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Factors Affecting the Mental Health of School-Aged Adolescents in Rural Contexts

Fatores que interferem na saúde mental de adolescentes escolares no contexto rural

Factores que afectan la salud mental de adolescentes escolares en contextos rurales

Andressa da Silveira[I]; Francieli Franco Soster[I]; Lairany Monteiro dos Santos[I]; Tamara Probst[I]; Juliana Portela de Oliveira[I]; Tainara Giovana Chaves de Vargas[I]; Keity Laís Siepmann Soccol[II]

[I]Universidade Federal de Santa Maria. Palmeira das Missões, RS, Brazil; [II]Universidade Franciscana. Santa Maria, RS, Brazil

ABSTRACT

Objective: to identify the factors that influence the mental health of school-aged adolescents in rural areas. **Method:** this is a qualitative and participatory study, guided by the Creative and Sensitive Method, utilizing the "Tree of Knowledge" Creativity and Sensitivity Dynamic. The study was conducted with adolescents from two rural schools. The statements provided by participants were analyzed using French discourse analysis. **Results:** A total of 26 adolescents participated in the study, with 11 from the northwestern region and 15 from the central region, aged between 12 and 17 years. Three categories emerged, as follows: "Mental health and social/family relationships of school-aged adolescents in rural areas"; "Violence and suffering in the daily lives of school-aged adolescents in rural areas"; "Coping strategies adopted by adolescents to improve mental health". **Final considerations:** conflicting relationships with family members, friends, and teachers negatively impact the mental health of adolescents. Implementing educational activities that address mental health is recommended, encouraging the breakdown of taboos surrounding this topic.

Descriptors: Mental Health; Nursing; Adolescent Health; Rural Areas.

RESUMO

Objetivo: conhecer os fatores que interferem na saúde mental de adolescentes escolares no contexto rural. **Método** estudo qualitativo e participativo, mediado pelo Método Criativo e Sensível, a partir da Dinâmica de Criatividade e Sensibilidade "Árvore do Conhecimento", realizada com adolescentes de duas escolas rurais. As enunciações foram submetidas à análise de discurso francesa. **Resultados:** participaram do estudo 26 adolescentes, 11 provenientes da região noroeste e 15 da região central, com faixas etárias entre 12 e 17 anos. Emergiram três categorias: "Saúde mental e relações sociais/familiares de adolescentes escolares da área rural"; "Violência e sofrimento no cotidiano de adolescentes escolares da área rural"; "Estratégias de enfrentamento dos adolescentes para a melhoria da saúde mental". **Considerações finais:** relações conflituosas estabelecidas com familiares, amigos e professores interferem na saúde mental dos adolescentes. Sugere-se a realização de atividades educativas, que discorram sobre a saúde mental, instigando a quebra de tabus com relação à temática.

Descritores: Saúde Mental; Enfermagem; Saúde do Adolescente; Zona Rural.

RESUMEN

Objetivo: conocer los factores que afectan la salud mental de adolescentes escolares en contextos rurales. **Método:** estudio cualitativo y participativo, mediado por el Método Creativo y Sensible, basado en la Dinámica de Creatividad y Sensibilidad "Árbol del Conocimiento", realizado con adolescentes de dos escuelas rurales. Los enunciados fueron sometidas al análisis del discurso francés. **Resultados:** Participaron del estudio 26 adolescentes, 11 de la región noroeste y 15 de la región central, con edades entre 12 y 17 años. Surgieron tres categorías: "Salud mental y relaciones sociales/familiares de adolescentes escolares del área rural"; "Violencia y sufrimiento en la vida cotidiana de los adolescentes escolares del área rural"; "Estrategias de afrontamiento de los adolescentes para mejorar la salud mental". **Consideraciones finales:** las relaciones conflictivas que establecen con familiares, amigos y profesores afectan la salud mental de los adolescentes. Se sugiere realizar actividades educativas que aborden la salud mental e inciten a romper los tabúes sobre el tema.

Descriptores: Salud Mental; Enfermería; Salud del Adolescente; Medio Rural.

INTRODUCTION

Adolescence is a transitional phase from childhood to adulthood, characterized by physical, biological, behavioral, and social changes. During this period, individuals undergo a process of social construction, acquire autonomy, and develop their identity, personality, and moral values[1].

