by Callista Roy's Adaptation Theory¹². From this, an adaptive profile of the children and adolescents in the study was constructed to assess their adaptive process according to each mode. The categorization of the data for subjective analysis is shown in Chart 1.

Chart 1 - Categorization of research data according to the adaptive modes of Callista Roy's Adaptation Theory. Lagarto, SE, Brazil, 2023

Adaptive mode	Definition	Variables
Physiological	Physical response to environmental stimuli.	<ul style="list-style-type: none"> • Medical diagnosis • Use of medication • Physiological changes • Level of dependence • Presence of symptoms
Self-concept	Psychological and spiritual aspects of physical and personal being.	<ul style="list-style-type: none"> • Feelings. • Reaction to different situations.
Role function	Patterns of social interaction of the person about others.	<ul style="list-style-type: none"> • Behavior • Performance in activities.
Interdependence	Interpersonal relationships and emotional needs.	<ul style="list-style-type: none"> • Relationship with friends and colleagues • Behavior towards others.

Source: The authors (2023)

The research followed ethical principles as set out by Resolution 466 of December 12, 2012, guidelines, which set out the regulatory standards for research involving human beings¹³. As such, the Municipal Health Department approved the survey, followed by the Research Ethics Committee (CEP, in Portuguese) of the Federal University of Sergipe, under opinion number 5.546.235.

RESULTS

During the interviews, data was collected on 102 children and/or adolescents through contact with their caregivers and/or guardians. The average age of the children and adolescents was 9.21 years (SD= 3.721), with a prevalence in the adolescent age group (45%), and a predominance of males (54%). Of the participants, 93% were enrolled and attended school regularly, and received praise for their performance and behavior (72%).

As for the clinical profile, 23% of the children and young people are being monitored by a health professional, especially a psychologist and occupational therapist; 20% have a medical diagnosis, 12 of which are related to mental health or developmental disorders, such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD).

Table 1 - Characterization of the sociodemographic profile of children and/or adolescents in Lagarto, SE, Brazil, 2023

Variables	n (%)
Age	
Early childhood (0 to 5 years)	18 (18)
Second childhood (6 to 9 years)	38 (37)
Adolescence (10 to 15 years)	46 (45)
Gender	
Female	47 (46)
Male	55 (54)
Studying	
Yes	95 (93)
No	7 (7)
Behavior at school	
Has already received a suspension or warning	10 (10)
The guardian has already been called to discuss inappropriate behavior	9 (9)
Has received praise from teachers and tutors	74 (72)
Cannot provide information	2 (2)
Does not study	7 (7)
Does he/she follow up with a health professional?	
No	78 (77)
Yes	24 (23)
Occupational therapist	4 (4)
Cardiologist	1 (1)
Clinical doctor	1 (1)
Dermatologist	1 (1)
Endocrinologist	1 (1)
Speech therapist	1 (1)
Neurologist	3 (3)
Psychologist	8 (8)
Nutritionist	1 (1)
Dentist	1 (1)
Otorhinolaryngologist	1 (1)
Allergist	1 (1)
Pediatrician	1 (1)
Pulmonologist	1 (1)
Psych pedagogue	2 (2)
Equine therapy	3 (3)
Does he/she have a diagnosis?	
No	82 (80)
Yes	20 (20)
Mental health and development	12 (12)

Respiratory	6 (6)
Cardiovascular	1 (1)
Endocrine	2 (2)
Neurological	1 (1)

Source: The authors (2023)

When assessing the average mental health score of children and adolescents, a value of 20.96 (SD: 6.127) was obtained, above the cut-off average of 17 points, which is a clinical profile that suggests the presence of mental health problems; the lowest score was 11 points and the highest 37.

Of the 102 children and adolescents, 59% scored for clinical development of abilities and difficulties (Table 2). Compared to the specific domains, there is a difference in classification since the majority scored for typical or normal development of Emotional Symptoms (75%), conduct problems (76%), hyperactivity (72%), Relationship Problems (65%), and Social Behavior (88%).

The domain most affected was hyperactivity (22%), followed by conduct problems (17%). In contrast, social behavior (88%) was the least affected (Table 2).