Regarding the chronological definition of adolescence, since the enactment of the Child and Adolescent Statute (ECA) in Brazil, individuals aged 12 to 18 years are considered adolescents[2]. The Ministry of Health follows the World Health Organization (WHO) convention, which defines adolescence as the age range from 10 to 19 years, 11 months, and 29 days old[3,4].

Corresponding author: Andressa da Silveira. E-mail: andressa-da-siveira@ufsm.br
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Adolescence is shaped by personal, social, and familial expectations while the individual undergoes biological, psychological, and emotional maturation. Such aspects, combined with the need for group belonging and the social pressures experienced, become triggering factors for psychological distress in individuals, potentially affecting their mental health, with possible anxiety disorders, depression, behavioral issues, suicidal ideation, and attempts[5].

It is worth noting the period following the SARS-CoV-22 pandemic, during which a higher incidence of anxiety episodes, stress, eating disorders, mood disorders, schizophrenia diagnoses, and depression was observed in this population. In this context, the importance of facilitating adolescent access to health services for the prevention and treatment of mental disorders through psychological support and professional care is highlighted[6].

Regarding adolescents living in rural communities, barriers to accessing health units and specialized care are notable, particularly due to the significant geographic distance from these services and the poor condition of roads for transportation. This reality exacerbates social inequities and contradicts the principles of universality, equity, and comprehensiveness proposed by the Unified Health System (SUS), as it hinders the equitable and qualified provision of health services[7].

In order to reduce inequalities in healthcare for children and adolescents, the School Health Program (PSE) was established by Decree No. 6,286 on December 5, 2007. This intersectoral health and education policy aims to integrate healthcare professionals into activities within public basic education schools, with the goal of bringing adolescents closer to services offered by the Family Health Strategy (ESF). Furthermore, PSE actions contribute to promoting health and preventing diseases and other conditions in this population[8].

In this context, the school environment serves as a place where adolescents not only learn necessary educational content but also develop interpersonal relationships and gain access to health information through activities promoted by professionals working in the PSE[9]. Thus, schools are key spaces for promoting adolescent health, as they provide access to information for various social groups, thereby reducing social and health inequalities[10].

This study is justified by the vulnerability of the adolescent population to developing mental disorders. It is estimated that 14% of adolescents worldwide experience mental health issues[11]. A study conducted in India with school-aged adolescents identified a higher prevalence of mental health problems among rural adolescents compared to those in urban areas[12].

In Brazil, a study based on data from the National School Health Survey (PeNSE) conducted in 2019 revealed negative mental health indicators among students, with adolescents reporting irritability, nervousness, bad moods, and hopelessness[13].

Given these findings, it is crucial to recognize the health needs of adolescents living and studying in rural areas, as their access to healthcare services and emotional support is often hindered by geographic barriers. In light of these considerations, the following question arises: "What are the factors affecting the mental health of school-aged adolescents in rural areas?"

This study aimed to identify the factors influencing the mental health of school-aged adolescents in rural areas.

METHOD

This is a qualitative and participatory study, mediated by the Creative and Sensitive Method (CSM), using the "Tree of Knowledge" Creativity and Sensitivity Dynamic (CSD) as a creative strategy for data collection. The CSM is one of the participatory, art-based research methods conducted in collective spaces. The CSD represents one of the structuring axes of the CSM, combining art with group dialogue[14,15].

The method consists of five stages: First Stage: reception and welcoming of participants. Second Stage: explanation of the objectives of the CSD, the activities to be carried out, and presentation of the Debate-Generating Question (DGQ). Third Stage: dedicated to artistic production, either individually or collectively. Fourth Stage: time allocated for collective discussion and validation of the CSD. Fifth Stage: a group synthesis is conducted with the aim of answering the DGQ[14]. In this study, the "Tree of Knowledge" CSD was used, where a metaphorical language encourages participants to share their experiences through three components: roots, trunk, and canopy, associating human development with the structure of a tree[15].

The study took place in two public municipal schools located in rural areas of municipalities in the northwest and central regions of the State of Rio Grande do Sul, Brazil. The school in the northwest region had 50 students enrolled from preschool to ninth grade as well as 14 teachers. The school located in the central region had 43 students enrolled in elementary education, nine teachers, and four staff members. Both schools provided school transportation to facilitate

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access and reduce dropout rates among rural adolescents. These schools were chosen because they are reference points for public education, offering full-time activities for rural adolescents, which fosters a stronger connection between these adolescents and the school environment.

Selection criteria included being an adolescent between 10 and 19 years old, residing in a rural area, and being enrolled in a rural school. Participants were selected through an initial electronic invitation sent to school administrators. Upon acceptance, an in-person invitation was extended to the adolescents. Those who agreed to participate were given an Assent Form to sign, while their guardians signed an Informed Consent Form. Data collection occurred between April and August 2022.

To familiarize with the school settings, preliminary meetings were scheduled with school leadership teams and teachers to explain the study's objectives and phases as well as how data would be returned to both schools. Following this meeting, invitations were sent to adolescents who met the selection criteria, and those who wished to participate were included in the study. As a result, 11 adolescents from the rural school in the northwest region and 15 from the rural school in the central region participated in the research.

The participants responded to the following DGQ: "What is mental health and what factors affect adolescents' mental health?" A tree drawing was provided where adolescents shared their knowledge about mental health using the metaphor of a tree's components. From roots embedded in nutrient-rich soil that produce sap through interactions with water and sunlight, to fruits that are eventually produced. The stronger the root structure, the stronger is the tree with its trunks, branches, leaves, flowers, and fruits. The growth and development of a tree serve as a metaphor for understanding human knowledge construction based on experiences - its limits and possibilities[15]. Data were analyzed using Discourse Analysis (DA) within the French tradition[16].

DA is operationalized through an analytical framework that enables identifying meanings in a discourse as it evolves. Pauses, emotions, reflections, and sense effects are considered. Additionally, paraphrase, polysemy, and metaphor can be identified in participants' statements. Based on these elements, transcribed statements are organized into themes and subthemes through thematic recoding and interpretative analytical commentary[16].

This study followed the *Consolidated Criteria for Reporting Qualitative Research (COREQ)* guidelines. Ethical considerations adhered to regulations on research involving human subjects as outlined by National Health Council Resolution 466/2012. The research protocol was approved by the Ethics Committee at Universidade Federal de Santa Maria under approval number 5.768.087 in November 2022.

To maintain participant anonymity, each adolescent was assigned a code using "A" followed by a sequential ordinal number according to their contributions during the CSD (A1, A2, A3,... A26).

RESULTS

A total of 26 adolescents from two rural schools participated: one located in Palmeira das Missões (northwest region) and another in Santa Maria (central region) of Rio Grande do Sul, Brazil. In the northwest rural school, 11 adolescents aged between 12 and 17 participated - eight female and three male -ranging from sixth to ninth grade.

The statements produced by the 11 adolescents highlighted social and family relationships, episodes of suffering, and violence experienced or witnessed, as well as coping strategies marked by dialogue and bonds. The image of the "Tree of Knowledge" CSD produced in the rural area of the northwest region is represented in Figure 1.

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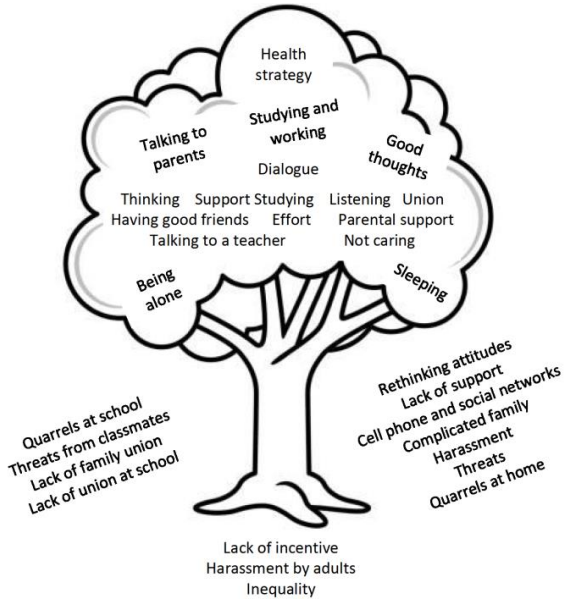

Figure 1: Drawing made by participants from the school in the northwest region during the data collection phase (n=11). Palmeira das Missões, RS, Brazil, 2022.