Table 2 - Classification of the development of abilities and difficulties according to the score on the SQD and its specific domains. Lagarto, Sergipe, 2023

	Typical n (%)	Borderline n (%)	Clinical n (%)
SDQ score	20 (20)	22 (21)	60 (59)
Emotional Symptoms	77 (75)	13 (13)	12 (12)
Conduct Problems	78 (76)	7 (7)	17 (17)
Hyperactivity	74 (72)	6 (6)	22 (22)
Relationship Problems	66 (65)	25 (24)	11 (11)
Social Behavior	90 (88)	7 (7)	5 (5)

Source: The Authors (2023)

Within emotional symptoms, nervousness was the most common symptom among children and adolescents, occurring in 42% of the sample. The least reported symptom was headache (10%), followed by sadness or crying (11%). Among conduct problems, tantrums stood out in 32% of the sample. On the other hand, 55% of the children and adolescents had no conduct problems, according to their guardians.

The hyperactivity scale revealed distractibility (31%), hyperactivity (31%), and restlessness (26%). Despite this, some children have protective factors that mitigate symptoms of hyperactivity, such as thinking before acting (40%) and good concentration (46%).

Interpersonal relationship problems were not urgent among the children in the study. While 20% of children and adolescents prefer to play alone, 74% are liked by other people their age, and 78% have at least one good friend.

From the same perspective, regarding social behavior, 74% are considerate of the feelings of others, 76% are willing to share, and 76% are helpful. In addition, 86% are kind to younger children. Despite this, 20% proactively offer to help others. This data can be seen in Table 3 below.

Table 3 - Responses by domain of the Capacities and Difficulties Questionnaire. Lagarto, SE, Brazil, 2023

Domains		Yes (%)	Adaptive mode
Emotional symptoms	Complains of a headache	10 (10)	▲
	Often seems worried	21 (20)	●
	Often seems sad, depressed, or tearful	11 (11)	●
	Gets nervous when faced with new situations	43 (42)	●
	Has many fears, gets scared easily	31 (31)	●
Behavior problems	Often has fits of rage or tantrums	32 (32)	●
	Is usually obedient	56 (55)	■
	Often fights with or frightens other children	18 (18)	■
	Often, lies or cheats	7 (7)	■
	Steals things from home, school, or other places	1 (1)	■
Hyperactivity	Restless, hyperactive, can't sit still	31 (31)	■
	Is constantly restless or agitated	26 (26)	■
	Easily distracted	31 (31)	■
	Thinks before acting	41 (40)	■
	Completes the tasks they start, has good concentration	47 (46)	■
Relationship problems	Is solitary, prefers to play alone	20 (20)	▽
	Has at least one good friend	80 (78)	▽
	Is generally liked by other children	76 (74)	▽
	Is persecuted or tormented by other children	17 (17)	▽
	He gets on better with adults than with children	35 (34)	▽
Social Behavior	Considers other people's feelings	76 (74)	▽
	Is willing to share	78 (76)	▽
	It is helpful if someone seems hurt	78 (76)	▽
	Is kind to younger children	88 (86)	▽
	Often offers to help other people	20 (20)	▽

Key: ▲= Physiological adaptive mode; ●= Self-concept adaptive mode; ■= Role function adaptive mode; ▽= Interdependence adaptive mode.

Source: The authors (2023).