In the rural school from the central region, 15 adolescents participated, aged between 12 and 16 years, with nine males and six females from sixth to ninth grade. The data production represented by the tree metaphor symbolizes episodes of mental illness marked by fear, bullying, anxiety, and experienced violence. Strategies to minimize suffering are rooted in social relationships and feelings of love and care. The "Tree of Knowledge" CSD produced in the rural area of the central region is represented in Figure 2.

Figure 2: Drawing made by participants from the school in the central region during the data collection phase (n=15). Santa Maria, RS, Brazil, 2022.

From data analysis, three analytical categories emerged: "Mental health and social/family relationships of school-aged adolescents in rural areas"; "Violence and suffering in the daily lives of school-aged adolescents in rural areas"; and "Coping strategies adopted by adolescents to improve mental health".

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Mental health and social/family relationships of school-aged adolescents in rural areas

Data production through the Tree of Knowledge metaphor revealed conflicting social relationships with friends, romantic partners, and family. The adolescents' statements emphasize frustrations that negatively impact their mental health, as evidenced in the following excerpts.

> *What affects me are personal relationships... there's a lot of disappointment! And I suffer from it. I feel sad, really bad. (A2)*
>
> *Ah, I think it's because of falseness, when we suffer from it, disappointments come. (A8)*
>
> *Sometimes even with friends, in relationships where you emotionally depend on someone who is toxic, giving false hopes... (A9)*
>
> *I've felt sick because of disappointments; it's really sad when it comes from someone you didn't expect. (A12)*
>
> *It's not easy, there are many disappointments that affect us, our health, you know? It brings sadness and loneliness (A15)*
>
> *I've felt a lot of disappointment from people close to me; you can't create expectations. I've felt anxiety and depression because of it. (A25)*

The discourse movements from the CSD point to some school-related problems tied to social relationships that can impact mental health - psychological disorders, manifestations of suffering, episodes of anxiety, symptoms of depression, and even self-inflicted injuries.

> *These issues can lead to death. (A1)*
>
> *I have a classmate with depression and anxiety. (A3)*
>
> *We suffer at school for some things. Some classmates cut themselves, bite themselves, burn themselves. (A12)*
>
> *I think when it happens at school it's really complicated, it makes me sad and anxious. I've thought about cutting my arms! (A13)*
>
> *I had never felt this before, but there are many people here with depression; that makes them cut themselves. (A14)*
>
> *Ah, they say that pain in the souls is worse than pain in the body. So if we're suffering, it's a way to let it out. (A18)*
>
> *I've felt a lot of sadness, anxiety, and even depression because bullying isn't easy. And we spend a lot of time here. (A19)*
>
> *I feel a lot of anxiety; I bite my nails. I end up doing that at school and at home. (A23)*
>
> *I've lost friends here; so I want to leave. This brings suffering, you know? I feel a lot of anxiety, there are people with depression here and those who cut their arms or bite themselves too. (A26)*

The statements bring to light latent memories among rural adolescents, especially regarding family issues that affect their lives. Additionally, they highlight the impact of family conflicts on mental health. Adolescents point out parental separation, the birth of siblings, and new family members as factors that intensify their suffering.

> *I have a grandmother whom I don't even consider as a grandmother [conflictual relationship], and she doesn't consider me her granddaughter either. (A1)*
>
> *I felt a lot of rejection. This happens in my family, there are two siblings, the girl is treated like a princess while they hit the boy... My grandmothers prefer my cousins, and I don't like that very much. (A5)*
>
> *They [family] fight too much, there's no support, and that hurts! I've been hit with a sandal, a belt, and even a broom by my mother. And my father rejected me. (A7)*
>
> *My family is divided. (A8)*
>
> *There's also the family and the rejection I suffered, right? (A9)*
>
> *I don't like this thing with stepmothers and stepfathers, we feel rejected and pushed aside. (A16)*
>
> *A real family is mother, father, and siblings. When new people come in [due to parents' new relationships], they're not part of the family. That affects you, right? (A19)*
>
> *After the family breaks up [separation], it's not the same, it makes me suffer. (A20)*
>
> *Now everyone lives for themselves because I grew up, so it affected me a lot. Everyone is on their own side [separation]. (A25)*

The construction of rural adolescents' discourses is deeply rooted in family and social situations that can directly impact their mental health. From this perspective, it becomes clear that emotional stability and the development of emotions and affection are essential for adolescents' emotional well-being. However, emotional instability is linked to situations of violence, feelings of abandonment, and rejection, which intensify mental illness.