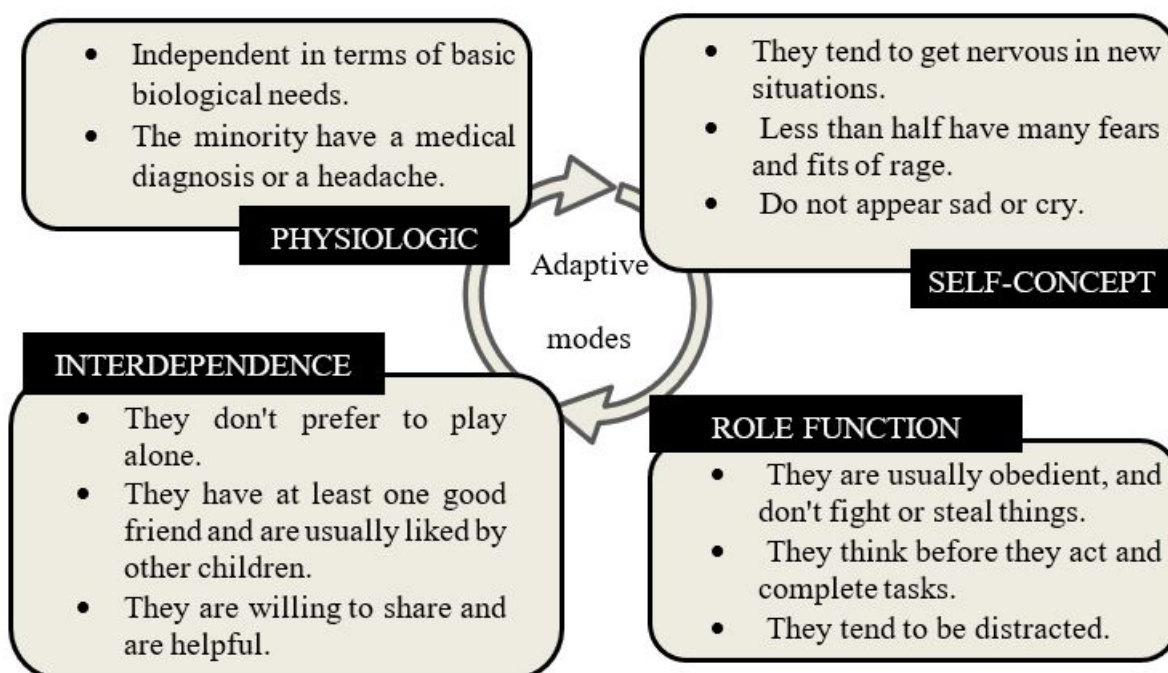
Thus, the adaptive profile of the children and adolescents in the study presents an integrated adaptation process in which the modes and subsystems respond in a coordinated manner to the stimuli they receive from the environment (Figure 1). The physiological mode was the least affected among the participants, with only 10% reporting a physical symptom as a headache and none showing total dependence on basic biological needs (breathing, eating, elimination, hydration, and locomotion).

The adaptive mode with the most significant impairment was self-concept, in which most had symptoms such as nervousness, fear, or anger. The role function mode can be seen in the children's/adolescents' obedience, commitment to finishing their tasks, and thinking before acting, with the detriment of distractibility.

Interdependence was another adaptive mode with an integrated profile that showed how children and adolescents interact with other people, whether they are of the same age or not. Most participants prefer to play in company and have at least one good friend. Additionally, they tend to be liked by other children and share toys.

Figure 1 summarizes the main characteristics of the adaptive profile of children and adolescents.

Figure 1 - Adaptive profile of children and adolescents according to Callista Roy's Adaptive Theory. Lagarto, SE, Brazil, 2023



Source: The authors (2023).

When associating the variables "gender," "attending school," "behavior at school," "follow-up with a professional," and "medical diagnosis" with the general and specific scores, statistical significance was observed for some of these. The "gender" variable was statistically significant for the "Emotional Symptoms" domain ($p= 0.011$), in which boys were less prone to developmental problems in the emotional area (Table 4).

“Behavior at school” was associated with the domains ‘Conduct Problems’ ($p= 0.005$), ‘Hyperactivity’ ($p= 0.000$), ‘Relationship Problems’ ($p=0.015$), and ‘Social Behavior’ ($p= 0.000$) since children and adolescents who received praise for their behavior at school mostly scored normal development in these specific domains (Table 4).

Being monitored by a professional was statistically associated with “Emotional Symptoms” ($p= 0.004$), “Conduct Problems” ($p= 0.029$), and “Hyperactivity” ($p= 0.003$). Likewise, the medical diagnosis was associated with the “Emotional Symptoms” domain ($p=0.001$), “Conduct Problems” ($p=0.038$), “Hyperactivity” ($p=0.000$), and the overall SDQ score ($p= 0.005$) (Table 4).