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Violence and suffering in the daily lives of school-aged adolescents in rural areas

The rural adolescents participating in the study revealed situations of verbal violence and, in extreme cases, even physical violence. In the records of the CSD sessions, symbolic descriptions of racism, sexism, gender inequality, and bullying were observed, reaffirming that school is one of the most common settings for these episodes of violence.

> *Sometimes we fight, and it affects us, you know? They only come together for a fight, when it's time to help a friend, they [classmates] back out. There's a lot of violence [at school], including gestures, and also racism. (A1)*
>
> *There's also a lot of sexism. Actually, it's inequality, right? Like, men can do things, but women can't. Men are stronger, but that doesn't mean women won't get there... There's a lot of inequality between people. Bullying is very common here at school. (A4)*
>
> *Racism... I have a cousin who suffered racism. They've made gestures and showed the middle finger [a gesture of offense] (A7)*
>
> *I was taught not to cry or take hits, you have to fight... (A12)*
>
> *We're in the rural area, right? To be strong, a macho man, you have to fight for your space. That's exactly how it is. (A14)*
>
> *There's racism here, arm wrestling fights, bullying, insults... all of that is violence. And it's not because the place is small that it doesn't happen; we know it happens. (A17)*
>
> *In many forms, at school more bullying, and on the street more physical [violence]. (A19)*
>
> *Oh, there are fights between men and women, but also between men and men and women and women. It's with fists [physical violence]! (A22)*
>
> *I try to avoid fights, I don't like them. But I've seen a lot of things, it makes us sad. Any kind of violence is bad. (A23)*

There are numerous factors that can contribute to adolescents' mental suffering. The participants' statements highlight situations of violence and exclusion due to financial issues, limited resources for school supplies, and issues related to inclusion and respect for differences. These aspects can lead to humiliating events that hurt expectations and cause sadness among adolescents, as evidenced by the following statements:

> *If we don't have candy and someone else does, then we're humiliated... they say we don't have money, 'why doesn't your dad buy it'? It's really harsh! (A1)*
>
> *I don't want them to do that to me... They think they're better than others... People should think before they speak... (A7)*
>
> *The violence at school through words and actions too... (A9)*
>
> *I come to school with what I have, but then I feel different. They should accept differences; we suffer. (A14)*
>
> *I've felt less because I didn't have money for nicer supplies. (A19)*
>
> *I wasn't feeling happy because I didn't have things. They [classmates] would talk about it, and I suffered. (A20)*
>
> *It's not nice to humiliate people over money; I don't like it. (A26)*

While exploring the tree metaphor, some adolescents mentioned that one trigger for violent situations could be living with people who exhibit aggressive behavior. This can have negative influences and encourage fights that affect the school environment.

> *A lot of what we go through comes from 'friendships.' Sometimes we don't even know what we're getting into with these friendships, going down the wrong path... (A1)*
>
> *Here at school, with friendships I've seen bullying. At one point girls who wore glasses were called four-eyes. They also called overweight girls fat... then you react! (A4)*
>
> *I've experienced many disappointments... Suffered from lies... I've felt this with friends, classmates, teachers, and family. It creates anger! (A5)*
>
> *Exclusion! In class most of the time they leave me out of everything! This is the falseness in friendships. I discovered I prefer being alone. I have several friends, but they're not real friends. I don't like it! (A7)*
>
> *There's a lot of selfishness and grudges here at school... It doesn't go away! I hate it! (A9)*
>
> *Oh, I think exclusion and encouraging fights are really complicated, right? Everyone [classmates] suffers. (A19)*
>
> *Man, this whole thing about having or not having friends is really tough. If someone is really your friend they won't complicate your life, they'll help you! (A21)*

From the statements constructed through the CSD process, rural adolescents expressed emotions, feelings, and latent memories of significant events that contribute to their mental suffering. In this way, they

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reported on violent situations and feelings that occur in their daily lives and how these interfere with their mental health.