Table 4 - Relationship between characteristics of children and adolescents and their mental health. Lagarto, Sergipe, 2023

	Total score	Domain 1	Domain 2	Domain3	Domain 4	Domain 5
Sex	1.631 ^a	9.040 ^a	2.464 ^a	1.686 ^a	1.432 ^a	2.518 ^a
	0.442 ^b	0.011 ^{b*}	0.292 ^b	0.430 ^b	0.489 ^b	0.284 ^b
Attending school	0.283 ^a	1.002 ^a	0.625 ^a	0.806 ^a	1.909 ^a	5.770 ^a
	0.868 ^b	0.606 ^b	0.731 ^b	0.668 ^b	0.385 ^b	0.056 ^b
Behavior at school	8.575 ^a	6.084 ^a	21.888 ^a	30.893 ^a	19.060 ^a	28.656 ^a
	0.379 ^b	0.638 ^b	0.005 ^{b*}	0.000 ^{b*}	0.015 ^{b*}	0.000 ^{b*}
Follow-up with a professional	5.220 ^a	11.073 ^a	7.053 ^a	11.975 ^a	2.295 ^a	0.938 ^a
	0.074 ^b	0.004 ^{b*}	0.029 ^{b*}	0.003 ^{b*}	0.317 ^b	0.626 ^b
Medical diagnosis	10.532 ^a	13.027 ^a	6.554 ^a	18.443 ^a	5.769 ^a	4.213 ^a
	0.005 ^{b*}	0.001 ^{b*}	0.038 ^{b*}	0.000 ^{b*}	0.056 ^b	0.122 ^b

Key: Domain 1: Emotional symptoms; Domain 2: Conduct problems; Domain 3: Hyperactivity; Domain 4: Relationship problems; Domain 5: Social behavior. here-squared; bp-value; *Statistical significance ($p<0.05$).

Source: The authors (2023).

DISCUSSION

Different factors, internal or external, can influence children and adolescents' development and mental health. From this perspective, child and adolescent development is secondary to the ability to adapt, as Callista Roy suggests in her nursing theory. This adaptation occurs due to changing stimuli and environments, which indicates a field of intervention for nursing¹⁴.

In this study, most children and adolescents showed no signs of adaptation problems, and their adaptive processes were integrated. The physiological mode showed the most extraordinary cohesion, and the self-concept mode showed the most significant difficulties.

The presence of possible aggravating factors in the self-concept mode should be seen as a potential problem. The way children feel about themselves is a crucial component in their development¹⁵. This scenario worsens during adolescence when a negatively developed self-concept is associated with the emergence of adaptation and behavioral and emotional problems¹⁶.

Given this, nursing has interventional strategies to help children and adolescents deal with environmental stimuli in a way that does not negatively interfere with their adaptive process. A study carried out with children aged 9 to 14 investigated the effects of an eight-week intervention based on Mindfulness training on symptoms associated with mental health, resulting in increased resilience and improved levels of anger, anxiety, and behavior¹⁷.

It's worth noting that mental health problems in children and adolescents manifest themselves differently from those in adults. Sometimes, these behaviors are marked by aggression, excessive agitation, isolation, inattention, and difficulty fulfilling activities, impairing school performance¹⁸. Thus, the data relating to the hyperactivity scale in the SDQ presented in this study demonstrates possible alterations in the mental health of these children and adolescents, with Brazilian research having shown similar results¹⁹.

The signs and symptoms listed on the hyperactivity scale can be described as agitation or failure to follow the rules, which can interfere with school performance. This is one of the main reasons why those responsible for children and adolescents seek mental health care for them²⁰. In this study, school behavior without complaints was associated with the absence of symptoms of hyperactivity, conduct or relationship problems, and social behavior, which reinforces the observation of the school environment as a strong indicator for assessing mental health problems among children and adolescents.

Thus, in addition to diagnostic screening, the use of the SDQ to assess the mental health of children and adolescents can also identify those who are in risk groups for developing mental health problems. By considering those with borderline scores as a risk group, researchers in the interior of São Paulo were able to identify which children and adolescents needed greater therapeutic reinforcement²¹. From this, nurses can assess children and adolescents in their live context and their ability to adapt to the stimuli they receive, which can be shaped through interventions²².

Through Callista Roy's theory, nursing provides adaptation strategies for these families and their children and adolescents, eschewing rigid, standardized models that focus on medicalization. Based on an individual assessment, it is possible to identify which family factors act as protective or risk factors to build a care plan that promotes children's and adolescents' mental health.

Nursing practice should focus on integrated strategies that meet patients' physiological, emotional, and behavioral needs. Considering that most children and adolescents have a favorable adaptive profile, nursing interventions must strengthen protective factors, such as good concentration skills and pro-social behavior, while addressing areas of vulnerability, such as hyperactivity and conduct problems.