Coping strategies adopted by adolescents to improve mental health

The adolescents' discourses highlighted that the conflicting situations experienced in the school environment contributed to mental illness. In their words, personal strategies are necessary to try to mitigate problems and resolve these issues. Others emphasize the importance of support, encouragement, dialogue, and assistance from family and school.

> *What helps is talking to parents. (A3)*
>
> *The problems we have here can be resolved with family and school support. (A11)*
>
> *Of course it's serious, but with conversation, help from family and school, a lot can improve. (A19)*

The CSD triggered a discussion about future perspectives starting from school, and there was also an internal mobilization among adolescents to face mental health challenges, as shown in the following statements:

> *Look, there are problems. But I think about studying to become someone! And what helps me a lot is riding horses, using my phone, social media. (A1)*
>
> *I prefer going to my room and thinking. That helps. And having a better future too! (A6)*
>
> *Talking to dad and mom. Going to the health service when I'm sick. So I need to mediate these situations, sometimes watching a movie... (A7)*
>
> *Yeah, you have to study and work hard to become someone in life! I'll do what I like, and it will pass! The school's support should be for that. (A9)*
>
> *Thinking that the future can be better is what I do. I think family, school, and healthcare need to help young people. (A11)*
>
> *Not everything is perfect at school, but the environment improves if we do our part. I want a life full of hope and love. (A17)*
>
> *What would help is not thinking about the discomforts, going to the health service, and believing that things will get better from now on. A good life! (A22)*
>
> *Things can improve if we really help each other. I see that the future can be better, and it will be! (A26)*

From the adolescents' statements, it is evident that even in situations of mental distress within the school environment, they believe in a better future through behavioral changes and support from family, school, and health services.

DISCUSSION

The schools in this study share the common characteristic of offering full-time education, reinforcing their social role in education and care provided to rural adolescents. The school is an important place for social interaction where adolescents establish social and emotional bonds essential for their development process. Mental health issues deserve attention within the school environment. Thus, investing in health education and prevention of illnesses is beneficial[17].

Discourse analysis reveals that the rural adolescents participating in this study experience mental illness, psychological distress, episodes of violence, bullying and, in some cases, self-inflicted injuries. Studying the rural adolescent population is a highly complex task, as certain factors hinder research development[17]. Furthermore, it is essential to consider the unique characteristics of rural adolescents and the realities faced by rural schools[18].

The rural adolescents' discourses align with findings in the literature, indicating that this population undergoes cognitive, emotional, and social changes. These behavioral transformations are influenced by the biopsychosocial context[19]. In this regard, adolescents' frustrations and psychological distress are directly related to weakened emotional bonds. It is worth noting that, just as rural adolescents emphasize interpersonal relationships, scientific literature converges with this perspective, recognizing that interpersonal relationships are fundamental to adolescent development[20,21].

The participants' statements highlight unique characteristics of adolescence and their impact on mental health, denoting the sensitivity of this population and the harmful effects related to social exclusion. Studies show that conflicts with friends, negative peer behaviors such as rejection and neglect, increase the risk of depressive symptoms, which, when combined with a lack of support in friendships, contribute to mental illness[20,21].

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The findings of this study point to other realities, where school and family influence adolescents' mental health, as these are the primary settings for social interactions. Fragmented relationships with parents or family members, intrafamily violence, lack of emotional support, and weakened school and romantic relationships are closely linked to adolescents' mental health problems[22,23].

Family relationships are considered crucial for the mental health of adolescents. Limited family interaction, family conflicts, and parental divorce are factors that predispose adolescents to obsessive-compulsive symptoms, anxiety, depression, maladjustments, and emotional instability[24]. Thus, family dynamics can exacerbate negative feelings during this phase of intense transformation.

Other findings from the adolescents' discourses reveal mental illness and, in more extreme cases, self-inflicted injuries. In this context, the presence of negative feelings, along with depression, anxiety, and unstable interpersonal relationships, are seen as risk factors for self-harm, as the release of negative emotions is the primary motivation for self-injury during adolescence[25]. The number of reports of self-inflicted injuries among adolescents in the school environment is increasing in various regions of Brazil[17,26]. All regions of the country show a trend of rising rates, but the southern region has the highest rates for both sexes and across different age groups[25,26].

Among the forms of violence mentioned by rural adolescents, episodes of bullying, racism, and sexism stand out. Findings from a study conducted in Recife revealed violence is primarily linked to bullying, racism, and sexism against female adolescents. These findings align with the reality of the rural adolescents in this study. Thus, it becomes relevant to break social paradigms, especially among adolescents living in more vulnerable situations. In this sense, nursing interventions are critical in rural areas, particularly in the family and school context, to demystify existing social and behavioral taboos[27].

Bullying involves violent, intentional, and repeated acts, ranging from teasing and insults to physical, verbal, and social abuse. When experienced during adolescence, these behaviors are linked to the development of mental health issues such as depression, anxiety, and suicidal ideation[28]. Additionally, adolescents who are victims of bullying often experience fear, shame, and low self-esteem[29]. Regarding coping strategies for overcoming bullying, one study shows that adolescents try to ignore the aggressor as a way of reacting to attacks in an attempt to discourage further violence. They also report seeking help from their families[30].

Another form of violence reported in this study is racial discrimination. In rural areas, racism reinforces existing inequality within the population, which can contribute to the development of post-traumatic stress symptoms and depression. This suggests that racism may result in severe depressive symptoms and lead to mental health problems[31]. Caring for adolescents who experience racism requires professionals to be sensitive, informed, and literate on racial issues while developing interventions and coping strategies[32].

Although rural adolescents attend school full-time, their statements reveal a fragile bond between students and their teachers and its influence on mental health. In the adolescents' voices, there is a perceived lack of support, distrust, and resentment stemming from these relationships. Studies show that the teacher-student bond is considered a promising factor for mental health[33]. This underscores the importance of positive relationships between teachers and students to promote greater well-being and satisfaction in the school environment[34].

As for health services and relationships with healthcare professionals, adolescents placed little emphasis on them. This may be related to the absence of a bond or even geographic distance and access to these services. Adolescents in rural schools are aware of their reality and culture through critical and reflective dialogue; they are capable of transforming their reality[19]. This reinforces the importance of promoting health through educational activities aimed at instructing adolescents so they can seek strategies to minimize mental suffering.

Regarding personal strategies for coping with situations that lead to mental suffering, the adolescents' statements refer to leisure activities and dialogue with trusted family members and friends. This aligns with findings from a study indicating that adolescents use informal support networks as an alternative for care[35]. Understanding how adolescents perceive mental health, how it manifests itself, and strategies to alleviate suffering is fundamental for addressing daily challenges related to this issue[36].

Based on the adolescents' testimonies and the presented production, it is clear that rural adolescents are susceptible to mental illness. The influence of the school and family environment, as well as that of interpersonal relationships, on their mental health is evident. There are challenges related to providing mental health care in rural contexts. These include organizing care networks as well as overcoming traditional models and professional

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practices. Furthermore, mental health care must be able to equitably and comprehensively accommodate rural populations[37].

Study limitations

A limitation of this study is that data collection was conducted in only two rural schools. Therefore, generalizations cannot be made about other realities; however, this does not diminish the importance of the data since different realities from two regions of the state were still highlighted.

FINAL CONSIDERATIONS

The findings reveal that both school and family environments are spaces where rural adolescents manifest mental disorders and engage in self-harm. The conflicting relationships established with family members, friends, and teachers directly affect rural adolescents' mental health. Additionally, intrafamily violence and weakened emotional bonds contribute significantly to these issues.

This study identified episodes of bullying, sexism, racial discrimination, and social exclusion - all contributing to feelings of sadness, hurt, and suffering. Nevertheless, rural adolescents develop strategies to minimize the impacts on their mental health through social relationships, leisure activities, and dialogue with those they trust.

Regarding implications for nursing education, it is recommended that actions be carried out in rural schools to demystify ideas about rural populations while addressing cultural aspects and health needs. For nursing practice, it is suggested that healthcare professionals develop activities focused on adolescent mental health in rural contexts with the aim of building and strengthening bonds while responding to this population's mental health needs.

It is recommended that educational activities be conducted with adolescents from rural schools discussing mental health, encouraging breaking taboos and prejudices surrounding this topic, so that self-care actions promoting health and preventing harm can be facilitated.

Finally, it is recommended that studies be developed in rural schools emphasizing the health needs of adolescent populations from rural contexts given the scarcity of scientific research addressing this population's unique characteristics and setting.

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Author's contributions

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