The statistically significant association between school behavior and various behavioral and emotional domains indicates that school is a crucial environment for the early detection and intervention of mental health problems. Therefore, nurses should collaborate with education professionals to monitor the behavior and development of children and adolescents, providing appropriate support when necessary.

This study faced some limitations in terms of the size of the sample recruited, reflecting the lack of an appropriate place to interview the caregiver and the number of questions asked. As a prospect for future work, we intend to investigate the influence of the caregiver on the mental health of children and adolescents and evaluate their own.

Since the municipality does not have a specific psychosocial care network for children and adolescents, optimizing the available care spaces is necessary, with PHC playing a central role due to its routine care and operation. Existing programs, such as the SHP, should also include themes that promote healthy childhood and adolescence, with mental health as an essential factor for their proper development.

CONCLUSION

The survey included children and adolescents, most of whom were in their teens and males. Almost all attend school and receive praise from their teachers and tutors. A health professional regularly monitors less than half or has a medical diagnosis.

Although the children's adaptive profile corresponded to an integrated adaptation process, just over half of the children and adolescents were classified as having a clinical profile above the cut-off score for mental health problems. The most affected domains were hyperactivity and lack of attention, followed by conduct problems. Emotional symptoms such as nervousness and distractibility were common. However, many showed good indicators of social behavior and positive interpersonal interactions.

The implications for nursing practice include the need for continuous and multifaceted monitoring of children's and adolescents' development, close collaboration with other professionals and institutions, and the promotion of early and personalized interventions. This approach can contribute significantly to young people's well-being and mental health, providing a healthy and balanced development.

REFERENCES

1. Barros CS. A depressão na terceira infância e o papel dos pais no tratamento: uma revisão de literatura. Rondônia. Trabalho de Conclusão de Curso – Faculdade da Amazônia; 2018. [cited 2023 June 15]. Available from: <http://repositorio.fama-ro.com.br/bitstream/123456789/131/1/CAROLYNE%20SOARES%20BARROS.pdf>
2. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Fórum Nacional de saúde Mental Infantojuvenil: recomendações: de 2005 a 2012. [Internet] Brasília; 2014. [cited 2023 Jun 18]. Available from: https://bvsmms.saude.gov.br/bvs/publicacoes/forum_nacional_saude_mental_infantojuvenil.pdf
3. Silva TM, Faria MLV de C, Cardoso MM de A. Estamos patologizando as vulnerabilidades dos adolescentes? Uma pergunta a ser considerada pela atenção básica: are we pathologizing the vulnerabilities of adolescents? A question to be considered by primary care. Braz. J. Develop. [Internet]. 2022 [cited 2023 June 15];8(9):64032-45. Available from: <https://doi.org/10.34117/bjdv8n9-242>
4. Silva EMVB, Silva D, Aparício G, Bica IAC, Cunha M. Promoção da saúde mental das crianças: contributos dos enfermeiros. Acta Paul Enferm. [Internet] 2020 [cited 2023 June 08];33(01):02-12. Available from: <https://doi.org/10.37689/acta-ape/2020ao0254>
5. Tzesnioski LC, Nóbrega KBG, Lima MLLT, Fagundes VLD. Construindo a rede de cuidados em saúde mental infantojuvenil: intervenções no território. Cien Saude Colet [Internet] 2015 [cited 2023 June 15];20(2):363-70. Available from: <https://doi.org/10.1590/1413-81232015202.05082014>
6. Coelho SMS, Mendes IMDM. Da pesquisa à prática de enfermagem aplicando o modelo de adaptação de Roy. Esc. Anna Nery [Internet] 2011 [cited 2024 May 28];15:845-50. Available from: <https://www.scielo.br/j/ean/a/xkwqGfDtDZ4ZRRSHm9ttKmP/abstract/?lang=pt>

7. Mielke FB, Olschowsky A. Ações de saúde mental na estratégia saúde da família e as tecnologias em saúde. Esc Anna Nery. [Internet] 2011 [cited 2023 June 20]; 15(4):762-8. Available from: <https://doi.org/10.1590/1413-81232015202.05082014>
8. Fleitlich-Bilyk B, Cortázar PG, Goodman R. Questionário de capacidades e dificuldades (SDQ). Infanto Rev Neuropsiquiatr Infanc Adolesc. 2000;8:44-50.
9. Goodman A, Goodman R. Strengths and difficulties questionnaire as a dimensional measure of child mental health. J Am Acad Child Adolesc Psychiatry. [Internet] 2009 [cited 2023 June 15];48:400–3 Available from: <https://doi.org/10.1097/CHI.0b013e3181985068>
10. Goodman R. The strengths and difficulties questionnaire: a research note. J Child Psychol Psychiatry [Internet]. 1997 [cited 2023 June 18];38(5):581-6. Available from: <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
11. Saur AM, Loureiro SR. Qualidades psicométricas do questionário de capacidades e dificuldades: revisão da literatura. Estud Psicol (Campinas). [Internet] 2012 [cited 2023 June 13];29:619-29. Available from: <https://doi.org/10.1590/S0103-166X2012000400016>
12. George JB. Teorias de enfermagem: os fundamentos para a prática profissional. 4. ed. Porto Alegre: Artes Médicas Sul; 2000.
13. Ministério da Saúde. (BR) Conselho Nacional de Saúde. Resolução N° 466, de 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília (DF); 2012.
14. Saini N. Roy's Adaptation model: effect of care on pediatric patients. Int J Nurs Midwifery Res. [Internet] 2017 [cited 2023 June 15];4(1):52–60. Available from: <https://doi.org/10.24321/2455.9318.201708>
15. King KA. Self-concept and self-esteem. A clarification of terms. J. Sch. Health [Internet] 1997 [cited 2023 June 15]; 67: 68–70. Available from: <https://doi.org/10.1111/j.1746-1561.1997.tb06303.x>
16. Lichner V, Petriková F, Žiaková E. Adolescents self-concept in the context of risk behaviour and self-care. Int. J. Adolesc. [Internet] 2021 [cited 2023 June 15] ;26(1):57-70. Available from: <https://doi.org/10.1080/02673843.2021.1884102>
17. Laundry K, Friberg P, Osika W, Chen Y. Mindfulness-based intervention for children with mental health problems: a 2-year follow-up randomized controlled study. Mindfulness [Internet] 2021 [cited 2023 June 20] ;12(12):3073-85. Available from: <https://doi.org/10.1007/s12671-021-01771-w>
18. Cid MFB, Squassoni CE, Gasparini DA, Fernandes LHO. Saúde mental infantil e contexto escolar: as percepções dos educadores. Pro-posições [Internet] 2019 [cited 2023 June 15];30. Available from: <https://doi.org/10.1590/1980-6248-2017-0093>
19. Giacomini I, Martins MRO, Matijasevich A, Cardoso MA. Consistência interna do questionário de capacidades e dificuldades em crianças amazônicas. Rev Saude Publica [Internet] 2024 [cited 2024 May 28];57:4. Available from: <https://doi.org/10.11606/s1518-8787.2023057005562>
20. Santos LO, França VN, Batista AS. As queixas escolares e suas interfaces em um ambulatório de saúde mental infantil. Estud. Psicol [Internet] 2022 [cited 2024 May 28];22(3):1041-61. Available from: <https://doi.org/10.12957/epp.2022.69800>
21. Santos RGH, Celeri EHRV. Rastreamento de problemas de saúde mental em crianças pré-escolares no contexto da atenção básica à saúde. Rev. Paul. Pediatr. [Internet] 2017 [cited 2024 May 28];36:82-90. Available from: <https://doi.org/10.1590/1984-0462/2018;36;1;00009>
22. Ribeiro BF, Nóbrega MPSS. Saberes e práticas da enfermagem na infância. In: Siqueira MM, Carvalho MTC. Enfermagem em saúde mental: promoção, prevenção e cuidado. Curitiba: Appris; 2022. p.72.

Received: 04/12/2023

Approved: 24/06/2024

Associate editor: Dra. Tatiane Trigueiro

Corresponding author:

Thaiane Santana Santos

Universidade Federal de Sergipe, Lagarto, SE, Brasil

Av. Gov. Marcelo Déda - São José, Lagarto - SE, 49400-000

E-mail: thaianesantana08@gmail.com

Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Santos TS, Chagas AS, Oliveira CL de**. Drafting the work or revising it critically for important intellectual content - **Santos TS, Farre AGM da C, Barreiro M do SC, Mendes RB, Freitas CKAC**. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Santos TS, Freitas CKAC**. All authors approved the final version of the text.

ISSN 2176-9133



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).